

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.



Concurrent Session 1

Thursday, November 15
8:00 a.m. - 9:15 a.m.

Victims of Clergy Abuse in Forensic Settings

(Abstract #179893)

Panel (culture)

Grand Ballroom VI - X, 3rd Floor

van der Kolk, Bessel, MD¹; Kaplan, Sandra, MD²; Mones, Paul, LLD³; Pynoos, Robert, MD⁴

¹Trauma Center, Boston, Massachusetts, USA

²Division of Trauma Psychiatry, Dept of Psychiatry, North Shore-Long Island Jewish Health System, Manhasset, New York, USA

³Law firm, Portland, Oregon, USA

⁴University of California, Los Angeles, Los Angeles, California, USA

This presentation will discuss a sample of 50 adults with confirmed histories of childhood sexual abuse who were evaluated for forensic purposes by two different psychiatrists (Drs Kaplan and van der Kolk). We will present three samples: a group of 22 adults who were abused in the same orphanage, 30 years before the evaluation, and two samples, of 24 and four adults, respectively of men, including four sibling pairs, who were abused by individual clergy. We will present objective test data (MMPI and CAPS), as well as clinical profiles that illustrate a range of adaptations to childhood clergy abuse in the areas of 1) memory, 2) capacity for intimacy, 3) sexual orientation, 4) self-respect, 5) attitudes to religion and 6) authority, 7) shame, and 8) caregiving of offspring. Dr van der Kolk will present psychiatric profiles, Dr Kaplan specific forensic psychiatric issues and impact of cultural issues. Paul Mones, Esq. will discuss forensic issues, and how clergy abuse affects capacity for collaboration with the legal system.

Participant Alert: Listening to the specifics of the impact of clergy sexual abuse can be quite distressing to the audience, particularly those who themselves have sexual abuse histories.

Parallel Process and Trauma Reenactments Within Training and Treatment Programs (Abstract #179998)

Panel (practice)

Waterview A/B, Lobby Level

Hayes, Rita, MSW¹; Pearlman, Laurie Anne, PhD²; Bloom, Sandra, MD³

¹Institute for Contemporary Psychotherapy, Bedford Corners, New York, USA

²Trauma Research, Education, and Training Institute, Inc, Holyoke, Massachusetts, USA

³CommunityWorks, Inc, Philadelphia, Pennsylvania, USA

There is growing awareness that programs specializing in trauma work exhibit common dynamics. These include trauma treatment facilities and trauma training programs. The "parallel process" between clients' trauma experiences and clinicians' group dynamics is demonstrated in subtle but similar ways. Mutual themes for clients and clinicians focus on safety, trust, secrecy and control; and also needs for protection containment, belonging and validation.

The re-enactments trauma survivors experience are also observed in clinician re-enactments within trauma programs. The impact of group dynamics, influenced by clinicians' personal traumatic material can result in clique formation, displaced anger, feelings of victimization, and scapegoating. There is a resonating phenomenon in which the impact of traumatic material on the clinician contributes to the "victim, perpetrator and bystander" paradigm.

Understanding the complex themes and patterns that emerge in trauma programs could minimize or prevent painful and destructive traumatic re-enactments for both clinicians and faculty, thereby potentially enhancing trauma treatment for clients. This discussion will address these themes and highlight the parallel components shared by clients, clinicians, and faculty, and organizations. We will offer the perspectives of staff, faculty, clinical supervisor and organizational consultant.

Psychology, Law, and Culture: Re-Traumatization and Re-Enactment with Torture Victims (Abstract #179835)

Panel (culture)

Grand Ballroom I and II, 3rd Floor

Gutierrez, Gitanjali, JD¹; Porterfield, Katherine, PhD²; Nguyen, Leanh, PhD²

¹Center for Constitutional Rights, New York, New York, USA

²Bellevue/NYU Program for Survivors of Torture, New York, New York, USA

The first presenter will provide a legal perspective on the evaluation and advocacy of torture victims. She will report on her direct observations of trauma states in her work in Guantanamo, describe the conditions which traumatized the detainees, the particular re-traumatization induced by the legal process, and the agendas and difficulties aroused in attorneys during their involvement with these trauma victims.

The second panelist presents her work with vicarious traumatization in attorneys. She will describe the rationale and key components of her training protocol. Specifically, she will focus on the value of teaching the phenomenology of trauma and group processes in preparing and regulating non-clinicians in their encounter with torture victims.

The third presenter will address cultural, political as well as clinical factors implicit in trauma evaluation/advocacy projects which may lead to a re-traumatization of the subjects. In particular, she will report on her experience with evaluating former Abu Ghraib detainees in order to delineate the implicit processes by which torture dynamics are re-enacted.

These presentations will cumulatively illuminate the re-experiencing, re-traumatization, and re-enactment in trauma work so as to better curtail the toxic effects of torture.

Gender Issues for Fire Fighters: Prevention and Treatment Strategies (Abstract #179715)

Symposium (culture)

Dover A/B/C, 3rd Floor

Brown, Laura, PhD¹; Brasted, Thomas, MA²; Murphy, Beth, MA³; Heusler, William, MA⁴

¹Fremon Community Therapy Project, Seattle, Washington, USA

²Argosy University Seattle, Bothell, Washington, USA

³Argosy University Seattle and Bellevue Fire Department, Sammamish, Washington, USA

⁴Argosy University Seattle, Lynnwood, Washington, USA

These presentations will review results of three studies of gender as a moderating and mediating variable for firefighters. Experiences of stress and coping and strategies for developing gender-aware interventions will be discussed.

Identity Deconstruction and Role Augmentation (IDRA): Gender-Aware Interventions for Male Firefighters

Gender has a significant influence on the meaning attributed to trauma and the evaluation that a person makes of his/her capacity to cope. Men adhering to traditional masculine gender-role norms are more likely to experience stress, including traumatic stress, reactions in situations that threaten the masculine ideal than women and men who define themselves in more flexible terms. Gender-role-conforming males are also more likely to have more limited coping repertoires, dismissing coping strategies appraised as incongruent with their gender. This relationship between gender, stress and coping is of great relevance to mental health professionals working with firefighters because of the hyper-masculine nature of firefighters' organizational culture. This presentation discusses the findings of an outcome study of the efficacy of a new gender-aware approach to working with male firefighters, Identity Deconstruction and Role Augmentation (IDRA) therapy. IDRA, which uses gender-role analysis and narrative strategies, is aimed at reducing or preventing problematic stress reactions in firefighters via the strategy of addressing gender issues. IDRA increasing male firefighters' coping repertoires through the deconstruction and re-evaluation of masculinity. IDRA will be described and its effectiveness in reducing gender problematic coping strategies will be discussed.

Thursday: 8:00 a.m. - 9:15 a.m.

Concurrent Session 1

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Taking it Like a Woman: Gender Stress and Coping in Women Firefighters

Women comprise approximately six percent of the national volunteer and career fire and emergency medical service. A large body of research on stress and coping in the fire and emergency medical services exists. However, little if any of the conclusions and recommendations can be applied to women firefighters due to the low representation of women in all samples studied. Conclusions from this research thus have limited application to women as concluding remarks of most studies often offer a disclaimer that the results are not generalized to women. This presentation describes findings from a qualitative study using grounded theory to explore women firefighter's experience of stress related to the job and fill the gap in the research by giving women firefighters a voice of their own in expressing their perception of the stressors on the job. Relationships between gender, stress, and coping strategies as described by these women firefighters will be described. Proposals will be offered for the development of gender-informed preventative and treatment interventions for women firefighters dealing with job-related stress and trauma.

Does Gender Make a Difference? PTSD in Women Fire Service Workers

This study aims to determine what factors may contribute to gender-based differences in reactions to traumatic events in emergency service first responders. General population studies have demonstrated higher rates of PTSD in trauma-exposed women than in similar men. Other research suggests that women are exposed to less incidences of trauma and are still more prone to show posttraumatic symptoms. With few exceptions research into emergency services occupations have not demonstrated that gender is related to the development of traumatic symptoms. Several studies indicate that gender made no apparent difference in traumatic stress symptoms among emergency services workers. The current study intends to fill the void in gender-aware studies about trauma response in firefighter/paramedics. It is designed to shed light on the question of whether or not gender is a vulnerability or resiliency factor for firefighter/paramedics in dealing with traumatic events and stress symptoms based on a survey of life events designed for this study and responses on the Trauma Symptom Inventory.

Hurricane Katrina: Successes and Challenges of Child Treatment Studies Post-Disaster (Abstract #176804)

Symposium (disaster)

Waterview C/D, Lobby Level

Salloum, Alison, PhD¹; Scheeringa, Michael S., MD, MPH²; Cohen, Judith A., MD³

¹School of Social Work, University of South Florida, Tampa, Florida, USA

²Department of Psychiatry and Neurology, Tulane University School of Medicine, New Orleans, Louisiana, USA

³Center for Traumatic Stress in Children & Adolescents, Allegheny General Hospital, Pittsburgh, Pennsylvania, USA

There are significant mental health needs of children post-Hurricane Katrina. Participants will learn about three treatment studies providing time-limited therapy with children post-Katrina. Preliminary outcome results will be discussed as well as successes and challenges of implementing research and services in a post-disaster environment.

Implementation and Evaluation of a Grief and Trauma Intervention for Children Post-Hurricane Katrina

Four months after Hurricane Katrina, a community-based grief and trauma intervention was implemented in three elementary schools for children ages 7 to 12 experiencing grief, loss and posttraumatic stress due to Hurricane Katrina and/or death. Local researchers and practitioners who had begun a school-based research project before the storm reorganized to provide early intervention post-disaster. In this study, 56 children were randomly assigned to individual or group treatment which consisted of a ten week grief and trauma

intervention with a parent meeting. Measures of disaster-related exposure, posttraumatic stress symptoms, depression, traumatic grief, and distress were administered pre and post intervention and at a three week follow-up assessment. Children reported significant decreases in posttraumatic stress, depression, and traumatic grief symptoms and global distress over time. Data suggests that treatment was effective using either modality. The strengths and limitations of this study will be discussed. In addition, challenges as well as key factors for the successful implementation of this project in a post-disaster context will be discussed.

Challenges and Efficacy of a CBT Treatment Study with Hurricane Katrina Preschool Children

Preliminary findings from an ongoing NIMH-funded R34 exploratory study will be presented on the feasibility of a new 12-session CBT manual for treating PTSD in 3-6 year-old children. This study started prior to Hurricane Katrina, but it evolved with natural events into treating the victims of this disaster. The complex, multi-stage, and still-lingering nature of this disaster posed challenges for creating trauma narratives, stimulus hierarchies, and graded exposures for homework. The first group of approximately 10 completers showed over 60 percent PTSD symptom reduction. Primary caregivers are involved in every aspect of the children's treatments, but did not improve markedly, as expected. Thus, the children's improvements occurred despite extremely high levels of parental symptomatology. Systematic feasibility data showed that 90 percent of children understood the concept of PTSD items, over 90 percent were able to self-identify negative feelings, over 80 percent produced coherent trauma narratives on the first try, and 100 percent showed meaningful cooperation with exposure homework. Success at reducing co-morbid disorders will also be presented and discussed. Despite the challenges of working with preschool children and the complexity of the Hurricane Katrina disaster, the early data suggests that this 12-session CBT manual is both feasible and effective for preschool children.

Trauma-Focused CBT for Children after Hurricane Katrina

A large proportion of children who agreed to screening in New Orleans schools in 2006-2007 had significant PTSD symptoms. As part of Project Fleur-de-Lis and a pilot project funded by NIMH, over 120 children in three schools were randomly assigned to one of two treatments, Cognitive Behavioral Interventions for Trauma in Schools (CBITS) a group treatment provided in school, or Trauma-Focused CBT (TF-CBT), an individual treatment provided conjointly to children and their parents in clinic settings. The aims of this pilot project were to attempt to develop an algorithm for assigning children to different levels of intervention based on symptoms and a variety of other known risk factors following disaster exposure. This presentation will describe preliminary findings but will focus primarily on the challenges and successes of providing clinic-based treatment to children and families following a disaster which devastated their communities. Case presentations will include children whose primary trauma was Katrina as well as those who had experienced multiple previous traumas. Finally, the presentation will discuss how therapists managed the stress of providing treatment to children whose traumatic experiences during Katrina were very similar to their own.

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Risk Factors for PTSD and Healthcare Utilization Among National Samples of Military Veterans (Abstract #179454)

Symposium (clin res)

Grand Ballroom III and IV, 3rd Floor

Richardson, Donald, MD¹; Fikretoglu, Deniz, PhD²; Elhai, Jon, PhD³; Liu, Aihua, MA, MSc²; Naifeh, James, MA³; Grubaugh, Anouk, PhD⁴; Egede, Leonard, MD⁴; Creamer, Mark, PhD⁵

¹University of Western Ontario, Veterans Affairs Canada, Hamilton, Ontario, Canada

²McGill University, Montreal, Quebec, Canada

³Disaster Mental Health Institute, Vermillion, South Dakota, USA

⁴Medical University of South Carolina, Charleston, South Carolina, USA

⁵University of Melbourne, West Heidelberg, Victoria, Australia

This symposium will explore risk factors for both PTSD and healthcare utilization in Canadian and U.S. veterans. Presentations will address risk factors and healthcare use predictors among different veteran populations. The robust effects of trauma and illness in predicting healthcare use are demonstrated.

PTSD and Associated Risk Factors in Canadian Peacekeeping Veterans with Health-Related Disabilities

This study investigated posttraumatic stress disorder (PTSD) and its associated risk factors in a random, national Canadian sample of United Nations peacekeeping veterans. Participants included 1016 male veterans (age < 65 years) who served in the Canadian Forces from 1990 to 1999, selected from a larger random sample of 1968 veterans who voluntarily completed an anonymous general health survey conducted by Veterans Affairs Canada in 1999. Survey instruments included the PTSD Checklist-Military Version (PCL-M), Center for Epidemiological Studies-Depression Scale (CES-D), and questionnaires regarding life events in the past year, current stressors, sociodemographic characteristics, and military history. We found that rates of "probable" PTSD (PCL-M scores > 50) among veterans was 10.92 percent for veterans deployed once and 14.84 percent for those deployed more than once. The rates of "probable" clinical depression (CES-D score > 16) was 30.35 percent for veterans deployed once and 32.62 percent for those deployed more than once. We found that in multivariate analyses, "probable" PTSD rates and PTSD severity were associated with younger age, being unmarried and number of deployments. PTSD is an important health concern in the veteran population. Understanding such risk factors as younger age and unmarried status can help predict morbidity among trauma-exposed veterans.

Medical and Mental Healthcare Utilization Correlates Among Military Veterans

We examined sociodemographic, war zone, access and illness correlates of outpatient medical and mental healthcare utilization among a national sample of U.S. veterans. Participants were 20,048 nationally representative participants completing the 2001 National Survey of Veterans. Outcomes were healthcare use variables for the past year, including the number of Veterans Affairs (VA) and non-VA outpatient healthcare visits, and whether VA and non-VA mental health treatment was used. Univariate results demonstrated that numerous sociodemographic, war-zone-related, access and illness variables correlated with both VA and non-VA healthcare use intensity and mental healthcare use. In multivariate analyses, demographic, war-zone, access and illness variables demonstrated significant associations with both types of healthcare use, but accounted for more variance in mental healthcare use. Illness variables provided an additive effect over demographic/war-zone and access variables in accounting for medical and mental healthcare use. The results demonstrate that illness remains an important factor that drives healthcare use among veterans and does not seem to be overshadowed by socioeconomic or war-related factors.

Predictors of Mental Health Service Use Intensity in an Active Military Sample with Significant Trauma Exposure

Service use research to date in traumatized military populations has focused on service use likelihood rather than service use intensity. This study aimed to identify demographic, military and clinical correlates of mental health service use intensity in military members with significant trauma exposure using data from the first epidemiological survey of mental health in the Canadian Forces (N=8441).

The outcome variable was the total number of visits to mental health professionals seen in the past year. Zero-inflated negative binomial regression, a regression analysis for count data, was used to examine univariate and multivariate associations between potential predictors and the outcome. Results indicated that there were significant univariate associations between demographic, military, and clinical variables and the outcome. Results also indicated that 1) after controlling for demographic and military variables, clinical variables (mood and anxiety disorders) added incrementally to variance in service intensity, and that 2) most of the variance in service intensity was explained by clinical (14 percent) rather than demographic and military variables (4 percent). These findings extend service use research in trauma-exposed military populations, addressing service use intensity, and highlight the importance of mental health variables in predicting service intensity in such populations.

Thursday: 8:00 a.m. - 9:15 a.m.

Papers

Resiliency, Disability, Spirituality, and Intervention

Essex, 4th Floor

Chair: Susan Timmer, PhD, University of California, Davis, Sacramento, California, USA

Trauma Exposure and Religiousness/Spirituality in Cancer Survivors (Abstract #179601)

Paper Presentation (clin res)

Park, Crystal, PhD¹; Fenster, Julianne, MPH¹; Edmondson, Donald, MA¹; Blank, Thomas, PhD¹

¹University of Connecticut, Storrs, Connecticut, USA

Recent research has documented powerful influences of religion/spirituality (R/S) focusing on individuals' coping with trauma. However, relatively few studies have examined the other direction of these factors, the effects of trauma on subsequent dimensions of R/S. The present study examined the effects of lifetime exposure to traumatic events on current R/S beliefs and behaviors as well as religious attributions for a current stressful experience, cancer. Participants were 250 younger adult cancer survivors (M time since treatment completion = 1.6 years; age = 18-50 (M = 45.2), 88 percent Caucasian, 68 percent women). Results indicated that lifetime exposure was unrelated to general aspects of R/S including beliefs in God and afterlife, meaning in life, spiritual comfort, and spiritual and existential well-being. On the other hand, trauma exposure was positively related to spiritual struggle, particularly feelings of abandonment by God and also to higher levels of private religious behavior, particularly prayer, but not to public religious behavior such as service attendance. Regarding cancer attributions, higher trauma exposure was related to a stronger belief that God was in control, particularly an angry God. These results suggest that trauma exposure influences subsequent religiousness and spirituality in complex ways; these effects vary across R/S dimensions.

Concurrent Session 1

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Child Sexual Abuse Affects Adult Relationships Via Resiliency Resources and Psychological Distress (Abstract #179606)

Paper Presentation (clin res)

Lamoureux, Brittain, MA¹; Palmieri, Patrick, PhD²; Hobfoll, Stevan, PhD¹

¹Kent State University, Kent, Ohio, USA

²Summa Health System, Akron, Ohio, USA

Women who have experienced child sexual abuse (CSA) often experience increased problems in general interpersonal functioning and intimate relationships. This study sought to extend previous research by investigating potential mechanisms through which CSA affects adulthood relationships. We hypothesized that the impact of CSA on both general and intimate relationship outcomes would be mediated through women's resiliency resources (i.e., self-esteem and self-efficacy) and psychological distress (i.e., depressive and posttraumatic stress symptoms). A sample of 460 women was recruited from two OB/GYN clinics serving primarily low-income, inner-city populations. General interpersonal problems were measured via recent loss of interpersonal resources, perceived social support, and recent social conflict. Intimate partner risk was assessed via women's confidence asserting safe sex practices and perceived barriers to safe sex. A partial structural equation model fit the data well (CFI=.96, RMSEA=.06, SRMR=.04). Supporting the hypotheses, the direct effect of CSA on outcomes was negligible, whereas the indirect effects through resiliency resources and psychological distress were significant. These findings suggest that the experience of CSA may undermine women's personal resilience and psychological functioning which, in turn, negatively impact adulthood interpersonal relationships.

Depression After Minor Injury Increases Disability

(Abstract #179902)

Paper Presentation (clin res)

Richmond, Therese, PhD¹; Amsterdam, Jay, MD²; Hollander, Judd, MD²; Gracias, Vicente, MD²; Guo, Wensheng, PhD²; Ackerson, Theimann, MSW¹

¹School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania, USA

²School of Medicine, University of Pennsylvania, Pennsylvania, USA

The purposes were to ascertain the frequency of post-injury depression and to test the hypothesis that patients with depression have higher levels of disability at six months post-injury than those without depression. 275 patients who received care in an emergency department for minor injury were enrolled. Patients with a major depression or Axis I psychotic disorder were excluded. A psychiatric history/structured interview was obtained within two weeks.

Diagnostic interviews were conducted at three & six months post-injury. Both DSM IV diagnosed disorders and clinically significant symptoms were of interest. Primary outcomes of disability and QOL were obtained at six months. Findings are reported on 234 patients (57 percent black, 40 percent white; 40.4yrs). Forty-nine participants (20.9 percent) had depression or significant symptoms. Twenty-eight (12 percent) had PTSD or significant symptoms. Six (2.6 percent) had alcohol/drug dependence, and eleven (4.7 percent) had anxiety symptoms. Pre-injury disability, age, gender, race, ethnicity, marital status, education, employment and injury type were entered into regressions prior to depression status. Significant differences at six months on all disability and QOL measures were found between depressed and non-depressed groups ($p<.05$). Depression has a negative effect on recovery after minor injury, suggesting it is important to assess and treat this morbidity.

[Funder: RO1MH63818]

PCIT as an Intervention for Traumatized Young Children (Abstract #179404)

Paper Presentation (clin res)

Urquiza, Anthony, PhD¹; Timmer, Susan, PhD²; Zebell, Nancy, PhD²

¹University of California, Davis, Sacramento, California, USA

²Pediatrics, University of California Davis, Sacramento, California, USA

Parent-Child Interaction Therapy (PCIT) is an intensive parent treatment program initially developed to assist parents whose children have severe behavioral problems (e.g., aggression, non-compliance, defiance, temper tantrums). During the last decade, PCIT has been recognized as an evidence-based practice for abusive and neglecting families. Initial research at this agency suggests that PCIT also may help alleviate traumatic symptoms in young children. These gains may be the result of behavioral mechanisms that reduce externalizing symptoms often manifest in traumatized children (e.g., behavioral disruption, anger management). Gains also may be result from more indirect effects of this treatment such as the increased quality and consistency of the parent-child relationship.

This presentation will report the results of an empirical examination of the benefits of PCIT in alleviating traumatic symptoms in a sample of maltreated young children (ages 3 to 8 years). Preliminary analyses of parents' reports of children's traumatic symptoms from pre- to post-treatment showed significant improvements on all traumatic symptom indicators except sexual concerns. We will discuss the significance of our findings with respect to possible mechanisms of change in PCIT.

Keynote and Concurrent Session 2

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Thursday, November 15

9:30 a.m. - 10:45 a.m.

Keynote

The Imprint of Trauma: On Minds, Bodies, Lives and Societies (Abstract #181156)

Keynote (prev)

Grand Ballroom VI - X, 3rd Floor

Campbell, Jacquelyn, PhD, RN, FAAN¹

¹Johns Hopkins University, Baltimore, Maryland, USA

This address will highlight some of the most recent research on how trauma affects our minds and bodies as well as some of the global research on trauma experiences and effects. This overview will include emerging issues such as research on the interface of violence, trauma and HIV/AIDS biologically as well as behaviorally, and how the risks of PTSD in our own returning military, indigenous and refugee populations all over the world threaten both our health and families in terms of increased violence. This background of research findings will be used as a basis for suggesting collaborative strategies for the prevention of violence and trauma and its effects.

Jacquelyn Campbell, PhD, RN is the Anna D. Wolf chair and a professor in the Johns Hopkins University School of Nursing with a joint appointment in the Bloomberg School of Public Health. Her BSN, MSN and PhD are from Duke University, Wright State University and the University of Rochester, respectively. Dr. Campbell has conducted advocacy policy work and research in the area of domestic violence since 1980. She has been the PI of 10 major NIH, NIJ or CDC research grants, and has published more than 150 articles and seven books on this subject. An elected member of the Institute of Medicine and the American Academy of Nursing, Dr. Campbell is on the boards of directors of the Family Violence Prevention Fund and the House of Ruth Battered Women's Shelter. She was also a member of the Congressionally-appointed U.S. Department of Defense Task Force on Domestic Violence. Dr. Campbell was named the 2005 American Society of Criminology Vollmer Award recipient, and received the 2006 Friends of the National Institute of Nursing Research Pathfinder award. For the 2005-2006 academic year, she served as the Institute of Medicine/American Academy of Nursing/American Nurses' Foundation scholar in residence.

Concurrent Session 2

Thursday, November 15

11:00 a.m. - 12:15 p.m.

Trauma Risk Management (TRIM) - An Organizational Approach to Traumatic Stress (Abstract #179416)

Master Clinician (practice)

Dover A/B/C, 3rd Floor

Greenberg, Neil, BSC, BM, MMedSc, DOccMed, MRCPsych¹; March, Cameron, DipCouns²

¹King's College London, London, United Kingdom

²Royal Navy, Portsmouth, United Kingdom

Previous reactive single session models of post-incident interventions are ineffective. However, organizations have moral, economic and legal reasons to support staff after work related incidents. The UK's National Institute for Clinical Excellence (NICE) PTSD management guideline encourages not "making a meal" of "normal" post incident distress. For most individuals, distress is not a medical problem needing a complex intervention. NICE suggests "watchful waiting" for the first month after an incident. TRIM is a "NICE-compliant" model of peer group traumatic stress management which aims to keep employees functioning after traumatic events. TRIM also aims to signpost those who require it to professional sources of help. TRIM thus aims to empower organisations by promoting a proactive and resilient stance to the effects of potentially traumatic events. TRIM has been extensively used within the UK military, diplomatic services, emergency services and security companies.

Organisations which use TRIM report that it also helps organisations adopt a more "stress-competent" attitude to personnel management. This master presentation will explain the TRIM model through the use of a realistic scenario. As the scenario unfolds, participants will partake in assessing role-played characters and see TRIM in action. The presentation is ideal for all levels of experience.

Participant Alert: Mildly distressing video scenes will be shown.

Perspectives on Interventions, Services/Dissemination Research, & Policy: Informing Prevention

(Abstract #179684)

Panel (prev)

Essex A/B/C, 4th Floor

Oliver, Karen, PhD, MPH¹; Chambers, David, DPhil²; Zatzick, Douglas, MD³; Berliner, Lucy, MSW⁴; Hoagwood, Kimberly, PhD⁵

¹Division of Services and Interventions Research Program Officer, National Institute of Mental Health, Bethesda, Maryland, USA

²Associate Director, Dissemination and Implementation Research Program, National Institute of Mental Health, Bethesda, Maryland, USA

³Psychiatry & Behavioral Sciences, University of Washington, Seattle, Washington, USA

⁴Harborview Center for Sexual Assault and Traumatic Stress, University of Washington, Seattle, Washington, USA

⁵Division of Services and Policy Research, Columbia University, New York, New York, USA

Advances have been made in developing more effective primary and secondary preventive trauma-focused interventions and services. Nonetheless, challenges remain in the widespread implementation and dissemination of these interventions in real-world practice settings. This panel discussion brings together a diverse group of stakeholders including front-line clinical providers, academic clinician-investigators and National Institute of Mental Health program staff to discuss linkages between practice, research and policy in trauma-focused prevention. Brief presentations by the panelists will provide an overview of traumatic stress-related mental health services research, interventions and dissemination research, and real world practice considerations. Case studies of ongoing dissemination efforts including nationwide policy mandates for preventive interventions will be succinctly presented with the aim of stimulating discussion. The panel will highlight the potential for integration across preventive intervention development, mental health services research, and real world practice. The overarching objective of the

Thursday: 11:00 a.m. - 12:15 p.m.

Concurrent Session 2

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panel is to stimulate a dialogue about how research and practice can better inform each other in traumatic stress studies. Ample time will be available during the session for audience participation and discussion.

Healing Relationships in the Shadow of War: Couples Therapy with Veterans/Soldiers with PTSD (Abstract #179314)

Panel (practice)

Grand Ballroom I and II, 3rd Floor

Weissman, Neil, PsyD¹; Monson, Candice, PhD²; Sautter, Frederic, PhD³
Rheem, Kathryn, LGMFT⁴

¹Baltimore VA Medical Center, Baltimore, Maryland, USA

²VA National Center for PTSD, Boston, Massachusetts, USA

³New Orleans VA Medical Center, New Orleans, Louisiana, USA

⁴Private Practice, Chevy Chase, Maryland, USA

The trauma of war impacts not only on the psychological life of the soldier but often deeply affects their intimate relationships. Distressed relationships can aggravate the symptoms of PTSD and impede the veteran's individual recovery. Conversely, a supportive partner relationship is associated with psychological improvement and reduction in the symptoms of PTSD. The panel will discuss three approaches to couples therapy with combat trauma survivors. Dr. Monson will describe Cognitive-behavioral Conjoint Therapy for PTSD, a time-limited intervention that is designed to reduce PTSD symptoms and improve relationship functioning by addressing overlapping cognitive and behavioral mechanisms that maintain both issues. Dr. Sautter will present Strategic Approach Therapy, a behavioral approach to working with couples with a focus on reducing avoidance and numbing behaviors and facilitating caring behaviors and positive feelings. Ms. Rheem and Dr. Weissman will present on Emotionally Focused Therapy, an empirically validated therapy based on attachment theory whose goal is to foster a secure emotional bond between the partners which allows for healing and recovery for the couple dealing with trauma. The panel will consider the success and challenges of the various approaches by discussion of clinical cases which exemplify the relevant issues.

Trauma-Related Cognitions and Distress: Empirical Considerations for Intervention and Prevention (Abstract #179807)

Symposium (clin res)

Waterview A/B, Lobby Level

DePrince, Anne, PhD¹; Chu, Ann, MA¹; Zurbriggen, Eileen, PhD²;
Godbout, Natacha, MPs³; Runtz, Marsha, PhD⁴; Ellis, B.H., PhD⁵; Owens,
Gina, PhD⁶; Chard, Kathleen, PhD⁷

¹University of Denver, Denver, Colorado, USA

²University of California, Santa Cruz, Santa Cruz, California, USA

³Université Laval, Quebec City, Quebec, Canada

⁴University of Victoria, Victoria, British Columbia, Canada

⁵Boston University, Boston, Massachusetts, USA

⁶University of Tennessee, Knoxville, Tennessee, USA

⁷Cincinnati VA Medical Center, Cincinnati, Ohio, USA

This symposium explores connections between trauma-related cognitions and posttraumatic distress. Findings from diverse samples (including both adults and children exposed to a wide range of traumas) will be presented and implications for prevention and intervention will be discussed.

Posttraumatic Appraisals in Relation to Trauma Exposure Type, Symptoms and Revictimization Risk

While theorists have long identified fear as critical to the onset and maintenance of PTSD, recent research suggests that other appraisals (e.g., betrayal, anger, shame) may also contribute to distress. In fact, posttraumatic appraisals offer a promising avenue for understanding the diverse outcomes (e.g., depression) associated with trauma. The current study examined links between event types, symptoms, and appraisals (e.g., fear, anger, shame/self-blame, betrayal) in an ethnically diverse community sample of adults (N=117) using the Traumatic Appraisal Questionnaire. For both retro-

spective and current ratings, interpersonal violence was associated with significantly higher scores on all appraisal scales than non-interpersonal events; effect sizes were generally large. While higher levels of depression and PTSD symptoms were associated with interpersonal violence exposure, shame/self-blame at the time of the event mediated this relationship. Appraisals of fear, shame/self-blame, and betrayal now explained unique variance in symptoms. Retrospective reports of shame/self-blame at the time of the event also predicted the number of victimizations by different perpetrators (revictimization). Findings will be applied to intervention considerations, with particular emphasis on shame and self blame in the context of prevention efforts to decrease revictimization risk.

Meaning-Making as a Constructive Process of Recovery Following Childhood Maltreatment

The heterogeneity of symptoms observed across individuals following childhood maltreatment emphasizes the importance of understanding the complexity of survivors' recovery. Clarification of this process can assist clinicians in their efforts to promote positive adjustment. Researchers have demonstrated that survivors who are able to develop a meaningful understanding of their traumatic experience fare better than those who do not (Leahy et al., 2003). This talk explores the theoretical basis of the concept of meaning-making after trauma. Data are presented to examine the dimensions of meaning-making and to explore its role as a mediator of the link between maltreatment and trauma symptoms. Based on a need for a comprehensive measurement tool to assess meaning-making, the Finding Meaning After Trauma questionnaire was developed: it includes dimensions such as attribution of responsibility, trauma and identity, and achieving meaning through action, to assess both the comprehensibility and personal significance of the event. A sample of adults completed questionnaires assessing child abuse, meaning-making and trauma related symptoms (using the newly revised TS-2; Briere, 2007). Theoretical propositions about the process of meaning-making following trauma are presented, links between meaning-making and psychosocial outcomes are explored, and practical implications are discussed.

Perceptions of Discrimination in Traumatized vs. non Traumatized Somali Refugee Adolescents

This study examines whether experiencing a traumatic event places one at risk of perceiving increased discrimination. Somali adolescent refugees are at risk for experiencing discrimination for a variety of reasons, such as race, religion, or being an immigrant. In addition, many refugees have experienced trauma. We hypothesized that Somali adolescent refugees who endorsed having experienced a criterion A2 traumatic event would also endorse greater perceived discrimination. 122 Somali adolescent refugees resettled in New England were recruited via snow-ball sampling to participate in a structured interview between 2004 and 2006. Eighty-six participants endorsed experiencing a criterion A2 trauma. Using independent sample t-tests, traumatized youth reported significantly higher levels of perceived every day discrimination ($t(122) = -3.64$, $p < .001$) as well as higher emotional distress in response to discrimination ($t(120) = 2.69$, $p < .001$). Results support the idea that traumatized individuals are more likely to perceive discrimination in their day to day lives, and to respond emotionally to this discrimination. Results are discussed in terms of importance of considering social factors such as perceived discrimination in prevention programs for traumatized refugee youth.

Evaluating Veterans' Change in Cognitions Following CPT

In this presentation the authors will discuss changes in Veterans cognitions after attending a 7 week residential PTSD program. The treatment program combines group and individual Cognitive Processing Therapy and includes group therapy focusing on topics such as anger management and self-defeating behaviors. One hundred and three veterans were screened upon admission to the pro-

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

gram and again at discharge. Participants completed self-report measures including the Cognitive Distortions Scale (CDS), Trauma-Related Guilt Inventory (TRGI), and Beck Depression Inventory, and were interviewed using the Clinician Administered PTSD Scale. Seventy-eight percent of respondents were male and 22 percent were female. Sixty-seven percent of participants served in the Vietnam War era, 19 percent post-Vietnam War, 12 percent Persian Gulf War, and 1 percent Afghanistan. Sixty-one percent of the sample was Caucasian, 38 percent African-American, and 1 percent Native American. For the entire sample, significant differences were found between pre-treatment and post-treatment levels of mal-adaptive cognitions (i.e., self-criticism, self-blame, helplessness, hopelessness, and preoccupation with danger) on the CDS. No significant differences were found from pre- to post-treatment on the TRGI. Initial findings suggest that using CPT in this setting can be a successful way to treat PTSD as well as the related cognitions.

Violence Transformed: Challenging the Prevalence of Violence in Contemporary Society (Abstract #179600)

Symposium (prev)

Waterview C/D, Lobby Level

Hamm, Barbara, PsyD¹; Tobey, Ann, PhD²; Shirland, Jon, PhD³; Harvey, Mary, PhD⁴

¹Department of Psychology, Cambridge Health Alliance, Victims of Violence Program, Somerville, Massachusetts, USA

²Juvenile Justice and Youth Advocacy Program, Wheelock College, Boston, Massachusetts, USA

³Royal Academy of the Arts, Brookline, Massachusetts, USA

⁴Department of Psychology, Victims of Violence Program, Cambridge Health Alliance, Somerville, Massachusetts, USA

An ecological understanding of violence and violence prevention proposes that the causes of violence, and the ability of societies to overcome violence, reside in the dynamic relationship between a community and all of its members. Art is perhaps the most effective form of intervention we have.

Life Worth Remembering: Images from Four Street Memorials

Interventions to enhance that relationship between a community and its members can effect social change. Art is perhaps the most effective form of intervention we have, and one of the keystones in building more healthy environments. Designed as part of National Crime Victims Rights Awareness Week, the exhibition, Violence Transformed, is a collaboration between artists, activists, museum professionals and community service providers. This symposium will highlight several of the creative contributions to the exhibit, Violence Transformed as responses to contemporary violence.

The exhibit "Life Worth Remembering: Images from Four Street Memorials" represents a collaboration by five individuals and consists of over 50 photo and digital art images, composites and constructions. These images have been compiled from the sites of street memorials erected for youth who have been murdered in Boston over the last several months and from news reports surrounding those events. The show was designed to help all who attended to feel the importance of each of the young people who died a violent death and to empathize with the subsequent ripples of losses and traumas suffered by loved ones and communities. Ann Tobey will discuss how memorials help individuals express and manage their sorrows and how grieving people come to terms with the experience of loss and the death of youth.

Memorials: Official and Folk Art

The relationship between official memorials and unofficial folk art works in public spaces that address issues of violence, honor victims and foster healing will be discussed by Jon Shirland. He will assess the visual vocabularies and rhetoric they draw upon in generating a

meaningful public art and the challenges they face in combining social commentary/protest with commemorative and mourning ritual functions. He will use as source material the anti-violence public mural projects orchestrated by Mark Cooper, shrines to homicide victims and soldiers killed in combat by Gail Bos, the Faces of Survivors Project, the Boston Peace Garden and other submissions for the Violence Transformed Exhibit.

Violence Transformed: Transformation through Collaboration

The Cambridge Health Alliance, a consortium of three public hospitals and multiple community health centers is also the home to the Victims of Violence Program, a co-sponsor of the Violence Transformed Exhibit. In concert with the main exhibit at the State House in Boston, The VOV sponsored an exhibition of Poster and Postcard Art throughout sites within the Alliance. A call for submissions was sent out to all employees, staff throughout the Alliance and included patients at one health center. Although some submissions were sent in by individuals, group participation was encouraged to facilitate dialogue which not only identified a problem but also offered solutions or pathways to solutions. Interactive exhibits which encouraged both employees and patients to contribute to an evolving map of resources and to challenge the prevalence of violence also served as a clarion call to action. Barbara Hamm will discuss how the collaborative and interactive nature of this project contributed to increased community cohesion and renewed commitment to violence prevention within this setting.

Participant Alert: We will be discussing loss and traumatic grief.

Papers

Special Populations: Rape Victims and Cross-Cultural Issues

Grand Ballroom VI, 3rd Floor

Chair: Dean Kilpatrick, PhD, Psychiatry Dept., Medical University of South Carolina, Charleston, South Carolina, USA

Rape in America Revisited: A 15-Year Update

(Abstract #180022)

Paper Presentation (culture)

Kilpatrick, Dean, PhD¹; Resnick, Heidi, PhD²

¹Psychiatry, Medical University of South Carolina, Charleston, South Carolina, USA

Obtaining accurate information about the prevalence and mental health impact of rape is necessary for sound public policy as well as for developing sound criminal justice and mental health strategies for addressing the problem of rape. In 1992, a report was released describing the lifetime prevalence and mental health impact of forcible rape among a national probability sample (N=4008) of adult U.S. women (Kilpatrick, Edmunds, & Seymour, 1992). This study found that one adult woman in eight had been a victim of forcible rape, that over 60 percent of rape cases occurred before age 11, and that rape increased risk of PTSD, depression, and substance use disorders. This presentation and the data it describes address the following questions. Has the prevalence of rape changed over the past 15 years? Has the prevalence of mental disorders changed? Is rape still a major risk factor for PTSD, depression, and substance use disorders? In an epidemiological study funded by the National Institute of Justice, a new national probability sample of U.S. adult women (N=3000) was interviewed using virtually identical measures. Findings indicate that rape prevalence has not decreased, mental disorders remain prevalent, and rape remains a major risk factor for mental disorders.

Concurrent Session 2

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Latinas & Domestic Violence: Trauma, Resilience and Mental Health (Abstract #180062)

Paper Presentation (culture)

Perilla, Julia, PhD¹

¹Georgia State University, Atlanta, Georgia, USA

Domestic violence always occurs within a historical and socio-political environment that is framed by the culture or cultures in which it occurs. This presentation will explore the relation between domestic violence and mental health in Latina women and the manner in which their individual history and the cultural codes that are part of their socialization affect the way they experience the violence, their response strategies, their decisions to seek help, and their mental health outcomes. This paper will present a critical overview of the extent to which current literature helps us to understand the experience of domestic violence and trauma in Latinas who have been battered and will point to the gaps still found in the scholarship offered about this population. The presentation will highlight emerging literature on resilience in survivors of domestic violence and will draw from 17 years of experience of intervention work with Latina survivors. Socio-cultural elements of special relevance to Latinas' experience of domestic violence, trauma, and mental health will be discussed, as well as assessment and treatment issues and their implications for research, policy and practice.

Second Generation Effects of Trauma Stemming from the Khmer Rouge Regime (Abstract #179585)

Paper Presentation (culture)

Field, Nigel, PhD¹; Kim, Thida, BA²; Om, Chariya, BA²; Vorn, Sin, BA²

¹Pacific Graduate School of Psychology, Palo Alto, California, USA

²Royal University of Phnom Penh, Cambodia

The study of second generation effects of trauma among survivors of the Khmer Rouge (KR) regime from 1975 to 1979, in which up to 25 percent of Cambodians died, is of high present-day relevance in knowing that approximately 70 percent of the current Cambodian population are second generation. This study presents results from a sample of 200 high school students in Phnom Penh, Cambodia that addresses the psychological effects of growing up with parents who survived the KR regime, using a structured interview-based and small group data collection format. The measures included parents' trauma exposure during the KR regime, parents' open and indirect as well as guilt-inducing communication about their experiences during the KR regime, childrens' perception of the extent to which their parents continue to exhibit trauma symptoms related to the KR era, parents' tendency to engage in role reversing and overprotective parenting styles, and assessment of childrens' depressive and anxiety symptoms. It was found via a path analysis that parents' communication and parental styles were significant mediators of the impact of parents' KR-related trauma symptoms on their child's levels of depression and anxiety. The implications of the findings are discussed in the context of the broader literature on second generation effects of trauma.

The Effect of PTSD Psychoeducation on the Severity of Symptoms in a Burundian Sample (Abstract #179692)

Paper Presentation (culture)

Yeomans, Peter D., MS¹; Herbert, James, PhD¹; Forman, Evan M., PhD¹

¹Drexel University, Philadelphia, Pennsylvania, USA

The diagnosis of Posttraumatic Stress Disorder (PTSD) has been increasingly applied in diverse cultural settings, even while the validity of the construct sparks controversy and debate. Argument continues over the degree to which the symptoms of PTSD are biologically based and therefore relatively universal or are culturally constructed. Emerging data suggest that reactions to trauma may be in part a function of prevailing cultural narratives regarding normative responses to adversity. It was hypothesized that rural, indigent Burundian participants in an interethnic intervention that included PTSD psychoeducation would report greater PTSD symptoms than

their counterparts in the same intervention without PTSD psychoeducation. Preliminary descriptive data indicated that prior trauma workshop days ($B = .28$, $p < .01$), and trauma-related reading ($B = .23$, $p < .05$), but not trauma-related radio exposure, significantly predicted PTSD symptoms when controlling for event history.

Treatment outcomes for this inter-ethnicity reconciliation intervention will also be provided. The implications of the findings are discussed, especially in relation to the validity of the PTSD construct in non-Western settings.

Papers

Disaster and Mass Violence

Grand Ballroom VII - X, 3rd Floor

Chair: Judy Kuriansky, PhD, Clinical Psychology, Columbia University Teachers College, New York, New York, USA

Targeting Helpers in the Aftermath of Disasters: Evaluation of an Ecological Intervention

(Abstract #179512)

Paper Presentation (commun)

Yoder, Matthew, MA¹; Axson, Danny, PhD¹

¹Psychology, Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

The STAR program is an ecologically-based intervention designed in the aftermath of 9/11 to help both domestic and international helpers from communities affected by disaster. The program is multifaceted and draws on principles of peacebuilding, restorative justice, and trauma-healing; it includes participants from both natural and civil disasters. This paper reports initial findings from an evaluation of the STAR program based on qualitative and quantitative pre/post data covering three separate training sessions and roughly 65 participants. Changes in skill use and distress levels of the helpers from pre to post interventions were the main outcome measures. Mediators tested include changes in knowledge and attitudes, and social support during intervention. Several moderators were also tested, including type of helper, type of disaster, and number of prior traumas. Preliminary findings suggest the intervention is successful in decreasing distress and increasing skill use of helpers. The paper is relevant for the emerging but under-researched area of ecological interventions, which tend to emphasize training and support of existing helpers from an affected community rather than reliance on outside helpers (Miller & Rasco, 2004).

Trauma for Palestinians and Israelis and Grassroots Psychosocial Peacebuilding Projects (Abstract #180046)

Paper Presentation (commun)

Kuriansky, Judy, PhD¹

¹Clinical Psychology, Columbia University Teachers College, New York, New York, USA

This presentation covers the problems of women, children and families causing psychosocial trauma for both Palestinians and Israelis, including personal accounts and research studies. It also covers solutions to these problems, which are being offered through grassroots projects where brave civilians from both sides are working together for peace. Unique projects will be described which are based on mutual respect, understanding and cooperation and bring peace to the people's lives and the region. Some videotape examples will be shown. The People2People projects cover a broad range of activities and age groups. These projects show how cooperation is possible in such a seemingly intractable conflict, and give vivid examples of current attempts to bridge cultural divides that can serve as models for other cultures. Successes of the programs, as well as pitfalls and problems causing blocks to their effectiveness, are explored. Despite dangers from the current political situation and funding challenges, these programs have been shown to be sus-

Concurrent Session 2 and 3

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tainable and new ones are evolving all the time. The projects are inspiring and serve as a model for achieving peace between real people despite all odds. The presenter is a clinical psychologist who has spent time in the region, has written books about these issues and is an expert in trauma recovery.

NIH Priorities and Funding Opportunities for Traumatic Stress Research (Abstract #179506)

Workshop (clin res) Grand Ballroom III and IV, 3rd Floor

Tuma, Farris, ScD¹; Maholmes, Valerie, PhD²; Ferrell, Courtney, PhD¹; Reider, Eve, PhD³; Freeman, Robert, PhD⁴

¹National Institute of Mental Health/NIH/DHHS, Bethesda, Maryland, USA

²NICHD/NIH/DHHS, Bethesda, Maryland, USA

³NIDA/NIH/DHHS, Bethesda, Maryland, USA

⁴NIAAA/NIH/DHHS, Bethesda, Maryland, USA

This workshop will discuss NIH funding priorities and opportunities for domestic and international traumatic stress research for diverse child, adolescent and adult populations. After an initial presentation from representatives from NIMH, NICHD, NIDA and NIAAA on current NIH grant opportunities for research investigators, presenters will describe strategies for success. Mechanisms for junior research investigators, clinical researchers, services research, dissemination, epidemiology, treatment, exploratory and intervention development, research on disasters and translational research will be highlighted. Participants will have the opportunity to meet with scientific program staff in small groups for individualized feedback meetings on their research ideas and proposals after the initial presentations.

Concurrent Session 3

Thursday, November 15

2:00 p.m. - 3:15 p.m.

Preventing Genocide (Abstract #184339)

Panel (prev)

Grand Ballroom VI, 3rd Floor

Danieli, Yael, PhD¹; Nsengimana, H.E. Joseph, PhD²; Williamson, Clint, JD³; Mendez, Juan, Advocate⁴; Murakatete, Jacqueline, BA⁵

¹Group Project for Holocaust Survivors and their Children, New York, New York, USA

²United Nations, New York, New York, USA

³US Department of State, Washington, District of Columbia, USA

⁴International Center for Transitional Justice, New York, New York, USA

⁵Jacqueline's Human Rights Corner and Author, New York, New York, USA

The United States and its European allies have wholeheartedly endorsed the pledge of "never again," while tolerating millions murdered and displaced, and unspeakable atrocities that have been committed in clear view more than half a century since the Genocide Convention came into effect. Whatever the growth in public awareness of the Holocaust and the triumphalism about the ascent of liberal democratic values, the last decade of the 20th century was one of the most deadly in the grimmest century on record, and the beginning decade of the twenty first has yet to change this shameful record. This multidisciplinary panel will trace some of the sources of this failure and report on recent steps by the international community to prevent, suppress, and rebuild after genocide.

Treatment of Young Traumatized Children with PCIT

(Abstract #184026)

Master Clinician (practice)

Dover A/B/C, 3rd Floor

Timmer, Susan, PhD¹

¹University of California, Davis, Sacramento, California, USA

Parent-Child Interaction Therapy (PCIT) is an intensive parent treatment program, developed to assist parents whose children have severe behavioral problems. PCIT has been identified as an evidence-based practice - applicable to high-risk and abusive parent-child dyads. Research has demonstrated the effectiveness of PCIT in decreasing child behavioral problems, improving parenting skills, enhancing the quality of the parent-child relationships. Young children often exhibit traumatic symptoms through behavioral dysregulation (i.e., behavioral disturbance), rather than in a more traditionally recognized "adult" symptom patterns. Also, young children experience and mediate traumatic experiences through their relationship with their primary caregiver. This presentation will provide an overview of the structure and process of PCIT - focusing on the benefits of PCIT with young traumatized children. A demonstration of PCIT will follow, then an opportunity to engage in a question and answer period about the process and outcomes of this treatment adaptation.

Developing Preparation Programs Designed to Prevent the Likelihood of Work-Related Traumatization

(Abstract #179422)

Panel (prev)

Essex A/B/C, 4th Floor

Whealin, Julia, PhD¹; Eriksson, Cynthia B., PhD²; Vega, Edward, PhD³; Gill, Dodie, MEd, MS⁴; Southwick, Steven, MD⁵

¹VA Pacific Islands Health Care System, National Center for PTSD, Honolulu, Hawaii, USA

²Graduate School of Psychology, Fuller Theological Seminary, Pasadena, California, USA

³Trauma Recovery Program, Atlanta VA Medical Center, Atlanta, Georgia, USA

⁴Retired, Director, Arlington Employee Assistance Program, New Millennium Employee Assistance Services, LLC, Arlington, Virginia, USA

⁵Yale University, West Haven, Connecticut, USA

First responders, police, and humanitarian aid workers suffer from high rates of trauma exposure and stress-related sequelae (eg. Carlier, Lamberts & Gersons, 1997; Eriksson et al., 2001; North et al. 2002). Although little research has been conducted examining the

Concurrent Session 3

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effectiveness of preparation interventions for these populations, ethically there is a strong need to decrease the likelihood of negative sequelae. In this panel, clinician researchers describe cognitive-behavioral theoretically-informed interventions designed to increase resilience among workers deploying to dangerous environments. Cynthia Eriksson, PhD, will present her innovative two week course that prepares missionaries for their work in high risk areas. Edward Vega, PhD, will describe his personal experience as a police officer and discuss current interventions with police officers. Dodie Gill, MEd, MS, will present her comprehensive individual, group, and family preparation program for fire fighters. Presenters discuss strengths of the models and also the challenges they face implementing the programs and evaluating their effectiveness.

Discussant: Steven Southwick, MD.

Issues in the Application of Empirically Supported Treatments to Returning Veterans (Abstract #179093)

Panel (practice) Grand Ballroom I and II, 3rd Floor

Batten, Sonja, PhD¹; Collie, Claire, PhD²; Roberts, Sushma, PhD³; Wright, Theodore, PhD⁴; Holohan, Dana, PhD⁵; Pollack, Stacey, PhD⁴

¹VA Maryland Health Care System, Baltimore, Maryland, USA

²Durham VAMC, Durham, North Carolina, USA

³Salem VA Medical Center, Salem, Virginia, USA

⁴PTSD Program, Washington VAMC, Washington, District of Columbia, USA

As service members return from combat, the mental health needs of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans is of central importance to U.S. mental health providers. Returning servicemembers are not only faced with significant readjustment issues but are at increased risk for emotional distress related to their combat exposure. The type of combat, level of trauma exposure, and unpredictable nature of fighting in OIF/OEF may contribute to increased risk for the development of PTSD. In addition to posttraumatic symptoms, veterans of OIF/OEF are at increased risk for other mental health issues, including major depression and generalized anxiety. Although effective empirically supported treatments (ESTs) exist for specific disorders, clinicians across the country are finding that provision of ESTs is often complicated by the complex psychosocial characteristics of returning veterans. While these treatments may work well in some cases, the unique nature of these veterans (e.g., military training related to emotion suppression, comorbid alcohol use, premilitary psychological vulnerabilities) frequently make it difficult to apply ESTs as designed. This panel will bring together clinicians and program developers from throughout the VA system to discuss the scope of the problem and identify the challenges to implementing ESTs that they have encountered.

Secondary Prevention Following Trauma: Successes and Challenges in the Real World (Abstract #179535)

Symposium (clin res) Grand Ballroom III and IV, 3rd Floor

O'Donnell, Meaghan, PhD¹; Kassam-Adams, Nancy, PhD²; Winston, Flaura, PhD³; Berkowitz, Steven, MD⁴; Zatzick, Douglas, MD⁵

¹Australian Centre for Posttraumatic Mental Health and Department of Psychiatry, University of Melbourne, Melbourne, Victoria, Australia

²Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

³University of Pennsylvania - School of Medicine, Philadelphia, Pennsylvania, USA

⁴Yale University, New Haven, Connecticut, USA

⁵University of Washington, Seattle, Washington, USA

This symposium will focus on the theory and practical implementation of early preventive interventions targeting PTSD and related comorbid conditions following injury and violence. The presentations will emphasize prevention strategies that are naturally embedded with real world treatment settings such as acute care medical settings.

Secondary Prevention of Traumatic Stress in Adults Following Severe Injury

Severe injury represents one of the most frequent causes of post-traumatic stress disorder and other posttraumatic reactions such as depression and anxiety. In this presentation we will describe a secondary prevention service delivery model that aims to address post-traumatic mental health problems following traumatic injury, and that can be embedded into injury health service systems. This early intervention model aims to screen for individuals at high risk for PTSD and depression following injury, monitor those who screen high, and then selectively target psychological intervention to individuals with persistent traumatic stress symptoms. We will present our preliminary results of an effectiveness trial that aims to test the model and will discuss issues relevant to developing models within real world settings such as barriers to care and the complexity of cases.

Secondary Prevention of Traumatic Stress After Pediatric Injury

This presentation will outline challenges inherent in creating preventive interventions for children that can be embedded in non-mental health service systems, and will describe how our team has attempted to address these issues in designing preventive interventions for acutely injured children. It will describe the development of a model for secondary prevention of traumatic stress in injured children that incorporates universal, selected, and indicated levels of intervention, and that can be integrated in pediatric health care systems. Our team has systematically developed and tested screening tools, informational (print) materials for children and parents, interactive Web-based tools for parents, and a brief intervention for injured children and their parents. These elements are integrated in a stepped care intervention for pediatric injury that includes universal screening (during inpatient treatment) of injured children for risk of persistent distress; standard follow-up contacts to monitor those at higher risk; psychoeducation to promote effective coping assistance from parents; specific support for adherence to follow-up medical care; and provision of evidence-based treatment for severe or persistent distress two or more weeks post-injury. Descriptive/feasibility data from an ongoing randomized trial of this stepped intervention will also be presented.

The Child and Family Traumatic Stress Intervention: A Secondary Prevention Model

The Child and Family Traumatic Stress Intervention is a four session model of secondary prevention for potentially traumatized children due to unintentional injury, community violence or physical and sexual abuse. Children are referred primarily from the emergency department or other hospital settings. Its goals are to enhance family communication and support and to increase involvement in longer term treatment when needed. It is simultaneously a strategy for psychoeducation, engagement, assessment and brief treatment. The PTSD RI and the Mood and Feelings Questionnaire (MFQ) have been modified to be used concurrently as clinical and assessment tools. The responses to items from these measures from caregivers and the affected child are compared and discussed to increase communication around symptoms and difficulties and improve the caregivers' ability to support the child. Specific behavioral interventions are selected that target no more than two primary concerns such as sleep disturbance, intrusive thoughts, oppositionality etc. and are practiced at home in sessions. The final session also includes a discussion of next steps that may include further treatment for post-traumatic symptoms or often preexisting symptoms for any family member. The intervention is currently undergoing a pilot RCT and preliminary data will be discussed.

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Disseminating Evidence-Based CBT for Traumatic Stress Disorders: Four Therapies and Four Methods

(Abstract #179385)

Symposium (practice) Grand Ballroom IX and X, 3rd Floor

Kelly, Kacie, MHS¹; Jaimie, Gradus, MPH¹; Monson, Candice, PhD¹; Resick, Patricia, PhD²; Ruzek, Josef, PhD³; Schnurr, Paula, PhD⁴; Friedman, Matthew, MD⁵; Foa, Edna, PhD⁶; Hembree, Elizabeth, PhD⁷; Hamblen, Jessica, PhD⁸; Norris, Fran, PhD³; Lee, Linda, MSW⁶; Louis, Claudine, PhD³; Fitzgerald, Monica, PhD²; Saunders, Benjamin, PhD²; Hanson, Rochelle, PhD⁸; Smith, Daniel, PhD⁷

¹Women's Health Sciences Division, National Center for PTSD, Boston, Massachusetts, USA

²Education Division, National Center for PTSD, VA Palo Alto Healthcare System, Menlo Park, California, USA

³Executive Division, National Center for PTSD, White River Junction, Vermont, USA

⁴Center for the Treatment and Study of Anxiety, Philadelphia, Pennsylvania, USA

⁵Center for the Treatment and Study of Anxiety, University of Pennsylvania, Philadelphia, Pennsylvania, USA

⁶Louisiana State University School of Social Work, Baton Rouge, Louisiana, USA

⁷Medical University of South Carolina, Charleston, South Carolina, USA

⁸National Crime Victims Research and Treatment Center, Charleston, South Carolina, USA

Cognitive behavioral therapies (CBT) have shown efficacy in treating disorders resulting from traumatic events. However, researchers strive to find the best methodology for disseminating empirically supported psychotherapies. Findings from four dissemination programs involved in disseminating CBT for traumatic stress disorders will be discussed.

Dissemination of Prolonged Exposure Treatment in the Veterans Healthcare Administration: Prospects and Challenges

Prolonged Exposure (PE) treatment is one of four psychological interventions recommended for treatment of PTSD in the joint Veterans Health Care Administration (VHA)-Department of Defense Clinical Practice Guideline. But although this evidence-based treatment is recommended for use by clinicians, multiple systemic, peer group, professional, and patient factors may impede the adoption of this practice. In order to navigate through such obstacles, a system to support dissemination of PE is being developed. In this presentation, potential obstacles to dissemination of PE are outlined, and a recently-initiated two-year project to disseminate Prolonged Exposure treatment for PTSD to 200 providers in the Veterans Healthcare Administration is described. Methodologies of clinician training and training of PE supervisors and trainers will be outlined, along with systems to assess factors affecting dissemination, increase involvement of clinicians and program managers as partners in the effort, and monitor the impact of the dissemination project.

Disseminating Cognitive Processing Therapy within the Veterans Health Administration: Predictors of Adoption

The number of veterans requiring PTSD treatment in the Veterans Health Administration (VHA) is rising. Cognitive processing therapy (CPT), a short-term, evidence-based psychotherapy for PTSD, has shown efficacy for veterans with chronic PTSD. Although CPT is one of four treatments recommended in the VHA/Department of Defense's Clinical Practice Guidelines for PTSD, clinicians do not report regular use of CPT. We surveyed 218 VHA mental health clinicians to assess barriers and facilitators associated with using evidence-based manualized psychotherapies for PTSD. The information gathered aided in designing a national VHA CPT Dissemination Initiative. Univariate logistic regression analyses revealed that those with extensive training in CBT were more likely to use evidence-based manualized therapy than those with only some training ($OR=3.5$, 95 percent CI=1.5-7.8) or no training ($OR=8.2$, 95 percent CI=3.4-20.1). Those who saw more than 20 new cases per month

were less likely to use manualized therapy than those who saw less than five new cases a month ($OR=.29$, 95 percent CI=10-.82). Results from additional univariate and multivariate logistic regression analyses will be presented as well as methodology from the national VHA CPT Dissemination Initiative, including details on a train-the-trainers conference and training and supervising 600 clinicians nationally in CPT.

Dissemination of CBT for Postdisaster Distress: Findings from Hurricane Katrina

This presentation discusses issues related to training frontline therapists in the delivery of an evidence informed intervention, CBT for Postdisaster Distress. Utilized following the September 11, 2001 terrorist attacks, the 2004 Florida hurricanes, and Hurricane Katrina, findings suggest therapists can be trained in relatively short time spans with on-going consultation. Findings will focus on data obtained from 104 therapists who attended a two-day training in Baton Rouge following Hurricane Katrina. In addition to items assessing their training and experience, the therapists answered an identical set of 24 attitudinal questions before and after the training that provided measures of importance, knowledge, and confidence. Results indicate that the training was effective in educating therapists about CBT and cognitive restructuring. Therapists, especially those who were not already at the maximum score at pre-training, showed significant improvements in their ratings of the importance of various elements of CBT in therapy, their knowledge and understanding of those elements, and their confidence that they could use them effectively. Identified barriers to dissemination will be discussed and strategies for overcoming these barriers will be shared.

An Evaluation of a TF-CBT Web Dissemination Program

The development of cost-effective clinical training methods for widespread dissemination of evidence-based treatments to the mental health community is greatly needed. TF-CBTWeb is a 10-hour Web-based, multimedia, free distance education course for mental health professionals seeking to learn Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), one of the best supported interventions in the child trauma field. As of March 2007, TF-CBTWeb had 13,724 learners, with an average of 25 new learners daily. Preliminary data indicate that TF-CBTWeb learners' knowledge significantly increases from pre to post training. The next step is to learn whether clinicians' knowledge is maintained over time and whether TF-CBTWeb influences clinicians' behaviors and practices when conducting treatment with traumatized children and their families. Results from two studies evaluating the effectiveness of TF-CBTWeb in achieving these goals will be presented. Study 1 assesses whether TF-CBTWeb users' knowledge gain in the 10 TF-CBTWeb content modules is maintained over time and obtains psychometric information about a new instrument, TF-CBTWeb Clinician Questionnaire (TF-CBTWeb CQ), developed to assess clinicians' practices in therapy with child trauma cases. Study 2 examines clinician implementation of TF-CBT components after taking TF-CBTWeb by comparing pre and post scores on the TF-CBTWeb CQ.

Concurrent Session 3

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Challenges in Cross-Cultural Assessment

(Abstract #179845)

Symposium (culture)

Grand Ballroom VII and VIII, 3rd Floor

Okawa, Judy, PhD; Piwowarczyk, Linda, MD²; Fabri, Mary, PsyD³

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This symposium describes: (a) challenges in performing cross-cultural evaluations of refugees/asylum seekers, (b) development of an instrument to assess the impact of torture using the cultural perspectives of the survivor groups, and (c) the cultural adaptation and translation of the HTQ for use with Rwandan survivors of genocidal rape.

Considerations in the Cross-Cultural Assessment

The psychological evaluation of refugees and asylum seekers challenges clinicians to be attentive at all points to cultural differences that might obscure their ability to understand their clients' mental health. During the clinical interview, every piece of data, whether it be body language, eye contact, facial expressivity, choice of words, expression of emotions, description of symptoms, use of language, thinking processes, or interpretation of experiences is clothed in the refugee or asylum seeker's cultural context and can only be fully understood by attention to that context. The use of Western instruments with non-Western populations is fraught with problems, as it is difficult to find instruments that have appropriate norms, construct validity, and equivalent content, language, and scales. There is little published information available on how to assess this population with ethical and culturally appropriate strategies. This presentation will 1) describe who refugees and asylum seekers are and why they may be referred for evaluation, 2) present considerations about cultural differences that must be kept in mind by clinicians engaged in the assessment of these clients, and 3) describe issues related to the selection of psychological instruments for use with refugees and asylum seekers.

Impact of Torture on Functioning: The Development of an Instrument

Authors will describe the process used to develop an instrument to assess the impact of torture across several cultural groups living in Massachusetts. It involves the determination of the major mental health issues of concern to them, in order to develop an understanding of local terminology and descriptions of these problems; and to learn the important elements of good function in adults, according to cultural perspectives. The methods to be used here are very open-ended, consisting of individual and group interviews with the respondents directing the conversation and interviews probing in non-leading and non-specific ways about topics of interest (e.g. mental health, problems and function). The focus will not be about the respondents themselves, but community attitudes in general. Challenges and lessons learned will be shared.

Cultural Adaptation and Translation of Assessment Instruments: The Use of the Harvard Trauma Questionnaire in Rwanda

Internal displacement as a result of war, ethnic cleansing or natural disaster creates major mental health problems. The World Health Organization (WHO) has identified mental health as a priority for global health initiatives. Most theories, standardized instruments, and interventions are developed in Western countries. Standards for cross-cultural translation emphasize the importance of cultural and conceptual rather than linguistic equivalence. This requires translators who are not only fluent in the language but also in the local and cultural meaning of words. This presentation will describe the adaptation, translation, and implementation of the Harvard Trauma

Questionnaire for a trauma and HIV study being conducted in Kigali, Rwanda, with women survivors of genocidal rape. The identification of appropriate translators and translation process, the review of the translation in focus groups with Rwandan trauma counselors, and the trainings to implement the instrument in a research project will be candidly discussed.

Promoting Children's Disaster Recovery: Research and Practice (Abstract #180028)

Symposium (disaster)

Waterview A/B, Lobby Level

Felix, Erika, PhD¹; Vernberg, Eric, PhD²; Pfefferbaum, Betty, MD, JD³; Pfefferbaum, Rose, PhD⁴; Wind, Leslie, PhD⁵; Gurwitch, Robin, PhD⁶; Pfefferbaum, Betty, MD, JD⁷; Leftwich, Michael, PhD, OCN⁷; North, Carol, MD, PPE⁸; Henley, Bob, PhD⁹; Jaycox, Lisa, PhD¹⁰

¹Gevirtz Graduate School of Education, University of California, Santa Barbara, Santa Barbara, California, USA

²University of Kansas, Lawrence, Kansas, USA

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⁶University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, USA

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⁹University of Zurich, Zurich, Switzerland

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We explore the factors contributing to the effective management of adversity and coping among children. We examine children's post-disaster coping cross-culturally, teacher's coping and recovery and how this relates to their involvement with students, and discuss a promising resiliency-focused, psychosocial sports and play program for students.

Schools on the Frontline: What Teachers and Staff Report About Their Recovery and Needs Post-Disaster

After a disaster, teachers and school staff are on the front lines of helping children in their long term recovery, whether they feel prepared for this or not. Compounding this, they are often survivors of the same community trauma. Although schools are encouraged to have emergency plans and serve as a resource post-trauma, research on the role of schools and their staff in the aftermath of community trauma is limited. Using self-report survey data from Washington, D.C.-area schools post-9/11, the anthrax scare, and sniper shootings, we explore teacher and staff (N=550) reactions post-trauma and the factors that influenced their frequency of intervening to help students, desire for emergency preparedness, and preparedness knowledge. Trauma exposure was positively related to mental health symptoms. Teacher/staff distress was not significantly related to perceptions of student problems. Feeling prepared prior to 9/11, perceiving that student problems increased post-trauma, changing their own behavior post-trauma, and posttraumatic growth was related to teacher/staff frequency in intervening with students. Hierarchical multiple regressions were used to assess how exposure, teacher/staff mental health, and school factors influenced preparedness. The type of interventions teachers reported using with students as well as what they identified as preparedness needs will be discussed.

Coping after Terrorism: A Cross-Cultural Study of Youth

Pervasive exposure to mass violence, such as war and terrorism, has caused increasing concern about the well being of children worldwide. However, little is known about how youth cope with such extreme experiences. Using both resilience and stress and coping theoretical frameworks, we present a study exploring children's coping following exposure to terrorism that examines the applicabil-

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

ity of Western conceptualizations of coping and posttraumatic stress to another culture. Specifically, we will highlight similarities and differences in child and adolescent coping strategies use, flexibility, and the perceived effectiveness of coping efforts within the context of terrorism. Using two large convenience samples comprised of youth ages 9-14 years in the U.S. exposed to the Oklahoma City bombing ($n=1050$) and Kenya U.S. Embassy bombings ($n=691$), matched by gender, age, proximity to event, and degree of exposure, we will compare the factor structure of coping across two cultures, and present findings from structural equation modeling analyses examining a conceptual model of child and adolescent coping and posttraumatic stress within the context of terrorism cross-culturally.

Psychosocial Sport and Play Programs After Disasters or in Complex Emergencies

Psychosocial sport and play programs are being established in international post-disaster or active complex emergency situations, as an alternative therapeutic approach to helping children and youth who experience severe stress and/or trauma in these adverse environments. These sport and play programs simultaneously teach sports practices while also addressing children's social, behavioral and psychological issues in a structured group context. Further, many of these programs are being used to support peace building, social integration, and for health and education promotion efforts.

It is thought that the effectiveness of these programs may be due to the effects of protective factors and the enhancement of resilience processes, but at this time there is little empirical evidence to conclusively prove this (though many research projects are now beginning to investigate this area). Dr. Henley will explore some of the aspects of psychosocial sport and play programs that may enhance the innate resilience of children and youth, and will include some examples of efforts being made in the field.

HIV Prevention Interventions with Adults Sexually Abused as Children: What Works for Which Targets?

(Abstract #179926)

Symposium (clin res)

Waterview C/D, Lobby Level

Hansen, Nathan B., PhD¹; Wyatt, Gail E., PhD²; Cavanaugh, Courtenay E., PhD³; Crusto, Cindy A., PhD⁴; Classen, Catherine C., PhD⁵; Sikkema, Kathleen J., PhD⁶; Spiegel, David, MD⁶; Kochman, Arlene, MSW⁶; Grossman, Cynthia, PhD⁷

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⁶Duke University, New York, New York, USA

⁷National Institutes of Mental Health, Bethesda, Maryland, USA

This symposium brings together three of the only randomized, controlled trials of HIV prevention interventions focusing on adults who experienced childhood sexual abuse. An overview of outcome findings from each study will be presented, with a particular focus on what works and doesn't work for changing sexual risk behavior.

Childhood Sexual Abuse, Adult Sexual Risk, and HIV Infection

There are nearly 40 million people living with HIV/AIDS, 1.2 million of these in the U.S. With advances in treatment, and a stable rate of new infections (over 40,000 a year), the number of people living with HIV in the U.S. is increasing. The HIV epidemic is fueled in part by trauma and interpersonal violence, including warfare, forced dislocation of populations, and violence against women and children. While mass violence is uncommon in the U.S., violence against women and children is not, though this is an often overlooked factor in the U.S. HIV epidemic. Research on the prevalence of child abuse suggests that nearly 50 percent of people living with HIV have experienced childhood sexual abuse. This presentation reviews research on the links between childhood sexual abuse and adult sexual risk behavior. Robert Malow's theoretical model, which proposes that childhood sexual abuse is directly related to HIV risk behavior, with substance use, adult revictimization, and psychopathology acting as mediators, will serve as the framework for this discussion. Additionally, as ethnic and racial minorities, particularly women, are disproportionately impacted by the HIV epidemic, the interaction of race, gender, and poverty with childhood sexual abuse and adult sexual risk will also be addressed. Finally, implications for HIV prevention and treatment will be discussed.

A Comparison of Trauma- vs. Present-Focused Group Therapy for Women Sexually Abused in Childhood

This presentation reviews findings from the selected-prevention intervention study, trauma-vs. present-focused group therapy for women sexually abused in childhood: A randomized controlled trial, targeting HIV-risk behavior among adult female survivors of childhood sexual abuse (CSA). The study enrolled 171 adult female survivors of CSA who were at risk for HIV infection as evidenced by having been revictimized, engaged in risky sex, or met criteria for substance abuse or dependence within year before entering the study. Eligible women were randomly assigned to one of three conditions: 1) waitlist, 2) six-months of trauma-focused group psychotherapy, or 3) six-months of present-focused group psychotherapy. An early session of each group treatment focused on HIV-risk reduction, and this topic was interwoven into subsequent treatment sessions whenever it was relevant. Evaluation of treatment efficacy was based upon baseline, post-treatment, and six-month follow up assessments. Intent-to-treat analysis found no differences between the group psychotherapy conditions on the main outcomes, suggesting neither group treatment alone was effective in reducing sexual revictimization, alcohol or drug abuse/dependence, or risky sexual behavior. Lessons learned and suggestions for future interventions for preventing HIV-risk among adult female survivors of CSA will be discussed.

A Coping Skills Group Intervention for HIV-Infected Women and Men Sexually Abused as Children

Although childhood sexual abuse is common among HIV-infected persons, there are few empirically supported treatments addressing sexual abuse available for men and women with HIV/AIDS. This study reports the outcome from a randomized controlled trial of a group intervention for coping with HIV and sexual abuse. A diverse sample of 202 HIV-positive men and women who were sexually abused as children was randomly assigned to one of three conditions: a 15-session HIV and trauma coping group intervention, a 15-session support group comparison condition, or a waitlist control (later randomly assigned to an intervention condition). Participants were followed for one year after completing interventions. Baseline analysis revealed high levels of sexual risk in this sample, including unprotected sex with HIV-negative partners. While greater traumatic symptom reduction was observed for the coping group at post intervention, these differences disappeared over the follow-up period, with both interventions demonstrating significant improvement. Longitudinal analysis revealed, however, that the coping intervention

Concurrent Session 3 and 4

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significantly reduced overall unprotected sexual behavior, and, more importantly, unprotected sexual behavior with HIV-negative partners, in comparison to the support group condition. Possible explanations for greater risk reduction in the coping group will be discussed.

An Integrated Risk-Reduction Intervention for HIV-Positive Women with Child Sexual Abuse Histories

Childhood sexual abuse (CSA) has been linked to HIV-risk behavior, and CSA is more prevalent among women living with HIV than among women in the general population. This presentation reports on a research program developing a culturally- and gender-congruent psychoeducational intervention designed to reduce sexual risk behavior and enhance health-protective behavior, such as medication adherence, among women living with HIV infection who have CSA histories. The efficacy of this intervention was evaluated in a Phase I clinical trial with an ethnically diverse sample of 147 women who were randomly assigned to either 1) the 11 session Enhanced Sexual Health Intervention (ESHI), or 2) an attention control condition. Intent-to-treat analyses revealed that, at post intervention, the ESHI condition resulted in greater levels of sexual risk reduction than the control condition. Additionally, a dosage effect was found, with women in the ESHI condition attending 8 or more sessions reporting greater medication adherence than women in the control condition. This presentation will also discuss ongoing research with the ESHI model, including translational research in community settings and adapting the model for men living with HIV infection. Finally, lessons learned and suggestions for future research on HIV prevention and treatment for adults with CSA histories will be discussed.

Concurrent Session 4

Thursday, November 15
3:30 p.m. - 4:45 p.m.

The Traumatic Effects of Sexual Abuse by Clergy

(Abstract #184273)

Plenary (commun)

Grand Ballroom VI, 3rd Floor

Doyle, Thomas P., JCD, CADC¹

¹Private Practice, Vienna, Virginia, USA

Sexual abuse of children or minors by trusted clergy results in a unique type of trauma. The vast majority of victims are devoted members of the denomination with an exceptional degree of trust in their clergy person and in the religious system. The intensity and destructive effects of the trauma associated with clergy abuse are directly related to the emotional bond between the victim and the abuser. This bond is grounded in factors that are described as "spiritual" but which in fact are toxic and lead to a traumatic relationship that is sometimes accompanied by sexual abuse. There are two dimensions of religious-based trauma that directly impact the overall effects of clergy sexual abuse: the emotional and mental conditioning of the victim, which directly influences susceptibility to abuse and, the same conditioning with the added element of spirituality which shapes the impact of abuse on the victim. Prevention of the lasting effects of trauma from clergy sexual abuse involves more than awareness of the modus operandi of sexual predators in clergy clothing. It must also take into account the enabling aspect of religious conditioning that leads to a post-abuse feeling of alienation from God as well as society.

Posttraumatic Growth: Promises and Pitfalls

(Abstract #178295)

Panel (clin res)

Dover A/B/C, 3rd Floor

Hobfoll, Stevan, PhD¹; Butler, Lisa, PhD²; Maercker, Andreas, MD, PhD³; Pat-Horenczyk, Ruth, PhD⁴

¹Center for Treatment and Study Traumatic Stress, Kent State University, Kent, Ohio, USA

²Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, California, USA

³University of Zurich, Zurich, Switzerland

⁴Child and Adolescent Clinical Services, The Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem, Israel

Posttraumatic growth (PTG) is a concept that has received increased attention. Many studies find PTG to be related to enhanced well-being and increased strength for coping with trauma. Other studies, however, find it to be independent of well-being and still other studies find it to be related to worse outcomes. This panel will discuss the complexity of PTG and insights into broadening the umbrella of PTG to a more multidimensional set of constructs. Emphasis will be placed on several key factors that may influence PTG's impact. These include process factors such as the degree of trauma, the type of trauma and whether survivors can do something in response, the time it might take for PTG to have an impact, and whether the cognitive versus behavioral/action components play a role. It also includes individual difference characteristics including sex, ethnicity, and possession of general resiliency resources. Panelists from around the world will present their models of PTG. These models both build on and challenge some of the original conceptualizations of PTG, but may bring a next generation of research that better predicts PTG's role a priori. Work on PTG with victims of cancer, in the face of war and terrorism, and in terms of its integration with treatment will be presented.

Participant Alert: Presentations will present material that may include photos on traumatic circumstances including terrorism, war, and cancer among others.



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Conducting Prolonged Exposure Therapy with Complex Cases: To Do or Not to Do Exposure (Abstract #179282)

Panel (practice)

Grand Ballroom I and II, 3rd Floor

Holohan, Dana, PhD¹; Wright, Ted, PhD²; Hembree, Elizabeth, PhD³; Quinn, Stephen, PhD⁴

¹The Center for Traumatic Stress, Salem VA Medical Center, Salem, Virginia, USA

²VA Medical Center, Salem, Virginia, USA

³Dept. of Pennsylvania School of Medicine, Center for the Treatment and Study of Anxiety, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

⁴Behavioral Sciences Division, National Center for PTSD, Boston, Massachusetts, USA

Prolonged exposure (PE) has a strong evidentiary base and is recommended to be a first-line treatment for posttraumatic stress disorder. However, many clinicians are hesitant to use PE in the treatment of complex cases. Clinicians often view a history of multiple traumas, suicide ideation, comorbid substance use, or the presence of personality disorders as contraindications to exposure therapy, but these factors do not consistently predict treatment outcome or dropout. Additionally, patients who are acutely suicidal or homicidal, severely depressed, and psychotic have routinely been excluded from randomized controlled trials of exposure therapy. Thus, therapists working with such patients must decide whether and how exposure therapy should be attempted, without much guidance from the empirical literature. This panel will discuss clinical features that have been viewed as contraindications to exposure therapy and offer recommendations for using or not using exposure therapy with these populations. Panelists will offer examples of decision-making strategies used in their own practice in treating complex PTSD, discuss several hypothetical complex clinical cases, and debate whether to proceed with PE with these cases. Panelists will also discuss when and how to modify PE for use with complex cases.

Healthcare Innovations to Prevent Mental Health Consequences of OEF/OIF Deployment

(Abstract #179521)

Symposium (prev)

Essex A/B/C, 4th Floor

Kimerling, Rachel, PhD; Sayer, Nina A., PhD, LP²; Magruder, Kathryn M., PhD³; Engel, Charles C., MD, MPH⁴; Zatzick, Douglas, MD⁵; Street, Amy, PhD⁶; Mark, Smith, PhD⁷; Gima, Kristian, BA⁸; Oxman, Thomas, MD⁹; Deitrich, Allen, MD¹⁰; Williams Jr., John, MD¹¹; Yeager, Derik, PhD⁹

¹VA Palo Alto Health Care System, Menlo Park, California, USA

²Center for Chronic Disease Outcomes Research, Minneapolis, Minnesota, USA

³Department of Psychiatry, Medical University of South Carolina, Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA

⁴Center for the Study of Traumatic Stress, Deployment Health Clinical Center at Walter Reed, Bethesda, Maryland, USA

⁵University of Washington, Seattle, Washington, USA

⁶VA Boston Health Care System, Boston, Massachusetts, USA

⁷VA Palo Alto Health Care System, Palo Alto, California, USA

⁸Dartmouth College, Lebanon, New Hampshire, USA

⁹Medical University of South Carolina, Charleston, South Carolina, USA

Substantial efforts within VA and DoD healthcare systems are focused on preventing chronic consequences of trauma exposure in a new generation of veterans. Presentations feature issues of access to care, screening for trauma/PTSD, and integrated treatment for PTSD in primary care. Policy implications for PTSD prevention are discussed.

Barriers and Facilitators to PTSD Treatment Seeking among OIF/OEF and Vietnam Combat Veterans

PTSD is a psychiatric disorder that disproportionately affects veterans. Although treatment reduces severity and improves functioning, most veteran sufferers wait decades before seeking help for their PTSD, if they seek it at all. The fact that almost half of the veterans seeking PTSD disability benefits are not in treatment suggests the existence of barriers other than problem recognition. This is the first study to examine barriers to PTSD treatment seeking among veter-

ans. Methods involved in-depth, individual interviews. Qualitative methods were ideal for this project given the novelty of the content area. The sample consisted of 48 veterans who believed that they suffered from combat related PTSD. The sample was stratified by treatment seeking status such that half was in treatment for PTSD and half was not. Within each mental health treatment stratum (in treatment versus not), the sample was further stratified by gender and, for men, period of service (Vietnam versus OIF/OEF). Verbatim transcripts were analyzed into thematic categories. We will present individual, socio-environmental and system level barriers and facilitators to PTSD treatment seeking as well as variations by service era. Findings have implications for interventions to promote treatment-seeking for combat related PTSD.

Factors Related to PTSD Under-Diagnosis in VA Primary Care

Correct diagnosis in primary care is the starting point for early intervention for PTSD. We investigated patient related socio-demographic, clinical, and health services factors that relate to lack of recognition of PTSD.

Subjects were 816 randomly selected primary care patients drawn from four Southeast VA hospitals. The CAPS was used to establish PTSD caseness, and ICD9 diagnoses (including PTSD) were taken from electronic medical records for a 24-month period. Functional status was measured with the SF-36.

Taking only those who were CAPS positive for PTSD (n=98), patients were classified based on congruence with ICD9 chart diagnoses: we compared correctly diagnosed (n=42) (CAPS+, ICD9+) to under-diagnosed (n=56) (CAPS+, ICD9-). Correctly diagnosed patients more often reported warzone experience ($p=.024$); correctly diagnosed patients were significantly worse of than under-diagnosed patients on the mental health ($p=.0248$) and role emotional ($p=.0045$) SF-36 subscales only (with pain nearly significant at $p=.067$); correctly diagnosed patients were more apt to have clinically diagnosed (ICD9) muscle pain than under-diagnosed patients; however, the level of self-reported pain (SF-36) was no different. Clinicians should take these factors into account when assessing patients for PTSD.

RESPECT-MIL: Systems-Based Intervention for Primary Care Management of PTSD and Depression in U.S. Army Personnel

The prevalence of Posttraumatic Stress Disorder (PTSD), Major Depression, and related problems is high among military personnel returning from OIF/OEF. Less than a fourth with disorders report receiving specialty mental health care in the previous year, reflecting important factors related to stigma and structural barriers to accessing specialty care. To address this challenge, the U.S. Army is implementing RESPECT-MIL, a primary care program developed for PTSD and depression from evidence-based interventions to improve primary care depression management. RESPECT-MIL relies on a systems-level approach including practice setting enhancements, nurse-based telephone facilitated follow-up, and weekly mental health specialist review of participant progress with feedback to the nurse facilitator and primary care provider. A Fort Bragg feasibility study applied the model to 4,159 primary care visits. Results suggested the approach is acceptable to U.S. Army primary care providers and patients and is associated with clinically significant symptom improvements among the majority of program participants. Consequently, U.S. Army medical leaders directed RESPECT-MIL program implementation at 43 primary care clinics in 15 geographic sites in the U.S. and in Europe. The feasibility study and preliminary results from worldwide program implementation will be presented and discussed.

Concurrent Session 4

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Military Sexual Trauma Screening and Treatment

VA has implemented universal screening for sexual violence sustained during military service, or Military Sexual Trauma (MST). There is good consensus that providers should be aware of patients' trauma history, but there have been few large scale studies of the clinical impact of policies that mandate violence or trauma-related screening for all patients. In this presentation we will examine whether detection of MST via screening is associated with increased rates of mental health treatment. We examined electronic medical record data from 25,627 female and 426,010 male veteran patients screened for MST in 2005. MST was detected among 20.1 percent of female veterans and 1.1 percent of male veterans. Positive MST screens (as compared to negative screens) were significantly associated with post-screen treatment (for patients without treatment history, RR = 2.52 (2.38, 2.66) for females; RR = 2.47 (2.34, 2.61) for males). Number Needed to Screen analyses suggest screening is efficient: an additional patient was seen in mental health care for every 5 positive screens (7 for males). These data indicate that MST is prevalent in VA health care and that universal screening can help insure timely trauma-focused mental health treatment. Discussion will focus on MST among returning veterans and prevention of chronic sequelae of sexual trauma.

Predictors of Posttraumatic Disorder and Recovery in Prospective Studies of Recent Trauma Survivors

(Abstract #179677)

Symposium (clin res)

Grand Ballroom III and IV, 3rd Floor

Offl, Miranda, PhD¹; Creamer, Mark, PhD²; O'Donnell, Meaghan, PhD³; Sijbrandij, Marit, PhD⁴; Vries De, Giel-Jan, MSc⁵; Schnyder, Ulrich, MD, PhD⁶; Wittmann, Lutz, MA⁶; Hepp, Urs, PhD, MD⁶; Moergeli, Hanspeter, PhD⁷; Field, Nigel, PhD⁸; Carlson, Eve, PhD⁹; Ruzek, Josef, PhD⁹; Spain, David, MD¹⁰; Shalev, Arieh, MD, PhD¹¹

¹Universitair Hoofddocent, Head of Center for Psychological Trauma, Department of Psychiatry, Academic Medical Center in De Meren, Amsterdam, Netherlands

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⁷Psychiatric Department, University Hospital, Zurich, Switzerland

⁸Pacific Graduate School of Psychology, Palo Alto, California, USA

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¹⁰Department of Surgery, Stanford University School of Medicine, Stanford, California, USA

¹¹Hadassah University Hospital, Jerusalem, Israel

Longitudinal studies of recent trauma survivors can elucidate potential causal pathways involved in the development of posttraumatic disorders such as PTSD and depression and can also bring to light factors that may foster recovery or resilience. This symposium will present findings of prospective studies from four countries.

Predicting Resistance and Resilience Following Traumatic Injury

Predictive studies in the field of traumatic stress have, until recently, focused almost exclusively on the prediction of psychopathological reactions to traumatic exposure. A mounting body of evidence, however, suggests that a significant proportion of survivors may exhibit trajectories that are best described as stress resistant or resilient. This paper explores these concepts in a large (N= approximately 1200) traumatically injured population. We assessed participants within one week of the event, and again at 3 and 12 months posttrauma. A substantial proportion of participants fell into the categories of stress resistant and/or resilient over this period. Although many predictors were consistent with those already demonstrated to predict psychopathology, additional indicators of positive outcome were also identified.

The Role of Injury and Other Trauma-Related Predictors in the Onset and Course of Symptoms of Posttraumatic Stress Disorder

Previous studies have yielded inconsistent results with respect to the role of injury in the development of PTSD. In this study we hypothesized that injury would be related to symptoms of posttraumatic stress disorder (PTSD) after several months following psychological trauma, but not to early symptoms of PTSD. 236 respondents were assessed at 1 week, 4 weeks, 8 weeks and 24 weeks following a traumatic event. Symptoms of PTSD were measured with the Structured Interview for PTSD (SI-PTSD). Other variables measured were the presence of injury, type of trauma (accident or assault), perceived life threat and peritraumatic dissociation. Data were analyzed using path analysis. A model in which injury significantly predicted PTSD symptoms measured at 8 weeks after the trauma showed a better fit than models in which injury was related to symptoms of PTSD measured at 1 week, 4 weeks or six months. In this model, symptoms of PTSD at 1 week were significantly predicted by female gender, by having experienced an assault, and by peritraumatic dissociation. The results of this study confirm our hypothesis that the presence of injury does not predict early symptoms of PTSD, but is associated with symptoms of PTSD measured at a few months following psychological trauma. Clinical implications of the findings in the context of the care of injured trauma survivors will be discussed.

PTSD Following Accidental Injury: Rule or Exception in Switzerland?

The aim of this study was to determine the incidence of ASD and PTSD following accidental injuries, and to predict PTSD symptom level at six months follow-up, taking into consideration the role of pre-existing psychiatric morbidity and insufficient command of the local language. We interviewed 255 recent accident survivors who were hospitalized for at least two consecutive nights within two weeks of the trauma and six months post-accident, including Italian, Spanish, Portuguese, Serbo-Croatian, or Albanian speaking patients. Main outcome measure was the CAPS. **Results:** Ten patients (3.9 percent) were diagnosed with ASD. At six months follow-up, eight patients (3.1 percent) had PTSD. A regression model using twelve potential predictor variables explained 40 percent of the variance of PTSD symptoms; mild traumatic brain injury ($p<.001$), pain ($p<.05$), ASD symptom level ($p<.001$), and emotional coping ($p=.001$) predicted higher PTSD symptom levels, while high Sense of Coherence ($p<.05$) and perceived responsibility for the accident ($p<.01$) were associated with lower PTSD symptom levels at follow-up.

Conclusions: ASD and PTSD occurred less frequently following accidental injuries than previously reported in the literature. Pre-existing psychiatric morbidity and lack of proficiency in the locally spoken language don't appear to play an important role in the development of PTSD.

Predicting Posttraumatic Outcomes in Hospital Patients with Traumatic Injuries and in Family Members

To further elucidate the etiology of PTSD, this presentation will describe analyses of pre-trauma, time-of-trauma, and post-trauma variables in a prospective study of hospital trauma patients and familymembers of injured patients. Family history, past trauma exposure, psychopathology, recent stress, perceived traumatic stressor severity, and early posttraumatic responses (PTSD, depression, dissociation, and negative cognitions) were assessed 2-10 days after a traumatic injury serious enough to require hospital admission. Two months after the event, recent social support, social constraints, and PTSD symptoms were assessed. In a hierarchical regression analysis, pretrauma, time-of-trauma, and post-trauma factors accounted for 67 percent of the variance in two-month PTSD scores. Additional path analyses will be described that test various explanatory models that include direct and indirect causal pathways from earlier experiences and individual characteristics to PTSD. For example, does perceived traumatic stressor severity have a direct effect on later PTSD

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outcome or does it act indirectly through early posttraumatic responses? Are posttraumatic social support and social constraints moderators of the impact of pre-trauma mental disorder, perceived traumatic stressor severity, and early posttraumatic responses on later PTSD outcome, or do they also have a direct effect?

Rwanda: Healing The Wounds of Genocide

(Abstract #179566)

Symposium (culture)	Grand Ballroom VII and VIII, 3rd Floor
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Fabri, Mary, PsyD¹; Mukanyonga, Henriette, TC²; Rutembesa, Eugene, PhD³

¹Marjorie Kovler Center of Heartland Alliance, Chicago, Illinois, USA

²Rwandan Women's Interassociation Study and Assessment, Kigali, Rwanda

³Clinical Psychology, National University of Rwanda, Butare, Rwanda

Trauma from genocide is pervasive and persistent. This symposium will discuss different cultural components of healing after the 1994 Rwandan genocide. The impact of trauma, HIV, and culture on the healing process will be discussed with an eye towards the future and prevention.

Responding to Trauma and HIV in Rwanda

The 1994 Rwandan genocide resulted in 800,000 massacred and 535,000 women raped. Thirteen years later, 160,000 Rwandan women are HIV infected. The Rwandan Women's Interassociation Study and Assessment (RWISA) is a study of HIV infected and uninfected women who survived the genocide. This presentation will describe a project designed to address HIV and trauma. A team of American and Rwandan health providers worked with women's associations and local non-governmental organizations to assess health needs. The Harvard Trauma Questionnaire (HTQ) was adapted and translated for documentation and diagnosis of trauma. 891 HTQs were completed. Common trauma events included: surviving war (94.2 percent), lacking food or water (81.5 percent), no access to medical care (75.5 percent), death of relative or friend (70.8 percent), homelessness (62.8 percent), and rape (49.2 percent). Other traumatic events included sleep deprivation (67.3 percent), starvation (67.3 percent), being confined (47.1 percent), and beatings (40.7 percent). The mean score on the PTSD scale was 2.28, with 35.5 percent of the women meeting the criteria for PTSD (2.5 cut-off). Chronic conditions of traumatic stress secondary to genocide, rape and HIV will be discussed. Efforts to assist the women and their families with their medical, mental health, and social needs using a family-centered, multidisciplinary model of care will be described.

Resilient Rwandan Women

In 1994, for 100 days, the world turned its back towards Rwanda while approximately one million people were slaughtered. As a trauma counselor and survivor of the genocide, I represent the voices of Rwandan women survivors. I wish to have you turn your eyes toward Rwanda by telling some of our stories. Rwandan women suffered many atrocities during those 100 days, but the suffering has not ended. The infrastructure of the country was demolished, homes and neighborhoods destroyed, families and other relationships devastated, and the ability to trust destroyed. Thirteen years after the genocide, we are still rebuilding. Memories of the genocide are still fresh in our minds and we live among the daily reminders. One of the most important things I can do is to tell you the stories of Rwandan women, to bring value and meaning to their words by your listening, and to bring back to them a message of your caring through your having listened. In this presentation, I will share personal accounts of two Rwandan women who receive care from women's associations and the U.S. nongovernmental organization, Women's Equity in Access to Care and Treatment (WE-ACTx.) I will speak of their pain and resilience.

A Clash of Cultures: Traditional Healing Practices and Psychotherapy in Rwanda

In traditional society, the Banyarwanda performed various cultural and religious rituals which were an integral part of daily life for every Rwandan. These practices constituted a shared common reality and provided life enhancing tools for daily life. Today, Rwandan elders are the keepers of these traditions and symbols. After the 1994 genocide many Rwandans consulted with traditional healers before visiting hospitals or seeking psycho-therapeutic services. Many used traditional healing in conjunction with Western mental health treatment, or those disappointed by modern medicine turned to traditional healing practices as an alternative. Traditional healers posed challenges for contemporary Rwandan mental health providers and raised questions as to the efficacy of traditional practices. This presentation will examine the cultural clash between traditional healing practices and modern methods of trauma treatment and will describe the contributions made by both to the healing processes of Rwandans in the aftermath of the 1994 genocide.

Dual-Trauma Couples: The Interactive Effects of Complex Trauma

(Abstract #180045)

Symposium (clin res)	Waterview C/D, Lobby Level
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The purpose of this symposium is to describe research exploring the interactive long-term effects of complex trauma. Presentations will focus on couples in which both partners have experienced childhood maltreatment and the effects of their trauma histories on risk for abusive parenting, relationship functioning, and intimate partner violence.

Dual-Trauma Parents and Their Risk for Abusive Parenting

Much research has been conducted on the effects of childhood trauma (especially child sexual abuse) on the parenting practices of mothers. Much less research has been conducted on trauma history and the parenting practices of fathers. However, even less attention has been given to the interactive effects of trauma history of both parents on their parenting. This presentation will focus on the differentiation of couples based on the trauma history of each parent with respect to their risk for abusive parenting - in other words, how the interaction of parents' trauma histories can lead to a qualitatively different home environment for their children. Data collected from 293 couples who received home visitation services from the U.S. Army's New Parent Support Program will be presented. The interactive effects of different types of trauma history will be explored and described with respect to each parent's risk for child abuse (based on the Child Abuse Potential Inventory, Milner, 1986), official reports of child maltreatment, the psychological functioning of each parent, characteristics of marital and family functioning, and home visitors' reports of other risk factors within the household. Implications for intervening with dual-trauma parents and their children will be described as will suggestions for future research.

Concurrent Session 4

Presenters are underlined and discussants are italicized. If serving in both roles, they are both underlined and italicized.

Dual-Trauma Couples and the Impact of Child Sexual Abuse

Although previous research indicates that a history of child sexual abuse affects how adults function in their intimate relationships, little is known about the complex effects of both members of a couple having a child abuse history. Clinically, many therapists experience dual-trauma couples as particularly difficult and complex, especially those with child abuse histories. The current study includes three types of couples, recruited from the community: those with no child sexual abuse history, couples in which a female partner has a history of child sexual abuse, and couples in which a female partner has a child sexual abuse history, and her partner also has a history of some type of child abuse. Couples completed self-report measures, and participated in a behavioral observation assessment of communication. The study will examine the impact of dual-trauma history on factors such as adult attachment, relationship satisfaction, emotional expression and communication styles. It will also examine the impact of abuse variables (e.g., relationship to perpetrator, duration of abuse, etc.) on current relationship functioning for couples in which one or both partners were abused. Implications of the results for conceptualizing and treating dual-trauma couples will be discussed.

Dual-Trauma Couples and Intimate Partner Violence

Research on intimate partner violence (IPV) frequently investigates the childhood trauma history of the batterer or the victim, but not the interaction of their trauma histories. Given the evidence of assortative mating for many trauma-related sequelae that also increase the risk for IPV (e.g., substance abuse, antisocial personality traits) and given the known effects of a trauma history on intimate relationships, this is an important omission. Therefore, a sample of 276 men court-ordered to treatment for IPV and their female partners were compared on the basis of each partner's self-reported history of childhood trauma - physical abuse (CPA), sexual abuse (CSA), and witnessing IPV. Preliminary analyses suggested that a man's history of severe CPA predicted the generality of his violence, the severity of his violence toward his partner, antisocial and borderline traits and dissociation. A woman's history of CSA was associated with her partner's history of trauma and her own history of multiple abusive relationships in adulthood. Also, a woman with a history of witnessing IPV was not only more likely to be partnered with a man with a history of witnessing IPV, but was also more likely to underreport her current experience of IPV, relative to her partner's report. Case examples will be included as will a discussion of the implications for treatment.

Assessment-Based Treatment for Traumatized Children: Using The Trauma Assessment Pathway (TAP) Model (Abstract #180040)

Workshop (practice)

Grand Ballroom IX and X, 3rd Floor

Conradi, Lisa, PsyD¹; Gilbert, Alicia, PhD¹; Killen-Harvey, Al, LCSW¹

¹Chadwick Center for Children and Families, Rady Children's Hospital, San Diego, San Diego, California, USA

This interactive workshop will discuss, "Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway Model (TAP)." TAP is an assessment-based treatment model developed by the Chadwick Center at Rady Children's Hospital and Health Center in San Diego designed for treating children and adolescents between two and 18 years of age who experienced any type of trauma. TAP incorporates assessment, triage, and evidence-supported components of trauma treatment into clinical pathways. The presenters will provide audience members with the following: 1) knowledge and steps necessary to incorporate standardized assessments into the intake process; 2) a model for the treatment of trauma guided by assessment; and 3) a treatment model that is directed by the uniqueness of the child and his or her family. Following a brief discussion that will provide necessary background information for designing and making decisions within an assessment-based treatment protocol, the presenters will prepare a case study designed for audience participation. The case study discussion will focus on using assessment information to create a Unique Client Picture and formulating an appropriate, individualized treatment plan using evidence-supported practices. An algorithm discussing how to use the essential components of trauma treatment in this and other cases will also be presented.

Working Across Cultures: Adaptations and Dissemination of Prolonged Exposure to an African Culture

(Abstract #179662)

Workshop (intl)

Waterview A/B, Lobby Level

Osterman, Janet, MD¹; de Jong, Joop T.V.M., MD, PhD²

¹Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA

²Vrije Universiteit, Amsterdam, Amsterdam, Netherlands

This workshop will discuss issues of disseminating and implementing treatment in non-western (low income) countries and the need for cultural adaptations. The cultural and linguistic adaptation of a well-validated western CBT protocol, Prolonged Exposure (PE) for a non-western (Eritrean, African) culture will be presented. A template for adaptation, based on accepted methodology for translating instruments, was used to modify this treatment protocol. The presenters will discuss the difficulties and advantages to using this methodology. Recruitment of focus groups and the importance of their contribution to this process will be discussed. The final version underwent both review of the back-translated manual for fidelity to the PE and review by members of a focus group of Eritrean members of the local Boston community for acceptability of the adaptations and treatment methodology. Pilot data from members of the Boston Eritrean community and/or from Eritrea will be presented. Participants will be invited to discuss their experience in working with various cultures and explore issues related to treatment and research. In addition, participants will be able to discuss their experience in cultural and linguistic translations of complex concepts.