Translation, Collaboration and Mutual Learning
| PMI 01 | Addressing Clinical Complexities in Prolonged Exposure  
(Feeny, Zoellner, Foa) | A | Practice/Clin Res |
| PMI 02 | Clinical Nuance in Complex Trauma Treatment: Analysis of a Single Case from the Vantage Point of Four of the National Child Traumatic Stress Network’s Leading Child Trauma Intervention Models  
(Spinazzola, Ford, Habib, Kagan, Arvidson) | M | Practice/Child |
| PMI 03 | Psychodynamic Contributions to Traumafocused Psychotherapy  
(Brett, Horowitz, Lindy, Wittmann) | M | Practice/Clin Res |
| PMI 04 | Using Cognitive Processing Therapy in a Group Setting  
(Chard) | M | Practice/Clin Res |
| PMI 05 | Acceptance and Commitment Therapy (ACT) and the Treatment of Trauma: Regaining Self and Values  
(Walser, Westrup) | M | Practice/Assess Dx |
| PMI 06 | Under the Shadow of Complicated Grief: The Clinical Impact of Violent Death in the Middle East  
(Rynearson, Salloum, Malkinson, Khoury, Al-Krenawi, Thabet, Nader) | M | Clin Res/Cul Div |
| PMI 07 | Complex Trauma: Case Conceptualization and Implementation of Cognitive Processing Therapy and Prolonged Exposure Therapy.  
(Maieritsch, Castillo, Frazier) | M | Practice/Media Ed |
| PMI 08 | What Trauma Therapists Should Know about Panic, Phobias and OCD  
(Winston) | M | Practice/Assess Dx |
| PMI 09 | An Early Intervention Model For Traumatic Stress In Humanitarian Aid Workers In The Field: Challenges And Complexities  
(Curling, Indart, Andersson, Kahn) | M | Mil Emer/Disaster |
| PMI 10 | When Trauma Comes Home: Training on reintegrating returning warriors to the workplace and family  
(Yarvis) | M | Practice/Cul Div |
| PMI 11 | Mon client souffrant de stress post-traumatique ne s'améliore pas : Comment sortir de l'impasse thérapeutique? (BRILLON) | A | Practice/Assess Dx |
| PMI 12 | Treating Posttraumatic Sleep Problems: Applying CBT for Insomnia to Traumatized Populations (DeViva, Zayfert) | M | Practice/Mil Emer |
| PMI 13 | Provider Resiliency: A Train-the-Trainer Mini Course on Compassion Satisfaction and Compassion Fatigue (Hudnall Stamm, Figley, Figley) | M | Mil Emer/Clin Res |
| PMI 14 | Parent-Child Interaction Therapy: Global Dissemination and Transfer of an Evidenced Based Practice for Young Children and Trauma (Gurwitch, Pearl) | M | Technology/Clin Res |

| Keynote 1 | When Bad Things Happen to You, the First Person You Need to See Should Not Be One of Us (Bisson, Bryant, Wessely) | I | Prev El/Practice |

| Concurrent 1 | Collaborative Efforts Towards Trauma-informed Mental Health Services in Juvenile and Adult Correctional Settings (Liles, Ford, Cruise, Wiedeman, Chapman) | I | Clin Res/Comm |
| Mental Health Screening for Undetected PTSD in Juvenile Detention Settings: Research and Recommendations (Cruise) | M |
| Outcomes of a Randomized Controlled Trial Effectiveness Study Comparing Affect Regulation and Supportive Relational Individual Therapy for PTSD with Delinquent Girls (Ford) | M |
| Assessing Participants' Characteristics in a Trauma-informed Jail Diversion Program (Liles, Wiedeman, Newman, Tarrasch, Williams) | I |
| Clinical Outcomes in a Trauma Informed Substance Abuse Treatment Program (Wiedeman, Liles, Newman, Tarrasch, Williams) | M |

<p>| Symposium | Torture As A &quot;Forensic&quot; Issue (Crosby) | M | Assess Dx/Practice |
| Definitions of Torture (Green) | M |
| Screening for Torture: A Narrative Checklist Using Legal Definitions in a Torture Treatment Clinic (Rasmussen, Crager, Keatley) | M |
| Verifying and Measuring the Severity of Torture Experiences (Rosenfeld) | M |</p>
<table>
<thead>
<tr>
<th>Symposium</th>
<th>The Impact of PTSD and Depression on Functioning in a Legal Context (Sachs)</th>
<th>I</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Symposium</td>
<td>The Role of Oxytocin in Traumatic Stress (Off, Carter, Heim, Pierrehumbert, Bartz)</td>
<td>I</td>
<td>Clin Res/Soc Ethic</td>
</tr>
<tr>
<td></td>
<td>Oxytocin: Mechanisms for Healing Body, Brain and Behavior (Carter)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Interaction of Childhood Trauma with Oxytocin Biomarkers on Adult Risk and Resilience (Bradley)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oxytocin Response to a Psychosocial Challenge, and the Role of Childhood Traumatic Experiences and of Attachment Representations (Pierrehumbert)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oxytocin Produces Divergent Effects on Trust and Cooperation in Borderline Personality Disorder (Bartz, Simeon, Hollander)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>The Role of Oxytocin in Traumatic Stress (Off, Langeland, Witteveen)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adverse Childhood Experiences: Cumulative Risk, Treatment Outcomes, and Clinically Significant Change in a Large National Sample (Briggs-King, Layne, Ostrowski, Belcher, Amaya-Jackson, Fairbank, Pynoos)</td>
<td>M</td>
<td>Child/Clin Res</td>
</tr>
<tr>
<td></td>
<td>Cumulative Risk and Adverse Childhood Experiences: Findings From the National Child Traumatic Stress Network (Ostrowski, Briggs-King, Belcher, Layne, Fairbank, Pynoos)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treatment Outcomes of Youth Exposed to Serial and Sequential Trauma (Briggs-King)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beyond Statistical Significance: Evaluating Clinically Significant Change in Child and Adolescent Trauma Treatment (Layne)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Trauma, PTSD, and Delinquency: Investigating the Underlying Mechanisms (Kerig)</td>
<td>M</td>
<td>Assess Dx/Child</td>
</tr>
<tr>
<td></td>
<td>Traumatic Experiences, PTSD Symptom Clusters, and Youth Mental Health Problems (Kerig, Ward, Vanderzee, Becker)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Victimized Juvenile Delinquents: Trauma-Related Characteristics That Predict Aggression (McClintic, Silvern)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Callous-Unemotional Traits and Posttrauma Emotional Numbing in the Prediction of Delinquency (Allwood)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual Minority Status, Abuse, and Mental Health Problems Among Incarcerated Delinquent Girls (Belknap, Holsinger, Little)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Title</td>
<td>Level</td>
<td>Keywords</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Workshop</td>
<td>Combat and Operational Stress First Aid (COSFA) (Watson, Nash, Westphal, Litz)</td>
<td>I</td>
<td>Mil Emer/Prev El</td>
</tr>
<tr>
<td>Panel</td>
<td>Trauma's Attack on the Body: The Deteriorating Impact of Traumatic Stress (Galea, Cohen, Hobfoll, Schnurr)</td>
<td>M</td>
<td>Clin Res/Res Meth</td>
</tr>
<tr>
<td>Paper Session</td>
<td>Supporting Refugees and Humanitarian Focused Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Nexus Between Injustice, Anger and Recurrent Violence in Post-conflict Settings: Emerging Data From Research Amongst the Timorese and West Papuan Refugees (Silove, Rees)</td>
<td>A</td>
<td>Civ Ref/Cul Div</td>
</tr>
<tr>
<td></td>
<td>Investigating the Mental Health of Adult Refugees Recently Arrived in Western Australia (Laugharne)</td>
<td>I</td>
<td>Civ Ref/Comm</td>
</tr>
<tr>
<td></td>
<td>Using Scientific Evidence to Better Inform Refugee Status Decision Making (Herlihy)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Paper Session</td>
<td>Emerging and New Treatment Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Differential Mediating Role of Forgiveness on Relationship Between Aggression and PTSD Based on the Nature of the Trauma (Diamond, Haden, Brennan)</td>
<td>I</td>
<td>Disaster/Res Meth</td>
</tr>
<tr>
<td></td>
<td>Combined Prolonged Exposure Therapy and Paroxetine Versus Prolonged Exposure Therapy and Placebo in PTSD Related to the World Trade Center Attacks: A Randomized Controlled Trial (Schneier)</td>
<td>M</td>
<td>Clin Res/Disaster</td>
</tr>
<tr>
<td></td>
<td>Effectiveness of Web-based Training in Disseminating Evidence-Based Trauma Interventions (Saunders, Smith, Best)</td>
<td>I</td>
<td>Technology/Media Ed</td>
</tr>
<tr>
<td>Keynote 2</td>
<td>Injured, Not Sick (Dallaire)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concurrent 2</td>
<td>What Have Been and What Will be The Mental Health Consequences of the War in Iraq on U.K. Service Personnel? (Wessely)</td>
<td>I</td>
<td>Mil Emer/Soc Ethic</td>
</tr>
<tr>
<td>Featured Speaker</td>
<td>Neuroendocrine Correlates of PTSD Before and After Treatment (Yehuda)</td>
<td>M</td>
<td>Bio Med/Clin Res</td>
</tr>
<tr>
<td>Symposium</td>
<td>Cortisol Metabolic Predictors of PTSD Treatment Response in WTC Survivors (Bierer)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Effects of Brief Eclectic Psychotherapy (BEP) on Neuroendocrine Function in PTSD (Olff)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuroendocrine Correlates of PTSD in Combat Veterans (Yehuda)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symposium Over 20 Years of ISTSS Collaboration at the United Nations (Turner)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Brief Introduction to the United Nations (Turner)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over 20 Years of ISTSS Collaboration at the United Nations (Danieli)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial Intervention Following Humanitarian Emergencies and Disasters (Carll)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Psychosocial Needs on the Agenda at the United Nations (Dubrow)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrating Trauma-Focused Services in Primary Care (Weaver, Schnurr)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrating Trauma Exposure Screening and Treatment into Primary Care (Falsetti)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating a Collaborative Evidenced-Based Mental Health and Primary Care Clinic for Returning Veterans (Chard, Faulkner, Thiede)</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five Years of the Montgomery County Behavioral Health Project (MCHBP): Challenges and Lessons Learned (Kaltman, Pauk, Green, Alter)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symposium Harnessing University-Military Partnerships and Information Technology to Serve Military Families: The FOCUS Large-Scale Demonstration Project (Saltzman, Garcia, Mogil, Leskin, Lester, Kung, Doud, Pynoos, Beardslee)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evolution of the FOCUS Theoretical Model and Program Core Components: The Translation of Science to Practice (Saltzman)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harnessing Collaborative Partnerships and Information Technology to Disseminate and Manage a Large-Scale Intervention (Leskin)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session Type</td>
<td>Title</td>
<td>Level</td>
<td>Keywords</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Workshop</td>
<td>Regional Disaster Response Networks: Description, Purpose, Significance and Current Initiatives (Tishelman, Dardeck)</td>
<td>M</td>
<td>Disaster/Comm</td>
</tr>
<tr>
<td>Panel</td>
<td>Modes of Resilience in the Treatment of Stress and Trauma: Characteristics and Interventions (Kent, Davis, Pardo, Mitchell, Williams, Vasterling, DePrince)</td>
<td>M</td>
<td>Clin Res/Prev El</td>
</tr>
<tr>
<td>Case Study Presentation</td>
<td>Prolonged Exposure Treatment for Combat PTSD within a Couple Therapy Treatment Frame (Smith)</td>
<td>M</td>
<td>Practice/Mil Emer</td>
</tr>
<tr>
<td>Paper Session</td>
<td>Child Maltreatment and PTSD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-reported Symptoms in Preschoolers Reporting Sexual Abuse (Hébert, Bernier)</td>
<td>I</td>
<td>Child/Res Meth</td>
</tr>
<tr>
<td></td>
<td>A Regression Tree Approach to Identify Clinical Profiles of Depression and Suicidality in Sexually Abused Teenage Girls (Brabant, Hébert, Chagnon)</td>
<td>I</td>
<td>Child/Prev El</td>
</tr>
<tr>
<td></td>
<td>Adolescent Resilience, Mindfulness and Self-esteem Following Sexual Abuse Trauma (Daigneault, Dion, Hébert, Collin-Vézina)</td>
<td>I</td>
<td>Child/Practice</td>
</tr>
<tr>
<td>Paper Session</td>
<td>Predicors and Treatment Issues/Military</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender Differences in Mental Health Profiles and Exposure to Traumatic Events in the Canadian Forces: Results From a Representative Survey (Mota, Medved, Whitney, Sareen)</td>
<td>I</td>
<td>Mil Emer/Clin Res</td>
</tr>
<tr>
<td></td>
<td>Adverse Childhood Experiences in Relation to Mental Disorders in the Canadian Military (Seereen, Belik, Asmundson, Stein)</td>
<td>M</td>
<td>Mil Emer/Prev El</td>
</tr>
<tr>
<td></td>
<td>A Comparison of the Effectiveness of Acceptance and Commitment Therapy (ACT) and Cognitive-behavioural Therapy (CBT) for Treating Complex Chronic Pain in Canadian Military Personnel with Posttraumatic Stress Disorder. (Nelson, Roth, St. Cyr, McIntyre-Smith)</td>
<td>M</td>
<td>Mil Emer/Clin Res</td>
</tr>
<tr>
<td>Concurrent 3</td>
<td>Le traitement Spécifique des Cauchemars Post-traumatiques (Brillon)</td>
<td>M</td>
<td>Practice/Clin Res</td>
</tr>
</tbody>
</table>

**Concurrent 3**
**Thursday, November 4**
2:00 p.m. – 3:15 p.m.
<table>
<thead>
<tr>
<th>Symposium</th>
<th>Title</th>
<th>I/M</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing Veterans Mental Health Out-patient Services Based on Veterans Needs – A UK perspective (Kitchiner, Goncalves, Bisson)</td>
<td></td>
<td>M</td>
<td>Mil Emer/Clin Res</td>
</tr>
<tr>
<td>Veterans’ First Point: a New Model of Services for Veterans in Scotland (Gonsalves)</td>
<td></td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Phase One Development of a Psychosocial Care Pathway for Veterans of the Armed Forces in the UK (Kitchiner)</td>
<td></td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Needs Assessment Population Study of a Sample of Veterans in Wales (Bisson, Wood, Jones, Cooper)</td>
<td></td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>The Impact of TBI on Evidenced-Based Psychotherapy for Veterans with PTSD (Chard, Vasterling)</td>
<td></td>
<td>I</td>
<td>Clin Res/Practice</td>
</tr>
<tr>
<td>The Influence of mTBI on PTSD Treatment Outcome Among Returning Veterans From Afghanistan and Iraq (Rauch, Smith, Pope-Kirby, Defever, Rothbaum, Liberzon)</td>
<td></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Examining Neuropsychological Measures as Predictors of Treatment Outcome for Veterans with PTSD and TBI (Walter, Bertram, Chard, Vasterling)</td>
<td></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Examining the Effectiveness of CPT-C in a Residential Program for Veterans with PTSD and TBI (Chard, Schumm, McIlvain, Bailey, Parkinson)</td>
<td></td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Working with Refugee Families: Evidence, Theory and Practice (Mooren, Bala, Van Essen)</td>
<td></td>
<td>M</td>
<td>Child/Practice</td>
</tr>
<tr>
<td>Do Family Interventions Work for Traumatized Refugees?: A Review of the Literature (Mooren)</td>
<td></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Building a Therapy Program on Theoretical and Clinical Rationales (Bala)</td>
<td></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>How is the Therapeutic Process Perceived by Traumatized Families: A Case Study (Mooren, Bala, van Essen)</td>
<td></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Challenges in Translating Trauma Care Interventions Across Organizations and Cultures (Meredith, Fortney, Tsosie, Engel, Schnurr)</td>
<td></td>
<td>M</td>
<td>Technology/Practice</td>
</tr>
<tr>
<td>Violence and Stress Assessment (ViStA) Project: Challenges in Adapting PTSD Quality Improvement for Underserved Populations in Community Health Centers (Meredith, Eisenman, Green, Kaltman)</td>
<td></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Telemedicine Outreach for PTSD in Department of Veterans Affairs Community Based Outpatient Clinics (Fortney)</td>
<td></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Title</td>
<td>Authors</td>
<td>Type</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>Staying Connected: Linking Trauma Center to Tribal Community for Physically Injured American Indian and Alaska Native Patients.</td>
<td><em>(Tsosie)</em></td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Improving Primary Care for US troops With PTSD and Depression in Military Primary Care Clinics: RESPECT-Mil and STEPS-UP</td>
<td><em>(Engel)</em></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Understanding Revictimization: Childhood and Adolescent Pathways to Adult Sexual and Physical Victimization</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>(Iverson)</td>
<td></td>
<td>Practice/Child</td>
</tr>
<tr>
<td></td>
<td>Emotion Dysregulation as a Mechanism Linking Childhood Family Violence Exposure to Intimate Partner Violence in Young Adults</td>
<td><em>(Iverson, Adair, Monson)</em></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>Examination of Negative Affect and Emotion Dysregulation in Relation to Alcohol-Involved Sexual Revictimization among College Women</td>
<td><em>(Messman-Moore, Ward)</em></td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Victimization History Mediates the Influence of Negative Emotion and Emotional Suppression on Posttraumatic Stress Symptoms Among Sexual Assault Survivors</td>
<td><em>(Bovin, Niehaus, Lexington, Sloan, Marx)</em></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>Child Maltreatment and Patterns of Risk for Intimate Partner Violence, Including Abuse by Multiple Partners</td>
<td><em>(Alexander)</em></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>The Polytrauma Clinical Conundrum: Conceptualization, Assessment, and Treatment of Complex Post-Deployment Symptoms</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>(McDonald, Law, Lew, Terrio, Vanderploeg)</td>
<td></td>
<td>Practice/Mil Emer</td>
</tr>
<tr>
<td></td>
<td>Mechanisms of Traumatic Brain Injury and its Relationship to the Emotional and Neurocognitive Response to Trauma</td>
<td><em>(Law, French, Wilmore, Macedo, O'Brien, Williamson)</em></td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Prevalence of Chronic Pain, Posttraumatic Stress Disorder and Persistent Post-Concussive Symptoms in OEF/OIF Veterans: The Polytrauma Clinical Triad</td>
<td><em>(Lew)</em></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>Post Deployment Screening, Evaluation and Treatment: The Challenges at One Army Post</td>
<td><em>(Terrio, Brenner, Nelson, Schwab)</em></td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>Patterns of Symptom Overlap, Changes Across Time, and Treatment Implications</td>
<td><em>(Vanderploeg, Belanger, Curtiss, Lew, French)</em></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>Symposium</td>
<td>Risk and Resilience in the National Guard</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td><em>(Galea)</em></td>
<td></td>
<td>Mil Emer/Prev El</td>
</tr>
<tr>
<td>Paper Session</td>
<td>Preparation and Prevention Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Timing of Disaster Training: Negative Cognitions, Optimism, Preparedness and Readiness for Future Responses (Wiedeman, Tomlins, Davis, Ford, Elhai) | I | Disaster/Mil Emer |
| Perceived Coping in Disaster Mental Health Responders: Negative Cognitions, Optimism, Preparedness and Readiness (Tomlins, Wiedeman, Davis, Ford, Elhai) | I | Disaster/Mil Emer |
| Assessing the Program Effectiveness of a Yellow Ribbon Reintegration Program: University-National Guard-VA Collaboration (Price, Matthieu, Widner) | M | Prev El/Mil Emer |

<table>
<thead>
<tr>
<th>Paper Session</th>
<th>Memory and Re-experiencing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nightmare Content and Its Relation to Imagery Rehearsal Treatment Outcome In Vietnam Veterans with Combat-Related PTSD (Harb, Cook, Gehrman, Ross)</td>
<td>M</td>
</tr>
<tr>
<td>The Role of Peritraumatic Encoding in the Development of PTSD Symptoms (Schöpfeld)</td>
<td>M</td>
</tr>
<tr>
<td>The Posttraumatic Dreams of Veterans: Content, Affect and Phenomenology (Phelps, Forbes, Creamer)</td>
<td>M</td>
</tr>
</tbody>
</table>

Concurrent 4
Thursday, November 4
3:30 p.m. – 4:45 p.m.
<table>
<thead>
<tr>
<th>Featured Speaker</th>
<th>Promoting Recovery Following Trauma: Translating the Evidence Base into Practice (Creamer, Bisson, Olff, Ruzek)</th>
<th>M</th>
<th>Practice/Prev El</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symposium</td>
<td>Narrative Exposure Therapy - Efficacy, Dissemination and Brain Changes (Neuner)</td>
<td>M</td>
<td>Bio Med/Civ Ref</td>
</tr>
<tr>
<td></td>
<td>Narrative Exposure Therapy for Victims of War and Torture - Evidence and Challenges (Neuner)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treating Former Child Soldiers Back in Their Communities - Results of a Randomized Controlled Trial (Ertl, Pfeiffer, Schauer, Elbert, Neuner)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dissemination of Psychotherapy for Trauma-spectrum Disorders in Resource-poor Post-conflict Societies: A Randomized Partly Controlled Trial in Rwanda (Jacob)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Narrative Exposure Therapy Modifies Cortical Correlates of Aversive Stimulus Processing in PTSD Patients - Evidence From a Randomized Controlled Treatment Trial (Catani, Adenauer, Aichinger, Keil, Ruf, Neuner)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Intergenerational Transmission of Trauma: An International, Multidisciplinary Examination (Danieli)</td>
<td>M</td>
<td>Clin Res/Disaster</td>
</tr>
<tr>
<td></td>
<td>Intergenerational Transmission of the Trauma of War (Measham)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transmission of Meanings and Feelings About the “War on Terror” and Natural Disaster in South Asian Muslim Families (Rousseau, Jamil)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Breaking the Silence: A Narrative Approach to Healing, Conflict Mitigation, and Peace Building for the Second Generation Following Genocide (Pasick)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transmission of Maternal Stress in Pregnancy to the Unborn Child: Project Ice Storm (King, Laplante, Brunet, Liao, Schmitz)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Predictors of PTSD in Paramedics: Results of New, Large-scale Prospective Research (Wild)</td>
<td>M</td>
<td>Mil Emer/Prev El</td>
</tr>
<tr>
<td></td>
<td>Predictors of Trauma-related Distress in Newly Recruited Ambulance Workers (Wild, Smith, Thompson, Ehlers)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impact of Affect Dysregulation on Paramedics’ Early Responses to Critical Incidents and Later Psychological Symptoms (Halpern, Maunder, Schwartz, Gurevich)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Panel</td>
<td>Adaptation of the Project A‘apa Atu Crisis Counseling Assistance and Training Program for Disaster Survivors in American Samoa Following the 2009 Tsunami (Wolfe, Bellamy, Law, Vaeao, Fiso)</td>
<td>I</td>
<td>Disaster/Cul Div</td>
</tr>
<tr>
<td>Panel</td>
<td>Novel Collaborations Meeting the Needs of Returning Service Members and Veterans: National, Local, and Cross-Disciplinary Efforts (Batten, Pollack, Shaprio, Finn, Newman)</td>
<td>I</td>
<td>Comm/Media Ed</td>
</tr>
<tr>
<td>Panel</td>
<td>Creating State and Community Level Partnerships to Serve Combat Veterans and Their Families (Kudler, Schwartz, Wilson, Kristy)</td>
<td>M</td>
<td>Comm/Prev El</td>
</tr>
<tr>
<td>Paper Session</td>
<td>Longitudinal Studies of the Effects of Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Papers</td>
<td>Changes in Trauma Memory in Relation to PTSD Symptom Trajectories: 9/11 Survivors and Israeli Prisoners of War (Dekel)</td>
<td>I</td>
<td>Disaster/Mil Emer</td>
</tr>
<tr>
<td>Papers</td>
<td>A Longitudinal Study of Hippocampal Volume in PTSD (Søndergaard, Lawyer, Emdad, von Schéele, Agartz)</td>
<td>M</td>
<td>Clin Res/Civ Ref</td>
</tr>
<tr>
<td>Papers</td>
<td>Posttraumatic Changes and Attributions for the Changes: 10-Year Follow-up in Survivors of the 1999 Taiwan Earthquake (Chen)</td>
<td>M</td>
<td>Disaster/Assess Dx</td>
</tr>
<tr>
<td>Papers</td>
<td>Trajectories of Initial Stress Responses and Course of Mental Health Over 27 Years (Holgersen, Klöckner, Boe, Weisæth, Holen)</td>
<td>M</td>
<td>Disaster/Prev El</td>
</tr>
<tr>
<td>Media</td>
<td>&quot;After the Emergency MP3&quot; - Using Technologies and Media to Disseminate Information to Young People Post-Natural Disasters. (Tarrant, Hackett)</td>
<td>I</td>
<td>Technology/Child</td>
</tr>
<tr>
<td>Media</td>
<td>“Long Shadows”: Holocaust Survivorship and Adaptation to Nursing Home Life (Davison)</td>
<td>I</td>
<td>Civ Ref/Media Ed</td>
</tr>
<tr>
<td>Concurrent 5 Friday, November 5 8:00 a.m. – 9:15 a.m.</td>
<td></td>
<td>Presentation Level</td>
<td>Keywords</td>
</tr>
<tr>
<td>Featured Symposium</td>
<td>Novel Approaches in the Modulation of Traumatic Memories (Brunet)</td>
<td>A</td>
<td>Bio Med/Clin Res</td>
</tr>
<tr>
<td></td>
<td>What Fear in Rats Can Tell Us About Human Fear and Its Treatment (LeDoux)</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Title</td>
<td>Code</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>-------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td><strong>Featured Symposium</strong></td>
<td>Effects of NMDA and Noradrenergic Manipulations on Prefrontal Excitability and Fear Extinction (Quirk, Olivera-Figueroa, Burgos-Robles, Rodriguez-Romaguera, Mueller)</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mechanism of Aversive and Non-aversive Memory Reconsolidation (Roulet)</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td><strong>Symposium</strong></td>
<td>Complex Traumatic Stress Disorders: An Update on Treatment Models and Types of Intervention (Curtois, Briere, Alexander, Ford, Cloitre, Classen)</td>
<td>A</td>
<td>Clin Res/Practice</td>
</tr>
<tr>
<td></td>
<td>Torture Rehabilitation in Sub-Saharan Africa: Diverse Minds, Hearts, Tongues and Hands (Higson-Smith, Bantjes, Bandeira, Morgan)</td>
<td>M</td>
<td>Civ Ref/Practice</td>
</tr>
<tr>
<td></td>
<td>Research That Informs Therapeutic Intervention: Collaborative Clinical Assessment in the Care of Torture Survivors (Bandeira, Dix-Peek)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;My Body Mattered in the Therapy Room&quot;: Interpreting in the Counselling of Torture Survivors in South Africa (Bantjes, Thomas, Long)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Towards a Contextually Appropriate Model of Torture Rehabilitation for Sub-Saharan Africa (Higson-Smith)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>From Community Member to Psychosocial Counselor: Working Side-by-Side With Congolese to Bring About Healing in Torture and War Trauma Survivors (Morgan)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td><strong>Symposium</strong></td>
<td>New Directions in Interventions for Traumatized Youth in the Juvenile Justice System (Kerig)</td>
<td>M</td>
<td>Child/Clin Res</td>
</tr>
<tr>
<td></td>
<td>An Attachment Based Approach to Working with Caregivers of High Risk Adolescents (Moretti)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An Integrated Treatment for Girls with Trauma and Conduct Problems (Smith)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Setting Their Lives To Song: Guiding Incarcerated Girls to Integrate Past Trauma by Transforming their Stories into Musical Theater (Palidofsky, Stolbach)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integrating Trauma-Focused Treatment into Functional Family Therapy (Kerig)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td><strong>Symposium</strong></td>
<td>Psychosocial Treatments for PTSD: Innovations and Next Steps (Zoellner)</td>
<td>M</td>
<td>Clin Res/Res Meth</td>
</tr>
<tr>
<td></td>
<td>A Doubly Randomized Preference Trial: Prolonged Exposure vs Sertraline for PTSD (Feeny, Zoellner, Keane)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Type</td>
<td>Session</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Mechanisms of Change in Pediatric Prolonged Exposure Therapy for Posttraumatic Stress Disorder (Foá)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paper Session</td>
<td>Methodological and Research Issues</td>
<td>Level</td>
<td>Primarily Related to:</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td>Methodological Issues Associated With Online Data Collection (Jones, Lauterbach)</td>
<td></td>
<td>Res Meth/Clin Res</td>
</tr>
<tr>
<td></td>
<td>The 97/3 Gap in Trauma Literature: Traumatic Events are Largely Under-researched in Low and Middle Income Countries (Luz, Mendlowicz, Marques-Portella, Berger, Figueira)</td>
<td></td>
<td>Soc Ethic/Cul Div</td>
</tr>
<tr>
<td></td>
<td>Research Priorities to Support Mental Health and Psychosocial Support in Humanitarian settings: Results of a Global Consensus Study (Tol, Baingana, Galappatti, Panter-Brick, Patel)</td>
<td></td>
<td>Civ Ref/Disaster</td>
</tr>
</tbody>
</table>

**Concurrent 6**

**Friday, November 5**

**9:30 a.m. – 10:45 a.m.**

**Featured Symposium**

**Novel Approaches in the Modulation of Traumatic Memories: Facilitating Extinction Processes with D-Cycloserine (Brunet)**

**Clinical Trials of D-Cycloserine in Conjunction With Cognitive Behavioral Treatment for Posttraumatic Stress Disorder (Cukor, Wyka, Difede)**

**Results From a Six-month Follow-up of A Randomized Controlled Trial Assessing the Efficacy of Cognitive-Behavioral Therapy Combined With D-Cycloserine for Treating PTSD (Guay, Marchand, Landry)**

**Exposure Based CBT Therapy and D-Cycloserine Treatment for PTSD in Veterans and Civilians (Henn-Haase, Best, Metzler, Neylan, Marmar, Rothbaum)**

**Enhancing Exposure Therapy Using D-Cycloserine (DCS) (Rothbaum)**

**Symposium**

**Current Directions in Ethnoracial Diversity and Traumatic Stress Studies Research (Triffleman, Pole, Ghafoori, Hoyt, Liebschutz)**

**Personality Patterns among Black, White, and Hispanic Combat Veterans (Ghafoori)**

**Evaluating Measurement Invariance in PTSD Symptom Structure Models Among Hispanic and White College Students (Hoyt, Yeater, Nason)**

**Challenges to Engaging Low Socioeconomic Urban African American Male Victims of Community Violence in Research Studies (Liebschutz)**

**Diversity and Traumatic Stress Studies Research: The Future is Here (Pole)**
| Symposium | PTSD and Aging  
(Magruder) | M | Clin Res/Assess Dx |
|-----------|-----------------------------------------------|---|-------------------|
|           | Increased Prevalence and Incidence of Dementia in Older Veterans with PTSD  
( Qureshi) | M |                |
|           | Screening for PTSD in primary care; does age matter?  
(Yeager) | M |                |
|           | PTSD and Aging: Discussion  
(Magruder) | I |                |
| Symposium | Interpersonal/Social Processes in Trauma Adaptation: Theoretical Approaches  
( Benight, Frazier, Maerker, Neria, Kaniasty, Hobfoll) | M | Soc Ethic/Disaster |
|           | Beyond Criterion A: A Closer Look at the Unique Effects of Negative Interpersonal Events  
( Shallcross, Anders, Frazier) | I |                |
|           | Social Facilitation of PTSD: A New Model Comprising Contexts and Social Cognition as Essential Etiological Factors  
(Maercker, Nietlisbach, Müller) | M |                |
|           | Mental Health Consequences of Exposure to War-Trauma: Longitudinal Relations Between Perceived Social Support, Attachment Orientations, and Initial Emotional Responses  
(Neria, Besser, Westphal) | M |                |
|           | Complexities of Family Functioning in the Aftermath of Disasters  
(Kaniasty) | M |                |
| Symposium | Use of Tele-Mental Health Within the Operational Stress Injury  
(OSI) Clinic Network: State of Need and State of Art  
(Whitney, Devlin, O'Neil, McElheran) | I | Technology/Practice |
|           | Tele-Mental Health Services for Veterans: Building the Case in Atlantic Canada  
(Devlin, Simms, Gibson) | M |                |
|           | Tele-mental Health Services for Veterans: The Newfoundland and Labrador experience  
(O'Neil) | M |                |
|           | Trauma Recovery Treatment for Canadian Forces Members Using Telehealth  
(Whitney, Laforce, Edye, Windsor) | I |                |
|           | Interventions for Military-Related Psychological Conditions Using Telehealth Technology: Pilot Project Follow-up  
(McElheran, James) | M |                |
| Workshop  | A Transdisciplinary Model for Assessing the Complexity of Developmental Impairments Associated With Complex Trauma  
(Developmental Trauma Disorder)  
(Black-Pond, Henry, Richardson) | M | Child/Assess Dx |
| Featured Panel | Experts in the Field of Dissociation Studies Discuss Dissociation and the Dissociative Disorders  
(Courtois, Brand, Dell, Lanius, O'Neil) | M | Practice/Clin Res |
<table>
<thead>
<tr>
<th>Case Study Presentation</th>
<th>Translating Patient Preferences and Provider Characteristics Into Improved Trauma Disclosure (Jeffreys, Leibowitz, Arar, Finley)</th>
<th>M</th>
<th>Practice/Soc Ethic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper Session</td>
<td>Impact of Trauma in Diverse Settings</td>
<td>I</td>
<td>Disaster/Cul Div</td>
</tr>
<tr>
<td></td>
<td>Repeated Trauma Exposure and Posttraumatic Distress from Post-Election Violence in Kenya (Shin, Mwiti, Foy, Meese Putman, Eriksson)</td>
<td>I</td>
<td>Disaster/Assess Dx</td>
</tr>
<tr>
<td></td>
<td>Persistent Posttraumatic Stress Symptoms in Local Residents and Workers Seeking Medical Care for World Trade Center Disaster-Related Respiratory Symptoms (Manetti-Cusa, Reibman, Cohen, Liu, Caplan-Shaw)</td>
<td>I</td>
<td>Disaster/Cul Div</td>
</tr>
<tr>
<td></td>
<td>The Psychological Impact of Repeated Exposure to Natural Disasters: A Study of Residents of Java, Indonesia (Seyle, Tan, Widyatmoko, Lam, Cohen Silver)</td>
<td>M</td>
<td>Disaster/Cul Div</td>
</tr>
<tr>
<td></td>
<td>The Role of Victim-Offender Relationship on Psychological Distress Among Latino Women: A Betrayal Trauma Perspective (Cuevas, Sabina)</td>
<td>M</td>
<td>Cul Div/Clin Res</td>
</tr>
<tr>
<td>Keynote 3</td>
<td>Telling Our Stories and Listening With Open Ears, Hearts and Minds to the Stories of Others (Tutu)</td>
<td>I</td>
<td>Soc Ethic/Cul Div</td>
</tr>
<tr>
<td>Interim 1</td>
<td>The Canadian Approach to Three Controversial Problems: Mild Traumatic Brain Injury, Suicide Prevention, and Post-deployment Decompression (Zamorski, Jetly, Garber)</td>
<td>M</td>
<td>Bio Med/Mil Emer</td>
</tr>
<tr>
<td></td>
<td>Suicide Prevention in the Canadian Forces: A Comprehensive Model for Military Organizations (Jetly, Zamorski)</td>
<td>M</td>
<td>Bio Med/Mil Emer</td>
</tr>
<tr>
<td></td>
<td>Evaluation of a Third-Location Decompression Program for Canadian Forces Members Returning from Afghanistan (Garber, Zamorski)</td>
<td>M</td>
<td>Bio Med/Mil Emer</td>
</tr>
<tr>
<td></td>
<td>Self-Reported Mild Traumatic Brain Injury (mTBI) in Canadian Forces Personnel Deployed in Support of the Mission in Afghanistan: Validation of the CF's Post-deployment mTBI Guideline (Zamorski)</td>
<td>M</td>
<td>Bio Med/Mil Emer</td>
</tr>
<tr>
<td>Symposium</td>
<td>Innovations in Assessment of Trauma Exposure and Responses (Carlson)</td>
<td>I</td>
<td>Assess Dx/Clin Res</td>
</tr>
<tr>
<td></td>
<td>Psychometrics of the New Trauma Symptom Inventory (TSI-2) (Brière, Godbout)</td>
<td>M</td>
<td>Bio Med/Mil Emer</td>
</tr>
</tbody>
</table>
| New Versions of the Dissociative Experiences Scale: The DES-R (Revised) and the DES-B (Brief)  
(Dalenberg, Carlson) | M |
| Understanding Acute Stress in Children: Validation of the ASC-Kids in English and Spanish  
(Kassam-Adams, Gold, Kohser, Montaño, Muñoz, Cuadra, Salazar, Molina, Armstrong) | M |
| Assessing Trauma Exposure With the Trauma History Screen  
(Carlson, Smith, Palmieri) | I |
| Symposium Development and Use of a Decision Aid in Veterans With Posttraumatic Stress Disorder  
(Zayed, Watts, Nguyen, Ruzek, Schnurr) | I |
| Meta-Analysis of Treatments for PTSD - The Basis of the PTSD Decision Aid  
(Watts) | I |
| Assessing the Educational Needs of Veterans with PTSD  
(Zayed) | I |
| Provider's Attitudes and Perceptions of a Patient Decision Aid for PTSD  
(Nguyen) | I |
| Workshop You're Not the Person I Married Repairing Marital Friendships Fractured by War  
(O'Brien, Wills) | I |
| Panel Developing a Brief Posttraumatic Stress Recovery Intervention for Integrated Primary Care and Mental Health  
(Goldstein, Harmon, Bernardy) | M |
| Concurrent 7  
Friday, November 5  
2:00 p.m. – 3:15 p.m | Presentation  
Level |
| Keywords |
| Master Clinician Brief Eclectic Psychotherapy for PTSD  
(Gersons) | M |
| Featured Symposium Novel Approaches in the Modulation of Traumatic Memories: Reconsolidation Blockade As a New Treatment for PTSD?  
(Olivera-Figueroa) | A |
| Reconsolidation Blockade As A Novel Treatment for Chronic PTSD  
(Brunet) | A |
| Using Propranolol to Block Trauma memory Reconsolidation in Women With PTSD  
(Aikins, Debiec, LeDoux) | A |
| Fading Memories? The Long Term Effects of Propranolol and Cortisol on Emotional Memory in Healthy Participants  
(Elzinga, Tollenaar, Oei, Spinhoven) | A |
<table>
<thead>
<tr>
<th>Symposium</th>
<th>Title</th>
<th>Method</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mixed-Methods Study of Residential Treatment for PTSD in the Department of Veterans Affairs (Cook, O'Donnell, Bernardy, Desai)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality Assurance for Australia's PTSD Treatment Programs: A Mixed Methods Approach (Phelps, Cooper, Parslow, Lewis, Creamer)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Development of a Rehabilitation Programme for 1990/1991 Gulf Veterans (Bisson)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identifying and Responding to the Rehabilitation Needs of Australian Veterans (Matthews, Lewis, Gardner, Hanley, Adams)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Advancing Evaluation of Psychosocial Interventions for Children Affected by War: Multi-disciplinary Examination of Resilience, Vulnerability and Treatment Processes (Tol)</td>
<td>M</td>
<td>Civ Ref/Clin Res</td>
</tr>
<tr>
<td></td>
<td>Changes in Mental Health &amp; Psychosocial Factors of Child Soldiers and Never-Conscripted Children: One-Year Reintegration Follow-up (Kohrt)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treatment Processes of Counseling for Children in Conflict-affected Burundi and Sudan: Series of n=1 Studies (Jordans, Komproe, Tol, Smallegange, De Jong)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderators and Mediators of a School-based Psychosocial Intervention in Burundi, Indonesia, and Sri Lanka (Tol, Komproe, Jordans, Susanty, Macy, de Jong)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>PTSD Symptoms Across Populations: Implications for Revising the PTSD Criteria in DSM-V (Scotti)</td>
<td>M</td>
<td>Assess Dx/Practice</td>
</tr>
<tr>
<td></td>
<td>Using Item Response Theory to Identify Core PTSD Symptoms Across Populations and Measures (Scotti, Stacom, Jacoby)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stability of Core PTSD Symptoms by Age and Era of Military Veterans (Unger, Borsari, Scotti)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Validity and Clinical Usefulness of Fear, Helplessness, and Horror: Retaining Criteria A-2 in DSM-V (Rabalais, Ruggiero, Scotti, Stacom, Jacoby)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Core PTSD Symptoms in Children From Taiwan and the United States: Implications for DSM-V and ICD-11 (Fortson, Chen, Scotti)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Review and Integration of Evidence-Based Approaches to Early Trauma-Focused Interventions</td>
<td>M</td>
<td>Prev El/Disaster</td>
</tr>
<tr>
<td>Workshop</td>
<td>Homicide and Mass Shootings: Multidisciplinary, International Perspectives in Intervention, Impact, and Policy Making (Williams, Poijula, Nurmi, Ellis)</td>
<td>I</td>
<td>Disaster/Practice</td>
</tr>
<tr>
<td>Workshop</td>
<td>Mieux Vivre Sa Colère Avec PEACE : Un Programme Transdiagnostique et Transgénérationnel pour Vétérans Souffrant de Traumatismes Liés au Stress Opérationnel (Iucci, Faucher)</td>
<td>M</td>
<td>Practice/Mil Emer</td>
</tr>
<tr>
<td>Paper Session</td>
<td>Assessment and Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neuropsychological Deficits in Female Veterans with PTSD: Preliminary Findings (Keller, Rinehart, Leiphart, Chee, Haaland)</td>
<td>I</td>
<td>Assess Dx/Clin Res</td>
</tr>
<tr>
<td></td>
<td>Confirmatory Factor Analysis of the Posttraumatic Cognitions Inventory in Adults Seeking Treatment for PTSD (Waldrep, Johnson, Palmieri)</td>
<td>M</td>
<td>Res Meth/Clin Res</td>
</tr>
<tr>
<td></td>
<td>Objective Versus Subjective Severity of the Traumatic Event in Predicting PTSD: A Meta-analysis (Gabert-Quillen, Irish, Delahanty)</td>
<td>M</td>
<td>Res Meth/Prev El</td>
</tr>
<tr>
<td>Paper Session</td>
<td>Traumatisation and Posttraumatic Stress Disorder During Childhood: The Utility of Psychophysiological Measurement During Trauma Script Exposure (Kirsch, Wilhelm, Goldbeck)</td>
<td>I</td>
<td>Child/Clin Res</td>
</tr>
<tr>
<td>Paper Session</td>
<td>Treatment Developments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treating PTSD Among people with Substance Use Disorders: Findings From a Randomised Controlled Trial of Exposure Therapy (Mills, Teesson, Baker, Hopwood, Back)</td>
<td>M</td>
<td>Clin Res/Practice</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Memory Reactivation &amp; Modulation of Glucocorticoid Levels: A Potential Therapeutic Avenue for Intrusive Traumatic Memories (Marin, Lupien)</td>
<td>I</td>
<td>Bio Med/Clin Res</td>
<td></td>
</tr>
<tr>
<td>Efficacy of Cognitive Processing Therapy and Prolonged Exposure on Nightmares (Jimenez, Iverson, Mendes, Resick)</td>
<td>I</td>
<td>Clin Res/Assess Dx</td>
<td></td>
</tr>
<tr>
<td>Psychotropic Prescribing Patterns for PTSD among VISN5 Patients in the U.S. Department of Veterans Affairs (Himelhoch, Slade, Kreynbuhl, Dixon, Fischer)</td>
<td>M</td>
<td>Mil Emer/Practice</td>
<td></td>
</tr>
<tr>
<td>Paper Session</td>
<td>Canadian Military Mental Health</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Occupational Trauma: Relative Contributions of Trauma Exposure and the Organizational Climate (Gray, Jackson)</td>
<td>M</td>
<td>Mil Emer/Practice</td>
<td></td>
</tr>
<tr>
<td>Are Canadian Soldiers More Likely to Have Suicidal Ideation and Suicide Attempts Than the Canadian Civilian Population? (Belik, Stein, Asmundson, Sareen)</td>
<td>I</td>
<td>Mil Emer/Practice</td>
<td></td>
</tr>
<tr>
<td>Sleep Apnea and PTSD: The Canadian Military Experience (Boisvert, Heber, Tremblay, Fraser)</td>
<td>M</td>
<td>Mil Emer/Clin Res</td>
<td></td>
</tr>
<tr>
<td>Moderating and Co-activating Factors for Mental and Physical Health Outcomes in the Canadian Forces and General Population in a Canadian Community Health Survey (Nelson, St. Cyr, Richardson, Elhai, Corbett)</td>
<td>M</td>
<td>Mil Emer/Prev El</td>
<td></td>
</tr>
<tr>
<td>Concurrent 8 Friday, November 5 3:30 p.m. – 4:45 p.m.</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Better Forgetting Through Pharmacology (Stein)</td>
<td>A</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Beyond Talk Therapy: Applications of Neurofeedback Training to the Treatment of Adaptations to Chronic Trauma Exposure (Gapen, van der Kolk)</td>
<td>M</td>
<td>Technology/Clin Res</td>
</tr>
<tr>
<td>Efficacy of EEG Neurofeedback in Reducing Dysregulation for Traumatized Adolescents (Zelechoski)</td>
<td>M</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Application of Neurofeedback as a Mechanism of Affect Regulation Treatment for Adults With Complex Adaptation to Chronic Interpersonal Trauma Exposure (Gapen)</td>
<td>M</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Authors / Details</td>
<td>Type</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Outside the Window of Tolerance: The Arousal Model, Chronic Trauma</td>
<td>Hamlin</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>and qEEG Changes in a Case Example</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurofeedback Training as an Effective Treatment for Complex Trauma</td>
<td>van der Kolk</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Across the Lifespan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Kenardy)</td>
<td></td>
<td>Clin Res/Res Meth</td>
<td></td>
</tr>
<tr>
<td>Understanding and Treating PTSD in the Context of Chronic Pain Due</td>
<td>Dunne</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>to Whiplash Injury: Pilot Data From a Randomised Control Trial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD, Whiplash Injury and Compensation: Analysis of Trajectories</td>
<td>Kenardy</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>(Kenardy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Intervention for PTSD and Depression Symptoms Prevents the</td>
<td>Varker</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Development of Persistent Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symposium Current Research on Dissociation and Its Relationship</td>
<td>Kenardy</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>to Trauma, PTSD, and Other Psychiatric Disorders</td>
<td></td>
<td>Prev El/Assess Dx</td>
<td></td>
</tr>
<tr>
<td>(Hruska, Mueller-Pfeiffer, Pacella, Hetzel-Riggin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor Analysis of the Peritraumatic Dissociative Experiences</td>
<td>Pacella, Hruska, Fallon, Delahanty</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Questionnaire (PDEQ)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examining the Predictive Utility of Altered Awareness and Derealization</td>
<td>Hruska, Pacella, Fallon, Delahanty</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Factors Derived From an Exploratory Factor Analysis of the Peritraumatic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissociative Experiences Questionnaire (PDEQ)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction Between Trauma Type and Peritraumatic Dissociation on</td>
<td>Hetzel-Riggin</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>PTSD, General Distress, and Eating Disorder Symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Course of Dissociative Symptoms in Psychiatric Disorders</td>
<td>Mueller-Pfeiffer, Perron, Kuenzler, Wyss, Rufer</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>(Mueller-Pfeiffer, Perron, Kuenzler, Wyss, Rufer)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symposium Investigations into the Structural Relationship Between</td>
<td>Forbes</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>PTSD and Axis I and II Comorbidity: Helping PTSD Find Its Family</td>
<td></td>
<td>Assess Dx/Clin Res</td>
<td></td>
</tr>
<tr>
<td>(Elhai, Carvalho, Miguel, Primi)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are PTSD and Major Depression Similar or Unique Constructs?</td>
<td>Palmieri</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Controlling for Depressive Symptom Severity Influences PTSD Factor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solutions (Palmieri)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session Type</td>
<td>Title</td>
<td>Presenter(s)</td>
<td>Level</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Paper Session</td>
<td>Predicting PTSD and Resilience</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Course of Mental Disorders After a Disaster: Predictors and Co-morbidity</td>
<td>(Meewisse, Off, Gersons)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An Investigation Into the Factors Predicting Resilience Among Combat Medics Between Deployments: Preliminary Findings</td>
<td>(Figley, Cabrera, Chapman)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screening for PTSD in a Level I Trauma Center: A Successful Multidisciplinary Collaboration</td>
<td>(Clontz, Roach, Miewald, Alarcon, Germain)</td>
<td></td>
</tr>
<tr>
<td>Concurrent 9</td>
<td>Saturday, November 6 8:00 a.m. – 9:15 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Featured Symposium</td>
<td>Virtual Reality/Virtual Worlds/Avatars</td>
<td>(Reger)</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>The Developmental Trauma Disorder Field Trial: Quantitative Evidence for a Child Complex Trauma Diagnosis (van der Kolk)</td>
<td>I</td>
<td>Assess Dx/Child</td>
</tr>
<tr>
<td>Symposium</td>
<td>Complex Symptoms and Complex Histories: Statistically-Defined Symptom Clusters and Their Association With Trauma Exposure (D’Andrea)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Physiological, Sensory and Behavioral Manifestations of Trauma in Abused and Neglected Children (Black-Pond)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Developmental Trauma Disorder DSM-5 Field Trial: Design, Methodology, and Initial Results from the Clinician Survey (Ford)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Developmental Trauma Disorder: A Discussion of the Data and Implications (Stolbach)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>The Core Curriculum on Childhood Trauma: An Evidence-Based Approach to Training Essential Trauma Treatment Concepts, Components, and Skills (Layne, Strand, Abramovitz, Pynoos)</td>
<td>M</td>
<td>Res Meth/Practice</td>
</tr>
<tr>
<td></td>
<td>Integrating Trauma Into the Curriculum: What the Data Tell Us (Strand)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Creating a Wrap-around “Gold Standard” Curriculum: Integrating Clinical and Data Training With Community Supervision in Evidence-Based Trauma Treatment (Abramovitz)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identifying Core Components of Evidence-Based Trauma Treatments (Layne, Amaya Jackson)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Neural Predictors of Therapy and Recovery for PTSD</td>
<td>M</td>
<td>Bio Med/Clin Res</td>
</tr>
<tr>
<td>Symposium</td>
<td>Title</td>
<td>Journal</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>-----------------------</td>
<td></td>
</tr>
<tr>
<td>(Bryant)</td>
<td>Neural Responses to Happy and Fearful Facial Expressions Predict Differential Responses to Exposure Therapy in PTSD</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>(Felmingham)</td>
<td>Neural Circuitry of Working Memory as a Predictor of CBT for PTSD</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>(Allen)</td>
<td>A Longitudinal fMRI Investigation of Emotional Memory Encoding During Recovery From PTSD</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>(Dickie, Akerib, Brunet, Armony)</td>
<td>Genetic Predictors of Cognitive Behavior Therapy for PTSD (Bryant)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>(Bryant)</td>
<td>Translating Evidence-Based Trauma Interventions for the School Setting: Models for Building Multidisciplinary Workforce, Implementation Success, and Sustainability (Langley)</td>
<td>I Child/Clin Res</td>
<td></td>
</tr>
<tr>
<td>(Langley)</td>
<td>Evidence Based Mental Health Programs in Schools: Barriers and Facilitators of Successful Implementation (Langley, Nadeem, Kataoka, Stein, Jaycox)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>(Jaycox, Langley, Stein, Wong)</td>
<td>Translating a School-based Trauma Intervention for Use by Teachers and School Counselors (Jaycox, Langley, Stein, Wong)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>(Walke)</td>
<td>Innovative Post-Disaster Mental Health in Schools: Breaking Barriers, Promoting Capacity Building and Creating Long-Term Sustainability Through Collaborative Partnerships (Walker)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>(Nadeem, Campbell)</td>
<td>Collaboration, Translation, and Implementation of Mental Health Services for School Settings: How to Effectively Implement Trauma Services Across a School District (Nadeem, Campbell)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>(Brewin, Garnett, Andrews)</td>
<td>Posttraumatic Identity and Mental Health in UK Military Veterans (Brewin, Garnett, Andrews)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>(Vasterling, Proctor, Ulloa)</td>
<td>Effects of Iraq Deployment on Health (Vasterling, Proctor, Ulloa)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>(Street, Gradus, Giasson, Vogt, Resick)</td>
<td>Women at War: Understanding the Role of Gender in the Experiences of Service Members Deployed to Iraq and Afghanistan (Street, Gradus, Giasson, Vogt, Resick)</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>(Andrews, Brewin)</td>
<td>Early Signs of Delayed-onset PTSD in UK Military Veterans (Andrews, Brewin)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Behavioral Assessment and Interventions for OEF/OIF Veterans with PTSD in VAMC Primary Care Clinics (McDevitt-Murphy)</td>
<td>M</td>
<td>Clin Res/Res Meth</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td>------------------</td>
</tr>
<tr>
<td>A Pilot Study Feasibility Study of a Brief Primary Care-Based Intervention for PTSD Symptoms in Recent Combat Veterans (Possemato)</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazardous Alcohol Use and Receipt of Risk-Reduction Counseling Among OEF/OIF Veterans (Calhoun, Crawford, Kudler, Straits-Troster)</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact of PTSD on the Efficacy of Brief Alcohol Interventions for OEF/OIF Veterans (McDevitt-Murphy, Murphy, Williams, Monahan)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshop</td>
<td>Captivating Trainees: Techniques That Improve the Workshop Experience Learning CPT (Schulz)</td>
<td>M</td>
<td>Media Ed/Practice</td>
</tr>
<tr>
<td>Panel</td>
<td>Collaboration With Public Health Leadership to Disseminate Information About Trauma and Trauma Informed Care in Front Line Service Organizations (Demaria, Banks, Miller, Estepa)</td>
<td>M</td>
<td>Comm/Media Ed</td>
</tr>
<tr>
<td>Case Study Presentation</td>
<td>The Secret Shame: Immigrant Male Victims of Domestic Abuse (Kahn, Khetarpal)</td>
<td>M</td>
<td>Practice/Cul Div</td>
</tr>
<tr>
<td>Concurrent 10 Saturday, November 6 9:30 a.m. – 10:45 a.m.</td>
<td></td>
<td>Presentation Level</td>
<td>Keywords</td>
</tr>
<tr>
<td>Featured Symposium</td>
<td>Telehealth Access to PTSD and TBI Assessment and Treatment (Mishkind)</td>
<td>M</td>
<td>Clin Res/Practice</td>
</tr>
<tr>
<td>Using Video Teleconferencing to Deliver Cognitive Behavioral Therapy Groups to Veterans with PTSD: Research Advances and Implication (Morland, Greene, Hynes, Mackintosh)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increasing Access to Care: Use of Telemedicine to Deliver Interventions to U.S. Service Members and Their Families (Olden, Cukor, Jayasinghe, Wyka, Rabinowitz, Difede)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote Neuropsychological Assessment (Schneider)</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Eclectic Psychotherapy for PTSD - A Randomized Controlled Trial (Schnyder)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prediction of Treatment Response in Brief Eclectic Psychotherapy</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Predictors of Treatment Response in Brief Eclectic Psychotherapy and EMDR (Nijdam, Olff, Gersons)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Need for Exposure and Meaning Making in the Treatment of PTSD (Gersons)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Symposium</strong></td>
<td><strong>Mild Traumatic Brain Injury (mTBI): Traumatic Stress by Another Name? (Jetly)</strong></td>
<td>M</td>
<td>Bio Med/Mil Emer</td>
</tr>
<tr>
<td><strong>Symposium</strong></td>
<td><strong>Mild Traumatic Brain Injury (mTBI) in Canadian Forces Members: Brain Injury or Psychological Stress? (Jetly, Zamorski, Garber)</strong></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td><strong>Symposium</strong></td>
<td><strong>Symptom Specificity and Sensitivity for mTBI With and Without PTSD (McFarlane)</strong></td>
<td>A</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>PTSD, MTBI, and Understanding the Confusion (Bryant)</strong></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td><strong>Symposium</strong></td>
<td><strong>Developing a Valid Definition of mTBI/Concussion (Castro)</strong></td>
<td>I</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Collaboration within NCTSN and Its Impact on Trainings and Dissemination of Evidence Based Practices (Sukumar, Geng, Walrath)</strong></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Adoption and Implementation of Evidence-based Interventions within the NCTSN (Douglas, Brooks, Seck, Walrath-Greene)</strong></td>
<td>I</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Outcomes for Children in the NCTSN Program (Moore, Montagno, Walrath-Greene, Condron)</strong></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td><strong>Symposium</strong></td>
<td><strong>Defining PTSD in Young Children and Adolescents: Empirical Bases for Changes in the DSM. (Turner, Fisher, Neugebauer)</strong></td>
<td>M</td>
<td>Assess Dx/Child</td>
</tr>
<tr>
<td></td>
<td><strong>Using Multiple Datasets to Examine Post-Traumatic Stress Disorder Diagnosis and Criteria for Youth - A Report From the DiNG Project (Fisher, Turner, Canino, Dodge, Garland, Greisler, Hoven, Kandel, Pine, Roberts, Rubenstein, Shaffer)</strong></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Criterion A Stressors in the Diagnosis of PTSD in Children and Adolescents: Consequences of Increased Inclusiveness. (Turner)</strong></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Posttraumatic Stress Disorder Symptoms (PTSS) After Genocide: Preeminence and Invariance of Avoidance (Neugebauer)</strong></td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>PTSD and Other Risk Correlates of Partner Violence Across Treatment Settings (Schumm, Johnson, Taft, Monson, MacDonald)</td>
<td>M</td>
<td>Soc Ethic/Clin Res</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td>------------------</td>
</tr>
<tr>
<td>Risk Factors Correlates for Intimate Partner Violence Victimization among Women Entering Substance Abuse Treatment (Schumm, Timothy, Murphy, Murphy, Patrice)</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Role of PTSD, Personality, and Shelter in Battered Women's Degree of Revictimization (Johnson, Perez, Walter, Johnson)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological and Low-Level Physical Aggression among Couples Seeking Cognitive Behavioral Coupl... (Macdonald, Monson, Fredman, Adair, MacDonald, Resick, Schnurr)</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examining Correlates of Baseline and Post-treatment Partner Violence in an Abuser Intervention Program (Taft, Holowka, Maguire, Marx, Weatherill, Burns)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Barriers to Mental Health Services among OIF and OEF Veterans Diagnosed with PTSD (Harpaz-Rotem)</td>
<td>M</td>
<td>Mil Emer/Practice</td>
</tr>
<tr>
<td>Serving Those Who Served: Retention of Newly Returning Veterans from Iraq and Afghanistan in Mental Health Treatment (Harpaz-Rotem, Rosenheck)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beliefs About Mental Healthcare, Perceived Stigma and Barriers to Care, and Mental Health Service Utilization Among OIF-OEF Veterans (Pietrzak)</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Translating Research Findings Into Improved Outreach and Treatment Planning Efforts for Ethnoculturally Diverse Veterans (Whealin, Liu-Tom, Stotzer, Yoneda)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Year Follow-up of OIF/OEF Veterans Presenting for Mental Health Care: Longitudinal Data Analysis of Treatment Retention and Barriers to Care (Southwick)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshop</td>
<td>Meditation for Substance Dependence and PTSD (Waelde, Canuso, Johnston, Uddo)</td>
<td>I</td>
<td>Practice/Mil Emer</td>
</tr>
<tr>
<td>Panel</td>
<td>Improving Disaster-Related Behavioral Health Policy and Practice through Population-Based Research: Considerations for Translation, Collaboration, and Mutual Learning (Dodgen, Norris, Kaul, Goodie)</td>
<td>M</td>
<td>Disaster/Soc Ethic</td>
</tr>
<tr>
<td>Paper Session</td>
<td>Conceptualization and Diagnosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Title</th>
<th>Level</th>
<th>Assess Dx/Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Trauma a Causal Agent of Psychopathological Symptoms in Post-Traumatic Stress Disorder?: Findings from Identical Twins Discordant for Combat Exposure (Gilbertson, Pitman)</td>
<td>I</td>
<td>Assess Dx/Res Meth</td>
</tr>
<tr>
<td>True Comorbidity vs. Diagnostic Confusion: Differential Diagnosis of ADHD and PTSD in a Sample of Military Veterans (Harrington, Reardon, Wolf, Miller)</td>
<td>I</td>
<td>Assess Dx/Practice</td>
</tr>
<tr>
<td>Construct Validity of the Numbing and Dysphoria Models of PTSD: Hierarchical Structures and Measurement Invariance (Hetzel-Riggin, Harbke)</td>
<td>M</td>
<td>Assess Dx/Res Meth</td>
</tr>
</tbody>
</table>

### Keynote 4
Saturday, November 6  
11:00 a.m. – 12:15 p.m.

**Keynote Speaker**  
Reconsolidation Blockade: A Novel Treatment for PTSD?  
(Pitman)  
**Presentation Level**  
I  
**Keywords**  
Bio Med/Prev El

### Interim 2
Saturday, November 6  
11:00 a.m. – 12:15 p.m.

**Symposium**  
Developing a Culturally Relevant Process for Mental Health Screening, Referring, and Treating Resettling Refugees with Multi-component Systemic Interventions  
(Shannon, Wieling, Simmelink, Becher, Yeats, O’Fallon, Hubbard, Im)  
**Presentation Level**  
M  
**Keywords**  
Civ Ref/Comm

**System-wide Collaboration to Develop Cultural Specific Refugee Mental Health Screening and Referral Process for Minnesota’s Department of Public Health**  
(Shannon, Wieling, O’Fallon, Hubbard)  
**M**

**Developing Screening Tools for Four Cultural Refugee Groups: Bhutanese, Karen from Burma, Oromo, and Somali**  
(Shannon, Wieling, Simmelink, Becher, Ogasawara)  
**M**

**National Survey of State Mental Health Screening Practices for Refugees**  
(Shannon, O’Fallon, Wieling, Becher, Simmelink, Hubbard)  
**M**

**Healing in Partnership: Building Community Capacities to Treat Trauma with Multi-component Trauma Interventions for Refugees**  
(Wieling, Shannon, Simmelink, Becher, Yeats)  
**M**

**Symposium**  
Clinical Practice Guidelines for PTSD: Are They Relevant for Veterans?  
(Richardson, Creamer)  
**M**  
**Keywords**  
Mil Emer/Practice

**Pharmacological Treatment of Military Related PTSD: A Practical approach to current guidelines.**  
(Richardson, Sareen)  
**M**
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Level</th>
<th>Keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper</td>
<td>PTSD Clinical Practice Guidelines from Three Continents: An Uneasy Consensus? (Forbes, Creamer)</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Workshop</td>
<td>Developing Your Socratic Dialogue Savvy (Monson, Schumm, Schultz)</td>
<td>M</td>
<td>Child/Cul Div</td>
</tr>
<tr>
<td>Presentation</td>
<td>Building Capacity Through Collaboration: The Introduction of a Child-Focused, Evidence-Based Trauma Intervention in Guyana (Chehil, Dean, Walker)</td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>

### Concurrent 11
Saturday, November 6
2:00 p.m. – 3:15 p.m.

<table>
<thead>
<tr>
<th>Master Clinician</th>
<th>Presentation</th>
<th>Level</th>
<th>Keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treating Medically Traumatized Children (Landolt)</td>
<td>M</td>
<td>Child/Practice</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Featured Symposium</th>
<th>Presentation</th>
<th>Level</th>
<th>Keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet Applications for PTSD Care of Veterans and Service Members (Ciulla)</td>
<td>M</td>
<td>Media Ed/Practice</td>
<td></td>
</tr>
<tr>
<td>My Recovery Plan: Leveraging VA’s Personal Health Record to Support Mental Health Recovery and Evidence-Based Practice (Weingart, Lysell, Ruzek)</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>afterdeployment.org: Web-Based Behavioral Health Tools Supporting the Military (Ciulla)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Role of the Internet in Facilitating Implementation of Best Practices in PTSD Care (Ruzek)</td>
<td>I</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symposium</th>
<th>Presentation</th>
<th>Level</th>
<th>Keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Perspectives of Neuroimaging in PTSD (McFarlane)</td>
<td>A</td>
<td>Clin Res/Res Meth</td>
<td></td>
</tr>
<tr>
<td>Symptom Specificity and Sensitivity for mTBI With and Without PTSDS (McFarlane, van Wingen, Geuze, Vermetten, Fernández)</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structural and Functional Default Mode Network Abnormalities in PTSD (Lanius, Daniels, Bluhm, Williamson)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methodological Issues in Imaging Studies of Traumatic Memory (Brewin, Kroes, Whalley)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prospective fMRI data in Relation to Deployment: Focus on Amygdala (van Wingen, Geuze, Vermetten, Fernández)</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective and Risk Factors for Adjustment among OEF/OIF Veterans (Green, Pukay-Martin, Elbogen, Straits-Troster, Fairbank)</td>
<td>M</td>
<td>Assess Dx/Mil Emer</td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Topic</td>
<td>Authors</td>
<td>Section</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>The Stress, Health, and Aging Research Program: Studying the Effects of</td>
<td>The effects of military service through the life course</td>
<td>Davison, Park</td>
<td>M</td>
</tr>
<tr>
<td>Military Service Through the Life Course</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prisoners of War</td>
<td>war</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late-Onset Stress Symptomatology (LOSS): Conceptualization, Assessment,</td>
<td>Late-onset stress symptomatology (LOSS): conceptualization, assessment,</td>
<td>Pless, Davison, Spiro III, Potter</td>
<td>I</td>
</tr>
<tr>
<td>and Ongoing Research</td>
<td>and ongoing research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An Examination of Cancer-related Posttraumatic Stress Disorder and</td>
<td>An examination of cancer-related posttraumatic stress disorder and</td>
<td>Schuster, Archambault, Gosian, Moye</td>
<td>I</td>
</tr>
<tr>
<td>Posttraumatic Growth in Military Veterans</td>
<td>posttraumatic growth in military veterans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshop</td>
<td>Practical Applications of Research on PTSD Treatment Barriers and</td>
<td>Murphy</td>
<td>M</td>
</tr>
<tr>
<td>Treatment Barriers and Treatment Engagement</td>
<td>treatment barriers and treatment engagement</td>
<td></td>
<td>Practice/Mil Emer</td>
</tr>
<tr>
<td>Workshop</td>
<td>Motivational Interviewing Skills Development and Applications to</td>
<td>Shields, Ross</td>
<td>I</td>
</tr>
<tr>
<td>Trauma-focused Psychotherapy With Military Veterans</td>
<td>trauma-focused psychotherapy with military veterans</td>
<td></td>
<td>Practice/Mil Emer</td>
</tr>
<tr>
<td>Panel</td>
<td>Review of a Post-disaster Mental Health and Psychosocial Support</td>
<td>St-Hilaire, Meffert, Lindermayer, Belzie, Marmar, Belkin</td>
<td>M</td>
</tr>
<tr>
<td>Emergency Response: How and When to Help in Haiti?</td>
<td>review of a post-disaster mental health and psychosocial support</td>
<td></td>
<td>Disaster/Comm</td>
</tr>
<tr>
<td>Panel</td>
<td>Advancing Clinical Trial Methodology in the Treatment of</td>
<td>Davis, Leon, Hamner</td>
<td>M</td>
</tr>
<tr>
<td>Posttraumatic Stress Disorder</td>
<td>advancing clinical trial methodology in the treatment of posttraumatic</td>
<td></td>
<td>Res Meth/Clin Res</td>
</tr>
<tr>
<td>Papers</td>
<td>Is Post Concussive Syndrome Due to TBI, or Accountable by Somaticized</td>
<td>Evidence from the 2008 Health Related Behavior Survey</td>
<td>M</td>
</tr>
<tr>
<td>Date</td>
<td>PTSD or Depression? Evidence from the 2008 Health Related Behavior</td>
<td></td>
<td>Mil Emer/Assess Dx</td>
</tr>
<tr>
<td>Concurrent 12</td>
<td>Saturday, November 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:30 p.m. – 4:45 p.m.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Featured Symposium**

**Mobile Devices for Providing Assessment and Support to U.S. Service Members and Veterans** (Bush)

**Mobile Phone Applications for Service Members and Veterans** (Hoffman, Ciulla, Kuhn, Ruzek)

**mCare: Development, Deployment, and Evaluation of a Mobile Telephony-based Patient Secure Messaging System** (Pavliscsak, Rasche)

**Individualized Telephone Support for Service Members With Mild TBI/PTSD** (Bush, Bell, Brockway, Fann, Reger, Dikmen, Gahm, Temkin, Batten)

**Symposium**

**Cognitive Appraisals and Traumatic Stress** (Joseph, Littleton, Petretic, Ullman)

**Evaluating the Flexibility of Attributions Following Accidents/Illness and Interpersonal Violence** (Joseph)

**Information Processing, Adjustment, and Re-victimization Following Rape** (Littleton, Grills-Taquechel)

**Evaluating the Predictive Ability of Positive and Negative Posttraumatic Cognitive Appraisals For Long-term Outcome Following Child Abuse** (Petretic)

**Symposium**

**Intimate Partner Violence, Trauma & Parenting: Translational Models for Prevention** (Ehrensaft, Cohen, Jouriles, McDonald, Corbitt-Shindler, Levendosky, Bogat, Monson)

**Parental Intimate Partner Violence, Parenting and Child PTSD: A Prospective Longitudinal Study** (Ehrensaft)

**Longitudinal Trajectories of IPV Related to Maternal Parenting of School-aged Children** (Levendosky, Bogat)
<table>
<thead>
<tr>
<th>Symposium</th>
<th>Recent Advances in the Neurobiology of Acute Trauma (Lanius)</th>
<th>I</th>
<th>Bio Med/Assess Dx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assocation Between Menstrual Phase and Traumatic Memories in the Acute Aftermath of Trauma (Felmingham)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autobiographical Memory for a Life-threatening Event in Survivors of an Airline Incident (McKinnon)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neural Correlates of State Dissociation in an Acutely Traumatized Sample - A fMRI Investigation (Daniels, Hegadoren, Lanius)</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>A Developmental Perspective of Neuroimaging Findings in PTSD in Gulf War Veterans (Neylan, Woodward, Ross, Apfel, Chao, Kaloupek, Weiner, Meyerhoff, Rothlind, Yaffe, Schuff)</td>
<td>A</td>
<td>Res Meth/Clin Res</td>
</tr>
<tr>
<td>Cerebral Structure in PGW and Vietnam Veterans: Aging and Non-aging-related Differences (Woodward, Kaloupek)</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smaller Intracranial Volume Associated With Early Childhood Trauma in a Sample of Gulf War Veterans (Ross, Apfel, Schuff, Meyerhoff, Weiner, Neylan)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current PTSD Symptoms and Hippocampal Volume in Chronic PTSD (Apfel, Ross, Schuff, Meyerhoff, Weiner, Neylan)</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hippocampal Trophy in Young Veterans With PTSD and Cognitive Impairment: A Potential Link Between PTSD and Dementia (Chao, Yaffe, Rothlind, Meyerhoff, Weiner, Neylan)</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symposium</td>
<td>Stigma and Barriers to Care in a Well-resourced Military Mental Health System (Zamorski, Wiens, Garber, Hawes)</td>
<td>M</td>
<td>Mil Emer/Practice</td>
</tr>
<tr>
<td>Barriers to Mental Health Care in the Deployed Setting: Findings of the 2010 Canadian Forces Operational Mental Health Assessment (Garber, Zamorski)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Findings of Enhanced Post-deployment Screening of Canadian Forces (CF) Members Deployed in Support of the Mission in Afghanistan (Zamorski)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barriers to Mental Health Care in Garrison: Findings from the 2008/2009 Canadian Forces Health and Lifestyle Information Survey (Wiens, Hawes, Zamorski)</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshop</td>
<td>Detecting Assimilation: An Advanced Cognitive Processing Therapy Workshop (Resick)</td>
<td>A</td>
<td>Practice/Clin Res</td>
</tr>
<tr>
<td>Workshop</td>
<td>The Trauma Recovery Group: Promoting Mastery and Relational Connection (<em>Mendelsohn, Herman, Schatzow, Coco, Levitan</em>)</td>
<td>M</td>
<td>Practice/Clin Res</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Panel</td>
<td>Personal (R)evolution: Opportunities to Create Lasting Change, Build Networks, and Promote Collaborative Problem Solving Through International Exchange (<em>Fulbright, Peace Corp, Study Abroad, and NGOs</em>) (<em>Averill, Nightingale, Annan</em>)</td>
<td>I</td>
<td>Cul Div/Media Ed</td>
</tr>
<tr>
<td>Papers</td>
<td>Understanding Child Coping and Parent Coping Assistance Following A Potentially Traumatic Injury (<em>Marsac, Hafetz, Kohser, Kassam-Adams</em>)</td>
<td>I</td>
<td>Child/Assess Dx</td>
</tr>
<tr>
<td></td>
<td>Life Adversities and Depression in Women Exposed to Violence and Abuse: Results From the Norwegian Mother and Child Cohort Study (<em>Thoresen, Dyb</em>)</td>
<td>M</td>
<td>Soc Ethic/Cul Div</td>
</tr>
<tr>
<td></td>
<td>Spirituality, Religion, and PTSD among Survivors of Clergy Sexual Abuse (<em>Murray-Swank</em>)</td>
<td>I</td>
<td>Practice/Cul Div</td>
</tr>
<tr>
<td></td>
<td>A Review of Behavioral and Psychological Mechanisms Linking Posttraumatic Stress Disorder and Physical Health Among Female Survivors of Interpersonal Trauma (<em>Eadie, Runtz</em>)</td>
<td>M</td>
<td>Practice/Soc Ethic</td>
</tr>
<tr>
<td>Media</td>
<td>My Heart is Breaking Here in Haiti - Journalists Explain Why (<em>Ochberg, Williams, Moore, Basu</em>)</td>
<td>I</td>
<td>Media Ed/Disaster</td>
</tr>
</tbody>
</table>
Pre-Meeting Institute  
Wednesday, November 3  
8:30 a.m. – 5:00 p.m.  
Ballroom West Level 4

PMI #1 – Full Day  
Addressing Clinical Complexities in Prolonged Exposure  
(Clinical Practice Issues/Clinical or Interventions Research)

Feeny, Norah, PhD¹; Zoellner, Lori, PhD²; Foa, Edna, PhD³ 
¹Case Western Reserve University, Cleveland, Ohio, USA  
²University of Washington, Seattle, Washington, USA  
³University of Pennsylvania, Philadelphia, Pennsylvania, USA

Many mental health professionals often experience the delivery of exposure therapy quite challenging with clients who exhibit both PTSD and comorbid Axis I or II disorders. Treatment manuals describe the treatment procedures and provide guidelines, but it is difficult to articulate in a manual all the fine distinctions that experienced clinicians utilize in therapy. In this advanced workshop, experts in the “Prolonged Exposure” (PE) treatment will share their years of experience in how to modify procedures in order to maximize success with challenging clients. This will include addressing anger, shame, and rumination within the PE program. We will also address problems of avoidance, resistance to engage with treatment experiences. These procedural modifications will be demonstrated with clients’ videotapes. Examples will include clients with PTSD related to civilian as well as combat traumas.

Participant Alert: Videos tapes of clients describing their trauma or in distress may be shown
Clinical Nuance in Complex Trauma Treatment: Analysis of a Single Case from the Vantage Point of Four of the National Child Traumatic Stress Network’s Leading Child Trauma Intervention Models
(Clinical Practice Issues/Children and Adolescents)

Spinazzola, Joseph, PhD¹; Ford, Julian, PhD²; Habib, Mandy, PsyD³; Kagan, Richard, PhD⁴; Arvidson, Joshua, MS⁵
¹The Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA
²University of Connecticut Medical School, Farmington, Connecticut, USA
³North Shore University Hospital, Manhasset, New York, USA
⁴Parsons Child and Family Center, Albany, New York, USA
⁵Anchorage Community Mental Health Services, Anchorage, Alaska, USA

An official submission of the Complex Trauma Workgroup of the National Child Traumatic Stress Network, this workshop will feature the intensive consideration of a single case from the perspective of four of the NCTSN's most promising empirically-based treatments of children and adolescents exhibiting complex adaptation to serial and repeated exposure to child maltreatment. The four intervention models to be featured are as follows: ARC (Attachment, Regulation & Competency), SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress), TARGET-A (Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents), and Real Life Heroes. The focal case will be drawn from a detailed clinical vignette developed for the Core Concepts Curriculum of the NCTSN. This vignette describes an extended initial evaluation of a 14-year old boy with history of exposure to chronic emotional and physical abuse, neglect, witnessed DV, and rearing by impaired caregivers with history of polysubstance abuse, familial mental illness and and intergenerational trauma exposure.

This intermediate workshop blends introductory and advanced elements by introducing the audience to the complex trauma construct and core components in complex trauma intervention and providing brief overviews and review of the emerging evidence-base of each model, as well as offering more in-depth illustration of clinical application of each model in relation to to the target case. Case analyses will be ordered to build upon each other incrementally, highlighting such topics as overlapping and unique model components, client readiness for treatment, and contextually based model adaptations. For instance, presenters, all developers or lead trainers of the selected models, will describe adaptations based upon potential variation in the ethnicity (e.g., Alaskan Native, Hispanic), living environment (e.g., foster care, residential, juvenile justice facility), and community context (e.g., inner-city, rural) of the target case. This
Pre-Meeting Institute will conclude with a lengthy audience discussions of current service gaps and future directions in the development, evaluation and dissemination of effective interventions for complex trauma in children and adolescents.
Pre-Meeting Institute
Wednesday, November 3
8:30 a.m. – 5:00 p.m.
Drummond East Level 3

PMI #3 – Full Day
Psychodynamic contributions to traumafocused psychotherapy
(Clinical Practice Issues/Clinical or Interventions Research)

Brett, Elizabeth, PhD¹; Horowitz, Mardi, MD²; Lindy, Jacob, MD³; Wittmann, Lutz, PhD⁴
¹Yale University; School of Medicine, New Haven, Connecticut, USA
²University of California, San Francisco, Department of Psychiatry, California, USA
³University of Cincinnati, College of Medicine, Cincinnati, Ohio, USA
⁴University Hospital Zurich, Zurich, Switzerland

Trauma has been a central concept for psychodynamic theory and practice for more than 100 years resulting in strong mutual influences between psychotraumatology and psychodynamic therapy. In this Pre-Meeting Institute, psychodynamic concepts and techniques will be illustrated without jargon, and will be evaluated for their evidence base. Prominent examples are the interaction of trauma and the personality of the trauma survivor and his/her working alliance with the therapist. Using information from patient-therapist interaction for individually tailoring interventions and the role of therapists’ emotional reactions will be further topics. Participants will be introduced to the new version of Horowitz’s manualized psychodynamic PTSD treatment which has proved to be effective in comparison to hypno- and exposure therapy and a waiting-list control condition in a randomized controlled trial (n = 112). The possibilities of integrating psychodynamic approaches into non-psychodynamic trauma therapy will be illustrated by clinical examples and participants will be invited to discuss their own clinical cases.

Participant Alert: Case reports from clinical work could cause distress. Attendees will have the possibility to voluntarily provide information about experienced countertransference reactions which might cause distress.
Pre-Meeting Institute
Wednesday, November 3
8:30 a.m. – 5:00 p.m.
Salon 4/5 Level 2

PMI #4 – Full Day
Using Cognitive Processing Therapy in a Group Setting
(Clinical Practice Issues/Clinical or Interventions Research)

Chard, Kathleen, PhD
Cincinnati VA Medical Center, Cincinnati, Ohio, USA

With the increased demand for services in many agencies, group modalities can provide a cost-efficient way to deliver evidenced-based treatment to many individuals at the same time. Cognitive Processing Therapy (CPT) has been shown to be an effective treatment of PTSD for civilian and veteran males and females with various trauma histories. Although often used as an individual therapy, CPT has been found to be an effective group or combined group and individual therapy modality in two randomized clinical trials. This workshop will provide training in the use of Cognitive Processing Therapy in various group formats, including combinations with individual therapy. The presenter will conduct a brief review of the utility of group CPT, including data supporting its use in treating PTSD and related symptoms. A session by session overview of the 12 session CPT model will be reviewed including a discussion of all practice assignments and worksheets. Videotape will be used to demonstrate techniques and the audience will be asked to practice exercises over the course of the training. The presenter will make note of ways in which the group session structure differs from individual therapy. Issues regarding pre-treatment assessment, readiness for group, dealing with difficult patients, and after care will be discussed. Finally ways that CPT can be adapted to various settings will be offered including the benefits and drawbacks of the group format. The presenter is the author of the Cognitive Processing Therapy for Sexual Abuse manual and she is co-author of the Cognitive Processing Therapy Veteran/Military Basic and Group manuals. She has conducted numerous clinical trials on CPT including studies involving group and combined group and individual treatment protocols.

**Participant Alert:** Although no explicit trauma details will be discussed, some trauma details are shared in exercises and videotapes
Pre-Meeting Institute
Wednesday, November 3
8:30 a.m. – 12:00 p.m.
Salon 6/7 Level 3

PMI #5 – Full Day
Acceptance and Commitment Therapy (ACT) and the Treatment of Trauma: Regaining Self and Values
(Clinical Practice Issues/Assessment/Diagnosis)

Walser, Robyn, PhD¹; Westrup, Darrah, PhD²
¹National Center for PTSD, Menlo Park, California, USA
²VA Palo Alto Health Care System, Menlo Park, California, USA

Many individuals who have experienced a trauma or who have been diagnosed with PTSD are struggling with traumatic memories, painful feelings and unwanted thoughts; and avoidance or control of these private internal experiences is a common goal. Often, however, the avoidance itself can lead to further struggle and difficulty returning to valued activities in life. One therapeutic alternative to emotional or experiential avoidance is acceptance. Acceptance can create a new context from which the trauma survivor may view the world and the self. If efforts to control private experience are relinquished as a means to mental health, then efforts to take healthy action, while still acknowledging emotion and thought without effort to control, can lead to valued and life enhancing behavioral changes. Acceptance and Commitment Therapy is one of the “third wave” behavioral therapies (Hayes, Follette, & Linehan, 2004) along with others such as dialectical behavior therapy (DBT; Linehan, 1993), and mindfulness based cognitive therapy for depression (MBCT; Segal, Williams, & Teasdale, 2001) that specifically focus on acceptance of internal experience as an alternative to avoidance and they use defusion and/or mindfulness processes to achieve this goal. In ACT, the function of the internal experience is changed rather than the experience itself. The therapeutic work done in ACT is specifically designed to foster acceptance in the service of valued and vital living. We will present the basic theory and application of ACT and explore its adaptation to individual and group, inpatient and outpatient settings, and state of the evidence.

Participant Alert: Participants will be asked to participate in exercises that may lead to experience of negative emotion. Participants are able to decline participation.
Pre-Meeting Institute
Wednesday, November 3
8:30 a.m. – 12:00 p.m.
Jarry/Joyce Level A

PMI #6 – Full Day
Under the Shadow of Complicated Grief: The Clinical Impact of Violent Death in the Middle East
(Clinical or Interventions Research/Culture/Diversity)

Rynearson, Edward, MD1; Salloum, Alison, PhD2; Malkinson, Ruth, PhD3; Khoury, Brigitte, PhD4; Al-Krenawi, Alean, PhD5; Thabet, Abdel Aziz, PhD6; Nader, Kathleen, DSW7; Mitwalli-Badran, Suad, MA8
1Virginia Mason Medical Center, Seattle, Washington, USA
2University of South Florida, Tampa, Florida, USA
3Tel Aviv University; Israeli Center for REBT, Rehovot, Israel
4American University of Beirut Medical Center, Dept., Beirut, Lebanon
5Ben-Gurion University of the Negev, Beer-Sheva, Israel
6Child Institute- Al Quds University-Director of Academic Programs/Gaza Branch, Gaza, Palestinian Territory, Occupied
7Two Suns, for the assistance of traumatized children and adolescents, Cedar Park, Texas, USA
8East Jerusalem, Palestinian Territory, Occupied

More than 9,000 people have died violently in conflicts between Israel, Palestine and Lebanon since the beginning of the second intifada in 2000. Over 7,000 of those killed were non-combatant civilians and over 2000 were children. Recognizing that 15% of surviving loved ones are likely to suffer prolonged grief after violent death, this pre meeting institute features a study group of USA and Middle Eastern clinician/researchers working collaboratively to develop community based outreach and time limited intervention programs for their underserved communities. A series of lectures followed by morning and afternoon panel discussions describes the results of a four year working partnership of regional clinicians meeting for mutual trainings in a neutral setting (Istanbul, Turkey) and establishing a collegial network and a shared website (www.vdbs.org) where an intervention manual (collaboratively endorsed and translated in English, Hebrew and Arabic) can be downloaded.

The full day training will begin with the clarification of a clinical model of prolonged grief after violent death including empirical evidence of the effectiveness of time limited group and individual interventions for children and adults. Subsequent individual presentations from collaborative participants will clarify the unique socio-cultural matrix surrounding violent death and grief in their communities which must be respected and included in protocol designing for specific structuring of psychological outreach, support and intervention.
Pre-Meeting Institute  
Wednesday, November 3  
8:30 a.m. – 12:00 p.m.  
Ballroom Centre Level 4

PMI #7 – Half Day  
Complex Trauma: Case Conceptualization and Implementation of Cognitive Processing Therapy and Prolonged Exposure Therapy.  
(Clinical Practice Issues/Media/Training/Education)

Maieritsch, Kelly, PhD\(^1\); Castillo, Diane, PhD\(^2\); Frazier, Elizabeth, PhD\(^1\)  
\(^1\)Edward Hines Jr. VA Hospital, Hines, Illinois, USA  
\(^2\)New Mexico VA Health Care System, Albuquerque, New Mexico, USA

Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE) are two evidence-based treatments for PTSD. They have been widely disseminated within the VA/Department of Defense organizations, as well as among civilian clinicians. It has recently been suggested however that the effective utilization of these treatments can be limited when presented with difficult patient presentations that require additional skills to remain adherent to the model of the treatment (Ruzek & Rosen, 2009). To ensure that clinicians are willing and able to implement these treatments with fidelity to the treatment model, opportunities for additional training and skill development need to be made available. This PMI will offer the opportunity to review how to conceptualize these often difficult case presentations from both the CPT and PE frameworks. Three cases will be presented which incorporate often reported “difficult” features that challenge clinicians to stay adherent to protocol. These cases will include patients who present with dual-diagnosis of PTSD and Substance Abuse, strong expressions of anger/dissociation/guilt, and multiple severe trauma experiences (e.g., combat & childhood sexual assault). The theoretical underpinnings of CPT and PE will be reviewed and applied to each of the three cases. This presentation will incorporate highlighting the “unique” aspects of these complex cases and how each approach addresses them. An overview of additional techniques will be presented in regard to establishing a therapeutic alliance, addressing avoidance, and increasing compliance with key components of the treatments (e.g., CPT worksheets, PE in-vivo exposure hierarchy). Teaching tools will include presentation, video examples, role-plays, and practice.

*Participant Alert:* Presentation, video and exercise scenario information may have content that creates distress in participants.
Pre-Meeting Institute  
Wednesday, November 3  
8:30 a.m. – 12:00 p.m.  
Drummond Centre Level 3

**PMI #8 – Half Day**  
**What Trauma Therapists Should Know about Panic, Phobias and OCD**  
(Clinical Practice Issues/Assessment/Diagnosis)

**Winston, Sally, PsyD**  
*Anxiety and Stress Disorders Institute of Maryland, Towson, Maryland, USA*

Both the acute and chronic states of hyperarousal in the wake of traumatic experience can precipitate or exacerbate anxiety disorders other than PTSD in those genetically or psychologically predisposed. There are effective specific evidence-supported treatments for panic attacks, generalized anxiety, phobias and symptoms of OCD that can dramatically improve outcomes, both in patients whose anxiety disorders have become functionally autonomous from the original traumatic material and in those whose symptoms remain linked to trauma issues. This presentation will present an overview designed specifically for trauma therapists of basic treatment principles with an emphasis on phenomenology, common misconceptions and clinical oversights. Covered topics include in vivo, interoceptive and imaginal exposure and response prevention, management of anticipatory anxiety and worry, psychoeducation and the paradoxical nature of effort with respect to anxiety. We will also address the double-edged swords of avoidance, stress management and safety behaviors in these patients, the distinctions between panic attacks and flashbacks, and the dangers of interpretation of content in true OCD. The subtle distinctions between worry, rumination, preoccupation and obsession - which lead to different interventions-- will be elucidated.

**Participant Alert:** Presenter will ask for volunteers to participate in interoceptive exposure demonstrations which raise the level of arousal (such as brief hyperventilation and spinning)
Pre-Meeting Institute
Wednesday, November 3
8:30 a.m. – 12:00 p.m.
Kafka/Lamartine Level A

PMI #9 – Half Day
An Early Intervention Model For Traumatic Stress In Humanitarian Aid Workers In The Field: Challenges And Complexities
(Military/Emergency Services/Aid Workers/Disaster/Mass Trauma)

Curling, Penelope, MA1; Indart, Monica, PsyD2; Andersson, Linda, MSc1; Kahn, Sara, MPH, MSW3
1UNICEF, New York, New York, USA
2Rutgers University, Graduate School of Applied and Professional Psychology, Piscataway, New Jersey, USA
3New York University School of Social Work, New York, New York, USA

The challenges faced by aid workers in an increasingly complex and dangerous humanitarian environment are well-documented, both through the empirical literature as well as frequent media reports. Humanitarian aid workers operate for prolonged periods of time in an environment with high levels of chronic stress, punctuated by exposure to potentially traumatic events (PTE) that further challenge their neurophysiological systems and coping mechanisms. Additionally, international relief efforts result in the formation of new communities, comprised of citizens from various parts of the world with significantly divergent definitions and conceptualizations of stress, trauma, recovery and healing. These emergent communities represent a rich, complicated tapestry of national and international aid workers with varying levels of exposure to traumatic events, past and present, and a range of resources to support recovery from such events.

This experiential and didactic institute presents an early intervention model specifically designed for humanitarian aid workers in the field. Informed by evidence-based early intervention models, empirical findings of the particular impact of chronic and acute traumatic stress in humanitarian workers, the results of field research studies conducted by one of the presenters, and the presenters’ collective experiences working in a wide range of humanitarian settings in more than 30 countries around the globe, the model is developed around core concepts of cultural responsiveness. Utilizing case examples and drawing on a meaningful understanding of culturally based idioms of distress, the presentation will elucidate how evidence-based strategies (e.g., psychological first aid, cognitive-behaviorally based techniques, mindfulness-based stress reduction) can be implemented in a complex variety of field settings. Emerging consensus on identifying risk indicators and mediators that influence the development of trauma-spectrum reactions following exposure is addressed in the model through specific prevention and intervention strategies for reducing hyperarousal, screening for previous exposure to PTE’s, and mobilizing social support. The critical role of enhanced social support is a thematic element of the model, utilizing individually and organizationally-based peer support programs as a specific intervention paradigm. Participants will have an opportunity to review the research upon which the model is based, as well as examine phases and levels of intervention included in the model. Presenters will discuss the challenges of designing interventions for field use in widely diverse settings, including ethical dilemmas; the importance of conducting culturally sensitive needs assessments; and the necessity of providing ongoing support for humanitarian workers and those who assist them.
Participant Alert: Material from case studies may include descriptions of traumatic events
The presenter will examine three inter-related military experiences that significantly impact and, in some ways, help define the lives of today's service members and their families: deployment, Post Traumatic Stress Disorder (PTSD) and reintegration. To date (2010) over 2 million international soldiers have deployed as part of the U. S. and NATO war efforts in Iraq and Afghanistan. In some instances, military service members have endured repeat deployments, separating from and then returning to spouses and children, with short intervals between tours of duty. In many cases, these service members have either experienced firsthand frontline trauma or have witnessed instances of injury or loss of life while deployed. Almost universally, these service members experience extreme stress or anxiety related to safety and the persistent anticipation of danger. The pre-institute will closely examine the experiences associated with military deployment wherein the objective is to provide an in-depth understanding of the daily life events for the deployed war-fighter in the combat theatre of operations as well as for the families left behind on the home front. Although military service personnel are very willing to defend our nation, even with their life if necessary, deployment is now understood, for this very reason, to be a traumatic experience. Put simply, military deployment is a unique experience marked by the separation of connections with loved ones, heightened danger, and the distinct possibility of loss of life. The workshop will also examine the onset of Post Traumatic Stress Disorder symptomatology in war returnees and the now recognized and identified secondary/vicarious traumatic symptoms in spouses and children. The workshop will identify and illuminate the requisite clinical practice skills to effectively provide prevention, assessment and the wide range of necessary intervention services when working with service members and their families upon return from deployment. Offered by all branches of the military, reintegration services to assist service members upon return from deployment are provided to facilitate the reunion process. Although safe return for service members is joyfully anticipated by everyone, return from the combat theatre is indeed a major psychosocial adjustment as “nothing is the same.” The presenter will discuss the impact of deployment and PTSD on reintegration and the psycho-educational training and support needed during this critical period of re-adjustment. Research, cases, and first hand combat experiences will be shared to heighten participant cultural, clinical, and evidenced-based awareness of war-related trauma-induced spectrum disorders.

Participant Alert: Sound bites and video from military operations. Have used previously without incident.
Pre-Meeting Institute
Wednesday, November 3
1:30 p.m. – 5:00 p.m.
Ballroom Centre Level 4

PMI #11 – Half Day
Mon Client Souffrant de Stress Post-traumatique ne S’améliore pas: Comment Sortir de L’impasse Thérapeutique ?
(Clinical Practice Issues/Assessment/Diagnosis)

BRILLON, PASCALE, PhD
Hopital du Sacre-Coeur de Montreal, Montreal, Quebec, Canada

Le trouble de stress post-traumatique constitue une condition extrêmement difficile à traiter. Le clinicien se retrouve donc souvent impuissant face à une victime souffrante et qui présente des symptômes envahissants et réfractaires au traitement. J’ai tout essayé avec ce client et il souffre toujours autant, pourquoi? Comment aider cette victime à diminuer sa rage envahissante? J’ai tenté la restructuration cognitive, mais cette pensée reste toujours ancrée, comment faire pour l’aider autrement? L’exposition ne fonctionne pas, pourquoi? Cette victime semble présenter des traits narcissiques plutôt qu’un stress post-traumatique, est-ce possible? Certains gains secondaires semblent très présents, y a-t-il quelque chose à faire? La présente formation s’adresse aux thérapeutes qui ont déjà une pratique régulière avec des victimes souffrant de stress post-traumatique, qui maitrisent déjà les stratégies cognitivo-comportementales usuelles (restructuration cognitive, stratégies de relaxation, exposition graduelle in vivo, exposition au souvenir du trauma) mais qui se butent à des impasses thérapeutiques avec certains clients. Cette formation tentera de donner des pistes de solution thérapeutiques concrètes lorsque : 1) La victime présente beaucoup de difficulté avec certaines émotions, 2) certaines cognitions sont trop cristallisées et sont résistantes au travail thérapeutique, 3) les stratégies d’exposition ne fonctionnent pas, 4) la présence de traits narcissiques nuit à la démarche thérapeutique et 5) lorsque la victime semble profiter de gains secondaires à ses symptômes post-traumatiques.
Pre-Meeting Institute
Wednesday, November 3
1:30 p.m. – 5:00 p.m.
Drummond Centre Level 3

PMI #12 – Half Day
Treating Posttraumatic Sleep Problems: Applying CBT for Insomnia to Traumatized Populations
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

DeViva, Jason, PhD\(^1\); Zayfert, Claudia, PhD\(^2\)
\(^1\)VA Connecticut Health Care System, Newington, Connecticut, USA
\(^2\)Dartmouth Medical School, Lebanon, New Hampshire, USA

Difficulty falling and staying asleep is one of the most common clinical complaints after trauma. Insomnia is associated with impaired concentration and memory, elevated levels of anxiety and depression, decreased pain threshold, and worsening of overall health functioning, all of which are also effects of trauma. In this institute, clinicians will learn how they can improve trauma survivors’ sleep and mitigate the negative effects of sleep disturbances on mental and physical health and functioning. Participants will learn strategies to address various factors that precipitate and maintain sleep problems following traumatic experiences. We will describe the interactions between disturbed sleep and other symptoms and associated features of PTSD. We will present a model for understanding the initiation and maintenance of sleep problems, integrating predisposing, precipitating, and perpetuating factors that contribute to trauma-related insomnia. Participants will then learn to address the factors contributing to trauma-related insomnia using evidence-based cognitive-behavioral methods. We will cover strategies that treat precipitating factors (e.g., nightmares and vigilance) as well as perpetuating patterns of behavior and cognition (e.g., maladaptive sleep-related behavior). This will include detailing basic components of cognitive behavioral treatment for insomnia, including assessment of sleep using a sleep diary and other measures, assessment of maladaptive beliefs about sleep, fear of sleep, and other relevant constructs, psychoeducation about sleep, stimulus control, sleep restriction, sleep hygiene, cognitive restructuring, and relaxation strategies. We will discuss the research supporting use of these components for treatment of insomnia in general and with trauma populations. In addition, we will use extensive case material to demonstrate how to tailor application of these components to address specific manifestations of insomnia among survivors of trauma. Participants will learn how to determine when evidence-based treatments for insomnia are indicated, when they may be contraindicated, and how sequence them with evidence-based treatments for PTSD. Particular attention will be paid to the role of fear of sleep in perpetuating sleep problems. Factors affecting sleep of returning military personnel will also be specifically addressed.

**Participant Alert:** This Institute will involve frank discussion of specifics of traumatic events in patients’ lives, including graphic descriptions to illustrate therapy procedures.
Pre-Meeting Institute  
**Wednesday, November 3**  
1:30 p.m. – 5:00 p.m.  
Kafka/Lamartine Level A

**PMI #13 – Half Day**  
**Provider Resiliency: A Train-the-Trainer Mini Course on Compassion Satisfaction and Compassion Fatigue**  
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Hudnall Stamm, Beth, PhD\(^1\); Figley, Charles, PhD\(^2\); Figley, Kathleen, MS\(^3\)

\(^1\)Idaho State University, Pocatello, Idaho, USA  
\(^2\)Tulane University Traumatology Institute, New Orleans, Louisiana, USA  
\(^3\)Figley Institute, Tallahassee, Florida, USA

This is a short course in understanding, addressing and assessing resiliency. It is an active, hands-on learning experience that benefits the participants directly and teaches skills for participants to provide training to others. Advances have been made in addressing resiliency in professions that are most affected working with trauma survivors or within potentially traumatizing environments. Research has shown that those who help people that have been exposed to traumatic stressors find satisfaction in their ability to help but also are at risk for developing negative symptoms associated with burnout, depression, and posttraumatic stress disorder. While the incidence of developing problems associated with the negative aspects of providing care seems to be low, they are serious and can affect an individual, their family and close others, the care they provide, and their organizations. This course concentrates on strengthening resiliency of those providing care. Resiliency is complex as and is associated with characteristics of the work environment (organizational and task-wise), characteristics of the people being helped and the helper's individual's personal characteristics (e.g. resiliency, social support, previous exposure to trauma, other health issues, sleep, diet, exercise) including exposure to primary and secondary trauma in the work setting. This complexity can be understood as Compassion Satisfaction, CS) and negative (Compassion Fatigue, CF) aspects of helping. CF breaks into two parts. The first part concerns things such like exhaustion, frustration, anger and depression typical of burnout. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma. Some trauma at work can be direct (primary) trauma. Participants in this course will learn about CS and CF and techniques understanding the client, work and personal environments to build resiliency. The first part of the course Resilience by Design: Orientation to Work-Related Stress and Self Care (Kathryn Figley) will cover work-related stress and self-care. In this section, participants will learn how to create a resiliency plan that builds on strengths. The second session is Resilience for Practitioners: Medical, Mental and Spiritual Caregivers (Charles R Figley). This section provides an in-depth examination of the principals and applications of resiliency. The final section is The ProQOL as a Measure of Resilience (Stamm). This section of the workshop covers methods for assessing one’s resiliency and process across time. Attendees will participate in activities during the workshop. They will also receive materials that can be uses for training others. The materials include presentation slides, worksheets, handouts, the ProQOL 5 measure, and learning games.
Pre-Meeting Institute  
Wednesday, November 3  
1:30 p.m. – 5:00 p.m.  
Hemon Level A

PMI #14 – Half Day  
Parent-Child Interaction Therapy: Global Dissemination and Transfer of an Evidenced Based Practice for Young Children and Trauma  
(Technology/Clinical or Interventions Research)

Gurwitch, Robin, PhD; Pearl, Erica, PsyD  
Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA

Parent-Child Interaction Therapy (PCIT) is an evidenced based treatment for young children with significant behavior problems. Recently, the Kauffman Best Practices Report cited PCIT as one of the three best treatments in the field of child abuse and neglect. Although originally developed to address externalizing problems in young children, PCIT is now being successfully used with children in foster care, children with anxiety disorders and co-occurring problems like children from homes characterized by domestic violence and/or substance abuse. Most recently, PCIT is being evaluated for use with military families coping with deployment stressors. The combination of behavior problems and child history impacts children’s safety, physical health, and mental health; the majority of children in high-risk environments often become involved in the child welfare system. As children enter the system, they often experience additional trauma with multiple moves, as the presenting behavior problems are listed as the top reason for failed placements. Reunification may also fail as parents are ill-equipped to manage the behavioral difficulties of their children. PCIT is a relatively short-term intervention (average of 14 sessions) that involves the caregivers and the child. With several decades of empirical research, PCIT has been shown to maintain gains made for over six years (longest study to date), generalize to the school setting, and generalize to untreated siblings. Measures of parenting stress, maternal depression, and child behavior problems are shown to move from the clinically significant range to the normal range by the end of treatment. PCIT is being disseminated to settings across the United States and internationally, with an eye toward cultural issues. New advances in technology have enhanced dissemination efforts. This workshop will provide an overview of PCIT and its use with children, particularly those with trauma history. It will provide a discussion of dissemination challenges and solutions as well as what variables are needed for successful implementation and sustainability. The workshop will highlight the global reach of PCIT and cultural adaptations that have been made. Through didactics, video-clips, and brief experiential exercises, participants will learn how PCIT can improve the outcomes in the lives of young children and their families.
Keynote 1

Wednesday, November 3
6:15 p.m. - 7:30 p.m.
Ballroom West Level 4

When Bad Things Happen to You, the First Person You Need to See Should Not Be One of Us
(Prevention/Early Intervention/Clinical Practice Issues)

Bryant, Richard, PhD¹; Wessely, Simon, MD²; Bisson, Jon, MD³
¹University of New South Wales, Sydney, Australia
²Institute of Psychiatry, King’s College London, London, United Kingdom
³Cardiff University, Cardiff, United Kingdom

This debate will tackle the issue of early intervention following exposure to a traumatic event. It will adopt the format of a two-sided debate in which the protagonists will argue either case. The affirmative position will argue for the case that following a traumatic event, survivors do not need mental health professionals interfering with the natural recovery process that people typically utilize. In contrast, the negative perspective will argue that there are numerous benefits in early intervention, and these benefits outweigh any potential disadvantages. Across both arguments there will be reliance on current evidence, anecdotal experience, and personal bias. The outcome of the debate will be dependent on the audience’s aptitude in discerning solid argument from loquacious rambling.

Keynote 2

Thursday, November 4
9:15 a.m. - 10:45 a.m.
Ballroom West Level 4

Injured, Not Sick
(Military/Emergency Services/Aid Workers/Social Issues/Public Policy/Ethics)

Dallaire, Romeo, Lieutenant-General
Sénat du Canada, Ottawa, Ontario, Canada

LGén the Honourable Roméo A. Dallaire (Ret’d), Senator will draw on his extensive experience and knowledge to discuss various important topics including the impact of peer support, and the complexity of the ethical, moral and legal dilemmas created by blasts, explosions and other traumas. He will argue that more specific research on the impact of operational stress on security personnel must be pursued to reduce and attenuate the scale of casualties.

Keynote 3

Friday, November 5
11:00 a.m. - 12:15 p.m.
Ballroom West Level 4/Centre – Level 4
Telling Our Stories and Listening With Open Ears, Hearts and Minds to the Stories of Others
(Social Issues/Public Policy/Ethics/Culture/Diversity)

Tutu, Nontombi Naomi, Other
Sister Sojourner/Spiritual Alliance/Stop Violence, Nashville, Tennessee, USA

Part of the power of South Africa's Truth and Reconciliation Commission was the opportunity it offered to the victims and survivors of human rights abuses to tell their stories to the world. Taking that as a model this presentation looks at how we are encouraged or discouraged to tell our stories and whose stories we are willing to hear. It also will look at some of the lessons received from the TRC shortcomings in terms of taking into account the cultural context in which people are given the power to speak or stopped from speaking.

Keynote 4

Saturday, November 6
11:00 a.m. - 12:15 p.m.
Ballroom West Level 4/Centre – Level 4

Reconsolidation Blockade: A Novel Treatment for PTSD?
(Biological/Medical/Prevention/Early Intervention)

Pitman, Roger, MD
Massachusetts General Hospital, Charlestown, Massachusetts, USA

A core feature of posttraumatic stress disorder (PTSD) is the aversive memory of a traumatic event that is characterized by excessive strength, immalleability, and persistence. We have described such memories as “overconsolidated.” Traditional theory holds that once a memory has been placed into long-term storage, i.e., consolidated, it exists as a permanent trace. According to this view, the most one can hope for therapeutically is to inhibit the memory’s expression, but this inhibition is fragile, and the associated distress and arousal may return. Recent animal research has challenged this permanency by suggesting that reactivation (retrieval) of a memory can return it to a labile state from which it must be “re-consolidated” if it is to persist. Blocking reconsolidation offers the therapeutic possibility of weakening traumatic memories in PTSD. A recent Pavlovian differential conditioning study in normal humans employed memory reactivation accompanied by the beta-adrenergic blocker propranolol. Thereafter the previously acquired conditioned stimulus (CS) could no longer be made to elicit a fear response. In contrast, the declarative memory of the contingency survived, suggesting that only the memory’s fear component was erased - a potentially ideal scenario from the clinical standpoint. Another recent normal human conditioning study substituted a behavioral intervention. A single CS reactivation trial was followed by a 10-min. delay, and then by further extinction trials. The conditioned fear response was not merely inhibited but permanently eliminated. It was argued that the delay was a sufficient period of time for the fear memory trace to return to a labile state, so that the remaining CS presentations occurred during a “reconsolidation window.” This allowed the original fear memory to be modified or “updated” to incorporate the new information that the CS was no longer dangerous. The investigators suggested that such a delay tactic could be incorporated into cognitive-behavioral therapy (CBT) to increase its efficacy. Years ago, Foa characterized the mechanism behind exposure therapy as the incorporation of “corrective information.”

Although the preclinical studies are encouraging, the translational gap is wide. Critical differences between normal human experiments and PTSD include (in the latter) the more complex nature of the CS (e.g., a battle vs. a colored square), the stronger unconditioned stimulus (e.g., a gunshot wound vs. a mild shock), greater and more sustained arousal at the time of the event (i.e., a stronger unconditioned response), the possible presence of multiple conditioning events, and the longer duration between the
memory's formation and the intervention (e.g., months or years vs. a day). Nevertheless, the only published reconsolidation blockade-like study in PTSD to date found evidence that propranolol administered at the time of traumatic memory reactivation diminished the memory's emotional component, as manifest in smaller psychophysiological responses during subsequent script-driven imagery. These results are very preliminary, and many additional studies will be required to determine whether the therapeutic promise of reconsolidation blockade or modification will be fulfilled.

Concurrent 01
Symposium
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Drummond West Level 3

Torture as a "Forensic" Issue
(Assessment/Diagnosis/Clinical Practice Issues)

Torture As A "Forensic" Issue

Crosby, Sondra, MD
Boston University School of Medicine, Boston, Massachusetts, USA

Abstract: Clinicians who work with torture survivors are increasingly called upon to provide expert consultation legal settings. In Asylum proceedings, clinicians are frequently asked whether an individual’s clinical presentation is “consistent” with torture and in civil litigation clinicians may opine as to whether torture was the cause of psychiatric symptoms. However, the clinicians who work in these settings often struggle with a range of issues such as what criteria should be used to define torture, how to best assess whether these criteria have been fulfilled, how to determine whether reported experiences actually occurred, and how to reconcile the severe distress often reported in the context of continued functioning in a range of other areas (e.g., navigating a complex legal system). This symposium addresses each of these critical issues in turn, using literature review and empirical research to address each topic, along with a discussion and synthesis of each presentation. Given the high frequency with which torture survivors are faced with legal challenges, the framing of torture and trauma research within a forensic context is an important step in the evolution of the field.
Definitions of Torture

Green, Debbie, Fordham University, Bronx, New York, USA

Researchers over the past half-century have applied inconsistent definitions of “torture” and utilized vastly different methodologies to identify “torture survivors.” A literature review found that the World Medical Association’s (WMA) and the United Nations’ (UN) are the most frequently cited definitions in the research literature. This presentation evaluates the differences between these definitions and the implications of differences for researchers studying torture. The WMA limits “torture” to acts that involve physical or psychological suffering and have a coercive purpose. The UN applies these criteria, but requires that acts be severe and perpetrated by individuals acting as government authorities. Consequently, not all experiences considered torture under WMA satisfy the UN definition. This presentation discusses the difficulties associated with assessing each component and offer exemplars from the literature for evaluating whether an act qualifies as “severe,” identity of perpetrators, rationale for abuse, and methods for differentiating torture from other potentially traumatic experiences. The relationship between how torture is defined and prevalence rates, findings of sequelae, and evaluation of treatment interventions are discussed, along with possible implications of expanding the definition of torture to include cruel and inhuman treatment.

Screening for Torture: A Narrative Checklist Using Legal Definitions in a Torture Treatment Clinic

Rasmussen, Andrew, PhD¹; Crager, Mia, BA²; Keatley, Eva, BS¹

¹New York University School of Medicine, New York, New York, USA
²Mailman School of Public Health, Columbia University, New York, New York, USA

Up to this point torture has been defined most precisely in legal contexts. Practitioners who work with torture survivors often reply upon the United Nations Convention against Torture, the World Medical
Association’s Declaration of Tokyo, or a definition proposed by United States legislation in order to define the experiences of their clients. However, the limited application of such definitions found in the research literature is mirrored by the rare application of them in practice. We describe a prospective attempt to apply these definitions (over the course of a year) in a New York City torture treatment clinic by using a coding checklist that operationalizes the three definitions. Example narratives for each definition will be presented, and clinical covariates - PTSD and depression symptoms and functional impairment - examined. Implications for funding torture treatment programs and moving towards a consensus definition of torture will be discussed.

Concurrent 01
Symposium
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Drummond West Level 3

Torture as a "Forensic" Issue
(Assessment/Diagnosis/Clinical Practice Issues)

Rosenfeld, Barry,
Fordham University, Bronx, New York, USA

Reports of torture arise in a wide range of legal settings, including civil litigation, asylum applications, and criminal trials. A common theme across each of these settings is concern regarding how to “verify” that torture actually occurred. Similarly, critics often raise questions about the severity of torture experiences, noting that some experiences are less “severe” than others (e.g., exposure to loud noises or temperature fluctuations versus electrical shocks). This presentation focuses on the issues involved in verifying traumatic experiences and quantifying their severity. Specifically, we discuss the application of medical and psychological testing to evaluate reported experiences and symptoms, and the association between “objective” test findings and clinician expectations. In addition, the measurement of trauma severity, and the advantages and disadvantages of alternative approaches will be reviewed. Finally, the methodological limitations in existing measurement techniques will be discussed, along with a research agenda for filling in the gaps in existing data.
Torture as a "Forensic" Issue
(Assessment/Diagnosis/Clinical Practice Issues)

The Impact of PTSD and Depression on Functioning in a Legal Context

Sachs, Emily,
Fordham University, Bronx, New York, USA

Among trauma experiences, torture has been shown to be uniquely terrifying and disruptive, and is often associated with chronic psychopathology. Epidemiological research has shown that psychological disorders are often more functionally disabling than even physical disease. For traumatized individuals applying for political asylum in the United States, a high level of psychosocial functioning is often required to navigate this complex and stressful legal process. The current study evaluates the relationship between post-traumatic distress symptoms and impairment in functional domains specific to the process of applying for asylum. This presentation will describe a two-phase, mixed-method study and results. In Phase 1, qualitative data were collected from individual and focus group interviews with 12 asylum seekers and asylees at the Bellevue/NYU Program for Survivors of Torture in New York City. Thematic content analysis and cognitive interviewing was used to derive a common and coherent set of essential legal functioning items. In Phase 2, the frequency of legal functioning impairments was identified. In addition, the association between legal functioning and symptoms of depression and post-traumatic stress disorder were analyzed to identify symptom patterns that present the greatest threat to adaptive functioning in this critical area.

Concurrent 01
Symposium
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Drummond East Level 3

The Role of Oxytocin in Traumatic Stress
(Clinical or Interventions Research/Social Issues/Public Policy/Ethics)

The Role of Oxytocin in Traumatic Stress

Olff, Miranda, PhD1; Carter, Sue, PhD2; Heim, Christine, PhD3; Pierrehumbert, Blaise, PhD4; Bartz, Jennifer, PhD5
1Academic Medical Center Amsterdam, Amsterdam, Netherlands
2The Brain Body Center at the University of Illinois at Chicago, Chicago, Illinois, USA
3Emory University School of Medicine, Atlanta, Georgia, USA
4SUPEA - Unité de recherche, Lausanne, Switzerland
5Mount Sinai School of Medicine, New York, New York, USA
Findings to date regarding oxytocin suggest that this neuropeptide is involved in buffering the deleterious effects of stress, promoting resilience and increasing affiliation with others (Carter et al., 2008). The oxytocin system is of relevance for a number of psychiatric disorders like PTSD, that involve anxiety and social deficits, both in terms of aetiology and with respect to prevention and treatment. Research into relevant psychobiological mechanisms suggests that oxytocin may be effective through a reduction of fear response (decreases in stress and anxiety and facilitation of extinction of conditioned avoidance behaviour), a reduction of the brain’s fear-related amygdala response), suppressed neuroendocrine stress responses as well as through an increase of social functioning and increases in the experience of reward. A disturbed functioning of the oxytocin system, e.g. through early negative life experiences, may lead to increased vulnerability of the stress system to later stressors. This symposium focuses on the role of the oxytocin system in (traumatic) stress responses and social interaction.

Concurrent 01
Symposium
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Drummond East Level 3

The Role of Oxytocin in Traumatic Stress
(Clinical or Interventions Research/Social Issues/Public Policy/Ethics)

Oxytocin: Mechanisms for Healing Body, Brain and Behavior

Carter, Sue, PhD
Brain Body Center, Department of Psychiatry, University of Illinois at Chicago, Chicago, Illinois, USA

Oxytocin is an ancient neuropeptide hormone, best known for its actions in birth and lactation. This presentation will describe new research from humans and other animals suggesting neuroprotective and healing effects of oxytocin throughout the body. Developmental effects of exogenous and endogenous oxytocin can be seen in early life, with behavioral and endocrine consequences that last throughout the life-span. Low levels of endogenous oxytocin have been correlated with increases in psychiatric symptoms in disorders such as schizophrenia. Conversely, comparatively high levels of oxytocin also have been associated with increases in positive social behaviors and social bond formation, faster wound healing and reduced reactivity to stressors. Exogenous oxytocin treatment appears to be protective, reducing symptoms of depression and anxiety, especially in the presence of a challenge or stressor. A physiological model for the possible role of oxytocin in trauma will be presented including a description of the autonomic effects of oxytocin, based on the Polyvagal Theory (Porges, 2007; Biological Psychology).

Concerns regarding the potential overuse or abuse of this molecule also will be expressed.
The Role of Oxytocin in Traumatic Stress
(Clinical or Interventions Research/Social Issues/Public Policy/Ethics)

The Interaction of Childhood Trauma with Oxytocin Biomarkers on Adult Risk and Resilience

Bradley, Bekh, PhD
Atlanta VAMC - Emory State University, Atlanta, Georgia, USA

Early adverse experience dramatically increases the risk for psychiatric disorders in adulthood. The neuropeptide oxytocin (OT) plays a seminal role in mediating social affiliation, attachment, social support, maternal behavior, and trust, as well as protection against stress and anxiety. In this study of an urban community sample, 906 participants were assessed for history of childhood abuse, other trauma exposure, treatment for depression and anxiety disorders, suicide attempts, and current depression and PTSD symptoms. Resilience was defined as the absence of depression, PTSD, prior suicide attempts, and lifetime treatment for depression or anxiety disorders, despite a history of trauma exposure. Of the 906 individuals assessed, 595 met criteria for resilience (n=238) or nonresilience (n=357). We did not find a direct association between oxytocin receptor (OTR) genetic polymorphisms (SNPs) and resilience. However, SNP rs53576 interacted with childhood abuse (p=0.0004) and developmental family environment (p=0.016) in mediating resilience. Specifically, rs53576 GG carriers were associated with resilience among individuals not exposed to prior childhood abuse but were associated with nonresilience among individuals exposed to childhood abuse. OTR rs53576 GG individuals appear to be more susceptible to adverse effects of childhood abuse but also more responsive to the beneficial effect of nurturing family environment than AA/AG individuals. Our results are consistent with other studies examining the rs53576 SNP, in which AA/AG carriers were more associated with autism-spectrum phenotypes, and GG carriers were associated with empathy and parental sensitivity. These findings, while awaiting replication, have important implications in treatment and prevention strategies for at-risk individuals and add to our knowledge of neurobiological mechanisms underpinning resilience.
The Role of Oxytocin in Traumatic Stress
(Clinical or Interventions Research/Social Issues/Public Policy/Ethics)

Oxytocin Response to a Psychosocial Challenge, and the Role of Childhood Traumatic Experiences and of Attachment Representations

Pierrehumbert, Blaise, PhD
Lausanne University, Lusanne, Switzerland

Oxytocin (OT) has been reported to play a role both in social engagement strategies and in the stress system. OT response to an acute stress in human subjects has been explored, with conflicting results; OT response to stress of individuals exposed to childhood trauma has not been documented, nor OT response to stress in relation with attachment. Eighty adult subjects having experienced trauma in childhood (sexual abuse, cancer), and controls have been submitted to an experimental stress challenge (TSST), and to the Adult Attachment Interview, providing attachment classifications. Plasma was collected before, during and after the TSST for OT assays. Overall, there was a clear OT response to the psychosocial challenge. Independent of attachment, survivors of childhood cancer had higher mean levels of OT than both abused and control subjects. Independent of child trauma, OT response differed according to attachment classifications. Secure subjects presented heightened levels of OT, as opposed to subjects with enmeshed representations, presenting low levels of OT. These data support the notion that oxytocin plays a role both in social engagement strategies and in the stress system, and that the exposure to enduring life-threatening experiences in childhood has long-lasting consequences regarding the stress system and connected functions.

Concurrent 01
Symposium
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Drummond East Level 3

The Role of Oxytocin in Traumatic Stress
(Clinical or Interventions Research/Social Issues/Public Policy/Ethics)

Oxytocin Produces Divergent Effects on Trust and Cooperation in Borderline Personality Disorder

Bartz, Jennifer, PhD; Simeon, Daphne, MD; Hollander, Eric, MD
1Mount Sinai School of Medicine, New York, New York, USA
2Beth Israel Medical Center and Albert Einstein College of Medicine, New York, New York, USA
3Montefiore Medical Center University Hospital, Albert Einstein College of Medicine, New York, New York, USA
In this study, we investigated the pro-social effects of intranasal oxytocin in borderline personality disorder (BPD), a disorder marked by interpersonal and affective instability, impulsive aggression, and difficulties sustaining cooperative behavior. Recent studies in healthy adults show that oxytocin can increase trust; however, research in animals and humans indicate that negative early interpersonal experiences can impact the oxytocin system, possibly producing an altered response to oxytocin. Negative early interpersonal experiences have been implicated in the pathophysiology of BPD; thus, these individuals may show an altered response to intranasal oxytocin. Consistent with this hypothesis, oxytocin produced divergent effects in BPD participants, decreasing trust and increasing defecting, aggressive responses in a social dilemma game. Further analyses focusing on individual differences in attachment anxiety and attachment avoidance across participants indicate that these divergent effects were driven primarily by the anxiously attached participants. These data suggest that oxytocin does not universally facilitate pro-social behavior in humans; indeed, oxytocin may hinder prosocial behavior depending on chronic interpersonal insecurities, as well as possible differences in the oxytocin system. Although popularly dubbed “hormone of love”, these data suggest a personalized approach when using oxytocin to ameliorate social functioning deficits.

Concurrent 01
Symposium
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Drummond East Level 3

The Role of Oxytocin in Traumatic Stress
(Clinical or Interventions Research/Social Issues/Public Policy/Ethics)

The Role of Oxytocin in Traumatic Stress

Olff, Miranda, PhD¹; Langeland, Willie, PhD²; Witteveen, Anke, PhD²
¹Academic Medical Center Amsterdam, Amsterdam, Netherlands
²Academic Medical Center, Amsterdam, Netherlands

Posttraumatic stress disorder (PTSD) involves a disturbed fear response and disrupted social interaction and emotional reward (particularly from social experiences). Although Cognitive Behavioral Therapy (CBT) is an effective treatment for PTSD, many patients fail to attain remission with CBT. In the present paper we propose to augment CBT for PTSD with oxytocin. Oxytocin has a combination of pharmacological effects that result in a ‘sense of safety’ to the client which is a prerequisite to successful treatment of PTSD. We suggest a dual explanatory mechanism as to why oxytocin may be effective, namely, 1). Through a reduction of fear response (decreasing amygdala activation, inhibiting fear response and enhancing extinction learning) and 2). Through an increase of social interaction (activating social reward-related brain regions increasing engagement in the therapeutic alliance). Given that PTSD is marked by deficits in anxiety/stress regulation and in social functioning, and that oxytocin is implicated in both these areas, oxytocin seems a likely candidate for treatment of patients with PTSD. Further clinical studies of the therapeutic value of oxytocin are therefore indicated.
Concurrent 01
Symposium
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Salon 4/5 Level 2

Adverse Childhood Experiences: Cumulative Risk, Treatment Outcomes, and Clinically Significant Change in a Large National Sample
(Children and Adolescents/Clinical or Interventions Research)

Adverse Childhood Experiences: Cumulative Risk, Treatment Outcomes, and Clinically Significant Change in a Large National Sample

Briggs-King, Ernestine, PhD¹; Layne, Christopher, PhD²; Ostrowski, Sarah, PhD³; Belcher, Harolyn, MD⁴; Amaya-Jackson, Lisa, MD, MPH¹; Fairbank, John, PhD¹; Pynoos, Robert, MD, MPH⁵

¹Duke University School of Medicine, Durham, North Carolina, USA
²UCLA, School of Medicine, NCCTS, Los Angeles, California, USA
³Western Kentucky University, Bowling Green, Kentucky, USA
⁴Johns Hopkins School of Medicine, Baltimore, Maryland, USA
⁵UCLA School of Medicine, Los Angeles, California, USA

There is mounting empirical evidence that recurrent adverse childhood experiences can have immediate and long-term developmental, psychological, and physical consequences. Moreover, these adverse experiences can have cascading effects that alter the trajectories of young children well into adolescence and adulthood. Without intervention, these adverse experiences can disrupt normative developmental and neurobiological processes that, in turn, affect quality of life and health throughout the lifespan. This symposium will present initial findings from the National Child Traumatic Stress Network’s (NCTSN) Core Data Set, which includes prospective data on over 12,680 traumatized youth (ages 0 - 21). The Core Data Set consists of comprehensive information on trauma exposure, treatment, services, indices of functional impairments, and an array of psychosocial outcomes assessed via standardized assessment measures. This symposium will highlight several key findings including: differential patterns of trauma exposure and developmentally salient trauma related symptoms, and dose-response relationships between the number of adverse childhood events and specific treatment outcomes. A conceptual framework will also be provided for measuring clinically significant change that “benchmarks” symptom reduction in reference to reductions in functional impairment and co-morbid conditions. Implications of the findings for risk screening, intervention, treatment evaluation, and public policy will be discussed.
Prior research suggests that children exposed to traumatic or adverse life events experience an array of mental health and behavioral difficulties (Dube et. al. 2003). The negative sequelae associated with these experiences may undermine children's development and lead to long-term psychosocial difficulties. This presentation will replicate and extend the ACE findings within a sample of clinic-referred youth exposed to over 20 types of traumas. Primary study aims are to identify developmentally-linked patterns of trauma exposure, trauma related symptoms, and co-morbid conditions including PTSD; and to examine dose response relationships in reference to health risk behaviors (e.g., substance use) and psychosocial outcomes. Preliminary results suggest that 76% of youth report experiencing multiple traumas and 39% reported 4+ traumas (Mean = 2.48 SD=1.45, N= 11,308). A robust dose response relationship was found in youth exposed to 4+ traumas in relation to internalizing and externalizing behavioral problems, academic and social problems, and health risk behaviors. Similar patterns emerged for co-morbid psychiatric disorders including Depression and PTSD. Divergent developmental patterns were found for attachment problems and other functional impairments that can undermine resilience. Overall, these findings are consistent with studies that delineate a graded dose-response associated with cumulative risk.
Early intervention and treatment are critical to mitigating the impact of recurrent adverse experiences. Yet there is a paucity of community-based research examining dose-response treatment outcomes as a function of number of adverse child experiences in youth exposed to chronic and multiple adverse experiences. Data gathered from over 43 NCTSN sites across the United States presents a unique opportunity to examine evidenced-based treatment outcomes for highly traumatized youth treated in community settings. The primary aim of the current study was to examine the dose-response relationship with regards to pre and post treatment outcomes for a subsample of youth in the Core Data Set who completed treatment (N=4,837). Both traditional (e.g., MANOVA) and innovative (Reliable Change Index) methods of evaluating treatment outcomes were performed in both the general sample as well as youth reporting 4+ traumas. Preliminary findings suggest statistically and clinically significant reductions in PTSD and other trauma-related symptoms, functional impairments, and co-morbid disorders. These findings underscore the importance of treatment in disrupting the pernicious effects of recurrent adverse life experiences on the developmental trajectories of highly traumatized youth.
Although useful, traditional methods for measuring “statistically significant” change in psychotherapy carry significant limitations. These include: (1) masking individual differences in treatment response by combining across subgroups that differ in their response trajectories (e.g., “treatment responders” who significantly improve; “treatment nonresponders” who do not change significantly; and “treatment deteriorators” who significantly worsen) to conduct group-level difference tests (e.g., ANOVA). And (2): traditional methods often do not address whether reductions in targeted treatment outcomes (e.g., PTSD symptoms) are linked to improvements in outcomes that matter most to clients (e.g., school behavior).

This presentation will present an approach to conceptualizing and measuring clinically significant change that calibrates changes in “targeted” treatment outcomes (e.g., PTSD symptoms) in reference to external “benchmarks” (e.g., functional impairment, co-morbid conditions). This method can supplement traditional metrics for evaluating statistically significant change by framing therapeutic change within a context that is more relevant and engaging to stakeholders. Further, this method can shed light on the range of outcomes that are linked to successful versus unsuccessful trauma treatment.

Concurrent 01
Symposium
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Kafka/Larmartine Level A

Trauma, PTSD, and Delinquency: Investigating the Underlying Mechanisms
(Assessment/Diagnosis/Children and Adolescents)

Kerig, Patricia, PhD
University of Utah, Salt Lake City, Utah, USA

Recent research reveals that adolescents in the juvenile justice system have been disproportionately exposed to trauma and that incarcerated youth evidence rates of PTSD that are 2 to 8 times higher than those of community youth. In response, new models of the developmental psychopathology of delinquency propose that trauma is a catalyst that sets many youth on the pathway toward maladaptation. However, there remain many unanswered questions regarding the underlying mechanisms that account for these effects. This symposium brings together four papers investigating aspects of traumatic exposure, posttraumatic reactions, and psychopathology among delinquent youth. The first paper investigates the ways in which PTSD symptom clusters mediate the relationships among trauma and youth mental health problems among adjudicated boys and girls. The second paper investigates the association between child maltreatment, symptoms of complex PTSD, and aggression among male offenders. The third paper examines the relationships among callous-unemotional traits, emotional numbing, and delinquency in a sample of community youth. The fourth paper demonstrates that sexual minority status moderates the relationship between physical and sexual abuse and self-injury among incarcerated girls. Implications for clinical interventions are highlighted in each presentation.
Concurrent 01 Symposium
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Kafka/Larmartine Level A

Trauma, PTSD, and Delinquency: Investigating the Underlying Mechanisms
(Assessment/Diagnosis/Children and Adolescents)

Traumatic Experiences, PTSD Symptom Clusters, and Youth Mental Health Problems

Kerig, Patricia, PhD¹; Vanderzee, Karin, MA, PhD, Student²; Becker, Stephen, MA, PhD, Student²; Ward, Rose Marie, PhD²
¹University of Utah, Salt Lake City, Utah, USA
²Miami University, Oxford, Ohio, USA

Interrelationships among trauma exposure, PTSD symptom clusters, and mental health problems were investigated in a sample of adjudicated adolescents (585 boys, 264 girls). Youth completed measures of trauma exposure (interpersonal vs. non-interpersonal), PTSD symptoms (reexperiencing, avoidance, arousal, associated symptoms), and mental health problems (anxiety/depression, suicidality, anger/irritability, somatic complaints, substance abuse). Girls scored higher than boys on measures of trauma exposure, PTSD symptoms, and most mental health problems. Results of path models supported the hypothesis that PTSD symptom clusters mediated the relationship between trauma and mental health problems in specific ways. For all youth, reexperiencing mediated the relationship between trauma and all mental health problems, whereas avoidance mediated the relationships between trauma and substance abuse and suicidal ideation only. Further analyses also indicated that results were moderated by youth gender, with different patterns of results for boys and girls. Clinical implications of these data are discussed, including the need to tailor treatments to respond to specific clusters of PTSD symptoms in adjudicated boys and girls.
Research shows that adolescent criminal offenders have high rates of child maltreatment. Little research, however, has explored how the consequences of maltreatment are manifest in criminal behavior. The concepts of Developmental Trauma Disorder propose that cumulative effects of early, repeated, trauma and disrupted caregiving include pervasive affective dysregulation, dissociation and reactive aggression, characteristics that could subsequently place adolescents at risk for criminal behavior, especially for becoming violently “triggered” by cues that are reminiscent of earlier traumatizing events. The present study examined these proposed processes among 129 recidivist, male, adolescent offenders. Histories of multiple types of maltreatment, especially combinations of physical and sexual child abuse and witnessing parental spouse abuse, predicted elevated dissociative and posttraumatic symptoms. As expected, these symptoms and multiple maltreatment predicted elevations in Impulsive (reactive) but not in Instrumental (manipulative) Aggression. Dissociative symptoms accounted for relationships of maltreatment to criminal behavior more powerfully and independently than did impaired parent-adolescent attachment. Nonetheless, compared to maternal attachment, paternal attachment had more significant relationships to maltreatment, dissociation, and Impulsive Aggression. Discussion includes implications for interventions for traumatized juvenile delinquents with a focus on ameliorating emotional dysregulation and triggered, dissociated aggression.
There is empirical evidence that callousness and unemotional traits are consistently related to conduct problems and delinquent behaviors in youth. Although callousness and unemotionality are conceptualized as personality traits and as possible precursors to psychopathy, there is indication that such traits may emerge secondary to violence exposure, including corporal punishment in early childhood. In previous work, we found that numbing of specific emotions (i.e., fear and empathy) were associated with childhood violence exposure as well as with delinquent behaviors in youth. As an extension, the current study integrates information related to posttrauma emotional numbing and callous-unemotional traits to examine which components of these constructs are significantly related to or overlaps with each other, and which are most predictive of delinquent behaviors. This pilot study consists of community youth recruited from the boroughs of New York City. Preliminary findings indicate that both posttrauma emotional numbing, particularly numbing of fearful emotions, and callous-unemotional traits are significantly related to youth self-reports of delinquent behaviors. Interestingly, emotional numbing and callous-unemotional traits are not significantly related to each other and seem to capture separate mechanisms associated with delinquent behaviors.

Concurrent 01
Symposium
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Kafka/Larmartine Level A

Trauma, PTSD, and Delinquency: Investigating the Underlying Mechanisms
(Assessment/Diagnosis/Children and Adolescents)

Sexual Minority Status, Abuse, and Mental Health Problems Among Incarcerated Delinquent Girls

Belknap, Joanne, PhD¹; Holsinger, Kristi, PhD²; Little, Jani S., PhD¹
¹University of Colorado, Boulder, Colorado, USA
²University of Missouri-Kansas City, Kansas City, Kansas, USA

This self-report study of incarcerated delinquent girls found extraordinarily high rates of sexual minority status (SMS, lesbian/gay or bisexual) identification. Bivariate analyses indicated that the SMS girls reported significantly more abuse victimizations and self-injury, and less supportive families than the straight girls. Structural equation models, however, indicated that the direct relationship between SMS and self-injury was completely mediated by the overall abuse level (combining family and nonfamily experience by the girls). When overall abuse was disaggregated into family and nonfamily abuse as well as physical and sexual abuse the models indicated: (1) the direct effect of SMS on self-injury was only partially mediated by family abuse when physical and sexual family abuse were considered simultaneously; (2) family physical abuse had twice the impact on self-injury when compared to family
sexual abuse; (3) non-family abuse had a stronger mediation effect (between SMS and self-injury) than family abuse; and (4) the mediation effects of nonfamily abuse seem to be moderated by SMS, indicating that nonfamily sexual abuse has a stronger link to self-injury than nonfamily physical abuse for straight girls, while the opposite was true for the SMS girls (nonfamily physical abuse was more powerful than nonfamily sexual abuse in predicting self-injury).

**Participant Alert:** We will discuss the high rates of various sexual, physical, family, and non-family abuse victimizations.

---

**Concurrent 01**  
**Symposium**  
**Thursday, November 4**  
**7:45 a.m – 9:00 a.m.**  
**Jarry/Joyce Level A**

**Collaborative Efforts towards Trauma-informed Mental Health Services in Juvenile and Adult Correctional Settings**  
(Clinical or Interventions Research/Community Programs)

**Mental Health Screening for Undetected PTSD in Juvenile Detention Settings: Research and Recommendations**

**Cruise, Keith, PhD**  
*Fordham University, New York, New York, USA*

Ten to nineteen percent of detained youth meet diagnostic criteria for PTSD in the United States. With an estimated 2.18 million youth arrested annually, trauma exposure and PTSD represent a serious mental health concern. Therefore, efficient and effective mental health screening for undetected PTSD is critical. The Massachusetts Youth Screening Instrument - Second Version (MAYSI-2) was developed to provide an effective mental health screening tool for use in the juvenile justice system. Concerns have been raised regarding the utility of the MAYSI-2 scales in identifying youth with PTSD. Recently, an adjunctive scoring approach was recently developed and reported in the literature. Validated in a large sample of male and female youth housed in a juvenile corrections admission facility, the gender-specific critical items scales (MCI and FCI) demonstrated adequate internal consistency and promising predictive validity in the identification of youth designated as seriously mentally ill. This paper will review current research examining the clinical utility of the MCI and FCI in identifying detained youth who positively endorse symptoms meeting PTSD diagnostic criteria. Suggestions for ongoing validation of the MCI and FCI specifically, and mental health screens for undetected PTSD in general, will be addressed.
Concurrent 01
Symposium
Thursday, November 4
7:45 a.m – 9:00 a.m.
Jarry/Joyce Level A

Collaborative Efforts towards Trauma-informed Mental Health Services in Juvenile and Adult Correctional Settings
(Clinical or Interventions Research/Community Programs)

Outcomes of a Randomized Controlled Trial Effectiveness Study Comparing Affect Regulation and Supportive Relational Individual Therapy for PTSD with Delinquent Girls

Ford, Julian, PhD
University of Connecticut School of Medicine, Storrs, Connecticut, USA

Girls involved in delinquency are at risk for victimization and PTSD, but limited evidence-based treatment options are available for them other than intensive treatment foster care. Girls (N=59) in inner city public schools and residential treatment who provided assent were recruited with caregiver/guardian consent to receive up to 12 sessions of individual therapy with either Trauma Affect Regulation: Guide for Education and Therapy (TARGET) or Relationally Enhanced Supportive Therapy (REST). Structured interview assessments conducted with psychometrically robust measures revealed, in mixed model regression (intent to treat) analyses, that TARGET was superior in reducing PTSD Criterion B intrusive re-experiencing symptoms (group by time interaction $F[1,56] = 4.6, p = .04$), REST was superior in increasing self-reported hope/efficacy (group by time interaction $F[1,56] = 4.5, p = .04$), and both treatments were associated with large effects for therapeutic reductions in PTSD, anxiety, depression, and anger severity and post-traumatic cognitions (time $F[1,56] = 6.2-104.3, p = .02 - <.001$). TARGET participants on average reported enhanced affect regulation while REST participants reported a decrease in affect regulation abilities. Implications for developing integrated affect regulation and relational therapies for PTSD and associated symptoms and impairments for delinquent girls are discussed.
Collaborative Efforts towards Trauma-informed Mental Health Services in Juvenile and Adult Correctional Settings
(Clinical or Interventions Research/Community Programs)

Assessing Participants' Characteristics in a Trauma-informed Jail Diversion Program

Liles, Brandi, MA1; Wiedeman, Rachel, MA1; Newman, Elana, PhD1; Tarrasch, Mimi, MA2; Williams, Teresa, MHA, LCSW2
1University of Tulsa, Tulsa, Oklahoma, USA
2Family & Children's Services, Tulsa, Oklahoma, USA

The Women in Recovery Program (WIR) is an intensive outpatient trauma-informed jail diversion program for women substance abusers. Court services and program providers both agree on eligibility. As part of University/Community collaboration, characteristics of women who enter this program were evaluated. Given the complexities of coordinating services and creating the program/assessment protocols simultaneously, the initial assessment of the first 33 participants included 19 assessments conducted at 1-month, 4 at 3-months, and 10 at 6-months. On average, the women were 30, mostly Caucasian and Native American and 60% earned less than $12,000 yearly. All of the women endorsed at least one type of traumatic event. Many endorsed high rates of post traumatic stress symptoms on the PTSD Checklist-Civilian Version (PCL-C); 86% met Criterion B, 23% Criterion C, and 50% Criterion D. Using a PCL-C score of 44, 26% met probable PTSD. Women reported high levels of depression symptoms on the Center for Epidemiological Studies Depression Scale. Among the first 20 participants who completed parenting measures, 65% had child welfare involvement. Initial data suggest high parenting stress but parenting competence in the typical range. Results will be updated with larger data set. Challenges and suggestions for collaborative community-engaged research will be discussed.
Women in Recovery (WIR) is a trauma-informed jail diversion program for women involved in the criminal justice system who have significant substance use problems. This program provides intensive 12 month outpatient treatment focused on relapse prevention, mental health management, trauma, and parenting. Ongoing comprehensive assessments are administered at baseline, 3-month, 6-month, 9-month, and 12-month intervals. At baseline, many women endorsed high rates of post traumatic stress symptoms and depression symptoms. Preliminary analysis of the first ten women who have both baseline and 3-month data shows a trend toward reductions in depression and post traumatic stress symptoms. Additionally, seven of the first ten women with baseline and 3-month data have children. Among those women, parental distress as measured by the Parenting Stress Index showed a trend of decrease in distress. While these findings show trends toward improvement, continued data collection will yield a larger sample across multiple time points to allow for identification of significant changes. We anticipate a sample of approximately 50 across multiple intervals by the time of this presentation. Program and treatment logistics will be discussed as well as clinical implications, limitations, and future directions for research in collaborative correctional and mental health endeavors.

Concurrent 01
Workshop
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Ballroom East Level 4

Combat and Operational Stress First Aid (COSFA)
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Watson, Patricia, PhD¹; Nash, William, MD²; Westphal, Richard, PhD, RN³; Litz, Brett, PhD⁴
¹National Center for Child Traumatic Stress, Los Angeles, California, USA
²Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), Arlington, Virginia, USA
³Bureau of Medicine and Surgery, United States Navy, Washington, Dist. of Columbia, USA
⁴National Center for PTSD, Boston, Massachusetts, USA

Combat and Operational Stress First Aid (COSFA) was developed through a long-term collaboration between Marine Corps and Navy line leaders, the Navy Bureau of Medicine and Surgery (BUMED), the Navy Chaplain Corps, the Department of Veterans Affairs National Center for Posttraumatic Stress Disorder (NCPTSD), and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). COSFA was based on the principles, practices, and goals of PFA, adapted for use in military operational settings, which have ongoing and cumulative stresses, especially in wartime. In the COSFA framework, a key assumption is that for many individuals, the most enduring resources for resisting transient stress reactions and recovering from more severe stress injuries are relationships with leaders and peers, and the satisfaction and self-esteem gained from military roles. COSFA consists of seven core actions grouped on three levels. The seven core actions are Check, Coordinate, Cover, Calm, Connect, Competence, and Confidence. The three levels of COSFA into which these actions are grouped are called Continuous Aid, Primary Aid, and Secondary Aid. This workshop will provide training in the
COSFA model, including an introduction to the framework of the COSFA model, how to use the stress first aid model for individuals in crisis, and how to provide command assessment following a COSFA intervention.

Concurrent 01
Panel
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Salon 6/7 Level 3

Trauma's Attack on the Body: The Deteriorating Impact of Traumatic Stress
(Clinical or Interventions Research/Research Methodology)

Galea, Sandro, MD, DrPH¹; Cohen, Beth, MD, MAS²; Hobfoll, Stevan, PhD³; Schnurr, Paula, PhD⁴
¹Mailman School of Public Health, New York, New York, USA
²San Francisco VA Medical Center, San Francisco, California, USA
³Rush University Medical Center, Chicago, Illinois, USA
⁴National Center for PTSD, White River Junction, Vermont, USA

Studies have increasingly linked psychological trauma to physical illness. However, conclusions are limited by the use of unconfirmed self-report or retrospective review of disease outcomes. In addition, the mechanisms underlying the association of trauma and adverse health outcomes is unknown. This panel will examine models and evidence linking psychological trauma with physical health outcomes, immune down-regulation, inflammation, and cardio-vascular disease (CVD). Traumatic stress may directly affect health by increasing corticotrophin releasing factor (CRF) which activates the hypothalamic-pituitary-axis (HPA) to produce cortisol and the sympathetic nervous system to produce norepinephrine and epinephrine, such that repeated activation may result in inflammatory consequences. We will also examine the role of health behaviors as potential mediators of increased illness risk, including substance abuse, impaired sleep, and smoking.

The panel will present results of several large scale studies and discuss methods that may aid our research on trauma and physical health. Preliminary evidence demonstrates a marked association between trauma and physical illness, suggesting a possible explanation for health disparities among poor and ethnic minority individuals who are highly exposed to lifetime trauma. The panel will also consider the novel opposite pathway, such that poor health outcomes may lead to exacerbation of post-traumatic symptomatology in those exposed to trauma.
The Nexus Between Injustice, Anger and Recurrent Violence in Post-conflict Settings: Emerging Data From Research Amongst the Timorese and West Papuan Refugees
(Civilians in War/Refugees/Culture/Diversity)

Silove, Derrick, MD; Rees, Susan, PhD
University of New South Wales, Sydney, Australia

The link between trauma and PTSD has dominated the research field in the postconflict and refugee area. We suggest that this focus may have obscured the link between related phenomena, particularly events that generate overwhelming feelings of injustice and their role in producing pathological forms of resentment and anger. We consider why the affective state of anger has been accorded a relatively subsidiary status in psychiatry in general and more specifically in the field of traumatology. We examine emerging evidence in support of a link between the traumas associated with injustice and chronic forms of anger and resentment in populations exposed to gross human rights violations, by drawing on emerging data from Timor Leste and research amongst West Papuan refugees. We propose that the identification of a resentment-anger reaction offers a heuristically valuable intersection point for conceptualizing normative versus pathological reactions to injustice within a transcultural framework, the dynamic interaction of personal and social consequences of oppression, the compounding effects of past injustice and post-conflict socio-economic deprivations, and the role of explosive forms of anger in the causal chain leading to recurrent cycles of violence.
Australia takes 13000 refugees per annum via the Australian Humanitarian Programme. Approximately 1200 refugees settle in Western Australia (WA) each year. There is a paucity of mental health data in relation to refugees settling in WA.

We report the initial results of a mental health screening programme on adult refugees seen for routine general medical evaluation at a migrant health unit. Assessment is carried out within 3 months of arrival in most cases. Instruments used are the Kessler10 and the World Health Organization PTSD Screener embedded within a general clinical assessment. To date 156 consecutive consenting adult refugees have been assessed (74 male, 81 female) of whom 92 were from Asian countries, 30 from Africa and 29 from the Middle East. Results from the Kessler10 indicate that 20(13%) have probable moderate or severe mental disorder and 18(12%) have probable mild mental disorder. The PTSD Screener indicates probable PTSD in 34(23%) of the refugees interviewed. These rates are higher than local population norms and broadly consistent with findings in the international refugee literature.

The programme is ongoing as is data gathering and will be used to inform service provision and development for this population within the WA mental health system.
When people flee persecution in their own state and ask western countries for protection they invoke the legislation of the Refugee Convention of 1951 (Geneva Convention). Signatory states guarantee safety and rights to refugees, but ‘refugee’ is tightly defined and to be recognised, individuals have to present a case that is accepted by the host country. This usually rests on their giving a coherent, consistent and plausible account of their experiences - often highly traumatic personal events. If individual claimants are seen to be traumatised (often by non-clinicians, such as lawyers or advisors), clinical professionals may be called on to provide expert evidence, in the form of a clinical assessment, presented as a report to accompany the claim. However, as scientists, we can offer more than individual clinical assessments. We have a wealth of empirical knowledge about traumatic memory, disclosure, cross-cultural interviewing, and the process of decision making itself, that is not well known by refugee status decision makers. We will review data showing that psychological concepts are not well understood in the asylum process and giving examples of primary research that can help better inform this crucial step towards offering traumatised people safety, restitution and hope.

Concurrent 01
Papers
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Hemon Level A

Emerging and new treatment interventions

Differential Mediating Role of Forgiveness on Relationship Between Aggression and PTSD Based on the Nature of the Trauma
(Disaster/Mass Trauma/Research Methodology)

Diamond, Elizabeth, MA; Haden, Sara C., PhD; Brennan, Sarah, MA
Long Island University, Brooklyn, New York, USA

PTSD is not the only result of trauma exposure as many survivors also behave aggressively. War veterans (Teten et al., 2010) and flood survivors (Taft et al., 2009) display both PTSD and aggressive behavior. This may be attributed to the individual’s failure to emotionally process the traumatic event. Since forgiveness is thought to reduce anger (Lawler et al., 2005), the present study examined how forgiveness might impact the relationship between aggression and PTSD. Survivors of interpersonal (e.g., violent crime, n=50) and non-interpersonal (e.g., natural disaster, n=53) trauma aged 18 to 23 (M=19.2) completed the Aggression Questionnaire (Buss & Perry, 1992), Heartland Forgiveness Scale (Thompson et al., 2005), and Purdue Post-Traumatic Stress Disorder Scale -Revised (PPTSD-R, Lauterbach & Vrana, 1996). Zero-order correlations confirmed that aggression was positively related to PTSD for both groups (r=.39 and r=.33, p<.05 respectively). However, forgiveness was only related to aggression (r=.37, p=.05) and PTSD (r=.46, p=.01) for non-interpersonal trauma survivors. The mediating role of forgiveness on the aggression-PTSD relationship was tested via path analysis. Forgiveness differentially affected the relationship between aggression and PTSD based on the nature of the trauma. It might be argued that
since survivors of interpersonal trauma have a perpetrator to whom they can potentially “direct” their aggression, this prevents them from processing their emotions and therefore increases PTSD symptoms.

Concurrent 01
Papers
Thursday, November 4
7:45 a.m. - 9:00 a.m.
Hemon Level A

Emerging and new treatment interventions

Combined Prolonged Exposure Therapy and Paroxetine Versus Prolonged Exposure Therapy and Placebo in PTSD Related to the World Trade Center Attacks: A Randomized Controlled Trial
(Clinical or Interventions Research/Disaster/Mass Trauma)

Schneier, Franklin, MD
New York State Psychiatric Institute, New York, New York, USA

Selective serotonin reuptake inhibitor (SSRI) medication is often recommended in combination with cognitive behavioral therapies for PTSD, but combined initial treatment has not been studied under controlled conditions. Also, there are few studies of either treatment in survivors of terrorism. This randomized controlled trial evaluated efficacy of combined prolonged exposure (PE) and the SSRI paroxetine in the treatment of survivors of the World Trade Center (WTC) attacks. Adults meeting criteria for WTC-related chronic PTSD were randomized to 10 weeks of treatment with combined PE (10 sessions) plus paroxetine (n = 19), or PE plus placebo (n = 18). Responders at week 10 were offered 12 additional weeks of continued double-blind treatment with paroxetine or placebo. Outcome was assessed after 5, 10 and 22 weeks by an independent rater blind to treatment condition. Patients randomized to combined PE plus paroxetine evidenced significantly greater improvement at weeks 5 and 10 on the Clinician Administered PTSD Scale (CAPS) (p = .0035, effect size = .87), based on analysis using a mixed effect model with adjustment for baseline scores. Response rates and remission rates did not differ between treatment groups. This presentation will also include data on secondary outcomes and week 22 outcome.
Hemon Level A

Emerging and new treatment interventions

Effectiveness of Web-based Training in Disseminating Evidence-Based Trauma Interventions
(Technology/Media/Training/Education)

Saunders, Ben, PhD; Smith, Dan, PhD; Best, Connie, PhD
Medical University of South Carolina, Charleston, South Carolina, USA

A critical challenge in the trauma field is how to better disseminate evidence-based treatments. One promising modality is Web-based training. This paper will report on three asynchronous, multimedia Web-based training courses, TF-CBTWeb, CPTWeb and CTGWeb, which provide training in Trauma-Focused Cognitive Behavioral Therapy, Cognitive Processing Therapy for military trauma and Child Traumatic Grief Therapy respectively. These courses are in various stages of dissemination and use and target different trauma treatment professionals. TF-CBTWeb was launched in 2005 and currently has 60,000 registered learners. CTGWeb has over 4,000. CPTWeb has just been launched and currently has approximately 100 learners. This paper will describe and compare across the courses: 1) dissemination, usage and completion characteristics; 2) learner characteristics; 3) pre-post knowledge gain of different types of learners for each course component; and 4) learner satisfaction with aspects of each course. Preliminary analysis of TF-CBTWeb data indicate that 45% of registered learners complete the course in a median of 14 days, 10% live outside the U.S., 14% are graduate students, 74% hold masters degrees, and 57% have less than 5 years experience treating traumatic stress. Substantial knowledge gain was found for all treatment components and learners were most satisfied with the course’s ease of navigation and least satisfied with the cultural competence sections. Discussion will include implications of the data for future Web-based course development and how Web-based courses are being used in dissemination projects.
Concurrent 02
Featured Speaker
Thursday, November 4
11:00 a.m. - 12:15 p.m.
Ballroom Centre Level 4

What Have Been and What Will be the Mental Health Consequences of the War in Iraq on UK Service Personnel?
(Military/Emergency Services/Aid Workers/Social Issues/Public Policy/Ethics)

Wessely, Simon, MD, MA, FRCP, FRCPsych
Institute of Psychiatry, London, United Kingdom

What has been the impact of the war in Iraq on the mental health of the United Kingdom Armed Forces? Our early data showed a low prevalence of PTSD and the lack of an “Iraq” effect on the mental health of regular forces, but not reserves. We now have a complete follow up (n=10,000) of the same cohort in 2008/2009, by which time many had either redeployed to Iraq/Afghanistan or had their first deployment. This is thus the first UK epidemiologically defined prospective data on the impact of the war on mental health, including not just PTSD, but other mental health problems, alcohol, family and marital problems, physical health and mTBI.

Both the US and UK are all volunteer forces, fighting the same enemy, on the same terrain and facing the same hazards. We are also now collecting data in similar ways. Differences in mental health outcomes are thus of mutual interest. Many of these differences in the rates of mental health problems between the US and UK are explicable taking into account differences in force structure, demographics, tour length and combat exposure. But other differences cannot be explained by these factors. There remain considerable differences in the rates of mTBI, and the absence of the dramatic increase in PTSD that has been reported from the US in service personnel once they return home. These transnational differences, that would not be visible in studies restricted to one military or the other, are an opportunity to better understand the complex dynamics of mental health both during and after military deployment.

Concurrent 02
Symposium
Thursday, November 4
11:00 a.m. - 12:15 p.m.
Drummond West Level 3

Neuroendocrine Correlates of PTSD Before and After Treatment
(Biological/Medical/Clinical or Interventions Research)

Neuroendocrine Correlates of PTSD Before and After Treatment
The inclusion of biomarkers for PTSD in treatment studies is important as it allows us to examine four key issues: (1) are there measures that can predict who will develop PTSD; (2) are there predictors of PTSD recovery; (3) are there measures associated with PTSD symptom severity; (4) do measures associated with risk, recovery, or symptom severity change as symptoms improve; (5) how much clinical improvement is needed before biological change can be observed. Results will be presented from three studies examining biological and psychological correlates of posttraumatic stress disorder (PTSD) symptoms as they change over time in response to treatment. Treatments used are Prolonged Exposure (PE) and Brief Eclectic Psychotherapy (BEP). Biological variables assessed at various time points will be discussed and compared among populations of trauma patients having experienced either general civilian trauma, 9/11, or combat.

**Concurrent 02**

**Symposium**

**Thursday, November 4**

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

Drummond West Level 3

**Neuroendocrine Correlates of PTSD Before and After Treatment**

(Biological/Medical/Clinical or Interventions Research)

**Cortisol Metabolic Predictors of PTSD Treatment Response in WTC Survivors**

**Bierer, Linda,**

*Bronx VA Medical Center, Bronx, New York, USA*

This study examined differences in cortisol and its metabolites to determine whether they predict or correlate with response to treatment for PTSD. 28 survivors of the World Trade Center attack on September 11 were treated with either PE or supportive counseling. Cortisol and its metabolites were measured from urine samples at pretreatment, at the conclusion of psychotherapy, and at 3-month follow-up. Results indicate that 5α-reductase activity was significantly lower at pre-treatment among non-responders. At all assessment points, indices of 5α-reductase activity were negatively associated with PTSD severity. At post-treatment and follow-up, measures reflecting 5α-reductase activity differed between responders and non-responders. Though not different at pretreatment, urinary cortisol levels were significantly lower in non-responders than responders at follow-up. In conclusion, lower 5α-reductase activity is associated with PTSD severity and predicts non-responsiveness to psychological treatment in PTSD. Relatively diminished 5α-reductase activity may mark a state of primary vulnerability, perhaps via attenuated peripheral catabolism of cortisol suppressing hypothalamic-pituitary-adrenal axis responsiveness, or reflecting reduced brain production of anxiolytic 5α-neurosteroids. Lower cortisol levels appear later in the progression to chronic, treatment-resistant PTSD.
Concurrent 02
Symposium
Thursday, November 4
11:00 a.m. - 12:15 p.m.
Drummond West Level 3

Neuroendocrine Correlates of PTSD Before and After Treatment
(Biological/Medical/Clinical or Interventions Research)

The Effects of Brief Eclectic Psychotherapy (BEP) on Neuroendocrine Function in PTSD

Olff, Miranda, PhD
University of Amsterdam, Amsterdam, Netherlands

This study (PI: Miranda Olff, PhD) examined the effects of manualized brief eclectic psychotherapy (BEP) psychotherapy in 21 patients with civilian trauma-related PTSD, with and without coexisting depression, on the levels of six stress-related hormones: cortisol, dehydroepiandrosterone (DHEA), and dehydroepiandrosterone-sulfate (DHEA-S), prolactin, thyrotropin (TSH) and free thyroxin (FT4). The results show that after BEP significant changes occurred in levels of cortisol and DHEA. Responders showed an increase in cortisol and DHEA levels, while in non-responders both hormone levels decreased. Differences were only found after controlling for depressive symptoms. In conclusion, effective psychotherapy for PTSD may alter dysregulations in the Hypothalamus-pituitary-adrenal (HPA)-axis, but comorbid depressive symptoms should be taken into account.

Concurrent 02
Symposium
Thursday, November 4
11:00 a.m. - 12:15 p.m.
Drummond West Level 3

Neuroendocrine Correlates of PTSD Before and After Treatment
(Biological/Medical/Clinical or Interventions Research)

Neuroendocrine Correlates of PTSD in Combat Veterans

Yehuda, Rachel
James J Peters VAMC and Mount Sinai School of Medicine, Bronx, New York, USA
This project examined biological and psychological correlates of PTSD in combat veterans who were treated with either Prolonged Exposure (PE) or a minimal attention (MA) condition consisting of weekly phone monitoring of symptoms. Stability of biological and psychological associations over time was evaluated following a naturalistic 3-month post-treatment follow-up. Biological measures included 24hr urinary cortisol and catecholamine excretion; cortisol metabolites; circadian rhythm of cortisol, and measures of plasma cortisol, ACTH, dehydroepiandrosterone (DHEA), NPY, and glucocorticoid receptor (GR) number before and after a 0.5 mg oral dose of dexamethasone (DEX). An *in vitro* measure of GR responsiveness in cultured lymphocytes (to determine lysozyme in response to DEX) was also performed. Initial data demonstrate that when using conservative response criteria (50% reduction in CAPS score) GR sensitivity is a predictor of recovery. Changes in these measures at post-treatment, reflect symptom severity. The most prominent of these were in cortisol levels, urinary cortisol metabolites, and GR responsiveness. Thus, although data analysis is not yet complete (trial to end May, 2010), initial findings appear to support the idea that symptom improvement is associated with biological change.

**Concurrent 02**

**Symposium**

**Thursday, November 4**

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

**Salon 4/5 Level 2**

**Over 20 Years of ISTSS Collaboration at the United Nations**

(Social Issues/Public Policy/Ethics/Community Programs)

**Turner, Stuart,**  
*Trauma Clinic, London, London, United Kingdom*

Four ISTSS representatives to the United Nations will report on the importance of engagement over the last 20 years, with examples taken from such diverse fields as criminal activity, violation of human rights, forced displacement, armed conflict, natural disasters and the psychosocial needs of children.
A Brief Introduction to the United Nations

Turner, Stuart,

Trauma Clinic, London, London, United Kingdom

The United Nations was formed in 1945 and has 192 member states. Its charter established six principal organs: the General Assembly, the Security Council, the Economic and Social Council, the Trusteeship Council, the International Court of Justice, and the Secretariat. In addition, there are specialised agencies of the United Nations (e.g., WHO). The UN is currently working to a number of specific targets—the Millennium Development Goals (MDGs). In this introduction to the symposium, a brief overview of the UN structures and MDGs will be presented, by the newest of the ISTSS representatives, to help set the scene for what follows.

Over 20 Years of ISTSS Collaboration at the United Nations

Danieli, Yael, PhD

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

The ISTSS formally began its collaborative relationship with the United Nations (UN) in the late 80s at the initiative of Yael Danieli, its third President, and ongoing Senior Representative to the UN. This relationship aimed to bring the mission of the ISTSS to the UN, and the complex missions of the UN to the ISTSS. This presentation will trace the history of this collaboration structurally, substantively and functionally. Structurally, it will note the multiple foci of the UN system composed of Member States, Secretariat and Non-Governmental Organizations (NGOs). Each has its own culture, expectations and modalities of interaction. Substantively, it will review some of the multiple dimensions/topic areas of this ISTSS/UN unique collaboration in both the ongoing and the acute/crisis periods for the UN and the world. Examples are sources of traumatization (such as criminal activity, violation of human rights, forced displacement, armed conflict, natural and other complex disasters); types of victims (such as children and women), types of organizations (such as the World Health Organization), and the welfare of international staff working in these situations. Functionally, it will describe empathic, informed advocacy as the optimal modality for effective lobbying.
Over 20 Years of ISTSS Collaboration at the United Nations
(Social Issues/Public Policy/Ethics/Community Programs)

Psychosocial Intervention Following Humanitarian Emergencies and Disasters

Carll, Elizabeth,
Private Practice, NY, New York, New York, USA

The United Nations has a long history of humanitarian outreach following natural disasters, such as earthquakes and tsunamis, violence, and civil wars. The coordinated efforts and roles of the agencies at the UN which are involved in psychosocial intervention and support will be discussed. UN agencies such as the World Health Organization, United Nations Population Fund, Office of the Coordination of Humanitarian Affairs, as well as the NGO Committee on Mental Health, and others will be highlighted. The response to the Haiti earthquake will be discussed as an example of the necessary coordination of services and culturally appropriate psychosocial intervention. The importance of expert input and consultation, such as the development of the Inter-Agency Standing Committee (IASC) Guidelines to enable humanitarian actors to plan, establish, and coordinate multi-sectorial responses to protect and improve mental health and psycho-social well-being during and following emergencies will also be discussed.

Concurrent 02
Symposium
Thursday, November 4
11:00 a.m. - 12:15 p.m.
Salon 4/5 Level 2

Over 20 Years of ISTSS Collaboration at the United Nations
(Social Issues/Public Policy/Ethics/Community Programs)

Children’s Psychosocial Needs on the Agenda at the United Nations

Dubrow, Nancy,
The Chicago School of Professional Psychology, Chicago, Illinois, USA
The work of the United Nations and civil society to address the psychosocial needs of children in especially difficult circumstances, including refugee children, children in armed conflict and trafficked and sexually exploited children, will be presented. The United Nation’s “rights approach” to protecting children and supporting them when human rights violations have occurred will be discussed, with special reference to the Convention on the Rights of the Child, now 20 years old. UNICEF’s efforts to support the mental health needs of national and international staff working with vulnerable children in a peer support model will be described. Key topics of relevance to future work with children exposed to traumatic events from the 2009 UNHCR Annual Consultation with Non-Governmental Organizations, the CoNGO Civil Society Development Forum and the ECOSOC High Level Segment in Geneva will be reviewed.

**Concurrent 02 Symposium**  
**Thursday, November 4**  
**11:00 a.m. - 12:15 p.m.**  
**Jarry/Joyce Level A**

**Harnessing University-Military Partnerships and Information Technology to Serve Military Families: The FOCUS Large-Scale Demonstration Project**  
(Technology/Military/Emergency Services/Aid Workers)

*Saltzman, William, PhD\(^1\)*; *Garcia, Ediza, PhD\(^1\)*; *Mogil, Catherine, PsyD\(^1\)*; *Leskin, Greg, PhD\(^1\)*; *Lester, Patricia, MD\(^1\)*; *Kung, Peter, MS\(^1\)*; *Doud, Tricia, PhD\(^1\)*; *Pynoos, Robert, MD, MPH\(^1\)*; *Beardslee, William, MD\(^2\)\(^1\)UCLA, Los Angeles, California, USA  
\(^2\)Children’s Hospital, Boston, Massachusetts, USA

**OVERVIEW**

Children with military parents face multiple challenges due to combat-related deployments, and stand to benefit from interventions that reduce risk and enhance protective factors across the family. This presentation will describe the development, core features, implementation and treatment outcomes of a large-scale, manualized resilience-enhancement program (FOCUS) sponsored by the Navy Bureau of Medicine and Surgery for Marine, Navy and Army families struggling with the impact of multiple deployments and parental combat operational stress. Key innovations include: 1) the process of distilling evidence-based core program components to be iteratively piloted, adapted and refined for military families, 2) the collaborative relationships between academic, military and community partners that enabled the program to be rapidly deployed on a national scale, 3) the placement of services on base and within the military and community systems of care to reduce barriers to help-seeking, 4) the use of state-of-the-art information technology systems to support real-time assessment and case guidance, flagging for suicide risk, program evaluation, training and supervision, services for remote and isolated families, and 5) large-scale data collection which supported the finding that family-centered preventive programs can be effective in mitigating the impact of wartime deployments on military families.
Harnessing University-Military Partnerships and Information Technology to Serve Military Families: The FOCUS Large-Scale Demonstration Project
(Technology/Military/Emergency Services/Aid Workers)

Evolution of the FOCUS Theoretical Model and Program Core Components: The Translation of Science to Practice

Saltzman, William, PhD
UCLA, Los Angeles, California, USA

The presentation describes the convergence of developments across multiple knowledge bases (prevention science, evidence-based treatment, and the interaction of trauma and family processes) that make possible the current trauma-informed, evidence-based intervention designed to enhance military family resilience. Specific family processes that contribute to family risk and resilience are described and mapped onto the mechanisms of action and core components within the FOCUS Program. The presentation concludes with a practical description of the process by which the program was iteratively piloted, adapted and refined for military culture and families, and the efforts to reduce stigma and barriers to help-seeking through careful framing, and positioning of the FOCUS services within the military community and existing systems of care.
Harnessing Collaborative Partnerships and Information Technology to Disseminate and Manage a Large-Scale Intervention

Leskin, Gregory, PhD
UCLA, Los Angeles, California, USA

FOCUS represents a sustained partnership between university-based program developers, the National Center for Child Traumatic Stress, and military medicine, as well as with military installation communities. This presentation will describe the partnerships that have enabled the program to be embedded within a continuum of family care by systematically linking to command, local partners including chaplains, medical and mental health providers, family service programs, and school staff at each installation. In addition, this presentation will describe the creation of a fully streamlined IT architecture that utilizes an integrated customer relation's management software with online surveys to provide real-time mental health assessment and interpretation. This program features a flagging system representing psychological strengths and difficulties according to the Navy color-coded model describing levels of military readiness, and provides immediate notification to clinicians in the event of suicide risk. The IT architecture is also used to support collaboration, communication, monitoring, reports and analytics of data from FOCUS teams that extend from bases in Okinawa to Camp LeJeune in North Carolina. Overall, this technology supports the delivery of an evidenced based prevention program, as well as customization and titration of the intervention at the family level.

Concurrent 02
Symposium
Thursday, November 4
11:00 a.m. - 12:15 p.m.
Jarry/Joyce Level A

Harnessing University-Military Partnerships and Information Technology to Serve Military Families: The FOCUS Large-Scale Demonstration Project
(Technology/Military/Emergency Services/Aid Workers)

The Impact of Wartime Deployment on Children and Families and Description of the FOCUS Program

Garcia, Ediza, PhD
UCLA, Los Angeles, California, USA

There is increasing awareness that military children and families are significantly affected by a parent’s combat operational stress injuries, as well as the wear and tear of multiple wartime deployment cycles. Given that approximately forty percent of U.S. service members are parents, a large number of military children and families are at risk and stand to benefit from targeted preventive services. This presentation reviews key research findings on the impact of wartime deployment on children and families and provides video interviews with military children that drive home the cost of parental absence in a context of danger.
The presentation provides a description of the FOCUS intervention including the sequence of innovative activities and materials. Case examples are provided to illustrate progress through the program with video interviews of actual families who have completed the intervention.

**Concurrent 02**  
**Symposium**  
**Thursday, November 4**  
11:00 a.m. - 12:15 p.m.  
**Jarry/Joyce Level A**

**Harnessing University-Military Partnerships and Information Technology to Serve Military Families: The FOCUS Large-Scale Demonstration Project**  
(Technology/Military/Emergency Services/Aid Workers)

**Outcome Data from Year One of Program Implementation**

**Mogil, Catherine, PhD**  
**UCLA, Los Angeles, California, USA**

The FOCUS Program provides military families with training on core resilience-enhancing skills and experiences via family and group interventions. These skills include family level communication and support, emotional regulation, goal setting, problem solving, developmental guidance, and the experience of developing a shared family narrative of deployment experiences. This presentation reports the findings from the first year of the Project implementation that included group level outreach (n=65,000), consultations (n= 1340), education (n= 5709), group intervention (n=1753 children; n=1075 parents), and family intervention (n= 374 parents; n=400 children). Pre-post intervention evaluation to date demonstrates positive impact with children reporting increased use of positive coping strategies (problem solving (p = .0001) and emotional regulation (p = .005)) and prosocial behaviors (p=.01), as well as reductions in conduct problems (p&lt;.0001), and emotional symptoms (p=.001). Active duty and non-active duty parents reported decreased depression (p&lt;.01) and anxiety (p=.002). Family functioning improved (problem solving, communication, roles, affective responsiveness, behavior control) (p &lt;.0001). These findings support the position that targeted family-centered prevention demonstrates promise for mitigating the impact of wartime deployments on military families.
Integrating Trauma-Focused Services in Primary Care
(Clinical or Interventions Research/Clinical Practice Issues)

Integrating Trauma-Focused Services in Primary Care

**Weaver, Terri L., PhD¹; Schnurr, Paula P., PhD²**
¹Saint Louis University, Saint Louis, Missouri, USA
²National Center for PTSD, VA Medical Center, White River Junction, Vermont, USA

Primary care has been referred to as the ‘defacto’ mental health system, often serving as the entry port for patients presenting with behavioral health concerns. As such, recent reviews document growing evidence for integrating behavioral health services within primary care settings, though the level of integration varies. While integrated services for general behavioral health issues are gaining increased momentum, integrated trauma-focused services are less developed. Rather, the extant trauma research has focused more on developing primary-care-tailored trauma assessment and less on integrating these assessments with intervention. Questions remain regarding the best methods for integrating care, how primary care, allied health professionals and related disciplines should be trained in the provision of these services and the metric for evaluating their effectiveness. This symposium will present four models of coordinated trauma-focused services being conducted within a diverse range of primary care settings, including an ambulatory pediatric clinic, a family medicine training clinic, a network of urban indigent care clinics and a veteran’s medical center primary care clinic. All of the models will describe the range of services offered in their clinics, detail the methods used for establishing the coordinated services and discuss the challenges and successes associated with the service integration.
Integrating Trauma-Focused Services in Primary Care
(Clinical or Interventions Research/Clinical Practice Issues)

Seven Years of Collaborative Services: Pediatric-Psychology Partnership for Abuse Prevention

Weaver, Terri L., PhD Candidate; Allen, Jennifer, BA; Bazile, Anita, PhD; Bullett, Erin, MS; Herndon, Jason, BA; Jackson, Kristen, PhD Candidate; Nowell Pelletier, Tiffany, BA; Pye, Patrice, PhD; Surrell, Jacquelyn A., PhD Candidate; Thekkedam, Sucheta, BA; wa Kimani, Muthumbi, Other Saint Louis University, Saint Louis, Missouri, USA

Pediatric clinics offer unique opportunities for integrating trauma-focused services. Specifically, the visit often includes the female caregiver and the child, permitting conjoint assessment and intervention as well as discussion of the potential ways that the experience of intimate partner violence (IPV) may be affecting maternal or child behavioral health and/or parenting challenges. Pediatric-Psychology Partnership for Abuse Prevention (PPP-AP) is a 7-year-old federally funded project that uses culturally competent psychology trainee-pediatric resident and medical trainee pairs to assess for IPV and intervene with underserved women presenting with their children for ambulatory pediatric care. To date, IPV screenings and safety planning have been conducted with 1028 predominantly African-American, low income female caregivers. Rates of current IPV (past year) were 5.4% while rates of lifetime IPV were nearly 30%. Over the past three years, the project has extended assessments and interventions from female caregivers to include adolescents, known as Pediatric-Psychology Partnership for Dating Violence Prevention (PPP-DVP). Intervention services for both projects are provided as a universal safety plan that is tailored to the individual needs of the patient and co-delivered by the psychology-medical team. Project successes and challenges and process-focused evaluation of this program will be included in this presentation.
Concurrent 02
Symposium
Thursday, November 4
11:00 a.m. – 12:15 p.m.
Salon 6/7 – Level 3

Integrating Trauma-Focused Services in Primary Care
(Clinical or Interventions Research/Clinical Practice Issues)

Integrating Trauma Exposure Screening and Treatment into Primary Care

Falsetti, Sherry A.,
University of Illinois - Chicago, Rockford, Illinois, USA

Primary care settings provide a unique opportunity to assess for trauma exposure, as well as at vulnerable times such as during pregnancy. A study of 100 women at the Family Health Center (FHC), the family medicine residency training clinic of the University of Illinois College of Medicine at Rockford, indicated that over 90% reported a trauma history and 45% suffered from previously undiagnosed posttraumatic stress disorder. At the FHC, traumatic event exposure screening has been incorporated into initial medical screening and residents are taught how to conduct more in depth screening for trauma exposure as well as to understand the mental and physical health consequences. Family medicine residents are evaluated for competency in responding to patients suspected of having interpersonal violence exposure using an Objective Structured Clinical Exam (OSCE). Medical advocates from the local domestic violence shelter are actors and mental health providers rate the residents in real time, giving immediate feedback. Results of the OSCEs indicate that family medicine residents can be adequately trained to sensitively screen for trauma history in their patients and provide appropriate services, referrals and follow up. The residency has an integrated behavioral health team to provide mental health services.

Concurrent 02
Symposium
Thursday, November 4
11:00 a.m. – 12:15 p.m.
Salon 6/7 – Level 3

Integrating Trauma-Focused Services in Primary Care
(Clinical or Interventions Research/Clinical Practice Issues)

Creating a Collaborative Evidenced-Based Mental Health and Primary Care Clinic for Returning Veterans
Chard, Kathleen M., PhD; Faulkner, Ryan, PsyD; Thiede, Jessica, PsyD
Cincinnati VA Medical Center, Cincinnati, Ohio, USA

At some point after their return from military service, an estimated 12 to 17 percent of returning military Veterans will experience posttraumatic stress disorder (PTSD) and PTSD-related symptoms including depression and anxiety (Hoge, Castro et al, 2004). Individuals diagnosed with PTSD often report significant medical complications including stress-related problems, higher endorsement of pain and gastrointestinal difficulties. Frequently Veterans show more willingness to attend a physical medicine appointment than a mental health appointment even if treatment of the mental health issue is more pressing. This paper will outline one hospitals efforts to implant mental health practitioners into a primary clinic creating a “one stop shop” for returning Veterans from Iraq and Afghanistan. The clinic ensures that Veterans can be seen the same day for either type of service, even without an appointment, with the result being an increased utilization of mental health services. Mental health practitioners provide screenings, triage, crisis management, and evidence-based treatment within the clinic. Barriers and suggested strategies for implementation will be discussed including incorporating outreach and liasoning with other clinic staff. Finally, data on utilization and effectiveness will be reviewed.

Concurrent 02
Symposium
Thursday, November 4
11:00 a.m. – 12:15 p.m.
Salon 6/7 – Level 3

Integrating Trauma-Focused Services in Primary Care
(Clinical or Interventions Research/Clinical Practice Issues)

Five Years of the Montgomery County Behavioral Health Project (MCBHP):
Challenges and Lessons Learned

Kaltman, Stacey, PhD; Pauk, Jennifer, MPH, MSW; Green, Bonnie L., PhD; Alter, Carol, MD
1Georgetown University Medical School, Washington, Dist. of Columbia, USA
2Primary Care Coalition of Montgomery County, MD, Inc., Silver Spring, Maryland, USA
3Georgetown University Hospital, Washington, Dist. of Columbia, USA

A significant body of research demonstrates that the mental health impacts of trauma, including PTSD and depression, are often under-recognized and inadequately treated in the primary care (PC) setting. Despite this, PC remains an ideal setting for the treatment of common trauma-related mental disorders due to patient preferences and limited availability of specialty mental health services. Collaborative care (CC) has considerable empirical support, demonstrating effective treatment of depression and anxiety disorders in PC via coordinated evidence-based interventions and care management. The MCBHP is an adapted CC model that has been implemented in a network of indigent care clinics in the Washington DC metropolitan area. Patients are largely immigrants from Central and South America (78%). The prevalence of exposure to interpersonal and political violence is high (63%), with 33% of those exposed...
meeting criteria for PTSD. In addition to describing evaluation results on clinical outcomes and costs, this presentation will focus on the challenges encountered and key lessons learned when CC was implemented in MCBHP clinics, including determining the target population, identifying needed modifications to the model of care, addressing the influence of the individual clinic setting, and coping with the impact of limited specialty mental health services in the community.

Concurrent 02
Workshop
Thursday, November 4
11:00 a.m. - 12:15 p.m.
Kafka/Larmartine Level A

Regional Disaster Response Networks: Description, Purpose, Significance and Current Initiatives
(Disaster/Mass Trauma/Community Programs)

Tishelman, Amy, PhD\textsuperscript{1}; Dardeck, Kathryn, EdD\textsuperscript{2}
\textsuperscript{1}Harvard Medical School/Children's Hospital Boston, Boston, Massachusetts, USA
\textsuperscript{2}Walden University, Minneapolis, Minnesota, USA

In this workshop, we will review the current role and significance of regional Disaster Response Networks (DRN) in the United States, focusing on how to work with other groups to provide disaster planning, education and training for responders, and effective disaster response when needed. Application of a collaborative local and remote disaster mental health response will be addressed from both a theoretical and empirical viewpoint (Litz and Gibson, 2006). Representatives of the Massachusetts Psychological Association, DRN Steering Committee will discuss the multifaceted functions of this group including: a) defining the role of the DRN in local disaster relief operations, and describing the interface, collaboration and mutual aid of the DRN with other organizations (e.g., other state based DRNs; American Psychological Association, Red Cross and Massachusetts Emergency Management Agency); b) describing the adaptation of a standardized on line training for disaster response professionals; c) organizing of regular trainings and conferences to disseminate new information and bring in depth empirically-based knowledge to local response; d) facilitating coordinated responses in times of both local and remote disaster (e.g., the Rhode Island nightclub fire, Haitian earthquake); e) and serving as a resource for local professionals with questions about appropriate disaster responses and/or requested interventions.
In this panel we will present an overview of resilience capacities in the face of challenge that can serve as guides for prevention and intervention in the treatment of stress and PTSD. Many attributes and skills are linked to capacities to sustain well-being in the face of stress and trauma. Davis and colleagues have focused on three attributes: personal mastery, mindfulness, and agency. They examine resilience-oriented interventions promoting mastery, positive affective engagement, and emotion regulation among individuals managing stress, chronic pain of rheumatoid arthritis, and of fibromyalgia with elements of trauma. In a resilience-building program that restores lost resilience qualities of approach/engagement and social relatedness, results showed decreased PTSD symptoms, improved well-being measures, and gains in neuropsychological functions in Kent's pilot intervention studies. The neuroimaging study of Pardo confirms cortical changes associated with PTSD in a comparison of active PTSD and remitted PTSD that demonstrates changes in cognitive, affective, and memory circuitry. Panel discussion includes naturally occurring resilience seen in the contexts of traumatized lives evident in the autobiographical memory of narrative themes, contexts, and sensory details (Mitchell). "Pathways to resilience" follows several veterans in a documentary film as they live, grow, and succeed with humor, affiliation, and optimism (Williams). Vasterling discusses predictors of deployment-related changes in neuropsychological functioning and PTSD symptoms and their interrelations.
Concurrent 02
Case Study Presentation
Thursday, November 4
11:00 a.m. - 12:15 p.m.
Drummond Centre Level 3

Prolonged Exposure Treatment for Combat PTSD within a Couple Therapy Treatment Frame
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Smith, Pamela, PhD
Austin VA Outpatient Clinic, Austin, Texas, USA

Three cases will be presented in which Prolonged Exposure (PE) was provided to combat veterans within the context of pre-existing couple therapy. The cases represent three combat eras (Vietnam, Persian Gulf, and Iraq). In each case the veterans and wives presented for treatment of severe marital stress. After couple assessment, and in one case extensive couple treatment, the clinician engaged veteran and wife in PE, involving wife to support veteran's commitment to treatment, utilizing provision of PE treatment rationale and "common reactions to trauma" components as opportunities for shared psycho-education, and including wife in creation of "In-Vivo" assignments. Spouses were not involved in imaginal exposure sessions. Following completion of PE, couple sessions resumed to further process veteran's and wife's experience of PE and address remaining issues. In each case veteran's PTSD and depression symptoms decreased significantly. Moreover, couples reported significant improvement in marital satisfaction. In one case, the couple healed a 30-year wound related to an incident of domestic violence that occurred in the context of veteran's severe PTSD. Marital improvement appeared to be due, in large part, to decreasing the isolation between veteran and spouse that previously existed around the trauma and its after effects. PE provided within a couple therapy frame has the potential to increase motivation and adherence to PE, as well as repair the unique relational problems related to PTSD.
Hébert, Martine, PhD; Bernier, Marie-Josée, PhD Candidate; Chiasson, Kelly, Undergraduate

UQAM, Montreal, Quebec, Canada

While past studies have documented the negative repercussions associated with a history of trauma in adult populations, few reports have specifically explored the symptoms of young preschoolers disclosing sexual abuse. One important challenge in documenting the profiles of young victims relates to the scarcity of self-reported measures for this developmental period. The present study aims to further our knowledge concerning the profiles of preschoolers reporting sexual abuse as well as provide additional data on the psychometric properties of the Preschool Symptom Self-Report Scale (PRESS; Martini et al., 1990). A sample of 51 preschool children (ages 4-6) reporting sexual abuse and a sample of 78 non-abused children completed the 25-item PRESS pictorial scale. Results indicate high internal consistency (.84) of the total score. In addition, the total PRESS score was found to be correlated with caregivers’ reports of externalizing behavior problems and dissociation symptoms. Analyses further reveal that children reporting sexual abuse obtained scores reflecting greater symptoms than non-abused children. Furthermore, preschoolers reporting intra-familial sexual abuse showed greater symptoms than young victims of extra-familial sexual abuse. Implications of the results for the assessment and treatment of preschoolers' victims of sexual abuse will be discussed.
A recent meta-analysis of 65 studies reveals that sexual abuse prior to age 18 occurs in 19.2% of women and 7.4% of men. Sexual abuse is associated with negative consequences including post-traumatic stress disorder (PTSD). Empirical data also suggest there is a 150% increase risk of depression and suicidal ideations associated with child sexual abuse. The aim of the present study is to identify clinical profiles of sexually abused female teenagers with regard to depressive symptoms and suicidal ideations. A sample of 75 teenagers was recruited from two intervention services in Quebec and a series of regression tree analyses were conducted to generate clinical profiles. Data revealed that 48.6% of teenagers presented PTSD symptoms reaching clinical levels while 29.3% had clinical dissociation symptoms. The majority of teenagers (69-76%) had severe depressive symptoms and suicidal ideations. Regression tree analyses identified several factors linked to symptoms (PTSD, dissociation, self-harm behaviors), protective factors (self-esteem, parental and peer attachment) and risk factors (other stressful life events) discriminating between resilient victims and mildly or severely depressed or suicidal adolescents. Results present several clinical implications for practitioners in terms of assessment and the design of tailored approach for sexually abused teenagers.

Concurrent 02
Papers
Thursday, November 4
11:00 a.m. - 12:15 p.m.
Hemon Level A

Child Maltreatment and PTSD

Adolescent Resilience, Mindfulness and Self-esteem Following Sexual Abuse Trauma
(Children and Adolescents/Clinical Practice Issues)

Daigneault, Isabelle, PhD1; Dion, Jacinthe, PhD2; Hébert, Martine, PhD3; Collin-Vézina, Delphine, PhD4
1Université de Montréal, Montréal, Quebec, Canada
2Université du Québec à Chicoutimi, Chicoutimi, Quebec, Canada
3Université du Québec à Montréal, Montréal, Quebec, Canada
4McGill University, Montréal, Quebec, Canada

Considering sexual abuse sequelae and knowing the high prevalence rate of this type of trauma among the general population (Daigneault, Hébert, & McDuff, 2009) it is important to better understand factors affecting resilience in abused youth. Self-esteem has long been considered a resilience factor (Cicchetti, Rogosch, Lynch, & Holt, 1993), although a more recent debate suggests self-acceptance may be a more potent predictor than self-esteem (Carson & Langer, 2006; Kernis & Heppner, 2008; Neff, 2009; Thompson & Waltz, 2008). This study explored the relationship between resilience (CYRM, Ungar, 2005), self-esteem (Rosenberg, 1965) and self-acceptance/mindfulness (Children's acceptance and mindfulness...
measure - CAMM, Greco, Smith, & Baer, 2009) among high school students according to whether or not they have experienced sexual abuse. A sample of 800 adolescents from three high schools participated in the study. Results reveal that 12% of adolescents had experienced sexual abuse; abused youth were found to have lower self-esteem, to be less mindful and less resilient than their non-abused counterparts. Analyses indicate that resilience, self-esteem and mindfulness are all positively correlated and self-esteem, but not self-acceptance/mindfulness, predicts resilience scores using linear regression. These relationships remain the same whether adolescents report a previous sexual abuse or not.

Concurrent 02
Papers
Thursday, November 4
11:00 a.m. - 12:15 p.m.
Ballroom East Level 4

Predictors and Treatment Issues in the Military
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Gender Differences in Mental Health Profiles and Exposure to Traumatic Events in the Canadian Forces: Results From a Representative Survey

Mota, Natalie, MA, PhD, Student; Medved, Maria, PhD, Cpsych; Whitney, Debbie, PhD, Cpsych; Sareen, Jitender, MD, FRCPC
University of Manitoba, Winnipeg, Manitoba, Canada

Women represent approximately 15% of Canadian Forces personnel. Still, it remains unclear how women compare to men with regard to mental health profiles and trauma exposure. Most studies have focused exclusively on PTSD, combat exposure, and/or sexual stressors, and have investigated mental disorders using self-report questionnaires rather than standardized interviews. This study examined gender differences in mental disorders and traumatic events using the Canadian Community Health Survey Cycle 1.2 Canadian Forces Supplement, a representative sample of Canadian military personnel (n=8441). The World Health Organization Composite International Diagnostic Interview was used to determine the presence of past year DSM-IV mental disorders and exposure to 28 traumatic events was assessed. Multiple logistic regression analyses adjusted for sociodemographic and military variables will examine the relationship between gender, traumatic events, and mental disorders. Preliminary unadjusted multiple logistic regression analyses show that while women are less likely than men to have alcohol dependence, they are more likely to have depression, panic disorder, social phobia, PTSD, and any mental disorder. The findings of this study will have important clinical implications by elucidating the most common traumas and psychiatric disorders faced by female personnel and thus, the unique mental health care needs they have.
Predictors and Treatment Issues in the Military
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Adverse Childhood Experiences in Relation to Mental Disorders in the Canadian Military

Seereen, Jitender, MD, FRCPC1; Belik, Shay-Lee, MSc1; Asmundson, Gordon, PhD2; Stein, Murray, MD, MPH3
1University of Manitoba, Winnipeg, Manitoba, Canada
2University of Regina, Regina, Saskatchewan, Canada
3University of California San Diego, La Jolla, California, USA

Although the relationship between adverse childhood experiences (ACE) and mental disorders has been well established in civilian populations, there is a dearth of information on this relationship among service members. The present study aimed to examine the prevalence and correlates of ACE among a large representative sample of Canadian soldiers. Data came from the 2002 Canadian Community Health Survey Cycle - Canadian Forces Supplement (N=8,441; age 16-54; response rate: 81%). The following adverse childhood experiences were assessed: childhood physical abuse, witnessing domestic violence, parental divorce/separation, parental substance use disorders, hospitalization as a child, and apprehension by a child protection agency. Lifetime DSM-IV mental disorders (major depressive disorder, posttraumatic stress disorder, generalized anxiety disorder, panic disorder, social phobia) were assessed using the Composite International Diagnostic Interview. ACE were prevalent in both males and females. Among males, each ACE was associated with a lifetime history of at least one mood or anxiety disorder. Similar relationships between ACE and mental disorders were noted for females, with the exception of parental divorce/separation and hospitalization as a child. The present study demonstrates the importance of a wide range of childhood adversities in relation to mental disorders among a large sample of active military personnel.
Predictors and Treatment Issues in the Military
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

A Comparison of the Effectiveness of Acceptance and Commitment Therapy (ACT) and Cognitive-behavioural Therapy (CBT) for Treating Complex Chronic Pain in Canadian Military Personnel with Posttraumatic Stress Disorder.

Nelson, Charles, PhD, Cpsych¹; Roth, Maya, PhD, Cpsych¹; St. Cyr, Kate, MSc¹; McIntyre-Smith, Alexandra, PhD Candidate²
¹St. Joseph’s Health Care London - Parkwood Hospital Operational Stress Injury Clinic, London, Ontario, Canada
²University of Western Ontario - Department of Psychology, London, Ontario, Canada

This study compared the effectiveness of two models of group psychotherapy for treating complex chronic pain in Canadian military personnel with posttraumatic stress disorder: acceptance and commitment therapy (ACT) and cognitive-behavioural therapy (CBT). Twenty-six Canadian military veterans with complex chronic pain attending the Operational Stress Injury clinic in London, Ontario enrolled in the groups, which took place in two waves between January 2009 and January 2010. Manualized content and delivery methods did not change between program administrations. Clients were randomized to one arm of therapy (ACT; n=16 or CBT; n=10). Eighteen individuals completed the Brief Pain Inventory (BPI), Chronic Pain Acceptance Questionnaire (CPAQ), Pain Catastrophizing Scale (PCS), Pain Anxiety Symptoms Scale (PASS-20), and the Pain Patient Profile (P-3) at their first and last group sessions. T-tests were used to analyze pre- and post-intervention scores. Differences in pre-intervention scores between groups were not statistically significant. Post-intervention, both groups had improved PCS and CPAQ scores; however the ACT group had a significantly lower mean total score on the BPI than the CBT group (51.56 vs. 65.3, p<0.05), as well as lower scores on two subscales of the PASS-20: physiological symptoms (8.00 vs. 13.30, p<0.05) and fearful thinking (9.75 vs. 13.20, p<0.05).
Le traitement Spécifique des Cauchemars Post-Traumatiques
(Clinical Practice Issues/Clinical or Interventions Research)

Brillon, Pascale, PhD
Hopital du Sacre-Coeur de Montreal, Montreal, Quebec, Canada

52% à 90% des victimes souffrant de trouble de stress post-traumatique (TSPT) présentent régulièrement des cauchemars récurrents et perturbants qui entraînent beaucoup de détresse. La présence de cauchemars n’est pas anodine pour une victime : ceux-ci affectent de façon très négative la qualité de son sommeil, sa capacité de récupération, son état d’énergie, ses capacités de concentration et son humeur générale. Ils favorisent souvent l’insomnie ainsi que des sentiments de terreur et d’impuissance très souffrants. De plus, nous savons que les cauchemars post-traumatiques constituent une variable importante qui prédit de façon significative la chronicité à long terme du TSPT. Les cliniciens sont souvent démunis face à ce symptôme bien précis et bien que les stratégies de restructuration cognitive ou d’exposition peuvent parvenir à le diminuer, il reste que ces stratégies ne sont pas spécifiques aux cauchemars et que ceux-ci perdurent souvent dans le temps. La présente conférence vise à présenter de façon concrète la stratégie de Révision et d’Exposition aux cauchemars post-traumatiques (« imagery rehearsal ») qui permet souvent une baisse de la fréquence et de l’intensité des rêves entraînant de la détresse. Ainsi, les étapes de la narration du cauchemar, de la rédaction de son scénario, de la révision et de la modification de celui-ci, de la ré-écriture et de la désensibilisation seront présentées. Les effets sur le sentiment de contrôle de la victime ainsi que sur la qualité de son sommeil seront aussi présentés. Enfin, les contre-indications à cette stratégie ainsi que les caractéristiques à mettre en place afin d’en maximiser l’efficacité seront explicitées.

Participant Alert: Les participants pourraient trouver la description du trauma ainsi que le contenu des cauchemars perturbants
Developing Veterans Mental Health Out-Patient Services Based on Veterans Needs – A UK Perspective
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Developing Veterans Mental Health Out-Patient Services Based on Veterans Needs – A U.K. perspective

Kitchiner, Neil, Doctoral, Student¹; Goncalves, Ana, MSc²; Bisson, Jonathan, Other¹
¹Cardiff University, Cardiff, United Kingdom
²Veterans’ First Point, Edinburgh, United Kingdom

Three clinician researchers present findings from various phase one work with UK veterans living in Wales and Scotland, UK with mental health problems. These studies include the development of an biopsychosocial integrated care pathway (ICP) for veterans with mental health needs, accessing appropriate mental health treatments and social services and its efficacy and acceptability to veterans and their careers.

Veterans’ First Point, Scotland is a service model that has been designed to address three core issues identified by veterans as being problematic with existing mainstream services: Coordination, Accessibility and Credibility. Veterans’ First Point attempts to promote coordination by acting as a hub for veterans’ services, ranging from housing and employment services, debt advice and relationship issues, to mental health problems.

A needs assessment population based study of 500 veterans mental and social needs living in Wales, UK, via a telephone survey. This study identifies gaps in health and social services.
Veterans’ First Point: a New Model of Services for Veterans in Scotland

Gonsalves, Ana, MSc
Veterans’ First Point, Edinburgh, United Kingdom

“Veterans’ First Point” is a pilot project jointly funded by the Scottish Government, the National Health Service in Scotland and the Ministry of Defense. As a “one-stop-shop” for veterans, it is the first of its kind in the UK, and it aims “to help veterans whatever their needs may be”.

The service model has been designed to address three core issues identified by veterans as being problematic with existing mainstream services: Coordination, Accessibility and Credibility. Veterans’ First Point therefore attempts to promote coordination by acting as a hub for veterans’ services, ranging from housing and employment services, debt advice and relationship issues, to mental health problems. It addresses problems of accessibility by providing a drop-in service, located in the heart of Edinburgh. It attempts to confront the issue of credibility by ensuring that all core staff at Veterans’ First Point are veterans themselves.

This paper presents the preliminary findings of the Veterans’ First Point project, highlighting the wide range and complex nature of veterans’ needs, and the different ways in which these needs have been addressed by the project. Potential lessons for the future of veterans’ services in Scotland are identified.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Drummond West Level 3

Developing Veterans Mental Health Out-Patient Services Based on Veterans Needs – A U.K. Perspective
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Phase One Development of a Psychosocial Care Pathway for Veterans of the Armed Forces in the UK

Kitchiner, Neil, Doctoral, Student
Cardiff University, Cardiff, United Kingdom

There is an absence of reliable data on how best to engage and treat veterans’ of the armed forces who have mental health problems. This paper will describe the development of a psychosocial care pathway for veterans’ living in Wales who have mental health problems. A prototype care pathway was developed
following focus groups with both experts and ill veterans and their careers. It was then tested on 10 ill veterans’ consecutively referred to an out-patient Veterans Community Mental Health Service (VCMHS) and the veteran interviewed after three months. Their feedback was used to refine the pathway for further phase of testing on another cohort of 10 veterans and repeated the above process. Results indicate that veterans referred to a dedicated VCMHS within the National Health Service do attend for a full assessment and engage in evidenced based treatments for the mental and social problems and respond well to civilian based treatments. There is a need to include the family and significant others within any treatment plans to maximise treatment effects and improve the health of family members also.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Drummond West Level 3

Developing Veterans Mental Health Out-patient Services Based on Veterans Needs – A UK Perspective
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Needs Assessment Population Study of a Sample of Veterans in Wales

Bisson, Jonathan, DM, MA, FRCP, FRCPsych; Wood, Steve, MA, MSc; Jones, Caryl, BSc, Hons, Psychology; Cooper, Rosalind, BSc, Hons, Psychology
Cardiff University, Cardiff, United Kingdom

There has been increasing concern regarding the mental health of veterans and the ability of the United Kingdom’s National Health Service to meet their needs. This research was commissioned by the Welsh Assembly Government to help inform the planning of a national service for veterans. It aims to identify the needs of military veterans in Wales (population 3 million people) by conducting telephone interviews with a representative sample of veterans living in Wales and randomly selected samples of veterans in contact with the Service Personnel and Veterans Agency and with the charity Combat Stress. The interview covers mental health, physical and social difficulties, current service use and unmet needs of veterans with mental health difficulties living in Wales. 572 veterans have been contacted and over 150 have already responded. Telephone interviews are being conducted between March and June 2010. The results will be presented along with consideration of gaps in provision for veterans in Wales and how they have informed the development of the national service.
The Impact of TBI on Evidenced-Based Psychotherapy for Veterans with PTSD
(Clinical or Interventions Research/Clinical Practice Issues)

The Impact of TBI on Evidenced-Based Psychotherapy for Veterans With PTSD

Chard, Kathleen, PhD¹; Vasterling, Jennifer, PhD²

¹Cincinnati VA Medical Center, Cincinnati, Ohio, USA
²Veterans Affairs Boston Healthcare System, Boston, Massachusetts, USA

In this symposium three researchers in the VA Healthcare System will present findings from treatment efficacy studies and a randomized controlled trial examining evidenced-based psychotherapies to treat posttraumatic stress disorder (PTSD) among Veterans who also have experienced a traumatic brain injury (TBI). The presentations will focus on studies evaluating two evidenced-based psychotherapies, cognitive processing therapy-cognitive only (CPT-C) and prolonged exposure (PE) in both outpatient and residential treatment settings. Initial results show reductions in PTSD and depression symptoms among Veterans with PTSD who also have a history of TBI. Additionally, research will be presented on whether cognitive measures predict treatment outcome following CPT-C. Findings indicate that neuropsychological measures did not predict post-treatment PTSD symptoms above control variables. Furthermore, post-treatment symptom scores were examined and no differences emerged between Veterans with mild TBI and those with moderate/severe TBI. Results suggest that Veterans with PTSD who have a history of TBI can benefit from CPT-C or PE.
The Impact of TBI on Evidenced-Based Psychotherapy for Veterans with PTSD
(Clinical or Interventions Research/Clinical Practice Issues)

The Influence of mTBI on PTSD Treatment Outcome Among Returning Veterans From Afghanistan and Iraq

Smith, Erin, PhD1; Rauch, Sheila, ACSW1; Pope-Kirby, Brooke, PhD1; Defever, Erin, BA1; Rothbaum, Barbara, PhD2; Libenzon, Israel, MD3
1VA Ann Arbor Health Care System, Ann Arbor, Michigan, USA
2Emory University, Atlanta, Georgia, USA
3VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan, USA

Veterans from Afghanistan and Iraq who experienced a mild Traumatic Brain Injury (mTBI) are likely to present with numerous comorbid physical and mental health conditions (Dausch & Saliman, 2009), including Posttraumatic Stress Disorder (PTSD). While the relation between PTSD and mTBI has been well conceived in the literature (Bryant & Harvey, 1999, Nelson et al., 2009), no published studies have examined the efficacy of evidence-based treatment for PTSD with individuals diagnosed with mTBI symptoms. Prolonged exposure (PE) has proven effectiveness in the treatment of PTSD associated with a variety of traumas (Fo a et al., 2008) and produces significant reductions in PTSD (Cahill et al., 2003; Foa et al., 2005). The current secondary analyses examined probable mTBI status in a sample of returnees (N = 36) who participated in a randomized controlled trial of PE compared to PCT (Present Centered Therapy) to examine mechanisms of change in treatment of PTSD. The sample was 90% male. Eighty-six percent reported combat exposure during deployment to Iraq. Thirty-nine percent met mTBI status. All 22 completers demonstrated reduction in PTSD severity with treatment, $F(1.3, 26.7) = 35.3, p < .001$. There was no significant interaction with mTBI status, $F(1.3, 26.7) = .05, ns$. Among the identified mTBI returnees ($n = 8$), there was a significant condition (PE vs PCT) x time interaction, such that PE resulted in significantly more reduction in PTSD symptoms from pre to post treatment then PCT among the mTBI group, $F(1.1, 6.8) = 16.6, p = .05$. Treatment outcome factors will be examined. Limitations and clinical implications will be discussed.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Drummond East Level 3

The Impact of TBI on Evidenced-Based Psychotherapy for Veterans with PTSD
(Clinical or Interventions Research/Clinical Practice Issues)

Examining Neuropsychological Measures as Predictors of Treatment Outcome for Veterans With PTSD and TBI
The presence of both posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) is becoming a greater clinical concern, particularly with regards to service members returning from operations in Iraq and Afghanistan. Despite this critical need, little data exists to suggest how to best treat individuals with PTSD and TBI. This exploratory study examined whether neuropsychological function predicted PTSD treatment outcome among 18 male Veterans receiving cognitive processing therapy-cognitive (CPT-C) in a residential TBI-PTSD program. Results suggest that neuropsychological function did not predict PTSD symptoms at post-treatment beyond baseline Clinician-Administered PTSD Scale scores. However, there is some indication that neuropsychological function may predict post-treatment depression scores, as measured by the Beck Depression Inventory. Additional analyses revealed no differences on pre- or post-treatment PTSD scores for individuals with mTBI and those with moderate/severe TBI. These results imply that Veterans with PTSD who have mild or moderate/severe TBI may be able to benefit from CPT-C. If replicated in larger samples, such findings may suggest that despite differences in several areas of baseline neuropsychological function or level of TBI, individuals with PTSD and TBI can benefit from CPT-C in a residential treatment setting.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Drummond East Level 3

The Impact of TBI on Evidenced-Based Psychotherapy for Veterans with PTSD
(Clinical or Interventions Research/Clinical Practice Issues)

Examining the Effectiveness of CPT-C in a Residential Program for Veterans with PTSD and TBI

Chard, Kathleen, PhD; Schumm, Jeremiah, PhD; McIlvain, Susan, MSW, LCSW; Bailey, Greg, PhD; Parkinson, R. Bruce, PhD
Cincinnati VA Medical Center, Cincinnati, Ohio, USA

A recent RAND report suggests that of the estimated 1.64 million U.S. troops deployed since October 2001, 18.5% of service members who have returned from Afghanistan and Iraq currently have PTSD and/or depression; and 19.5% report experiencing a traumatic brain injury while deployed. This presentation will describe the treatment and review initial findings from a Veterans Health Administration residential program for comorbid PTSD and TBI. Twenty-three participants completed a program using Cognitive Processing Therapy-Cognitive (CPT-C) augmented with psychoeducational groups and cognitive skill building. Sixty-six of the Veterans met criteria for a mild TBI and 33% met criteria for a moderate or severe TBI history. Significant effects for time were found on all measures and suggested large effect size reductions on the CAPS, PCL, and BDI-II from pre- to post-treatment. Post hoc t-tests
demonstrated that although the descriptive trend was for the moderate/severe TBI group to have lower post-treatment PTSD symptom severity, results from the t-tests did not show significant pre- or post-treatment group differences on the CAPS or PCL. The post hoc t-test showed that the mild TBI and moderate/severe TBI groups did not significantly differ on the BDI-II at pre-treatment. However, when compared to the mild TBI group, the moderate/severe TBI group had significantly lower levels of depression severity at post-treatment t(21) = 2.63, p < .05. Finally, the presenter will offer suggestions for ways in which residential treatment programs can effectively treat individuals with PTSD and a history of TBI.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Salon 4/5 Level 2

Working with Refugee Families: Evidence, Theory and Practice
(Children and Adolescents/Clinical Practice Issues)

Working with Refugee Families: Evidence, Theory and Practice

Mooren, Trudy, PhD\textsuperscript{1}; Bala, Julia, PhD\textsuperscript{2}; Van Essen, Jelly, MD\textsuperscript{2}
\textsuperscript{1}Foundation Centrum ‘45, Oegstgeest, Netherlands
\textsuperscript{2}Foundation Centrum ‘45, Diemen, Netherlands

Title: Working with refugee families: Evidence, theory and practice.
Three presentations describe adaptations of refugee families after experiences of violence and migration from subsequently a research, theoretical and clinical perspective. The first paper will present an overview of the efficacy of systemic interventions based on a review of the literature. It will describe the evidence found for behavioral, cognitive, object-relational and contextual programs offered to traumatized systems. The second paper will elicit the theoretical background and the practical purpose of the treatment program and its implementations in various therapeutic settings, as it is offered to refugee families referred to Centrum ‘45 in The Netherlands. The third paper elucidates the treatment program from a client’s perspective. Through a case study the parent-child interactions and the processes in the family are being explained. Video fragments will be shown to illustrate parts of the treatment program. The symposium intents to increase knowledge and expertise among participants on the usefulness of systemic interventions for traumatized families.
Working with Refugee Families: Evidence, Theory and Practice
(Children and Adolescents/Clinical Practice Issues)

Do Family Interventions Work for Traumatized Refugees?: A Review of the Literature

Mooren, Trudy, PhD
Foundation Centrum '45, Oegstgeest, Netherlands

In this first paper an overview of recent studies that appeared in the literature on parent-child interventions will be presented. Studies have been selected and included that described the efficacy of family based interventions from a behavioral, cognitive, object-relational and contextual background. These studies include parenting-training programs, structured child-rearing psycho-educational methods and mentalisation based therapies. Both quantitative (effect sizes) as well as qualitative outcomes will be presented. Implications for innovations of system therapy for traumatized populations will be discussed.

Building a Therapy Program on Theoretical and Clinical Rationales

Bala, Julia, PhD
Foundation Centrum '45, Oegstgeest, Netherlands

The second paper will concentrate on the theory of family adaptation after stressful life transitions such as war and migration and its translation to clinical practice. It will describe an intervention program offered to refugee families referred to Centrum '45 in The Netherlands. Traumatic experiences, followed by forced migration and long lasting asylum procedures, cause fundamental changes in the families leading to
functional or dysfunctional adaptations. How do family members try to make sense of their experiences, how do they communicate about past events, and in which way does it impact the relations and roles within the family and the development of children? An integrative approach, combining individual, family and multifamily group therapy will be presented.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Salon 4/5 Level 2

Working with Refugee Families: Evidence, Theory and Practice
(Children and Adolescents/Clinical Practice Issues)

How is the Therapeutic Process Perceived by Traumatized Families: A Case Study

Mooren, Trudy, PhD¹; Bala, Julia, PhD²; van Essen, Jellie, MD²
¹Foundation Centrum ‘45, Oegstgeest, Netherlands
²Foundation Centrum ‘45, Diemen, Netherlands

In this paper a clinical case study will be presented that illustrates the client’s perspective of the treatment offered to traumatized refugee families within Centrum ‘45. The focus will be on the perception of the treatment program by different members of the family that participated. Assessment as well as treatment process and outcome will be discussed. This third presentation will enlighten the struggle that many traumatized families face by having to combine coping with past traumatic experiences with future tasks of raising children and function as a caring family. Parents suffer from posttraumatic symptoms, that hamper their abilities to take care of the children, empathize with their needs and promote an optimal development. The treatment program consists of a combination of trauma focused therapy offered to each family member and (multi)family treatment. Interventions are focused on post traumatic family processes that interfere with the parent-child relationship and communication between family members.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Salon 6/7 Level 3
Challenges in Translating Trauma Care Interventions Across Organizations and Cultures
(Technology/Clinical Practice Issues)

Challenges in Translating Trauma Care Interventions Across Organizations and Cultures

Meredith, Lisa, PhD¹; Fortney, John, PhD²; Tsosie, Ursula, MSHS³; Engel, Charles, MD, MPH⁴; Schnurr, Paula, PhD⁵

¹RAND Corporation, Santa Monica, California, USA
²South Central Mental Illness Education and Clinical Center Central Arkansas Veterans Health System, Little Rock, Arkansas, USA
³University of Washington, Seattle, Washington, USA
⁴Department of Psychiatry, Uniformed Services University, Bethesda, Maryland, USA
⁵National Center for PTSD, White River Junction, Vermont, USA

Effective treatments for the consequences of trauma are available yet there is little guidance on translating interventions to improve trauma care for different organizations and cultures. This symposium will include presentations touching on translation challenges faced by researchers from four current studies of PTSD. In the first presentation, Lisa Meredith will describe the challenges experienced in the recently launched Violence and Stress Assessment (ViStA) Project which is evaluating a collaborative care intervention in community health centers (CHCs) that provide care to underserved, primarily Latino, minorities. Next, John Fortney will highlight the lessons learned in implementing telemedicine based collaborative care, which delivers telephone care management and pharmacotherapy and psychotherapy via interactive video in Department of Veterans Affairs Community Based Outpatient Clinics. Third, Ursula Tsosie will present the challenges faced in implementing a 6-month discharge coordination pilot intervention emphasizing spiritual healing and cultural orientation with Native Americans. Finally, Charles Engel will discuss challenges in implementing RESPECT-Mil in military treatment facilities, as well as a new program (STEPS UP) that will enhance that model further. At the end of the session, Paula Schnurr will weave together common themes and highlight unique considerations to identify practical implications for delivering trauma care.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Salon 6/7 Level 3

Challenges in Translating Trauma Care Interventions Across Organizations and Cultures
(Technology/Clinical Practice Issues)

Violence and Stress Assessment (ViStA) Project: Challenges in Adapting PTSD Quality Improvement for Underserved Populations in Community Health Centers
Post-traumatic stress disorder (PTSD) is as common as depression in the general population and especially among primary care patients; and several evidence-based treatments are efficacious for both depression and PTSD. Most people with common mental health disorders receive care in primary care clinics, yet little is known about improving care for PTSD in these settings, particularly for settings that provide care for underserved minorities. There is now ample evidence that quality improvement for depression in primary care settings is effective. CALM (Coordinated Anxiety Learning and Management; Sullivan, et al., 2007) is one example of a successful adaptation of quality improvement for anxiety disorders, including PTSD, and several trials are currently underway to examine whether similar models translate to trauma and PTSD in other settings. ViStA sought to translate a multi-component model to improve PTSD in six participating community health centers (CHCs) in New York and New Jersey that provide health care to underserved minorities (primarily Latinos). This presentation will highlight key challenges with making the model feasible and practical for CHCs including limited training time, incongruent medical record systems, variation in coordination between primary care clinicians and mental health professionals, and different capacity for linking patients with non-clinical community services.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Salon 6/7 Level 3

Challenges in Translating Trauma Care Interventions Across Organizations and Cultures
(Technology/Clinical Practice Issues)

Telemedicine Outreach for PTSD in Department of Veterans Affairs Community Based Outpatient Clinics

Fortney, John, PhD
Central Arkansas Veterans Healthcare System, North Little Rock, Arkansas, USA

The 12-month prevalence rate of PTSD is nearly twice that of depression among veterans treated in VA primary care clinics (11.5%). Although psychotherapy and pharmacotherapy treatments for PTSD have been proven efficacious in controlled trials, geographic barriers often prevent veterans from accessing these evidence-based treatments. The objective of this randomized effectiveness study is to evaluate a telemedicine based collaborative care model designed to improve PTSD outcomes among veterans treated in fourteen VA Community Based Outpatient Clinics (CBOCs) lacking on-site psychiatrists. While most parent VAMCs offer specialized PTSD programs, CBOCs are often unable to hire on-site psychiatrists or other mental health specialists with PTSD expertise. This is especially true for small
CBOCs in rural areas, where a large proportion of Operation Iraqi Freedom and Operation Enduring Freedom veterans are seeking care. In the telemedicine based collaborative care model, an off-site PTSD care team uses telemedicine technologies to collaborate with CBOC providers. The off-site PTSD care team includes: nurse care managers, pharmacist medication managers, psychologists (delivering cognitive processing therapy), and consultation psychiatrists. Telemedicine technologies include telephone, interactive video, shared electronic medical record, and web-based decision support system. The collaborating CBOC providers include on-site primary care providers and social workers, and off-site tele-psychiatrists.

**Concurrent 03**
**Symposium**
**Thursday, November 4**
**2:00 p.m. - 3:15 p.m.**
**Salon 6/7 Level 3**

**Challenges in Translating Trauma Care Interventions Across Organizations and Cultures**
*(Technology/Clinical Practice Issues)*

**Staying Connected: Linking Trauma Center to Tribal Community for Physically Injured American Indian and Alaska Native Patients.**

**Tsosie, Ursula, MPH**
*University of Washington, Seattle, Washington, USA*

Compared to their counterparts in the general U.S population, American Indian and Alaska Native (AI/AN) people experience much higher prevalences of traumatic events (62-69% versus 50-60%) and PTSD (22% versus 8%). In a nationwide study of hospitalized injured trauma survivors, AI/AN patients experienced the highest rates of PTSD of any racial/ethnic group. The striking rate of PTSD among AI/ANs is a major public health problem, yet limited research exists. Furthermore, no randomized controlled trial has been conducted targeting PTSD and related comorbidities among injury survivors from this vulnerable minority. The purpose of this randomized, controlled clinical pilot study is to develop and evaluate a culturally tailored intervention for AI/ANs that links acute care trauma center services with primary care and trauma focused services in distant tribal communities. Thirty eligible AI/AN patients were randomized; 15 patients into the intervention arm and 15 into the control arm. Patients were interviewed on the hospital ward, 3 and 6 months post-injury. At baseline, pre-injury traumatic events were (mean=5.1), PTSD symptoms (mean=30.9), symptoms consistent with a diagnosis of PTSD (20%), depression (23%), and positive blood alcohol levels (10%). This ongoing pilot study demonstrates the feasibility of randomization and follow-up of injured AI/AN trauma patients.
Challenges in Translating Trauma Care Interventions Across Organizations and Cultures
(Technology/Clinical Practice Issues)

Improving Primary Care for US Troops With PTSD and Depression in Military Primary Care Clinics: RESPECT-Mil and STEPS-UP

Engel, Charles, MD, MPh
Department of Psychiatry, Uniformed Services University, Bethesda, Maryland, USA

PTSD and depression are a serious problem for roughly 15% of U.S. military personnel returning from the conflicts in Iraq and Afghanistan. Stigma, fear of harm to career, and institutional barriers to mental health care in the military health system prevent many from seeking care. In 2007 the Army initiated RESPECT-Mil, a collaborative care approach to improving primary care recognition, treatment, and continuity of care for these conditions. RESPECT-Mil was rolled out to 15 Army sites (42 primary care clinics) and is now adding another 19 sites (53 clinics). In this presentation we will (1) describe the RESPECT-Mil model, (2) present data on program use to date, (3) outline feedback from implementers and providers, (4) discuss implementation logistics, barriers, and challenges, and (5) show how lessons to date are being used to develop and test a second generation model called “STEPS-UP”. STEPS-UP incorporates new care manager strategies for engaging and motivating patients and helping determine treatment preferences; adopts a more comprehensive stepped treatment paradigm, adding a continuum of psychosocial management options; and uses distance modalities (Web, telephone) to maximize participation. A new multisite controlled trial will evaluate STEPS-UP versus RESPECT-Mil to determine whether STEPS-UP benefits will outweigh its unintended effects.
Understanding Revictimization: Childhood and Adolescent Pathways to Adult Sexual and Physical Victimization

Iverson, Katherine,
Women’s Health Sciences Division, National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

Revictimization is a common occurrence among individuals who have experienced interpersonal violence in childhood and/or adolescence. Revictimization can take the form of physical or sexual assaults from family members, acquaintances, or strangers. The mental health consequences of revictimization are well-documented, including increased posttraumatic stress disorder, depression, substance use disorders, somatic complaints and other anxiety disorders. As such, identifying mechanisms contributing to revictimization is essential in order to develop effective, theory-based preventive interventions targeting those processes that lead from childhood and adolescent violence to sexual and/or physical revictimization in adulthood. The current series of presentations examine the roles of different forms of childhood trauma, psychological symptoms, substance use, and emotion regulation deficits in increasing risk for sexual and physical revictimization in adulthood. In particular, emotion regulation deficits are examined as a potential mechanism linking childhood and adolescent violence exposure to revictimization. Findings presented have clear implications for the development of targeted interventions aimed at preventing revictimization and for individuals who have experienced revictimization.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Kafka/Lamartine Level A

Understanding Revictimization: Childhood and Adolescent Pathways to Adult Sexual and Physical Victimization
(Clinical Practice Issues/Children and Adolescents)

Emotion Dysregulation as a Mechanism Linking Childhood Family Violence Exposure to Intimate Partner Violence in Young Adults

Iverson, Katherine, 1; Adair, Kathryn, BS, BA2; Monson, Candice, PhD3
1Women’s Health Sciences Division, National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
2Women’s Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
3Ryerson University, Toronto, Ontario, Canada

Childhood physical abuse and witnessing inter-parental violence are risk factors for intimate partner violence (IPV) victimization (Bensley, Eenwyk, & Wynkoop Simmons, 2003; Ehrensaft et al., 2003).
However, the mechanisms linking childhood family violence exposure to IPV remain inadequately understood. Emotion dysregulation is increasingly understood as potentially important psychological sequelae of childhood violence exposure and as determinants for IPV (Cloitre, Scarvalone, & Difede, 1997; Leonard, Iverson, & Follette, 2009). Childhood physical abuse, witnessing inter-parental violence, and IPV were assessed in a large sample of young adults ($N = 673$), and emotion dysregulation was examined as a potential mediator. The results indicated that emotion dysregulation was a partial mediator of the associations among childhood physical abuse and physical, sexual, and psychological IPV victimization. In terms of the associations among witnessing inter-parental violence and IPV, emotion dysregulation partially mediated the association with psychological IPV and fully mediated the association with physical IPV. Findings suggest that emotion dysregulation is one factor that may play important role in conferring risk for IPV victimization among men and women who have experienced childhood family violence. The implications for future research and preventive interventions are discussed.

**Concurrent 03**

**Symposium**

**Thursday, November 4**

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

**Kafka/Lamartine Level A**

**Understanding Revictimization: Childhood and Adolescent Pathways to Adult Sexual and Physical Victimization**

*(Clinical Practice Issues/Children and Adolescents)*

**Examination of Negative Affect and Emotion Dysregulation in Relation to Alcohol-Involved Sexual Revictimization among College Women**

**Messman-Moore, Terri L, PhD; Ward, Rose Marie, PhD**

*Miami University, Oxford, Ohio, USA*

Women’s alcohol use is associated with increased risk for sexual assault and revictimization. Sexual assault victims may utilize alcohol to cope with overwhelming negative affect, which unfortunately increases vulnerability for revictimization. Interventions which aim to reduce revictimization risk may be successful by focusing on mechanisms underlying problematic alcohol use such as emotion dysregulation. The current study utilized a prospective design to examine whether emotion dysregulation impacts vulnerability for alcohol-involved sexual revictimization. Two-hundred fifty-five college women completed weekly surveys assessing alcohol-involved sexual assault, alcohol use/problems, coping drinking motives, negative affect and emotion dysregulation. During the 10-week study, 10% of women reported alcohol-involved sexual assault; 28.6% reported sexual assault prior to the study. Approximately 21% were revictimized, with 73.1% of women victimized during the study reporting a history of alcohol-involved assault. Hierarchical logistic regression analysis, controlling for alcohol use/problems and coping motives, indicated that negative affect, impaired emotional awareness, and impulsive behavior predicted revictimization among women with a history of alcohol-involved sexual assault (Nagelkerke R Square = .42). Findings suggest negative affect and emotion dysregulation are related to revictimization. Implications such as targeting emotion dysregulation in treatment-based intervention and prevention will be discussed.
Understanding Revictimization: Childhood and Adolescent Pathways to Adult Sexual and Physical Victimization
(Clinical Practice Issues/Children and Adolescents)

Victimization History Mediates the Influence of Negative Emotion and Emotional Suppression on Posttraumatic Stress Symptoms Among Sexual Assault Survivors

Bovin, Michelle, MA\(^1\); Niehaus, Ashley, PhD\(^2\); Lexington, Jennifer, PhD\(^3\); Sloan, Denise, PhD\(^1\); Marx, Brian, PhD\(^1\)
\(^1\)Behavioral Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
\(^2\)VA Boston Healthcare System, Boston, Massachusetts, USA
\(^3\)Health Division University Health Services University of Massachusetts - Amherst, Amherst, Massachusetts, USA

Sexual assault can lead to the development of psychopathology, including Posttraumatic Stress Disorder (PTSD). However, individuals who are assaulted as children and then revictimized as adults tend to have higher rates of PTSD than individuals who were assaulted in childhood or adulthood only. The mechanism which underlies this relationship is unclear. One possibility is that revictimized individuals have increased levels of alexithymia and emotion suppression, which may then lead to increased posttrauma psychopathology. It is also possible that revictimized individuals experience more overall negative emotionality than other assault victims which subsequently leads to increased PTSD symptom severity. The current study examined the degree to which emotion suppression and negative emotionality mediated the relation between sexual revictimization status and posttraumatic stress symptoms (PTSS). Women who were sexually assaulted only in childhood (CSA), sexually assaulted only in adulthood (ASA), or sexually assaulted in both childhood and adulthood (revictimized) completed a series of questionnaires. Findings indicated that, although each of the proposed mediators partially explained the relationship between revictimization and PTSS, a more complete picture was elicited when the mediators were examined in concert. Implications will be discussed.
Understanding Revictimization: Childhood and Adolescent Pathways to Adult Sexual and Physical Victimization
(Clinical Practice Issues/Children and Adolescents)

Child Maltreatment and Patterns of Risk for Intimate Partner Violence, Including Abuse by Multiple Partners

Alexander, Pamela,
Wellesley Centers for Women, Wellesley, Massachusetts, USA

This presentation identifies child maltreatment precursors to different patterns of intimate partner violence (IPV), including abuse by multiple partners (an important but often neglected type of revictimization). Analyses were conducted on a dataset of women seeking services for IPV (N = 392) and another dataset of women whose partners were court-ordered for batterer treatment (N = 555), for whom partner reports were also available. Results of analyses suggested that different patterns of abuse experiences in childhood are associated with different patterns of revictimization in adulthood. Namely, a history of abuse by both parents is associated with the most severe IPV and with abuse by multiple partners; dissociation, PTSD and fearful attachment may mediate the impact of poly-abuse on revictimization. A childhood sexual abuse history is similarly associated with severe IPV and abuse by multiple partners, but also by a tendency to minimize the extent of the violence, bidirectional violence, and self-reported affect dysregulation. Associations were also found between women’s childhood trauma history and partners’ willingness to acknowledge their violent behavior. These findings emphasize the importance of exploring the childhood trauma histories of women experiencing IPV and intervening with respect to specific pathways between trauma histories and current IPV dynamics.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Jarry/Joyce Level A

The Polytrauma Clinical Conundrum: Conceptualization, Assessment, and Treatment of Complex Post-Deployment Symptoms
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

The Polytrauma Clinical Conundrum: Conceptualization, Assessment, and Treatment of Complex Post-Deployment Symptoms

McDonald, Scott, PhD; Law, Wendy, PhD; Lew, Henry, MD, PhD; Terrio, COL Heidi, MD, MPH; Vanderploeg, Rodney, PhD
The conflicts in Iraq and Afghanistan have resulted in a new pattern of complex physical injuries and emotional trauma for deployed military personnel. Due to advances in body armor, improvements in battlefield medicine, and the proliferation of improvised explosive devices and other sources of blast, injured soldiers are more likely than in prior wars to survive but experience multiple conditions such as open wounds, traumatic brain injury (TBI), amputation, and Posttraumatic Stress Disorder (PTSD). With those changes come significant challenges in the differential diagnosis and treatment of polytraumatic injury that requires an interdisciplinary approach. This symposium brings together four U.S. Department of Defense and Veterans Affairs polytrauma clinician-researchers to present new findings regarding the clinical challenges presented by the "polytrauma clinical triad" of persistent postconcussive symptoms (PPCS), chronic pain, and PTSD. Findings are discussed in terms of implications and recommendations for interdisciplinary care involving primary care, rehabilitation, and mental health services.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Jarry/Joyce Level A

The Polytrauma Clinical Conundrum: Conceptualization, Assessment, and Treatment of Complex Post-Deployment Symptoms
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Mechanisms of Traumatic Brain Injury and its Relationship to the Emotional and Neurocognitive Response to Trauma

Law, Wendy, PhD; French, Louis, PsyD; Wilmore, Michael, MS; Macedo, Franz, DO; O'Brien, Christina, PsyD; Williamson, David, MD

The current United States military combat operations in Iraq (Operation Iraqi Freedom - OIF) and Afghanistan (Operation Enduring Freedom - OEF) have seen the highest rates of survival in modern conflicts as a direct result of improvements in personal protection gear and significant medical advances in acute wound care and management. A consequence of improved survival rates is an increase in the rates of significant multisystem injury (polytrauma) in service members who would otherwise have been fatally wounded. Traumatic Brain Injury (TBI) and Posttraumatic Stress Disorder (PTSD) have both been characterized as signature injuries of the OIF/OEF conflicts, with some studies showing incident rates as high as 20% for each, and with large numbers meeting diagnostic criteria for both disorders.
Concurrently. This presentation will discuss the principle causal mechanisms of TBI in the military combat environment and the relationship of the injury mechanism and its sequelae to the emotional and neurocognitive response to physical and emotional trauma. Evidence from the empirical literature on shared and unique neural mechanism underlying TBI and PTSD will be reviewed, and clinical case samples will be summarized that demonstrate symptom manifestation in relation to TBI severity and the interaction of TBI severity with traumatic stress and polytrauma.

Participant Alert: This presentation may contain graphic images of injured brain tissue

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Jarry/Joyce Level A

The Polytrauma Clinical Conundrum: Conceptualization, Assessment, and Treatment of Complex Post-Deployment Symptoms
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Prevalence of Chronic Pain, Posttraumatic Stress Disorder and Persistent Post-Concussive Symptoms in OEF/OIF Veterans: The Polytrauma Clinical Triad

Lew, Henry, MD, PhD
Boston VA Medical Center, Boston, Massachusetts, USA

This study examined the prevalence and co-occurrence of chronic pain, posttraumatic stress disorder (PTSD), and persistent post-concussive symptoms (PPCS) among returning Operation Enduring Freedom (OIF)/Operation Iraqi Freedom (OEF) veterans. A comprehensive review of the medical records of 340 OEF/OIF veteran patients at a Department of Veterans Affairs Polytrauma Network Site was conducted. Results indicated that all three conditions were highly prevalent in this population: chronic pain (81.5%), PTSD (68.2%), and PPCS (66.8%). Only a small number of the veterans (12; 3.5%) had no chronic pain, PTSD, or PPCS. Comorbidity was frequent, with 42.1% of the sample being diagnosed with all three conditions simultaneously. It was less common for veterans to present with any of these three conditions in isolation (10.3%, 2.9%, and 5.3%, respectively). Chronic pain was most commonly located in the back (58%) and head (55%). Results of this study highlight the complexity of polytraumatic complaints in OEF/OIF veterans and illustrate the importance of a multidisciplinary team approach to assessment and treatment.
The Polytrauma Clinical Conundrum: Conceptualization, Assessment, and Treatment of Complex Post-Deployment Symptoms
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Post Deployment Screening, Evaluation and Treatment: The Challenges at One Army Post

Terrio, Heidi, MD, PhD1; Brenner, Lisa, PhD2; Nelson, Lonnie, PhD1; Schwab, Karen, PhD3
1Department of Deployment Health and Headquarters, Evans Army Community Hospital, Fort Carson, Colorado, USA
2Denver VA Medical Center, Denver, Colorado, USA
3Defense and Veterans Brain Injury Center, Washington, Dist. of Columbia, USA

Mild traumatic brain injury (TBI) screening and management relies on a detailed history of the injury event and the differential diagnosis of other health problems and psychological effects of war trauma. Postconcussive symptoms (e.g., cognitive difficulties) are common not only in TBI, but in PTSD, major depression, sleep disorder, and chronic pain. Assessment and treatment at the time of the injury is the goal, but often does not occur. Thus, screening and evaluation in the first days back home is crucial to recognizing and treating the contributing effect of TBI for the OIF/OEF Veteran. It is imperative to take a thorough history of blast exposure and injury using a tool like the Warrior Administered Retrospective Casualty Assessment Tool (WARCAT) currently implemented at Fort Carson, Colorado. This tool has greater sensitivity and specificity than the DoD/VA screen in detecting TBI. A structured and evidence-based approach to TBI assessment speeds healing and enhances the expectation of recovery. For those who have sustained a TBI, a step care model offers a systematic and practical approach to TBI management. In the 10-15% where symptoms are persistent, ensuring a collaborative team approach focusing on functional assessment is necessary for future care and duty assessment decisions.
The Polytrauma Clinical Conundrum: Conceptualization, Assessment, and Treatment of Complex Post-Deployment Symptoms
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Patterns of Symptom Overlap, Changes Across Time, and Treatment Implications

Vanderploeg, Rodney, PhD, ABPP; Belanger, Heather, PhD, ABPP; Curtiss, Glenn, PhD; Lew, Henry, MD, PhD; French, Louis, PsyD

1James A. Haley VA Medical Center, Tampa, Florida, USA
2Boston VAMC, Boston, Massachusetts, USA
3Walter Reed Army Medical Center, Washington, Dist. of Columbia, USA

Using the Vietnam Experience Study data three subgroups were created (remote mTBI, n = 278; current PTSD, n = 249; and Control, n = 1898). Frequencies of 9 common postconcussion symptoms were examined. In both the mTBI and the PTSD groups the two most frequently endorsed symptoms were sleep problems (45% and 66%) and irritability (40% and 64%) All symptoms were more frequent in the PTSD than the mTBI group, and more frequent in both these groups than the Control group. Sleep problems had the highest degree of overlap with other symptoms in both the PTSD and mTBI groups suggesting that sleep problems may enhance or sustain the other symptoms. Path analyses revealed that if a symptom earlier in the model, particularly sleep problems, was successfully treated, it would have a larger positive generalization effect in the mTBI group than the PTSD group. Similar patterns of symptom prevalence have been found in three samples of OIF/OEF veterans and active military personnel. However, the pattern of symptom overlap shows a subtle change over time. Findings suggest that treating core symptoms first may result in substantial improvement across other symptoms, and that the core symptom to target may vary over time.

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Ballroom East Level 4

Risk and Resilience in the National Guard
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Risk and Resilience in the National Guard

Galea, Sandro, MD, DrPH
Columbia University, New York, New York, USA

Army National Guard forces may have increased risk of psychopathologies after combat trauma as compared to their active duty counterparts due to differences in deployment experiences, training and ongoing civilian stressors. In this symposium we present data from the baseline sample of the Kaptur
Combat Mental Health Initiative cohort, a ten-year longitudinal study of Ohio Army Guard soldiers. For the baseline, we recruited 2616 randomly selected Ohio Army Guard soldiers who were given an hour-long structured telephone survey with a subset (N=500) randomly selected to participate in clinical appraisals. The standardized interviews assessed deployment and home-life characteristics as well as the presence of psychopathologies including posttraumatic stress disorder and depression. This symposium will highlight the mechanisms and modifiable factors associated with psychopathology among Ohio Army Guard soldiers through four presentations:
1. The Kaptur Combat Mental Health Initiative: baseline collection of a ten-year longitudinal study sample
2. Determinants of co-occurring psychopathology among Ohio Army Guard soldiers
3. Context of military and civilian traumatic events and the risk of PTSD among Ohio Army Guard soldiers
4. Pre-, peri-, and post-deployment characteristics and the risk of PTSD among Ohio Army Guard soldiers

Concurrent 03
Symposium
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Ballroom East Level 4

Risk and Resilience in the National Guard
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

The Kaptur Combat Mental Health Initiative: Baseline Collection of a Ten-year Longitudinal Study Sample

Tamburrino, Marijo,
University of Toledo, Toledo, Ohio, USA

The Kaptur Combat Mental Health Initiative is a ten-year longitudinal study of Ohio Army Guard soldiers created to examine the long-term impact of war on guard soldiers. Cohort members participated in baseline telephone interviews between November 2008 and December 2009. The baseline sample was comparable to the Ohio Army Guard overall where the majority were male (85.2%), white (87.7%) and an enlisted personnel or cadet (86.2%). Compared to the clinician administered PTSD scale, the telephone survey assessment for PTSD (PTSD checklist - civilian) was highly specific (range 91%(SE 0.02) to 97%(0.01) with moderate sensitivity (range 24%(0.09) to 63%(0.17)) depending on the type of diagnosis. The telephone survey assessment (Patient Health Questionnaire) of depression also was highly specific (97%(0.01)) and moderately sensitive (21%(0.04)) compared to the clinical appraisal using the SCID. Other psychopathologies assessed on the telephone included generalized anxiety disorder (sensitivity, Se 36% (0.08) and specificity, Sp 89%(0.01)) and alcohol dependence (Se 78%(0.04) and Sp 66%(0.02). The Kaptur Combat Mental Health Initiative will improve our understanding of the mechanisms by which war and stressful circumstances impact the mental health trajectories of soldiers.
Determinants of Co-occurring Psychopathology Among National Guard Soldiers

Calabrese, Joseph,
*University Hospitals Case Medical Center, Cleveland, Ohio, USA*

Understanding the modifiable factors associated with co-occurring posttraumatic stress disorder (PTSD), depression, and generalized anxiety disorder (GAD) may highlight effective pathways to mitigate the adverse mental health consequences of war. We used baseline data from the Kaptur Combat Mental Health Initiative cohort that was comparable to the Ohio National Guard in general. Using Diagnostic Statistical Manual of Mental Disorders IV criteria, the prevalence of PTSD, depression and GAD within the past year was 7.2%, 14.0% and 9.3% respectively; 79% of the sample did not have any of the three conditions. In the past year, the most common co-occurring conditions were depressive disorder and GAD (4%). In multivariable, multinomial logistic models, women as compared to men (odds ratio, OR 2.0, 95% confidence interval CI 1.41-2.86) and those with low reported levels of social support (OR 6.5, 95% CI 4.2-10.1) and high levels of lifetime trauma (OR 7.7, 95% CI 4.5-13.3) were more likely to have at least two conditions as compared to no psychopathologies within the past year. These findings suggest that while National Guard soldiers are resilient as a whole, social support and prior trauma experiences are associated with the co-occurrence of mental health conditions. Focusing on these factors may point to avenues of intervention with this high-risk population.
Limited data examines how the context of comparable traumatic events may be associated with the heterogeneity in risk of posttraumatic stress disorder (PTSD). To examine the role of context, we compared the risk of PTSD following traumatic events experienced in civilian vs. in military contexts. Within the baseline sample (N=2616), 48% had experienced a trauma during their most recent deployment and 91.0% had trauma outside of their most recent deployment. Among those who had experienced a non-assaultive trauma, the prevalence of PTSD was higher for those who had experienced the trauma in the military as compared to the civilian context (8.8% vs. 5.4%, p <0.01). In stratified, multivariable logistic models limited to those who had experienced a non-assaultive trauma, women were more likely than men to have PTSD in a civilian context (odds ratio, OR 2.7, 95% CI 1.6-4.7) but not in the military context (OR 1.9, 95% CI 0.7-5.1). Similarly, prior traumatic event experiences were associated with greater risk of PTSD in the civilian context (OR 2.8, 95% CI 2.8-11.1) but not in the military context (OR 2.5, 95% CI 0.7-9.0). These results suggest that different contexts of traumatic events may be associated with different risks of PTSD. Future work may fruitfully explore the mechanisms for the role context plays in shaping risk of PTSD after specific traumatic events.

Factors related to various stages of deployment including feeling prepared for deployment and unit support may be associated with the risk of developing posttraumatic stress disorder (PTSD) from deployment-related traumatic events. To examine these factors we assessed preparedness prior to deployment, unit support, and post-deployment support; all instruments showed good internal consistency (alpha=0.68, 0.84, 0.68, respectively). Among the 1294 (49.5%) soldiers who had been deployed and experienced at least one traumatic event during their most recent deployment, the prevalence of deployment-related PTSD was 9.6%. In multivariable logistic models, soldiers reporting higher levels of preparedness, unit support, and post-deployment support had significantly lower odds of past year PTSD than did those reporting lower levels (odds ratio (OR)=0.4, 95% confidence interval (CI):0.3-0.7, OR=0.4,
Results show that factors throughout the lifecourse, including factors before, during, and after deployment may influence the risk of PTSD due to traumatic events among soldiers. This suggests that interventions aimed at mitigating the consequences of war need to consider soldiers’ life experiences together with specific aspects of deployment.

Concurrent 03
Papers
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Drummond Centre Level 3

Preparation and Prevention Programs

Timing of Disaster Training: Negative Cognitions, Optimism, Preparedness and Readiness for Future Responses
(Disaster/Mass Trauma/Military/Emergency Services/Aid Workers)

Wiedeman, Rachel, MA¹; Tomlins, Joseph, BA¹; Davis, Joanne, PhD¹; Ford, Julian, PhD²; Elhai, John, PhD³

¹University of Tulsa, Tulsa, Oklahoma, USA
²University of Connecticut Health Center, Farmington, Connecticut, USA
³University of Toledo, Toledo, Ohio, USA

Disaster Mental Health (DMH) responders can be vulnerable to distress due to the nature of their deployment activities. Due to this added vulnerability, it is important to evaluate their perceived preparedness and readiness toward future DMH deployments in an effort to enhance their training and encourage continued involvement. This investigation was an exploratory analysis of the relationship between timing of DMH training and posttraumatic cognitions, optimism, and feelings of preparedness and readiness of responders for future deployments. The participants included 103 individuals employed in mental or physical health fields, who were members of a disaster team or received disaster training in Connecticut, New Hampshire, or Oklahoma, and had responded to at least one disaster. The findings suggest that those individuals who received DMH training at the time of a disaster deployment exhibited similar posttraumatic cognitions, optimism, and perceived preparedness and readiness in comparison to those individuals who received DMH training prior to a disaster. This is an important finding because it suggests that onsite DMH training produces similar coping and perceived performance as pre-deployment DMH training. Also, these findings may impact development and funding of DMH training programs. The strengths, limitations, and future directions for research will be discussed.
Translating Basic Research to the Emergency Department: Feasibility of Early Intervention to Prevent PTSD
(Clinical or Interventions Research/Prevention/Early Intervention)

Zimmerman, Lindsey, PhD Candidate\(^1\); Crawford-Kearns, Megan, PhD\(^2\); Arndt-Jordan, Cathrine, MS (PhD, Student)\(^2\); Leiner, Amy, PhD\(^2\); Rothbaum, Barbara O., PhD, ABPP\(^2\)
\(^1\)Georgia State University, Atlanta, Georgia, USA
\(^2\)Emory University, Atlanta, Georgia, USA

PTSD can be viewed as a failure of recovery caused in part by a failure of fear extinction following trauma (Rothbaum & Davis, 2003). Basic animal research examining the neurobiology of conditioned fear suggests the possibility of preventing the early stages of fear consolidation or facilitation of the early extinction of fear memories before PTSD symptoms become chronic. However, unlike the animal laboratory, translating this basic research to emergency departments requires data about who requires treatment, who is likely to receive it, and reasons that some patients choose treatment while others do not. In the present study, over a six month period, n=1961 patients presented in the Emergency Department of a Level One trauma center for treatment of a traumatic injury. Survivors of assaults (physical and sexual), younger patients, and women were generally more likely to participate in a study offering a psychological intervention immediately after a traumatic event. Findings were that eligible patients were significantly younger than ineligible patients. Sexual assault survivors (all of whom were female), were especially likely to participate. These findings help to clarify which trauma survivors are most likely to seek immediate treatment and inform translation of laboratory findings to early intervention to prevent PTSD.
Preparation and Prevention Programs

Perceived Coping in Disaster Mental Health Responders: Negative Cognitions, Optimism, Preparedness and Readiness
(Disaster/Mass Trauma/Military/Emergency Services/Aid Workers)

Tomlins, Joseph, BA¹; Wiedeman, Rachel, MA¹; Davis, Joanne, PhD¹; Ford, Julian, PhD²; Elhai, John, PhD³
¹University of Tulsa, Tulsa, Oklahoma, USA
²University of Connecticut Health Center, Farmington, Connecticut, USA
³University of Toledo, Toledo, Ohio, USA

Coping skills offer a buffer for individuals susceptible to distress. Disaster Mental Health (DMH) responders are often under stress and it is important to evaluate the perceived preparedness and readiness of DMH responders toward future deployments. This investigation examined the relationship between the perceived coping during and after a disaster, with posttraumatic cognitions, optimism, and feelings of preparedness and readiness of DMH responders for future deployments. The participants included 257 individuals employed in the mental or physical health fields, who were members of a disaster response team or received disaster response training in Connecticut, New Hampshire, or Oklahoma. The following were hypothesized: 1) participants with poorer coping during and after deployments would have higher levels of negative cognitions for future deployments; 2) participants with greater coping during and after deployments would have higher levels of optimism and higher levels of perceived performance (preparedness and readiness) for future deployments. The findings indicated that the hypotheses were supported. An individual’s ability to cope during and after a deployment was significantly correlated with negative cognitions, optimism and the perceived preparedness and readiness of DMH responders for future deployments. Demographic characteristics and the strengths, limitations, and future directions for research will be discussed.

Concurrent 03
Papers
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Drummond Centre Level 3

Preparation and Prevention Programs

Assessing the Program Effectiveness of a Yellow Ribbon Reintegration Program: University-National Guard-VA Collaboration
(Prevention/Early Intervention/Military/Emergency Services/Aid Workers)

Price, Rumi, PhD, MPH¹; Matthieu, Monica, PhD, MSW²; Widner, Greg, MSW³
¹Washington University School of Medicine, St. Louis, Missouri, USA
²Washington University in St. Louis, George Warren Brown School of Social Work, St. Louis, Missouri, USA
³Washington University School of Medicine, St. Louis, Missouri, USA
With an estimated 20% of returning OEF/OIF service members experiencing significant mental health conditions such as PTSD, the need for post-deployment secondary prevention programs is evident. The Yellow Ribbon Reintegration Program (YRRP) is mandated by the National Defense Authorization Act for Fiscal Year 2008. The National Guard implements the YRRP following guidance from the National Guard Bureau. The scientific evidence for the effectiveness of YRRP, however, has not been determined. Our university-military-VA collaboration began shortly after Missouri National Guard implementation of YRRP in June 2008. This paper provides preliminary evidence to demonstrate the effectiveness of MONG YRRP during the post-demobilization period, by utilizing pre- and post-YRRP surveys from attending Guard and family members (n~1000) over the 45- and 90-day post-deployment YRRP events (4 time points). We employed mixed-model repeated ANOVA analysis using SAS PROC MIXED procedure. Preliminary findings show an overall increase in self-efficacy in knowledge and ability regarding post-deployment reintegration issues over the course of the weekend YRRP event, and a further overall increase after attendance at a second YRRP event. A similar pattern is found for propensity to seek mental health help; there is an increase after attendance at one YRRP event, and then a further overall increase after attending a second YRRP event. However, we observed much less change in attitude toward stigma of mental health. Our study so far was able to assess the immediate and short-term impact of attending post-deployment YRRP events.

Concurrent 03
Papers
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Hemon Level A

Memory and Re-experiencing

Intrusive Memories in PTSD: What Makes Them Unique and Troublesome?
(Clinical or Interventions Research/Clinical Practice Issues)

Kleim, Birgit, PhD¹; Graham, Belinda, MSc²; Ehlers, Anke, PhD²
¹University Basel, Basel, Switzerland
²King’s College London, London, United Kingdom

Unwanted, intrusive trauma-related memories are a cardinal feature of PTSD. How they differ from ordinary autobiographical memories is a key question in research on both PTSD and memory. The present study aimed to (i) compare characteristics of intrusive trauma memory with autobiographical memories of non-traumatic negative events, and (ii) examine whether intrusive and non-intrusive trauma memories are qualitatively different. In Study 1, trauma survivors with (n = 29) and without (n = 19) PTSD were assessed in terms of the characteristics of their most common intrusive trauma memory and a negative non-traumatic autobiographical memory. Study 2 administered a think-aloud task which assessed phenomenological differences between intentional and unintentional trauma memories. In one condition, participants were verbally instructed to intentionally retrieve the memory content they
experienced as intrusion in everyday life. In the second condition, the same memory was triggered by a sound cue and hence retrieved unintentionally. Participants vocalised their subjective experiences during both forms of memory retrieval. Results suggest differences in intrusive memory characteristics (e.g., vividness, coherence) between PTSD and Non-PTSD, differences between unwanted trauma and non-trauma negative memories, and phenomenological differences between intentional and non-intentional retrieval. Theoretical and clinical implications of these findings are discussed.

Concurrent 03 Papers Thursday, November 4 2:00 p.m. - 3:15 p.m. Hemon Level A

Memory and Re-experiencing

Nightmare Content and Its Relation to Imagery Rehearsal Treatment Outcome In Vietnam Veterans with Combat-Related PTSD
(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

Harb, Gerlinde, PhD1; Cook, Joan, PhD2; Gehrman, Philip, PhD3; Ross, Richard, MD, PhD4
1Philadelphia VA Medical Center, Philadelphia, Pennsylvania, USA
2Yale School of Medicine, Department of Psychiatry, West Haven, Connecticut, USA
3University of Pennsylvania, Philadelphia, Pennsylvania, USA
4Philadelphia VA Medical Center, Univeristy of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

Characteristics of combat-related nightmares (content, affective and thematic) were examined in relation to pre-treatment symptomatology and Imagery Rehearsal (IR) treatment outcome. As part of a randomized controlled trial, 40 Vietnam veterans with PTSD who received IR provided detailed pre- and post-treatment dream scripts. Most nightmares replicated war-zone traumatic events (77%) and only few were solely symbolic (6%). Almost all were set either in Vietnam (90%) or a military context (4%), and most included life threat to the veteran (75%) and scenes of death and injury (77%). Fifteen percent included veteran perpetration of violence, often associated with guilty feelings (r=.57), and many included veteran injuring or killing of another person (29%). Nightmares expressed many complex emotions, predominantly negatively valenced (e.g., distressed, helpless). Pretreatment nightmare themes associated with lack of control/self-efficacy or fear of death were associated with higher pre-treatment nightmare frequency (r=.27, r=.29) while guilt was associated with more daytime dysfunction related to nightmares (r=.26). Survivor guilt in pre-treatment nightmares was also related to a decreased treatment response (r=.39). Further discussion of how pre-treatment nightmare content and nature of changes made during treatment relate to post-treatment gains will be presented, as will clinical implications of findings for the treatment of nightmares in veterans.
The Role of Peritraumatic Encoding in the Development of PTSD Symptoms
(Clinical or Interventions Research/Prevention/Early Intervention)

Schönfeld, Sabine, PhD
Institute of Clinical Psychology and Psychotherapy, TU Dresden, Dresden, Germany

Key symptom of PTSD is distressing memories about the event, which appear to be disorganised and disconnected from other autobiographical information. It has been assumed that peritraumatic dissociation might disrupt encoding of the traumatic event, thus contributing to the development of PTSD (Foa & Hearst-Ikeda, 2006). However, a study showing that disorganised encoding of traumatic material leads to PTSD-like symptoms has not yet been conducted. The objective of this study was to investigate the association between peritraumatic encoding and development of PTSD.

Forty-two participants watched either a coherent or a disorganised (30 parts a ca. 30 seconds) version of a distressing film of 3 min duration. Number and quality of intrusions, PTSD symptoms and coping strategies with intrusions were assessed.

Four days after the film presentation participants in the experimental group (disorganized version) reported a higher frequency of intrusions than the control group (coherent version), and showed higher scores in dissociation. A second study using a more distressing film version replicated these results, with the experimental group additionally showing higher scores in general PTSD symptoms, and coping strategies regarding intrusions. The association between of peritraumatic encoding, dissociation and development of PTSD symptoms will be discussed.

Participant Alert: Snapshot examples of film used in experiment- all film material used is available in public.

Concurrent 03
Papers
Thursday, November 4
2:00 p.m. - 3:15 p.m.
Hemon Level A

Memory and Re-experiencing
Consensus on the parameters of PTSD dreams is critical when: a) the diagnosis (in DSM-IV and proposed for DSM-V) requires a single re-experiencing symptom; and b) trauma dreams are prevalent in survivors without PTSD (e.g., Lavie, 2001). The proposed DSM-V revision to PTSD dream criterion specifies “recurrent distressing dreams in which the content and/or affect of the dream is related to the event(s)”. In theory, this could accommodate the range of PTSD dreams from the “hallmark” accurate replay through to more symbolic representations of trauma (e.g. Mellman et al., 2001), as well as dreams following trauma in people without PTSD (Hartmann, 1998). Further specificity may be needed to differentiate between dreams following trauma that are associated with PTSD and those that are not. This study investigated the posttraumatic dreams of 40 veterans with PTSD with respect to content (similarity to trauma), associated affect (at the time of the event and in the dream) and phenomenological features. The results endorse diagnostic criteria that include symbolic as well as replay dreams (n.s. difference in PTSD severity between dream types), but suggest potential for tightening the DSM-V wording to specify that the dreams remain unchanged over time and lead to immediate awakening.
Promoting Recovery Following Trauma: Translating the Evidence Base into Practice
(Clinical Practice Issues/Prevention/Early Intervention)

Creamer, Mark, PhD¹; Bisson, Jonathan, MD²; Olff, Miranda, PhD³; Ruzek, Josef, PhD⁴
¹Australian Centre for Posttraumatic Mental Health, East Melbourne, Australia
²Department of Psychological Medicine and Neurology, Cardiff University, Cardiff, United Kingdom
³Department of Psychiatry, Academic Medical Center, Amsterdam, Netherlands
⁴National Center for PTSD, Palo Alto, California, USA

The evidence base to inform effective treatments for PTSD has grown substantially, with large numbers of well controlled trials appearing in the literature in the last two decades. The best research evidence is of little value in improving outcomes for people with PTSD, however, unless routine clinical practice changes as a result. The challenge now is one of knowledge transfer - disseminating the research evidence in a way that achieves actual changes in practice. This panel brings together practical examples from Europe, the UK, Australia and the US to illustrate the challenges of disseminating best practice interventions following disaster and trauma, and to explore strategies and solutions. The presenters will discuss dissemination of international guidelines for psychosocial response to disaster (the European TENTS project), the implementation of evidence based treatment for PTSD across a large US service system, and strategies to promote adoption of national PTSD clinical practice guidelines on two continents (UK and Australia). Brief presentations will be followed by a panel discussion, with audience members encouraged to participate through questions and comments.

3
Narrative Exposure Therapy (NET) is a pragmatic treatment approach for traumatized victims of war and torture. Several trials have shown the efficacy of NET in different settings. This symposium will present latest findings from three further randomized trials: a study with child soldiers in Uganda, a train-the-trainer dissemination trial in Rwanda and a study examining effects of NET on a neuronal level.
In the conflict between the rebel group Lord’s Resistance Army and the Ugandan government an estimated 52,000-75,000 children have been abducted and almost 2 million people forcefully displaced. In a representative epidemiological survey (n=1113) we examined trauma spectrum disorders and related functional impairment in formerly abducted and war-affected children and young adults in 3 Northern Ugandan Districts. Clinical interviews, conducted by local counselors captured data on sociodemographic indicators, traumatic exposure, PTSD and Depression-symptoms, suicide risk, functional impairment, aggressiveness and stigmatization.

7% (n=639) of the non-abducted and 25% (n=474) of the abducted individuals suffered from PTSD (36% if abduction time >=1 month (n=223)). Rates of Depression and suicidal ideation followed a similar pattern, which is due to the increase of the eventload coinciding with the increase of abduction duration rather than length of abduction per se.

Consequently 86 former Child Soldiers suffering from PTSD (diagnosis verified via the CAPS) were enrolled in a dissemination RCT. Treatments were carried out in 8 sessions, comparing NET to an active control-group (AC) and a waiting list (WL). Interestingly results show a significant reduction of PTSD-symptoms over time in all groups, with NET being superior to the AC and WL conditions (45.6% reduction in symptom severity (d=1.36) vs. 29.8% (d=.78) and 30.4% (d=.81)).

Our data indicate that short-term trauma treatment reduces the suffering of even highly affected groups and can be effectively disseminated to lay-personnel in post-conflict areas.

Dissemination of Psychotherapy for Trauma-Spectrum Disorders in Resource-Poor Post-conflict Societies: A Randomized Partly Controlled Trial in Rwanda
Mental health problems are a major concern in post-war societies. We aimed to examine feasibility and effectivity of dissemination of a psychotherapy package to local resources for the treatment of vulnerable survivors of organized violence. A cross-sectional epidemiological survey identified orphans and widows who had survived the 1994 genocide suffering chronic PTSD. We randomly assigned them to treatment (n = 37) or six months waiting list (WL; n = 36). In the first dissemination generation, clinical experts trained Rwandan psychologists in Narrative Exposure Therapy (NET) and Interpersonal Therapy (IPT). In the treatment group (NET/IPT 1; n = 37), they administered therapy under expert supervision. In the second dissemination generation, first batch therapists trained and supervised another batch of psychologists offering treatment to the WL group (NET/IPT 2; n = 31). We conducted clinical expert evaluations using the Clinician-Administered PTSD Scale (CAPS) before therapy and at 3- and 12-month follow-ups. Therapy participants suffered significantly less PTSD symptomatology compared to the WL group. Treatment gains increased at follow-up. Participants of NET/IPT 2 improved on a similar level as the NET/IPT 1 group. Short-term trauma therapy can be disseminated in first and second generation and proves to be an effective intervention approach.

**Concurrent 04**  
Symposium  
Thursday, November 4  
3:30 p.m. - 4:45 p.m.  
Drummond East Level 3

**Narrative Exposure Therapy - Efficacy, Dissemination and Brain Changes**  
(Biological/Medical/Civilians in War/Refugees)

**Narrative Exposure Therapy Modifies Cortical Correlates of Aversive Stimulus Processing in PTSD Patients - Evidence From a Randomized Controlled Treatment Trial**

**Catani, Claudia, PhD**1; Adenauer, Hannah, PhD Candidate2; Aichinger, Hannah, PhD Candidate2; Keil, Julian, MSc2; Ruf, Martina, PhD2; Neuner, Frank, PhD1  
1Bielefeld University, Bielefeld, Germany  
2Konstanz University, Konstanz, Germany

In prior studies of neural correlates of aversive stimulus processing, we found evidence for increased attentional avoidance towards aversive cues in patients with chronic PTSD. The present randomized controlled treatment trial tested whether these functional abnormalities can be changed by Narrative Exposure Therapy. 34 refugees with war and torture experiences and a diagnosis of PTSD were randomly assigned to either NET or a waiting-list condition. At pre-test and a four-month follow-up, the diagnostic session included the assessment of neuromagnetic oscillatory brain activity (steady-state visual evoked fields) driven by aversive and threatening relative to neutral pictures. Minimum norm source
localization was carried out to estimate the distribution of sources of the evoked neuromagnetic activity in
the brain. PTSD as well as depressive symptom severity scores declined in the NET group, whereas
symptoms persisted in the WLC group (Timed Group interactions p < .005). Only in the NET group,
parietal and occipital activity related to threatening compared to neutral pictures significantly increased
after therapy (p < .05 for permutation statistics) indicating increased sustained visual processing of
threat cues after therapy. This might allow treated patients to re-appraise the actual danger of the current
situation and thereby reduce PTSD symptoms.

Concurrent 04
Symposium
Thursday, November 4
3:30 p.m. - 4:45 p.m.
Salon 4/5 Level 2

Intergenerational Transmission of Trauma: An International,
Multidisciplinary Examination
(Clinical or Interventions Research/Disaster/Mass Trauma)

Intergenerational Transmission of Trauma: An International, Multidisciplinary
Examination

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

Multigenerational transmission of trauma occurs across populations within groups that have been
exposed to trauma. This symposium adds to this crucially important emerging field in providing further
empirical basis for understanding this universal phenomenon. The presentations will report on a wide
array of international studies spanning over three continents, from multi-disciplinary perspectives studying
systematically intergenerational transmission of war, genocide, natural disasters, and terrorism. The time
frame of the studies covers almost two decades. The presentations underscore not only the importance of
focusing on family as a unit of study, analysis and intervention, but the necessarily multidimensional
examination of factors such as developmental stage, gender, culture, ethnicity, religion, transmission of
resilience, moral values, and history for planning effective school-, media-, multi-institutional- community-
based interventions and preventive measures against transmission to succeeding generations.

Participant Alert: The presentation may involve showing videotape of the intervention, which may
include hearing stories about atrocities.
Intergenerational Transmission of Trauma: An International, Multidisciplinary Examination
(Clinical or Interventions Research/Disaster/Mass Trauma)

Intergenerational Transmission of the Trauma of War

Measham, Toby, MD
Montreal Children’s Hospital-McGill University Health Centre, Montreal, Quebec, Canada

Objective: To discuss family approaches to the disclosure of war trauma to children and the relationship between the disclosure of war trauma to children and children's well-being. Method: To review the different ways in which trauma is disclosed to children and to consider the individual, family and cultural factors which influence disclosure. Findings from an exploratory transcultural study examining the relationship between family disclosure of war trauma and children’s play will be presented to illustrate the possible relationships between the disclosure of war trauma to children and children's well-being. Results: The timing, meaning and manner in which trauma is disclosed to children needs to be linked to children’s developmental status, to a family's capacity to feel secure together when addressing traumatic issues and to personal and cultural values around disclosure. Conclusion: Parents have an important role as gatekeepers who can help to address disclosure issues in a way that supports their children with their ongoing development.

Transmission of Meanings and Feelings About the “War on Terror” and Natural Disaster in South Asian Muslim Families
Rousseau, Cécile, MD; Jamil, Uzma, Other  
McGill University, Montreal, Quebec, Canada

Some traumatic situations are loaded with divergent meanings and may have distinct consequences for minority and majority families in the same society. This presentation will examine the role of moral identity and agency in parent-child transmission of meanings and feelings about the war on terror in South Asian Muslim immigrant communities in Canada. Results from a qualitative study comparing parent/child communication about a natural disaster and the war on terror reveal major differences in the way Bengali and Pakistani parents transmit these events to their children. Teaching empathy and supporting the role of the school is the rule in the case of natural disaster, whereas avoidance prevails in the case of the war against terror. In parents, a sense of agency and a capacity to envision moral complexity are associated with less anxiety and uncertainty in children. Implications for school-based programs will be discussed.

Concurrent 04  
Symposium  
Thursday, November 4  
3:30 p.m. - 4:45 p.m.  
Salon 4/5 Level 2

Intergenerational Transmission of Trauma: An International, Multidisciplinary Examination  
(Clinical or Interventions Research/Disaster/Mass Trauma)

Breaking the Silence: A Narrative Approach to Healing, Conflict Mitigation, and Peace Building for the Second Generation Following Genocide  

Pasick, Patricia, PhD  
Stories For Hope Rwanda, Ann Arbor, Michigan, USA

Many visitors to Rwanda, now 16 years post-genocide, come away impressed by the spirit of hope and productivity among its citizens. Can the next generation sustain this hope, given the formidable legacy of loss and trauma they inherit, including a vulnerability to new cycles of violence? Many are survivors themselves, orphans, and/or bore witness to atrocities. Building from focus group feedback in Rwanda, we hypothesized that hearing positive stories from elders could help mitigate conflict, increase hope, and improve goal-setting and implementation, and that sharing genocide stories for a positive purpose would mitigate secondary traumatization. We train local facilitators in narrative psychology techniques to catalyze and guide dialogues about the past between young people (ages 15-30) and elders (including guardians and mentors). Dialogues are designed to help break the silence about elders’ experiences during genocide and war, fill in gaps about personal family histories, and harvest the positive ways of surviving difficulties and living cooperatively, as seeds of peace and healing for the next generation. Digital and radio access to permissioned stories are planned to sustain the impact of the intervention. To date nearly 100 dialogues have been facilitated. We report on the first evaluation of our efforts, using a randomized control group.
Concurrent 04
Symposium
Thursday, November 4
3:30 p.m. - 4:45 p.m.
Salon 4/5 Level 2

Intergenerational Transmission of Trauma: An International, Multidisciplinary Examination
(Clinical or Interventions Research/Disaster/Mass Trauma)

Transmission of Maternal Stress in Pregnancy to the Unborn Child: Project Ice Storm

King, Suzanne, PhD¹; Laplante, David P., PhD²; Brunet, Alain, PhD¹; Liao, Qing, MSc²; Schmitz, Norbert, PhD¹
¹McGill University - Douglas Hospital Research Center, Montreal, Quebec, Canada
²Douglas Hospital Research Center, Montreal, Quebec, Canada

The transmission of stress from pregnant mother to unborn child has implications for many aspects of child development. Our goal was to determine whether prenatal maternal stress explains variance in childhood characteristics using a prospective, quasi-experimental approach. For the past 11 years we have followed more than 150 children whose mothers were pregnant during the January 1998 Quebec ice storm crisis, contacting families since shortly after the disaster. Ice storm stress was separated into objective aspects of exposure and subjective reaction. Frequent assessments monitor the children's cognitive, behavioural, or physical development. Results: Greater prenatal maternal stress from the ice storm was associated with poorer IQ and language at all ages. More severe subjective maternal stress predicted more severe internalizing and externalizing problems at all ages. Children from the high objective stress group exhibited significantly more severe autistic-like symptoms, whether rated by parents or teachers, than those in the low stress group. Effects of exposure are also seen on physical markers such as finger length ratios and fingerprints. In conclusion, we find that both the hardship and the distress experienced by a pregnant woman leaves its mark on the unborn child that last at least throughout childhood.
Predictors of PTSD in Paramedics: Results of New, Large-Scale Prospective Research
(Prevention/Early Intervention/Assessment/Diagnosis)

Wild, Jennifer, Institute of Psychiatry, King's College, University of London, London, United Kingdom

This international symposium with speakers from Australia, England, and Canada brings an evidence-based approach to preventing PTSD in paramedics. Data from large-scale prospective and cross-sectional studies will be presented. The speakers focus on the value of cognitive factors in the prediction of PTSD in paramedics. The discussion addresses clinical and practical applications, including prevention programmes and the relationship between repeated exposure to stress and PTSD. Dr Jennifer Wild will present results of a large-scale prospective study of newly recruited ambulance workers. The study has investigated cognitive behavioural predictors of persistent PTSD as potential predictors of the development of PTSD in this group. The study has also assessed factors that influence cognitive processing at the time of and following trauma exposure, such as pre-existing memory difficulties and sleep problems, and their contribution to the development of PTSD. Dr Maunder will present a reliable and valid scale that has identified the three key factors that make an incident critical in paramedic work. Dr Janice Halpern will present cross-sectional research that has investigated key personality factors linked to PTSD in paramedics. Dr Meaghan O'Donnell, a leading expert in PTSD, will discuss the implications of these new studies for evidence-based prevention programmes.
Predictors of PTSD in Paramedics: Results of New, Large-Scale Prospective Research
(Prevention/Early Intervention/Assessment/Diagnosis)

Predictors of Trauma-Related Distress in Newly Recruited Ambulance Workers

Wild, Jennifer, 1; Smith, Kirsten, BSc, Hons, Psychology 2; Thompson, Erin, BSc, Hons, Psychology 2; Ehlers, Anke, PhD 2
1Institute of Psychiatry, King’s College London, London, United Kingdom
2Institute of Psychiatry, London, United Kingdom

There are a number of established risk factors for PTSD. Whilst they may heighten risk for developing the disorder, they fail to explain how this happens once an individual has been exposed to trauma. We have developed a cognitive model to explain the persistence of PTSD and applied it to its prediction in newly recruited ambulance workers. The model highlights the importance of appraisals as well as behaviours, and the role of memory functioning in maintaining PTSD. We assessed participants (N=358) with the SCID during their first week of paramedic training and have been re-assessing them every four months for trauma exposure, PTSD, depression, and alcohol abuse. At assessment, participants also completed measures to assess known predictors, such as neuroticism, perceived social support, and intelligence. We regularly assessed factors that could influence cognitive processing at the time of and following trauma, such as sleep problems and memory difficulties, and a range of cognitive behavioral predictors linked to our model, such as, suppression, rumination, and dissociation. Eighteen per cent of newly recruited paramedics met criteria for past PTSD at assessment, which is significantly higher than European and American rates for lifetime PTSD. Our results further identified predictors of trauma-related distress in this group. First responders enter the profession with a history of psychiatric disorders, which, in combination with specific cognitive predictors may heighten risk for PTSD over the course of their career. The results have implications for pathways of prevention in the emergency services.

Concurrent 04
Symposium
Thursday, November 4
3:30 p.m. - 4:45 p.m.
Salon 6/7 Level 3

Predictors of PTSD in Paramedics: Results of New, Large-Scale Prospective Research
(Prevention/Early Intervention/Assessment/Diagnosis)

Impact of Affect Dysregulation on Paramedics’ Early Responses to Critical Incidents and Later Psychological Symptoms

Halpern, Janice, MD, FRCPC 1; Maunder, Robert G., MD, FRCPC 1; Schwartz, Brian, MD 1; Gurevich, Maria, PhD 2
Difficulties identifying and describing feelings, which are central to the personality construct alexithymia, are associated with long-term outcomes of traumatic events (Taylor et al., 1997). Identifying early post-incident factors mediating between alexithymia and outcomes may clarify how affect dysregulation interferes with recovery from critical incidents. We hypothesized 1) alexithymia is associated with long-term sequelae of critical incidents and 2) factors in the peritraumatic and early posttraumatic period mediate this relationship. In this cross-sectional study, 190 paramedics completed questionnaires measuring alexithymia (TAS-20); symptoms of depression, PTSD, somatisation, burnout; workplace stress; variables during and after an index critical incident: peritraumatic distress and dissociation, recovery from acute distress, coping strategies, and supportive contacts. Alexithymia was associated with each long-term outcome, and these associations were mediated by prolonged recovery from panic symptoms and workplace stress. The association between alexithymia and PTSD symptoms was also mediated by disengagement coping. Alexithymia was inversely associated with perceived helpfulness of post-incident contacts with loved ones, but this was unrelated to symptoms. The contribution of alexithymia to slow recovery from panic symptoms, workplace stress, and disengagement coping partially explains its contribution to psychological symptoms. This informs our understanding of how affect dysregulation interferes with recovery from trauma and has implications for primary prevention.

Concurrent 04
Symposium
Thursday, November 4
3:30 p.m. - 4:45 p.m.
Salon 6/7 Level 3

Predictors of PTSD in Paramedics: Results of New, Large-Scale Prospective Research
(Prevention/Early Intervention/Assessment/Diagnosis)

The Critical Incident Inventory: Reliability and Validity of Scales that Measure the Qualities of Paramedics' Critical Incidents

Maunder, Robert, MD, FRCPC¹; Halpern, Janice, MD, FRCPC¹; Schwartz, Brian, MD¹; Gurevich, Maria, PhD²

¹University of Toronto, Toronto, Ontario, Canada
²Ryerson University, Toronto, Ontario, Canada

The characteristics that make incidents “critical” have not been established. We studied the occurrence of 37 potentially relevant characteristics of index incidents that 223 paramedics identified retrospectively. Factor analysis was used to derive scales which were tested as predictors of short-term responses to the incidents. Every participant endorsed at least one characteristic (median: 8 characteristics). Factor analysis yielded 3 scales, Systems/Personal Control (14 items, alpha = .82), Fatigue/Stress (4 items, alpha = .76), and Horror (3 items, alpha = .68). Peritraumatic dissociation was associated with
Systems/Personal Control (R = .43, p<.001), Fatigue/Stress (any items 1.8 ± 0.74 vs. none 1.5 ± 0.58, p < 0.001), and Horror (1.8 ± 0.73 vs. 1.4 ± 0.53, p = 0.004). Peritraumatic distress was associated with Systems/Personal Control (R = .51, p<.001), and Fatigue/Stress (2.0 ± 0.49 vs. 1.8 ± 0.47, p < 0.001), but not Horror. Both Systems/Personal Control and Fatigue/Stress were associated with slower post-incident recovery from insomnia, emotional distress, social withdrawal and irritability (all p < .001). Characteristics of critical incidents cluster into 3 factors which can be measured with adequate internal reliability. The relationship of Critical Incident Inventory scales to peri- and post-incident responses supports their validity.

5

Concurrent 04
Panel
Thursday, November 4
3:30 p.m. - 4:45 p.m.
Kafka/Larmartine Level A

Adaptation of the Project A’apa Atu Crisis Counseling Assistance and Training Program for Disaster Survivors in American Samoa Following the 2009 Tsunami
(Disaster/Mass Trauma/Culture/Diversity)

Wolfe, Ilona, BS1; Bellamy, Nikki, PhD2; Law, Wayne, MSW2; Vaeao, Betty, Assistant4; Fiso, Lupe, MSW5
1SAMHSA Disaster Technical Assistance Center, Bethesda, Maryland, USA
2SAMHSA, Rockville, Maryland, USA
3Hawaii Department of Health, Honolulu, Hawaii, USA
4Department of Human and Social Services, Pago Pago, American Samoa
5Department of Human and Social Services, Pago Pago, American Samoa

Disaster behavioral health services are often initiated using Western-based plans of service and standardized trainings, meaning that culturally appropriate interventions, resources, and adaptations are sometimes overlooked. The September 2009 tsunami had devastating effects on American Samoan individuals, communities, and villages. The resilience of the American Samoan culture and the unique adaptations that were introduced into the Crisis Counseling Assistance and Training Program (CCP) played significant roles in recovery efforts. The Federal Emergency Management Agency-funded and SAMHSA-administered CCP seeks to modify services based on the unique cultural considerations of an area affected by a disaster. The American Samoan Project A’apa Atu CCP continually adapted its program service model based on island custom and historical tradition. With the final phase-down of services ending in October 2010, panelists from Project A’apa Atu will review the accomplishments and challenges the program faced, including adapting services and resources to be culturally appropriate, training crisis counselors to be culturally competent, meeting translation needs, and implementing new
Web-based data collection and evaluation technology. In addition, panelists will discuss global programmatic challenges and adaptations, adjusting to the cycle of communication, providing intensive remote technical assistance, and adapting the CCP to fit the needs of the American Samoan culture.

Concurrent 04
Panel
Thursday, November 4
3:30 p.m. - 4:45 p.m.
Kafka/Larmartine Level A

Novel Collaborations Meeting the Needs of Returning Service Members and Veterans: National, Local, and Cross-Disciplinary Efforts
(Community Programs/Media/Training/Education)

Batten, Sonja, PhD¹; Pollack, Stacey, PhD²; Shapiro, Bruce³; Finn, Jacob, MA⁴; Newman, Elana, PhD⁵
¹Defense Centers of Excellence for Psychological Health and TBI, Silver Spring, Maryland, USA
²Washington D.C. Veterans Affairs Medical Center, Washington, D.C., Dist. of Columbia, USA
³Dart Center for Journalism and Trauma, New York City, New York, USA
⁴Tulsa Institute of Trauma, Abuse, and Neglect, Tulsa, Oklahoma, USA
⁵University of Tulsa, Tulsa, Oklahoma, USA

Panelists will discuss successes, barriers, and outcomes of collaborative efforts to meet the needs of returning US service members and veterans on multiple organizational levels. The panel will begin with a discussion of ongoing and new collaborations between the Departments of Veterans Affairs (VA) and Defense (DoD). This will include a description of VA collaboration with one state’s Army National Guard on reintegration programs for returning service members. The panel will also highlight collaborative efforts between the Dart Center for Journalism and Trauma and the Carter Center to bring mental health leaders, policy experts, and news gatherers together to improve coverage regarding returning service members and veterans. At the local level, the Tulsa Community Service Council’s initiative, “Responding to the Silent Wounds of Returning Vets and their Families,” will be described. This local initiative focuses on a mental health community needs assessment and the collaboration between the University of Tulsa, local mental health agencies and VA. Commonalities and differences, lessons learned, and future directions will be emphasized in the discussion.
Creating State and Community Level Partnerships to Serve Combat Veterans and their Families
(Community Programs/Prevention/Early Intervention)

When a nation goes to war, the consequences resonate within every community and across generations. While many assume that the practical, medical and mental health needs of war fighters/veterans and their families would be met within the continuum of national military and veterans systems of care, a silent majority of veterans and most of their family members seek such care within their own communities. Unfortunately community providers and systems often lack knowledge of military culture, deployment stress or common post-deployment problems or available resources. This is true in nations with dedicated veterans’ healthcare systems and in those with national health systems. This panel features leaders of innovative state-level collaborations in Connecticut, North Carolina and Virginia and will provide practical information on how to foster collaboration between federal, state and community leaders, programs, providers, veterans and their families through structured needs assessment, mutual learning and ongoing partnership. Participants are encouraged to interact with the panel to translate these principles and best practices into veteran and family-centered partnerships within their own states and communities.
Changes in Trauma Memory in Relation to PTSD Symptom Trajectories: 9/11 Survivors and Israeli Prisoners of War
(Disaster/Mass Trauma/Military/Emergency Services/Aid Workers)

Dekel, Sharon, PhD
Tel Aviv University, Tel Aviv, Israel

The memory for trauma is a hallmark of PTSD. However, how trauma memory changes over time in relation to PTSD remains unclear. In study 1 we compared recollections of a sample of highly exposed 9/11 survivors, 7 and 18 months post-event. Participants completed questionnaires and generated open-ended narratives of their experiences. Individuals exhibiting a resilient-recovered PTS trajectory remembered their perceived sense of threat in the event; on the other hand, individuals who failed to recover failed to forget how bad they felt in the event. In study 2 we examined how a sample of Israeli prisoners of war (POWs) from Yom-Kippur remembered their traumatic experiences 35 years after the war. Participants completed self-report questionnaires concerning the trauma. While individuals with chronic PTSD remembered the trauma as more severe across times, individuals with delayed PTSD amplified the memory with time. Changes in trauma memory were associated with PTSD and not comorbid illness. Overall, the findings allude to the unique role of trauma memory amplification in PTSD formation. The ability to create a more benign memory over time is likely to indicate a resilient/recovered response. The changes seen in trauma memory might have important implications for PTSD diagnosis and treatment.
Hemon Level A

Longitudinal Studies of the Effects of Trauma

A Longitudinal Study of Hippocampal Volume in PTSD
(Clinical or Interventions Research/Civilians in War/Refugees)

Söndergaard, Hans Peter, MD, PhD¹; Lawyer, Glenn, PhD²; Emdad, Reza, PhD³; von Schéele, Bo, PhD⁴; Agartz, Ingrid, MD, PhD⁵
¹Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden
²Max Planck Institute for Informatics, Saarbrucken, Germany
³Psychology, Stockholm University, dep of stress research, Stockholm, Sweden
⁴Mälardalens högskola, Västerås, Sweden
⁵University of Oslo, Psykiatrisk institutt, Oslo, Norway

Hippocampal volume is smaller in subjects with post-traumatic stress disorder (PTSD) compared with control subjects. It has been debated whether the smaller hippocampal volume represents a pre-existing vulnerability factor or whether it is associated with the post-traumatic stress per se. Longitudinal studies of hippocampal volume in PTSD are few. It has, however, been shown that the reduction of hippocampal volume is correlated with duration of the diagnosis.
The present study measured hippocampal volume before and after treatment in previously treatment-refractory refugees from Iraq with PTSD. Participants were treated by bio-feedback training in order to increase respiratory sinus arrhythmia and eye movement desensitization and reprocessing for PTSD. Standard pharmacological treatment for PTSD was used and was unchanged during treatment. The study design was invalidated because of the invasion in Iraq 2003, causing considerable distress in participants because of concern for relatives.
At follow-up, ten subjects showed increased hippocampal volume, which attained significance with regard to right hippocampus ($t=4.556, p=0.001$). There was a significant association between reduction in self-reported PTSD symptoms and increased hippocampal volume.

Concurrent 04
Papers
Thursday, November 4
3:30 p.m. - 4:45 p.m.
Hemon Level A

Longitudinal Studies of the Effects of Trauma

Posttraumatic Changes and Attributions for the Changes: 10-Year Follow-up in Survivors of the 1999 Taiwan Earthquake
(Disaster/Mass Trauma/Assessment/Diagnosis)
Chen, Sue-Huei, PhD  
National Taiwan University, Taipei, Taiwan

The study aimed to explore long-term psychosocial changes and attributions for the changes 10 years after a natural disaster. Participants were invited from the previous sample of a longitudinal research project that includes 5 yearly assessments starting from one year after the earthquake. Data reported in this study were collected three months prior to the 10th anniversary. Tendency of posttraumatic growth, general psychological distress, life-time and Concurrent PTSD symptoms, major life events during the past 10 years since the earthquake, and background information were assessed via mailed questionnaire. Preliminary analyses show that, 10 years after the earthquake, most participants have experienced overall positive gains in self-view, outlook on life, and interpersonal relationships, and attributed some positive changes to the impact of the devastating disaster. However, more posttraumatic adversities appeared to predict greater life-time, rather than current, PTSD symptoms and general psychological distress, and less positive growth over the past decade. The findings suggest that, pre-disaster conditions and trauma exposure as well as posttraumatic adversities may be equally important to account for posttraumatic adjustment, both positive and negative aspects. In light of better understanding of long-term effects of natural disasters, systematic and periodic assessments should be taken into consideration.

Concurrent 04  
Papers  
Thursday, November 4  
3:30 p.m. - 4:45 p.m.  
Hemon Level A  

Longitudinal Studies of the Effects of Trauma  

Trajectories of Initial Stress Responses and Course of Mental Health Over 27 Years  
(Disaster/Mass Trauma/Prevention/Early Intervention)

Holgersen, Katrine Høyer, PsyD¹; Klöckner, Christian A., PhD²; Boe, Hans Jakob, PsyD¹; Weisæth, Lars, MD, PhD¹; Holen, Are, MD, PhD¹  
¹Dept. of Neuroscience, Norwegian University of Science and Technology (NTNU), Trondheim, Norway  
²Dept. of Psychology, Norwegian University of Science and Technology (NTNU), Trondheim, Norway  
³Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

Trajectories of initial stress and long-term mental health among 70 survivors from the North Sea oil rig disaster (1980) were explored in this study. Growth mixture modeling of initial stress manifestations in the first eight weeks (Posttraumatic Stress Scale; PTSS-10) and general mental health in 1980, 1981, 1985 and 2007 (General Health Questionnaire; GHQ-20) was used. The survivors’ scores on GHQ in 1985 and 2007 were contrasted with those of a matched group of oil workers (n = 85 in 1985) who were unexposed to trauma. Four latent classes were identified. The resilient group (n = 43) was characterized by a moderate starting
point on PTSS which declined across the first eight weeks. Long-term scores on GHQ remained low. The trajectories of the persons in the recovery (n = 10), chronic (n = 8) and relapse (n = 9) groups had stable, high PTSS scores in 1980, while the long term course on GHQ varied. Differences in mental health problems between the total group of survivors and comparisons faded from 1985 to 2007. GHQ scores remained higher for those in the relapse and chronic groups. Risk of long-term mental health problems may be identified by early screening.

8

Concurrent 04
Media
Thursday, November 4
3:30 p.m. - 4:45 p.m.
Drummond West Level 3

"After the Emergency MP3" - Using Technologies and Media to Disseminate Information to Young People Post-Natural Disasters.
(Technology/Children and Adolescents)

Tarrant, Bronwyn, MA, MN
Hackett, Loren, BA

1Australian Child and Adolescent Trauma, Loss and Grief Network, Canberra, Australia
2Australian Red Cross, Melbourne, Australia

The 2009 'Black Saturday' Australian bushfires, displaced 7,562 people, destroyed 2,029 homes, and saw 173 people lose their lives (Bushfires Royal Commission, 2009). It was Australia’s worst natural disaster in recorded history and activated the country's largest peacetime mobilization of State, Federal, and NGO resources. The Australian Red Cross (ARC) provided first aid to over 5,250 people and within this context identified a large resource gap and a growing concern to connect with young people impacted by bushfires and other disasters. Responding to this need - and consistent with scientific literature around; difficulties engaging adolescents (Mehta & Chalhoub, 2006); effective early intervention (Bisson, 2007); and timely provision of information (ACPMH, 2007; Brymer, et.al., 2006) - the ARC created a technology-based resource for 12-25 year-olds. “After the Emergency” consists of; (1) preloaded MP3 players, featuring trauma information, relevant interviews and music distributed free-of-charge to young people at relief centres, schools and youth access points, and (2) an online interactive space, with updated information, videos, and important links, to provide a dynamic forum for trauma affected youth. This presentation serves to introduce “After The Emergency” as the first known nationwide, crossplatformed media project specifically directed towards disseminating information to youth post-natural disaster.
“Long Shadows”: Holocaust Survivorship and Adaptation to Nursing Home Life
(Civilians in War/Refugees/Media/Training/Education)

Davison, Eve, PhD
National Center for PTSD, VA Boston HCS and Boston University School of Medicine, Boston, Massachusetts, USA

“Long Shadows: Stories from a Jewish Home” (director: Kate Hampel; producer: Melanie Coombs; distributor: Filmakers) is a documentary film that depicts the experience of Holocaust survivors adjusting to life in an Australian home for the aged. The film portrays the unique plight of these survivors who, having fled Europe as refugees following the Second World War, must now endure another significant loss. Further, the film illustrates the ways in which Holocaust survivorship and refugee status may impact adjustment - both positively and negatively - to this change. Through her in-depth profiles of three residents, the director reveals the distinct challenges these older trauma survivors and their significant others encounter as they negotiate this major life transition. As the distributor, Filmakers, notes on the film’s website, “These survivors are facing death and isolation for a second time… Dementia, memory loss and physical immobility contribute to a splintering of identity… [and] past horrors come flooding back.” Following the film’s screening, the presenter will facilitate discussion regarding the relevance of this material for clinicians, researchers, and policy-makers invested in improving the lives of aging trauma survivors.

Participant Alert: Although no graphic material is presented, the people interviewed in this film speak of having survived the Holocaust, and the film may be distressing to individuals with a personal connection to the Holocaust.
Novel Approaches in the Modulation of Traumatic Memories
(Biological/Medical/Clinical or Interventions Research)

Brunet, Alain, PhD
Douglas Mental Health University Institute and McGill University, Verdun, Quebec, Canada

Recent translational research in the area of fear and memory suggest that blocking (re)consolidation with propranolol and the potentiation of extinction learning with D-cycloserine (DCS) are two promising treatment avenues for conditions that have at their core an overconsolidated emotional memory, such as PTSD. The two compounds are often discussed together as exemplars of a new approach in psychiatry which aims at repairing the brain via neuroplasticity. This series of four symposia bring together a number of experts to discuss the current status of this research area and its future directions.

Novel Approaches in the Modulation of Traumatic Memories: Modulation of Rodents Aversive and Non-Aversive Memories: Implications for PTSD

Brunet, Alain, PhD
Douglas Mental Health University Institute and McGill, Verdun, Quebec, Canada

Aversive memory dysregulation is believed to be at the core of PTSD. Research in rodents has made great strides in understanding mechanisms such as fear. Such research can give us important insights into the nature of fear and its pathology, as well as suggest possible new avenues of treatment. Several
new findings arising from rodent research on the nature of fear and memory will be reviewed, including findings arising from paradigms that are less aversive, that are also relevant to the treatment of PTSD.

Concurrent 05
Featured Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Ballroom West Level 4

Novel Approaches in the Modulation of Traumatic Memories
(Biological/Medical/Clinical or Interventions Research)

What Fear in Rats Can Tell Us About Human Fear and Its Treatment

LeDoux, Joseph, PhD
New York University Center for Neural Science, New York, New York, USA

Fear dysregulation is at the core of many fear/anxiety disorders. Research in rats has made great strides in understanding the mechanisms of fear. Because these mechanisms have, at least to a first approximation, been shown to be similar in humans, research on rats can give us important insights into the nature of fear and its pathology, as well as possible new avenues of treatment. Several new finding from rats that are relevant to treatment will be discussed.

Concurrent 05
Featured Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Ballroom West Level 4

Novel Approaches in the Modulation of Traumatic Memories
(Biological/Medical/Clinical or Interventions Research)

Effects of NMDA and Noradrenergic Manipulations on Prefrontal Excitability and Fear Extinction

Quirk, Gregory, PhD¹; Olivera-Figueroa, Lening, PhD²; Burgos-Robles, Anthony, PhD³; Rodriguez-Romaguera, Jose, PhD⁴; Mueller, Devin, PhD⁵

¹University of Puerto Rico, San Juan, Puerto Rico, USA
²Douglas Hospital, McGill University, Montreal, Quebec, Canada
Exposure-based therapies rely on the process of behavioral extinction, in which cues that have been previously associated with a traumatic experience are repeatedly presented in a safe context. Extinction can be studied in a rat model of auditory fear conditioning. Efforts to augment extinction learning have focused on NMDA receptors within the amygdala, however, recent findings suggest that NMDA activity in the infralimbic prefrontal cortex is necessary for extinction consolidation, via enhancing bursting activity of IL neurons. This suggests that NMDA agonists may enhance consolidation and/or retrieval of extinction via the prefrontal cortex. Modulation of noradrenergic beta receptors and dopaminergic D2 receptors also modulates infralimbic excitability and responsiveness to fear conditioned cues. Blocking these systems tends to impair the ability of rats to learn extinction, consistent with a model in which heightened arousal at the start of extinction liberates monoamines which then facilitate extinction. That said, however, we have recently found that systemic injections of propranolol at the start of extinction can reduce fear expression without interfering with extinction learning or memory, suggesting that propranolol may be useful as an adjuvant for highly anxious patients. Finally, new approaches to facilitating infralimbic excitability, via brain derived neurotrophic factor for example, are being explored.

**Concurrent 05**
**Featured Symposium**
**Friday, November 5**
**8:00 a.m. - 9:15 a.m.**
**Ballroom West Level 4**

**Novel Approaches in the Modulation of Traumatic Memories**
(Biological/Medical/Clinical or Interventions Research)

**Mechanism of Aversive and Non-aversive Memory Reconsolidation**

**Roullet, Pascal, PhD**
*Université de Toulouse, Toulouse, France*

Our understanding of memory reconsolidation process is at an earlier stage than that of consolidation. Moreover, conflicting results about reconsolidation appear in the literature and this discrepancy may be due to differences in the experimental acquisition or reactivation procedures. This talk will report the results obtained with the Morris water maze task, a less aversive learning that the passive avoidance or the fear conditioning tasks used in the majority of studies on memory reconsolidation. We will report on the importance of different factors such as strength of acquisition, number of reactivations and age of memory on spatial reconsolidation processes. Moreover, we will also compare the effects of blocking of protein synthesis or blocking of beta noradrenergic receptors by injection of propranolol during the consolidation and reconsolidation of a memory acquired under stressful or non-stressful conditions in mice. Results suggest that Propranolol does not act only on aversive memory or during reconsolidation.
Complex Traumatic Stress Disorders: An Update on Treatment Models and Types of Intervention
(Clinical or Interventions Research/Clinical Practice Issues)

Complex Traumatic Stress Disorders: An Update on Treatment Models and Types of Intervention

Briere, John, PhD¹; Alexander, Pam, PhD²; Ford, Julian, PhD³; Cloitre, Marylene, PhD⁴; Classen, Catherine, PhD⁵; Courtois, Christine, Dr.⁶

¹University of Southern California, Los Angeles, California, USA
²Wellesley Centers for Women, Wellesley, Massachusetts, USA
³University of Connecticut, Farmington, Connecticut, USA
⁴New York University School of Medicine, New York, New York, USA
⁵Women's College Hospital, Toronto, Ontario, Canada
⁶Private Practice, Washington, Dist. of Columbia

Complex traumatic stress disorders result from interpersonal trauma that is repetitive/chronic/cumulative, often over the course of childhood, and during significant developmental epochs; involve direct harm and/or neglect and abandonment by caregivers or other responsible adults; often create attachment insecurity and have great potential to severely compromise a child’s development. The aftereffects of such trauma are similarly complex and have been found to exceed the triadic criteria of the more classic type of Posttraumatic Stress Disorder. As a result, treatment must be oriented towards other symptoms and issues in addition to those that comprise PTSD as defined in the DSM-IV-TR and are often applied in a treatment sequence that begins with an emphasis on assessment, safety, life stabilization, and emotional regulation. These papers describe advances have been made in the assessment and treatment of complex traumatic disorders in a variety of populations and a variety of settings. The presenters will describe recently developed models and studies that contribute to the evidence-base concerning their effectiveness in treating this compounded traumatic stress disorders.
Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Drummond East Level 3

Torture Rehabilitation in Sub-Saharan Africa: Diverse Minds, Hearts, Tongues and Hands
(Civilians in War/Refugees/Clinical Practice Issues)

Torture Rehabilitation in Sub-Saharan Africa: Diverse Minds, Hearts, Tongues and Hands

Higson-Smith, Craig, MA¹; Bantjes, Megan, MA²; Bandeira, Monica, MA²; Morgan, Erin, MS³
¹Craig Higson-Smith Consulting, Johannesburg, South Africa
²Centre for the Study of Violence and Reconciliation, Johannesburg, South Africa
³Centre for Victims of Torture, Minneapolis, Minnesota, USA

Torturers labor to punish and silence those whose beliefs, behaviors or identities fall beyond the boundaries forcibly imposed by the dominant groups in their society. Sadly, the practice of torture remains highly prevalent in Sub-Saharan Africa and its victims live under ongoing threat and are most often isolated and unsupported. A relatively small and extremely diverse group of activists from within Africa and abroad are determined to expose and eradicate the practice of torture, and to support torture survivors until such time as they receive justice. This symposium brings together researchers, clinicians, and educators with papers that draw on quantitative studies of therapeutic assessment data, qualitative analysis of therapeutic process, and reflections on cross-cultural capacity building and programme design. Together these papers present a snapshot of the diverse, challenging and sometimes dangerous work of mental health professionals engaged in the international struggle against torture.
Torture Rehabilitation in Sub-Saharan Africa: Diverse Minds, Hearts, Tongues and Hands
(Civilians in War/Refugees/Clinical Practice Issues)

Research That Informs Therapeutic Intervention: Collaborative Clinical Assessment in the Care of Torture Survivors

Bandeira, Monica, MA; Dix-Peek, Dominique, MA
Centre for the Study of Violence and Reconciliation, Johannesburg, South Africa

The Centre for the Study of Violence and Reconciliation (CSVR) is concerned with research, advocacy and intervention around issues of torture prevention and rehabilitation in Southern Africa. This paper is positioned at the interface between these three activities and explores ways in which clinical insights can be systematically recorded and analyzed, and how researchers can enhance the work of clinicians. Through a lengthy and challenging process of collaboration, CSVR has developed a clinical assessment system to inform treatment planning and case management. This system brings together the diverse needs and concerns of psychologists, social workers, researchers, interpreters, and managers. This paper will describe the various challenges that were overcome and the unique features of the system that have emerged as a result of this process. Thereafter, a summary of data collected from more than 70 tortured clients will be presented to demonstrate how the system enables stakeholders to track clients’ well-being over time, identify advocacy issues, and influence clinical systems and processes. Such analysis also suggests strategies whereby the clinical outcomes can be further enhanced. Finally, an individual case report drawn from the system will be presented to demonstrate how the system allows researchers to support clinicians on a client-by-client basis.

Participant Alert: The case study may describe the types of torture experienced.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Drummond East Level 3

Torture Rehabilitation in Sub-Saharan Africa: Diverse Minds, Hearts, Tongues and Hands
(Civilians in War/Refugees/Clinical Practice Issues)

"My Body Mattered in the Therapy Room": Interpreting in the Counselling of Torture Survivors in South Africa

Bantjes, Megan, MA; Thomas, Serena, MA; Long, Carol, PhD
Centre for the Study of Violence and Reconciliation, Johannesburg, South Africa

Language differences are a barrier to health services for migrants in South Africa and internationally. The literature on psychotherapy with interpreters is primarily about refugees in the first world, in case study
format and has not addressed subjectivity in detail. A discourse analytic study of interview transcripts with pairs of interpreters and psychologists in four South African state clinics was conducted. The results were used as a framework for considering the experiences of a Canadian French-English anthropologist interpreting in the counselling of tortured African refugees at a South African NGO. The two central questions were: 1) What role does the interpreter occupy? Untrained interpreters were found to occupy a complex, influential “interpretive” role. 2) In what way can the interpreter’s influence on the therapy be understood in order to facilitate healing? The diversity of interpreters and interpreter roles requires a nuanced understanding and processing of their effect on therapy. Interpreters were invested in the clients’ healing; they had trauma-related emotional reactions; and their race, culture, nationality and gender featured in the clients’ transference dynamics.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Drummond East Level 3

Torture Rehabilitation in Sub-Saharan Africa: Diverse Minds, Hearts, Tongues and Hands
(Civilians in War/Refugees/Clinical Practice Issues)

Towards a Contextually Appropriate Model of Torture Rehabilitation for Sub-Saharan Africa

Higson-Smith, Craig, MA
Craig Higson-Smith Consulting, Johannesburg, South Africa

Trauma specific treatment methodologies such as Psychological Debriefing (PD), Cognitive Behaviour Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), Narrative Exposure Therapy (NET) and others have been proposed as the most effective psychological treatment approaches for torture survivors. However, there have been relatively few attempts to demonstrate the efficacy of these techniques with torture survivors in general, or torture survivors in developing world contexts in particular. Key to developing a more appropriate model of torture rehabilitation is a detailed analysis of the context in which such rehabilitation takes place. Based on a quantitative analysis of client data and qualitative analysis of interviews with clinicians in three torture rehabilitation centres, the key features of a contextually appropriate torture rehabilitation model are discussed.
Torture Rehabilitation in Sub-Saharan Africa: Diverse Minds, Hearts, Tongues and Hands  
(Civilians in War/Refugees/Clinical Practice Issues)

From Community Member to Psychosocial Counselor: Working Side-by-Side With Congolese to Bring About Healing in Torture and War Trauma Survivors

Morgan, Erin, MS  
The Center for Victims of Torture, Minneapolis, Minnesota, USA

Sustainability of care is an often-overlooked aspect of psychosocial intervention with torture and war trauma survivors in the developing world in general, and parts of Africa particularly. This paper describes a capacity-building model used by the Center for Victims of Torture (CVT) in the Democratic Republic of Congo (DRC) and in parts of West Africa. Dimensions of the model explored here include: 1) the careful selection of lay community members as long-term project staff; 2) ongoing and intensive training and supervision of these staff members to become psychosocial counselors (PSCs); and 3) the provision of high-quality group and individual counseling, as well as other psychosocial interventions to torture and war trauma survivors, with onsite, expert psychotherapist/trainer supervision. Ongoing reflection and internal evaluation are key components of this long-term commitment to capacity building in the DRC. Quantitative data derived from three years of training and supervision with PSCs demonstrate the effectiveness and impact of the work. PSC's own reflections on their experience and development are presented in a brief video. In conclusion, this paper demonstrates that sustainable capacity building in high threat, low development contexts is possible but requires skillful intervention and long-term commitment.
New Directions in Interventions for Traumatized Youth in the Juvenile Justice System

(Children and Adolescents/Clinical or Interventions Research)

New Directions in Interventions for Traumatized Youth in the Juvenile Justice System

Kerig, Patricia, PhD
University of Utah, Salt Lake City, Utah, USA

Increasing attention has been drawn to high prevalence of trauma exposure among youth involved in the juvenile justice system, but only recently have specific interventions been developed to address the mental health needs of this vulnerable population. These interventions have drawn upon a variety of theoretical models and mechanisms of change, including working with youth individually, in groups, within the family system, and with their parents. This symposium brings together four papers describing new and cutting-edge interventions developed for working with traumatized delinquent youth. The first paper presents an attachment-based intervention for the parents of antisocial youth and provides evidence from a set of three studies providing empirical support for its effectiveness. The second paper presents the results of a project integrating Trauma-Focused CBT with Multidimensional Therapeutic Foster Care for delinquent girls. The third paper describes an innovative youth theatre group that assists in the processing of trauma narratives and increasing youth self-efficacy. The fourth paper presents a model for the integration and diffusion of trauma treatment into Functional Family Therapy, one of the most well-established interventions for delinquency. Discussion will be encouraged to compare and contrast the relative efficacy of these various approaches to treating trauma among adjudicated youth.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Salon 4/5 Level 2

New Directions in Interventions for Traumatized Youth in the Juvenile Justice System

(Children and Adolescents/Clinical or Interventions Research)

An Attachment Based Approach to Working With Caregivers of High Risk Adolescents

Moretti, Marlene,
Simon Fraser University, Burnaby, Canada

The vast majority of adolescents who perpetrate violence and aggression toward others are themselves victims of violence, often in their relationships with parents or alternate caregivers. Effective, cost-efficient and portable treatments are needed to address the impact of trauma in the lives of these teens and their
caregivers. In this presentation, we summarize research findings on the relationship between exposure to family violence, attachment and adolescent violence and aggression. This research provided the foundation for the development of a 10-week manualized attachment-focused program for parents of adolescents who engage in aggressive, violent, and antisocial behaviour. Each one-hour session introduces parents to an attachment principle that captures a key aspect of the parent-child relationships with a special focus on developmental aspects of adolescence. Experiential activities, including role-plays and reflection exercises are used extensively to illustrate each principle and build parenting knowledge and skill. More specifically, the program focuses on enhancing skills related to secure attachment: parental sensitivity; partnership and mutuality; parental reflective function; and dyadic affect regulation. Findings are presented from three studies evaluating pre to post-treatment and long term outcomes relative to a waitlist control condition; portability to community; and change processes.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Salon 4/5 Level 2

New Directions in Interventions for Traumatized Youth in the Juvenile Justice System
(Children and Adolescents/Clinical or Interventions Research)

An Integrated Treatment for Girls With Trauma and Conduct Problems

Smith, Dana,
Oregon Social Learning Center, Eugene, Oregon, USA

Girls in the juvenile justice system have been found to experience high rates of negative and traumatic events during their childhood years, with rates of child maltreatment as high as 80%. Delinquent girls who have experienced childhood trauma are at increased risk for experiencing co-occurring problems with mental health symptoms, substance abuse, and delinquent and violent behavior. The link between trauma and conduct problems is of particular concern once girls reach adolescence because of serious public health problems associated with this constellation of behaviors, including well-documented links between criminality, the selection of antisocial partners, early pregnancy, and the intergenerational transmission of emotional and behavioral problems. Effective interventions for the integrated treatment of trauma and conduct problems are lacking and has led to a gap in effective comprehensive services for this highly vulnerable population of girls. This presentation focuses on the behavioral and mental health profile of adolescent girls referred from the juvenile justice system who participated in a small scale pilot study testing the use of an integrated treatment intervention for co-occurring trauma and conduct problems in adolescent girls. Specific adaptations to address co-occurring behavioral and mental health problems will be discussed and preliminary outcomes will be presented.
Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Salon 4/5 Level 2

New Directions in Interventions for Traumatized Youth in the Juvenile Justice System
(Children and Adolescents/Clinical or Interventions Research)

Setting Their Lives To Song: Guiding Incarcerated Girls to Integrate Past Trauma by Transforming their Stories into Musical Theater

Palidofsky, Meade, BA; Stolbach, Bradley, PhD
1Storycatchers Theatre, Chicago, Illinois, USA
2La Rabida Children’s Hospital, Chicago, Illinois, USA

Most studies of incarcerated women find a strong link between violence in women’s lives and their entry into the criminal justice system as defendants. Yet, the juvenile justice system rarely recognizes or addresses the link between past trauma and the incarceration of girls. This presentation will discuss an innovative intervention for girls sentenced to the juvenile justice system and will detail the unique process that facilitates the narration of past trauma, turning it into story, song and ultimately musical theater. It will demonstrate how the process of developing the story, script and production functions as a roadmap to link the experience of trauma and subsequent emotional reactions to self-destructive behaviors such as substance abuse, dropping out, and committing crime. It will discuss how publicly producing the trauma narrative in an artful manner encourages group empathy and self-understanding, helping girls to gain a sense of control over their future stories. Finally, it will explore the parallels between this work and more traditional trauma-focused interventions, including common theoretical underpinnings, and implications for trauma-focused therapy.
Integrating Trauma-Focused Treatment into Functional Family Therapy

Kerig, Patricia, PhD
University of Utah, Salt Lake City, Utah, USA

Functional Family Therapy (FFT) is one of the most empirically well-supported evidence-based interventions for adolescent antisocial behavior, including distinction as a model program and best practice by the Office of Juvenile Justice and Delinquency Prevention, the Center for the Study and Prevention of Violence and, most recently, the National Child Traumatic Stress Network. As research documenting the high prevalence of trauma among delinquent youth has received increasing recognition, so has the need to enhance existing interventions such as FFT in order to make them more trauma-informed and trauma-effective. This presentation will describe the development of a model for integrating trauma-focused treatment into FFT with juvenile-justice involved youth and their parents. The presentation will outline the ways in which FFT therapists are trained to appreciate the role of trauma in the lives of delinquent youth and their families and to recognize the effects of trauma on family processes. In addition, trauma-specific adaptations of FFT components will be illustrated, including engagement and motivation for trauma work, assessment of family relational functions and trauma-related themes, techniques for changing focus and meaning about traumatic events and their impact on the family, and behavior change and generalization of strategies for coping with and overcoming trauma.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Salon 6/7 Level 3

Psychosocial Treatments for PTSD: Innovations and Next Steps
(Clinical or Interventions Research/Research Methodology)

Psychosocial Treatments for PTSD: Innovations and Next Steps

Zoellner, Lori, PhD
University of Washington, Seattle, Washington, USA

In the treatment of PTSD, there are several well validated psychotherapies (Foa et al., 2008). However, the recent IOM (2007) guidelines highlight key questions regarding how to best treat PTSD remain unaddressed. Thus, presentations will focus on such gaps in our knowledge in the area of psychosocial interventions for PTSD. In the first paper, Schorr et al. will discuss Adaptive Disclosure (AD), a 6-session manualized psychotherapy developed for active-duty service members with PTSD. In the next paper, Schuster and Resick will present initial data from an RCT comparing the effectiveness of group Cognitive Processing Therapy, Cognitive-only version (CPT-C) to a group Present-Centered Therapy (PCT) modality, and comparing the effectiveness of CPT-C delivered in a group versus to individuals. Next, Feeny, Zoellner, Roy-Byrne, and Mavissakalian will present findings from a study examining treatment
preferences and acute outcomes comparing prolonged exposure (PE) and sertraline (SER) in the treatment of chronic PTSD. In the final presentation, Foa et al. will examine patterns of changes in posttraumatic stress and depression during PE for PTSD among children and adolescents. Together, these papers will highlight new research findings in the area of psychosocial treatments for PTSD and point to new directions for intervention research.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Salon 6/7 Level 3

Psychosocial Treatments for PTSD: Innovations and Next Steps
(Clinical or Interventions Research/Research Methodology)

A Doubly Randomized Preference Trial: Prolonged Exposure vs Sertraline for PTSD

Feeny, Norah, Zoellner, Lori, PhD; Keane, Terry, PhD

1 Case Western Reserve University, Cleveland, Ohio, USA
2 University of Washington, Seattle, Washington, USA
3 National Center for Posttraumatic Stress Disorder, Boston, Massachusetts, USA

In the treatment of PTSD, there have been no large scale RCTs directly comparing a well-validated cognitive behavioral therapy and an SSRI. The present study examines treatment preferences and acute outcome comparing prolonged exposure (PE) and sertraline (SER) in the treatment of 200 men and women with chronic PTSD. Utilizing a doubly randomized preference trial design participants were first randomized to choice or no choice between PE and SER and then those in the no choice arm were re-randomized to either PE or SER. Prior to randomization, participants view detailed, counterbalanced videotaped treatment rationales of both PE and SER. After viewing these rationales, participants were asked for their treatment preference. Across all participants, the majority preferred PE over SER. Following randomization, participants received either 10 weeks of PE or SER, after which responder status was determined. Participants were followed-up at 3, 6, 12, and 24 months. We will present outcome results from the acute phase of treatment. Overall, although results suggest that PE and SER are both efficacious, they also highlight the presence of clear treatment preferences for PTSD and their potential impact on outcome. Our results underscore the importance of understanding patient preferences and encourage a rethinking of one-size fits all approaches to treatment for PTSD.
Psychosocial Treatments for PTSD: Innovations and Next Steps
(Clinical or Interventions Research/Research Methodology)

Mechanisms of Change in Pediatric Prolonged Exposure Therapy for Posttraumatic Stress Disorder

Foa, Edna,
University of Pennsylvania, Philadelphia, Pennsylvania, USA

Abstract
The present study examined patterns of posttraumatic stress and depression during prolonged exposure (PE) therapy for posttraumatic stress disorder (PTSD) among children and adolescents. Participants (n = 73) filled out self report measures of posttraumatic stress and depression prior to every session. Results indicated that during PE changes in posttraumatic stress resulted in subsequent changes in depression, but not vice versa. Similar results were also found for both children and adolescents separately. Changes in posttraumatic stress accounted for 90.4% of the changes in depression, but changes in depression accounted for only 41.1% of the changes in posttraumatic stress. This indicates that PE works by reducing posttraumatic stress which in turn reduces depression. Theoretical and clinical implications are discussed.

Adaptive Disclosure: A Brief Treatment for Combat and Operational Trauma

Litz, Brett, PhD; Schorr, Yonit, PhD; Nash, William, MD; Matthew, Gray, PhD; Lebowitz, Leslie, PhD; Lang, Ariel, PhD

National Center for PTSD, Boston VA Healthcare, Boston University School of Medicine, Boston,
Adaptive Disclosure (AD) is a 6-session manualized psychotherapy developed for active-duty service members with PTSD. AD is a hybrid and extension of evidence-based CBT packaged and sequenced to target life-threat trauma, traumatic loss, and moral injury (shame, guilt, inner-conflict, and betrayal). AD is unique in its brevity, military culturally-attuned style, and its attention to the unique stressors and challenges of the current lengthy wars. We are conducting an open feasibility trial of AD at Camp Pendleton. To date, over 40 Marines have completed AD and enrollment is on-going. Initial data analyses indicate that AD significantly and positively impacts mental health symptoms and post-trauma adjustment. Mean PTSD Checklist (PCL-M) scores dropped significantly (Cohen’s d = .83); as well as Patient Health Questionnaire (PHQ-9) scores (Cohen’s d = .74). There were also positive findings with regard to resilience (Response to Stressful Experiences Scale) and growth (Post-Traumatic Growth Inventory; Cohen’s d = .48 and Cohen’s d = .40, respectively). Follow-up data are being collected and a larger treatment trial is planned.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Salon 6/7 Level 3

Psychosocial Treatments for PTSD: Innovations and Next Steps
(Clinical or Interventions Research/Research Methodology)

Group Cognitive Processing Therapy for Combat-Related Posttraumatic Stress Disorder

Schuster, Jennifer; Resick, Patricia, PhD
National Center for PTSD and VA Boston Healthcare System, Boston, Massachusetts, USA

There is little research validating effective treatments for combat-related PTSD in military personnel. Because of large numbers of returning service members with PTSD, it is often necessary to provide psychotherapy in groups. Cognitive processing therapy (CPT), an evidence-based treatment for PTSD, was originally developed as a group-based intervention, yet has only been studied as an individual treatment. This project is a longitudinal randomized clinical trial with two primary objectives: 1) to compare the effectiveness of group Cognitive Processing Therapy, Cognitive-only version (CPT-C) to a group Present-Centered Therapy (PCT) modality, and 2) to compare the effectiveness of CPT-C delivered in a group versus as an individual therapy. Five hundred male and female active-duty OIF/OEF military personnel will be enrolled over the course of four years. Approximately 98 participants will receive either group PCT or group CPT-C; the remainder will be randomized between group and individual CPT-C.
Treatment will be conducted twice weekly for 6 weeks. Participants will be assessed prior to treatment, and 2-weeks, 6-months, and 12-months following treatment on factors including combat experiences, PTSD symptoms, cognitive and emotional processing of the traumatic event, and physical and mental health outcomes. Data from the first portion of the trial will be presented.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Jarry/Joyce Level A

Prévention secondaire des troubles psychotraumatiques en France : de l'intervention préhospitalière à la recherche
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Prévention Secondaire des Troubles Psychotraumatiques en France : De L'intervention Préhospitalière à la Recherche

Ducrocq, François, 1; Vaiva, Guillaume, MD, PhD2; Jehel, Louis, MD, PhD3
1University Hospital of Lille, France, Lille, France
2University Hospital of Lille, France, LILLE, France
3University Hospital of Paris, APHP, Paris, France

La confrontation à un événement traumatique entraîne des réponses psychologiques et des réactions biologiques destinées à la survie et à l'adaptation et qui se développent sans intervention ni contrôle délibéré du sujet. Elles sont souvent adaptatives mais prennent parfois la forme d’un stress dépassé ou d’une dissociation péritraumatique dont on connait le poids dans le développement d’une évolution pathologique. Des liens clairs se dessinent en effet entre le type et l’intensité de ces réactions immédiates et le développement du Trouble de Stress Post traumatique. Le repérage de ces facteurs de risque et la mise en place de stratégies de soins dédiées représente selon nous un véritable enjeu de santé publique. Complexes et encore en plein développement, ces stratégies de prévention secondaire représentent un continuum qui va de l’intervention pré hospitalière la plus généraliste aux approches psychothérapeutiques et médicamenteuses les plus pointues. A partir du modèle français des CUMP, nous tenterons d’intégrer dans ce symposium les différentes possibilités de repérage de facteurs de vulnérabilité, tant physiologique avec la fréquence cardiaque que biologique avec le GABA, et leur intérêt dans la prise en charge de ces patients.
Proposer un Suivi Spécialisé aux Sujets Vulnérables

Vaiva, Guillaume, MD, PhD
University Hospital of Lille, France, Lille, France

Parmi les pistes neurobiologiques de vulnérabilité au décours immédiat d’une exposition traumatique, un taux faible de GABA (< 0.25 ng/ml) était trouvé en lien avec une surmorbidity psychotraumatique à 2 mois et à 1 an.
Dans un essai randomisé prospectif en aveugle, nous étudions l’impact d’une prise en charge systématique de ces sujets.
Population. 70 sujets, hospitalisés au moins 5 jours dans un service de Traumatologie au décours d’un accident de voiture, répondant au critère A1 et A2 du DSM. Parmi eux, comme attendu, 25% présentaient un taux plasmatique de GABA < 0.25 ng/ml à J2 de l’accident.
Intervention. Tous les sujets étaient recontactés 6 semaines après l’accident. En comparaison d’un groupe traité as usual, les sujets présentant des symptômes psychotraumatiques bénéficiaient d’une prise en charge spécialisée (psychothérapie de soutien et paroxétine ou sertraline).
Résultats. Le groupe de sujets bénéficiant du suivi spécialisé développaient moins de séquelles psychotraumatiques, en comparaison du groupe de sujets traités as usual. Dans le groupe des sujets bénéficiant du suivi spécialisé, les sujets présentant de faibles taux de GABA ne se distinguaient pas des autres sujets en terme évolutif, au contraire des sujets du groupe témoin. Conclusion. Certains facteurs de vulnérabilité méritaient d’être considérés comme des indicateurs de prise en charge

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Jarry/Joyce Level A

Prévention secondaire des troubles psychotraumatiques en France : de l’intervention préhospitalière à la recherche
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

L’accueil aux Urgences d’un Sujet Confronté à un Événement Traumatique: Du Repérage à la Prise en Charge

Jehel, Louis, MD, PhD
University Hospital of Tenon, APHP, Paris, Paris, France

L’intervention aux urgences doit donner à la personne victime d’un choc psychologique une prise en charge personnalisée adaptée aux caractéristiques de l’événement en suivant une procédure rigoureuse. L’entretien initial doit s’appuyer sur trois axes fondamentaux évaluation, intervention thérapeutique et orientation. Dans l’évaluation nous insisterons sur le repérage des marqueurs de gravité du pronostic post-traumatique avec des données récentes d’une étude sur 122 victimes d’AVP utilisant la force du potentiel prédictif de la de la mesure de la fréquence cardiaque aux urgences couplée à une mesure de
stress aigu à J7 à l'aide d'un rappel téléphonique. L'intervention thérapeutique sera centrée sur les marqueurs de sévérité identifiés avec deux priorités. La première est la prise en compte d'indicateurs d'un potentiel suicidaire particulièrement élevé auprès des victimes de traumatisme notamment dans le cas d'agression sexuelle. La deuxième est centrée sur la réduction de la réaction émotionnelle pour limiter l'encodage mnésique des émotions lié à une hyperactivation prolongée des amygdales. Un traitement pharmacologique est alors envisagé dans la même perspective. L'orientation, constituant le 3e axe de la prise en charge, est proposée pour une prise en chargé structurée prenant en compte les aspects psychologiques, médicaux sur le plan somatique, mais aussi sociaux et juridiques.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Ballroom East Level 4

Mental and Physical Health in Female Veterans
(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

Mental and Physical Health in Female Veterans

Maguen, Shira, PhD¹; Vogt, Dawne, PhD²; Cohen, Beth, MD, MAS¹; Weitlauf, Julie, PhD³; Spiegel, David, MD⁴

¹San Francisco VA Medical Center, San Francisco, California, USA
²VA Boston healthcare System, Boston, Massachusetts, USA
³Palo Alto VA Medical Center, Palo Alto, California, USA
⁴Stanford University, Palo Alto, California, USA

Given that women comprise 15% of active duty, 17% of National Guard and Reserve personnel, and that the rates of women veterans enrolled in Department of Veterans Affairs (VA) care is expected to increase by 33% in the next three years, better understanding physical and mental health concerns of female veterans is critical. We begin by identifying gender-specific correlates of PTSD, including history of military sexual trauma, in new veterans who sought care at VA healthcare facilities. We also compare the prevalence of mental health comorbidities among veterans with PTSD. Next, we examine a model of predeployment, deployment, and postdeployment risk factors for posttraumatic stress symptomatology in a contemporary cohort of female veterans to determine whether the mechanisms of risk in this cohort mirror those of female Vietnam veterans. Next, we will highlight the association between mental health diagnostic categories and physical health outcomes in a large sample of veteran returning from Iraq and Afghanistan. Finally, we report the impact of substance use and PTSD on women's likelihood of receiving cervical cancer screening, highlighting how patterns of screening interface with women's risk for cervical cancer. We discuss how our findings can improve screening and care for newly returning female veterans.
Mental and Physical Health in Female Veterans
(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

Gender Differences in Military Sexual Trauma and Mental Health Diagnoses among Iraq and Afghanistan Veterans With Posttraumatic Stress Disorder

**Maguen, Shira, PhD**; Ren, Li, MS; Cohen, Beth, MD, MAS; Bosch, Jeane, MPH; Kimerling, Rachel, PhD; Seal, Karen, MD, MA, MPH

1 San Francisco VA Medical Center, San Francisco, California, USA
2 VA Palo Alto Health Care System, Palo Alto, California, USA

**Objective:** We aimed to identify gender-specific correlates of PTSD, including history of military sexual trauma (MST), in veterans of Iraq and Afghanistan seeking care at Department of Veterans Affairs (VA) healthcare facilities. We also compared the prevalence of mental health comorbidities among veterans with PTSD.

**Methods:** Retrospective data analyses were conducted using VA administrative data from 213,803 Iraq and Afghanistan veterans and the subset diagnosed with PTSD (n = 74,493) from 4/1/2002 through 10/1/2008.

**Results:** MST was independently associated with PTSD [adjusted odds ratio = 4.2 in women and 2.7 in men]. Among women with PTSD, 31% screened positive for MST compared to 1% of men with PTSD who screened positive for MST. Among veterans with PTSD, those who screened positive for MST had more comorbid mental health diagnoses than veterans without MST. Women with PTSD and MST were more likely to receive comorbid depression and eating disorder diagnoses and men were more likely to receive comorbid substance use disorder diagnoses.

**Conclusions:** MST is a risk factor for PTSD and is associated with an increased prevalence of gender-specific mental health disorders comorbid with PTSD. Better understanding comorbidity patterns will allow for targeted evaluation and treatment of returning veterans with MST.
Mental and Physical Health in Female Veterans
(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

Post-deployment Mental Health Disorders and Physical Health Outcomes in Returning Veterans

Cohen, Beth, MD, MAS; Maguen, Shira, PhD; Ren, Li, MS; Seal, Karen, MD, MPH
San Francisco VA Medical Center, San Francisco, California, USA

Over 220,000 women have served in the wars in Iraq and Afghanistan, taking on new roles that expose them to psychological and physical trauma. Little is known about their post-deployment health. We analyzed data from all female Iraq/Afghanistan veterans who were new users of VA healthcare from 10/15/2001 through 6/30/2009 (N=42,704). We used ICD-9 codes to categorize veterans into those with: (1) no mental health diagnoses (MH Dx), (2) PTSD, (3) Depression, (4) PTSD and depression, and (5) other MH Dx. 17,038 (40%) of female veterans received at least one MH Dx. Female veterans with any MH Dx had significantly higher prevalences of all disease outcomes compared to those with no MH Dx (all p<.0001). After adjusting for age, race, active duty status, rank, branch, multiple deployments, and distance to nearest VA, those with comorbid PTSD and depression had the highest rates [adjusted OR (95% CI) for cervical pathology 2.14 (1.9-2.4), sexually transmitted infections 2.59 (2.3-3.0), eating disorders 55.04 (27.7-109.4), and pelvic pain 3.15 (2.8-3.5)]. Results remained significant after adjustment for primary care utilization. These findings highlight the need for further research and programs to evaluate and improve the psychological and physical well-being of the growing population of women veterans.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Ballroom East Level 4

Mental and Physical Health in Female Veterans
(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

Cervical Cancer Screening in Women With Mental Illness: Examining the Impact of PTSD, Substance Use and Primary Care Use

Weitlauf, Julie, PhD1; Waldrop, Angela, PhD2; Manning, Elizabeth E, PhD3; Jones, Surai, MS1; Finney, John, PhD†
1Palo Alto VAMC, Palo Alto, California, USA
2SF VAMC/ University of California San Francisco, San Francisco, California, USA
3SF VAMC, San Francisco, California, USA

Objectives: To evaluate the impact of SUD and PTSD diagnoses on regularity of cervical cancer screening. Methods: Data on 24,081 female veterans aged 18 to 65 who regularly used Veterans’ Administration primary care facilities between 2004 and 2007, and were diagnosed with: a) SUD; b)
PTSD (no SUD); c) or no mental health condition. Groups were compared on receipt of cervical cancer screening. Results: Both SUD (OR = 1.39, CI = 1.25-1.55) and PTSD (No SUD) (OR = 1.13, CI = 1.05-1.22) diagnoses were initially associated with greater likelihood of receiving one screening during the three-year study observation period. However, after controlling for primary care use, the “buffering” effect of SUD diagnosis disappeared (OR = 1.12, CI = 1.00-1.25); findings reversed for women with PTSD (OR = .90, CI = .83-.98). Both disorders were associated with significantly decreased rates of annual cervical cancer screening (SUD OR = .71, CI = .64-.90; PTSD OR = .81, CI = .75-.88). Conclusions: National guidelines recommend annual cervical cancer screening for women at high risk (e.g., those with SUD or PTSD). To enhance consistency of gynecological care for these high risk populations, increased outreach and regular collaboration between primary care and mental health are warranted.

Concurrent 05
Symposium
Friday, November 5
8:00 a.m. - 9:15 a.m.
Ballroom East Level 4

Mental and Physical Health in Female Veterans
(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

Examination of a Model of Risk Factors for Postdeployment Stress Symptomatology in Female OEF/OIF Veterans

Vogt, Dawne, PhD1; Smith, Brian, PhD1; Elwy, Rani, PhD2; Martin, James, PhD3; Shultz, Mark, PhD2; Glickman, Mark, PhD2; Drainoni, Mari-Lynn, PhD2; Eisen, Susan, PhD2

1VA Boston Healthcare System & Boston University, Boston, Massachusetts, USA
2CHOQER, Edith Nourse Rogers Memorial Veterans Hospital, Bedford, Massachusetts, USA
3Bryn Mawr College, Bryn Mawr, Pennsylvania, USA

Previously, King and colleagues (1999) identified a model of unique risk factors for postdeployment stress symptomatology (PDSS) among female Vietnam veterans. The present study examined this model in a national sample of 343 female OEF/OIF veterans to determine whether the mechanisms that underlie PDSS in this sample mirror relationships observed among female Vietnam veterans. Structural equation modeling analyses were conducted to examine hypothesized associations among two predeployment factors (prior stressors and childhood family environment), three deployment factors (warfare experience, perceived threat, and concerns about family disruptions), and two postdeployment factors (social support and postdeployment stressors) as they relate to PDSS. The final model evidenced a number of differences from expectations. Particularly noteworthy was the finding that exposure to warfare demonstrated a direct effect on PDSS in the female OEF/OIF sample but not the earlier female Vietnam veteran sample. Likewise, perceptions of threat in the warzone demonstrated a significant relationship with both postdeployment stressors and social support in female OEF/OIF veterans but not female Vietnam veterans. Concerns about family disruptions also demonstrated several important relationships with other variables in this model. Findings underscore the need for focused attention to novel risk factors for PDSS among female OEF/OIF veterans.
Concurrent 05
Workshop
Friday, November 5
8:00 a.m. - 9:15 a.m.
Drummond West Level 3

The Forensic Assessment of Psychological Trauma and PTSD
(Assessment/Diagnosis/Clinical Practice Issues)

Hughes, Dawn, PhD, ABPP¹; Rocchio, Lisa, PhD²
¹Independent Practice, New York, New York, USA
²Lisa M. Rocchio PhD & Associates, Inc., Johnston, Rhode Island, USA

A board certified forensic psychologist and a clinical and forensic psychologist, both with specialized expertise in abuse and trauma, will describe the practice of forensic psychology where psychological trauma remains at the heart of the issue. The forensic assessment of psychological trauma and PTSD, especially in the context of complex and serious civil and criminal matters, requires enhanced knowledge and skills and involves multidisciplinary interactions among a broad range of professionals from varied disciplines such as attorneys, correction officials, social workers, and physicians. This workshop delineates the core components of a forensic evaluation of psychological trauma and PTSD, such as an understanding of the empirically based manifestation of trauma based disorders and co-morbidity, assessment of malingering, articulation of the psycho-legal link to the matter at hand, and effective communication to judges and juries. Participants will acquire practical forensic skills such as management of the initial attorney contact, psycho-legal case conceptualization, use of evidence-based psychological assessment tools, conducting a comprehensive clinical interview, analysis of documents and records, and interviews with collateral sources. Skills will be taught through the use of case material and testimony from forensic trauma cases. The significant differences between a forensic evaluator and treating clinician will be outlined.

Concurrent 05
Panel
Friday, November 5
8:00 a.m. - 9:15 a.m.
Drummond Centre

Global Perspectives in Planning for, Responding to, and Recovering From Disaster
This panel, hosted by the ISTSS Student Section, will explore disaster response and crisis intervention from three perspectives: (1) progress toward the imperative of integrating disaster mental and behavioral health with public health and medical preparedness, using the unifying concept of “disaster health” (“maximal safety, optimal function, and effective action in preparedness for, and response to, disasters, emergencies, and extreme events”) using examples from catastrophic health events; (2) findings from a recent review of evidence for Crisis Intervention following traumatic stress, including community models, individual trauma intervention studies, case reports, and disaster and mass violence intervention studies, as well as expert recommendations for improving SAMHSA’s crisis counseling services; and (3) response by the Australian Centre for Posttraumatic Mental Health to the 2009 Southern Australia bushfires (Australia’s worst natural disaster) in designing, developing, implementing, and evaluating training materials for a multi-agency effort involving community members and practitioners. This will be an interactive panel and attendees are encouraged to ask questions and participate in the discussion of how to best respond to disaster.

Concurrent 05
Panel
Friday, November 5
8:00 a.m. - 9:15 a.m.
Kafka/Larmartine Level A

Translating research on Resilience into Improved Intervention Techniques for PTSD
(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

McCreary, Donald R., PhD¹; Pietrzak, Robert H., PhD, MPH²; Southwick, Steven M., MD²; Whealin, Julia M., PhD³

¹Individual Readiness Section, Defence R&D Canada-Toronto, Toronto, Ontario, Canada
²National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA
³National Center for PTSD Pacific Islands Division, Honolulu, Hawaii, USA

Resilience is the capacity of individuals or groups to implement early, effective adjustment processes to alleviate strain imposed by stress exposure (Layne Warren, Watson, & Shalev, 2008). Increasingly sophisticated research has shown us that resiliency in the face of highly stressful events, within limits, is not purely a random phenomenon. In this panel, the construct of resilience and mechanisms underlying
resilience will be discussed. Data from several cohorts of recruits will be used to assess different conceptual models of resilience. Data also will be presented from two cross-sectional studies that examined correlates of resilience in OEF-OIF Veterans. Results of these studies suggest that, after adjusting for demographics and deployment characteristics, higher scores on a measure of psychological resilience and social support was associated with resilience to symptoms of PTSD, depression, as well as other psychosocial difficulties. The panel will foster clinician-researcher dialogue about the construct and measurement of resilience as well as implications for treatment interventions.

Concurrent 05
Papers
Friday, November 5
8:00 a.m. - 9:15 a.m.
Hemon Level A

Methodological and Research Issues
(Social Issues/Public Policy/Ethics)

Methodological Issues Associated With Online Data Collection
(Research Methodology/Clinical or Interventions Research)

Jones, Daniel, BA; Lauterbach, Dean, PhD
Eastern Michigan University, Ypsilanti, Michigan, USA

Online survey tools like SurveyMonkey have become common for psychological research, and can be both convenient and useful for research in which self-reported data are appropriate. Use of an online survey system raises several unique methodological issues, particularly in the management of partial or incomplete data, and of duplicate participants. To demonstrate some of these issues, several cases of incomplete (n = 26) or duplicate (n = 3) participation from a study examining the relationship between a history of trauma and aggressive behavior (N=232) will be discussed. Beyond incomplete and duplicate participation, participant mistakes in the use of the survey tools also appeared common in this study. The researcher proposes a simple “taxonomy” of these cases which may assist in data cleaning. In addition to formal statistical methods used to manage missing data, several strategies appear to be useful in helping the researcher detect and systematically discard duplicate data, and make difficult decisions about fully duplicate participants. Also discussed will be further implications for online data collection, in light of frequently-noted difficulties with assessing traumatic events and other variables online.
Methodological and Research Issues
(Social Issues/Public Policy/Ethics)

The 97/3 Gap in Trauma Literature: Traumatic Events are Largely Under-Researchers in Low and Middle Income Countries
(Social Issues/Public Policy/Ethics/Culture/Diversity)

Luz, Mariana, MD, MsC¹; Mendlowicz, Mauro, MD, PhD²; Marques-Portella, Carla, MD, PhD¹; Berger, William, MD, MsC¹; Figueira, Ivan, MD, PhD¹
¹Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil
²Universidade Federal Fluminense, Niterói, Brazil

A consistent gap in research output between high-income (HI) and low- and middle-income (LAMI) countries is found in various fields of mental health research. This study aims to determine the existence of a gap between the research output of HI and LAMI countries in the PTSD literature, and to analyze the potential traumatic events (PTEs) studied by each country in particular.

Original articles on PTSD published between 1991 and 2006 found in the ISI/Web of Knowledge database (n=2,583) were classified according to the country of the corresponding author and PTE studied. Countries were categorized according to income and their proportional share of articles was analyzed.

The vast majority of articles were published in high income-countries, with rates varying from 99.7% in the 1991-1994 period to 96% in the 2003-2006 period. The PTEs most commonly studied by HI countries authors were war-related events. The majority of articles published by researchers from upper-middle and lower-middle income countries were about natural disasters; somewhat surprisingly, terrorism was the focus of only one article, published by a low income country.

The identification of this 97/3 gap in PTSD literature and the analysis of the PTEs studied by countries according to their income can be of help in planning future research and resource allocation.

Concurrent 05
Papers
Friday, November 5
8:00 a.m. - 9:15 a.m.
Hemon Level A

Methodological and Research Issues
(Social Issues/Public Policy/Ethics)

Research Priorities to Support Mental Health and Psychosocial Support in Humanitarian Settings: Results of a Global Consensus Study
(Civilians in War/Refugees/Disaster/Mass Trauma)

Tol, Wietse, PhD¹; Baingana, Florence, PhD²; Galappatti, Ananda, PhD Candidate³; Panter-Brick, Catherine, PhD⁴; Patel, Vikram, MD, PhD⁵
¹HealthNet TPO, Kathmandu, Nepal
Humanitarian crises predominantly affect low- and middle-income countries. However, only six percent of mental health research originates in these countries, and very little of this research addresses prevention and treatment strategies in emergency settings. Moreover, little consensus exists concerning appropriate research strategies. To address this gap, we initiated a global research priority setting exercise in order to identify research questions that would best contribute to improved interventions in humanitarian settings. Research priority setting methodology followed principles outlined in the Child Health and Nutrition Research Initiative (CHNRI). We invited a purposive sample of 240 academicians and practitioners to form an advisory group, selected to be representative of (a) countries/regions where humanitarian settings occur, (b) gender, (c) academic and humanitarian work settings, and (d) a focus on mental disorders and psychosocial wellbeing. First, advisory group members were asked to generate five research priorities, preferably in collaboration with colleagues working in remote locations. Second, we selected criteria to systematically score research options, taking into account input from expert stakeholders and humanitarian field workers. Third, we asked advisory group members to systematically score compiled research questions. The presentation will discuss the final outcome from the study, and resulting research recommendations.
Novel Approaches in the Modulation of the Human Fear Memory: Facilitating Extinction Processes with D-Cycloserine
(Biological/Medical/Clinical or Interventions Research)

Brunet, Alain, PhD
Douglas Mental Health Univ Inst and McGill Univ., Verdun, Quebec, Canada

Over the past decade, research on drugs aimed at enhancing extinction learning has identified D-cycloserine (DCS), a partial N-methyl-D-aspartate (NMDA) receptor agonist, as a medication with the potential of serving as treatment for people with anxiety disorders. This symposium will review the evidence and provide new data pertaining to the efficacy of this drug on serving as an adjunct to Exposure Based and Therapies for military and civilian populations who suffer from PTSD.

Clinical Trials of D-Cycloserine in Conjunction With Cognitive Behavioral Treatment for Posttraumatic Stress Disorder

Cukor, Judith, PhD; Wyka, Katarzyna, PhD; Difede, JoAnn, PhD
Weill Cornell Medical College, New York, New York, USA

This talk will describe the use of D-cycloserine (DCS) in conjunction with the cognitive behavioral treatment of PTSD in two ongoing double-blind, randomized, exposure therapy protocols. Study design
and methodology will be described, and preliminary results presented. For both studies, subjects receive 100 mg of DCS or a placebo taken only on the days on which the exposure will occur in session (total 9-12 times). Study 1 involves a 12-14 session CBT protocol with virtual reality enhanced exposure. Subjects have PTSD related to either the World Trade Center attacks of 9/11, or to their combat experience in Iraq (n=17). There are significant (p<.001) group improvements between baseline CAPS score (mean = 70.31+/-25.11) and outcome CAPS score (40.75+/-29.92). Group differences between baseline CAPS and 6 month outcome (mean = 32.85+/-32.48) are also significant (p<.05). Study 2 entails a 12-14 session CBT protocol with imaginal exposure and is open to individuals with PTSD related to any type of trauma (n=9). Group differences between baseline total CAPS score (92.86+/-14.58) and posttreatment CAPS score (38+/-21.73) are significant (p<.005). All available unblinded data and differences between DCS and placebo groups will be presented.

Concurrent 06
Featured Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Ballroom West Level 4

Novel Approaches in the Modulation of the Human Fear Memory: Facilitating Extinction Processes with D-Cycloserine
(Biological/Medical/Clinical or Interventions Research)

Results From a Six-month Follow-up of a Randomized Controlled Trial Assessing the Efficacy of Cognitive-behavioral Therapy Combined With D-Cycloserine for Treating PTSD

Guay, Stephane, PhD¹; Marchand, Andre, PhD²; Landry, Pierre, MD, PhD³
¹University of Montreal, Montreal, Quebec, Canada
²Quebec University of Montreal, Montreal, Quebec, Canada
³Centre d’étude sur le Trauma, Centre de Recherche Fernand-Seguin, Montreal, Quebec, Canada

The combination of D-cycloserine (DCS) with cognitive-behavioral therapy (CBT) has been found to facilitate the treatment of Obsessional-compulsive Disorder (OCD), social anxiety and fear of heights. The purpose of this double-blind randomized controlled trial is to assess if the efficacy of CBT for PTSD can be increased by combining it with DCS (CBT + DCS). Forty-eight civilian patients with PTSD aged between 18 and 65 years-old were recruited in the community and were randomly assigned to CBT + DCS or CBT + placebo. The Clinician-administered PTSD Symptom Scale was used to assess our primary outcome, PTSD symptoms severity and diagnosis, before, after and 6 months after the end of treatment. Secondary outcomes consisted of self-reported measures of anxiety and depression symptoms. Patients received 12 to 16 sessions of CBT that included psychoeducation, breathing retraining, imaginal exposure, in vivo exposure, and relapse prevention. From session 4, they received 50mg of DCS or a placebo 1 hour before each session of imaginal or in vivo exposure. Our results indicate that CBT + DCS was not more efficacious than CBT+ placebo in decreasing PTSD symptoms. These results and others, related to secondary outcomes, will be discussed.
Novel Approaches in the Modulation of the Human Fear Memory: Facilitating Extinction Processes with D-Cycloserine
(Biological/Medical/Clinical or Interventions Research)

Exposure Based CBT Therapy and D-Cycloserine Treatment for PTSD in Veterans and Civilians

Henn-Haase, Clare, PsyD¹; Best, Suzanne, PsyD²; Metzler, Thomas, PsyD³; Neylan, Thomas, MD⁴; Marmar, Charles, MD⁴; Rothbaum, Barbara, PhD, ABPP⁵

¹University of California, San Francisco, VA Med Ctr., San Francisco, California, USA
²Lewis and Clark College, Portland, Oregon, USA
³University of California, San Francisco VA Med Ctr., San Francisco, California, USA
⁴University of California, San Francisco, San Francisco, California, USA
⁵Emory University School of Medicine, Atlanta, Georgia, USA

Recent preclinical and translational research points to the promise of an NMDA receptor partial agonist, D-Cycloserine (DCS), as an adjunct to extinction based exposure treatment of PTSD to reduce the number of exposure trials needed to achieve clinical improvement. A double-blind, randomized controlled trial examined the effectiveness of DCS compared to placebo as an adjunct to CBT based direct therapeutic exposure in the treatment of veterans and civilians who met diagnostic criteria for full or subsyndromal PTSD. Of the participants enrolled (N=27) 15 completed the 12-16 session manualized treatment and 12 completed the 3 month follow-up. PTSD response to treatment was measured by the PCL and CAPS in both groups (N=7; CBT+DCS and N=5 CBT+Placebo). Although the small sample size restricts power to detect group differences, an ANOVA controlling for pre-treatment PTSD symptoms showed significant improvement only in the DCS group. The effect size for improvements in CAPS Total Score was 2.67, p < .05 , for PCL Total Score , Effect Size was 1.43, p < .05. Intent to treat analyses (N=20) show a similar pattern of results. Case examples illustrative of these trends will be presented.
Novel Approaches in the Modulation of the Human Fear Memory: Facilitating Extinction Processes with D-Cycloserine
(Biological/Medical/Clinical or Interventions Research)

Rothbaum, Barbara, PhD, ABPP
Emory University School of Medicine, Atlanta, Georgia, USA

Extinction of fear is thought to use similar learning mechanisms as learning or conditioning of fear, and both are blocked by antagonists at the glutamatergic N-methyl-D-aspartate (NMDA) receptor. Furthermore, agonists at this site appear to augment some forms of learning in animal and human trials. The process of extinction of conditioned fear has recently been shown to be facilitated by D-Cycloserine (DCS), an NMDA agonist, given in individual doses prior to extinction training in an animal model. We have preliminary evidence that a similar effect is found in human subjects undergoing controlled exposure therapy for specific phobia. We will review existing evidence that a single dose of DCS, given shortly before individual exposure therapy sessions, will significantly enhance the rate of response and possibly the efficacy of treatment. We will present an ongoing blinded, randomized, placebo-controlled efficacy study with the goal of determining whether a drug that acutely enhances learning in animal models will facilitate the extinction of fear that occurs with behavioral exposure therapy.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Drummond East Level 3

Current Directions in Ethnoracial Diversity and Traumatic Stress Studies Research
(Culture/Diversity/Research Methodology)

Current Directions in Ethnoracial Diversity and Traumatic Stress Studies Research

Triffleman, Elisa, MD1; Pole, Nnamdi, PhD2; Ghafoori, Bita, PhD3; Hoyt, Tim, PhD Candidate4; Liebschutz, Jane, MD, MPH5

1Chair, ISTSS Diversity Committee, Port Washington, New York, USA
2Smith College, Northampton, Massachusetts, USA
3California State University, Long Beach, Long Beach, California, USA
4Madigan Army Medical Center, Tacoma, Washington, USA
5Boston University Medical Center, Boston, Massachusetts, USA

By 2042, the US is projected to become a “majority minority” nation. Further understanding of associations between traumatic stress and ethnoracial diversity is necessary in order to identify a broad range of trauma-related needs across populations. The ISTSS Diversity Committee has given high priority to promulgating information which furthers this area. In this symposium organized by the Committee in
conjunction with the publication of a special issue of the journal Psychological Trauma concerning ethnoracial diversity in trauma, qualitative and quantitative observational research will be presented in order to disseminate new findings and to present the audience with further approaches to thinking about the relationships between diversity and trauma. Two presentations consider differences found in divergent samples of Hispanic participants in contrast to non-Hispanic White and African American participants in PTSD severity, personality disorders, and patterns of responding on the PTSD Checklist. The third presentation examines issues involved in research participation from the point of view of urban, low-income African American men, and thus presents considerations vital to recruitment and retention. In featuring presentations about such varying populations, we hope the audience will appreciate the heterogeneity present within and between populations, as differing cultures and histories contribute to post-traumatic outcomes.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Drummond East Level 3

Current Directions in Ethnoracial Diversity and Traumatic Stress Studies Research
(Culture/Diversity/Research Methodology)

Personality Patterns Among Black, White, and Hispanic Combat Veterans

Ghafoori, Bita, PhD
California State University, Long Beach, Long Beach, CA, California, USA

Little is known about racial and ethnic differences in personality pathology in combat veterans. This investigation explored the relationship between race, ethnicity, and personality disorders (PDs) in a sample of 96 combat veterans. Ethnoracial group status was based on self-identification. PDs were assessed with the MCMI-III, posttraumatic stress disorder (PTSD) was assessed with the Clinician Administered PTSD scale, and combat exposure was assessed with the Combat Exposure Scale. 12.5% of the sample was Black, 62.5% of the sample was White, and 25% of the sample was Hispanic. 35.4% screened positive for a Cluster A PD, 16.7% screened positive for a Cluster B PD, and 22.9% screened positive for a Cluster C PD. The findings suggest that Hispanic veterans were five times more likely to have cluster A PDs compared to non-Hispanic veterans, even after controlling for demographics, level of combat exposure, and current PTSD. Participants with higher PTSD symptom levels were approximately one and a half times more likely to have a Cluster A PD, and level of combat exposure was significantly associated with Cluster C PDs (OR= 0.95; 95% CI = 0.90-1.00). Implications of the results for the research and treatment of culturally diverse individuals with PDs are discussed.
Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Drummond East Level 3

Current Directions in Ethnoracial Diversity and Traumatic Stress Studies Research
(Culture/Diversity/Research Methodology)

Evaluating Measurement Invariance in PTSD Symptom Structure Models Among Hispanic and White College Students

Hoyt, Tim, PhD¹; Yeater, Elizabeth, PhD²; Nason, Erica, MS (PhD, Student)²
¹Madigan Army Medical Center, Tacoma, Washington, USA
²University of New Mexico, Albuquerque, New Mexico, USA

This study tested measurement invariance between Hispanic (N = 226) and White (N = 278) college students’ responses to a well-validated measure of post-traumatic stress disorder (PTSD) symptoms. Participants completed the PTSD Checklist - Civilian version (PCL-C). Eight models were tested using within-groups confirmatory factor analysis (CFA). Of these models, three (King et al., 1998; Simms et al., 2002; Smith et al., 1999) showed good fit for both ethnic groups, although differences in the degree of fit were observed between the two ethnic groups. In order to establish measurement invariance, ethnic groups were compared using progressively stricter fit criteria in multiple group CFA. Both groups showed equal regression weights between ethnic groups in the latent variables predicting particular items, but did not show equivalent intercept values (i.e., mean item scores). Mean item score differences between Hispanic and White groups were observed on items assessing emotional upset with reminders (item B4) and emotional distancing (item C5). The King and colleagues (1998) model consisting of four correlated factors - re-experiencing, avoidance, numbing, and hyperarousal - showed the best measurement invariance when comparing Hispanic and White ethnic groups.
Challenges to Engaging Low Socioeconomic Urban African American Male Victims of Community Violence in Research Studies

Liebschutz, Jane, MD, MPH
Boston University Medical Center/Boston Medical Center, Boston, Massachusetts, USA

Qualitative data from a cross-sectional interview study and a pilot intervention study was used to identify challenges to conducting intervention research with black male victims of community violence. Grounded Theory methods were employed to analyze qualitative interviews of 16 black males, ages 25-38 with history of gunshot or stabbing, and ethnographic field notes of research processes of a pilot intervention study of primary care and psychotherapy among 11 black males ages 18-42 hospitalized for gunshot or stab wounds. Challenges to research participation centered on mistrust of the research process in several contexts, including fear of police involvement; an impression of “snitching” when revealing personal information, and suspicion of the informed consent process; and the acute dissociative experience associated with trauma exposure as well as logistical barriers. Facilitators to research included monetary incentives, motivation to help oneself and peer recruitment approach. Recruiting low SES urban African American males for research in the aftermath of trauma is impeded by street culture, including fear of police involvement. Efforts to engage this population should include culturally concordant research team members and approaches.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Drummond East Level 3

Current Directions in Ethnoracial Diversity and Traumatic Stress Studies Research
(Culture/Diversity/Research Methodology)

Diversity and Traumatic Stress Studies Research: The Future is Here

Pole, Nnamdi, PhD
Smith College, Northampton, Massachusetts, USA

Presentations by Ghafoori, Hoyt, and Liebschutz will be discussed within the broader context of ethnocultural variation in responses to and recovery from trauma. The Ghafoori paper compares personality pathology in Black, White, and Hispanic combat veterans and notes elevations in Cluster A pathology among Hispanic veterans. The Hoyt paper asks whether the Posttraumatic Stress Disorder Checklist (PCL) captures PTSD similarly in Hispanic and non Hispanic White respondents. The Liebschutz paper describes a qualitative study of factors that impede research participation among African American male survivors of community violence. Each of these presentations exemplifies a different tradition in ethnoracial trauma research. Methodological strengths and future directions will be highlighted and discussed. In addition, this work will be contextualized within the developing field of ethnoracial trauma research.
PTSD and Aging
(Clinical or Interventions Research/Assessment/Diagnosis)

PTSD and Aging

Magruder, Kathy, PhD  
*Medical University of South Carolina, Charleston, South Carolina, USA*

The aim of this symposium is to present evidence for the importance of understanding PTSD and aging. Due to the aging of the Vietnam veteran population, there will be a large cohort of elderly veterans with PTSD, and it is critical to understand if and how PTSD impacts medical illness and mortality. In addition, it is important to understand how PTSD screening tools operate with elderly patients, and if adjustments in interpretation need to be made. The presenters in this symposium will examine: 1) dementia in a large prospectively followed clinical cohort for whom PTSD and purple heart status were previously established; 2) prospective mortality in a large well studied community cohort of Vietnam veteran males for whom PTSD was previously established; and 3) performance characteristics of the PCL versus the CAPS in a large clinical sample of elderly VA primary care patients. The final presentation will be a discussion of these 3 papers, including a brief description of major ongoing studies that will establish psychiatric and medical morbidity related to PTSD in aging veterans.
Increased Prevalence and Incidence of Dementia in Older Veterans with PTSD

Qureshi, Salah, MD
Baylor Medical College, Houston, Texas, USA

PTSD and dementia share several risk factors and co-morbidities. Thus, we hypothesized that veterans with PTSD would be at greater risk of dementia than veterans injured in combat who were Purple Heart (PH) recipients or non-PTSD, non-PH veterans. We conducted an administrative database study of veterans >65 years of age seen at a VA facility. We constructed four comparison groups: those with PTSD only (PTSD+/PH-, n=3660), those with Purple Heart only (PTSD+/PH+, n=153), and those without PTSD or/Purple Heart (PTSD-/PH+, n=1503), those with PTSD and Purple Heart (PTSD+/PH+, n=5165). Incidence and prevalence of dementia was calculated after controlling for confounding factors in multivariate logistic regression. The PTSD+/PH- group had a significantly higher incidence (OR 2.2 and 1.8) and prevalence (OR 2.4 and 2.0) of dementia than the groups without PTSD, either with or without Purple Heart. The prevalence and incidence of a dementia diagnosis remained two times higher in the PTSD+/PH- group when compared to PTSD-/PH+ or PTSD-/PH- groups after adjusting for the confounding factors. There were no statistically significant differences between the other groups. The incidence and prevalence of dementia is increased in veterans with PTSD. It is unclear whether this is due to a common risk factor underlying PTSD and dementia or whether it is due to PTSD being a risk factor for dementia. Thus, this study suggests that veterans with PTSD should be screened more closely for dementia. Because PTSD is so common, this association has important implications for veteran care.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Salon 4/5 Level 2

PTSD and Aging
(Clinical or Interventions Research/Assessment/Diagnosis)

Screening for PTSD in Primary Care; Does Age Matter?

Yeager, Derik,
Medical University of South Carolina, Charleston, South Carolina, USA

Based on a large extant database derived from a multi-site, cross-sectional study conducted at four Southeastern VA Medical Centers we compared screening performance across three age groups. We obtained PCL, SPAN and socio-demographic information from randomly sampled primary care patients who were then administered the Clinician Administered PTSD Scale (CAPS) by telephone to establish PTSD caseness; complete data were available for 855 patients. Three age groups were defined: ages 21 - 49 (n = 204), 50 - 64 (n = 319), and > 65 (n = 332). Receiver operator characteristic (ROC) curves were used to assess overall screener performance and to determine an optimal cutscore for the PCL and SPAN against the gold-standard CAPS. AUC’s varied across age groups (PCL 87.6 - 88.3%; SPAN 78.1 - 86.2%) but not significantly (p > 0.99;
However optimal cutscores decreased as age increased (PCL: 43, 31, 23; SPAN 7, 4, 1).
While there was no statistically significant difference in overall diagnostic performance the wide range and trend nature of the optimal cutscores by age group should not be ignored. Based on these findings clinicians should pay more attention to older patients with lower PCL scores.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Salon 4/5 Level 2

PTSD and Aging
(Clinical or Interventions Research/Assessment/Diagnosis)

PTSD and Aging: Discussion

Magruder, Kathy, PhD
Medical University of South Carolina, Charleston, South Carolina, USA

Largely due to the large numbers of Vietnam veterans who are fast approaching their mid-60's, there is concern over the health sequelae that may be related to PTSD. This presentation provides data on the prevalence of PTSD in elderly veterans in VA settings, including rates of treatment as well as rates of disability claims applications. With this context, the presenter will discuss the other symposium presentations on mortality, dementia, and screening. In addition, it will provide information on ongoing studies that will establish the prevalence, course, and consequences of PTSD in aging men and women veterans.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Salon 6/7 Level 3

Interpersonal/Social Processes in Trauma Adaptation: Theoretical Approaches
(Social Issues/Public Policy/Ethics/Disaster/Mass Trauma)

Interpersonal/Social Processes in Trauma Adaptation: Theoretical Approaches
This symposium will address the interpersonal processes involved in trauma adaptation. The four presentations will address the dynamic mechanisms involved in the range of adaptive (maladaptive) responses beyond PTSD including: the role of attachment in social support perceptions over time with terrorism survivors, the importance of social facilitation following trauma on individual and social outcomes, the evaluation of interpersonal traumas on relational dynamics, and a review of how family relations interact with coping processes following mass trauma. Each of the papers underscore the importance of looking at the social cognitive implications of trauma to more thoroughly understand the complexity of response not captured by the current diagnostic approach.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Salon 6/7 Level 3

Interpersonal/Social Processes in Trauma Adaptation: Theoretical Approaches
(Social Issues/Public Policy/Ethics/Disaster/Mass Trauma)

Beyond Criterion A: A Closer Look at the Unique Effects of Negative Interpersonal Events

Shallcross, Sandra, MA; Anders, Samantha, MA; Frazier, Patricia, PhD
University of Minnesota, Minneapolis, Minnesota, USA

Previous research has found little difference in PTSD risk between Criterion A and non-Criterion A events (Anders, Frazier & Frankfurt, 2010). In this study, interpersonal events (e.g., relationship dissolution) were the non-A events associated with most risk for PTSD. To further examine the impact of these events, undergraduate students (N = 181) completed a traumatic events checklist (TLEQ), to which several interpersonal events (e.g., social exclusion) were added. Participants completed measures of distress (Brief Symptom Inventory) and PTSD symptoms (PCL-S) with regard to their self-nominated worst lifetime event. 87% of the sample reported experiencing at least one Criterion A and 99% reported at least one non-A event over their lifetime. The most commonly nominated worst events were the unexpected death of a loved one and a romantic partner’s infidelity. The number of Criterion A events reported was associated with more PTSD ($r = .33$) and general distress ($r = .24$); however, the number of non-Criterion A events was even more strongly associated with PTSD ($r = .44$) and distress ($r = .34$). Further analyses
will explore characteristics of interpersonal events associated with greater risk (e.g., perceived betrayal) and the relation between different types of events and relationship functioning (e.g., trust).

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Salon 6/7 Level 3

Interpersonal/Social Processes in Trauma Adaptation: Theoretical Approaches
(Social Issues/Public Policy/Ethics/Disaster/Mass Trauma)

Social Facilitation of PTSD: A New Model Comprising Contexts and Social Cognition as Essential Etiological Factors

Maercker, Andreas, MD, PhD; Nietlisbach, Gabriela, PhD; Müller, Mario, PhD Candidate
University of Zurich, Zurich, Switzerland

Social facilitation effects have long been described for performance-related outcomes. The basic premise of this model is transferred to the area of psychological trauma sequelae to provide a framework model of development and maintenance of posttraumatic stress disorder (PTSD). It is suggested that social-cognitive and interpersonal factors process the traumatic stress towards a resulting spectrum from resilience to chronic disorder. This arises as a consequence of: (1) the individual traumatic stress load/biological stress response, (2) social cognitive changes of the perceptions of self, others, and the world, and (3) social, societal or cultural processes that contribute to strain or ease of the former factors. Main evidence for the model derives from social support findings in PTSD. A series of recent studies from our lab on social cognition in trauma survivors is presented that includes behavioral experiments on disturbed empathy or social exclusion effects or self-reported cross-culturally measured human value orientations. The model helps explain several apparently puzzling phenomena of social disturbances as well as long-term changes in PTSD.
Interpersonal/Social Processes in Trauma Adaptation: Theoretical Approaches
(Social Issues/Public Policy/Ethics/Disaster/Mass Trauma)

Mental Health Consequences of Exposure to War-Trauma: Longitudinal Relations Between Perceived Social Support, Attachment Orientations, and Initial Emotional Responses

Neria, Yuval, PhD¹; Besser, Avi, PhD²; Westphal, Maren, PhD¹
¹Columbia University, New York, New York, USA
²Sapir College, Shderot, Israel

A large body of research has shown that social support may buffer against the development of psychopathology following war-related trauma. This presentation discusses data from two recent longitudinal studies investigating the long-term mental health impact of the Israel-Gaza 2008-2009 war on Israeli civilians in relation to perceived social support. Data was collected during the war and at 2 and 4 months after the war. Using a longitudinal cross-lagged design, the first study showed that higher levels of attachment-anxiety predicted increased levels of PTSD and MDD symptoms and decreased levels of social support 4 months later. The second study examined whether perceived availability of social support may influence whether an immediate emotional response to trauma (helplessness and fearfulness) will develop into long-term psychopathology. Results showed that perceived social support during the war moderated the effects of immediate emotional response on a broad range of psychopathology at each time point independent of severity of trauma exposure. Collectively, our findings suggest that perceived social support may help protect against long-term mental health problems among individuals who are vulnerable to developing psychopathology following trauma exposure due to high levels of initial distress or as a function of personality-related risk factors such as attachment anxiety.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Salon 6/7 Level 3

Interpersonal/Social Processes in Trauma Adaptation: Theoretical Approaches
(Social Issues/Public Policy/Ethics/Disaster/Mass Trauma)

Complexities of Family Functioning in the Aftermath of Disasters

Kaniasty, Krys, PhD
Indiana University of Pennsylvania, Indiana, Pennsylvania, USA

Disaster victims primarily rely on their indigenous support networks. Researchers observing public reactions to natural disasters and other collective catastrophes term this immediate reliance on
assistance within primary groups as an “informal mass assault.” The image evoked by this metaphor is a large scale convergence of indigenous helpers and mobilization of collective coping resources. Of course, families are at the forefront of this movement, and empirical research has strongly documented the pivotal importance of kin support in coping with collective traumas. Yet there is an inherent irony in the label “mass assault” because, more often than not, it is the family that is also at the frontal position for the victimization exposure to the forces of disasters. This presentation will review empirical research investigating the influence of disasters on family relations and coping. The first part of the review will consider family variables as outcomes, and will present evidence for both deleterious and (potentially) positive impact of collective stressors on family cohesion and functioning in the aftermath. The second part of the review will consider family stress reactions and functioning as mediators or moderators of the impact of disasters on psychological well-being of their members.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Kafka/Larmartine Level A

Use of Tele-Mental Health within the Operational Stress Injury (OSI) Clinic Network: State of Need and State of Art.
(Technology/Clinical Practice Issues)

Use of Tele-Mental Health Within the Operational Stress Injury (OSI) Clinic Network: State of Need and State of Art

Whitney, Debbie, PhD, Cpsych
Devlin, Julie, PhD
O’Neil, Philip, MSW
McElheran, Megan, PsyD

1. Operational Stress Injury Clinic, Winnipeg, Winnipeg, Manitoba, Canada
2. Operational Stress Injury Clinic, Fredericton, New Brunswick, Canada
3. Operational Stress Injury Clinic, Fredericton, New Brunswick, Canada
4. Carewest Operational Stress Injury Clinic, Calgary, Manitoba, Canada

Veterans Affairs Canada funds ten Operational Stress Injury (OSI) Clinics in Canada, each located in a major population centre. These clinics provide assessment and treatment of service-related mental health problems for veterans, still-serving members of the Canadian Forces, and active and retired members of the RCMP. Video teleconferencing has been welcomed by the OSI clinics because it expands access to clients living in or near smaller centers. The first presentation in this symposium will describe the findings of a national survey of OSI clinician attitudes toward using new technologies, including video teleconferencing, and detail how the Atlantic region clinic in Fredericton has moved forward to establish a viable system of delivery. The next presenter will discuss the real life challenges of providing services via telehealth in Newfoundland and Labrador as supported by the OSI Clinic in Fredericton. In Manitoba, the OSI Clinic in Winnipeg has established a telehealth link with CFB Shilo. CF member experiences and
outcomes when receiving empirically-validated trauma treatments (Prolonged Exposure and Cognitive Processing Conjoint Therapy) via telehealth will be described. The concluding presentation will review how a pilot of telehealth at the Carewest OSIC in Calgary, Alberta has affected clinician practices, now one year later.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Kafka/Larmartine Level A

Use of Tele-Mental Health within the Operational Stress Injury (OSI) Clinic Network: State of Need and State of Art
(Technology/Clinical Practice Issues)

Tele-mental Health Services for Veterans: Building the Case in Atlantic Canada

Devlin, Julie, PhD1; Simms, Deanne, PhD Candidate2; Gibson, Kerri, PhD Candidate2
1Operational Stress Injury Clinic, Fredericton, New Brunswick, Canada
2National Research Council, Fredericton, New Brunswick, Canada

The Operational Stress Injury Clinic in Fredericton, New Brunswick is working with Veterans Affairs Canada and the National Centre for Operational Stress Injuries to develop strong collaborative relationships and strategies to respond to the identified needs of a highly dispersed veteran population. The OSI Clinic in Fredericton has fostered partnerships to assess the viability of utilizing telemental health throughout the Atlantic Provinces. Funded by Veterans Affairs Canada, the Telemental Health Operational Model Project was undertaken by XWAVE Healthcare and Horizon Health Network in part to assess existing telemental health infrastructure in terms of the readiness for use by the Operational Stress Injury Clinic in Fredericton. Barriers to implementation will be discussed in terms of current practices at the OSI Clinic in Fredericton. Interviews conducted by the National Research Council obtained qualitative results from a sample of OSI Network clinicians regarding their attitudes toward the use of telemental health. Attitudinal themes of this work will be outlined and compared with client satisfaction survey results obtain by Horizon Health Network.
Use of Tele-Mental Health within the Operational Stress Injury (OSI) Clinic Network: State of Need and State of Art (Technology/Clinical Practice Issues)

Tele-Mental Health Services for Veterans: The Newfoundland and Labrador Experience

O'Neil, Philip, MSW
Operational Stress Injury Clinic, Fredericton, Fredericton, New Brunswick, Canada

Research has confirmed that telemental health is a viable option for the OSI Clinic in Fredericton. The question becomes one of “Where do we go from here?” Newfoundland and Labrador are unique due to the extensive geography, a highly dispersed veteran population, and a lack of availability and access to highly skilled local professionals and specialized treatment programs at the community level. In this first year of implementation, the challenges, solutions and outcomes of utilizing telehealth services to provide assessment and treatment options to rural and urban centres in Newfoundland and Labrador for the veteran population will be reported.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Kafka/Larmartine Level A

Use of Tele-Mental Health within the Operational Stress Injury (OSI) Clinic Network: State of Need and State of Art (Technology/Clinical Practice Issues)

Trauma Recovery Treatment for Canadian Forces Members Using Telehealth

Whitney, Debbie, PhD, Cpsych¹; Laforce, Jennifer, PhD, Cpsych¹; Edye, Frances, MD, FRCPC¹; Windsor, Brenda, Other²
¹Operational Stress Injury Clinic, Winnipeg, Winnipeg, Manitoba, Canada
²Canadian Forces Base, Shilo, Shilo, Manitoba, Canada

The Operational Stress Injury Clinic in Winnipeg, MB has been providing trauma recovery treatment to members of the Canadian Forces (CF) since it opened in 2005. To enhance service access, this clinic established a video teleconference link in 2010 with CFB Shilo, home to infantry, artillery, signals, and medical units whose members have served in Afghanistan. Trauma recovery treatment is being delivered using empirically validated protocols [e.g., Prolonged Exposure (Foa) and Cognitive Behavioural Conjoint Therapy (Monson)]. This presentation will provide initial data on CF member satisfaction with trauma recovery treatment delivered via telehealth. It will also look at treatment outcome measures (BDI, BAI and
PCL-M) for those receiving treatment via telehealth in comparison with another group of CF members who have received similar services face-to-face. The initial telehealth treatment sample is comprised of less than ten individuals so statistical comparisons have not been made.

Concurrent 06
Symposium
Friday, November 5
9:30 a.m. - 10:45 a.m.
Kafka/Larmartine Level A

Use of Tele-Mental Health within the Operational Stress Injury (OSI) Clinic Network: State of Need and State of Art
(Technology/Clinical Practice Issues)

Interventions for Military-Related Psychological Conditions Using Telehealth Technology: Pilot Project Follow-up

Caron, Laura, BSN, RPN¹; McElheran, Megan, PsyD²; James, Susan, MSW²
¹Carewest, Calgary, Canada
²Carewest Operational Stress Injury Clinic, Calgary, Alberta, Canada

In December 2008, an 18-month collaborative pilot project involving the Carewest Operational Stress Injury (OSI) Clinic, Alberta Mental Health Board, Calgary Health Region, and Veterans Affairs Canada came to a close. The project team’s final report indicated that videoconference was a valuable and sustainable modality to be utilized on a go-forward basis. This presentation reports the findings from a survey of clinical practices one year following the successful pilot. Specifically, has the positive attitude towards videoconference been sustained? Have clinicians incorporated this method of service delivery into their regular practice, and have they expanded the scope of services beyond those offered in the pilot?

Concurrent 06
Panel
Friday, November 5
9:30 a.m. - 10:45 a.m.
Ballroom Centre

Experts in the Field of Dissociation Studies Discuss Dissociation and the Dissociative Disorders
From the time of Sigmund Freud and Pierre Janet, dissociation has been recognized as a response to traumatic circumstances and as a key element of peri- and posttraumatic response and Posttraumatic Stress Disorder. Currently, five dissociative disorders are included in the DSM-IV-TR and these are under review for the revised edition, DSM-V. The presenters in this symposium will address the phenomena of dissociation and the dissociative disorders from several different perspectives: phenomenological/subjective; psychoanalytic; neurophysiological; and treatment outcome research. Presenters (two of whom have just co-edited the definitive text Dissociation and the dissociative disorders: DSM-V and beyond [Dell & O'Neil, 2009] and all of whom have published important papers and books) have extensive experience with the study and treatment of dissociation.

Concurrent 06
Case Study Presentation
Friday, November 5
9:30 a.m. - 10:45 a.m.
Drummond Centre

Translating Patient Preferences and Provider Characteristics into Improved Trauma Disclosure
(Clinical Practice Issues/Social Issues/Public Policy/Ethics)

Effective cognitive behavioral and pharmacological treatments are available for PTSD (Mendes, et. al., 2008; Isper, et. al., 2006). To begin treatment, however, patients first must disclose their traumas and seek help (Sayer, et. al., 2009). This presentation explores clinically relevant patient preferences and provider characteristics important to trauma disclosure. Themes from 23 semi-structured interviews with veterans are reported. Data analysis was conducted through ongoing discussion and consensus using the Ethnograph software package. Veterans reported elements of provider attitudes, competencies, communication style/skills, and interventions that they perceived either supported or discouraged their trauma disclosure. These elements, together with the first author’s clinical and programmatic expertise, will be synthesized using case examples to focus suggested translations of study themes into clinical
practices that may encourage patients’ trauma disclosure and providers’ effective responses to such disclosures. The interview narratives lend support to many of the recent clinical and administrative changes made to assist traumatized veterans and suggest other possible interventions. Future research might address the effect of these provider characteristics on participation in trauma focused therapies.

Concurrent 06
Papers
Friday, November 5
9:30 a.m. - 10:45 a.m.
Hemon Level A

Impact of Trauma in Diverse Settings

Repeated Trauma Exposure and Posttraumatic Distress from Post-Election Violence in Kenya
(Disaster/Mass Trauma/Culture/Diversity)

Shin, Hana, PhD Candidate¹; Mwiti, Gladys, PhD²; Foy, David, PhD³; Meese Putman, Katharine, PhD¹; Eriksson, Cynthia, PhD¹
¹Fuller Graduate School of Psychology, Pasadena, California, USA
²Oasis Africa, Nairobi, Kenya
³Pepperdine University, Encino, California, USA

The presidential election of December 2007 in Kenya was followed by mass violence throughout the urban and rural centers of the country and garnered much international attention in the months following the election. The current study surveyed a community sample of 703 participants in Kenya through their employers, who sought assistance from a local mental health clinic during the immediate aftermath of the election. Primary focus of this epidemiological study was to report rates of exposure to post-election violence (PEV) and prior mass trauma relevant to the sample, including exposure to terrorism, organized crime, disasters, community violence, accidents, and the HIV/AIDS pandemic. Approximately half of the sample (50.8%) reported exposure to the post-election violence (PEV), ranging from direct physical injury (2.9%), to witness of killing or carnage (19.4%), traumatic loss or separation (20.5%), injury of a close other (30%), and activity of armed gangs (42.0%). Over 8% of the sample reported posttraumatic distress levels that indicated a clinical risk for psychiatric problems. The study explored the relationship between PEV-related trauma exposure, prior trauma, and their effects on posttraumatic distress. Implications will be discussed as they may support community-based mental health response and public policy relevant in a sub-Saharan African context.
Impact of Trauma in Diverse Settings

Persistent Posttraumatic Stress Symptoms in Local Residents and Workers Seeking Medical Care for World Trade Center Disaster-Related Respiratory Symptoms
(Disaster/Mass Trauma/Assessment/Diagnosis)

Manetti-Cusa, Julian, PsyD¹; Reibman, Joan, MD¹; Cohen, Ilene, PhD²; Liu, Mengling, PhD³; Caplan-Shaw, Caralee, MD¹

¹NYU School of Medicine/Bellevue Hospital, New York, New York, USA
²New York University, School of Medicine, New York, New York, USA
³New York University, School of Medicine., New York, New York, USA

Objective: To describe rates and risk factors of 9/11-related probable Post-Traumatic Stress Disorder (PTSD), depression, and anxiety symptoms in local residents, local workers, and clean-up workers seeking medical treatment for symptoms related to their exposure to the World Trade Center (WTC) terrorist attack on September 11, 2001.

Methods: Standardized mental health screening instruments were administered to all patients enrolled in the World Trade Center Environmental Health Center (WTC EHC) between September 2005 and February 2009 at their entry point into the program.

Results: A high rate of individuals participating in the WTC EHC scored positive for mental health symptoms on screening measures (61%). Sixty one percent of patients scored positive for any mental health symptoms, including probable PTSD (41%), depression (55%), and anxiety (28%). Risk factors associated with high rates of PTSD symptoms were: 1) having worked as a clean-up worker after the event, 2) having been caught in the dust cloud, and 3) having developed respiratory symptoms after the attack.

Conclusions: Five or more years after the WTC attack, residents, local workers, and those with work-associated exposure to WTC dust have continued to exhibit a combination of chronic PTSD, depression, anxiety, and respiratory symptoms. These data suggest the existence of persistent mental health symptoms in a population seeking medical treatment after a major terrorism-related disaster and the need for continued mental health management of these patients.
The Psychological Impact of Repeated Exposure to Natural Disasters: A Study of Residents of Java, Indonesia
(Disaster/Mass Trauma/Culture/Diversity)

Seyle, D. Conor, PhD¹; Tan, Edwin, MA, PhD, Student²; Widyatmoko, Siswa, MA³; Lam, Suman, MA, PhD, Student⁴; Cohen Silver, Roxanne, PhD⁵
¹Psychology Beyond Borders, Austin, Texas, USA
²University of California, Irvine, California, USA
³Sanata Dharma University, Yogyakarta, Indonesia

Life history can sensitize people to the psychological impact of traumatic events. This is a particular problem in communities that are unstable, where residents are likely to be repeatedly exposed to traumatic events. Because of the challenges conducting rigorous studies in such regions, residents from these communities may be underrepresented in research, leading to inappropriate cross-cultural generalizations. Indonesia, located in an area of geological instability, is one such region. A survey conducted in central Java three years after a major earthquake examined the incidence and predictors of long-term distress in a sample of adults (N=428) from rural families. Participation among eligible respondents was over 80%. Cultural adaptation of measures was employed to ensure that the standardized instruments used fit local conceptions of distress. A substantial portion of this population reported significant post-traumatic stress symptoms and probable depression. Current post-traumatic stress symptoms were significantly predicted by loss due to a prior natural disaster and female sex, and negatively predicted by age and social support from adult children. Current depression was significantly predicted by a history of non-disaster negative events, and negatively by age and current income. Similarities between the Javanese participants and other populations are addressed.
Cuevas, Carlos, PhD; Sabina, Chiara, PhD

1Northeastern University, Boston, Massachusetts, USA
2Penn State Harrisburg, Middletown, Pennsylvania, USA

Prior research has suggested that the perpetrator-victim relationship may impact the level and type of psychological distress associated with victimization. While Freyd’s (1996) betrayal trauma theory focused on sexual abuse and the ability to recall trauma, the underlying assertion can be extended to suggest that victimization by family/intimates could have a more deleterious effect on victims. Using data from the Sexual Assault Among Latinas (SALAS) Study we evaluated the role of perpetrator type on psychological distress, including depression, anger, anxiety, and dissociation on Latina victims. The SALAS Study surveyed 2,000 Latino women across the U.S. and queried about various forms of victimization including sexual violence, physical assaults, threats, and stalking. While controlling for demographic variables and overall victimization, regression results show that victimization in childhood by family members or intimates is significantly associated with all of the measured forms of psychological distress (standardized betas ranging from .07 to .11, all p’s < .05). However, this is generally not the case for victimization perpetrated by intimates in adulthood or by non-family (i.e., other known or strangers). The results also suggest that these effects are not consistent across victimization types. The clinical implications of perpetrator-victim relationship among Latinas will be discussed.
Interim Session 1

Symposium
Friday, November 5
11:00 a.m. - 12:15 p.m.
Salon 4/5 Level 2

The Canadian Approach to Three Controversial Problems: Mild Traumatic Brain Injury, Suicide Prevention, and Post-deployment Decompression
(Biological/Medical/Military/Emergency Services/Aid Workers)

Zamorski, Mark, MD; Jetly, Rakesh, MD, FRCPC; Garber, Bryan, MD, FRCPC
Canadian Forces Health Services Group Headquarters, Ottawa, Ontario, Canada

Each military organization has its own approach to the management of traumatic stress disorders and related problems. Their approach presumably reflects the unique culture, resources, and constraints of the organization more than differences in disease burden or human pathophysiology. This symposium reviews the Canadian Forces’ approach to three controversial issues: Mild traumatic brain injury, suicide prevention, and management of the “decompression” process that military personnel experience when the return home after a difficult combat mission. In each case, the CF have taken a somewhat unique approach: Its approach to post-concussive symptoms focuses more on treatment of underlying mental disorders than on attributing the symptoms to mechanical brain injury. Its approach to suicide prevention has excellence in mental health care as its centre of gravity, while other nations have focused on mass education instead. Finally, the CF situate its Third-location Decompression Program for returning service members as a useful chain of command tool as opposed to a mental health intervention. In each case, the CF’s policy will be described and data validating the CF’s approach will be presented. As with all cross-cultural research, other nations may find that the CF’s unconventional approach to these controversial issues will inform their own practices.

Interim Session 1

Symposium
Friday, November 5
11:00 a.m. - 12:15 p.m.
Salon 4/5 Level 2

The Canadian Approach to Three Controversial Problems: Mild Traumatic Brain Injury, Suicide Prevention, and Post-deployment Decompression
(Biological/Medical/Military/Emergency Services/Aid Workers)
Suicide Prevention in the Canadian Forces: A Comprehensive Model for Military Organizations

Jetly, Rakesh, MD, FRCPC; Zamorski, Mark, MD
Canadian Forces Health Services Group Headquarters, Ottawa, Ontario, Canada

Suicide is an important public health threat in the demographic group that forms the bulk of military populations, namely young and middle-aged men. For this reason, military organizations need to take an active interest in suicide prevention. This session will first review the epidemiology of suicide in the Canadian Forces, highlighting that the male suicide rate is below that of the age-adjusted Canadian general population rate and that contrary to popular belief, previous deployment does not appear to be a risk factor for suicide. Next, a comprehensive model for suicide prevention in military organizations developed by the CF Expert Panel on Suicide Prevention will be presented. This model emphasizes special opportunities for suicide prevention in military organizations, namely: 1) Organizational interventions to decrease work stress and strain; 2) Screening/selection, resilience training, and risk factor reduction; 3) Systematic efforts to overcome barriers to care; and 4) Systematic quality improvement efforts in mental health care. The three cornerstones of the CF’s program are: 1) Excellence in mental health care (the “centre of gravity”); 2) Excellence in leadership; and 3) Informed and prepared personnel. Other military organizations may find the CF’s model useful as they review and evaluate their own suicide prevention programs.

Interim Session 1

Symposium
Friday, November 5
11:00 a.m. - 12:15 p.m.
Salon 4/5 Level 2

The Canadian Approach to Three Controversial Problems: Mild Traumatic Brain Injury, Suicide Prevention, and Post-deployment Decompression
(Biological/Medical/Military/Emergency Services/Aid Workers)

Evaluation of a Third-location Decompression Program for Canadian Forces Members Returning from Afghanistan

Garber, Bryan, MD, FRCPC; Zamorski, Mark, MD
Canadian Forces Health Services Group Headquarters, Ottawa, Ontario, Canada

Service members returning from combat can experience various stressors as they adapt to home life. Some have suggested that negative homecoming experiences are an important causal factor in the genesis of traumatic stress disorders (Fontana and Rosenheck, 1994). To help ease this transition, the Canadian Forces (CF) provide a Third-location Decompression (TLD) program in Cyprus to members returning from deployment to Afghanistan. The CF’s policy situates TLD as a chain-of-command tool to ease reintegration as opposed to a medical intervention to prevent PTSD. The 5-day TLD program consists of individual free time, structured recreational activities, and educational programming. Satisfaction in over 3,000 participants was measured at the end of the program and 4 to 6 months later. Respondents overwhelmingly supported the TLD concept, with 95% agreeing that “some form of TLD is a good idea.” 81% of participants found the program valuable, and 83% recommended it for future deployments to Afghanistan. Satisfaction persisted at 4 to 6 months after return, with 74% stating that it helped make reintegration easier for them. In conclusion, CF valued the TLD program, and most
members believed that the program had its intended effect of making the reintegration process easier for them.

**Interim Session 1**

**Symposium**  
Friday, November 5  
11:00 a.m. - 12:15 p.m.  
Salon 4/5 Level 2

**The Canadian Approach to Three Controversial Problems: Mild Traumatic Brain Injury, Suicide Prevention, and Post-deployment Decompression**  
(Biological/Medical/Military/Emergency Services/Aid Workers)

**Self-reported Mild Traumatic Brain Injury (mTBI) in Canadian Forces Personnel Deployed in Support of the Mission in Afghanistan: Validation of the CF’s Post-deployment mTBI Guideline**

Zamorski, Mark, MD  
Canadian Forces Health Services Group Headquarters, Ottawa, Ontario, Canada

mTBI is being reported by an important minority of military personnel returning from deployment to SW Asia. However, the prevalence of mTBI in Canadian Forces (CF) members deployed to Afghanistan is unknown. The CF’s guideline on post-deployment management of mTBI emphasizes the central role of mental disorders in “post-concussive” symptoms. Validated questionnaires were administered to 4,089 CF members 3 to 6 months after return from deployment to Afghanistan to assess mTBI, physical symptoms, and symptoms of common mental disorders. 239 (5.8%) reported mTBI while deployed, but only 13 individuals (0.3%) reported mTBI with loss of consciousness of more than 20 minutes. 9% of those screened reported three or more “post-concussive” symptoms, but 85% of such cases occurred in those without mTBI. The association of these symptoms with mental health problems was far stronger than their association with mTBI (univariate odds ratios of 44 and 4, respectively). Conclusions: A minority (5.8%) of CF members deployed in support of the mission in Afghanistan report mTBI while deployed. Multiple “post-concussive” symptoms were not uncommon, but such symptoms appear to be largely related to factors other than mTBI, particularly mental health problems. These findings validate the CF’s approach to the post-deployment management of mTBI.

**Interim Session 1**

**Symposium**  
Friday, November 5  
11:00 a.m. - 12:15 p.m.  
Salon 6/7 Level 3

**Innovations in Assessment of Trauma Exposure and Responses**  
(Assessment/Diagnosis/Clinical or Interventions Research)

**Innovations in Assessment of Trauma Exposure and Responses**
Carlson, Eve,
National Center for PTSD, Menlo Park, California, USA

Presentations describe psychometric studies of revised and new trauma-related measures. The Trauma Symptom Inventory -2 is a revision of the widely used TSI. It consists of 12 scales (three new to the TSI-2) and four factor scores that assess domains ranging from posttraumatic stress, dissociation, and somatization to insecure attachment styles, impaired self-capacities, and suicidal behavior. The Dissociative Experiences Scale-Revised (DES-R) improves the DES with response options that are grounded in time and frequency. Also, an expanded version of the DES provides more precise measurement of non-clinical dissociation and a normal distribution of scores. Psychometrics from clinical and nonclinical samples will be presented. Assessing children’s acute stress reactions requires brief measures that can be used in a variety of settings. The Acute Stress Checklist for Children (ASC-Kids) is a brief self-report measure in English and Spanish of early distress and can help guide secondary prevention. We will report on a multi-site study of the ASC-Kids’ psychometrics in both languages. Trauma exposure measures can be time-consuming and often “count” events that did not cause lasting distress. The Trauma History Screen rapidly assesses past sudden, extreme stressors and responses. Psychometrics and norms will be presented for clinical and nonclinical samples.

Interim Session 1

Symposium
Friday, November 5
11:00 a.m. - 12:15 p.m.
Salon 6/7 Level 3

Innovations in Assessment of Trauma Exposure and Responses
(Assessment/Diagnosis/Clinical or Interventions Research)
Psychometrics of the New Trauma Symptom Inventory (TSI-2)

Briere, John, PhD; Godbout, Natacha, PhD
University of Southern California, Los Angeles, California, USA

This presentation introduces the upcoming second edition of the Trauma Symptom Inventory (TSI-2; Briere, in press) and describes its psychometric characteristics. Consisting of 136 Likert-like items, the TSI-2 assesses a wide range of potentially trauma-related symptom clusters, including posttraumatic stress, dissociation, somatization, insecure attachment, impaired self-capacities, suicidality, and tension reduction behavior. Normed and standardized on a stratified, representative sample of the U.S. general population (N = 678), the TSI-2 consists of two validity scales (Response Level and a newly reformulated and tested Atypical Response), twelve clinical scales (three of which are new), twelve subscales (the majority of which are new or reformulated), four summary factor scales (Traumatic Stress, Self Disturbance, Externalization, and Somatization), and eight critical items. Results of various studies of the TSI-2 will be presented, indicating test-retest reliability and internal consistency for all scales and factors, and evidence for Concurrent, discriminant, and criterion validity in various samples. Also presented will be a replicated confirmatory factor analysis, examining the validity of the new factor scales as summary indicators. Although substantially reworked, TSI-2 clinical scales are correlated and downwardly-compatible with
equivalent scales in the original TSI, while new scales, subscales, and factors allow assessment of additional symptom domains.

Interim Session 1

Symposium
Friday, November 5
11:00 a.m. - 12:15 p.m.
Salon 6/7 Level 3

Innovations in Assessment of Trauma Exposure and Responses
(Assessment/Diagnosis/Clinical or Interventions Research)
New Versions of the Dissociative Experiences Scale: The DES-R (Revised) and the DES-B (Brief)

Dalenberg, Constance, PhD¹; Carlson, Eve, PhD²
¹Alliant International University, San Diego, California, USA
²National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

The Dissociative Experiences Scale is the most widely used scale of pathological and nonpathological dissociation. However, the full scale is quite skewed in clinical and nonclinical populations, and the response format causes problems for many study participants. This paper presents data on revisions of the DES. The DES-R is a format change for the DES, moving the response scale from proportion of time experienced to a frequency estimation that is more related to item content. DES-B is a brief form of the DES with the new response format. Both the DES-R and the DES-S are highly correlated with the DES in multiple samples. The DESR preserves the taxon and distributes more normally than the DES. Data for the predictive power of taxonic and nontaxonic scales within the DES-R are presented, as are data on DES-R scores of diagnosed PTSD and dissociative disorder patients. An expanded version of the DES was developed for studies that require more precise measurement of dissociation in nonclinical samples. Preliminary data on the expanded form will also be presented.
Innovations in Assessment of Trauma Exposure and Responses
(Assessment/Diagnosis/Clinical or Interventions Research)

Understanding Acute Stress in Children: Validation of the ASC-Kids in English and Spanish

Kassam-Adams, Nancy, PhD1; Gold, Jeffrey, PhD2; Kohser, Kristen, MSW1; Montaño, Zorash, BA2; Muñoz, Cynthia, PhD2; Cuadra, Anai, PhD3; Salazar, Elsa, MD3; Molina, Monica, JD3; Armstrong, F. Daniel, PhD3
1Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, USA
2Children’s Hospital Los Angeles, Los Angeles, California, USA
3University of Miami, Miami, Florida, USA

Exposure to a potentially traumatic event (e.g., injury, traffic crash, fire, violence, disaster) is unfortunately common for children. Accurate early assessment of child acute stress reactions can help clinicians address immediate distress and guide secondary prevention efforts. In the US, an estimated 1 million Latino children have limited English proficiency, thus validated Spanish measures are especially needed. Our team developed and validated a promising brief self-report measure, the Acute Stress Checklist for Children (ASC-Kids) in English, and undertook a careful translation into Spanish. The current multi-site study assesses psychometric properties of the ASC-Kids in 2 languages. 200 English- and 200 Spanish-speaking children completed the ASC-Kids and a diagnostic interview within 1 month of experiencing a potentially traumatic event. In English and in Spanish, the ASC-Kids shows strong internal consistency and test-retest reliability, and a moderately strong correlation for overall symptom severity with a standardized interview for ASD. In a bilingual sub-sample (N=58) who completed the ASC-Kids in both languages, symptom scores are highly correlated between language versions. We will discuss confirmatory factor analyses of both English and Spanish versions, and implications for our conceptual understanding of acute traumatic stress in children.

Interim Session 1

Symposium
Friday, November 5
11:00 a.m. - 12:15 p.m.
Salon 6/7 Level 3

Innovations in Assessment of Trauma Exposure and Responses
(Assessment/Diagnosis/Clinical or Interventions Research)

Assessing Trauma Exposure With the Trauma History Screen

Carlson, Eve, PhD1; Smith, Steve, PhD2; Palmieri, Patrick, PhD3
1National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA
2University of California, Santa Barbara, California, USA
3Summa Health System, Akron, Ohio, USA

Although information about individuals’ exposure to highly stressful events such as traumatic stressors is often very useful for clinicians and researchers, available measures are too long and complex for use in many settings. The Trauma History Screen was developed to provide a very brief and easy-to-complete self-report measure of exposure to high magnitude stressor (HMS) events and of events associated with significant and persisting posttraumatic distress (PPD). The measure assesses the frequency of HMS and
PPD events, and it provides detailed information about PPD events. Test-retest reliability was studied in four samples, and temporal stability was good to excellent for items and trauma types and excellent for overall HMS and PPD scores. Content validity was supported by expert ratings of how well items appeared to be understood by participants with relatively low reading levels. In five samples, construct validity was supported by findings of strong convergent validity with a longer measure of trauma exposure and by correlations of HMS and PPD scores with PTSD symptoms. The psychometric properties of the THS appear to be comparable or better than longer and more complex measures of trauma exposure.

Interim Session 1

Symposium
Friday, November 5
11:00 a.m. - 12:15 p.m.
Ballroom East Level 4

Development and Use of a Decision Aid in Veterans with Posttraumatic Stress Disorder
(Clinical or Interventions Research/Clinical Practice Issues)

Development and Use of a Decision Aid in Veterans With Posttraumatic Stress Disorder

Zayed, Ph.D., Maha, PhD; Watts, Bradley, MD; Nguyen, Tam, PhD; Ruzek, Josef, PhD; Schnurr, Paula, PhD

1 National Center for PTSD/White River Junction VA, White River Junction, Virginia, USA
2 White River Junction VA, White River Junction, Vermont, USA
3 National Center for PTSD/VA Palo Alto Health Care System, Menlo Park, California, USA
4 National Center for PTSD/White River Junction VA, White River Junction, Vermont, USA

Little is known about the educational needs of veterans with posttraumatic stress disorder (PTSD) facing treatment decisions. Three clinician researchers discuss the development and implementation of a decision aid for PTSD. Specific aspects of the development that will be discussed include a needs assessment, a meta-analysis conducted to determine effective treatments, and solicitation of provider feedback. In addition, Implications for widespread dissemination will be discussed.
Development and Use of a Decision Aid in Veterans with Posttraumatic Stress Disorder
(Clinical or Interventions Research/Clinical Practice Issues)

Meta-Analysis of Treatments for PTSD - The Basis of the PTSD Decision Aid

Watts, Bradley, MD, MPH
White River Junction VA, White River Junction, Vermont, USA

We conducted a meta-analysis of treatments for PTSD, reviewing over 400 articles. To be included in the meta-analysis, studies had to have been published in English, used randomization, included a control group, and assessed PTSD specific outcomes in adult patients. Eighty-six treatment studies that examined 121 different treatments met the inclusion criteria and were included in the analysis. Treatments included individual psychotherapy, group psychotherapy, pharmacotherapy, and other novel treatments for PTSD. Effect sizes were compared across different treatment groups. Several treatments showed clear evidence of effectiveness. These included Cognitive Processing Therapy, Prolonged Exposure, Eye Movement Desensitization and Reprocessing (EMDR), Selective Serotonin Re-Uptake Inhibitors (SSRIs), Venlafaxine and Risperidone. While these treatments varied somewhat in their effect sizes, none demonstrated a superiority that would make it the treatment of choice for PTSD. Equally importantly, several treatments, such as group psychotherapy, benzodiazepines, and written exposure done without a therapist, were found to be ineffective. Implications for research and treatment will be discussed.

Interim Session 1

Symposium
Friday, November 5
11:00 a.m. - 12:15 p.m.
Ballroom East Level 4

Development and Use of a Decision Aid in Veterans with Posttraumatic Stress Disorder
(Clinical or Interventions Research/Clinical Practice Issues)
Assessing the Educational Needs of Veterans with PTSD

Zayed, Maha, PhD
National Center for PTSD/White River Junction VA, White River Junction, Virginia, USA

Patients with PTSD are often not well informed about the available treatments, and there has been little formal effort aimed at matching the patient’s preference to a specific treatment. We were interested in learning more about the educational needs of veterans with PTSD. We conducted twenty focus interviews with veterans with PTSD to better understand what information they wanted to know about PTSD. Qualitative data was gathered. Results suggest that the majority of veterans wanted information about PTSD symptoms as well as information about the different treatment options available to them. Specifically, they wanted to know which treatments were most effective for PTSD and they wanted
information about side effects. When asked about how they wanted this information presented, most veterans noted that a booklet would be optimal; fewer veterans suggested a video with testimonials and only a couple veterans wanted information via the internet. Implications for research and treatment will be discussed.

Interim Session 1
Symposium
Friday, November 5
11:00 a.m. - 12:15 p.m.
Ballroom East Level 4

Development and Use of a Decision Aid in Veterans with Posttraumatic Stress Disorder
(Clinical or Interventions Research/Clinical Practice Issues)
Provider’s Attitudes and Perceptions of a Patient Decision Aid for PTSD

Nguyen, Tam, PhD
National Center for PTSD/VA Palo Alto Health Care System, Menlo Park, California, USA

Given the growing emphasis on patient-centered care, we developed a patient decision aid specific for Veterans with PTSD designed to assist them to make informed decisions about their treatment. Prior to widespread dissemination, we are researching provider’s attitudes, perceptions, and utilization of this aid. To date, 15 PTSD treatment providers from VA outpatient mental health clinics have been recruited including psychiatrists, psychologists, social workers, and art therapists. Providers have been given the decision aid and were asked to use with their patients over a 3-month period. After initial period of use, providers will complete a semi-structured qualitative interview. The interview will entail gathering information regarding facilitators and barriers to use as well as information about how treatment decisions are made. Based on their responses, the decision aid will be modified and the revised decision aid will be distributed to providers for a second, 3-month period of use. A second qualitative interview to obtain further feedback will be conducted. Preliminary impressions of the decision aid fell into 3 major categories including (1) scope of practice, (2) content, and (3) aesthetics/visual appeal. Obtaining provider feedback is an important developmental step in the on-going modification and improvement of the patient decision aid.

Interim Session 1
Workshop

Friday, November 5
11:00 a.m. - 12:15 p.m.
Jarry/Joyce Level A
You're not the person I married! Repairing marital friendships fractured by war
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

**O'Brien, Robert, PhD; Wills, Sharon, PhD**
Dept of Veterans Affairs, Austin, Texas, USA

One of the most common refrains clinicians hear from couple's after either or both partner has returned from deployment to Iraq or Afghanistan is the pointed accusation that "you are not the same person I married" or "I am not the same person that went over on deployment." Couples returning from war often feel that they are living and sleeping with a stranger. There is a profound sense that they have somehow lost their partner. This sadness is often mixed with anger and frustration as the couple struggles to make their relationship work. Divorce is common. This workshop will focus on what Gottman has called the marital friendship, with emphasis on clinician skills and interventions designed to repair the rupture in the marital friendship that typifies couples enrolled in a VA PTSD program. Gottman's Sound Relationship House will be reviewed with emphasis on the Marital Friendship. Interventions specifically designed to both assess and repair marital friendship will be illustrated and participants will be given the opportunity to practice these interventions during the workshop.

**Interim Session 1**
**Panel**

**Friday, November 5**
11:00 a.m. - 12:15 p.m.
Drummond East Level 3

**Developing a Brief Posttraumatic Stress Recovery Intervention for Integrated Primary Care and Mental Health**
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

**Goldstein, Elizabeth, PhD**;
**Harmon, Lisa, PhD**;
**Bernardy, Nancy, PhD**

1VAMC, Colchester, Vermont, USA
2VAMC, White River Junction, Vermont, USA
3National Center for PTSD, White River Junction, Vermont, USA

In this panel, we will review recent theory and research relevant for first-line trauma recovery interventions in a VA primary mental health care setting (e.g., Pomerantz, Corson and Detzer, 2009). We will discuss benefits of a trauma recovery intervention delivered directly in a primary care setting, where the majority of individuals with posttraumatic stress reactions are likely to appear, including reaching individuals resistant to traditional mental health settings and treatment, boosting the natural recovery process without intensive intervention, and enhancing motivation for subsequent specialized evidence-based treatment. Members of our workgroup will discuss the development, design and implementation of a 3-session trauma recovery intervention in a VA setting. We will examine challenges encountered during manual development (e.g., determining session length, integrating into existing system of care), and benefits of collaborating with key professionals (e.g. primary mental health care managers, PTSD clinical team experts, and PTSD research/education experts). Preliminary encouraging data on patient satisfaction and
outcome will be discussed. Discussion will include the intervention’s theoretical consistencies with current evidence-based treatments for PTSD, as well as recommendations for future research and practice.

Concurrent 07
Master Clinician
Friday, November 5
2:00 p.m. - 3:15 p.m.
Ballroom Centre

Brief Eclectic Psychotherapy for PTSD
(Clinical Practice Issues/Clinical or Interventions Research)

Gersons, Berthold, MD, PhD
AMC Centrum ‘45 Arq, Amsterdam, Netherlands

Brief eclectic psychotherapy (BEP) has been developed as a 16-session treatment manual for PTSD (www.traumatreatment.eu) when CBT and EMDR were not available. BEP consists of (1) psychoeducation, together with a partner or close friend; (2) imaginal exposure preceded by relaxation exercises, focused on catharsis of emotions of grief and helplessness; (3) writing tasks to express aggressive feelings and use of mementos; (4) domain of meaning, focused on learning from the trauma, oneself and the world; (5) farewell ritual, to end treatment. The BEP-protocol has shown to be effective in RCT’s for police officers and other traumatized patients as well. Also psychobiological recovery has been proofed. BEP is equal effective as CBT and EMDR.

In the Master Clinician Workshop the different elements of BEP will be shown on DVD and the essentials of every element will be highlighted and discussed will be similarities and differences with CBT and EMDR. To summarize, CBT, EMDR and BEP are equal effective in reducing PTSD by different forms of exposure. BEP also offers essential learning from the traumatizing events and stimulates posttraumatic growth. Cases of participants will be discussed.

Participant Alert: DVD’s will show strong emotions related to traumatic events like shooting and death of child at delivery

Concurrent 07
Featured Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Ballroom West Level 4

Novel Approaches in the Modulation of Traumatic Memories: Reconsolidation Blockade As a New Treatment for PTSD
(Biological/Medical/Clinical or Interventions Research)
According to a recent metanalysis, only 32% of those treated with extinction-based psychotherapies show long lasting and clinical improvement while SSRIs although moderately effective, do not offer a cure for PTSD. Positive results have been obtained with propranolol for blocking consolidation and reconsolidation of an emotional memory in clinical as well as non-clinical samples, suggesting that this approach might show promise for the treatment of PTSD. This symposium will review the current evidence and discuss the scientific questions which remain to be addressed.

Concurrent 07
Featured Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Ballroom West Level 4

Novel Approaches in the Modulation of Traumatic Memories:
Reconsolidation Blockade As a New Treatment for PTSD
(Biological/Medical/Clinical or Interventions Research)

Reconsolidation Blockade As A Novel Treatment for Chronic PTSD

Brunet, Alain, PhD
Douglas Mental Health Univ Inst and McGill Univ., Montreal, Quebec, Canada

In a previous report we found that post-reactivation propranolol reduced psychophysiological responding during script-driven imagery of the traumatic event. This paper will present the results of three open label trials (N = 70) documenting the clinical usefulness of 6 sessions of trauma reactivation under propranolol in reducing PTSD symptoms by more than 50% at post-test as well as at follow-up. A randomized-controlled trial examining the usefulness of trauma reactivation under propanolol appears warranted. Furthermore, studies examining the alleged underlying therapeutic mechanisms (i.e., reconsolidation blockade) using appropriate study designs are also required.
Novel Approaches in the Modulation of Traumatic Memories: Reconsolidation Blockade As a New Treatment for PTSD
(Biological/Medical/Clinical or Interventions Research)

Using Propranolol to Block Trauma memory Reconsolidation in Women With PTSD

Aikins, Deane, PhD
Debiec, Jacek, PhD
LeDoux, Joseph, PhD

1Yale University School of Medicine, New Haven, Connecticut, USA
2New York University, New York, New York, USA

Our research investigates a novel method of reducing the hyper-arousal associated with traumatic memories in women with PTSD. Based on a reconsolidation model of memory, we believe that a beta-adrenergic receptor blocker (propranolol) can drastically diminish the association between a traumatic memory and the physical reactions it generates. The model requires that two doses of propranolol be administered immediately following a strong recollection of the combat memory. Our research compare women who take propranolol after the recall of traumatic memory to both women who take a non-active placebo pill and those who take propranolol after a non-trauma memory (to make sure that propranolol doesn’t have a general effect on physical reactions). All participants in our study are tested during the early follicular phase of the menstrual cycle, a time in which levels of estrogen are low. This study programmatically evaluates possible sex-differences in PTSD treatment effectiveness.

Concurrent 07
Featured Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Ballroom West Level 4

Novel Approaches in the Modulation of Traumatic Memories: Reconsolidation Blockade As a New Treatment for PTSD
(Biological/Medical/Clinical or Interventions Research)

Fading Memories? The Long Term Effects of Propranolol and Cortisol on Emotional Memory in Healthy Participants

Elzinga, Bernet, PhD
Tollenaar, Marieke, PhD
Oei, Nicole, PhD
Spinhoven, Philip, PhD

1Leiden University, Leiden, Netherlands
2Radboud University, Nijmegen, Netherlands

Preliminary results indeed suggest that administration of both cortisol and propranolol can diminish PTSD and anxiety symptoms, but the exact mechanisms behind these fear reductions are still unclear. To further unravel potential mechanisms underlying fear reduction after cortisol and propranolol administration, we conducted a series of experiments among healthy young men, in which we investigated the long term effects of propranolol and hydrocortisone administration on the retrieval and
reconsolidation of word lists and autobiographical (emotional) memories. In addition to the effects on declarative memory, we also assessed whether these agents attenuated the physiologically arousing components of the emotional memories. In this talk, the findings of these experiments will be reported, and discussed in the context of their usefulness as a potentially novel treatment for PTSD.

Concurrent 07
Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Drummond West Level 3

International Perspectives on the Characteristics of Effective Intervention for Posttraumatic Mental Health Conditions: From Residential PTSD Treatment to Short- and Long-Term Rehabilitation
(Clinical or Interventions Research/Culture/Diversity)

International Perspectives on the Characteristics of Effective Intervention for Posttraumatic Mental Health Conditions: From Residential PTSD Treatment to Short- and Long-term Rehabilitation

Bernardy, Nancy,
Natl Ctr for PTSD-Dartmouth, White River Junction, Vermont, USA

This symposium brings together three investigative teams from the United States, United Kingdom and Australia to discuss the continuum of intervention for Posttraumatic Stress Disorder (PTSD) and other mental and physical health conditions commonly experienced by veterans. The first presentation will be based on a mixed-method quality improvement study of residential treatment for PTSD in the U.S. Department of Veterans Affairs. The second presentation will provide similar data from quality assurance studies in Australia. The third presentation will discuss intervention beyond PTSD treatment programs and will report on findings from a trial of a 12-week rehabilitation program being undertaken in the U.K. The final presentation will consider the long-term support needs of veterans and will present results from a mixed-method study of rehabilitation in Australia. Matt Friedman will reflect on what the research tells us about how to provide a holistic approach to posttraumatic mental health intervention across the continuum of need and client lifespan.
2:00 p.m. - 3:15 p.m.
Drummond West Level 3

International Perspectives on the Characteristics of Effective Intervention for Posttraumatic Mental Health Conditions: From Residential PTSD Treatment to Short- and Long-Term Rehabilitation
(Clinical or Interventions Research/Culture/Diversity)

Mixed-Methods Study of Residential Treatment for PTSD in the Department of Veterans Affairs

Cook, Joan, PhD\(^1\); O'Donnell, Casey, PsyD\(^1\); Bernardy, Nancy, PhD\(^2\); Desai, Rani, PhD\(^1\)
\(^1\)Yale University - Natl Ctr for PTSD, West Haven, Connecticut, USA
\(^2\)Natl Ctr for PTSD-Dartmouth, White River Junction, Vermont, USA

Specialized residential treatment for PTSD has been a cornerstone of the Department of Veterans Affairs (VA) services for nearly 30 years. However, what constitutes an effective residential treatment program for Veterans with PTSD is not known. Since July 2008, the evaluation (NEPEC) and executive branches of the National Center for PTSD have collaborated on a mixed-method quality improvement effort to visit every VA PTSD residential program in the U.S. The purpose was to characterize programs and identify structure and services that staff and veterans view as effective. Nineteen of the 39 programs have been visited and 203 administrators, staff and veterans have been interviewed. Programs’ major goals of treatment are: curing PTSD (N= 2; 10.5%), promoting PTSD symptom reduction (N = 15; 78.9%), and encouraging community integration (N = 2; 10.5%). Other treatment goals noted were veterans overcoming avoidance and reengaging in daily activities of living. Veterans attribute positive effects of treatment to staff and interactions with other Veterans. Many programs recognize the need for ongoing innovation and revise treatment components to address patient feedback, outcome data, and clinical observations. Some changes have been driven by the needs of OEF/OIF Veterans (e.g., integration of family treatment components) as well as needs of female Veterans.
Quality Assurance for Australia’s PTSD Treatment Programs: A Mixed Methods Approach

Phelps, Andrea, Sr Clin Psychologist\textsuperscript{1}; Cooper, John, MD\textsuperscript{2}; Parslow, Ruth, PhD\textsuperscript{1}; Lewis, Virginia, PhD\textsuperscript{1}

\textsuperscript{1}ACPMH, University of Melbourne, Melbourne, Australia
\textsuperscript{2}Veterans Psychiatry Unit, Austin Health, Melbourne, Australia

The Australian Centre for Posttraumatic Mental Health (ACPMH) has been responsible for the development and accreditation of Department of Veterans Affairs (DVA) funded PTSD treatment programs since its inception in 1995. Traditionally, the accreditation process involved site visits to meet with program staff and participants, as well as key stakeholders in DVA and the Veterans and Veterans Families Counselling Service (VVCS). In the past three years we have moved to a self-assessment process which involves a review of the programs’ report of their work based on seven evidence-based components of quality, as well as feedback from program participants and key stakeholders in DVA and VVCS. Program outcome data, measuring changes in PTSD and major co-morbid mental health problems, has been collected from the outset, but we now also have three years of qualitative feedback from veterans (n=467) reporting which aspects of treatment they perceived were most helpful to them and what their ongoing treatment needs were beyond the program. In this presentation the core program components are described, together with an overview of program outcome data and the qualitative feedback received from the program participants over the past three years. Evidence from this long-term quality assurance study reinforces the need to consider the multidimensional needs of veterans with posttraumatic mental health problems over the lifespan.

Concurrent 07
Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Drummond West Level 3

International Perspectives on the Characteristics of Effective Intervention for Posttraumatic Mental Health Conditions: From Residential PTSD Treatment to Short- and Long-Term Rehabilitation (Clinical or Interventions Research/Culture/Diversity)

Development of a Rehabilitation Programme for 1990/1991 Gulf Veterans

Bisson, Jonathan, MD
Cardiff University, Cardiff, United Kingdom

There is considerable evidence that 1990/1991 Gulf veterans are at risk of experiencing impaired health and wellbeing but limited evidence regarding how best to address this. This study investigated the feasibility and effectiveness of a rehabilitation programme for 1990/1991 Gulf veterans to achieve optimal health and well-being. A qualitative phase I methodological approach was taken. During the modeling
phase, six 1990/1991 Gulf veterans and 18 experts in the fields of rehabilitation and the care of military veterans took part in individual interviews and focus groups to determine the key components that should be included in a rehabilitation programme. The themes that emerged were used to develop a prototype programme comprising individual and group sessions. This was piloted with seven veterans. Feedback suggested that the programme focused too heavily on physical activity with not enough explicit psychological help (coping, pacing, mental health issues, etc). Based on these recommendations a second prototype programme was designed keeping the basic platform of regular group and individual sessions but introducing service and voluntary work opportunities during the one to one sessions according to individual’s specific needs. A greater emphasis has been placed on pacing, behavior and attitude change during the group sessions.

Concurrent 07
Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Drummond West Level 3

International Perspectives on the Characteristics of Effective Intervention for Posttraumatic Mental Health Conditions: From Residential PTSD Treatment to Short- and Long-Term Rehabilitation
(Clinical or Interventions Research/Culture/Diversity)

Identifying and Responding to the Rehabilitation Needs of Australian Veterans

Matthews, Lynda, PhD¹; Lewis, Virginia, PhD²; Gardner, Lisa, PhD²; Hanley, Francine, PhD²; Adams, Kerryn, PhD Candidate²
¹University of Sydney, Lidcombe, Australia
²Australian Centre for Posttraumatic Mental Health, East Melbourne, Australia

Despite development of effective targeted interventions for PTSD and other posttraumatic mental health conditions, evidence and experience suggest that many people will require ongoing support to function at their optimal level throughout their lives. The responsibility for supporting veterans who have developed these kinds of mental health conditions through military service rests with Governments. In Australia there has been formal legislative commitment to a biopsychosocial rehabilitation model since 2004; however, there has been little research about what this means for veterans. This presentation reports on a two-phase, mixed methods study of rehabilitation for veterans in Australia. In Phase 1, a survey of national rehabilitation provider organizations (n = 27) provided data on the services being purchased by the Department of Veterans Affairs (DVA). Interviews with DVA rehabilitation clients (n=20) and key stakeholders (n = 12) suggested that there was a continuing focus on vocational rehabilitation at the expense of psychosocial needs. Preliminary analysis of data from Phase 2 of the study considers the extent to which clients with mental health conditions are being appropriately assessed for psychosocial needs, and provides an overview of the kinds of goals that are being set for clients with PTSD and other mental health conditions.
Advancing Evaluation of Psychosocial Interventions for Children Affected by War: Multi-disciplinary Examination of Resilience, Vulnerability and Treatment Processes
(Civilians in War/Refugees/Clinical or Interventions Research)

Tol, Wietse, PhD
HealthNet TPO, Amsterdam, Netherlands

A handful of rigorous studies are starting to address the effectiveness and efficacy of mental health and psychosocial interventions for children and adolescents affected by war. Most studies show promising effects, although generally only for specific sub-groups (e.g. gender, age) and select outcome measures. Two major issues impede development of efficacious interventions in this field. First, select treatment effects point to a need for further fine-tuning of interventions. However, most published studies examine if interventions are effective, but not how. Second, the field lacks a strong theoretical basis, with continued debates regarding definition and measurement of key mental health and psychosocial constructs.

We propose a number of ways forward to address these gaps. First, presentations emphasize the importance of multi-disciplinary research, e.g. by integrating qualitative methods in quantitative evaluation studies with adolescents in northern Uganda and Burundi, and with child soldiers in Nepal. Second, moderators and mediators are examined in cluster randomized trials in Burundi, Indonesia, and Sri Lanka to address how interventions may sort effect. Third, the need to consider alternative research designs beyond randomized controlled trials is illustrated through a series of single case studies of counselling with adolescents in Burundi and Sudan.
Changes in Mental Health & Psychosocial Factors of Child Soldiers and Never-Conscripted Children: One-Year Reintegration Follow-up

Kohrt, Brandon, MD, PhD  
Emory University, Atlanta, Georgia, USA

Social ecological frameworks of children’s mental health and psychosocial wellbeing in war and other complex emergencies emphasize the need to address not only individual children’s needs but also the needs of children’s broader social experiences. This includes interventions to support families, schools, and other community organizations. In Nepal a community-based intervention was conducted by psychosocial workers who worked directly with these support systems. This study examines how changes in family support contributed to improved mental health among child soldiers participating in the intervention. The study combines qualitative and quantitative measures of family-based and other social support of child soldiers before and after participating in the intervention while comparing this with never-conscripted civilian children who did not participate in the intervention. Child soldiers reported less support from their families compared with never-conscripted children prior to the intervention. However, a year later, the levels of family support and mental health status of child soldiers did not differ from never-conscripted children. The findings demonstrate the ability of former child soldiers to approach the mental health and psychosocial wellbeing of their never-conscripted peers in environments of family and community support.

Concurrent 07
Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Drummond East Level 3

Advancing Evaluation of Psychosocial Interventions for Children Affected by War: Multi-disciplinary Examination of Resilience, Vulnerability and Treatment Processes
(Civilians in War/Refugees/Clinical or Interventions Research)

Treatment Processes of Counseling for Children in Conflict-affected Burundi and Sudan: Series of n=1 Studies

Jordans, Mark, PhD\textsuperscript{1}; Komproe, Ivan, PhD\textsuperscript{1}; Tol, Wietse, PhD\textsuperscript{1}; Smallegange, Eva, PhD Candidate\textsuperscript{2}; De Jong, Joop, PhD, MD\textsuperscript{3}
\textsuperscript{1}HealthNet TPO, Amsterdam, Netherlands  
\textsuperscript{2}Universiteit van Amsterdam, Amsterdam, Netherlands  
\textsuperscript{3}VU University Medical Center, Amsterdam, Netherlands
Counseling is a relatively common psychosocial intervention for children affected by political violence [1]. Little is known about treatment impact and treatment mechanisms in such settings. Better understanding of the processes of change can direct treatment refinement and development, thereby setting the stage for future efficacy and effectiveness trials [2]. This study employed a mixed qualitative-quantitative research design involving 17 empirically grounded n=1 studies in Burundi and Sudan. We aimed to increase conceptual understanding of possible treatment processes underlying counseling by associating qualitative treatment practice data with quantitative individual change trajectories. Children (aged 11-15 years) screened for depression, anxiety and PTSD received counseling. Weekly measurements were taken pre-intervention (n=4), during the intervention period (n=8-10) and post intervention period (n=4). The study demonstrated 5 treatment process continuums that were associated with outcome trajectories: client centeredness, therapeutic alliance, active problem-solving, trauma-focused exposure and family involvement. Furthermore, results showed distinct clustering of outcome trends per therapist. The findings suggest that a combination of universal therapist variables and specific practice elements may be an adequate strategy to treat mental health symptoms of children in Burundi and Sudan. Implications for treatment and future research will be discussed.

**Concurrent 07**
**Symposium**
**Friday, November 5**
**2:00 p.m. - 3:15 p.m.**
**Drummond East Level 3**

**Advancing Evaluation of Psychosocial Interventions for Children Affected by War: Multi-disciplinary Examination of Resilience, Vulnerability and Treatment Processes**
*(Civilians in War/Refugees/Clinical or Interventions Research)*

**Moderators and Mediators of a School-based Psychosocial Intervention in Burundi, Indonesia, and Sri Lanka**

Tol, Wietse, PhD\(^1\); Komproe, Ivan, PhD\(^1\); Jordans, Mark, MSc\(^1\); Susanty, Dessy, MSc\(^2\); Macy, Robert, PhD\(^3\); de Jong, Joop, MD, PhD\(^4\)

\(^1\)HealthNet TPO, Amsterdam, Netherlands
\(^2\)CWS Indonesia, Jakarta, Indonesia
\(^3\)Center for Trauma Psychology, Boston, Massachusetts, USA
\(^4\)VU University & Boston University School of Medicine, Amsterdam, Netherlands

A number of evaluation studies have shown treatment to reduce psychosocial and mental health problems of children affected by political violence. Applying the gold standard randomized controlled trial, these studies demonstrate moderate effect sizes, often for specific population groups only. Such findings indicate the need to enhance effects of available treatments, either by strengthening active ingredients or better selection of target groups. However, as in the general psychotherapy research field, we currently know little about why or for whom treatment works. This presentation discusses analyses of moderators (a characteristic that influences the direction or magnitude of the relation between an intervention and
outcome) and mediators (an intervening variable that may account for the relationship between an intervention and outcome) of a school-based group psychosocial intervention for children affected by political violence in Burundi, Indonesia, and Sri Lanka. Findings from cluster randomized trials confirm the importance of social support among peers and play as mediators of treatment effects. In addition, gender, age, and household-level variables moderated treatment effects. Although the treatment was able to augment positive coping methods and hope, these were not associated with changes in psychological symptoms. Theoretical and treatment development implications will be discussed.

Concurrent 07
Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Salon 4/5 Level 2

PTSD Symptoms Across Populations: Implications for Revising the PTSD Criteria in DSM-V
(Assessment/Diagnosis/Clinical Practice Issues)

Scotti, Joseph R., PhD
West Virginia University, Morgantown, West Virginia, USA

Issues being discussed with regard to the DSM-V revisions of the diagnostic criteria for PTSD include the: (a) definition, and even the necessity, of Criterion A-1; (b) clinical usefulness of Criterion A-2; and (c) validity and clinical usefulness of the 17 cardinal symptoms of PTSD. We have seen the proliferation of multiple measures of PTSD, and the argument that cut-off scores vary by population and diagnostic context. Common measures, such as the Impact of Event Scale, and PTSD Checklist, and the Mississippi Scale can have widely different factor structures from each other and with different populations. We argue that it is necessary to reconsider the cardinal symptoms of PTSD, with a focus on those features that are common across populations. In this symposium, we include assessment data from children, college students, adults in the community, persons with disabilities, and veterans of multiples eras. A wide range of ages and events are represented. Across papers, we intend to show those features that are the core of PTSD across persons and events, and which features are clinically useful but not diagnostically necessary. We discuss the implications for on-going work in revising the PTSD criteria for the next version of the DSM.
PTSD Symptoms Across Populations: Implications for Revising the PTSD Criteria in DSM-V
(Assessment/Diagnosis/Clinical Practice Issues)

Using Item Response Theory to Identify Core PTSD Symptoms Across Populations and Measures

Scotti, Joseph, PhD; Stacom, Elizabeth, MS (PhD, Student); Jacoby, Vanessa, BA
West Virginia University, Morgantown, West Virginia, USA

Item Response Theory (IRT; aka Latent Trait Theory) is a modern psychometric approach that has several key advantages in the measurement of underlying “traits” or constructs, such as PTSD. First, is the ability to assess the equivalence of tests items across groups (item bias analysis). Second, is the ability to equate scores on one measure of a construct with a different measure of the same construct. We apply IRT to data from multiple traumatic stress research studies that we have conducted with children (n = 200), college students (n = 500), adults in the community (n = 400), and veterans (n = 1,000). Both DSM-based measures (e.g., PTSD Checklist) and other PTSD measures (e.g., Impact of Event Scale) were administered in these studies. We discuss the basics of IRT analyses. We present a comparison of test items across the groups, and test equivalencies. We apply the concept of tailored testing to the identification of core PTSD symptoms that are and are not consistent across the groups. Implications for the revision of PTSD diagnostic criterion in DSM-V and ICD-11 are discussed.

Stability of Core PTSD Symptoms by Age and Era of Military Veterans
In revising the criteria for PTSD in the DSM-V, one concern is how PTSD presents itself across populations. If groups of people vary in their presentation of the 17 cardinal symptoms of PTSD according to age and traumatic event, then we must consider those features that are common across groups. In the present study, we focus on military veterans of multiple eras, including World War II, Korea, Vietnam, Operation Desert Storm, Operation Enduring Freedom, and Operation Iraqi Freedom. Samples are from several regions of the country (Rhode Island, West Virginia, Mississippi); represent different service eras, age ranges, and times since exposure; and include treatment seeking and non-treatment seeking veterans. Using DSM-based measures (primarily the PTSD Checklist), we examine the different factor structures, core symptoms and symptom patterns (using Item Response Theory) evident across these varied samples. Our analyses will include between-sample comparisons of basic descriptive statistics, and a comparison of differences in core symptoms. We discuss the implications for retention of the current diagnostic criteria for PTSD.

Concurrent 07
Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Salon 4/5 Level 2

PTSD Symptoms Across Populations: Implications for Revising the PTSD Criteria in DSM-V
(Assessment/Diagnosis/Clinical Practice Issues)

Validity and Clinical Usefulness of Fear, Helplessness, and Horror: Retaining Criteria A-2 in DSM-V

Rabalais, Aline, PhD1; Ruggiero, Kenneth, PhD2; Scotti, Joseph R., PhD3; Stacom, Elizabeth, MS3; Jacoby, Vanessa, BA3

1Lamar University, Beaumont, Texas, USA
2Medical University of South Carolina, Charleston, South Carolina, USA
3West Virginia University, Morgantown, West Virginia, USA

A central issue in the DSM-V revision of the diagnostic criteria for PTSD is the current Criterion A-2: A person's response to the event must involve intense fear, helplessness, or horror. Key questions concern whether these emotional responses at the time of the event add anything in terms of construct validity or clinical utility. In fact, it remains an open question as to the accuracy of the recall of such emotions, and their relevance, some years after an event. We present data from a sample of 400 undergraduate students who completed a questionnaire concerning trauma history, and multiple characteristics of the single most distressing traumatic event. In addition to several measures of PTSD symptoms (including the PTSD Checklist), participants rated 90 different emotional responses (including fear, helplessness, and horror) to the single worst event. We show that other negative emotional responses are significantly
correlated with PTSD symptoms at levels equal to or greater than the response of fear, helplessness, and horror. We discuss the implications of these and other findings for restructuring Criterion A-2 (e.g., any intense negative peritraumatic emotional response) or simply eliminating it as a diagnostic requirement.

Concurrent 07
Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Salon 4/5 Level 2

PTSD Symptoms Across Populations: Implications for Revising the PTSD Criteria in DSM-V
(Assessment/Diagnosis/Clinical Practice Issues)

Core PTSD Symptoms in Children From Taiwan and the United States: Implications for DSM-V and ICD-11

Fortson, Beverly, PhD¹; Chen, Yi-Chuen, PhD²; Scotti, Joseph R., PhD³
¹Centers for Disease Control and Prevention, Atlanta, Georgia, USA
²National Chung-Cheng University, Chia-Yi, Taiwan
³West Virginia University, Morgantown, West Virginia, USA

The symptom picture for PTSD in children is acknowledged as different from that seen in adults. With the revision of both the DSM and ICD diagnostic systems, it becomes critical to not only more fully understand the core symptoms of PTSD as exhibited by children, but to also examine whether the core features differ across cultures. We compare children who participated in two separate studies of PTSD following motor vehicle crashes (MVCs): One study based in the United States, the other in Taiwan. Similar measures of PTSD symptoms were utilized in both studies, including the Impact of Event Scale (IES; in English and translated for children in Taiwan). Children and parents reported on the details of the MVCs, and various additional measures were completed. The two samples will be compared on demographics and other key measures. The focus of the paper will be the factor analyses and item response analyses of the IES data, comparing core symptoms and symptom patterns across the two samples. The findings will be discussed in terms of the core features of PTSD for children, apparent differences from patterns seen in adults, and the implications for a consistent international set of criteria for PTSD.
A substantial body of literature now informs the development and implementation of early trauma-focused interventions targeting prevention of PTSD and related problems. Members of the ISTSS Early Intervention Special Interest Group have had ongoing discussions about how to best integrate this evolving early intervention evidence-base into challenging real-world contexts such as acute care medical, natural and man-made disaster, and deployment/combat settings. This SIG-sponsored symposium will review the evidence base with the overarching aim of informing real-world practice. Individual presentations will focus on early cognitive-behavioral interventions, stepped care models for children and families, debriefing, and public health approaches to early post-trauma pharmacotherapy. Following the presentations, ample time will be allotted for a chair-led discussion that will emphasize audience participation. The overarching goal of the presentations and discussion will be to integrate the evolving evidence base with real-world practice.
experiencing traumatic events in adult populations. This presentation will review efficacy and effectiveness studies where the treatment has commenced within three months of a traumatic event. The majority of studies in the area are efficacy studies whereby therapy is conducted under strict randomised control trail conditions. There are a number of clear findings from these studies that suggest CBT is useful in preventing and treating early posttraumatic stress disorder. Only a small number of effectiveness studies have attempted to translate these findings into real world settings. These studies point to CBT also effectively treating both PTSD and other posttraumatic mental health problems in real world samples. Models of translation will be presented.

Concurrent 07
Symposium
Friday, November 5
2:00 p.m. - 3:15 p.m.
Salon 6/7 Level 3

Review and Integration of Evidence-Based Approaches to Early Trauma-Focused Interventions
(Prevention/Early Intervention/Disaster/Mass Trauma)

Evaluating Screening and Secondary Prevention in the Pediatric Medical Setting

Kassam-Adams, Nancy, PhD
Childrens Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Most trauma-exposed children do not require (or seek out) care from mental health professionals. A promising approach to secondary prevention of PTSD in children who are exposed to acute traumatic events is to embed screening and stepped intervention into service systems (such as schools or pediatric health care settings) where children are already seen. Intervention with children must also take into account developmental factors, and the potential role of parents in supporting child recovery. Several groups of investigators have now conducted initial tests of early preventive interventions for acutely injured children that are designed to be integrated into pediatric health care. These interventions often utilize a stepped care approach that incorporates information or psychoeducation (aimed at parents and/or children), screening for risk of persistent distress, and targeted support to those at higher risk. This presentation will describe key features of this approach and will summarize empirical findings from several studies regarding feasibility and effectiveness of psychoeducation, risk screening, and universal vs targeted preventive interventions. The goal is to stimulate discussion of the current state of the art and to help identify necessary next steps in development and research in this area for children.
Research has found that there is an increase in mental health problems as a result of military-related traumatic events, and such problems increase in the months following return from combat. Despite the documented impact of combat deployment on mental health, there are few well-designed studies that assess the effectiveness of early interventions. To address this gap, we compared different early interventions with 2,297 US soldiers following a year-long deployment to Iraq. Platoons were randomly assigned to standard post-deployment stress education, Battlemind Debriefing, and small and large group Battlemind Training. Results from the four-month follow-up found that Soldiers with high levels of combat exposure who received Battlemind Debriefing reported fewer posttraumatic stress symptoms, depression symptoms and sleep problems than those who received stress education. Depending on the condition, Battlemind resilience training resulted in fewer PTSD symptoms, sleep problems and stigma for those with high combat exposure. Findings demonstrated that brief early interventions utilizing group cohesion and strength have the potential to be effective with at-risk occupational groups and that debriefing and resilience training techniques, as developed for this study, can help soldiers adjust in the months after returning home. These results have implications for practitioners working with intact at-risk occupational groups.
Review and Integration of Evidence-Based Approaches to Early Trauma-Focused Interventions
(Prevention/Early Intervention/Disaster/Mass Trauma)

Public Health Approaches to the Development of Early Pharmacotherapeutic Interventions Targeting PTSD

Zatzick, Douglas, MD
University of Washington, Seattle, Washington, USA

Psychotropic medications constitute an important early posttraumatic intervention particularly in the context of physical injury pain or other overwhelming posttraumatic affects that can impair the ability to consolidate new verbal learning. This presentation will review the evidence-base for a variety of classes of medication including opiate analgesics, beta-adrenergic agents, and corticosteroids as early PTSD interventions. Early, trauma-focused pharmacotherapeutic intervention development has traditionally emphasized unidirectional trajectories that begin with basic research and efficacy trials followed later by effectiveness and dissemination studies. The presentation will articulate how clinical epidemiologic methods may constitute foundational research in the development of early medication interventions, and how population-based practice research may serve to feed back and inform what has previously been conceptualized as earlier stages of intervention development such as efficacy trials. Clinical examples from acute care medical settings and the Haiti earthquake disaster relief effort will be presented to illustrate the above points.

Concurrent 07
Workshop
Friday, November 5
2:00 p.m. - 3:15 p.m.
Kafka/Larmartine Level A

Homicide and Mass Shootings: Multidisciplinary, International Perspectives in Intervention, Impact, and Policy Making
(Disaster/Mass Trauma/Clinical Practice Issues)

Williams, Mary Beth, PhD1; Poijula, Soili, PhD2; Nurmi, Lasse, PhD Candidate3; Ellis, Carroll Ann, MA4

1Trauma Recovery Education and Counseling Center, Warrenton, VA 20186, Virginia, USA
2Oy Synolon Ltd, Oulu, Finland
3National Bureau of Investigation, Espoo, Finland
4Fairfax County Police Department, Fairfax, Virginia, USA

This workshop will discuss various aspects of intervention, prevention, treatment, and policy making related to mass shootings and homicide in the United States and in Finland. The introductory presentation
will overview the traumatic impacts of violent death. A second presentation will examine the long term impacts of homicide on adult survivors through the first national research study in Finland. The third presentation will examine the work of the family liaison team in death notification, investigation, and follow up with the families of 18 victims of two school shootings in 2007 and 2008 in Finland. The final presentation will discuss the work of the Governor's appointed panel to investigate the mass shooting at Virginia Tech University and recommendations made by that panel. Participants will be encouraged to discuss their experiences with mass shootings and homicides, particularly in school settings and to share their strategies for prevention, intervention, and policy change.

**Participant Alert:** Participants may be exposed to photos of scenes of mass school shootings

---

**Concurrent 07**

**Workshop**

**Friday, November 5**

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

**Jarry/Joyce Level A**

**Mieux vivre sa colère avec PEACE : Un programme transdiagnostique et transgénérationnel pour vétérans souffrant de traumatismes liés au stress opérationnel**

(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

**Iucci, Soledad, PhD; Faucher, Andrée, PhD**

CNTSO, Ste-Anne-de-Bellevue, Quebec, Canada

Pour plusieurs vétérans souffrant de traumatismes liés au stress opérationnel, l’offensive, une stratégie apprise nécessaire à la survie du militaire, devient souvent un comportement privilégié et spontané pour exprimer la colère, entraînant parfois des conséquences néfastes. Le *Program for Experiencing Anger with Control and Effectiveness* (PEACE), une psychothérapie de groupe d’approche cognitive-comportementale visant la régulation de la colère et l’adoption de stratégies efficaces, est un programme bilingue transdiagnostique pour les vétérans canadiens. C’est également un programme transgénérationnel qui transmet un héritage de sagesse. En donnant la parole à des anciens combattants âgés résilients des guerres mondiales, l’étude de Faucher (1993) a permis d’opéronnaliser un modèle de gestion cognitive des émotions négatives et d’identifier des stratégies cognitives spécifiques à la gestion de la colère. La résilience de ces aînés, produit de leur détermination à tirer le meilleur parti de leur expérience de vie incluant celle de la guerre, est une source d’inspiration pour les jeunes vétérans et un legs d’une richesse unique pour PEACE. Celui-ci fait l’objet d’un manuel pour cliniciens qui inclut des mesures pour évaluer l’efficacité thérapeutique et des fiches-ressources destinées aux vétérans pour les soutenir dans leur processus de changement et les aider à mieux vivre leur colère.
Neuropsychological Deficits in Female Veterans with PTSD: Preliminary Findings
(Assessment/Diagnosis/Clinical or Interventions Research)

Keller, Jenna, BS¹; Rinehart, Jenny, Doctoral, Student²; Leiphart, Shelley, PsyD³; Chee, Christine, PhD⁴; Haaland, Kathleen, PhD⁵

¹NMVAHCS/BRINM, Albuquerque, New Mexico, USA
²BRINM/University of New Mexico, Albuquerque, New Mexico, USA
³NMVAHCS, Albuquerque, New Mexico, USA
⁴BRINM, Albuquerque, New Mexico, USA
⁵NMVAHCS/The University of New Mexico, Albuquerque, New Mexico, USA

Neuropsychological deficits, especially in attention, executive functions, and memory, are commonly associated with combat-related PTSD in male veterans. This ongoing DOD-funded study investigated neuropsychological functioning in female veterans with combat and/or sexual trauma to determine if a similar pattern of deficits was seen. We assessed estimates of general intelligence (Wechsler Test of Adult Reading), attention/working memory (Working Memory Index, WAIS-III), executive functions (Composite measure from the Delis-Kaplan Executive Function System), memory (California Verbal Learning Test), and processing speed (WAIS-III Index) in 13 female veterans with PTSD and 12 demographically-matched healthy control participants. One patient was excluded from each group for possible compromised effort (Test of Memory and Malingering). The PTSD group’s performance was within the average range but poorer (p<.05) than the control group across all measures, except memory. These preliminary findings are consistent with findings in male veterans except for the lack of memory impairment, which is likely due to the small sample size and low power. Results will be discussed in terms of potential preexisting vulnerabilities, neurobiological effects of PTSD, and the influence of behaviors associated with PTSD (e.g., depression) that may affect neuropsychological performance.
Confirmatory Factor Analysis of the Posttraumatic Cognitions Inventory in Adults Seeking Treatment for PTSD
(Research Methodology/Clinical or Interventions Research)

Waldrep, Edward, BA\(^1\); Johnson, Dawn, PhD\(^2\); Palmieri, Patrick, PhD\(^3\)  
\(^1\)Kent State University, Kent, Ohio, USA  
\(^2\)University of Akron, Akron, Ohio, USA  
\(^3\)Summa Health Systems, Akron, Ohio, USA  

This study examined the factor structure and internal consistency of the Posttraumatic Cognitions Inventory (PTCI) in a sample of 362 individuals seeking treatment for Posttraumatic Stress Disorder (PTSD) in a specialty outpatient PTSD clinic. Foa and colleagues (1999) proposed a three factor model for the measure: negative cognitions of the self (21 items), negative cognitions about the world (7 items), and self-blame (5 items). Confirmatory factor analysis results indicate that the model provides a marginally adequate fit to the data, \(\chi^2(492, N = 362) = 1336.23, p < .001; CFI = 0.87; TLI = 0.87; RMSEA = 0.07; SRMR = .06\). All of the standardized factor loadings for the respective factors were substantial (>0.42), and the factors correlated moderately-to-strongly (ranged from 0.50 to 0.72). Subscales based on these factors demonstrated good internal consistency, with Cronbach’s alpha values of 0.95, 0.90, and 0.82, respectively. The self, world, and self-blame subscales were positively correlated with posttraumatic distress (r = 0.61, 0.56, 0.31, respectively) and depression (r = 0.76, 0.53, 0.37, respectively) but also seemed to be differentially associated with these variables. Modification indices suggest several items that are harming model-data fit. Future research should investigate alternative models and revised item sets.

Concurrent 07
Friday, November 5  
2:00 p.m. - 3:15 p.m.  
Drummond Centre Level 3  

Assessment and Evaluation

Objective Versus Subjective Severity of the Traumatic Event in Predicting PTSD: A Meta-analysis  
(Research Methodology/Prevention/Early Intervention)

Gabert-Quillen, Crystal, MA, PhD, Student; Irish, Leah, MA, PhD, Student; Delahanty, Douglas, PhD  
Kent State University, Kent, Ohio, USA  

Research has highlighted a number of peritraumatic predictors associated with increased risk for PTSD. Specifically, a large literature has focused on the extent to which trauma severity is associated with subsequent PTSD. However, studies have differed greatly in their operationalization of trauma severity and have largely produced mixed results. One possible explanation for the mixed findings centers on whether trauma severity was assessed subjectively or objectively. The purpose of the present meta-analysis was to synthesize existing literature on subjective (i.e. subjective injury severity, acute pain, and emotional reactions) and objective (i.e. injury severity, length of hospital stay, and trauma exposure) peritraumatic predictors and their relationship with PTSD. The literature search produced 72 articles
involving one or more peritraumatic predictors. The mean effect sizes of the predictors ranged from a small (length of hospital stay: \( r = 0.08 \)) to medium-to-large (subjective injury severity: \( r = 0.37 \)). Objective peritraumatic predictors had smaller effect sizes (range = .078-.195) compared to subjective peritraumatic predictors which had medium-to-large effect sizes (range = .250-.371). The examination of potential moderators of these findings produced inconsistent, but suggestive, findings. Results underscore the importance of subjective severity measures as peritraumatic risk factors, and moderator analyses preliminarily suggest further avenues of research.

Concurrent 07  
Friday, November 5  
2:00 p.m. - 3:15 p.m.  
Drummond Centre Level 3  

Assessment and Evaluation  

Traumatisation and Posttraumatic Stress Disorder During Childhood: The Utility of Psychophysiological Measurement During Trauma Script Exposure  
(Children and Adolescents/Clinical or Interventions Research)  

Kirsch, Veronica, Dipl, Psych\(^1\); Wilhelm, Frank H., PhD\(^2\); Goldbeck, Lutz, PhD\(^1\)  
\(^1\)Clinic for child and adolescence psychiatry and psychotherapy, University Ulm, Ulm, Germany  
\(^2\)Institute for Psychology, Department of Clinical Psychology and Psychotherapy, University of Basel, Basel, Switzerland  

Background: Compared to traumatised or non-exposed controls, psychophysiological alterations such as elevated baseline activation and hyperresponsivity in heart rate and electrodermal activity were often found to be associated with adult posttraumatic stress disorder (PTSD). Studies investigating psychophysiological responding in pediatric PTSD are rare and their results inconclusive.  

Methods: Baseline activation, reactivity to, and recovery from idiosyncratic trauma scripts were assessed in traumatised children (6-18 years). PTSD status was determined using the Clinician Administered PTSD Scale for Children and Adolescents.  

Results: Preliminary analyses indicate specific abnormalities in children with PTSD compared to trauma-controls in heart rate, electrodermal activity, and facial EMG.  

Conclusion: Consideration of physiological alterations in traumatised children may contribute relevant information to enhance diagnostic and treatment decisions and scientific understanding of pediatric PTSD.

Concurrent 07  
Paper Session  
Friday, November 5
Treating PTSD Among people with Substance Use Disorders: Findings From a Randomised Controlled Trial of Exposure Therapy

(Mills, Katherine, PhD; Teesson, Maree, PhD; Baker, Amanda, PhD, Cpsych; Hopwood, Sally, Sr Clin Psychologist; Back, Sudie, PhD, Cpsych)

1 University of New South Wales, Sydney, Australia
2 University of Newcastle, Newcastle, Australia
3 Traumatic Stress Clinic, Sydney, Australia
4 Medical University of South Carolina, Charleston, South Carolina, USA

This study aimed to evaluate the efficacy of imaginal and in vivo exposure for PTSD among people with substance use disorders (SUD). 103 participants were recruited from SUD treatment services and community referrals in Sydney, Australia (83% response rate). Participants were randomly assigned to receive either i) integrated treatment (IT) for their SUD and PTSD (n=55); or ii) treatment as usual (TAU) for their SUD (n=48). Components of the IT included psychoeducation, CBT for SUD and PTSD, imaginal and in vivo exposure. Participants completed interviews at baseline, 6-weeks, 3- and 9-months follow-up. Over 70% of the sample were re-interviewed at each time point. Intention-to-treat analyses were conducted comparing the outcomes of those who received the IT versus TAU. The mean age of the sample was 35.7 years and 62% were female. The most commonly used substances were benzodiazepines (73%), cannabis (69%), alcohol (67%), heroin (45%) and amphetamines (42%). All participants met DSM-IV criteria for dependence and PTSD. The most commonly reported traumas involved physical or sexual assault. Over 75% had experienced childhood trauma; 55% reported childhood sexual abuse. Over the 9-month follow-up period, both the IT and TAU group evidenced reductions in their substance use, however, these were more pronounced in the IT group. The IT group also demonstrated substantial improvements in relation to the frequency and severity of PTSD symptoms, whereas the TAU group demonstrated little change in relation to these outcomes. Contrary to popular belief, exposure therapy for PTSD is safe and efficacious among individuals with SUD.
Memory Reactivation & Modulation of Glucocorticoid Levels: A Potential Therapeutic Avenue for Intrusive Traumatic Memories

(Biological/Medical/Clinical or Interventions Research)

Marin, Marie-France, PhD Candidate; Lupien, Sonia, PhD
Centre for Studies on Human Stress, Fernand-Seguin Research Center, Louis-H. Lafontaine Hospital, Université de Montréal, Montreal, Quebec, Canada

Glucocorticoids (GCs) are known to modulate different memory processes. High levels of GCs enhance consolidation whereas both low and high levels impair retrieval. Moreover, the retrieval process serves as a reactivation mechanism whereby the memory that is reactivated during retrieval is again sensitive to modifications by environmental manipulations. Study 1 investigated the immediate and long-term effects of a stressor on a reactivated memory. Participants (n=32) encoded a movie containing neutral and emotional slides. Two days later, they recalled the movie. Half were then exposed to a psychosocial stressor, whereas the others read magazines (controls). Memory was re-assessed after stress and five days later. At both time points, the stressed group recalled more emotional material compared to controls.

Study 2 investigated whether pharmacologically lowering GC levels at the time of reactivation would impact the memory trace in a temporary or a long-lasting manner. Participants (n=22) encoded the movie. Three days later, they were assigned to metyrapone (an inhibitor of GC synthesis) or a placebo condition. Following drug administration and four days later, the metyrapone group recalled less emotional material compared to controls. These experiments suggest that variations in GC levels at the time of reactivation can modulate an emotional memory trace.

Concurrent 07
Friday, November 5
2:00 p.m. - 3:15 p.m.
Hemon Level A

Treatment Developments

Efficacy of Cognitive Processing Therapy and Prolonged Exposure on Nightmares
(Clinical or Interventions Research/Assessment/Diagnosis)

Jimenez, Sherlyn, PhD; Iverson, Katherine, PhD; Mendes, Adell, MPH; Resick, Patricia, PhD
NC-PTSD at VA Boston, Boston, Massachusetts, USA

Nightmares are treatment-resistant features of PTSD, affecting not only symptom severity but mental and physical health and cognitive functioning. Growing research suggests that along with disturbed sleep, nightmares may be a core feature of PTSD. However, few studies have explicitly examined the efficacy of PTSD treatments on nightmares. This study aims to assess improvements in nightmares in individuals receiving Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE). Data for the present study
were obtained from a large treatment study examining the effects of CPT and PE on female victims of sexual assault (N=171). Item 2 (nightmares) from the PTSD Symptom Scale was used to determine frequency of nightmares. PTSD-related assessments were conducted during treatment sessions 2, 4, 6, and 8 as well as prior to treatment, post-treatment, nine months post- and 5+ years post-treatment. Hierarchical linear modeling (HLM) revealed a nonsignificant time effect within treatment sessions 2-8. However, across the assessment periods overall, a significant time effect was found, \( t(137) = -4.04, p < .001 \), indicating significant improvements in nightmares may become more evident over time. Absence of nightmares was associated with absence of PTSD diagnosis post-treatment. Further analyses will be performed on predictors of nightmares following treatment.

Concurrent 07
Friday, November 5
2:00 p.m. - 3:15 p.m.
Hemon Level A

Treatment Developments

Psychotropic Prescribing Patterns for PTSD among VISN5 Patients in the U.S.
Department of Veterans Affairs
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Himelhoch, Seth, MD, MPH; Slade, Eric, PhD; Kreynbuhl, Julie, PhD; Dixon, Lisa, MD, MPH; Fischer, Bernard, MD
University of Maryland School of Medicine, Baltimore, Maryland, USA

Objective: To estimate receipt of psychotropic medications by Veterans starting new episodes of treatment for posttraumatic stress disorder (PTSD) in Veterans Affairs (VA) facilities. Methods: Using administrative data from the VA's Decision Support System, we identified all 3393 VA patients in Maryland, northern Virginia, and eastern West Virginia with a new PTSD (ICD-9-CM 309.81) or acute stress reaction disorder (ICD-9-CM 308.4) diagnosis in FY2008. The probability that a patient received psychotropic medications in five classes was estimated using multivariable logistic regression. Covariates included demographics,
Concurrent diagnoses (depression, traumatic brain injury, substance use disorder), use of mental health services, and service connected disability. Results: Rates of receipt of medications were: 56% for antidepressants, 15% for mood stabilizers, 20% for antipsychotics 15% for benzodiazepines, and 9% for antiandnergeric agents. Most (62.5%) received more than one medication. Patients diagnosed with depression (46.7%) were significantly more likely to receive a psychotropic medication in every class and receive more than one medication compared to patients with no depression diagnosis. Conclusions: In the VA, patients starting PTSD treatment may receive a wide variety of psychotropic medications. A diagnosis of co-occurring depression is associated with a greater number and higher rates of receipt of psychotropic medications.
Trauma exposure among first responders occurs within the context of an overarching organizational climate. Accordingly, recent research has sought to ascertain how first responders’ organizational climate might impact the development of traumatic stress. Whereas various studies have provided evidence for a relationship between the organizational climate and traumatic stress, it is unclear whether the organizational climate adds to the prediction of traumatic stress symptoms, above and beyond the characteristics of trauma exposure. The objective of this study was to identify the relative contributions of trauma exposure and the organizational climate to the prediction of traumatic stress symptoms. The study focused on aspects of the organizational climate, such as cohesion, organizational support, workload, and utilization of skills. Participants included a sample of Canadian first responders (firefighters, paramedics, police officers, dispatchers, and victim service providers). Results from hierarchical multiple regression analyses revealed that first responders’ organizational climate predicted a significant proportion of the variance in traumatic stress symptoms above and beyond trauma exposure. The specific aspects of the organizational climate that accounted for the significant findings will be discussed along with the implications for future research, clinical practice, and organizational intervention.
Are Canadian Soldiers More Likely to Have Suicidal Ideation and Suicide Attempts Than the Canadian Civilian Population?
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Belik, Shay-Lee, MS (PhD, Student)¹; Stein, Murray, MD, MPh²; Asmundson, Gordon, PhD³; Sareen, Jitender, MD, FRCPC¹
¹University of Manitoba, Winnipeg, Manitoba, Canada
²University of California San Diego, San Diego, California, USA
³University of Regina, Regina, Saskatchewan, Canada

Significant controversy exists as to whether soldiers are at increased risk for suicide and suicidal behaviors compared to civilians. Furthermore, little is known about whether risk factors for suicidal behaviors in civilian populations are generalizable to soldiers. The aim of the current study is to determine whether the prevalence and correlates of suicidal behavior differ in Canadian soldiers when compared with the Canadian civilian population. The current study utilized data from the Canadian Community Health Survey (CCHS) 1.2 - Canadian Forces Supplement in conjunction with the CCHS 1.2. Logistic regression analyses were used to determine whether prevalence of suicidal behaviors differed between the two population samples. Interaction models were used to explore differences between correlates of suicidal behavior comparing Canadian soldiers with civilians. Although there were no significant differences noted between the two samples on prevalence of suicidal ideation, prevalence of suicide attempts was significantly lower in the Canadian Forces sample compared with the civilian population (odds ratio = 0.67, 95% confidence interval: 0.56-0.79). Findings suggest that suicide attempts are less common in Canadian active military personnel than in the civilian population. Possible mechanisms for these differences are discussed.

Concurrent 07
Friday, November 5
2:00 p.m. - 3:15 p.m.
Ballroom East Level 4

Canadian Military Mental Health

Sleep Apnea and PTSD: The Canadian Military Experience
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Boisvert, Denis, MD, FRCPC¹; Heber, Alexandra, MD, FRCPC¹; Tremblay, Daniel²; Fraser, George, MD, FRCPC¹
¹Operational Trauma and Stress Support Centre, Canadian Forces Health Services Centre (O) 713 Montreal Road, Ottawa, Ontario, Canada
²Canadian Forces Health Services Centre (O) 713 Montreal Road, Ottawa, Ontario, Canada

Recent literature has stressed the importance of a comprehensive sleep medicine approach to PTSD sufferers. Some authors suggest that specific sleep treatments may lead to significant decreases in PTSD symptoms and severity. They advocate a closer collaboration between mental health professionals and
sleep medicine specialists. The Operational Trauma and Stress Support Centre (OTSSC) Ottawa, is a specialized clinic for assessment and treatment of PTSD in members of the Canadian military. The OTSSC has a close working relationship with an inhouse sleep lab. One author (DT) is a registered polysomnography technologist with over 20 years experience assessing military members. In 2007 and 2008, 259 new cases were assessed in the OTSSC for PTSD. All new patients were given a screening questionnaire for Obstructive Sleep Apnea (OSA). Forty-three members screened positive for a sleep disorder, and were evaluated for sleep apnea, including receiving a polysomnogram. Of those evaluated, 32 (72.1% of those referred for sleep study) had a confirmed OSA. Given that approximately 1 in every 8 patients assessed for PTSD was positive for a diagnosis of Obstructive Sleep Apnea, regular screening for this diagnosis in a military population presenting with symptoms of PTSD is recommended. This presentation will review the literature on OSA and PTSD. It will present the results of a chart review of the cases in our clinic diagnosed with OSA, with special focus on change in symptoms following the introduction of CPAP and other treatments for sleep apnea.

Concurrent 07
Friday, November 5
2:00 p.m. - 3:15 p.m.
Ballroom East Level 4

Canadian Military Mental Health

Moderating and Co-Activating Factors for Mental and Physical Health Outcomes in the Canadian Forces and General Population in a Canadian Community Health Survey
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Nelson, Charles, PhD, Cpsych\textsuperscript{1}; St. Cyr, Kate, MSc\textsuperscript{1}; Richardson, Don, MD, FRCPC\textsuperscript{1}; Elhai, Jon, PhD\textsuperscript{2}; Corbett, Bradley, PhD\textsuperscript{3}

\textsuperscript{1}St. Joseph’s Health Care London - Parkwood Hospital Operational Stress Injury Clinic, London, Ontario, Canada
\textsuperscript{2}University of Toledo, Department of Psychology, Toledo, Ohio, USA
\textsuperscript{3}University of Western Ontario, London, Ontario, Canada

Despite focused efforts to elucidate the relationship between traumatic events and adverse physical and mental health outcomes, our understanding as to why only a portion of those exposed to such events become affected remains limited. While the association between sociodemographic, moderating, and coactivating factors and various mental and physical health outcomes has been well-documented in the general population, the impact of these factors on an active Canadian military population has been less clearly established. By considering the possible role of mediating and moderating variables that co-activate or inhibit adverse mental and physical health outcomes in a nationally representative Canadian military sample (n=8441) and a comparison cohort of the general population, our study aims to refine our understanding of the etiology of post-trauma mental and physical health outcomes. Structural equation modeling (SEM) was performed to examine the impact of sociodemographic factors (age, sex, income), moderating factors (social support, physical activity, religiosity/spirituality), and coactivating factors...
(exposure to prior trauma, presence of previous mental health issues, and feelings of guilt/shame) on health outcomes such as perceived physical health, perceived mental health, and life satisfaction. Analyses and interpretation of the results are currently ongoing.
Novel Approaches in the Modulation of Traumatic Memories: Future Directions in the Treatment of PTSD
(Biological/Medical/Clinical or Interventions Research)

Brunet, Alain, PhD\(^1\); LeDoux, Joseph, PhD\(^2\); Pitman, Roger, MD\(^3\); Rothbaum, Barbara, PhD, ABPP\(^4\); Stein, Murray, MD, MPH\(^5\)

\(^1\)Douglas Mental Health University Institute and McGill University, Verdun, Quebec, Canada
\(^2\)New York University Center for Neural Science, New York, New York, USA
\(^3\)Massachusetts General Hospital, Charlestown, Massachusetts, USA
\(^4\)Emory University School of Medicine, Atlanta, Georgia, USA
\(^5\)University of California, San Diego, San Diego, California, USA

This symposium will begin by a synthesis of the literature and findings presented in symposia I, II and III, which addressed (a) the rodent research, as well as (b) the human research pertaining to reconsolidation blockade with Propranolol, and (c) the potentiation of extinction learning with D-cycloserine (DCS) as a novel treatment for PTSD. Next, each panelist will speak for 15 minutes addressing the following questions: 1. In your opinion, what are the similarities/differences between reconsolidation blockade and the enhancement of extinction learning. 2. What strikes you as an important element requiring more research, in order for propranolol or DCS to become a scientifically recognized treatment for PTSD? 3. Going beyond PTSD: is neuroplasticity the next treatment paradigm in psychiatry?
Better Forgetting Through Pharmacology

Stein, Murray, MD, MPH
University of California, San Diego, San Diego, California, USA

Preclinical models of fear learning and fear extinction point to several plausible pharmacological approaches to the treatment of posttraumatic stress disorder (PTSD). Beta-adrenergic antagonists (“beta-blockers”) such as propranolol have been proposed either to prevent PTSD if administered in close proximity to trauma exposure, or as an adjunct to exposure wherein memory retrieval (and, hence, reconsolidation) in the context of beta-blockade would alleviate hyperarousal and other conditioned symptoms. Drugs that can enhance learning, and therein augment the effects of learning-based therapies (e.g., cognitive- and/or exposure-based treatments), have been proposed as adjuncts to such therapies for the treatment of PTSD and other anxiety disorders. Several studies with d-cycloserine (DCS) have been completed and provide partial support for this approach. In this presentation, Dr. Murray Stein will provide an overview of the state-of-the-art with regard to the theory and evidence base of these approaches.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Drummond West Level 3

Beyond Talk Therapy: Applications of Neurofeedback Training to the Treatment of Adaptations to Chronic Trauma Exposure
(Technology/Clinical or Interventions Research)

Gapen, Mark, PhD; van der Kolk
Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA

EEG Neurofeedback (NFB) is a technique which uses operant conditioning to change EEGs and reduce psychopathology. Initial research suggests that NFB may represent a promising treatment strategy. Three areas of this research have demonstrated that it is possible to reshape patterns of brain activity through operant conditioning or feedback guided learning - work on brain computer interfaces (BCI), real time fMRI feedback, and EEG neurofeedback (NFB). BCI occurs through the implantation of an electrode in the brain, and has been applied in the rehabilitation of people who have lost limbs. Although studies of real time operant conditioning of neural signals from fMRI have enormous scientific interest, showing significant alterations in brain activity, fMRI feedback is not likely to become a widely accessible treatment approach due to cost and limited availability of equipment. Through following the same principles as BCI and fMRI NFB, EEG NFB employs user-friendly technology that could be practically deployed to meet widespread community health needs, if efficacy can be established. This symposium will present data on
the efficacy of EEG NFB in targeting symptoms related to chronic trauma exposure in both children and adults. Implications of and barriers to widespread dissemination of these techniques will be discussed.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Drummond West Level 3

Beyond Talk Therapy: Applications of Neurofeedback Training to the Treatment of Adaptations to Chronic Trauma Exposure
(Technology/Clinical or Interventions Research)

Efficacy of EEG Neurofeedback in Reducing Dysregulation for Traumatized Adolescents

Zelechoski, Amanda,
The Trauma Center/Justice Resource Institute, Brookline, Massachusetts, USA

Although affect dysregulation in traumatized adolescents has been amply documented, the optimal way of treating these deficits remains largely unstudied. This presentation will discuss the results of a pilot study that is designed to improve and adapt EEG neurofeedback as a specific and effective intervention for reducing hyperarousal symptoms in dysregulated adolescents with histories of abuse and neglect. Specifically, this study is intended to examine the degree to which EEG neurofeedback can reduce neuropsychological and neurophysiological dysregulation. Pilot study participants include 48 traumatized and emotionally disturbed youth drawn from four residential treatment programs. Participants are currently receiving the neurofeedback intervention two to three times per week for six months, in accordance with a flexible, principle-based manual which provides rules to adjust the neurofeedback training protocol based on the clinical response of each participant. Multiple areas of functioning will be assessed across different domains; specifically, changes in psychological, behavioral, neuropsychological, and neurophysiological functioning will be presented. The principal aim of this study is to understand the impact of neurofeedback on the psychological, behavioral, neuropsychological and neurophysiological correlates of dysregulation in traumatized adolescents. It is anticipated that this pilot study will be the first in a series of research studies to demonstrate the utility of a verified, inexpensive, field-deployable intervention.
Researchers have documented profound impairments in individuals exposed to chronic trauma. Prominent among these are difficulties in the regulation of affect, impulses and attention. While traditional talk therapy has proved only marginally effective in treating these symptoms, EEG neurofeedback (NFB) presents a promising new approach. This presentation will present preliminary results from an ongoing study of the application of NFB to treating adults with complex adaptations to chronic interpersonal trauma exposure. We are targeting not only symptoms of PTSD, but also underlying affective and attentional symptoms. Initial results are promising with significant reductions in all of these domains including: overall PTSD symptoms after one month, emotional avoidance and numbing symptoms specifically after two months, and affect dysregulation after three months (p < .05). The current study has enrolled participants for twice weekly NFB training sessions at an outpatient clinic in Brookline, MA. All participants have received NFB training in addition to regular ongoing individual psychotherapy. Participants have received 40 sessions of training over the course of approximately 5 months and have been randomized to one of two placements in accordance with a flexible, principle-based manual which provides rules to adjust the neurofeedback training protocol based on the clinical response of each participant. Overall, we are demonstrating the efficacy of NFB training, a field-deployable inexpensive technique, in alleviating many of the core symptoms associated with adaptations to chronic trauma exposure.
The arousal model is central to the idea of neurofeedback (NFB) training and has been important to understanding treatment for children and adolescents with ADHD for over 20 years. More recently theorists have postulated the importance of the concept of “optimal arousal” in the treatment of individuals with chronic early trauma exposure. These individuals may tend to alternate between becoming over-aroused during “fight” responses and under-aroused during “freeze” responses. As such, they have difficulty maintaining arousal with the “window of tolerance” during which many functions of the frontal cortex can remain online. Effective trauma treatment must be aimed at improving an individual’s capacity to maintain optimal arousal. NFB training presents a promising approach as it targets the arousal system directly. This presentation will highlight the arousal model and how early trauma results in disordered arousal using a case example. Additional data will be presented in terms of quantitative EEG’s (qEEG), a scientifically established method for evaluating brain functioning, recorded at the onset of NFB treatment and at the conclusion. Overall, changes in qEEG are correlated with symptom reduction. This case example and qEEG data provide a compelling look at the potential of NFB training in treating adaptations to complex early trauma exposure.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Drummond West Level 3

Beyond Talk Therapy: Applications of Neurofeedback Training to the Treatment of Adaptations to Chronic Trauma Exposure
(Technology/Clinical or Interventions Research)

Neurofeedback Training as an Effective Treatment for Complex Trauma Across the Lifespan

van der Kolk, Bessel,
Boston University School of Medicine, Boston, Massachusetts, USA

This symposium covers data and a case example showing the efficacy of neurofeedback training as an inexpensive, field-deployable technology for the treatment of many of the core symptoms of exposure to chronic trauma. The presenter will discuss the implications of and roadblocks to widespread implementation of these techniques.
(Clinical or Interventions Research/Research Methodology)

Kenardy, Justin
1University of Queensland, Brisbane, Australia

This symposium will focus on the relationship between physical injury and PTSD in adults. At present there is considerable interest in rehabilitation in the role that PTSD plays in injury recovery, including its impact on pain and function. It is recognised that PTSD is a commonly underdetified comorbidity in trauma-related injury. The three presentations will highlight the current state of research into treatment of PTSD in acute and chronic injury, as well as using longitudinal design methodology to help to understand the impact of compensation.

Understanding and Treating PTSD in the Context of Chronic Pain Due to Whiplash Injury: Pilot Data From a Randomised Control Trial

Dunne, Rachael,
The University of Queensland, Brisbane, Australia

Whiplash Associated Disorders (WAD) are common and incur substantial personal and economic costs. The presence of PTSD has been associated with more severe whiplash complaints and poor functional recovery. While trauma-focused Cognitive Behaviour Therapy (CBT) has shown to be moderately
effective in heterogeneous chronic pain samples, there have been no clinical trials within WAD. Results of a pilot study investing the effects of trauma-focused CBT on psychological factors, pain and disability in individuals with chronic WAD will be presented. Participants were randomly allocated to either CBT (n=13) or a waitlist control (n=13). Treatment effects were evaluated at 10 weeks and 6-month follow-up, using a diagnostic interview, self-report questionnaires and qualitative sensory pain threshold measures.

Results indicated clinically significant reductions in PTSD symptoms in the CBT group compared to the waitlist. The treatment of PTSD was also associated with improvements in self reported pain, disability and psychophysiological reactivity to trauma cues, while only minimal changes in sensory pain thresholds were observed between the groups.

This study has provides preliminary support for the use of trauma focused CBT within chronic WAD. The finding that treatment of PTSD symptoms resulted in improvements in self-reported pain and disability but not sensory pain thresholds highlights the complex and inter-relating mechanisms that underlie both WAD and PTSD. Implications and future research directions will be discussed.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Drummond Centre

(Clinical or Interventions Research/Research Methodology)

PTSD, Whiplash Injury and Compensation: Analysis of Trajectories

Kenardy, Justin,
University of Queensland, Brisbane, Australia

We aimed to identify distinctive trajectories for pain/disability and posttraumatic stress disorder (PTSD) symptoms following whiplash injury to examine the effect of compensation on trajectories. 155 individuals with whiplash were assessed at < 1 month, 3, 6 and 12 months post injury. Outcomes were: Neck Disability Index (NDI) and the Posttraumatic Stress Diagnostic Scale (PDS). Group based trajectory analytical techniques were used to identify outcome profiles. The analyses were repeated including compensation claim lodgment as a binary time-changing covariate. Three distinct NDI trajectories were determined: 1) Mild: mild or negligible pain/disability for the entire 12 months (45%), 2) Moderate: initial moderate pain/disability that decreased to mild levels by 3 months (39%) and 3) Chronic-severe: severe pain/disability persisting at moderate/severe levels for 12 months (16%). Three similar PTSD trajectories were also identified: 1) Resilient: mild symptoms throughout (40%), 2) Recovering: initial moderate symptoms declining to mild levels by 3 months (43%) and 3) Chronic moderate-severe: persistent moderate/severe symptoms throughout 12 months (17%). Claim submission had a detrimental effect on all trajectories (P<0.001) except for the Chronic-severe NDI trajectory (P=0.098). Management of whiplash should consider the detrimental association of compensation claim with psychological recovery and recovery of those with mild to moderate pain/disability levels. However claim lodge ment has no significant association with a more severe pain and disability trajectory.
Early Intervention for PTSD and Depression Symptoms Prevents the Development of Persistent Pain

Varker, Tracey, PhD  
Australian Centre Posttraumatic Mental Health, Melbourne, VIC, Australia

The relationship between posttraumatic stress disorder and persistent pain has been described as one of mutual maintenance. There is also evidence that depression is related to the development of persistent pain. In this early intervention study we investigated whether treating PTSD and depression symptoms would influence the development of persistent pain in a group of severe injury patients. A total of 46 injury patients who screened as having high PTSD and/or depression symptoms at 4 weeks post injury were randomly allocated to either early intervention or usual care groups. Early intervention consisted of 4-9 sessions of trauma-focused cognitive behavioural therapy using a flexible treatment manual. Intention to treat analyses revealed that at 6 and 12 months post injury those in the early intervention group had significantly lower PTSD and depression symptoms. They also had significantly lower pain levels. This study suggests that by targeting early symptoms of PTSD and depression symptoms we can significantly influence the development of persistent pain.
Current Research on Dissociation and Its Relationship to Trauma, PTSD, and Other Psychiatric Disorders

Hruska, Bryce, BA¹; Mueller-Pfeiffer, Christoph, MD²; Pacella, Maria, BA¹; Hetzel-Riggin, Melanie, PhD³
¹Kent State University, Kent, Ohio, USA
²University Hospital of Zurich, Zurich, Switzerland
³Western Illinois University, Macomb, Illinois, USA

Dissociation and dissociative symptoms frequently co-occur with a variety of psychiatric disorders, including posttraumatic stress disorder (PTSD). However, the precise function that dissociation plays in the development and severity of these disorders is still being explored. The purpose of this symposium is to examine dissociation and its role in trauma, PTSD, and other psychiatric disorders. Attention will be given to the temporal progression of dissociation disorders and dissociative symptoms and their impact on quality of life across a variety of psychiatric disorders. Presentations will also focus on peritraumatic dissociation (PD) and its role in the development of posttraumatic stress symptoms (PTSS). More precisely, topics will address the identification of specific PD factors and their relationship to subsequent PTSS, as well as the moderating role of trauma type on the relationship between PD and PTSS.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Salon 4/5 Level 2

Current Research on Dissociation and Its Relationship to Trauma, PTSD, and Other Psychiatric Disorders
(Prevention/Early Intervention/Assessment/Diagnosis)

Factor Analysis of the Peritraumatic Dissociative Experiences Questionnaire (PDEQ)

Pacella, Maria, BA¹; Hruska, Bryce, BA¹; Fallon, William, MD²; Delahanty, Douglas, PhD¹
¹Kent State University, Kent, Ohio, USA
²Summa Health System, Akron, Ohio, USA

Recently, the unidimensional nature of peritraumatic dissociation (PD) has been questioned, with research suggesting that the elucidation of specific factors underlying PD may serve to improve upon its predictive utility (Bryant, 2007). Brooks and colleagues (2009) conducted a confirmatory factor analysis on the Peritraumatic Dissociative Experiences Questionnaire (PDEQ) and found that, following the removal of two items, a 2-factor solution with separate derealization and altered awareness factors best fit the data. The purpose of the present study was to further investigate the factor structure of the PDEQ in a sample of 356 (211 males, 145 females) motor vehicle accident victims. Results from an exploratory factor analysis using a maximum likelihood extraction method and promax oblique rotation supported a similar 2-factor solution (after removing item #2; factor loading < .23) with all items loading > .37. The initial eigenvalue for the factor representing altered awareness was 3.30 (explaining 37% of the variance)
and the initial eigenvalue for the factor representing derealization was 1.33 (explaining 15% of the variance). The derealization and altered awareness factors were moderately correlated ($r = .56$). Subsequent symposium speakers will discuss the potential predictive utility of this two-factor solution.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Salon 4/5 Level 2

Current Research on Dissociation and Its Relationship to Trauma, PTSD, and Other Psychiatric Disorders
(Prevention/Early Intervention/Assessment/Diagnosis)

Examining the Predictive Utility of Altered Awareness and Derealization Factors Derived From an Exploratory Factor Analysis of the Peritraumatic Dissociative Experiences Questionnaire (PDEQ)

Hruska, Bryce, BA$^1$; Pacella, Maria, BA$^1$; Fallon, William, MD$^2$; Delahanty, Douglas, PhD$^1$

$^1$Kent State University, Kent, Ohio, USA
$^2$Summa Health System, Akron, Ohio, USA

Research suggests that peritraumatic dissociation (PD) is a risk factor for PTSD (Breh & Seidler, 2007; Ozer, Best, Lipsey, & Weiss, 2003). The Peritraumatic Dissociative Experiences Questionnaire (PDEQ) is one of the most frequently used measures of PD (Lensvelt-Mulders et. al., 2008). However, to date the factor structure of this measure has not been well articulated. This is a significant limitation given that PD may be a multidimensional construct with different factors predicting PTSD to different degrees (Bryant, 2007; McNally, 2003). The purpose of the present study is to examine the predictive utility of a 2-factor solution derived from an exploratory factor analysis of the PDEQ. Specifically, altered awareness and derealization factors obtained from this analysis were used to predict posttraumatic stress symptoms (PTSS) assessed in hospital (N=356), 6-weeks (N=234), 6-months (N=180), and 1-year (N=157) post-trauma and acute stress disorder symptoms (ASDS) assessed 2-weeks post-trauma. Controlling for gender, both factors predicted PTSS at all time points ($ps < 0.05$), yet only the derealization factor predicted ASDS ($p < 0.001$). When individuals with depression were removed from the analyses, only the derealization factor was associated with PTSS ($ps < 0.05$). Results suggest dimensions underlying PD may differentially predict PTSS and ASDS.
Peritraumatic dissociation (PD) is a strong predictor of PTSD symptoms after a traumatic event (Ozer, Best, Lipsey, & Weiss, 2003). Little research has investigated if the effect of PD is moderated by trauma type—an important consideration since PTSD severity and symptom patterns are influenced by trauma type (Kelley et al., 2009). Participants in this study completed an online survey assessing a history of trauma, PD, PTSD, general distress, and eating disorder symptoms. Of the 1,677 undergraduate students screened, 418 reported one of three types of civilian trauma (natural disaster, death of a loved one, and interpersonal trauma). Participants were separated into high and low PD groups using a median split procedure. Results showed that trauma type and PD group had significant main effects on PTSD symptoms; the interaction was also significant. Post-hoc tests revealed high PD scores were associated with heightened PTSD scores for all three trauma type but this effect was significantly more pronounced for interpersonal trauma victims. Similar results were found for eating disorder symptoms while trauma type did not moderate PD effects on general distress symptoms. First responders should address PD symptoms, especially in interpersonal violence victims, to minimize later PTSD and eating disorder problems.
Dissociative symptoms frequently co-occur with mental disorders. Yet, little is known about the time course of dissociative symptoms, the influence of life stress, and the impact on quality of life (QoL) and daily functioning. In an ongoing prospective study, 104 outpatients with various psychiatric disorders were comprehensively assessed through diagnostic interviews and self-rating questionnaires. Among these, 41 subjects completed follow-up questionnaires 6 months after baseline. Relationships between the course of dissociative symptoms, general psychopathology, quality of life and disability, as well as the occurrence of relevant life events during the follow-up interval were analyzed with analyses of variance (ANOVAs). At the 6-month follow-up, 24% of subjects reported remitted levels of dissociation, 71% stable levels, and 5% new onset of high levels. Changes in dissociative symptoms were significantly positively associated with trauma-unrelated negative life stress, e.g. problems at work, but not with positive life events during the follow-up interval. Changes in dissociative symptoms were significantly related to changes in QoL and disability, independent of changes in general psychopathology. A chronic course of dissociative symptoms seems frequent and appears to be promoted by negative life stress. The adverse impact of dissociative symptoms on QoL and daily functioning beyond general psychopathology argues for clinical relevance of these symptoms.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Salon 6/7 Level 3

Investigations into the Structural Relationship Between PTSD and Axis I and II Comorbidity: Helping PTSD Find Its Family
(Assessment/Diagnosis/Clinical or Interventions Research)

Forbes, David, PhD
ACPMH University of Melbourne, Melbourne, Australia

The extensive comorbidity between PTSD and other mental disorders raises questions about the nature of PTSD, what is unique to the disorder and what is shared and structures of this comorbidity across both Axis I and II psychopathology. This symposium examines this issue from a range of directions. The first two papers examine the relationship between PTSD and MDD more specifically. The first, using Rasch modelling, investigates whether the two disorders are unique or similar constructs and the second, using confirmatory factor analyses examines whether comorbid MDD symptoms influence the relative fits of empirically supported 4 factor models of PTSD. The third paper expands on this theme. Using confirmatory factor analyses it examines PTSD over time to investigate whether it is underpinned by two latent dimensions of Fear shared with the phobic disorders and Anxious-Misery, shared with GAD and
MDD. The final paper expands the examination of these interrelationships into the realms of Axis II by using confirmatory factor analyses to investigate whether the internalizing/externalizing model which accounts for the covariation of Axis I disorders with PTSD might similarly account for PTSD Axis II comorbidity.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Salon 6/7 Level 3

Investigations into the Structural Relationship Between PTSD and Axis I and II Comorbidity: Helping PTSD Find Its Family
(Assessment/Diagnosis/Clinical or Interventions Research)

Are PTSD and Major Depression Similar or Unique Constructs?

Elhai, Jon, PhD¹; Carvalho, Lucas, MA²; Miguel, Fabiano, PhD²; Primi, Ricardo, PhD³

¹University of Toledo, Toledo, Ohio, USA
²Universidade São Francisco, Sao Paulo, Brazil
³Universidade São Francisco - Itatiba, Sao Paulo, Brazil

The authors examined posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) as similar vs. unique constructs by examining their symptoms using Rasch modeling. Data were used from the 766 trauma-exposed subjects in the National Comorbidity Survey-Replication with PTSD symptom ratings. Results demonstrated that MDD symptoms were less frequently endorsed than PTSD symptoms - even for those symptoms shared between the disorders. PTSD and MDD items represented a single, underlying dimension, although modest support was found for a secondary sub-factor. Removing their shared symptoms, and additional depression-related dysphoria symptoms, further resulted in a single underlying PTSD-MDD symptom dimension. Results continue to raise questions about PTSD’s distinctiveness from MDD, and the causes of their comorbidity.
Investigations into the Structural Relationship Between PTSD and Axis I and II Comorbidity: Helping PTSD Find Its Family
(Assessment/Diagnosis/Clinical or Interventions Research)

Controlling for Depressive Symptom Severity Influences PTSD Factor Solutions

Palmieri, Patrick A., PhD
Summa Health System, Akron, Ohio, USA

The DSM-IV 3-factor model of PTSD symptoms has not received much support. Alternative models, especially 4-factor numbing and 4-factor dysphoria models, have garnered most empirical support. The current study examines whether comorbid depressive symptoms influence the fit of these structural models. PTSD Symptom Scale data from PTSD clinic outpatients were factor analyzed using Beck Depression Inventory score as a covariate. Results reveal that for both the emotional numbing and the dysphoria models, the loadings and correlations related to the numbing and dysphoria factors are attenuated more than those for other symptom factors when controlling for depressive symptom severity. Implications for clinical assessment and for the proposed revisions to DSM-V will be discussed.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Salon 6/7 Level 3

Investigations into the Structural Relationship Between PTSD and Axis I and II Comorbidity: Helping PTSD Find Its Family
(Assessment/Diagnosis/Clinical or Interventions Research)

A Longitudinal Analysis of Posttraumatic Stress Disorder Symptoms and Their Relationship With Fear and Anxious-misery Disorders: Implications for DSM-V

Forbes, David, PhD
ACPMH University of Melbourne, Melbourne, Australia

Several posttraumatic stress disorder (PTSD) symptoms overlap with those of other Axis 1 conditions such as major depressive disorder (MDD) and generalised anxiety disorder (GAD), raising questions about the validity and nature of PTSD as a diagnosis. Understanding the dimensions that underpin the unique and shared features of PTSD in the context of other Axis 1 conditions, and the stability of those relationships over time, has significant implications for refining the diagnostic criteria, future DSM classificatory considerations, increasing specificity, and effective targeting of treatment. PTSD symptoms, anxiety and mood disorder data from 714 injury survivors interviewed 3, 12 and 24 months following their injury were studied using confirmatory factor analyses and correlation analyses to identify the strength of relationships between PTSD symptom clusters and other Axis 1 conditions. The hypothesized model fit the data well, with the PTSD symptom clusters of re-experiencing, active avoidance and hyperarousal more related to the phobic disorders, while PTSD symptoms of dysphoria
were more closely related to MDD and GAD. This relationship remained robust and consistent over time from 3 to 24 months posttrauma. Of the nine unique fear-oriented PTSD symptoms, only one is currently be required for a DSM diagnosis. To improve specificity and ensure inclusion of these dimensionally distinct features, consideration should be given to increasing the emphasis on PTSD fear symptoms in the DSM-V criteria. Greater tailoring of interventions to the dominant PTSD syndrome type may enhance treatment efficacy.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Salon 6/7 Level 3

Investigations into the Structural Relationship Between PTSD and Axis I and II Comorbidity: Helping PTSD Find Its Family
(Assessment/Diagnosis/Clinical or Interventions Research)

The Structure of PTSD Comorbidity in the Axis II Domain

Wolf, Erika, PhD; Miller, Mark, PhD
National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

PTSD is marked by high rates of comorbidity across the internalizing and externalizing dimensions of psychopathology, with the former marked by unipolar mood, anxiety, and somatization disorders and the latter by antisocial personality disorder and substance use disorders. Most work evaluating structural models of PTSD comorbidity has focused on Axis I psychopathology, however PTSD is also associated with high rates of co-occurring Axis II disorders (i.e., personality disorders [PDs]). This study examined the structure of PTSD-Axis II comorbidity and evaluated if the internalizing/externalizing common factors which account for Axis I comorbidity might similarly account for Axis II comorbidity. The sample included 245 veterans and non-veterans with PTSD who completed self-report measures of PD. The results of a series of confirmatory factor analyses indicated that the best fitting model was a bifactor-based hierarchical structure composed of nine lower-order common factors. These factors indexed pathology ranging from aggression to dependency, with the correlations among these factors accounted for by higher-order Internalizing and Externalizing. Further, a general factor, reflecting a construct we termed boundary disturbance, accounted for additional variance and covariance across nearly all the PD indicators. These findings suggest continuity in the underlying structure of psychopathology across the axes, provide empirical evidence of a pervasive, core disturbance in the boundary between self and other across the PDs, and provide a framework for conceptualizing PTSD-Axis II comorbidity.
Maternal History of Early Adversity: Support for the Interactive Effect of Serotonin-Related Polymorphisms on Both Maternal and Offspring Outcomes
(Children and Adolescents/Prevention/Early Intervention)

Roussel-Bergeron, Miriam, Doctoral, Student; Bouvette-Turcot, Andrée-Anne, BSc, Hons, Psychology
McGill University, Montréal, Quebec, Canada

Three graduate students from the Maternal Adversity, Vulnerability, and Neurodevelopment (MAVAN) study present evidence supporting genetic influences on the impact of maternal history of early adversity. The MAVAN study assesses the effects of environmental adversity, more specifically the impact of maternal well-being on infant development as well as the impact of stress on interactions between mother and child. In the present symposium, parenting, child helplessness, and infant temperament were explored. Results support the interactive effect of serotonin-related polymorphisms on both maternal and offspring outcomes. This bio-psycho-social approach suggests a pathway of intergenerational risk transmission for trauma.
Human maternal behavior is a complex set of maternal responses to infant needs and cues. We were interested in exploring the potential genetic influences on different aspects of maternal behavior. DNA from 200 new mothers was genotyped at the serotonin transporter promoter polymorphism (5-HTTLPR). Mothers also reported on early life experiences, including parental bonding. At six months postpartum, we computed durations (seconds) for maternal behaviours (e.g. mother ‘touching’ and ‘looking away’ from infant) during a 30 minute recorded mother-infant interaction; maternal attitudes towards parenting were assessed with questionnaire, from which we calculated a factor score for level of ‘perceived attachment’ to the infant. When mothers homozygous for a high-functioning L allele variant (LA) of the 5-HTTLPR were compared against mothers of all other genotypes, these mothers looked away from their infants significantly more often, but only if they reported receiving low levels of maternal care in childhood (F (1,129) = 6.89; p = 0.010). LALA mothers were also significantly less sensitive during interactions with their infants (F (1, 130) = 4.37; p = 0.039), and reported feeling less attached to their infants (F(1,105) = 3.16; p = 0.065), regardless of early experiences with their own mothers. We conclude that genetic factors, alone and in interaction with environmental factors, predict differences in maternal behaviors and attitudes.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Hemon Level A

Maternal History of Early Adversity: Support for the Interactive Effect of Serotonin-Related Polymorphisms on Both Maternal and Offspring Outcomes
(Children and Adolescents/Prevention/Early Intervention)

Maternal History of Early Adversity: Impacts on Offspring Temperament

Bouvette-Turcot, Andrée-Anne, BSc, Hons, Psychology
McGill University, Montréal, Quebec, Canada

Maltreatment predicts an increased likelihood of adult mental disorders, family instability, impaired social relationships, inadequate parenting, and elevated risk for the experience of other traumatic life events. These outcomes then influence parenting and this relation provides a basis for the transgenerational transmission of parenting-sensitive traits. However, the effect of parenting is influenced by the genotype of the offspring, suggesting a differential capacity for the transmission of parental developmental history. We focus on the genetic polymorphisms in the child and the interactive effects of those polymorphisms and mothers’ earlier childhood experiences on the temperament of the offspring. Because of the known associations of serotonin to mood and mental health, the serotonin genes and function may be one of the mechanisms through which maternal history of early adversity could affect the next generation. Hence,
polymorphisms in serotonin genes were assessed as factors through which infant temperament could be affected. Our representative community sample consisted of 119 mother/children dyads recruited in Montreal and Hamilton (Ontario) in the prenatal period. Mothers were asked to complete questionnaires pertaining to their own experiences and trauma in their family of origin and to their infants’ temperament. Infants were also genotyped. Overall, the results indicate that maternal history of early adversity interacted with serotonin genes to influence infant temperament. Infant cuddliness and soothability appeared to be the temperamental components most affected.

Concurrent 08
Symposium
Friday, November 5
3:30 p.m. - 4:45 p.m.
Hemon Level A

Maternal History of Early Adversity: Support for the Interactive Effect of Serotonin-Related Polymorphisms on Both Maternal and Offspring Outcomes
(Children and Adolescents/Prevention/Early Intervention)

The Relationship Between Maternal Childhood Trauma and 5HTTLPR Genotype on Helpless Behavior in Children Aged Five

Roussel-Bergeron, Miriam, Doctoral, Student\(^1\); O'Donnell, Katherine, ACSW\(^2\)
\(^1\)UQAM University, Montreal, Quebec, Canada
\(^2\)McGill University, Montreal, Quebec, Canada

Research suggests that childhood emotional and physical abuse and neglect have long-term consequences on the psychological wellbeing of the victim, including increased risk for psychopathology and relationship difficulties (Wiersma et al., 2009). Less is known about the inter-generational impact of these experiences on offspring emotional development. In the present study, we hypothesized that maternal trauma and child genotype (i.e., at least one copy of the short allele of the serotonin transporter gene) would interact to influence child helpless behaviors during a mild stressor, measured at age five. A sub-sample (N=76) of mother-child dyads drawn from the longitudinal Maternal Adversity Vulnerability and Neurodevelopment study, who completed the 60 month assessment were assessed. Correlations between maternal self-reported childhood trauma and child reported hopefulness, self-evaluation and motivation during an impossible puzzle task revealed significant negative relationship, especially in offspring with at least one copy of the short allele (reaching -0.64). MANOVAs revealed a significant interaction between child genotype and maternal history of emotional abuse and neglect on child helplessness. Due to small sample size these results should be considered with caution. Nevertheless, our findings suggest that maternal adversity may have a stronger impact on children who are genetically more susceptible to environmental influences.
Concurrent 08
Workshop
Friday, November 5
3:30 p.m. - 4:45 p.m.
Ballroom East Level 4

Building Resilience and Recovery Interventions for Warriors
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Building Resilience and Recovery Interventions for Warriors

Nash, William (Captain, USN-USMC, RET), MD; Litz, Brett, PhD; Hobfoll, Stevan, PhD

1VA San Diego Health Care System and UC-San Diego, San Diego, California, USA
2Boston VA, Boston, Massachusetts, USA
3Rush University Medical Center, Chicago, Illinois, USA

In addressing resilience, aiding recovery must continue to receive our full attention. Warriors’ reactions to severe adverse events indicate that there always are diverse outcomes ranging from resistance (no symptoms) to resilience (only minimal symptoms) to recovery (symptom burden that resolves at least mostly) to persistent distress and dysfunction. We must simultaneously intervene through training to increase resilience and so that fewer individuals develop serious stress reactions. At the same time, we must identify and aid psychologically injured combatants so that we can minimally bring them to the point of “subclinical unwellness.” Our projects are related to “resilience,” but we must avoid defining resilience narrowly as the ability to endure traumas, losses, and betrayals without experiencing more than a few transient symptoms of distress or dysfunction. Hence, the workshop will be simultaneously aimed at both resilience and recovery.

The workshop leaders present their work on fostering warrior resilience and on prevention of mental disorders, life dysfunction, and distress over the long haul. Three programs of intervention will be presented: (1) trauma prevention and treatment for combat medics (The Rush University Advanced Trauma Training Program), (2) a broad-based intervention program for Army soldiers (The Rush University Mental Resiliency Program) and (3) the USN-USMC “Combat and Operational Stress First Aid” program for targeted prevention of trauma, loss, and moral injury. Workshop participants’ input will be actively engaged.

Participant Alert: In discussing combat some slides and material are by their nature violent.

Concurrent 08
Panel
Friday, November 5
3:30 p.m. - 4:45 p.m.
There and Back Again: Research-Practice Reciprocity in MI-Based Approaches to PTSD Treatment Engagement
(Technology/Military/Emergency Services/Aid Workers)

**Murphy, Ronald, PhD**¹; **Monroe, Ric, PhD**²; **Andrews, Jenny, BS**³; **Seal, Karen, MD, MPH**⁴
¹Francis Marion University, Florence, South Carolina, USA
²Edward Hines, Jr. VA Hospital, Hines, Illinois, USA
³Not Alone, Nashville, Tennessee, USA
⁴San Francisco VA Medical Center and University of California, San Francisco, San Francisco, California, USA

Although long overdue, consideration of treatment engagement issues is beginning to have an impact on practice in the treatment of combat-related PTSD. The panel will address how research and practice in this area have informed each other, especially regarding treatment expectancies, psychological and practical barriers to treatment participation, ambivalence about problem identification, and outcome of motivational interviewing-based approaches to enhancing treatment engagement. Data from an ongoing clinical trial of a motivation enhancement intervention with combat vets and a survey study assessing a wide variety of treatment barriers will be discussed in terms of efficacy issues, relevance and translation to real-world practice, and directions for future research on PTSD treatment engagement. Conversely, the presenters will address concerns about what is still unknown about PTSD treatment failure and attrition and what research efforts in this area must address in order to be relevant to clinicians. To this end, experience gained from an online-only veterans’ support and intervention site, trials of symptom-focused PTSD interventions, and non-research clinical implementation of motivation enhancement will be offered. Progress in integrating motivation enhancement into standard PTSD treatment programs will be discussed in terms of dissemination of motivation enhancement protocols and barriers to their implementation.

Concurrent 08
Panel
Friday, November 5
3:30 p.m. - 4:45 p.m.
Drummond East Level 3

He Said - She Said: Addressing Opposing Perspectives of Integrated Treatment for Co-Morbid Posttraumatic Stress and Substance Use Disorders
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

**Bailey, Donna, PhD**; **Renner, Kerry, PhD**; **Young, Kevin, PhD**
Louis Stokes Cleveland Department of Veterans Affairs Medical Center, Brecksville, Ohio, USA
A large body of evidence documents the frequent co-occurrence of posttraumatic stress disorder (PTSD) among individuals with substance use disorders (SUD). Towards the effort to address this co-morbidity, a growing body of evidence is beginning to document the increased outcome efficacy of integrated treatment which allows providers to simultaneously treat symptoms of PTSD and SUD (e.g., Seeking Safety, COPE, and TREM). Despite this increasing empirical support for integrated treatment, there remains an almost territorial division among many providers who historically have either treated PTSD alone or SUD alone. Indeed, even the monikers of “Trauma Specialist” and “Addictions Specialist” speak to the distinctive identity of the treatment provider. Each camp has proposed multiple arguments against the wisdom of addressing PTSD and SUD in an integrated fashion. For example, the “Trauma Specialist” may argue against treatment integration based on the belief that abstinence must be obtained before trauma processing begins; the “Addictions Specialist” may argue that trauma processing will hinder or even obstruct recovery from substance use. In an effort to bridge this divide, this panel seeks to present arguments from both camps and from the Integrative perspective to increase providers’ acceptance and utilization of empirically supported PTSD/SUD treatments.

**Concurrent 08**
**Panel**
**Friday, November 5**
**3:30 p.m. - 4:45 p.m.**
**Jarry/Joyce Level A**

**Young Children in US Military Families: How Are They Doing and What Are We Doing About It?**
(Children and Adolescents/Military/Emergency Services/Aid Workers)

DeVoe, Ellen, PhD, MSW; Paris, Ruth, PhD, MSW; Lester, Patricia, PhD; Mogil, Catherine, PsyD; Acker, Michelle, PsyD; Cozza, Stephen, MD

1Boston University School of Social Work, Boston, Massachusetts, USA
2UCLA, Los Angeles, California, USA
3Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

In this panel presentation, we discuss the state of the research examining how children in US military families have been affected by parental deployment, combat stress, and combat injury and implications for intervention. First, researchers at Boston University School of Social Work will present findings from Strong Families Strong Forces, a study funded by the Department of Defense. The collaborative process of developing an evidence-informed, home-based model for National Guard/Reservist families will be discussed, along with data from interviews with military parents. Next, the UCLA-Harvard University team will discuss FOCUS, a targeted preventive resiliency program for active duty military families facing combat operational stress. Core components of evidence-based interventions for families facing medical/mental illness challenges have been adapted, piloted and standardized for military families. Findings suggest that targeted family-centered prevention demonstrates promise to ameliorate the impact
of wartime deployments for US Navy/USMC families. Finally, researchers from the *Uniformed Services University of the Health Sciences* will discuss the unique challenges of combat injured families beginning with injury notification and continuing through longer term rehabilitation. Intervention strategies specific to injured families, including the concept of *injury communication*, will be introduced. Implications for the development of evidence-informed and family-based intervention will be addressed.

**Concurrent 08**
**Paper Session**
**Friday, November 5**
**3:30 p.m. - 4:45 p.m.**
**Kafka/Larmartine Level A**

**Predicting PTSD and Resilience**

**The Course of Mental Disorders After a Disaster: Predictors and Co-Morbidity**  
(Disaster/Mass Trauma/Assessment/Diagnosis)

*Meewisse, Mariel, MSc; Off, Miranda, PhD; Gersons, Berthold, PhD, MD*  
*Academic Medical Center, Amsterdam, Netherlands*

Objective: Trauma survivors follow various trajectories with regard to the development and maintenance of mental disorders, such as posttraumatic stress-disorder (PTSD) and major depression. This study was performed to get insight into these trajectories and potential predictors for the course.

Method: Survivors of the Enschede fireworks disaster were followed from 2-3 weeks up to four years postdisaster using structured clinical and childhood stressors interviews and self-report measures (n=260).

Results: The most prevalent disorders, PTSD, depression and specific phobia were highly comorbid and survivors exchanged one for another disorder over time. Trajectory groups, based on these three entangled disorders, showed a dose-response relationship between severity of trauma exposure (disaster, childhood physical abuse, mother-child dysfunction) and the degree of disruption in normal functioning. Severity of depressive symptoms already within weeks postdisaster is the best predictor for the trajectory course.

Conclusion: Screening for depression, in contrast to PTSD, may be more relevant to detect trauma-survivors at risk for long-term mental health problems. Since PTSD, depression and specific phobia are so intertwined, it is questioned whether the DSM-IV adequately classifies them as separate disorders.
Predicting PTSD and Resilience

An Investigation Into the Factors Predicting Resilience Among Combat Medics Between Deployments: Preliminary Findings
(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

Figley, Charles, PhD¹; Cabrera, David, PhD, MSW²; Chapman, Paula, PhD³
¹Tulane University, New Orleans, Louisiana, USA
²Uniformed Services University, Bethesda, Maryland, USA
³James A Haley VA Hospital & Polytrauma Center, Tampa, Florida, USA

Combat Medics serve a vital role during war, constantly placing themselves in danger by providing first aid and front-line trauma care on the battlefield. Yet, there exists no research on Combat Medics generally and factors accounting for their resilience and wellbeing, particularly. As part of a larger study incorporating a mixed-methods, prospective, longitudinal design to develop a predictive model of resilience among Combat Medics, we present preliminary findings that will consist of a) determining group differences between Medics recently deployed versus those without a recent deployment; b) comparing behavioral health assessment of recently deployed Medics to Mental Health Advisory Team (MHAT) reports; c) identifying factors revealed from personal interviews; and d) identifying the best model for explaining combat medic resilience. Preliminary results are based on a sample of 2 groups totaling 287: Group 1 Medics 3-6 months post-deployment to OEF/OIF; Group 2 Medics who were not deployed to the OEF/OIF theater within the last 12 months. Measures included those utilized by MHAT, as well as resilience and social desirability. Additionally, a portion of those from Group 1 nominated by their fellow combat medics as being the most resilient were interviewed two months later. The authors will discuss the program of research and the implications of the preliminary findings in terms of understanding and caring for combat medics, to include training, education and support throughout their career. The study is the first of its kind involving Combat Medics and should prove quite useful to both researchers and practitioners.
Symptoms of posttraumatic stress disorder (PTSD) are common in patients experiencing physical trauma, but PTSD screening is not systematically conducted in trauma centers. In this quality of care improvement project, PTSD screening was implemented in a trauma surgery outpatient clinic to estimate the rate of positive PTSD screens.

A multidisciplinary team of nurses, surgeons, and psychologists contributed to this project. Beginning in January 2009, all patients who were seen in the outpatient trauma surgery clinic completed the PTSD Checklist (PCL). Patients who endorsed PCL scores $\geq 35$ were offered referrals for further evaluation and treatment.

From January 2009 through February 2010, 1341 outpatients have been screened. The mean PCL-C score was $29.8 \pm 15.1$. The estimated prevalence estimate of PTSD in this sample was 26% using a PCL-C score of $\geq 35$. Of those who screened positive, 80% accepted referral for further psychiatric evaluation and treatment.

We were able to systematically screen for PTSD in a trauma surgery outpatient clinic. Our observations highlight the presence of significant posttraumatic symptoms in a Level I Trauma outpatient clinic, and the need to consider specialized assessment and treatment in this context.
Conflicts in Iraq and Afghanistan have resulted in significant trauma-related needs for many Service Members, Veterans, and their families. Concerns can include a complex mix of psychological health and traumatic brain injury needs and several barriers negatively impact getting help to those who require it. First, individuals requiring assistance may reside in geographically remote areas relative to facilities that offer resources. Stigma continues to pose a significant barrier to care for many and treatments that have been useful for a range of trauma populations have been less effective with individuals with combat-related trauma. Technology may offer solutions to many of these challenges by providing increased access to resources that can be utilized in an anonymous fashion and which may offer improvements in the quality of care delivered. This featured session includes four symposia that review the use of virtual reality and virtual worlds, telehealth, web applications, and mobile devices to improve the lives of our Warriors.

SimCoach: An Online Virtual Human Information and Recommendation System

The University of Southern California Institute for Creative Technologies is developing an intelligent, interactive program referred to as SimCoach. SimCoach is a web portal to information and resources
facilitated by a virtual human guide. SimCoach aims to attract and engage warfighters, and their significant others, who might not otherwise seek help for psychological and/or emotional conditions. A primary goal is to break down barriers to care in all forms. SimCoach will: (a) provide support and direction to users to understand available healthcare resources (b) provide information on how users may be helped and (c) assist the person as he/she initiates care. SimCoach will relay information directly through a virtual character and the system will also deliver complementary content using more traditional media (e.g. videos/blogs). The SimCoach web application does not intend to replace a trained clinician or their methods. Instead, SimCoach is designed to provide information and awareness. Associated community forums and social network sites can also be referenced. Referrals to in-person support groups and healthcare professionals will also be made as appropriate. While not limited to those with stress-related disorders, we feel that the SimCoach will provide needed information and recommendation assets to those dealing with stress disorders.

Concurrent 09
Featured Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Ballroom West Level 4

Virtual Reality/Virtual Worlds/Avatars
(Media/Training/Education/Community Programs)

Leveraging the Affordances of Virtual Worlds to Improve Psychoeducation and Psychological Health Care for PTSD in Service Members and Veterans

Holloway, PhD, Kevin; Reger, Greg, PhD; Gahm, Greg, PhD
National Center for Telehealth and Technology (T2), Tacoma, Washington, USA

Multiple researchers have declared traumatic brain injury and post-traumatic stress disorder to be the “signature wounds” of the wars in Iraq and Afghanistan. A recent Rand report found that approximately 19% of all Service Members returning from combat theater screen positive for psychological health problems, and of those that screen positive, slightly more than half seek psychological health services. Multiple barriers prevent Service Members from seeking information about psychological health issues and mental health care, including perceived stigma, physical access barriers, and limited resources. This presentation will discuss virtual world’s technologies as one potential solution to these barriers, and will include a demonstration of the Psychological Health region in Second Life®. This region includes several ongoing projects dedicated to improving the psychological health of Service Members (SMs) through immersive, interactive psycho-educational experiences, increased social interactions, provider training and support, and therapeutic interventions. Demonstrations will include the “Virtual PTSD Experience,” in which users learn through an immersive simulation about common reactions to trauma; the “Virtual Sleep Lab,” in which a user learns skills to improve their sleep; and the “Virtual Reality (VR) Exposure Deck” as a possible platform for VR-augmented exposure therapy. Challenges and future directions will be discussed.
Virtual Reality/Virtual Worlds/Avatars
(Media/Training/Education/Community Programs)

The Effects of Virtual Reality Exposure Therapy on PTSD and Startle in Iraq Veterans with PTSD

Rothbaum, PhD, ABPP, Barbara; Gerardi, Maryrose, PhD; Jovanovic, Tanja, PhD; Norrholm, Seth, PhD; Duncan, Erica, MD
Emory University School of Medicine, Atlanta, Georgia, USA

In an ongoing, NIMH-sponsored study, Virtual Reality Exposure Therapy (VRE) is combined with medication for Iraq Veterans with PTSD. To date, 69 patients have been entered and 39 have treatment outcome data. Treatment involves 6 sessions, 5 of which incorporate VR exposure, preceded by taking one pill of either 50 mg d-Cycloserine, pill placebo, or .25 mg alprazolam (Xanax). Assessments include interviews, self-report measures, and psychophysiological assessment that includes startle assessment during blue screen (“baseline”) and during 3 2-minute clips of the virtual Iraq (humvee turret view, humvee in a convoy, foot patrol in a city). Preliminary data, collapsed across all groups (blind has not been broken): Decreases in startle were observed over time. Mean CAPS pre-treatment = 84.7 (SD 18.76); post-treatment = 66.5 (SD 28.78); 3-mo FU = 59.8 (SD 24.87, n = 29); 6-mo FU = 57.1 (SD 27.81, n = 21); 12-mo FU = 56.0 (SD 27.81, n = 16). As this is translational research, the exposure therapy was purposely under dosed. A case study of the first pilot patient treated with the Virtual Iraq (data not included in those randomized above) indicated a 56% decrease in CAPS scores with 4 sessions of VRE.
Use of the Computer Assisted Rehabilitation Environment in the Rehabilitation of Service Members with Mild Traumatic Brain Injury

Kruger, Sarah, MS; Hundt, Jennifer; Lambert, Karen
Walter Reed Army Medical Center, Washington, Dist. of Columbia, USA

Due to the current conflicts in Iraq and Afghanistan, the incidence of blast related injuries in Service Members has significantly increased. For those diagnosed with mild traumatic brain injury (mTBI), including those with PTSD, it is of utmost importance that the highest standard of rehabilitation be implemented to maximize functional levels and assist in the ultimate goal of returning to duty. In addition to conventional therapy methods, the Computer Assisted Rehabilitation Environment (CAREN) at Walter Reed Army Medical Center (WRAMC) allows virtual reality to be incorporated into the rehabilitation of those with mTBI. The CAREN system is a six degree-of-freedom motion platform with an imbedded treadmill that synchronizes in real time with a virtual environment projected onto a large, curved screen. The system has the ability to challenge patients through interactive virtual applications that focus on improving balance and stability. Due to the rarity and cost of the system, CAREN based research is in its infancy and evidence based treatment recommendations are non-existent. However through clinical use of the CAREN for rehabilitation at WRAMC, several virtual applications have been developed specifically for the mTBI population. Therefore, the purpose of this presentation is to describe how the CAREN system is used as an adjunct to conventional therapy methods in the rehabilitation of Service Members with mTBI.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Ballroom Centre Level 4

The Developmental Trauma Disorder Field Trial: Quantitative Evidence for a Child Complex Trauma Diagnosis
(Assessment/Diagnosis/Children and Adolescents)

van der Kolk, Bessel,
Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA

Children who are exposed to chronic, unrelenting maltreatment often have a broad and complex symptom presentation which is not captured by any existing psychiatric diagnosis. Therefore, they often go unrecognized and untreated; or may be filtered off to the juvenile justice system. Formal recognition of the symptoms which present in the aftermath of abuse has the potential to significantly advance the mental health of abused children in particular, and to advance public health overall. The researchers presenting in this symposium have all been a part of the DSM-V field trial effort to improve post-trauma diagnosis in
children. These presentations will examine the efforts of a team of researchers to systematically examine evidence for a psychiatric diagnosis to capture the complex symptoms. In particular, these data, culled from diverse settings and approaches, provide converging evidence that a complex trauma diagnosis, Developmental Trauma Disorder, accurately describes the symptoms arising from childhood abuse. Data from the DSM-V field trial and corroborating evidence will be presented, and implications across a variety of systems (mental health, juvenile justice, child protective services) will be discussed.

**Participant Alert:** Participants may be distressed to learn the extent to which current diagnosis are insufficient for addressing the needs of maltreated children.

---

**Concurrent 09 Symposium**
**Saturday, November 6**
**8:00 a.m. - 9:15 a.m.**
**Ballroom Centre Level 4**

**The Developmental Trauma Disorder Field Trial: Quantitative Evidence for a Child Complex Trauma Diagnosis**
(Assessment/Diagnosis/Children and Adolescents)

**Complex Symptoms and Complex Histories: Statistically-Defined Symptom Clusters and Their Association With Trauma Exposure**

**D’Andrea, Wendy,**
*Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA*

Children with trauma histories often carry multiple co-morbid diagnoses. However, the statistical associations of one type of symptom to another has rarely been examined. In this study, we examine a broad range of pan-diagnostic symptoms and detailed trauma histories in two samples, using different assessment instruments. We examine the relation of statistically-defined symptom clusters to type, duration and developmental period of trauma exposure. In the first study, we examine a clinician survey designed to assess complex trauma symptoms from over 200 children with interpersonal trauma exposure and a cohort of non-trauma-exposed peers, we find that statistically-defined clusters are suggestive of disturbances affect regulation, information processing and consciousness, attachment, and physiological regulation. We also examine data from over 200 separate parent-report CBCLs in a replication of recent findings (Ayer et al., 2009) examining overlap between CBCL PTSD and Bipolar Disorder. We will discuss the importance of these findings in lieu of recent attempts to revise the DSM-V.
The Developmental Trauma Disorder Field Trial: Quantitative Evidence for a Child Complex Trauma Diagnosis
(Assessment/Diagnosis/Children and Adolescents)

Physiological, Sensory and Behavioral Manifestations of Trauma in Abused and Neglected Children

Black-Pond, Connie,
Southwest Michigan Children's Trauma Assessment Center, Bowling Green, Kentucky, USA

Children who are exposed to extreme early deprivation of caregiving and constant threat are often recognized as having significant developmental challenges. The basic regulation of the body, including eating and elimination as well as perception and sensation, dominates early experience and is the gateway to successful emotional and behavioral health. As the literature has more frequently focused on the behavioral and emotional challenges of abused and neglected children, we were interested in complementing current conceptualizations of childhood trauma sequelae with data on how trauma may manifest in the physiological regulation and sensory systems of children exposed to early trauma and neglect. We examined the physiological, proprioceptive, sensory and emotional/behavioral functioning of over 200 children in the foster care system whose histories featured significant abuse and/or neglect. We found that children whose trauma histories featured ongoing abuse were characterized by oversensitivity to touch and sounds, and that over half had delays in numerous developmental domains, including fine motor development. Furthermore, children with histories of abuse had disruptions in functioning across developmental competencies including those related to self regulation (attention, receptive language and expression of emotion), persistent disturbances in bodily functions (over/under reactivity) and attention. These disruptions were linearly related to abuse exposure and length. These data support the need for a child trauma diagnosis which incorporates a broader range of symptoms than PTSD.
The Developmental Trauma Disorder Field Trial: Quantitative Evidence for a Child Complex Trauma Diagnosis
(Assessment/Diagnosis/Children and Adolescents)

Developmental Trauma Disorder DSM-V Field Trial: Design, Methodology, and Initial Results from the Clinician Survey

Ford, Julian, PhD
University of Connecticut, Storrs, Connecticut, USA

A diagnosis based upon exposure to developmentally adverse interpersonal traumatic stressors and compromised attachment with primary caregivers in childhood may have clinical utility in terms of enhancing nosological parsimony, efficient and comprehensive assessment, clarity of inter-professional communication, and treatment effectiveness for treatment-refractory children and youth with complex comorbidities (often not including PTSD). This presentation describes a two-stage field trial testing the clinical utility of Developmental Trauma Disorder (DTD) by 1st surveying 300 health/mental health clinicians serving children from diverse international and ethnocultural backgrounds, and 2nd conducting 600 parent and 9-15 year old child structured interview and psychometric assessments with community and clinical samples. Initial results of Phase 1 will highlight the DTD symptoms portrayed in clinical vignettes that clinicians view as useful for conceptualizing, communicating about, assessing, treatment planning, and outcome evaluation, based on being distinct from but co-occurring with DSM-IV disorder symptoms. Similarities and differences to the methodology and findings of the ISTSS Complex Trauma Treatment Survey will be discussed, as well as implications for DSM-5 and beyond (e.g., ICD).

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Ballroom Centre Level 4

The Developmental Trauma Disorder Field Trial: Quantitative Evidence for a Child Complex Trauma Diagnosis
(Assessment/Diagnosis/Children and Adolescents)

Developmental Trauma Disorder: A Discussion of the Data and Implications

Stolbach, Bradley, PhD
La Rabida Children’s Hospital, Chicago, Illinois, USA

The data presented in this symposium strongly suggest that our current diagnostic system does not meet the needs of traumatized children. As the director of an urban child trauma clinic and site director of the Complex Trauma Treatment Network, this presenter will provide a thoughtful critique of the data presented in the symposium, elaborate on efforts to interface with the DSM-V work groups, and discuss the practical implications of how we name and describe the symptoms arising from childhood maltreatment.
The Core Curriculum on Childhood Trauma: An Evidence-Based Approach to Training Essential Trauma Treatment Concepts, Components, and Skills
(Remarch Methodology/Clinical Practice Issues)

The Core Curriculum on Childhood Trauma: An Evidence-Based Approach to Training Essential Trauma Treatment Concepts, Components, and Skills

Layne, Christopher, PhD\(^1\); Strand, Virginia, DSW\(^2\); Abramovitz, Robert, MD\(^3\); Pynoos, Robert, PhD\(^1\)
\(^1\)UCLA/Duke National Center for Child Traumatic Stress, Los Angeles, California, USA
\(^2\)Fordham University School of Work, West Harrison, New York, USA
\(^3\)Hunter College School of Social Work, New York, New York, USA

Limits in the availability of training in trauma-informed interventions, as well as nationwide shortages in Master’s degreed clinicians, are major barriers to accessing effective trauma treatment nationwide. Increasing practitioner proficiency through improved clinical training is a key strategy for increasing access to evidence-based trauma interventions. This symposium will describe the ongoing development, dissemination, and evaluation of the Core Curriculum on Childhood Trauma (CCCT) by a multidisciplinary Task Force of the National Child Traumatic Stress Network. The CCCT uses case-based, active learning principles to teach essential trauma-related concepts, treatment components, and therapeutic skills. Quantitative and qualitative pilot testing results of the Core Concepts portion of the curriculum within graduate schools of social work and clinical psychology, in addition to community-based mental health settings, will be described. In addition, development of the Core Components portion of the curriculum (distilled from a diverse sample of over 25 trauma treatments) will be described. The promise of the CCCT for creating “wraparound” training that integrates classroom-based training in clinical proficiency, classroom-based training in data proficiency, and community-based supervision in the implementation of evidence-based practices, will be discussed.
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Drummond East Level 3

The Core Curriculum on Childhood Trauma: An Evidence-Based Approach to Training Essential Trauma Treatment Concepts, Components, and Skills
(Research Methodology/Clinical Practice Issues)

Integrating Trauma Into the Curriculum: What the Data Tell Us

Strand, Virginia, DSW
Fordham University School of Social Work, West Harrison, New York, USA

Professional schools face a challenging mandate in the demand for students who can meet the complex and diverse needs of clients with a history of exposure to trauma in childhood. This workshop will explore ways by which schools of social work and professional schools of psychology can build the capacity for evidence-based trauma treatment into their workforce practices. Results of a pre- and post-test survey used to measure changes in the students' knowledge, skills, and attitudes related to their sense of self-efficacy concerning work with traumatized children and adolescents will be reported. Drawing on pilot data from 150 MSW students at four schools of social work and 30 psychology students attending both a professional school of psychology and a community-based mental health treatment setting, this symposium presentation will:

1) Underscore the need for empirically-based, trauma-informed coursework and field instruction in professional education.
2) Describe the manner in which a case-based, problem based learning approach to teaching provides a powerful teaching tool for rapid knowledge gain of complex and sensitive trauma concepts;
3) Present pilot findings from the adoption of a cutting edge, empirically-based trauma course in schools of social work that is integrated with field training in evidence-based trauma-treatments.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Drummond East Level 3

The Core Curriculum on Childhood Trauma: An Evidence-Based Approach to Training Essential Trauma Treatment Concepts, Components, and Skills
(Research Methodology/Clinical Practice Issues)
Creating a Wrap-Around “Gold Standard” Curriculum: Integrating Clinical and Data Training With Community Supervision in Evidence-Based Trauma Treatment

Abramovitz, Robert, MD
Hunter College School of Social Work, New York, New York, USA

This presentation will describe the ongoing development of a graduate social work curriculum that integrates clinical training in trauma treatment with training in the scientific foundations of evidence-based practice (statistics, research methods, and psychometrics). This involves building links between previously unconnected research methods and clinical practice courses, and developing a strategy to “reverse-engineer”, across courses, both core clinical proficiencies and core data proficiencies. Aims of this integration include (1) training students to efficiently access, comprehend, correctly interpret, and judiciously use evidence as an integral part of their professional practice; (2) training students to be critical consumers of research who can appropriately relate their own practice data to research data; and (3) linking didactic coursework with supervised advanced year MSW fieldwork involving the implementation of evidence-based trauma treatment. The overarching aim is to create clinically skilled, data-fluent, and trauma-informed “evidence-based practitioners” who use the best available evidence, professional judgment, and the client’s informed wishes to tailor their treatment based on each client’s problems, needs, and strengths.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Drummond East Level 3

The Core Curriculum on Childhood Trauma: An Evidence-Based Approach to Training Essential Trauma Treatment Concepts, Components, and Skills
(Research Methodology/Clinical Practice Issues)

Identifying Core Components of Evidence-Based Trauma Treatments

Layne, Christopher, PhD¹; Amaya Jackson, Lisa, MD, MPH²
¹UCLA/Duke National Center for Child Traumatic Stress, Los Angeles, California, USA
²UCLA/Duke National Center for Child Traumatic Stress, Durham, North Carolina, USA

This presentation will describe the development of the Core Components portion of the Core Curriculum on Childhood Trauma (CCCT). In collaboration with Dr. Bruce Chorpita of the UCLA Department of Psychology, a diverse sample of over 25 evidence-based trauma treatment manuals (including individual, group, school, and family-based treatments) are being coded, using a “distillation”-based approach, to identify core treatment components. A summary of the core components will be presented. Efforts to integrate the Core Components into the Core Concepts and Core Skills portions of the CCCT will be described. Ways in which a knowledge of core concepts, components, and skills of evidence-based
treatment can promote training in evidence-based treatments, as well as support the implementation of individually tailored modularized trauma treatment, will be discussed.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Salon 6/7 Level 3

Neural Predictors of Therapy and Recovery for PTSD
(Biological/Medical/Clinical or Interventions Research)

Neural Predictors of Therapy and Recovery for PTSD

Bryant, Richard, PhD
University of New South Wales, Sydney, Australia

Neural Predictors of Therapy Outcome and Recovery for PTSD
Although cognitive behavior therapy (CBT) is the treatment of choice for PTSD, there is a need to understand the neural factors that predict treatment response in order to enhance treatment success. This symposium reports on the first studies undertaken to use fMRI approaches to identify treatment response and of recovery generally in PTSD. The studies employ variable paradigms to index processing of fear, inhibitory and working memory functions, and processing of positive stimuli in the context of fMRI. Additionally, this symposium presents the first evidence of genetic predictors of CBT response for PTSD. By collating the responses of three separate laboratories, this symposium provides important insights into the latest developments in understanding the neural underpinnings of CBT.
Neural Responses to Happy and Fearful Facial Expressions Predict Differential Responses to Exposure Therapy in PTSD

Felmingham, Kim,
University of New South Wales, Sydney, Australia

Posttraumatic Stress Disorder is characterized by a dysregulation in medial prefrontal and limbic networks in response to affective stimuli. Specifically, PTSD has been associated with reduced ventromedial prefrontal activity and increased amygdala activity in response to threatening stimuli (Williams et al., 2006; Shin et al., 2005), and reduced ventral striatal activity to reward stimuli (Elman et al., 2009; Sailer et al., 2009). Given the role of medial prefrontal and limbic networks in fear extinction learning, this study examined the relationship between neural responses to happy and fearful facial expressions to treatment outcomes following exposure therapy. Fourteen patients with PTSD were assessed with functional magnetic resonance imaging prior to treatment in a passive viewing task examining responses to happy (neutral) facial expressions and fearful (neutral) facial expressions. Patients then received eight sessions of cognitive behavioural therapy that comprised imaginal and in vivo exposure, and cognitive therapy. Treatment response was assessed 6 months after therapy completion. Results showed that poorer treatment response was predicted by increased amygdala to fearful faces, and reduced amygdala and ventral striatal response to happy faces. These findings will be discussed in terms of current theoretical models.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Salon 6/7 Level 3

Neural Predictors of Therapy and Recovery for PTSD
(Biological/Medical/Clinical or Interventions Research)

Neural Circuitry of Working Memory as a Predictor of CBT for PTSD

Allen, Adrian,
University of New South Wales, Sydney, Australia

Although there has been much attention on the role of processing stimuli in PTSD, less attention has been given to cognitive functions associated with non-emotional material. This study reports on the capacity of fMRI responses during a Go/No Go paradigm and a working memory paradigm to predict CBT response in patients with PTSD (N = 13). Better response to CBT treatment was predicted by the greater (pre-treatment) activation of a localized left dorsal striatal and frontal network during inhibitory control (along with activation in the parahippocampus and anterior mPFC). In contrast, poorer treatment response was predicted by the activation of a more distributed fronto-parieto-striatal and cerebellar network during inhibitory control, which included greater activation in the right VLPFC. This evidence is consistent with the hypothesis that an increased efficiency of inhibitory control (or a reduced demand/load
on inhibitory control networks) in PTSD may predict better treatment outcome. These findings are discussed in terms of CBT involving regulatory functions that can contribute to management of anxiety in exposure-based therapy.

Concurrent 09  
Symposium  
Saturday, November 6  
8:00 a.m. - 9:15 a.m.  
Salon 6/7 Level 3  

Neural Predictors of Therapy and Recovery for PTSD  
(Biological/Medical/Clinical or Interventions Research)  

A Longitudinal fMRI Investigation of Emotional Memory Encoding During Recovery From PTSD  

Dickie, Erin, PhD Candidate¹; Akerib, Vivian, MA²; Brunet, Alain, PhD¹; Armony, Jorge, PhD¹  
¹McGill University/ Douglas Mental Health University Institute, Montreal, Quebec, Canada  
²Douglas Mental Health University Institute, Montreal, Quebec, Canada  

Post-Traumatic Stress Disorder (PTSD) is associated with abnormalities of the neural system processing threatening information, including the amygdala and medial-prefrontal cortex, as well as of that involved in episodic memory, including the hippocampus. However, little is known about how the function of these regions may change over time, specifically as a function of symptom remission. In this investigation, PTSD patients underwent two functional Magnetic Resonance Imaging (fMRI) scans, 6-9 months apart, while viewing fearful and neutral faces in preparation for a memory test (administered outside the scanner). At Time 2, 65% of patients were in remission. Current symptom levels correlated positively with memory-related fMRI activity in the amygdala and ventral-medial prefrontal cortex (vmPFC). In addition, the change in activity within the hippocampus and the subgenual anterior cingulate cortex (sgACC) was associated with the degree of symptom improvement (n=18). These results suggest differential involvement of structures within the fear network in the maintenance of, and recovery from, PTSD. Whereas activity within the amygdala and vmPFC appeared to be a marker of current PTSD symptoms, functional changes in the hippocampus and sgACC reflected recovery. These results underscore the importance of longitudinal investigations for the identification of the neural structures associated with remission.
Neural Predictors of Therapy and Recovery for PTSD
(Biological/Medical/Clinical or Interventions Research)

Genetic Predictors of Cognitive Behavior Therapy for PTSD

**Bryant, Richard, PhD**
*University of New South Wales, Sydney, Australia*

The short allele of the serotonin transporter gene is associated with reduced serotonergic transcription, clinical anxiety disorders, conditioned fear, and heightened amygdala responses to threat. No previous studies have examined the contribution of the serotonin transporter gene to response to cognitive behavioural treatment in anxiety disorders. In this study 45 participants with Posttraumatic Stress Disorder underwent an 8-week exposure-based therapy program and provided saliva samples to extract genetic DNA and classify individuals according to two allelic forms (short or long) on the 5-HTT-linked polymorphic region (5-HTTLPR). We determined whether the number of copies (0, 1 or 2) of the high risk alleles using the triallelic La-Lg-S system predicted response and change in scores on the clinician administered PTSD scale and in diagnostic status for PTSD six months after treatment. After controlling for pre-treatment PTSD severity, a significant association was found between 5HTTLPR genotype and response to CBT. Specifically, PTSD carriers of the s allele displayed poorer response to CBT treatment, as there were more cases of PTSD and higher total CAPS scores post-treatment than carriers of the long allele. This study suggests a genetic contribution to treatment outcome following cognitive behavioural therapy, and implicates the serotonergic system in response to exposure-based treatments in PTSD.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Hemon Level A

Translating Evidence-Based Trauma Interventions for the School Setting: Models for Building Multidisciplinary Workforce, Implementation Success, and Sustainability
(Children and Adolescents/Clinical or Interventions Research)

**Langley, Ph.D., Audra, PhD**
*UCLA, Los Angeles, California, USA*

Four clinician researchers present findings from school-based research examining the implementation and dissemination of evidence-based interventions for children exposed to traumatic events. A School
District-led implementation and plan for sustainability, a community mental health model for partnering with schools to address trauma in the aftermath of Hurricane Katrina, the adaptation of an evidence-based trauma intervention for school teachers and counselors, and qualitative data regarding implementation barriers and facilitators in the school setting are evaluated and discussed with emphasis on crossover themes and methodology. Results indicate that all programs lead to distinct benefits for the children and adolescents served and provide important information regarding key issues relevant to implementation in the school setting.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Hemon Level A

Translating Evidence-Based Trauma Interventions for the School Setting: Models for Building Multidisciplinary Workforce, Implementation Success, and Sustainability
(Children and Adolescents/Clinical or Interventions Research)

Evidence Based Mental Health Programs in Schools: Barriers and Facilitators of Successful Implementation

Langley, Audra, PhD¹; Nadeem, Erum, PhD²; Kataoka, Sheryl, MD¹; Stein, Bradley, MD, PhD³; Jaycox, Lisa, PhD⁴;  
¹UCLA, Los Angeles, California, USA  
²Columbia University, New York, New York, USA  
³RAND, Pittsburgh, Pennsylvania, USA  
⁴RAND, Arlington, Virginia, USA

Although schools can improve children’s access to mental health services, not all school-based providers are able to successfully deliver evidence-based practices. Indeed, even when school clinicians are trained in evidence based practices (EBP), the training does not necessarily result in implementation of those practices. This study explores factors that influence implementation of a particular EBP, Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Semi-structured telephone interviews with 35 site administrators and clinicians from across the United States were conducted 6-18 months after receiving CBITS training to discuss implementation experiences. The implementation experiences of participants differed, but all reported similar barriers to implementation. Sites that successfully overcame such barriers differed from their unsuccessful counterparts by having greater organizational structure for delivering school services, a social network of other clinicians implementing CBITS, and administrative support for implementation. This study suggests that EBP implementation can be facilitated by having the necessary support from school leadership and peers.
Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Hemon Level A

Translating Evidence-Based Trauma Interventions for the School Setting: Models for Building Multidisciplinary Workforce, Implementation Success, and Sustainability
(Children and Adolescents/Clinical or Interventions Research)

Translating a School-Based Trauma Intervention for Use by Teachers and School Counselors

Jaycox, Lisa, PhD\textsuperscript{1}; Langley, Audra, PhD\textsuperscript{2}; Stein, Bradley, MD, PhD\textsuperscript{3}; Wong, Marleen, PhD\textsuperscript{4}
\textsuperscript{1}RAND Corporation, Arlington, Virginia, USA
\textsuperscript{2}UCLA, Los Angeles, California, USA
\textsuperscript{3}RAND, Pittsburgh, Pennsylvania, USA
\textsuperscript{4}University of Southern California, Los Angeles, California, USA

With high rates of trauma exposure among students, the need for intervention programs is clear. Delivery of such programs in the school setting eliminates key barriers to access, but few programs have demonstrated efficacy in this setting. We present the process of taking an evidence-based intervention for students with elevated PTSD symptoms and translating it for use by non-clinical school staff, such as teachers and school counselors. The process of obtaining feedback from school personnel and pilot testing the intervention in terms of feasibility, acceptability, and impact on child outcomes via a small randomized controlled trial will be described. Findings revealed that the program could be implemented with fidelity and that parents and students were satisfied with the program, but that there were some challenges in implementation that would need to be addressed. Student outcomes showed modest improvements in PTSD, depressive symptoms, and behavior problems that show that the program holds promise and deserves further evaluation. Lessons learned, directions for future research, and implications for how this program might be combined with others to improve outcomes for children exposed to trauma will be discussed.

\textit{Participant Alert:} Some pictures of traumatic events drawn by children who participated in the program will be displayed in the slide presentation.
Translating Evidence-Based Trauma Interventions for the School Setting: Models for Building Multidisciplinary Workforce, Implementation Success, and Sustainability
(Children and Adolescents/Clinical or Interventions Research)

Innovative Post-Disaster Mental Health in Schools: Breaking Barriers, Promoting Capacity Building and Creating Long-Term Sustainability Through Collaborative Partnerships

Walker, Douglas,
Mercy Family Center, Mandeville, Louisiana, USA

Project Fleur-de-lis (PFDL), an intermediate and long-term school based mental health response to Hurricane Katrina was designed to conduct evidence-based trauma interventions in New Orleans area schools and to promote the dissemination of trauma-informed treatment across the Gulf Coast region. Descriptive data was gleaned from school counselor and administrative focus groups in the months following Hurricane Katrina. Additional data was derived from the implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS) for New Orleans area schools participating in PFDL from September 2006 to May 2010. Results: School engagement has increased from 45 schools in the 2006-2007 academic year, to 58 schools within the 2009-2010 academic year. The number of school-based mental health counselors trained in CBITS across the Gulf Coast region has also steadily increased since its introduction by PFDL in the fall of 2006. Creating collaborative working relationships with schools to provide mental health services post-disaster is a complex process that is significantly influenced by the nature of the disaster, the hierarchy of needs of schools as they recover, the manner in which schools are continually engaged, and the type and duration of mental health services offered. Collaborative relationships with school-based counselors can significantly increase the identification and treatment of educational and mental health issues in communities struggling to provide accessible mental health services post-disaster.
Collaboration, Translation, and Implementation of Mental Health Services for School Settings: How to Effectively Implement Trauma Services Across a School District

Nadeem, Erum, PhD¹; Campbell, Ruth, LCSW²
¹New York State Psychiatric Institute/ Columbia University, New York, New York, USA
²International Institute of New Jersey, New York, New York, USA

Children in the US are exposed to staggering amounts of violence and traumatic events in their communities, with a majority of urban children having witnessed some level of violence. Exposure to violence is associated with both negative mental health and academic outcomes, making this an issue of great concern to educators. Although schools have been touted as ideal settings to reach underserved, ethnic minority youth, implementation of evidence based treatments has been limited. One reason this is that schools find it difficult to devote resources to programs that stretch beyond their educational mission. This presentation will focus on lessons learned during the process of a community agency partnering with a local urban school district to train school mental health professionals and implement the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) throughout 32 schools in an urban school district. Specific emphasis will be placed on how to successfully translate mental health programs into the school priorities, language and setting at both the school district and local school level with students, teacher and administrators. The importance of program evaluation and utilizing multi-disciplinary teams and in preplanning, implementation and sustainability will be discussed. Preliminary data on student psychological and academic outcomes collected from over 200 students in the CBITS groups had significantly lower symptoms of PTSD after the intervention. There was also evidence suggesting that students improved or maintained their attendance and grades in math, English, and classroom behavior.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Ballroom East Level 4

Post-deployment Readjustment: Studies of Serving Soldiers and Veterans
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Andrews, Bernice, PhD
Royal Holloway University of London, Egham Surrey, United Kingdom

The symposium will address some of the many consequences that arise on return from military deployments, both in serving soldiers (shorter-term effects) and veterans (longer-term effects). A number
of these consequences have previously received little empirical attention. Problems addressed in the different presentations include changes in personal identity and relation with the civilian world, psychiatric symptoms, prognostic signs of later delayed-onset PTSD, suicidal behavior, changes in health-related functioning and medical signs and symptoms, and healthcare utilization. Studies employ a mixture of prospective and retrospective designs and one presentation is specifically concerned with the neglected effects of war on women.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Ballroom East Level 4

Post-deployment Readjustment: Studies of Serving Soldiers and Veterans
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Posttraumatic Identity and Mental Health in UK Military Veterans

Brewin, Chris, PhD¹; Garnett, Rae, MSc¹; Andrews, Bernice, PhD²
¹UCL, London, United Kingdom
²Royal Holloway, London, United Kingdom

We investigated whether after military trauma identity change affecting perceptions of the self and others was related to degree of trauma exposure or to posttraumatic stress disorder (PTSD) and suicide attempts. In a retrospective study based on in-depth interviews veterans were identified by the U.K. Service Personnel and Veterans Agency or by the service charity Combat Stress. The eventual sample consisted of 114 veterans with PTSD and 39 veterans with a physical disability but no PTSD. At interview participants answered standard and open-ended questions concerning identity change attributable to the trauma in service. Whereas trauma exposure was related to a changed relation with the world, this was only perceived as negative when PTSD was present. PTSD was associated with a changed perception of the self but not in a significantly more positive or negative direction. After controlling for trauma exposure and PTSD, suicidal behaviours were associated with negative changes in perception of the world. This alienation from civilian life has serious consequences for engaging veterans in civilian mental health services and for the provision of effective treatment.
Post-deployment Readjustment: Studies of Serving Soldiers and Veterans
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Effects of Iraq Deployment on Health

Vasterling, Jennifer, PhD1; Proctor, Susan, Other2; Ulloa, Erin, PhD1
1Boston VA Healthcare System, Boston, Massachusetts, USA
2US Army Research Institute of Environmental Medicine, Natick, Massachusetts, USA

This presentation will integrate a series of prior and on-going analyses that prospectively examine deployment-related changes in health-related functioning, medical signs and symptoms, and health disorders in a non-clinical sample of Army soldiers. A structural equation model, involving pre- and post-deployment self-report assessments from 800 soldiers revealed that PTSD severity was associated with decline in somatic health-related functioning, with post-deployment health symptoms acting as an intermediary variable (Vasterling et al., JRRD, 2008). Additional analyses examine pre- and post-deployment military record health diagnoses and record-based healthcare utilization within a subset of the same cohort of deployed soldiers and a comparison sample of soldiers who did not deploy during a comparable time period. Results to date reveal that deployment is generally associated with increases in both mental health (e.g., for PTSD, acute stress reaction, drug abuse, depressive disorders) and somatic health (e.g., for pre-clinical signs and symptoms, musculoskeletal disorders) visits, observed within the first six months following return from deployment. The same pattern was not detected within non-deployed soldiers, whose visits largely remained stable over time. On-going analyses will document prevalence of medical-record based diagnoses, and links between PTSD symptom severity, combat severity, and new onset diagnoses and healthcare utilization.
Female service members have long played a critical role in the U.S. military, however the scope of their contributions have grown substantially in the ongoing wars in Afghanistan and Iraq. While over 180,000 women have been deployed to these wars, little research has documented female service members’ wartime experiences or the impact of these experiences on their post-war adjustment. The current study is based on data from 2,128 soldiers and Marines (51% female, as women were oversampled) deployed in support of OEF and OIF. In terms of wartime experiences, male service members were more likely than females to report traditional combat experiences (t=12.98; p<.05 ) and traumatic aftermath of battle experiences (t=7.75 ; p<.05). Male service members perceived more support from members of their units (t=7.64; p<.05), while female service members were more likely to experience both general (t=7.5; p<.05) and sexual harassment (t=16.65; p<.05). Preliminary analyses indicate that combat experiences were associated with PTSD symptoms for both male and female veterans, but this association was stronger for females (β=1.55 vs. β=.99). Given the growing role of women in combat operations, it is imperative that researchers, clinicians and policymakers work together to plan for the unique mental healthcare needs of women returning from war.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Ballroom East Level 4

Post-deployment Readjustment: Studies of Serving Soldiers and Veterans
(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Early Signs of Delayed-Onset PTSD in UK Military Veterans

Andrews, Bernice, PhD¹; Brewin, Chris, PhD²
¹Royal Holloway University of London, Egham Surrey, United Kingdom
²University College London, London, United Kingdom

Purpose: to investigate whether military veterans who develop delayed-onset PTSD after service show early emotional and behavioural signs of the condition while still in service. Method: The service and medical military records of 136 veterans who participated in a retrospective interview investigation of delayed-onset PTSD were examined with their permission. Findings: Among veterans with no PTSD in service, major depression in service, but not alcohol abuse, distinguished those who later developed delayed-onset PTSD after service from those who did not. Veterans who developed PTSD after service also had significantly more disciplinary entries in service, and were particularly likely to have gone absent without leave. Both depression and disciplinary entries independently predicted PTSD after service and were thus identified as early signs of delayed-onset after service. Medical service contact for psychological problems while in service was not significantly associated with delayed-onset after service.
Conclusions: Knowledge of these early emotional and behavioural signs visible in service of PTSD delayed until after service may aid medical officers to institute greater monitoring and follow-up for soldiers who show these signs.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Jarry/Joyce Level A

Behavioral Assessment and Interventions for OEF/OIF Veterans with PTSD in VAMC Primary Care Clinics
(Clinical or Interventions Research/Research Methodology)

McDevitt-Murphy, Meghan, PhD
The University of Memphis, Memphis, Tennessee, USA

Primary care clinics at Veterans’ Affairs Medical Centers are ideal settings to address PTSD and co-occurring alcohol misuse. The proposed symposium would feature four presentations focused on OEF/OIF veterans presenting to VAMC primary care clinics. The first presentation (Possemato, Wade, et al.) describes an innovative study assessing the moment-to-moment relations between PTSD symptoms and alcohol misuse using an innovative ecological momentary assessment(EMA) design. The second (Possemato, Ouimette, Knowlton) describes a brief written emotional disclosure intervention aimed at reducing PTSD symptoms in OEF/OIF veterans treated in primary care. The third presentation (Calhoun et al) features findings from a study conducted in VAMC primary care clinics focused on the co-occurrence of PTSD and alcohol misuse as well as data on the likelihood of primary care providers giving advice to reduce drinking. Finally, the fourth study (McDevitt-Murphy et al) describes the impact of PTSD symptoms on the efficacy of a brief alcohol intervention for OEF/OIF veterans in primary care. Together, these papers would describe the phenomena of PTSD and alcohol misuse co-occurrence within primary care samples, and would describe novel assessment data and promising brief interventions for OEF/OIF veterans.
Behavioral Assessment and Interventions for OEF/OIF Veterans with PTSD in VAMC Primary Care Clinics
(Clinical or Interventions Research/Research Methodology)

A Pilot Study Feasibility Study of a Brief Primary Care-Based Intervention for PTSD Symptoms in Recent Combat Veterans

**Possemato, Kyle,**
Syracuse VAMC, Syracuse, New York, USA

Research suggests that many Operation Iraqi Freedom/Operation Enduring Freedom (OEF/OIF) Veterans who suffer from combat-related PTSD are reluctant to seek behavioral health services. We sought to engage more OEF/OIF veterans in PTSD treatment by offering a brief primary care-based intervention. Our intervention, Written Emotional Disclosure (WED), has been previously shown to lead to emotional and physical health improvements. WED involved writing about thoughts and emotions regarding a traumatic combat experience for three, 20-minute sessions over two weeks. Following an in-person diagnostic interview, participants completed self-report measures, writing sessions and one and three month assessments via an internet-based secure interface. Participants were randomized to the WED condition or a neutral control writing condition. Thirty-one Veterans with significant PTSD symptoms were recruited. Over one-third reported hazardous drinking. Results demonstrated that this intervention is feasible and safe. Retention was high and adherence to writing instructions was excellent. No adverse events or significant stress reactions were reported. Participants provided positive study feedback. At follow-up assessments, there were no significant differences in PTSD symptoms for the WED or control conditions. However, exploratory analyses revealed that WED participants who expressed more emotions and cognitions in their narratives were more likely to experience decreased PTSD symptoms.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Jarry/Joyce Level A

Behavioral Assessment and Interventions for OEF/OIF Veterans with PTSD in VAMC Primary Care Clinics
(Clinical or Interventions Research/Research Methodology)

Hazardous Alcohol Use and Receipt of Risk-Reduction Counseling Among OEF/OIF Veterans

**Calhoun, Patrick, PhD**¹; Crawford, Eric, PhD²; Kudler, Harold, MD¹; Straits-Troster, Kristy, PhD¹

¹VA Mid-Atlantic Mental Illness Research, Education, & Clinical Center, Durham, North Carolina, USA
²Durham VA Medical Center, Durham, North Carolina, USA
Alcohol screening with the 3-item Alcohol Use Disorders Identification Test (AUDIT-C) has been implemented throughout the Veterans Health Administration, however, validation of the AUDIT-C in veteran populations has been conducted primarily in older samples. A validation study (N=593) was conducted to examine the diagnostic utility of the AUDIT-C in a much younger cohort of veterans who served during Operations Enduring Freedom and/or Iraqi Freedom (OEF/OIF). In a second study, the AUDIT-C was administered as part of a survey of 5000 OEF/OIF Veterans who were identified as living in the VA VISN-6 catchment area post-deployment. Results indicated that the AUDIT-C (AUC = .906) performed equally well as the full AUDIT (AUC = .918) in detecting alcohol abuse/dependence (z = -0.44, n.s.) with sensitivities and specificities of AUDIT-C scores largely consistent with previous studies. Results from survey data (N=1161) indicated that as many as 37% of respondents were identified as potentially hazardous drinkers and 18% screened positive for possible ETOH disorder. Alcohol use disorders were more prevalent among veterans screening positive for PTSD (28% vs.17%). Among high risk drinkers, those using VHA healthcare were significantly more likely to report receipt of risk-reduction counseling than those not using VA healthcare.

Concurrent 09
Symposium
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Jarry/Joyce Level A

Behavioral Assessment and Interventions for OEF/OIF Veterans with PTSD in VAMC Primary Care Clinics
(Clinical or Interventions Research/Research Methodology)

Impact of PTSD on the Efficacy of Brief Alcohol Interventions for OEF/OIF Veterans

McDevitt-Murphy, Meghan, PhD; Murphy, James, PhD; Williams, Joah, BA; Monahan, Christopher, MS
The University of Memphis and Memphis VA Medical Center, Memphis, Tennessee, USA

The high rate of co-occurring PTSD and alcohol misuse has been well documented. It is clear that PTSD poses difficulty for substance abusers in treatment, particularly when PTSD symptoms are not addressed. Little is known at this stage, however, about the impact of PTSD symptoms on the efficacy of brief alcohol interventions. This approach has been used as a stand-alone intervention for less severe drinkers, and to facilitate treatment entry in more severe drinkers. This may be a particularly important intervention strategy for returning OEF/OIF veterans who may not require formal alcohol treatment, but who many struggle with alcohol misuse during the readjustment period. The present study investigated the impact of PTSD symptoms on the efficacy of a brief motivational intervention focused on alcohol misuse in a sample of 55 OEF/OIF veterans (60% Caucasian, 86% Male), 34 of whom (61.8%) met criteria for PTSD on the Clinician-Administered PTSD Scale. Hazardous drinkers were randomized to receive one of two brief feedback-based interventions. Preliminary results suggest both conditions were effective for reducing drinking, but a trend suggested that PTSD participants
responded better to a motivational interviewing intervention than to a feedback-only intervention. Implications for further research will be discussed.

Concurrent 09
Workshop
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Salon 4/5 Level 2

Captivating Trainees: Techniques That Improve the Workshop Experience Learning CPT
(Media/Training/Education/Clinical Practice Issues)

Schulz, Priscilla, LCSW
Center for Deployment Psychology, Dept of Medical and Clinical Psychology, USUHS, Bethesda, Maryland, USA

The gap between identified effective treatments for PTSD and availability of these treatments in community practice is well documented. Behaviour Research and Therapy devoted the entire December 2009 issue to this problem. Dissemination barriers abound, not the least of which is providing training experiences that inspire clinicians to incorporate newly learned effective protocols into practice. An experienced trainer of Cognitive Processing Therapy (CPT), a cognitive treatment for PTSD, will present this workshop. It will demonstrate multiple methods used in the teaching of CPT that have improved clinicians’ training experiences as measured by clinician “readiness to change” language, and likert-scale ratings of “preparedness” to use the protocol and usefulness of workshop activities and materials. Among the techniques participants will learn are: a game to address clinician readiness to learn and use CPT, ways of increasing participant satisfaction and involvement with CPT role plays, and powerpoint methods that manage workshop time, participant energy, and some workshop “housekeeping” issues while reviewing CPT principles. While this workshop focuses on the CPT training workshop, the methods demonstrated are easily modified for use in training other therapy protocols.

Concurrent 09
Panel
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Drummond Centre Level 3
Collaboration With Public Health Leadership to Disseminate Information About Trauma and Trauma Informed Care in Front Line Service Organizations

(Community Programs/Media/Training/Education)

Collaboration With Public Health Leadership to Disseminate Information About Trauma and Trauma Informed Care in Front Line Service Organizations

Demaria, Thomas, PhD¹; Banks, Josette, PhD²; Miller, Madelyn, LCSW³; Estepa, Sandra, LCSW⁴
¹LIU CW Post, Brookville, New York, USA  
²Private Practice, Yonkers, New York, USA  
³New York University Silver School of Social Work, New York, New York, USA  
⁴US Dept of Health and Human Services, Office of Public Health and Science, Office on Women’s Health, New York, New York, USA

Trauma underpins many of the public health issues addressed by U.S. Department of Health & Human Services Office of Public Health & Science’s Office on Women’s Health (OWH), such as HIV/AIDS, gender-based violence, chronic disease, etc. Work by OWH Regional Offices has shown that, while regional/local women’s health partners acknowledge that they serve clients with trauma realities or histories, they do not know how to assess it, nor of the experts, referral sources, resources, or evidence-based best practices available to appropriately respond to the needs of these trauma-affected clients. Training and technical assistance to community-based, front-line service organizations enable these providers to be better prepared to identify, manage and respond to the needs of such trauma-affected individuals. The panel will review efforts to disseminate information and translate evidence based guidelines about trauma and trauma-informed care through the establishment of a Strategy Group on Mental Health and Trauma Affecting Women, Children, and Families. The Strategy Group, consisting of a multidisciplinary group of 50 regional and local trauma experts, service providers, professionals, and trauma survivors, has conducted training and capacity-building activities to raise awareness of the impact of trauma among a broad range of community-based health and human service providers.

Concurrent 09
Panel
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Kafka/Larmartine Level A

(Clinical Practice Issues/Culture/Diversity)

Zentman, Michael, PhD; Rapoport, Estelle, PhD; Herskovits, Jack, PsyD
Adelphi University, Garden City, New York, USA
Holocaust survivors pass along to succeeding generations the details of their involvement with the Holocaust as well as the deeper relational imprint these experiences have left on them. Three psychoanalysts examine the personal and professional impact of the intergenerational transmission of their parents’ experiences in the Holocaust. The first discusses the effect of chronic emotional trauma which involves her internal struggle with separation individuation; early difficulties in developing a sense of self; functioning as a container for her parents' pain; and conflicts related to keeping an empathic attachment to her parents without abandoning herself. The second presenter explores how the Holocaust has impacted on his sense of identity and how certain aspects of this identity formation strongly influence both his ideology and methods as a psychoanalyst. He examines the desire to both know about the his parents' traumatic histories and simultaneously, the desire to not know. This conflicted position is discussed as containing a universal paradox about the nature of empathy and compassion and the problem for psychoanalysts regarding pursuing unbearable truths. Finally, the third presenter discusses the influence of his parents’ childhood experiences with anti-semitism and their subsequent escape from Germany on his personal life and professional career as a psychoanalyst and family therapist. The author addresses a number of issues including early feelings of isolation and exclusion, a longing to know and be known and dissociative-like phenomenon.

Concurrent 09
Case Study Presentation
Saturday, November 6
8:00 a.m. - 9:15 a.m.
Drummond West Level 3

The Secret Shame: Immigrant Male Victims of Domestic Abuse
(Clinical Practice Issues/Culture/Diversity)

Kahn, Sara, LCSW¹; Khetarpal, Rupa, LCSW²
¹New York University, New York, New York, USA
²International Institute of New Jersey, Jersey City, New Jersey, USA

In this Case Study presentation, we will shed light on the experience of immigrant men who have survived psychological and physical abuse by intimate others. For all men, it remains difficult to report domestic abuse (Gelles, 1999; Kimmel, 2002). For immigrant men, barriers to recognizing and reporting domestic abuse are often exacerbated by a web of cultural, religious, linguistic, and systemic complexities. This presentation will utilize two case studies, accompanied by audio narratives, to illuminate the traumatic experiences of male immigrant victims of domestic abuse. Specifically, we will focus on: 1) an immigrant homosexual man fleeing persecution in his home country by his family and community; and 2) an immigrant man who experienced intimate partner abuse by his American-citizen female spouse. The method of intervention in both instances included assessment of cultural factors and clinical symptoms, psychoeducation and normalization, evocation of traditional healing mechanisms combined with cognitive approaches developed in the West, and linkages and advocacy with immigration-related systems. Results in both cases included attainment of legal immigration status, symptom improvement, and cultural awareness/adaptation. Discussion will include applying lessons learned to recommendations for enhancing practice, policy, and research initiatives in this area.
Telehealth Access to PTSD and TBI Assessment and Treatment

Mishkind, Matthew, PhD
National Center for Telehealth and Technology, Tacoma, Washington, USA

Access to care is a challenge for many remotely located Service Members, Veterans, and their Families. Technology may help bridge the gap in service by facilitating a connection between geographically remote patients and their providers. This symposium includes three studies of the use of technology to facilitate assessment and treatment for Veterans and Service Members.

Using Video Teleconferencing to Deliver Cognitive Behavioral Therapy Groups to Veterans with PTSD: Research Advances and Implication

Morland, Leslie, PsyD\textsuperscript{1}; Greene, Carolyn, PhD\textsuperscript{2}; Hynes, Anna, PsyD\textsuperscript{1}; Mackintosh, Margaret-Anne, PhD\textsuperscript{1}
\textsuperscript{1}National Center for Posttraumatic Stress Disorder, Honolulu, Hawaii, USA
\textsuperscript{2}National Center for Posttraumatic Stress Disorder, Palo Alto, California, USA

Research with troops returning from Iraq and Afghanistan suggests that there is a new generation of veterans with high levels of combat-related posttraumatic stress disorder (PTSD). Many of these troops are returning to rural or remote areas where the availability of high quality mental health treatment is limited. It is critical to identify innovative ways to increase access to care for this population. Two research
studies examining the effectiveness of using video teleconferencing (VTC) to deliver evidence-based interventions to veterans with PTSD will be presented. Clinical and process outcomes to date indicate that delivering cognitive-behavioral group treatment via VTC is effective. We will discuss findings from a recently completed randomized controlled non-inferiority trial of male veterans with PTSD and anger difficulties that was conducted at three Veterans Affairs outpatient clinics (Morland, et al., 2010). By using a rigorous non-inferiority design, we were able to demonstrate that the clinical effectiveness of an anger management group intervention delivered via VTC condition was "as good as" delivery. We will also discuss preliminary findings from an ongoing trial examining the use of VTC to provide Cognitive Processing Therapy (CPT). Unique challenges of delivering an intense PTSD specialty intervention via VTC will be discussed.

Concurrent 10
Featured Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Ballroom West Level 4

Telehealth Access to PTSD and TBI Assessment and Treatment
(Clinical or Interventions Research/Clinical Practice Issues)

Increasing Access to Care: Use of Telemedicine to Deliver Interventions to U.S. Service Members and Their Families

Olden, Megan, 1; Cukor, Judith, PhD1; Jayasinghe, Nimali, PhD1; Wyka, Katarzyna, MA1; Rabinowitz, Terry, MD2; Difede, JoAnn, PhD1
1Weill Cornell Medical College, New York, New York, USA
2University of Vermont College of Medicine, Burlington, Vermont, USA

National shortages of trained clinicians, coupled with the increasing number of U.S. service members requiring mental health treatment, are driving the need for the development of innovative technologies such as telemedicine. Novel technological approaches provide access to empirically supported interventions from trained clinicians to patients who might otherwise go untreated. Weill Cornell Medical College's Program for Anxiety and Traumatic Stress Studies is pioneering distance technologies to expand services to military personnel. Our work in this area includes offering prolonged exposure for PTSD via videoconferencing to connect rural veterans with trained clinicians located hundreds of miles away. We have successfully used Internet-based videoconferencing to provide individual therapy for veterans and are developing web-based video support groups for veterans and their families across disparate locations. We are also adapting an anxiety and stress management training developed for local National Guardsmen into a large-scale intervention that will stream live across New York State, with the capability of reaching hundreds of military personnel simultaneously. The increasing number of military members in need of mental health care demands the development and use of innovative and creative vehicles to deliver high quality psychological therapies, regardless of clinician and patient location. Telemedicine technologies offer a unique potential to expand services to those in greatest need.
Remote Neuropsychological Assessment

Schneider, Jillian, PhD
Walter Reed Army Medical Center, Was, Dist. of Columbia, USA

Brain injury (BI) can impair multiple neural pathways and compromise the capacity to manage the aftermath of a psychological trauma leading to an increased incidence of post traumatic stress syndrome (PTSD) in patients with traumatic brain injury (TBI). It is reported that between 150,000 to 300,000 Iraq veterans will have some level of TBI. Defense and Veteran’s Brain Injury Center (DVBIC) has several initiatives including the Virtual Traumatic Brain Injury (vTBI) clinic to provide ongoing assessment and treatment for service men and women with suspected mild TBI (mTBI) and PTSD. The vTBI clinic at Quantico Marine Base has reported 100% patient show rate for appoints with DVBIC providers administering Neuro-cognitive assessments. Now that assessments are being completed at multiple sites lacking TBI providers, the patients are requiring follow up based on the recommendations for the Neuro-cognitive assessment. The sequel of PTSD and TBI symptoms often makes long travel for ongoing treatment detrimental to the patient’s recovery and an added burden on the patient’s family. The next goal of DVBIC is to expand the current program and assist MTF’s in setting up remote treatment clinics for cognitive rehabilitation working with Speech Language Pathologists (SLP’s).
Integrating Psychoeducational, Cognitive-Behavioral, and Psychodynamic Approaches: Brief Eclectic Psychotherapy for PTSD

Schnyder, Ulrich, MD
University Hospital Zurich, Zurich, Switzerland

Brief Eclectic Psychotherapy (BEP) is a multimodal treatment for PTSD comprising five essentials: psychoeducation; imaginal exposure; writing assignments and mementos; domain of meaning and integration; and a farewell ritual. This symposium presents findings from two recent randomized controlled trials testing BEP. Ulrich Schnyder will report on significant and sustained treatment gains with BEP versus a minimal attention control group. Lutz Wittmann will present predictors of treatment response (education, nationality, unfitness for work) from the same study. Mirjam Nijdam will identify predictors for successful treatment in her RCT on BEP versus EMDR. Berthold Gersons will discuss the necessity for integrative approaches beyond exposure alone, as well as similarities and differences of BEP as compared to CBT and EMDR. In summary, BEP appears to be a useful complement to the existing evidence based psychotherapies for PTSD.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Ballroom Centre

Integrating Psychoeducational, Cognitive-Behavioral, and Psychodynamic Approaches: Brief Eclectic Psychotherapy for PTSD
(Clinical or Interventions Research/Culture/Diversity)

Brief Eclectic Psychotherapy for PTSD - A Randomized Controlled Trial

Schnyder, Ulrich, MD
University Hospital Zurich, Zurich, Switzerland

Background: To complement existing evidence based psychotherapies for PTSD, Brief Eclectic Psychotherapy (BEP), combining cognitive-behavioral and psychodynamic elements, has been proposed for the treatment of posttraumatic stress disorder (PTSD). Method: 30 patients who suffered from chronic PTSD following a variety of traumatic events were randomly assigned to either 16 weekly sessions of BEP or a minimal attention waitlist. PTSD symptom severity as measured with the Clinician-Administered PTSD Scale was the primary outcome measure; secondary outcome measures included anxiety, depression, and posttraumatic growth. Results: Patients who had received Brief Eclectic Psychotherapy experienced greater reductions in PTSD symptom levels than patients in the minimal attention control group. Nine patients (56.3%) in the treatment group, as opposed to four (28.6%) in the control group responded to treatment, achieved total remission, or lost PTSD diagnostic status. Furthermore, greater improvements in comorbid anxiety and depression, and stronger posttraumatic growth were observed in those who had received BEP. Treatment gains remained largely stable at six months follow-up.
Conclusions: BEP appears to be a useful complement to the existing evidence based psychotherapies for PTSD. Apart from reducing PTSD symptom levels as well as comorbid anxiety and depression, BEP also seems to enhance posttraumatic growth.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Ballroom Centre

Integrating Psychoeducational, Cognitive-Behavioral, and Psychodynamic Approaches: Brief Eclectic Psychotherapy for PTSD
(Clinical or Interventions Research/Culture/Diversity)

Prediction of Treatment Response in Brief Eclectic Psychotherapy

Wittmann, Lutz, PhD; Müller, Julia, PhD; Schnyder, Ulrich, MD
University Hospital Zurich, Zurich, Switzerland

Availability of different treatment options for patients after traumas allows for individual choice of type of treatment. Data of a randomized controlled study on Brief Eclectic Psychotherapy (BEP) was analyzed to identify treatment response predictors for this new treatment option. PTSD symptoms were continuously assessed in 27 chronic PTSD patients before every second BEP session with the Posttraumatic Diagnostic Scale (PDS). Treatment response was defined as a pre-post-difference of at least 9 points on the PDS (median split). This cut-off value equalled one standard deviation of baseline PDS mean score. Thirteen participants (48.1%) classified as responders. Comparison of symptom time course significantly differentiated between responders and non-responders from BEP session eleven on. Response status was predicted by work ability, high level of education, and Swiss nationality. Contrarily, trauma history, psychopathological variables, or treatment parameters did not contribute to the prediction of response status. The three significant predictors from bivariate analysis were entered into an exact logistic regression analysis. A high level of education remained the only nearly significant predictor of response status. In summary, highly educated individuals respond more frequently to Brief Eclectic Psychotherapy for PTSD. Recognition of treatment response during the early treatment phase appears to be difficult. These results will be compared to clinical experience and possible modifications for BEP will be discussed. Replication of our results in a larger sample of trauma patients is required.
Integrating Psychoeducational, Cognitive-behavioral, and Psychodynamic Approaches: Brief Eclectic Psychotherapy for PTSD
(Clinical or Interventions Research/Culture/Diversity)

Predictors of Treatment Response in Brief Eclectic Psychotherapy and EMDR

Nijdam, Mirjam, MSc; Olff, Miranda, PhD; Gersons, Berthold, MD, PhD
Academic Medical Center, University of Amsterdam, Amsterdam, Netherlands

Although a large number of studies have demonstrated the efficacy of cognitive behavioural therapy (CBT) and Eye Movement Desensitization and Reprocessing therapy (EMDR) in the treatment of PTSD, not every patient benefits equally from these treatments. Therefore, it is important to determine pretreatment characteristics that predict treatment response for EMDR and CBT. Data stem from a recent randomized clinical trial that compared EMDR (n = 70) to a form of CBT, Brief Eclectic Psychotherapy (BEP; n = 70). Participants were outpatients who were referred to the Center for Psychological Trauma of the Academic Medical Center in Amsterdam with a diagnosis of PTSD after various kinds of type I trauma. Primary outcome was PTSD symptomatology. Results of the trial indicated a significant decrease in PTSD symptoms, depressive symptoms and general anxiety for both conditions, with an earlier decrease of symptoms in EMDR compared to BEP. Variables associated with treatment dropout were younger age and non-Dutch ethnicity. Based on prior research findings on predictors, the predictive role of demographic characteristics (gender, age, ethnicity, level of education) and clinical characteristics (depression, trauma history, personality traits) on treatment response in BEP and EMDR is examined. Clinical implications of the findings are discussed.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Ballroom Centre

Integrating Psychoeducational, Cognitive-behavioral, and Psychodynamic Approaches: Brief Eclectic Psychotherapy for PTSD
(Clinical or Interventions Research/Culture/Diversity)

The Need for Exposure and Meaning Making in the Treatment of PTSD

Gersons, Berthold, MD, PhD
Academic Medical Center, University of Amsterdam, Amsterdam, Netherlands

PTSD is a disorder mediated by the experience of traumatic events. Patients with PTSD experience hyperarousal, reexperience symptoms and avoid many situations. Exposure is a method differently
used in CBT, EMDR and in Brief Eclectic Psychotherapy (BEP). The aim of exposure is normalizing the fear reaction. In CBT this is done by habituation. In EMDR by distraction the image tend to disappear. In BEP the fear fades away after catharsis of emotions of sadness and anger. But habituation to fear alone is not always sufficient. Also the feeling of safety and trust in others and in the world has been undermined by traumatic experiences. In BEP around 10 sessions are devoted in working through these issues to reach a new equilibrium about oneself and the world. Psychodynamic insights are very helpful in reaching a positive traumatic growth out of the terrible experiences. Examples will be showed and discussed.

*Participant Alert: DVD parts of treatment will be shown.*

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Drummond East Level 3

Mild Traumatic Brain Injury (mTBI): Traumatic Stress by Another Name?
(Biological/Medical/Military/Emergency Services/Aid Workers)

Mild Traumatic Brain Injury (mTBI): Traumatic Stress by Another Name?

Jetly, Rakesh, MD, FRCPC
*Canadian Forces Health Services Group, Ottawa, Ontario, Canada*

Canada, the US and their allies are engaged in asymmetric warfare in Afghanistan and Iraq. Weapons such as IEDs (improvised explosive devices) and their impact on troops has led to much discussion regarding the “signature injuries” of these conflicts; PTSD, traumatic amputation, burns and mTBI. Reports have estimated that 19.5 % of US troops deploying to Iraq or Afghanistan suffer mTBI (Rand Corporation, July 2008). This would translate into over 300,000 US troops alone. Post deployment screening does not replicate this finding and is further complicated by the frequent coexistence of mental health conditions such as PTSD (Zamorski, 2009). The validity of mTBI as a diagnostic construct has come into question as studies highlight the lack of specificity of mTBI symptoms (Fear et al, 2008). “Post concussive Symptoms” (headaches, fatigue, poor concentration, irritability and sleep problems) lack specificity, are frequently found in those reporting physical and mental health difficulties (Hoge et al, 2008), thus challenging their attribution to a head injury.
Mild Traumatic Brain Injury (mTBI): Traumatic Stress by Another Name? 
(Biological/Medical/Military/Emergency Services/Aid Workers)

Mild Traumatic Brain Injury (mTBI) in Canadian Forces Members: Brain Injury or Psychological Stress?

Jetly, Rakesh, MD, FRCPC; Zamorski, Mark, MD; Garber, Bryan, MD
Canadian Forces Health Services, Ottawa, Ontario, Canada

Canadian Forces members are screened 3-6 months post-deployment to better identify those with deployment-related problems (with a particular focus on psychosocial conditions (i.e. PTSD)). Since Jan 2009 specific questions regarding mTBI have been included. An important minority (6.4% of first 1,817 screened) of military personnel will report mTBI; most are blast-related (Zamorski, 2009). Some will report multiple "post-concussive" symptoms for months or years afterwards. However, firm attribution of these symptoms to the mechanical brain injury is controversial for several reasons: first, the reliability of self-report for mTBI in the deployed setting is unknown: Those who reported being dazed or confused in the aftermath of a blast episode may have had these symptoms for other reasons. Second, deployed personnel are exposed to serious psychological trauma, and symptoms attributed to mTBI (e.g., irritability, fatigue) overlap impressively with those seen in common trauma-related mental disorders (Hoge, 2008). Indeed, recent research has shown little if any specificity of these symptoms for mTBI in military personnel or in civilian trauma victims. Finally, the absence of any disease-specific treatment for "post-concussive" syndrome calls into question the value of attributing these symptoms to mTBI, particularly if such attribution results in neglect of a treatable mental disorder.
Symptom Specificity and Sensitivity for mTBI With and Without PTSD

McFarlane, Alexander,
University of Adelaide, Adelaide, Australia

One of the critical issues confronting clinicians particularly in the current debate about the significance of mTBI, is the specificity of the symptoms in mTBI from PTSD. In this prospective study of individuals admitted to hospital following traumatic accidents, the history of mTBI and the duration of loss of consciousness was carefully recorded at the time of admission. Of the total population 732 were reassessed at 12 months. Using the CAPS, 8.2% had PTSD alone, 5% mTBI and PTSD, mTBI in 42% and neither in 49%. Using this sphere, an instrument that assesses both somatic and psychological symptoms, the specificity of the symptoms for PTSD and mTBI were explored. The following sub-groups of symptoms included neurogastroentrological, pain, emotions and fatigue. PTSD accounted for most of the symptoms with dizziness being the only mTBI symptom that appeared to be independent of PTSD. These data demonstrate that there is a significant amount of somatic and neurocognitive symptomatology in populations exposed to significant trauma but that the majority of the variance of the memory and concentration difficulties as well as pain is accounted for by PTSD. This emphasises the importance of simultaneously assessing psychological and somatic axis of distress in combat exposed groups where both PTSD and mTBI are a significant probability.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Drummond East Level 3

Mild Traumatic Brain Injury (mTBI): Traumatic Stress by Another Name?
(Biological/Medical/Military/Emergency Services/Aid Workers)

PTSD, MTBI, and Understanding the Confusion

Bryant, Richard, PhD
University of New South wales, Sydney, Australia

Many commentators describe post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) as the “signature injuries” of the Iraq and Afghanistan wars. There has been unprecedented interest in each of these conditions and in their interaction. Despite many agencies postulating that mild TBI, including postconcussive symptoms, directly contributes to marked impairment, there is increasing evidence that the effects commonly attributed to mild TBI may be misunderstood. Discussion will focus on recent findings that postconcussive symptoms are not unique to mild TBI populations, that stress reactions actually account for most of the impairment secondary to mild TBI incurred during a traumatic event, and that current definitions and assessment strategies of mild TBI may be flawed. The potential impact of mild
TBI on psychological adaptation following trauma will also be reviewed in light of evidence that mild TBI may increase risk for psychiatric disorder.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Drummond East Level 3

Mild Traumatic Brain Injury (mTBI): Traumatic Stress by Another Name?
(Biological/Medical/Military/Emergency Services/Aid Workers)

Developing a Valid Definition of mTBI/Concussion

Castro, Carl,
USA MEDCOM, Scottsdale, Arizona, USA

A valid definition of a symptom-based injury requires five components: an event, a reaction, unique symptoms, impairment, and a time course. For the case for mild traumatic brain injury (mTBI) or concussion, existing clinical definitions lack one or several of these components, thus hindering proper clinical diagnosis and research into the mechanisms, cause and treatment of mTBI/concussion. In this presentation, a strategic research plan for addressing this lack of definition validation will be discussed, highlighting what is currently known for each of these five components of the existing definition for mTBI/concussion. Importantly, focus will be placed on the levels of evidence needed to validate each of these components.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Salon 4/5 Level 2

National Child Traumatic Stress Network (NCTSN): A Collaborative Network and Its Impact on Service Providers and Traumatized Children and Their Families
The National Child Traumatic Stress Initiative (NCTSI) is a national initiative to bridge the gap between research and practice in the child trauma field. The NCTSI mission is carried out by the NCTSN, a science-to-practice, collaborative network of grantees/centers that combine resources to develop and promote effective community practices for children and adolescents who have experienced trauma. Among other activities, the centers disseminate, train on, and implement evidence based interventions within and beyond the network, and facilitate collaboration among child-serving providers and systems. Through such activities, the NCTSN has great potential to translate science to practice and to expand the limited evidence base regarding child trauma.

The purpose of this symposium is to convey a story regarding network performance that begins by examining the macro level activity of the NCTSN focused on collaboration, communication, and interaction between the centers (paper 1); extends to describe provider-level outcomes stemming from collaborative activity such as workforce training and dissemination of trauma-related information and resources (paper 2); and, finally, culminates with an analysis of child and family level outcomes related to service experience and clinical outcomes of children and families served by the NCTSN (paper 3).

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Salon 4/5 Level 2

National Child Traumatic Stress Network (NCTSN): A Collaborative Network and Its Impact on Service Providers and Traumatized Children and Their Families
(Children and Adolescents/Clinical or Interventions Research)

Collaboration within NCTSN and Its Impact on Trainings and Dissemination of Evidence Based Practices

Sukumar, Bhuvana, 1; Geng, Yisong, PhD 1; Walrath, Christine, PhD 2
1 ICF Macro, Atlanta, Georgia, USA
2 ICF Macro, New York, New York, USA

As a network focused principally on integrating academic research and training centers with community-based treatment centers to advance the understanding and treatment of child traumatic stress, collaboration is central to the NCTSN. Centers collaborate with each other via working groups and face-to-face meetings regarding development, dissemination, and implementation of evidence based interventions and other products, leadership of and participation in training activities, and approaches to build awareness and understanding of the impact of child traumatic stress. The NCTSI Evaluation gathers
information on network performance that contributes to the understanding of collaboration and its impact on trainings conducted and products developed and disseminated across the NCTSN. In this paper, we present evaluation data regarding the interaction between centers related to product development and trainings in order to highlight the collaborative processes and partnerships within the NCTSN. Specifically, we use quantitative data to examine connections (ties) between people, through the use of network mapping and analysis, in relation to various NCTSN functions. We also use rich qualitative data to explore the factors that facilitate collaboration and the quality of collaborative mechanisms within NCTSN and its impact on product development and trainings.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Salon 4/5 Level 2

National Child Traumatic Stress Network (NCTSN): A Collaborative Network and Its Impact on Service Providers and Traumatized Children and Their Families
(Children and Adolescents/Clinical or Interventions Research)

Adoption and Implementation of Evidence-based Interventions within the NCTSN

Douglas, Elizabeth, ¹; Brooks, Megan, MA²; Seck, Bryan, Other³; Walrath-Greene, Christine, PhD³
¹ORC Macro, Beltsville, Maryland, USA
²ICF Macro, Atlanta, Georgia, USA
³ICF Macro, New York, New York, USA

While the previous paper focuses on NCTSN centers' efforts to collaborate to develop and disseminate trauma-informed products and services, this paper builds on these findings to explore the effects of collaboration on NCTSN activity and impact related specifically to evidence-based treatment adoption and implementation. Findings are based on data collection conducted between 2006 and 2009 designed to assess evidence-based treatment adoption and implementation among NCTSN providers and administrators as well as non-NCTSN providers receiving training through the NCTSN.

Based on quantitative data, this presentation reviews the characteristics of NCTSN-sponsored trainings offered to providers, the characteristics of the trainees, and the range of evidence-based treatments typically implemented by such providers, from the most frequently to least frequently implemented treatments. In addition, findings from qualitative interviews with NCTSN providers and administrators will be presented to highlight the contextual factors impacting the implementation of three key trauma-informed evidence-based treatments including: Trauma-focused Cognitive Behavioral Therapy (TF-CBT), Child Parent Psychotherapy (CPP) and Cognitive Behavioral Intervention for Trauma in Schools (CBITS).

The central themes and principal outcomes cutting across individual- and center-level implementation experiences will be described; in addition, similarities and differences in implementation experiences based on type of evidence-based practice implemented will be highlighted.
Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Salon 4/5 Level 2

National Child Traumatic Stress Network (NCTSN): A Collaborative Network and Its Impact on Service Providers and Traumatized Children and Their Families
(Children and Adolescents/Clinical or Interventions Research)

Clinical Outcomes for Children in the NCTSN Program

Moore, Kurt, PhD¹; Montagno, Angela, PhD²; Walrath-Greene, Christine, PhD³; Condron, Susanne, MA²
¹WRMA, Denver, Colorado, USA
²ICF Macro, Atlanta, Georgia, USA
³ICF Macro, New York, New York, USA

The previous papers in this symposium described how NCTSN centers work together to share and develop products and how these products are disseminated and eventually delivered to children and their families. The culmination of the NCTSN's collaborative activities around developing products, providing training, and disseminating resources ultimately results in the services provided to children affected by trauma and their families.

This presentation builds upon the previous papers to describe the characteristics of children and families utilizing services. In addition, a summary of the types of services these children receive, their service experience and the effect of treatment on their behavioral and emotional functioning will be highlighted. Results indicate that on average, children and youth served by NCTSN-funded centers showed improvements in behavior and emotional functioning following 6 months of clinical services. While demographic factors, such as age and race, did not appear to be associated with improved functioning, treatment type was associated with improvements. It is clear that the children served by the NCTSN benefit from treatment through reductions in behavioral and posttraumatic stress symptoms. The implications for policy, program, and practice improvements will be discussed.
Defining PTSD in Young Children and Adolescents: Empirical Bases for Changes in the DSM.
(Assessment/Diagnosis/Children and Adolescents)

Turner, J. Blake; Fisher, Prudence, PhD; Neugebauer, Richard, MD, PhD
Columbia University and NYSPI, New York, New York, USA

This symposium examines the validity of DSM-IV definitions of PTSD in children and adolescents, and compares these definitions to those currently under consideration for DSM-V. Dr. Fisher will present analyses of a series of data sets, including both community and selected or “enriched” samples. All of the studies used the Diagnostic Interview Schedule for Children (DISC) to assess psychiatric disorder. Her analyses will compare the prevalence rates obtained using DSM-IV definitions of PTSD with those obtained with an alternate algorithm that tries to approximate the proposed changes as closely as available data will allow. She will also compare the youth identified under each definition in terms of their probability of impairment. Dr. Turner will examine the consequences of expanding the definition of a Criterion A stressor, also in terms of prevalence rates and impairment among those identified. He will use data from a similar set of DISC data sets as that used by Dr. Fisher. Dr. Neugebauer will present findings from a post-genocide survey of 942 Rwandan children. These finding demonstrate that avoidance symptoms become paramount in the aftermath of truly catastrophic violent adversity.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Hemon Level A

Defining PTSD in Young Children and Adolescents: Empirical Bases for Changes in the DSM.
(Assessment/Diagnosis/Children and Adolescents)

Using Multiple Datasets to Examine Post-Traumatic Stress Disorder Diagnosis and Criteria for Youth - A Report From the DiNG Project

Fisher, Prudence, PhD\textsuperscript{1}; Turner, J. Blake, PhD\textsuperscript{1}; Canino, Glorisa, PhD\textsuperscript{2}; Dodge, Kenneth, PhD\textsuperscript{3}; Garland, Ann, PhD\textsuperscript{4}; Greisler, Pamela, PhD\textsuperscript{1}; Hoven, Christina, PhD\textsuperscript{1}; Kandel, Denise, PhD\textsuperscript{1}; Pine, Daniel, MD\textsuperscript{1}; Roberts, Robert E., PhD\textsuperscript{1}; Rubenstein, Arielle, BA\textsuperscript{1}; Shaffer, David, MD\textsuperscript{1}
\textsuperscript{1}Columbia University and NYSPI, New York, New York, USA
\textsuperscript{2}University of Puerto Rico, San Juan, Puerto Rico
\textsuperscript{3}Duke University, Durham, North Carolina, USA
\textsuperscript{4}University of San Diego School of Medicine, San Diego, California, USA
The DSM-5 workgroups have proposed criteria changes for Post Traumatic Stress Disorder. These include dropping Criterion A2 (reaction during the trauma), better specifying symptoms in Criterion B (intrusion), and splitting Criterion C (Avoidance-Numbing) into two criteria, so that avoidance must be present and the conceptual scope of numbing is expanded. For children, alterations to the thresholds (number of symptoms required for a criterion) have been suggested. An aim of the DiNG (DISC Nosology Group) project is to inform DSM-5. Investigators from 16 studies that used a DSM-linked version of the DISC, a highly structured diagnostic interview for youth with parallel parent and youth forms, collaborate with the DiNG project. The PIs of DiNG are advisors to the DSM-5; DSM-5 workgroup and Task force members participate in DiNG meetings. Data collected by 8 DiNG affiliated studies (data from approximately 7500 parents and 9500 youth) will be used to examine how proposed DSM-5 changes affect PTSD diagnosis for youth. 4 studies with community samples with no known selection bias, 2 with "targeted" samples - community youth selected for elevated "risk", 2 with clinical/service samples. Questions to be addressed include: How do proposed changes impact prevalence? How do changes affect concurrent and predictive validity? Are certain symptoms more predictive of diagnosis than others (are they "gatekeepers")? Analyses of 3 community studies indicate that removing of A2 has little impact on caseness; that splitting avoidance into a separate criterion has little impact; and that several PTSD symptoms are exceedingly rare in youth.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Hemon Level A

Defining PTSD in Young Children and Adolescents: Empirical Bases for Changes in the DSM.
(Assessment/Diagnosis/Children and Adolescents)

Criterion A Stressors in the Diagnosis of PTSD in Children and Adolescents: Consequences of Increased Inclusiveness.

Turner, J. Blake,
Columbia University and NYSPI, New York, New York, USA

The DSM-V workgroups have proposed changes to the definition of a Criterion A event in the diagnosis of PTSD in children and adolescents. Most notably, an expansion of qualifying events to include forms of parental loss through death, abandonment, or removal of the child to foster care is being considered. The rationale for this expansion is the dependence of children on parents for physical needs and safety; parental removal often results in perceived, if not real, threats in these areas. In addition, the frequency of multiple traumas among trauma-exposed children suggests that yoking symptoms to single traumas as
opposed to a chronic situation may be problematic. This paper will examine data from 8 of the 16 studies included in the DiNG (DISC Nosology Group) project - data from approximately 7500 parent and 9500 youth. Questions to be addressed include: Does parental loss heighten the association of DSM-IV-defined traumatic stressors to PTSD symptoms and diagnosis? What is the association of multiple stressors to PTSD symptoms net of probable threat to life and physical safety? Does the type of stressor identified as the Criterion A trigger impact the temporal persistence of PTSD symptoms?

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Hemon Level A

Defining PTSD in Young Children and Adolescents: Empirical Bases for Changes in the DSM.
(Assessment/Diagnosis/Children and Adolescents)

Posttraumatic Stress Disorder Symptoms (PTSS) After Genocide: Preeminence and Invariance of Avoidance

Neugebauer, Richard,
Columbia University and NYSPI, New York, New York, USA

Studies of cardinal PTSS--intrusion, avoidance, numbing, arousal-- consistently report positive associations among these symptom groups in the aftermath of traumas that satisfy Criterion A of the DSM-IV diagnostic algorithm. We examined whether this pattern holds under conditions of extreme violence. In 1994 the African nation of Rwanda was ravaged by a genocidal civil war in which approximately 800,000 civilians, predominantly the Tutsi minority, were slaughtered by the Hutu majority. A 1995 nationwide Rwandan survey of children 8-19 years of age (n=942) assessed exposure to violence and PTSS using a 20 item (items scored 0-5) version of Horowitz’s Impact of Events Scale expanded to include 94% coverage of DSM-IV PTSS. Cronbach’s alpha for the overall scale was .76 and correlated with exposure to violence, thereby evidencing construct validity. The item mean for the avoidance subscale was 3.4 (sd 1.3) differing significantly from the item means for the other symptom clusters that ranged from 1.5 to 2.1. Avoidance symptoms were uncorrelated with the three other symptom groups (correlations of -0.03 to -0.05); the correlations among the three other symptom groups were positive and statistically significant (p<.001) (0.53 to 0.56). These results depart markedly from results reported in previous studies, whether from developed or developing countries, with child or adult samples. These findings suggest that when Criterion A represents conditions of maximum, truly catastrophic adversity avoidance symptoms become paramount and at the same time, cease to be exhibit any association with the other PTSS clusters.
PTSD and Other Risk Correlates of Partner Violence Across Treatment Settings
(Social Issues/Public Policy/Ethics/Clinical or Interventions Research)

Schumm, Jeremiah, PhD¹; Johnson, Dawn, PhD²; MacDonald, Alexandra, PhD⁸; Taft, Casey, PhD³; Monson, Candice, PhD⁴
¹Cincinnati VA Medical Center, Cincinnati, Ohio, USA
²University of Akron, Akron, Ohio, USA
³VA Boston Healthcare System, Boston, Massachusetts, USA
⁴Ryerson University, Toronto, Ontario, Canada

Despite increasing awareness that intimate partner violence (IPV) occurs among a significant proportion of individuals presenting for treatment of PTSD and other mental health disorders, more research is needed to understand whether risk factors across various domains are uniquely related to IPV. In addition, it is unclear how differing treatment approaches and settings might influence the relationship between risk factors and IPV. The purpose of this symposium is to examine similarities and differences between IPV and its risk correlates across varying treatment populations that are at high risk for IPV. The first presentation will describe risk factor correlates of IPV victimization among women entering substance abuse treatment. The second presentation will describe factors that longitudinally predict IPV revictimization among women leaving an IPV shelter. The third presentation will describe the role of IPV and relationship functioning in a couple-based treatment for PTSD. The fourth presentation will examine a theoretical model testing risk correlates for IPV perpetration among men in an IPV offenders program. Each presentation will describe a variety of domains that may contribute to IPV risk and will provide an opportunity to examine potential mechanisms that influence IPV risk across a variety of treatment settings and populations.
PTSD and Other Risk Correlates of Partner Violence Across Treatment Settings
(Social Issues/Public Policy/Ethics/Clinical or Interventions Research)

Risk Factors Correlates for Intimate Partner Violence Victimization among Women Entering Substance Abuse Treatment

Schumm, Jeremiah, PhD¹; O'Farrell, Timothy, PhD, ABPP²; Murphy, Christopher, PhD³; Murphy, Marie, PhD²; Patrice, Muchowski, ScD⁴
¹Cincinnati VA Medical Center, Cincinnati, Ohio, USA
²Harvard Medical School at the VA Boston Healthcare System, Brockton, Massachusetts, USA
³University of Maryland - Baltimore County, Baltimore, Maryland, USA
⁴AdCare Hospital of Worcester, Inc., Worcester, Massachusetts, USA

Past year prevalence rates of intimate partner violence (IPV) is 50-60% for women entering substance abuse treatment. Despite these high rates, there has been little research to understand risk factors that may be associated with IPV victimization among this population. This presentation will describe the initial findings from a study examining IPV risk factors among women in heterosexual relationships who are entering substance abuse treatment (N = 277). Results from multivariate models showed that women who experienced IPV victimization had male partners with lower incomes, higher antisociality and generalized violence, higher substance use, and higher substance-related problems. In addition, IPV victimization was associated with worse partner relationship functioning. Women's history of childhood violence exposure, antisociality and generalized violence, psychiatric symptoms including PTSD, substance use, and substance-related problem severity were unrelated to IPV victimization status. Male partner characteristics and relationship factors were supported as risk correlates after accounting for demographic group differences. Implications of these findings will be discussed, including the need for additional IPV victimization screening and interventions among women entering substance abuse treatment.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Jarry/Joyce Level A

PTSD and Other Risk Correlates of Partner Violence Across Treatment Settings
(Social Issues/Public Policy/Ethics/Clinical or Interventions Research)

The Role of PTSD, Personality, and Shelter in Battered Women’s Degree of Revictimization
Battered Women’s shelters are an integral resource for victims of intimate partner violence (IPV), providing short-term safety, support, and resources for women and their children. However, shelters are a short-term strategy and many women experience continued abuse after leaving shelter. A rich body of research exists documenting that both PTSD and substance use are linked to battered women’s risk for future revictimization. However, no research has specifically investigated variables relevant to women who specifically seek the safety of shelter. This presentation will describe findings from a naturalistic prospective study of 104 residents of a battered women’s shelter. Participants were first assessed during their shelter stay and then followed 1-week, 3-months, and 6-months post-shelter. Preliminary results suggest that battered women who did not return to their abuser after leaving shelter, stayed in shelter longer, and had less severe IPV-related PTSD symptoms after leaving shelter experienced fewer incidents of reabuse after leaving shelter. A trend was found for substance use, in that women who met criteria for a substance use disorder while in shelter experienced more reabuse after leaving shelter. Presence of a borderline disorder diagnosis had no influence on risk for revictimization. Implications for intervention will be discussed.
to reduce IPV (Change & Saunders, 2002), questions remain regarding the potential moderating effect of IPV on the efficacy of PTSD interventions, such as CBCT. The current study aims to assess the relationship among psychological and low-level physical aggression, PTSD, and relationship satisfaction in a community sample of couples enrolled in a study of CBCT for PTSD. Initial results indicate significant associations among these variables and that these associations do not deleteriously impact reductions of PTSD severity as a result of CBCT. The theoretical and practical implications of this research are discussed.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Jarry/Joyce Level A

PTSD and Other Risk Correlates of Partner Violence Across Treatment Settings
(Social Issues/Public Policy/Ethics/Clinical or Interventions Research)

Examining Correlates of Baseline and Post-treatment Partner Violence in an Abuser Intervention Program

Taft, Casey, PhD
Holowka, Darren, PhD
Maguire, Emily, BA
Marx, Brian, PhD
Weatherill, Robin, PhD
Burns, Tony, MA

1National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
2Common Purpose, Boston, Massachusetts, USA

Several investigators have examined correlates of intimate partner violence (IPV) in samples of men in IPV perpetration programs. This literature suffers from a number of limitations, including: (a) use of a circumscribed set of correlates; (b) an exclusive focus on physical IPV; and (c) a lack of investigation into predictors of reductions in IPV during and/or following intervention. We will address these limitations in study of over 200 men participating in an IPV intervention program. Specifically, we will examine trauma-related variables, cognitive variables, relationship adjustment, personality disorder characteristics, substance use variables, and anger as potential physical and psychological IPV correlates, both at baseline and as predictors of post-treatment and follow-up IPV. Initial analyses indicate that traumatic life event severity, PTSD symptom severity, anger, and cognitive schemas reflecting mistrust/abuse, failure, enmeshment, and insufficient self-control were all associated with higher levels of IPV at baseline. Findings further suggested that anger and schemas related to entitlement and insufficient self control may partially explain the associations between both traumatic life event severity and PTSD symptoms with IPV perpetration. These findings will be more fully explicated for the presentation, and data focusing on the prediction of outcomes will also be presented. Findings may have implications for understanding IPV perpetration and the factors that may identify those at risk for treatment progress/failure, as well as possible mechanisms for change in IPV interventions.
There are growing concerns about the mental health status of returning veterans from the recent conflicts in Iraq (OIF) and Afghanistan (OEF) and of their retention in mental health treatment. This symposium will present four different studies which assessed the retention rates of these veterans in mental health treatment. The studies will shed new light on both the objective and perceived barriers to psychiatric care experienced by these Veterans. First study presents data extracted from the entire VA population comparing retention in mental health services between two different War eras, Vietnam and OIF/OEF Veterans. Next presenter will share research data on the utilization and barriers to care among veterans of the CT National Guards. This presentation will be followed by a presentation of data that will combined both qualitative and quantitative data on the barriers to care and service utilization among OIF and OEF Veterans who sought mental health treatment at the VA Pacific Islands Healthcare System in Hawaii. The last presentation will layout comprehensive one year longitudinal data collected from 200 veterans who received mental health services at the West Haven VA healthcare system looking at predictors of service utilization and retention in treatment. Discussion will follow.
Serving Those Who Served: Retention of Newly Returning Veterans from Iraq and Afghanistan in Mental Health Treatment

Harpaz-Rotem, Ilan, PhD¹; Rosenheck, Robert, MD²
¹Clinical Neuroscience Division NC-PTSD VA CT and Yale Department of Psychiatry, West Haven, Connecticut, USA
²VA New England Mental Illness Research and Education Center and Yale Department of Psychiatry, West Haven, Connecticut, USA

This study assesses and compares the retention and numbers of visits of OIF and OEF Veterans, who were newly diagnosed with PTSD, with that of Veterans from other service eras. Data from the Department of Veterans Affairs and the Department of Defense were combined to identify veterans who were newly diagnosed with PTSD (N= 204,184) and their service era. Survival analysis assessed drop-out within one year from initial diagnosis and Poisson regression assessed the association between war era and mental health visits. Results indicated that although only 37.6% of the OIF/OEF veterans remained in treatment more than 360-days as compared to 46% of the Vietnam era veterans, when adjusting for demographic and comorbid diagnoses OIF/OEF veterans were less likely to discontinue their psychiatric treatment for PTSD within the first year after the initial diagnosis than Vietnam era veterans. OIF/OEF veterans attended fewer number of mental health visits than Vietnam era veterans. However, multivariate analysis indicated that as compared to Vietnam era veterans, OIF/OEF veterans had significantly more visits associated with PTSD. Overall, retention and numbers of visits were found to be lower in OIF/OEF veterans primarily as a function of age and comorbidities and not the particular war era.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Ballroom East Level 4

Barriers to Mental Health Services Among OIF and OEF Veterans Diagnosed with PTSD
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Beliefs About Mental Healthcare, Perceived Stigma and Barriers to Care, and Mental Health Service Utilization Among OIF-OEF Veterans

Pietrzak, Robert,
Clinical Neuroscience Division NC-PTSD VA CT and Yale Department of Psychiatry, West Haven, Connecticut, USA

This study examined associations between beliefs about mental health care, social support, and perceptions of stigma, barriers to care, and mental health care utilization in a sample of Veterans of Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom (OEF-OIF). A sample of 272
predominantly Reservist and National Guard OEF-OIF Veterans in Connecticut completed a needs assessment survey. Results indicated that negative beliefs about mental health care, particularly psychotherapy, and decreased perceived unit support were associated with increased perceptions of stigma and barriers to care. Negative beliefs about mental health care were also associated with decreased likelihood of mental health counseling and medication visits in the past six months, even after adjustment for demographic characteristics, psychiatric disorders, perceived stigma and barriers to care, and social support variables. These results suggest that educational interventions for modifying negative beliefs about mental health care and bolstering unit support may help decrease stigma and barriers to care and increase mental health treatment seeking among OEF-OIF Veterans.

Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Ballroom East Level 4

Barriers to Mental Health Services Among OIF and OEF Veterans Diagnosed with PTSD
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Translating Research Findings Into Improved Outreach and Treatment Planning Efforts for Ethnoculturally Diverse Veterans

Whealin, Julia M., PhD1; Liu-Tom, Tina, PhD1; Stotzer, Rebecca, PhD2; Yoneda, Athena, MA1
1National Center for PTSD, VA Pacific Islands Health Care System, Honolulu, Hawaii, USA
2University of Hawaii School of Social Work, Honolulu, Hawaii, USA

This study focuses on the utilization of mental health services by veterans who have participated in the Gulf War I and II. Participants were recruited from Veterans who screened positive for PTSD and were referred for out-patient PTSD Treatment. At time one, participants completed measures evaluating attitudes about the effectiveness of psychotherapy and psychotropic medications, stigma, and logistical barriers to obtaining mental health care. At time two, three months later, participants completed a follow-up phone interview that assessed health care utilization and barriers to mental health care during the previous three months. We predicted that more negative attitudes, higher stigma, and higher logistical barriers would predict lower mental healthcare utilization after a three month period. Results will be discussed in terms of how findings can be translated to improve outreach strategies and treatment planning efforts. Additionally, limitations of the current research will be discussed.
Concurrent 10
Symposium
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Ballroom East Level 4

Barriers to Mental Health Services Among OIF and OEF Veterans Diagnosed with PTSD
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

One Year Follow-up of OIF/OEF Veterans Presenting for Mental Health Care: Longitudinal Data Analysis of Treatment Retention and Barriers to Care

Southwick, Steven,
Clinical Neuroscience Devision NC-PTSD VA CT and Yale Department of Psychiatry, West Haven, Connecticut, USA

This presentation will share a one year follow of 180 OIF and OEF Veterans who presented for psychiatric care at the West Haven VA. The study will present the risk factors associated with barriers to mental health care and service utilization. More specifically, we aim to better understand those risk factors associated with the refusal of recommended mental health treatment, early dropout from psychiatric are, and the intensity of the treatment. Special attention will be given to both protective (resilience) and risk factors. This is the first comprehensive study that addresses a wide range of predictors associated with actual service utilization as was obtained from the veterans medical records.

Concurrent 10
Workshop
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Salon 6/7 Level 3

Meditation for Substance Dependence and PTSD
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Waelde, Lynn, PhD1; Canuso, Amy, DO2; Johnston, Scott, PhD, ABPP2; Uddo, Madeline, PhD3
1Palo Alto University, Palo Alto, California, USA
2Naval Medical Center San Diego, San Diego, California, USA
3Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA
Substance use disorders (SUD) and PTSD are frequently comorbid and associated with poor response to treatment. Meditation and mindfulness interventions may be useful adjunctive treatments for SUD and PTSD because they are safe, feasible, and effective and may avoid the stigma associated with mental health treatment. This workshop will introduce participants to the theory, research, techniques, and clinical applications of meditation and mindfulness for SUD and PTSD. Participants will be introduced to *Inner Resources* (IR; Waelde, 2005; 2009), a manualized meditation intervention that has been tested for its effects on PTSD, depression, anxiety, diurnal cortisol slope, and quality of life variables in a series of clinical trials. Presenters will discuss applications of IR meditation in SUD and PTSD treatment, with particular attention to: 1) ways that the intervention was modified to address SUD and PTSD in a 28-day residential setting for active duty military personnel, 2) acceptability, safety, and feasibility of the intervention, and 3) benefits of the intervention for reducing PTSD and SUD symptoms. Workshop participants will have the opportunity to practice the meditation techniques used in IR and will be encouraged to share their interests and experiences using meditation in SUD and PTSD treatment settings.

**Concurrent 10**

**Panel**

**Saturday, November 6**

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

**Drummond Centre**

**Improving Disaster-Related Behavioral Health Policy and Practice through Population-Based Research: Considerations for Translation, Collaboration, and Mutual Learning**

(Disaster/Mass Trauma/Social Issues/Public Policy/Ethics)

**Dodgen, Daniel, PhD**¹; **Norris, Fran, PhD**²; **Kaul, Rachel, LCSW, CTS**¹; **Goodie, Jeffrey, PhD, ABPP**³

¹Dept. of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, Washington, Dist. of Columbia, USA

²Dartmouth Medical School, Hanover, New Hampshire, USA

³Uniformed Services University, Bethesda, Maryland, USA

In a recent report to the National Biodefense Science Board, it was concluded that insufficient research existed for evaluating the effectiveness of early interventions in disaster mental health. Recent responses in America Samoa and Haiti demonstrate that there are inadequate plans and resources available for national disaster coordinators and responders to identify the most effective ways to address the behavioral health needs of affected populations and those responding to the disaster. To ensure that national policies and practice are evidence-based, studies need to answer the questions (e.g., what predicts who will continue to experience behavioral health problems during recovery) faced by those creating and implementing policies. In this panel, policy makers from the Office of the Assistant Secretary for Preparedness and Response will discuss the challenges associated with using existing data to inform policy development and implementation. The director of the National Center for Disaster Mental Health Research (NCDMHR) will discuss how the NCDMHR has developed, and implemented population-based
studies that may better inform national policy. Discussion will focus on how policy makers and
researchers can collaborate to guide future behavioral health national disaster responses.

Concurrent 10
Paper Session
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Drummond West Level 3

Conceptualisation and Diagnosis

Is Trauma a Causal Agent of Psychopathological Symptoms in Post-Traumatic Stress Disorder?: Findings From Identical Twins Discordant for Combat Exposure
(Assessment/Diagnosis/Research Methodology)

Gilbertson, Mark, PhD¹; Pitman, Roger, MD²
¹VA Medical Center, Manchester, New Hampshire, USA
²Massachusetts General Hospital, Charlestown, Massachusetts, USA

The role of the causal traumatic event in posttraumatic stress disorder (PTSD) has come under scrutiny,
as some studies have suggested that PTSD’s symptoms may not necessarily be the result of trauma but
may merely represent general psychiatric symptoms that would have existed even in the absence of the
event but are subsequently misattributed to it. We tested this hypothesis in 104 identical twin pairs
discordant for combat exposure in Vietnam, with (N=50) or without (N=54) combat-related PTSD in the
exposed twin. If a psychopathological symptom would have existed even without traumatic exposure,
then it might also be found at elevated rates in the non-trauma-exposed, identical co-twins of trauma-
exposed twins with PTSD. In contrast, if it is acquired as a result of an environmental factor unique to the
exposed twin, e.g., the traumatic event, the co-twins should not have an increased incidence of the
symptom. Combat veterans with PTSD demonstrated significantly higher scores (p<.0001) on the
Symptom Checklist-90-Revised (SCL-90-R) and other psychometric measures of psychopathology than
their own combat-unexposed co-twins (and than combat veterans without PTSD and their co-twins).
These results support the conclusion that the majority of psychiatric symptoms reported by combat
veterans with PTSD would not have been present were it not for their exposure to military combat.
The Latent Structure of Acute Stress Disorder: A Post-traumatic Stress Disorder Approach
(Assessment/Diagnosis/Research Methodology)

Armour, Cherie, PhD Candidate¹; Elklit, Ask, PhD²; Shevlin, Mark, PhD³
¹University of Ulster, Londonderry, United Kingdom
²University of Southern Denmark, Odense, Denmark

Acute Stress Disorder (ASD) was first included in the DSM-IV to account for the psychological symptoms present during the one month period between trauma exposure and a Posttraumatic Stress Disorder (PTSD) diagnosis. Factor analytic research into ASD is rare whereas there is a plethora of research on the factor structure of PTSD symptoms. The current study tested whether the latent structure of ASD is similar to that of PTSD. Five models were tested using data from Danish rape victims (n = 380); a unidimensional model, the DSM-IV four-factor ASD model, a King et al. (1998) replication model, a Simms et al. (2002) replication model, and a three-factor model. Model fit was assessed using the RMSEA, CFI, TLI, and SRMR. However, three models were deemed indistinguishable based on these fit indices. Chi-squared difference tests concluded that a three-factor model and two four-factor models did not differ in fit. Overall, the current four-factor ASD latent structure proposed by the DSM-IV was not supported. A three-factor structure was deemed preferential on the basis of parsimony. The results are discussed in the context of previous factor analytic ASD research and in light of the proposed revisions to the ASD diagnostic criteria in the DSM-V.
This study examined ADHD comorbidity in a sample of 220 male and female military veterans who screened positive for current PTSD, with the aim of improving our understanding of the specific nature of this co-occurrence. Fifty-six percent of the sample (n = 123) met DSM-IV criteria for current PTSD using the Clinician-Administered PTSD Scale (CAPS) and 11% (n = 23) met DSM-IV criteria for current ADHD using the Adult ADHD Clinical Diagnostic Scale v.1.2 (ACDS). Bivariate correlations showed symptoms of re-experiencing and effortful avoidance were not significantly associated with ADHD. In contrast, symptoms of hyperarousal and emotional numbing were significantly associated with both inattentive symptoms (r's = .20 and .30) and hyperactive-impulsive symptoms (r's = .22 and .21). Analysis of item-level correlations revealed that associations between hyperarousal and inattention were largely accounted for by item overlap (i.e., difficulty concentrating), whereas emotional numbing was associated with a broader range of inattentive symptoms (e.g., problems with sustaining attention, listening, following instructions, and forgetfulness). For hyperactive-impulsive symptoms, restlessness and fidgetiness showed the strongest correlations with both numbing and hyperarousal. Implications of these findings for the differential diagnosis and treatment of comorbid ADHD and PTSD will be discussed.

Concurrent 10
Papers
Saturday, November 6
9:30 a.m. - 10:45 a.m.
Drummond West Level 3

Conceptualisation and Diagnosis

Construct Validity of the Numbing and Dysphoria Models of PTSD: Hierarchical Structures and Measurement Invariance
(Assessment/Diagnosis/Research Methodology)

Hetzel-Riggin, Melanie, PhD; Harbke, Colin, PhD
Western Illinois University, Macomb, Illinois, USA

Research on the latent structure of posttraumatic stress disorder (PTSD) of has shown strong support for two four-factor models: King et al.’s (1998) Numbing Model and Simms et al.’s (2002) Dysphoria Model. Debate still exists as to whether an intercorrelated first-order factor structure or a higher-order factor structure provides a better statistical and theoretical understanding of PTSD (Krause et al., 2007; Palmieri & Fitzgerald, 2005). King et al. (2006) also suggested that more research examining the structural invariance of PTSD across genders and ethnic groups may further differentiate the Numbing and Dysphoria models. A total of 3,178 undergraduate students provided information on their trauma histories, demographic information, and PTSD symptoms. Multiple-group confirmatory factor analysis procedures were used to test the Numbing and Dysphoria models for measurement invariance between genders and across ethnicities. Two hierarchical structures were compared, and the best performing structure was again examined for measurement invariance (Chen et al., 2005). The data consistently favored the Dysphoria model over the Numbing model. Moreover, the Dysphoria model was associated with a single,
general PTSD second-order factor. No differences were found in fit among ethnic groups, while potentially meaningful differences of the hierarchical latent factor variances were noted between genders.
Developing a Culturally Relevant Process for Mental Health Screening, Referring, and Treating Resettling Refugees with Multi-Component Systemic Interventions
(Civilians in War/Refugees/Community Programs)

Shannon, Patricia, PhD¹; Wieling, Elizabeth, PhD²; Simmelink, Jennifer, MSW³; Becher, Emily, MS²; Yeats, Janet, MA⁴; O’Fallon, Ann, MA³; Hubbard, Jon, PhD⁴; Im, Hyojin, MA¹

¹University of Minnesota School of Social Work, St. Paul, Minnesota, USA
²University of Minnesota Department of Family Social Science, St. Paul, Minnesota, USA
³Minnesota Department of Health, St. Paul, Minnesota, USA
⁴Center for Victims of Torture, Minneapolis, Minnesota, USA

This symposium presents results from a state research agenda to develop culturally appropriate mental health screening tools, referral processes, and evidence-based adaptations to community-based treatment approaches for refugees affected by war trauma and torture. This eco-systemic multi-component model is embedded within a framework of translational science and is conceptualized and practiced as a collaborative project between university researchers, the Minnesota Department of Health, community-based agencies and cultural leaders. Methods of developing culturally grounded screening tools will be presented from focus group interview data collected among four refugee communities: Somali, Oromo, Karen and Bhutanese. Pilot data and screening processes will be described along with cultural adaptations to community-based psycho-education groups for refugees. Preliminary outcome data collected with these four refugee groups will be presented across different phases of the project. Presenters will discuss current approaches to implementing cultural adaptations to evidence based-practice with war trauma survivors. Findings will be discussed in the context of a national survey of current state practices regarding mental health screening and referral of refugees. Policy implications and practical considerations will be highlighted.
Developing a Culturally Relevant Process for Mental Health Screening, Referring, and Treating Resettling Refugees with Multi-Component Systemic Interventions
(Civilians in War/Refugees/Community Programs)

System-Wide Collaboration to Develop Cultural Specific Refugee Mental Health Screening and Referral Process for Minnesota’s Department of Public Health

Shannon, Patricia, MSW¹; Wieling, Elizabeth, PhD²; O’Fallon, Ann, MA³; Hubbard, Jon, PhD⁴
¹University of Minnesota School of Social Work, St. Paul, Minnesota, USA
²University of Minnesota Department of Family Social Science, St. Paul, Minnesota, USA
³Minnesota Department of Health, St. Paul, Minnesota, USA
⁴Center for Victims of Torture, Minneapolis, Minnesota, USA

The University of Minnesota School of Social Work and Department of Family Social Science have partnered with the Minnesota Department of Health, the Center for Victims of Torture, refugee resettlement agencies, ethnic community-based organizations, cultural leaders and members of four different refugee communities to create culturally grounded mental health screening tools, interview processes and referral systems, and a multi-component intervention to address different levels of trauma severity and family need. Treatments include cultural adaptations to evidence based psycho-education groups as well as interventions that have demonstrated some level of evidence for treating trauma at individual, parent-child, family, and community levels. This presentation will focus on the overall vision and research agenda and will describe issues related to community engagement and collaboration as part of the developing model. Challenges and opportunities related to each phase of the project will be discussed along with strategies for overcoming barriers.
Developing a Culturally Relevant Process for Mental Health Screening, Referring, and Treating Resettling Refugees with Multi-Component Systemic Interventions
(Civilians in War/Refugees/Community Programs)

Developing Screening Tools for Four Cultural Refugee Groups: Bhutanese, Karen from Burma, Oromo, and Somali

Shannon, Patricia, PhD¹; Wieling, Elizabeth, PhD²; Simmelink, Jennifer, MSW¹; Becher, Emily, MS²; Ogasawara, Tomoko, MA²
¹University of Minnesota School of Social Work, St. Paul, Minnesota, USA
²University of Minnesota Department of Family Social Science, St. Paul, Minnesota, USA

Historically, researchers have utilized Western mental health measures for screening refugees in public health settings (Savin et. al., 2005). This research builds on international efforts toward developing culturally grounded mental health measures and appropriate treatments for refugees (Miller et. al., 2006). The present study examined culturally grounded responses to severe war trauma and torture in four refugee communities (Karen, Bhutanese, Somali, and Oromo) through 12 focus groups with over 100 participants. Resulting transcripts were analyzed using grounded theory and ethno-cultural methodologies to code and interpret results. Findings indicate that while there are across-group similarities in expressions of traumatic distress, there are additional culturally grounded symptoms that must be addressed. An additional salient finding indicates that screening tools should assess for traumatic response within the context of refugees’ specific war and conflict experiences.

A pilot screening tool was developed and tested as the first stage of a tiered program of research involving the development, cultural adaptation, training of local cultural leaders and mainstream mental health professionals, and the implementation of a multi-component systemic approach to trauma treatment and resettlement adjustment. Pilot data and screening processes will be presented from collaborating clinics and community agencies.

Interim Session 2

Symposium
Saturday, November 6
11:00 a.m. - 12:15 p.m.
Jarry/Joyce Level A

Developing a Culturally Relevant Process for Mental Health Screening, Referring, and Treating Resettling Refugees with Multi-Component Systemic Interventions
(Civilians in War/Refugees/Community Programs)

National Survey of State Mental Health Screening Practices for Refugees

Shannon, Patricia, PhD¹; O'Fallon, Ann, MA²; Wieling, Elizabeth, PhD³; Becher, Emily, MS³; Simmelink, Jennifer, MSW¹; Hubbard, Jon, PhD⁴
¹University of Minnesota School of Social Work, St. Paul, Minnesota, USA
²Minnesota Department of Health, St. Paul, Minnesota, USA
³University of Minnesota Department of Family Social Science, St. Paul, Minnesota, USA
⁴University of Minnesota School of Public Health, St. Paul, Minnesota, USA
To determine nation-wide refugee mental health screening practices an electronic survey was administered to 48 state Refugee Health Coordinators (Mississippi and Wyoming do not have refugee health coordinators). Survey questions were designed to determine the extent that states are screening for experiences and symptoms of war trauma and torture. States described their mental health screening processes and referral systems and provided copies of formal and informal screening protocols. Findings include widespread endorsement by coordinators of the need to use culturally appropriate measures to screen for mental health distress. Existing models of state screening protocols throughout the country will be presented within the context of reported factors that either facilitate or impede the development of successful screening and referral processes in each state. Further, findings of the national survey will be discussed in light of recent CDC guidelines for the mental health screening of refugees.

Interim Session 2

Symposium
Saturday, November 6
11:00 a.m. - 12:15 p.m.
Jarry/Joyce Level A

Developing a Culturally Relevant Process for Mental Health Screening, Referring, and Treating Resettling Refugees with Multi-Component Systemic Interventions
(Civilians in War/Refugees/Community Programs)

Healing in Partnership: Building Community Capacities to Treat Trauma With Multi-Component Trauma Interventions for Refugees

Wieling, Elizabeth, PhD¹; Shannon, Patricia, PhD²; Simmelink, Jennifer, MSW²; Becher, Emily, MS¹; Yeats, Janet, MA¹

¹University of Minnesota Department of Family Social Science, St. Paul, Minnesota, USA
²University of Minnesota School of Social Work, St. Paul, Minnesota, USA

Refugee populations manifest trauma symptoms in a variety of culturally specific ways and are influenced by contextual stressors following immigration. This multi-component model incorporates a phased approach to referral and treatment, including specific training to build local capacity (Wieling and Mittal, 2008). Interventions include psycho-education and models of individual, couple, family, or group therapy to address a specific (potentially co-morbid) range of trauma symptoms, such as depression, domestic violence, substance abuse, grief and loss, and acculturation and immigration stress.

Several phases of the development of these community-based treatments for war trauma are presented. Psychoeducation is a Level A evidence-based practice for chronic health conditions and recommended for populations who have experienced multiple traumas and chronic Posttraumatic Stress (Foa, Keane, and Friedman, 2009). This presentation focuses on cultural adaptations and preliminary outcome data from psycho-education groups for refugee trauma survivors as well as data from a community based effort to provide training on Narrative Exposure Therapy (Neuner et. al., 2004; Schauer et. al., 2005) to local clinicians and clinical interns from refugee communities. It includes a discussion of the processes
involved in developing cultural adaptations to evidence based practice drawing upon the experience of university researchers across several cultural groups.

Interim Session 2

Symposium
Saturday, November 6
11:00 a.m. - 12:15 p.m.
Ballroom East Level 4

Clinical Practice Guidelines for PTSD: Are They Relevant For Veterans?
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Richardson, J Don, 1
Creamer, Mark, PhD 2
1 Veterans Affairs Canada, Burlington, Canada
2 Australian Centre for Posttraumatic Mental Health, Melbourne, Australia

Four clinician researchers address the challenges in applying current PTSD treatment guideline in the veteran population who often present with significant comorbidity. Despite extensive research in the field of PTSD and treatment guidelines from Canada, United States, United Kingdom and Australia, the Institute of Medicine (IOM) concluded that the evidence is still "inadequate to address the specific interventions, settings, and lengths of treatment that are applicable in the Veteran population". This symposium will first review the process of developing guidelines and the limitations of such guidelines in veteran with PTSD presenting with significant psychiatric comorbidities. This is followed by a presentation on how to apply current guidelines for pharmacological treatment of veterans with PTSD and a presentation focusing on disseminating PTSD practice guidelines and implementing best practices in routine clinical care. The symposium will end with a discussion on the challenges and success of PTSD treatment guidelines in the veteran population.

Interim Session 2

Symposium
Saturday, November 6
11:00 a.m. - 12:15 p.m.
Ballroom East Level 4

Clinical Practice Guidelines for PTSD: Are They Relevant For Veterans?
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Richardson, J Don, 1; Sareen, Jitender, MD, FRCPC 2
1 Veterans Affairs Canada, Burlington, Canada
2 Deer Lodge Operational Stress Injury Clinic, Winnipeg, Manitoba, Canada

Posttraumatic stress disorder (PTSD) is a common and serious psychiatric condition in the veteran population and usually presents with significant comorbidity such as major depression, substance abuse and other anxiety disorders. Pharmacological interventions for military related PTSD have proved difficult in the veteran population. Factors contributing to the poor response in combat veteran may be related to the fact that many studies recruited veterans from Veterans Affairs (VA) settings who have been suffering with PTSD for several decades and have often failed many treatments. Treatment guidelines focus on primarily on PTSD and not on comorbidity making it difficult to apply current guidelines and general clinical practice. This paper will review current pharmacological guidelines for the treatment of PTSD and how to incorporate our current knowledge on common comorbid psychiatric illnesses such as depression and other anxiety disorders to treat military related PTSD.

Interim Session 2

Symposium

Saturday, November 6
11:00 a.m. - 12:15 p.m.
Ballroom East Level 4

Clinical Practice Guidelines for PTSD: Are They Relevant For Veterans?
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Dissemination of PTSD Practice Guidelines in a Large Healthcare Organization: Conceptual and Practical Challenges

Ruzek, Josef, PhD
National Center for PTSD, Boston, Massachusetts, USA

The environments of large health care organizations create barriers to but also facilitate the dissemination of PTSD practice guidelines and implementation of best practices in routine clinical care. This presentation will review key features of the U.S. Department of Defense and Veterans Healthcare Administration joint practice guidelines for the management of PTSD and explore challenges to their implementation. Issues to be discussed will include operationalization of guideline practices; design, implementation, and scale-up of training and consultation activities; assessment of barriers to implementation; reconciliation between need for adherence to evidence-based practices and advantages of local modification of interventions to fit needs and constraints; systems supports for behavior change; measurement of guideline implementation; sustainment of changes; and the need for standing dissemination infrastructures within large organizations.
Clinical Practice Guidelines for PTSD: Are They Relevant For Veterans?
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

PTSD Clinical Practice Guidelines from Three Continents: An Uneasy Consensus?

Forbes, David, PhD; Creamer, Mark, PhD
Australian Centre for Posttraumatic Mental Health, Melbourne, Australia

In recent years, several practice guidelines across three continents (North America, Europe, and Australasia) have appeared to inform clinical work in the assessment and treatment of posttraumatic stress disorder (PTSD). While there is a high level of consensus across these documents, there are also areas of apparent difference that may lead to confusion among those to whom the guidelines are targeted - providers, consumers, and purchasers of mental health services for people affected by trauma. The aim of this presentation is to examine the various guidelines and compare and contrast their methodologies and recommendations in order to aid clinicians in making decisions about their use.

Developing Your Socratic Dialogue Savvy
(Clinical Practice Issues/Prevention/Early Intervention)

Monson, Candice, PhD1; Schumm, Jeremiah, PhD2; Schultz, Priscilla, LICSW3
1Ryerson University, Toronto, Ontario, Canada
2Cincinatti VAMC & University of Cincinatti School of Medicine, Cincinatti, Ohio, USA
3Center for Deployment Psychology, Department of Medical and Clinical Psychology, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA
Cognitive therapy interventions are included in several different efficacious treatment packages for PTSD and are often used in the treatment of problems co-morbid with PTSD (e.g., depression, substance use, anger). An important therapist skill involved in the delivery of these interventions is engaging clients in Socratic dialogue. Participants in this workshop will be provided with a brief didactic on the philosophy and purpose of Socratic dialogue. However, most of this hands-on workshop will be spent showing examples of Socratic dialogue in therapy videos and in role plays done by the workshop leaders. Participants will also be asked to practice their own skills during the session with example trauma-related cognitions and case material. This workshop is geared toward practitioners who have at least some experience providing cognitive interventions to traumatized individuals and who are willing to engage in experiential exercises designed to improve their own use of Socratic dialogue.

Interim Session 2

Case Study Presentation
Saturday, November 6
11:00 a.m. - 12:15 p.m.
Drummond East Level 3

Building Capacity Through Collaboration: The Introduction of a Child-Focused, Evidence-Based Trauma Intervention in Guyana
(Children and Adolescents/Culture/Diversity)

Building Capacity Through Collaboration: The Introduction of a Child-Focused, Evidence-Based Trauma Intervention in Guyana

Chehil, Sonia, MD1; Dean, Kristin, PhD2; Walker, Douglas, PhD3
1Dalhousie University, Halifax, Nova Scotia, Canada
2UT-CHS Center of Excellence, Knoxville, Tennessee, USA
3Mercy Family Center, Mandeville, Louisiana, USA
On January 26, 2008 armed gunman attacked the village of Lusignan in the east coast region of Demerara, Guyana, killing eleven people; men, women and children. Less than one month later, this horrific act was repeated in the town of Bartica, by the same heavily armed gunman. Although government ministries, NGOs, and faith-based organizations responded to the short-term psychological needs of the families and communities affected by these traumatic events; these events highlighted the need to develop sustainable local capacity to provide evidence-based trauma-informed interventions for children and other vulnerable populations in Guyana.

By invitation of Guyana’s Ministries of Health, Education and Human Services, UNICEF, and Dalhousie University’s Department of Psychiatry, a multi-national training team was formed to implement the evidence-based child - adolescent group trauma intervention Cognitive Behavioral Intervention for Trauma in Schools (CBITS). CBITS has been effectively implemented in the United States with a wide range of racially and ethnically diverse children. Forty Guyanese child welfare officers, social workers, nurses and physicians have been trained in CBITS since October 2008, with particular emphasis on cultural adaptation/translation, implementation and capacity building. This case study presents the details of the training process, cultural adaptation/translation, clinical outcomes, and current status of implementation in Guyana. Interviews with CBITS implementers and participants will be presented to highlight success and challenge within this country-wide initiative.
Concurrent 11
Master Clinician
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Ballroom Centre Level 4

Treating Medically Traumatized Children
(Children and Adolescents/Clinical Practice Issues)

Landolt, Markus A, PhD
University Children’s Hospital, Zurich, Switzerland

Each year large numbers of children and adolescents are treated in hospitals for severe and life-threatening injuries or illnesses. A significant portion of these children face adverse and painful medical interventions and procedures which they often cannot completely understand, especially if they are young (e.g., transplantation, open-heart surgery, burn treatment, etc.). Previous studies have shown that children who undergo such medical treatments are at risk for developing short- and longer-term trauma disorders which are related to their frightening treatment experiences. As a result, children are usually referred to pediatric psychologists at tertiary care centers or to practitioners. However, to date, the literature and knowledge about treatment of medically traumatized children is scarce. Common methods of child trauma therapy that have been shown to be effective in abused children such as trauma-focused cognitive-behavioral therapy need to be adapted for medically traumatized children. Importantly, because a lot of medically traumatized children are very young involvement of parents is crucial. In this Master Clinician Workshop we will discuss psychological interventions that are helpful in treating such trauma disorders in children. Specifically, we will look at age-appropriate methods in creating a better understanding of the traumatic experiences, at the role of cognitive-behavioral techniques in medical child trauma, and at how to include parents in the therapy. Common treatment challenges will be illustrated through the use of clinical vignettes and case discussion.

Concurrent 11
Featured Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Ballroom West Level 4

Internet Applications for PTSD Care of Veterans and Service Members
(Media/Training/Education/Clinical Practice Issues)

Ciulla, Robert,
National Center for Telehealth and Technology (T2), Tacoma, Washington, USA

Access to care is challenge for many remotely located Service Members, Veterans, and their Families. Technology may help bridge the gap in service by facilitating a connection between geographically
remote patients and their providers. This symposium includes three studies of the use of technology to facilitate assessment and treatment for Veterans and Service Members.

Concurrent 11
Featured Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Ballroom West Level 4

Internet Applications for PTSD Care of Veterans and Service Members
(Media/Training/Education/Clinical Practice Issues)

My Recovery Plan: Leveraging VA’s Personal Health Record to Support Mental Health Recovery and Evidence-Based Practice

Weingart, Kenneth, PhD¹; Lysell, Kathleen, PsyD¹; Ruzek, Josef, PhD²
¹United States Department of Veterans Affairs, Washington, Dist. of Columbia, USA
²National Center for PTSD, U.S. Department/Veterans Affairs, Washington, Dist. of Columbia, USA

My HealtheVet (www.myhealth.va.gov) is VA’s online Personal Health Record. My HealtheVet provides Veterans with convenient access to trusted, secure and informed health and benefits information, allows Veterans to refill prescriptions and obtain lab results online, and will soon allow Veterans to access their own medical records and to exchange secure messages with their health care providers. The VA Office of Mental Health Services has partnered with My HealtheVet to create My Recovery Plan, an interactive set of web-based tools that allow Veterans who have behavioral or mental health concerns to track important aspects of their care. My Goals is one such tool that allows Veterans to identify individual recovery goals (e.g. finding employment, living independently, or completing Prolonged Exposure treatment), to break each goal down into concrete tasks, and to monitor their progress towards goal attainment. This presentation will describe a national pilot of My Recovery Plan and will discuss how it is being used to support Veterans across such diverse clinical settings as an outpatient PTSD clinic, an integrated Primary Care/Mental Health Clinic, a Vocational Rehabilitation program, and an outpatient program for Veterans with Serious Mental Illness.
Internet Applications for PTSD Care of Veterans and Service Members
(Media/Training/Education/Clinical Practice Issues)

afterdeployment.org: Web-Based Behavioral Health Tools Supporting the Military

Ciulla, Robert, PhD
National Center for Telehealth and Technology (T2), Tacoma, Washington, USA

About fourteen percent of service members returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) experience emotional difficulties (RAND Corporation monograph, 2008). Unfortunately, many service members do not seek care (Hoge, 2004). Barriers (transportation difficulties, scheduling problems, discomfort sitting in a clinic waiting room), and stigma (the perception that getting help is a sign of weakness, or will result in a mental illness label, or will affect a security clearance, etc.), are strong disincentives. Web-based resources have several advantages particularly suited to the military. Such resources can be accessed from the comfort of one’s home and used at a time and at a learning pace individually suited to the user’s needs. Geographical gaps between users and resources are effectively ‘bridged’ by the ubiquity and always-on availability of the Internet. Launched in August 2008, afterdeployment.org, a United States Department of Defense website, provides educational and interactive modules addressing over eighteen distinct problem areas (post-traumatic stress, depression, anger, sleep, relationships, substance abuse, etc.). Modules include assessments, eLibraries, and self-paced behavior-change strategies. Personal stories from service members and families augment the materials. The afterdeployment.org panel presentation will focus on site usage metrics, provider survey data, and the emerging role of web-based tools in behavioral health.

Concurrent 11
Featured Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Ballroom West Level 4

Internet Applications for PTSD Care of Veterans and Service Members
(Media/Training/Education/Clinical Practice Issues)

The Role of the Internet in Facilitating Implementation of Best Practices in PTSD Care

Ruzek, Josef, PhD
National Center for PTSD, Menlo Park, California, USA

Providers serving individuals experiencing post-trauma problems face significant challenges in learning about best practices in trauma-related psychological care, mastering the skills embodied in evidence-based interventions, keeping their knowledge current, and locating resources useful to their work. The Internet is emerging as an important tool in disseminating practice guidelines, supplementing face-to-face training in empirically-supported practices, and supporting communities of practice by facilitating
networking and information exchange among providers related to delivery of best practices. It can also
assist busy providers in navigating the complexity of information about traumatic stress and the
management of PTSD and other post-trauma problems. For organizations, the Internet can enable more
systematic knowledge management in the service of improving care for trauma survivors.

Concurrent 11
Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Salon 6/7 Level 3

Integrated Perspectives of Neuroimaging in PTSD
(Clinical or Interventions Research/Research Methodology)

McFarlane, Alexander,
University of Adelaide, Adelaide, Australia

To date our field has depended upon the analysis of the differences between groups of research
participants typically, those with PTSD, trauma exposed controls and a non-controlled population.
However, one of the challenges remains about the variation within the PTSD population. This paper will
explore several specific patterns of activation that have been identified in sub-groups of PTSD subjects
using a standardised battery of touch-screen neuropsychological tests and electrophysiological
measures. These findings have importance in exploring whether there are neurobiological sub-types of
PTSD that may respond to one treatment modality but not another. Furthermore, one of the challenges in
exploring such sub-types is the development of models of the relationship between the peripheral and
central psychophysiology of posttraumatic stress disorder. This will be explored in relation to patterns of
quantitative EEG and heart rate variability. The future clinical use of the individual profiling of the neural
biological abnormalities in PTSD will be discussed.

Concurrent 11
Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Salon 6/7 Level 3

Integrated Perspectives of Neuroimaging in PTSD
(Clinical or Interventions Research/Research Methodology)

Symptom Specificity and Sensitivity for mTBI With and Without PTSDS
One of the critical issues confronting clinicians particularly in the current debate about the significance of mTBI, is the specificity of the symptoms in mTBI from PTSD. In this prospective study of individuals admitted to hospital following traumatic accidents, the history of mTBI and the duration of loss of consciousness was carefully recorded at the time of admission. Of the total population 732 were reassessed at 12 months. Using the CAPS, 8.2% had PTSD alone, 5% mTBI and PTSD, mTBI in 42% and neither in 49%. Using this sphere, an instrument that assesses both somatic and psychological symptoms, the specificity of the symptoms for PTSD and mTBI were explored. The following sub-groups of symptoms included neurogastronomy, pain, emotions and fatigue. PTSD accounted for most of the symptoms with dizziness being the only mTBI symptom that appeared to be independent of PTSD. These data demonstrate that there is a significant amount of somatic and neurocognitive symptomatology in populations exposed to significant trauma but that the majority of the variance of the memory and concentration difficulties as well as pain is accounted for by PTSD. This emphasises the importance of simultaneously assessing psychological and somatic axis of distress in combat exposed groups where both PTSD and mTBI are a significant probability.

### Concurrent 11
**Symposium**
**Saturday, November 6**
**2:00 p.m. - 3:15 p.m.**
**Salon 6/7 Level 3**

**Integrated Perspectives of Neuroimaging in PTSD**
*(Clinical or Interventions Research/Research Methodology)*

**Structural and Functional Default Mode Network Abnormalities in PTSD**

**Lanius, Ruth, MD, PhD**¹; **Daniels, Judith, PhD**²; **Bluhm, Robyn, PhD**³; **Williamson, Peter C, MD, DPsych, FRCP(C)**²

¹University of Western Ontario, London, Ontario, Canada
²The University of Western Ontario, London, Ontario, Canada
³Old Dominion University, Norfolk, Virginia, USA

Recent neuroimaging work in healthy controls has shown the existence of a default mode network of correlated brain regions active during rest. These regions include the posterior cingulate, anterior cingulate and medial prefrontal cortex, and lateral parietal areas. This study investigated (1) whether there are structural abnormalities in the default network in individuals with PTSD and (2) the nature of functional abnormalities in the default network in acute and chronic PTSD. In healthy controls, activity in the posterior cingulate seed region was found to positively correlate with other regions of the default network. This correlation was reduced or absent in the chronic PTSD group. Results in the acutely
traumatized sample suggest that resting state connectivity of the PCC with the right amygdala predicts future PTSD symptoms. Moreover, structural abnormalities of the default mode network as determined by diffusion tensor imaging were detected in PTSD patients. These results suggest that the structural and functional integrity of the default network is compromised in PTSD and that the extent of the deficit reflects clinical measures of PTSD.

Concurrent 11
Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Salon 6/7 Level 3

Integrated Perspectives of Neuroimaging in PTSD
(Clinical or Interventions Research/Research Methodology)

Methodological Issues in Imaging Studies of Traumatic Memory

Brewin, Chris, PhD1; Kroes, Marijn, MSc2; Whalley, Matthew, PhD3
1University College - London, London, United Kingdom
2Donders Institute for Brain, Cognition and Behaviour, Nijmegen, Netherlands
3Royal Holloway, London, United Kingdom

Commonly used idiographic methods such as script-driven imagery have been valuable in studying traumatic memory. Among their limitations are that the type of trauma memories retrieved (flashback versus ordinary autobiographical memory) is unknown, and that control conditions are needed to distinguish responses to trauma memories from responses to negative memories in general. Neural responses obtained in this paradigm may reflect a variety of different operations including the processing of traumatic information, memory retrieval, and responses to retrieval such as cognitive avoidance. An alternative approach is to identify for each individual participant stimuli associated with flashbacks and ordinary autobiographical memories of their trauma prior to neuroimaging. These stimuli can then be presented in the scanner using a within-subject design while requiring some response (e.g., recognition). Such a procedure holds the promise of isolating what is specific about flashbacks or more intense reexperiencing over ordinary trauma memories. Data will be presented on the feasibility of generating such stimuli (specifically, words and sentences) by having PTSD patients write trauma narratives, and their reliability will be assessed by measuring ratings given to the stimuli post-scan. Discussion will focus on the difficulties involved in applying standard neuroimaging methods to the study of traumatic memory.

Concurrent 11
Symposium
Integrated Perspectives of Neuroimaging in PTSD
(Clinical or Interventions Research/Research Methodology)

Prospective fMRI data in Relation to Deployment: Focus on Amygdala

van Wingen, Guido, PhD1; Geuze, Elbert, PhD2; Vermetten, Eric, MD, PhD2; Fernández, Guillén, MD, PhD1

1Donders Institute for Brain Cognition and Behavior, Nijmegen, Netherlands
2Military Mental Health Research/UMC Utrecht, Utrecht, Netherlands

The experience of stressful life events increases the vulnerability to various psychiatric disorders, but the underlying neural mechanisms remain unknown. Preclinical studies have demonstrated that prolonged stress exposure sensitizes amygdala functioning, and neuroimaging studies consistently show hyperactivity of the amygdala and insula in patients with posttraumatic stress disorder (PTSD). This suggests a mediating role of the amygdala, but controlled prospective studies in humans have thus far been lacking.

We investigated thirty-two healthy soldiers before and on average 7 weeks after their first deployment to Afghanistan and twenty-five healthy soldiers who were not deployed in a prospective, parallel group design. The groups were matched for sex, age, and IQ, and assessed at the same time interval. The participants performed an emotional face matching task while their brain activity was measured with functional MRI.

Significant group X time interactions were observed in the amygdala and insula. Further testing showed that military deployment increased amygdala and insula reactivity. In contrast, the military control group showed no significant change in amygdala reactivity over time and a significant decrease in the insula. These results demonstrate that military deployment increases amygdala and insula reactivity to biologically salient stimuli. This is the first human evidence that repeated stress exposure sensitizes the amygdala, which may increase the vulnerability to stress-related mental disorders. The groups are currently rescanned 12 months later to assess the stability of the finding.

Concurrent 11
Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Jarry/Joyce Level A

Protective and Risk Factors for Adjustment Among OEF/OIF Veterans
(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

Protective and Risk Factors for Adjustment among OEF/OIF Veterans
The assessment and treatment of U.S. military veterans returning from the wars in Iraq and Afghanistan is of pressing importance to health care providers. The purpose of this symposium is to present risk and resilience factors evidenced in this military veteran cohort from the perspectives of four separate studies. Presentations will include: 1) Association of trauma exposure, PTSD, resilience and functional outcomes, based upon a multimodal assessment of OEF/OIF veterans (N=497); 2) Examination of the impact of co-morbid MDD and PTSD in a PTSD clinic sample (N=127); 3) Risk assessment tools used to evaluate violence in Iraq and Afghanistan veterans (n=1374); and 4) Preliminary findings from a Multi-Family Group demonstration project designed to optimize coping and recovery for OEF/OIF veterans with TBI and their families or caregivers (N=30). Issues to be considered include cross-sectional and longitudinal assessment, impact of anger and hostility on health/mental health of veterans, need for measures to assess risk factors for violence and treatment considerations for co-morbid psychiatric disorders and TBI.

Concurrent 11
Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Jarry/Joyce Level A

Protective and Risk Factors for Adjustment Among OEF/OIF Veterans
(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

Exploration of the Resilience Construct in Military Combat Veterans Who Have Served Since September 11, 2001 on Posttraumatic Stress Disorder Severity and Functional Correlates

This study evaluated the relationship between resilience and psychological functioning in military veterans deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF). Four hundred and ninety-seven (N=497) military veterans completed a structured psychiatric interview and questionnaires measuring psychological symptoms, resiliency, and trauma exposure (TE). The study had two primary aims: (1) to examine whether the association between TE and PTSD was moderated by
resilience, and (2) to examine whether resilience was uniquely associated with functional outcomes after accounting for PTSD. In evaluating the association of resilience and TE with PTSD, there were main effects for combat exposure, lifetime TE and resilience. Also, there was a significant interaction between combat exposure and resilience such that higher levels of resilience were particularly protective among individuals with high combat exposure. After controlling for age, gender, minority status, TE, and PTSD diagnosis, resilience was uniquely associated with decreased suicidality, reduced alcohol problems, lower depressive symptom severity, fewer current health complaints, and lifetime and past year medical problems. Results suggest that resilience among veterans is a construct that may play a unique role in the occurrence of PTSD and severity of other functional correlates. Future studies would benefit from a prospective design, evaluation of other possible protective processes (e.g., social support), and specific examination of particular aspects of resilience and how resilience may be increased.

Concurrent 11
Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Jarry/Joyce Level A

Protective and Risk Factors for Adjustment Among OEF/OIF Veterans
(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

The Impact of Comorbid MDD on OEF/OIF Veterans Diagnosed with PTSD

Pukay-Martin, Nicole, MA¹; Lovato, Lauren, MA¹; Beckham, Jean, PhD²; Calhoun, Patrick, PhD²; Clancy, Carolina, PhD¹; Hertzberg, Michael, MD¹; Collie, Claire, PhD¹
¹Department of Veterans Affairs Medical Center, Durham, North Carolina, USA
²Department of Veterans Affairs Medical Center; Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, North Carolina, USA

Approximately 26% of people with PTSD have Major Depressive Disorder (MDD; Maes et al., 2000); however, little research has focused on the impact of this dual diagnosis in veterans of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). The goal of this project was to examine the impact of comorbid depression on psychosocial outcomes in veterans diagnosed with PTSD. The sample included 127 OEF/OIF veterans evaluated at a VA outpatient PTSD Clinic. Using structured interviews, 64 veterans were diagnosed with PTSD and comorbid MDD and 63 with PTSD only. Psychosocial outcomes included the Personality Assessment Inventory (PAI), interpersonal violence, and functional impairment. Results of independent t-tests with Bonferroni correction suggested that, when compared to veterans with PTSD only, veterans with PTSD and MDD reported increased somatic complaints, anxiety-related disorders, borderline features, suicidal ideation and lack of social support on the PAI. The comorbid group also reported more frequent and intense PTSD symptoms. On interview and self-report measures, the comorbid group displayed lower functionality in occupational and social domains and endorsed greater interpersonal violence. These results indicate that returning veterans with PTSD and MDD are at greater risk for poorer psychosocial outcomes, suggesting the importance of early clinical intervention.
Protective and Risk Factors for Adjustment Among OEF/OIF Veterans
(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

Development of Risk Assessment Tools for Iraq and Afghanistan Veterans

Elbogen, Eric, PhD
University of North Carolina at Chapel-Hill, Chapel-Hill, North Carolina, USA

Although clinicians treating veterans regularly screen risk of violence to others, empirical literature has offered relatively little guidance on how to do so effectively. The current presentation describes efforts underway to construct risk assessment tools for Iraq and Afghanistan Veterans. Specifically, preliminary findings of a longitudinal, national survey of veterans will be presented. In total, N=1374 OIF/OEF veterans have completed a web-based survey on post-deployment adjustment, representing a 47% response rate. Initial findings reveal a subgroup of veterans who report serious violence in the previous year such as use of a weapon or beating another person; however, a higher number of veterans report minor aggressive incidents such as shoving or pushing others. Both serious and minor violence are associated with a host of demographic, clinical, and military related variables as well as the veteran’s current living environment. Implications for empirically-based risk assessment and risk management of OIF/OEF veterans will be discussed.

Concurrent 11
Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Jarry/Joyce Level A

Supporting Family Resilience Among TBI Survivors: Multi-Family Group Treatment

Straits-Troster, Kristy, PhD, ABPP
Strauss, Jennifer, PhD
Tupler, Larry, PhD
Dyck, Dennis, PhD
Dolber, Trygve, BS
Perlick, Debbie, PhD
Although the long-term effects of traumatic brain injury (TBI) are still poorly understood, family life and social reintegration, both associated with resilience and readjustment, are known to be impacted. The Multi-Family Group (MFG) treatment model has been adapted for OEF/OIF veterans as part of a multi-site study underway in the Bronx, NY (coordinating site) and Durham, NC to provide veteran-tailored TBI education and problem-solving skills training, and reduce distress and isolation among injured veterans and their family members. Each MFG includes 5-7 veterans (N=15) and a family member (N=15). After initial meetings with a clinician and baseline assessments, families attended two 3-hour psychoeducational workshops followed by structured biweekly MFG meetings for up to 9 months. Baseline data for the first three groups show that veterans from both sites scored well above the cut-off of 16 for depression on the CES-D (M=26.7; SD=11) and most scored >50 on the PCL (M=54.9; SD=11). Family members reported high levels of caregiver burden (M=31.1; SD=22) and symptoms of depression (M=19.8; SD=10). Three-month follow-up data indicate improvement for veterans and family members, including reduced family burden and depressive symptoms. Preliminary results suggest that MFG may positively impact factors related to resilience and recovery among OEF/OIF veterans.

Concurrent 11
Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Ballroom East Level 4

The Stress, Health, and Aging Research Program: Studying the Effects of Military Service Through the Life Course
(Military/Emergency Services/Aid Workers/Research Methodology)

Davison, Eve, PhD1; Park, Crystal, PhD2
1VA Boston Healthcare System and Boston University School of Medicine, Boston, Massachusetts, USA
2University of Connecticut, Storrs, Connecticut, USA

The Stress, Health, and Aging Research Program (SHARP) at VA Boston studies the effects of exposure to combat and other traumatic or stressful aspects of military service on mental and physical health in aging veterans from an interdisciplinary, lifespan developmental perspective. These papers represent ongoing research within the SHARP program. King discusses the short- and long-term impact of wartime captivity and torture upon repatriated Vietnam prisoners of war. Stellman describes data from a large survey of women (both nurses and non-nurses) deployed to Vietnam; describes relations among demographic factors, deployment-related stressors, and current mental and physical health status; and delineates ongoing analyses of these data from a lifespan developmental perspective. Pless describes the development, assessment, and ongoing investigation into Late-Onset Stress Symptomatology (LOSS)
in aging combat veterans, and discusses the clinical and research applications of this work. Schuster evaluates stress-related symptoms and growth in response to cancer diagnosis and treatment in a sample of veterans, and discusses ways in which past combat exposure functions as both a risk and a protective factor. Taken together, these papers demonstrate the value of a lifespan developmental perspective on the long-term health effects of military service.

Concurrent 11
Symposium
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Ballroom East Level 4

The Stress, Health, and Aging Research Program: Studying the Effects of Military Service Through the Life Course
(Military/Emergency Services/Aid Workers/Research Methodology)

Short- and Long-term Impact of Wartime Captivity in Vietnam-era Repatriated Prisoners of War

King, Lynda, PhD; King, Daniel, PhD; Park, Crystal, PhD; Pless, Anica, PhD; Schuster, Jennifer, PhD; Moore, Jeffrey, PhD; Kaloupek, Danny, PhD; Keane, Terence, PhD

1VA Boston Healthcare System, National Center for PTSD, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA
2University of Connecticut, Storrs, Connecticut, USA
3VA Boston Healthcare System, Boston, Massachusetts, USA
4Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
5R. E. Mitchell Center for Repatriated Prisoner of War Studies, Pensacola, Florida, USA

This program of research relies on archived data from original 1970s repatriation examinations and debriefings of U.S. military personnel who were held as prisoners of war during the Vietnam era, plus more contemporary data from these same men collected approximately 30 years after repatriation. In a first study, associations between personal and military demographics (e.g., education, rank) and captivity stressors (e.g., duration, weight loss, torture) with immediate mental health outcomes (posttraumatic stress symptomatology, general distress, and interpersonal negativity) were examined. Officer status served as a protective factor in the associations between torture and the outcomes, and related findings suggested that maturity, commitment, and preparedness can promote resilience under conditions of severe and prolonged hardship. In an additional set of analyses, captivity stressors and health status variables assessed at the time of repatriation predicted mental and physical health 30 years later. A third study demonstrated that approach and avoidant coping strategies used during captivity interacted with captivity stressors to account for later-life mental and physical health. These studies reveal how protective factors can reduce both short- and long-term negative responses to extreme stressors and have implications for current military cohorts facing war-zone adversity.
The Stress, Health, and Aging Research Program: Studying the Effects of Military Service Through the Life Course
(Military/Emergency Services/Aid Workers/Research Methodology)

Long-term Outcomes Among US Women Who Served in Vietnam

Mager Stellman, Jeanne, PhD; Pless, Anica, PhD; Spiro III, Avron, PhD

1Mailman School of Public Health at Columbia University and SUNY-Downstate Medical Center, New York, New York, USA
2VA Boston Healthcare System, Boston, Massachusetts, USA
3VA Boston Healthcare System and MAVERIC, Boston University School of Public Health, Boston, Massachusetts, USA

We assessed demographics, deployment-related experiences (including nursing activities and work stress, exposure to combat, casualties and herbicides), current mental and physical health, lifetime pre- and post-Vietnam occupational history and attitudes toward and experiences with the Veterans Administration (VA), in members of the Vietnam Women’s Memorial Project, Inc. Mailed survey responses were received from 1373 women deployed to Vietnam and 1073 military women who served elsewhere (70% response rate.) The instrument used was comparable to an ongoing longitudinal survey of male Vietnam-era American Legionnaires, with changes for women’s health, mostly based on items from the Nurses Health Study. Items concerning discrimination, sexual harassment, and community service in Vietnam were derived from pre-survey focus groups. Among those deployed to Vietnam, most military veterans (90%) were nurses, as were 2% of 225 Red Cross respondents and 21% of 50 in civilian organizations.

We are examining traumatic stress in several trans-disciplinary contexts, using a lifespan approach to understand impact of both wartime and more recent stressors on health; PTSD as mediator of trauma’s impact on health (mental and physical, including reproductive outcomes), and women’s attitudes toward and use of VA services; and the impact of stressful military experiences on subsequent occupational trajectories.
Late-Onset Stress Symptomatology (LOSS): Conceptualization, Assessment, and Ongoing Research

Pless, Anica, PhD¹; Davison, Eve, PhD²; Spiro, Avron, PhD³; Potter, Carrie, BA⁴
¹VA Boston Healthcare System, Boston, Massachusetts, USA
²VA Boston Healthcare System, Women’s Health Sciences Division, National Center for PTSD, Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA
³VA Boston Healthcare System, MAVERIC, Boston University School of Public Health, Boston, Massachusetts, USA
⁴VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA

Late-Onset Stress Symptomatology (LOSS) is a phenomenon among older veterans who: (a) were exposed to highly stressful war-zone events in their early adult years; (b) functioned successfully throughout life with no history of chronic stress-related disorders; but (c) begin to experience combat-related thoughts, feelings, reminiscences, and possibly distress as they confront the challenges of aging (e.g., retirement, bereavement, medical illness). Davison et al. (2006) presented qualitative evidence for LOSS based on focus groups with combat veterans. King et al. (2007) developed and validated a 33-item LOSS Scale. With regard to discriminant validity vis-à-vis PTSD, LOSS appears to reflect the normative aging process; differences between the LOSS and PTSD constructs will be discussed. The presentation will also introduce an 11-item short-form of the LOSS scale, developed for potential use as a screening tool in clinical settings, as well as a psychoeducational psychotherapy group for aging combat veterans based upon the LOSS phenomenon. Ongoing research will further explore the differences between LOSS and PTSD, and whether LOSS constitutes a prevalent - or even normative - late-life outcome of war-zone exposure earlier in life.
Cancer is a life-threatening illness capable of precipitating Posttraumatic Stress Disorder (PTSD). Veterans’ prior combat exposure may impact adjustment to cancer, yet this influence has never been examined. Forty-eight military Veteran cancer survivors were interviewed (M=12.35 months post-treatment; range 0-42) with measures examining combat- and cancer-related PTSD, depression, posttraumatic growth, and other functional outcomes. A majority of participants (77.1%) reported symptoms meeting DSM-IV criterion A at the time of diagnosis; 27.1% scored above the PCL PTSD cut-off of 50 at the time of the interview. Cancer-related PCL scores were significantly correlated with combat-related PTSD (r=.81), worry about recurrence (r=.80), and depressive symptoms (r=.76). Higher total PTSD scores were related to greater healthcare avoidance (r=.63), while hyperarousal symptoms were related to increased substance use (r=.44). Several protective factors were noted. Older Veterans had lower rates of cancer-related PTSD (r=-.46), while Veterans with more intrusive thoughts about their cancer reported higher rates of posttraumatic growth (r=.36). Combat may be a risk and protective factor, as 28% of those who had seen combat said that cancer reminded them of combat, and 33% said that something learned during combat helped them cope with cancer. Considerations for future research and clinical care will be discussed.

Concurrent 11 Workshop
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Drummond West Level 3

Practical Applications of Research on PTSD Treatment Barriers and Treatment Engagement Enhancement Interventions
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Murphy, Ronald, PhD
Francis Marion University, Florence, South Carolina, USA

Only very recently has treatment engagement been seen as an important area for research and intervention in the treatment of combat-related PTSD. This workshop will be run as a collaboration between presenter and participants as an unorthodox attempt to bridge the gap between research findings and the broad range of patient problems, needs, and treatment settings experienced by practitioners. The presenter will first review research on interventions to enhance treatment engagement (PTSD and non-PTSD) as well as findings on treatment barriers, including treatment beliefs (e.g., process and outcome expectancy, stigma, fears about treatment, etc.), ambivalence about problem acknowledgment, and practical barriers (e.g., childcare, transportation, and system/bureaucracy factors). Next, the presenter will guide participants in a collaborative effort to review how well these results translate to their treatment settings and populations. Specifically, the focus will be on: 1) discussion of
how research based approaches to fostering treatment engagement (e.g., principles from Murphy et al., 2009, as well as cognitive therapy techniques) may be applied to participants’ (disguised) treatment-resistant patients or particular treatment settings; and 2) participants’ views on how to translate research on PTSD treatment engagement into practical recommendations for providers and policy makers.

Concurrent 11
Workshop
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Drummond East Level 3

Motivational Interviewing Skills Development and Applications to Trauma-Focused Psychotherapy With Military Veterans.
(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Shields, Norman, PhD, Cpsych; Ross, David, PhD, Cpsych
Ste. Anne's Hospital, Ste.Anne-de-bellevue, Quebec, Canada

A small team of clinical psychologists trained in motivational interviewing (MI) and experienced in treating addiction and psychological trauma will describe and demonstrate introductory and intermediate motivational interviewing tactics to engage clients in psychotherapy. MI, an evidence-based intervention for engaging and retaining addiction and psychiatric clients in treatment when their motivation to change wanes, is comprised of specific interviewing principles (e.g., develop discrepancy), select intervention tactics (e.g., tactical reflections), and a general interviewing spirit (e.g., evocation). In this workshop, participants learn the basic principles and spirit of MI through brief didactic presentations and experiential learning. The proficient MI trainers define, demonstrate, and provide feedback to participants on essential skills to engaging highly ambivalent clients in psychotherapy. Emphasis will be placed on how to incorporate MI with military veterans contemplating initiating or minimally engaged in trauma-focussed psychotherapy. Several case vignettes based on complex comorbid cases, role-plays, and practical exercises of MI skills will assist participants in determining whether MI is an interviewing style consistent with their own therapeutic style. Best practice suggestions for MI skill acquisition and maintenance will be highlighted.

Concurrent 11
Panel
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Drummond Centre Level 3

Review of a Post-Disaster Mental Health and Psychosocial Support Emergency Response: How and When to Help in Haiti?

(Community Programs/Prevention/Early Intervention)

St-Hilaire, Marie-Helene, PhD, PsyD1; Meffert, Susan, MD, MPH2; Lindermayer, Jean Pierre, MD3; Belzie, Louis, MD4; Marmar, Charles, MD5; Belkin, Gary, MD6

1UCSF & NYU, San Francisco, NYC, California, USA
2UCSF Department of Psychiatry, San Francisco, California, USA
3Department of Psychiatry NYU, NYC, New York, USA
4Brookdale Hospital, NYC, New York, USA
5NYU, NYC, New York, USA
6NYU, New York City, New York, USA

Interdisciplinary clinicians and researchers (trauma, public health, humanitarian agencies) will discuss How and When is best to contribute to existing mental health and psychosocial support (MHPSS) systems in traumatized developing countries. Haiti needs' assessment (post-earthquake emergency response, short and long term MHPSS), and other issues such as pre-existing mental health systems and the disaster impacts (e.g., relocation, traumatic grief, amputation) will be summarized. The steps for developing a short and long term MHPSS response to the disaster will be explained with several useful models and consensus guidelines (IASC, WHO), highlighting the specific role of trauma specialists and potential impacts. The literature summary on MHPSS, the recovery phases of the post-disaster response as well as the integration/coordination between the Haitian Ministry of Health and humanitarian agencies involved in the post-earthquake response will be discussed. The aims and progress of the multilayered integrated short and long term MHPSS interventions will be detailed (e.g., train the trainers). Challenges around ethno cultural and cross political specific intervention response (dissemination and translation) will be covered. Finally, we conclude with overall recommendations for MHPSS response, including its appropriateness as well as the place of trauma specialists and research in developing countries affected by a disaster.

Concurrent 11

Panel
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Salon 4/5 Level 2

Advancing Clinical Trial Methodology in the Treatment of Posttraumatic Stress Disorder
(Research Methodology/Clinical or Interventions Research)
Recent publications have unearthed fundamental flaws in clinical trial methodology that, if corrected by the next generation of investigators, can transform the field of mental health intervention research. A panel of three clinical trials experts (two psychiatric clinical researchers and one clinical trials biostatistician) will present specific recommendations to guide clinical trial methodology for advancing therapeutic developments for PTSD. These recommendations will include consideration of the psychosocial and neurobiologic targets for treatment, selection of appropriate outcomes, the choice of credible comparison groups to reduce the risk of bias, augmentation designs, minimizing attrition, multiplicity adjustments, and provisions for a feasible sample size concerns to detect a clinically meaningful treatment effects. The role, interpretation, and limitations of studies with small sample sizes in PTSD intervention research will be reviewed. Strategies in design and analysis that contribute to the goals of a randomized control trial and thereby enhance the likelihood of signal detection will be offered. The learning objectives of the panel are to improve the participants’ understanding of the goals and elements of enhanced clinical trial design in order to improve their own research techniques, grantsmanship, and abilities to more accurately judge the results of studies presented in the literature.

Concurrent 11
Paper Session
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Kafka/Larmartine Level A

PTSD and Co-Occurring Presentations

Is Post Concussive Syndrome Due to TBI, or Accountable by Somaticized PTSD or Depression? Evidence from the 2008 Health Related Behavior Survey
(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

Spira, James, PhD, MPH\(^1\); Bray, Robert, PhD\(^2\); Pemberton, Michael, PhD\(^2\); Williams, Jason, PhD\(^2\)
\(^1\)RTI International, San Diego, California, USA
\(^2\)RTI International, RTP, North Carolina, USA

Post concussive syndrome (PCS) is a cluster of symptoms that include neurological and psychological manifestations. Traditionally, PCS has been viewed as a consequence of moderate to severe TBI. However, with the advent of war-related blast-related concussion stemming from IEDs, PCS has been associated with mild TBI as well. However, recent reports suggest that PCS following mTBI are due to PTSD or depression. To determine the differential effects of head trauma, PTSD, and depression on PCS, we analyzed the Health Related Behavior Survey consisting of 32,000 active duty service members. Multilevel modeling examine the relative contribution of blast exposure with immediate neurological sequelae, PCL-m and PHQ-9 levels on PCS symptoms immediately after and up to one year following
exposure. Results suggest that PTSD and depression are independent predictors of PCS reporting. Blast exposure followed by immediate neurological sequelae is also a predictor of PCS reporting, independent of PTSD or depression symptoms in a significant percentage of service members. The greatest predictor of PCS symptoms one year following deployment is a combination of blast exposure and psychological symptoms. Results are discussed in terms of the independent and synergistic influences of concussion and psychological consequences of combat. Implications for treatment are also discussed.

Concurrent 11 Papers
Saturday, November 6
2:00 p.m. - 3:15 p.m.
Kafka/Larmartine Level A

PTSD and Co-Occurring Presentations

Childhood Adversity and Military Suicide: Military Unit Cohesion and Intimate Relationships as Protective Factors
(Military/Emergency Services/Aid Workers/Children and Adolescents)

Skopp, Nancy A., PhD, Cpsych; Bush, Nigel, PhD; Luxton, David D., PhD, Cpsych; Sirotin, Anton, BS
National Center for Telehealth and Technology |T2|, Tacoma, Washington, USA

U.S. military suicide is at an all-time high. Consequently, factors that predict suicide and mitigate suicide risk are of considerable interest to military leaders and mental health providers. Childhood adversity in particular, has been identified as a potent risk factor that dramatically increases adult suicidal behavior and suicide risk across the lifespan. Very few studies have examined childhood adversity in relation to suicidality in military samples or factors that might mitigate this association. We examined intimate relationships and military unit cohesion as moderators of the relation between childhood adversity (i.e., child abuse, exposure to domestic violence, parental psychopathology) and suicidal ideation; we controlled for demographic variables, legal, work, financial and relationship problems, alcohol abuse, depression, and PTSD. Participants were 5,188 active duty soldiers attending a military outpatient behavioral health clinic at a large military installation. Results showed that military unit support attenuated the association between childhood adversity and suicidal ideation, F (1, 5176) = 21.48, p < .0001; childhood adversity was associated with suicidal ideation at lower, but not higher, levels of military unit support. There was a main effect for intimate relationships; intimate relationships related negatively to suicidal ideation, F (1, 5176) = 46.12, p < .0001.
PTSD and Alcohol Abuse After Traumatic Injury: The Development of a Prediction Model
(Prediction/Early Intervention/Assessment/Diagnosis)

Siibrendij, Marit, PhD¹; Mouthaan, Joanne, MSc²; Gersons, Berthold, MD, PhD²; Olff, Miranda, PhD²
¹Academic Medical Center and Clinical and Health Psychology, Utrecht University, Amsterdam/ Utrecht, Netherlands
²Academic Medical Center, Amsterdam, Netherlands

Traumatic experiences increase the risk for substance use disorders, either alone or in combination with posttraumatic stress disorder (PTSD). Individuals suffering both from PTSD and substance abuse have higher rates of psychosocial and medical problems, addiction- and PTSD severity and inpatient admissions compared with patients without comorbidity. In the current study, predictors for the onset of alcohol abuse were studied in a sample of severely injured trauma victims. 808 adult trauma victims who were admitted to one of two Level I trauma centers in Amsterdam, the Netherlands (Academic Medical Center and Free University Medical Center) were administered a brief screening scale of alcohol use disorders at approximately 1 week, 1 month, 6 months and 12 months after the traumatic experience. Both pretrauma (e.g. demographic variables, prior trauma, prior psychiatric disorders), peritrauma (e.g. alcohol intoxication at ER admission, peritraumatic distress) and posttrauma (e.g. coping and social support) predictors were studied. During the symposium, the results of the multiple regression analyses identifying which factors contribute to the development and course of alcohol abuse as a result of traumatic experiences will be presented. In addition, implications for the development of targeted and integrated prevention strategies will be discussed.
PTSD and Co-occurring Presentations

Sleep Difficulties Mediate the Relationship Between PTSD, Overall Subjective Health, and Obesity
(Disaster/Mass Trauma/Civilians in War/Refugees)

Hall, Brian, MA¹; Hobfoll, Stevan, PhD²; Palmieri, Patrick, PhD³; Canetti, Daphna, PhD⁴; Galea, Sandro, MD, MPH⁵
¹Kent State University and Rush University Medical Center, Chicago, Illinois, USA
²Rush University Medical Center, Chicago, Illinois, USA
³Kent State University and SUMMA Health, Akron, Ohio, USA
⁴University of Haifa, Haifa, Israel
⁵Columbia, New York, New York, USA

Exposure to psychological trauma affects mental and physical health; however, the potential mechanisms through which exposure exerts its negative effect on health has just recently been gaining empirical attention. Exposure to terrorism has been linked to the PTSD symptoms. Studies have also demonstrated that PTSD has a negative effect on overall physical health; greater PTSD is related to poorer physical health. PTSD has also been implicated in significant difficulties with sleep functioning. Lack of adequate sleep is related to obesity in non-traumatized populations, which in turn is related to poorer health. We hypothesized that terrorism exposure and subsequent PTSD leads to obesity and overall poor subjective health, mediated by sleep difficulties. We tested this model in a representative sample of 1001 participants from two Israeli cities. Participants in one of these cities experienced greater rocket attacks owing to its proximity to the Gaza border. A multigroup structural equation model was specified using bootstrapped standard errors to estimate indirect effects. The results indicated that for both samples, the effect of PTSD on subjective health was fully mediated by sleep difficulties. For the exposed sample, sleep difficulties also fully mediated the relationship between PTSD and obesity, but not for the less-exposed sample.
Mobile Devices for Providing Assessment and Support to U.S. Service Members and Veterans
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Bush, Nigel, PhD
National Center for Telehealth and Technology (T2), Tacoma, Washington, USA

Mobile devices, such as "smart phones" provide always on and easily accessible technology resources that may provide a new opportunity for increasing support to Service Members and Veterans who have returned from combat deployments. This presentation includes three efforts at the VA and Department of Defense to develop, utilize, and study the effectiveness of mobile devices.
Numerous psychosocial challenges can emerge during the deployment cycle including posttraumatic stress, mood disorders, social isolation, occupational difficulties, and family strain. The current model of intervention (face-to-face care supplied by qualified healthcare providers) is inadequate to meet the needs of returning service members and veterans. Various logistical and social issues can decrease the impact of treatment as usual, including stigma against seeking care, rurally located service members, and limitations on systemic and provider resources. The recent emergence and pervasiveness of mobile devices has led to innovations in clinical care that address some of the challenges above.

Smart phones and other devices allow the user to browse the internet, communicate by text message, consume various types of media, and download complete applications with tremendous opportunities for interactivity and stored progress. These always on and accessible “hip-pocket” devices enhance flexibility of intervention and assessment opportunities, creating a “force multiplier” for healthcare providers. Multiple evidence-informed resources can be delivered via these novel platforms including health tips, self-assessments, appointment reminders, treatment tools, and real-time interaction with providers and supportive others.

Applications for augmentation of clinical care using mobile phones will be presented. A broad overview of how to create evidence-informed practices for novel technologies will also be provided. Applications in development at the National Center for Telehealth and Technology (DCoE) and the National Center for PTSD (VA) will be reviewed and demonstrated.

---

**Concurrent 12**

**Featured Symposium**  
**Saturday, November 6**  
**3:30 p.m. - 4:45 p.m.**  
**Ballroom West Level 4**

**Mobile Devices for Providing Assessment and Support to U.S. Service Members and Veterans**  
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

**mCare: Development, Deployment, and Evaluation of a Mobile Telephony-based Patient Secure Messaging System**

*Pavliscsak, Holly, BS, MS; Rasche, Jeannette, BS, MS*  
*US Army Medical Research and Materiel Command, Fort Gordon, Georgia, USA*

The presentation will discuss the development, deployment and evaluation of a mobile telephony-based messaging system called mCare. The "m" in mCare stands for mobile. The project explores the potential of mobile devices, specifically personal cell phones for use in the Military Healthcare System. Security and privacy considerations, business process, and pilot results of mCare will be highlighted. Presently, mCare provides daily messages to Wounded Warriors in the outpatient phase of their recovery; while they are recouping in their home locations via the service members personal cell phones. Patients with PTSD are a target population for mCare. Health tips, appointment reminders and general announcements are distributed from a secure central website where healthcare providers can enter and control message content, as well as review acknowledgements and delivery confirmations. Each mCare patient receives a
minimum of 6 messages per week, meeting or exceeding the US Army's required contact rates for Wounded Warriors receiving outpatient care in their home communities. Furthermore, the system has demonstrated improvement in appointment attendance rates. Since the pilot project deployed in 2009 over 12,000 messages have been sent to patients distributed across twenty-six states.

Concurrent 12
Featured Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Ballroom West Level 4

Mobile Devices for Providing Assessment and Support to U.S. Service Members and Veterans
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Individualized Telephone Support for Service Members With Mild TBI/PTSD

Bush, Nigel, PhD\(^1\); Bell, Kathleen, MD\(^2\); Brockway, Jo Ann, PhD\(^3\); Fann, Jesse, MD\(^4\); Reger, Mark, PhD\(^5\); Dikmen, Sureyya, PhD\(^6\); Gahm, Gregory, PhD\(^5\); Temkin, Nancy, PhD\(^6\); Batten, Sonja, PhD\(^7\)

\(^1\)National Center for Telehealth and Technology (T2), Tacoma, Washington, USA
\(^2\)University of Washington, Rehabilitation Medicine, Seattle, Washington, USA
\(^3\)Harborview Medical Center, Rehabilitation Medicine, Seattle, Washington, USA
\(^4\)University of Washington, Fred Hutchinson Cancer Res. Ctr., Seattle, Washington, USA
\(^5\)University of Washington, Neurological Surgery, Psychiatry & Behavioral Sciences, Seattle, Washington, USA
\(^6\)University of Washington, Neurological Surgery & Biostatistics, Seattle, Washington, USA
\(^7\)Defense Centers of Excellence, Silver Spring, Maryland, USA

The University of Washington (UW) and the National Center for Telehealth and Technology (T2) are collaborating on a randomized controlled trial to determine if individualized scheduled telephone support (ISTS) improves outcomes for military Service Members recently returned from deployment with possible mild traumatic brain injury (MTBI). Returning Service Members often initially underreport symptoms and concerns in order to remain with their military unit, or to return to their home communities if they are members of the Reserves or National Guard. Many of those who return to their home communities immediately after deployment, or later when their tour of duty is complete, return to areas without easy access to expertise in MTBI. The current study compares the effect of usual care (including web- and paper-based educational materials) plus ISTS to usual care alone on measures of post-concussion symptom severity and emotional distress at 6-month follow up. Our ISTS intervention focuses on symptom- and self-management to address the physical, cognitive, and psychological symptoms associated with MTBI and co-occurring depression and/or anxiety. If successful this telephone intervention could provide continuity of treatment to Service Members with poor access to skilled brain injury and psychiatric care.
Cognitive Appraisals and Traumatic Stress
(Clinical or Interventions Research/Research Methodology)

Joseph, Jeremy, Littleton, Heather, PhD; Petretic, Patricia, PhD; Ullman, Sarah, PhD

1University of Wyoming, Laramie, Wyoming, USA
2East Carolina University, Greenville, North Carolina, USA
3University of Arkansas, Fayetteville, Arkansas, USA
4University of Illinois at Chicago, Chicago, Illinois, USA

Cognitive appraisal following a traumatic event refers to the assessment process made by trauma survivors to help them understand what has happened to them. By generating reasons related to self, other, and the world, people can regain their sense of control, even if this control is only perceived and not actual. However, in some cases, biased ways of thinking can actually lead to maladaptive forms of cognitive appraisal, leaving people perceiving increased vulnerability to future threat. As a result, many questions remain unanswered regarding the exact mechanisms that account for these effects. This symposium brings together three papers investigating aspects of the appraisal process using new methodological approaches. Each presenter will discuss treatment outcome data with trauma populations with a focus self-blame, explanatory flexibility. Suggestions will be offered for improving treatment based on these findings, particularly those that relate to proposed diagnostic changes in the DSM-V.
PTSD researchers have proposed that appraisal processes may mediate the association between negative experiences and psychological responses. Following such events, people often reestablish their sense of control by creating explanations that fit with their conception of the world and themselves. Explanatory patterns, also referred to as explanatory styles, have been studied using various approaches. One common measure of explanatory style is the Attributional Style Questionnaire (ASQ). An alternative approach to the study of causal explanation involves using the ASQ to examine explanatory flexibility, eschewing content in favor of context. The purpose of this study was to better understand the role of explanatory flexibility in trauma populations by examining the degree to which flexibility along the internal-external dimension was differentially associated with levels of distress among those who had experienced transportation accidents (TA) compared to interpersonal violence (IPV). We hypothesized that explanatory flexibility would correlate more strongly with level of PTSD symptomatology than explanatory style and would yield significant predictive power above and beyond other known predictors. Analyses suggest that greater flexibility was negatively associated with symptom level among the IPV group only. Results will be discussed as they relate to theories of self-blame.

Concurrent 12
Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Drummond East Level 3

Cognitive Appraisals and Traumatic Stress
(Clinical or Interventions Research/Research Methodology)

Information Processing, Adjustment, and Re-victimization Following Rape

Littleton, Heather, 1; Grills-Taquechel, Amie, PhD2
1East Carolina University, Greenville, North Carolina, USA
2University of Houston, Houston, Texas, USA

There is a pressing need to develop an understanding of patterns of adjustment following violence. Resick and Schnicke (1992) theorized that how individuals resolve the threat trauma presents to existing schemas such as benevolence beliefs is key to determining adjustment, and developed a model that proposed three potential adjustment patterns: assimilation (characterized by fitting the trauma within existing schema), accommodation (characterized by altering extant schema) and over-accommodation (characterized by maladaptive schema change). Littleton (2007), using cluster analysis, supported the utility of examining trauma coping patterns to classify rape victims into these patterns. The current study sought to replicate these patterns in a sample of 340 college rape victims using latent profile analysis. In addition, differences in distress, schemas, re-victimization risk behaviors, and re-victimization risk among victims classified into the three information processing patterns were examined. Results supported the existence of the three patterns. In addition, over-accommodated victims reported the highest levels of distress and adherence to trauma-related schemas. In contrast, few differences in re-victimization risk behaviors existed among groups, with assimilated and over-accommodated victims in particular reporting
high rates of re-victimization over the course of six months. Implications of the results for future research examining post-trauma adjustment are discussed.

Concurrent 12
Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Drummond East Level 3

Cognitive Appraisals and Traumatic Stress
(Clinical or Interventions Research/Research Methodology)

Evaluating the Predictive Ability of Positive and Negative Posttraumatic Cognitive Appraisals For Long-term Outcome Following Child Abuse

Petretic, Patricia, PhD
University of Arkansas, Little Rock, Arkansas, USA

Studies of post-abuse outcome attribute variability of long-term distress to victim perceptions. This study evaluated the predictive value of positive and negative cognitive self-appraisals (specific cognitive distortions and resilience) on current symptoms in college students reporting a history of single or multiple forms of child abuse. Respondents reported levels of self-blame, self-criticism, view of the world as a dangerous place, helplessness, and hopelessness as well as positive self-appraisals. MANOVAs indicated clinically significant levels of self-blame, self-criticism, and preoccupation with danger in the multiple abuse (co-morbid physical and emotional) and emotional abuse groups compared to the physical abuse and no abuse control groups and higher levels of symptomatic distress. However, all groups demonstrated similar levels of positive self-appraisals. Multiple regressions indicated that specific cognitive distortions predicted unique distress patterns for the different abuse groups. In the emotional abuse group, self-critical cognitions predicted defensive avoidance, intrusive experiences, anxious arousal, and dissociation. Self-blame predicted impaired self-reference and maladaptive coping characterized by tension-reducing behaviors. In the multiple abuse group, perceptions of the world as a dangerous place predicted intrusive experiences and defensive avoidance, while several cognitive distortions predicted impaired self-reference and anxious arousal. Findings suggest translational researchers focus on specificity of distorted cognitions.
Intimate Partner Violence, Trauma & Parenting: Translational Models for Prevention (Children and Adolescents/Clinical or Interventions Research)

Ehrensaft, Miriam, 1; Cohen, Patricia, PhD 2; Jouriles, Ernest, PhD 3; McDonald, Renee, PhD 3; Corbitt-Shindler, Deborah, PhD Candidate 3; Levendosky, Alytia, PhD 4; Bogat, Anne, PhD 4; Monson, Candice, PhD 5

1 John Jay College of Criminal Justice (CUNY), New York, New York, USA
2 Columbia University at NYSPI, New York, New York, USA
3 Southern Methodist University, Dallas, Texas, USA
4 Michigan State University, East Lansing, Michigan, USA
5 Ryerson University, Toronto, Ontario, Canada

Intimate partner violence (IPV) predicts risk for traumatic stress and comorbid conditions in parents and children, including anxiety, depression, and substance use. Scientists agree that IPV may influence the quality of family relationships and child adjustment, but disagree about the extent to which IPV impacts parenting. Basic models have critical translational implications for designing preventive interventions for parents and children affected by IPV. This panel joins three family research studies, to test models of IPV, trauma symptoms, and parenting practices. The first employs a representative sample of youth followed prospectively for 25 years, finding long term influence of IPV in early childhood on parenting and child PTSD in middle childhood/adolescence. Models further test whether specific subtypes of parenting mediate, and parental adversities moderate, the influence of IPV on child symptoms. The second paper investigates, in a sample of mothers and offspring, longitudinal models of IPV on parenting, testing the influence of chronicity, severity and timing of IPV on parenting practices. The third tests mediational models of IPV, traumatic stress symptoms, and parenting in both community and shelter based families experiencing IPV. Discussion focuses on translation of basic research to inform family based prevention in mothers and children exposed to IPV.

Concurrent 12 Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Salon 4/5 Level 2

Intimate Partner Violence, Trauma & Parenting: Translational Models for Prevention (Children and Adolescents/Clinical or Interventions Research)
Parental Intimate Partner Violence, Parenting and Child PTSD: A Prospective Longitudinal Study

Ehrensaft, Miriam,
John Jay College, New York, New York, USA

Intimate partner violence (IPV) increases risk for psychopathology in children, but few studies have tested models of IPV, parenting, and child trauma symptoms in unselected samples. We use a prospective longitudinal design to test how parenting practices may mediate the association of IPV in early childhood with PTSD in middle childhood/adolescence. Children whose parents reported receiving IPV had significantly higher PTSD scores 7 years later ($B = 2.08$, SE($B$) = .77, Beta = .20, $t = 2.71$, p $<$ .01), controlling for demographics. Parenting practices were also significantly associated with IPV (Wilks Lambda = .91, $F (8, 256) = 3.01$, p $<$ .003, Partial Eta Sq = .086) (lower satisfaction, and higher rules, authority orientation, inconsistency, and discipline). Parenting accounted for 8% of the variance in child PTSD scores ($F$ Change (6, 213) = 2.63, p $<$ .02). Parenting partially reduced associations of IPV with child PTSD symptoms. Mediation models test the influence of cumulative adversities (maternal mental health, illness, poverty, etc.) on the association of IPV with child PTSD. Implications for translating findings to preventive intervention are discussed.

Concurrent 12
Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Salon 4/5 Level 2

Intimate Partner Violence, Trauma & Parenting: Translational Models for Prevention
(Children and Adolescents/Clinical or Interventions Research)

Longitudinal Trajectories of IPV Related to Maternal Parenting of School-aged Children

Levendosky, Alytia, PhD; Bogat, Anne, PhD
Michigan State University, East Lansing, Michigan, USA

Some research finds that intimate partner violence (IPV) negatively affects women’s parenting abilities (e.g. Levendosky, et al., 2006), whereas other research does not (e.g. Levendosky et al., 2003). We propose that these inconsistent findings may be explained, in part, by factors related to IPV, such as chronicity and timing, as well as additional risk and protective factors at multiple levels of the environment, including the family, mother, and child. This study assessed 206 women and children yearly, from pregnancy to age 7. A subsample of 129 women were observed in a parent-child conflict interaction at age 7. These videotaped interactions were coded by two blind coders for maternal anger, coercion, warmth, communication, and authority with reliabilities of .81-.99 (Hetherington, 1986). Risk were assessed yearly: IPV (SVAWS ; Marshall, 1992), depressive symptoms (BDI; Beck et al.,
1961), maternal social support (Norbeck et al., 1981), and child externalizing behavior (CBCL; Achenbach, 1991). Preliminary results indicated prenatal IPV, postnatal depression, and concurrent child externalizing behavior predicted maternal parenting. Clusters of mothers based on parenting behaviors were distinguished by chronicity and timing of IPV as well as maternal, child, and family-level risk factors. Results are interpreted using an ecological model of parenting (Belsky, 1984).

Concurrent 12
Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Salon 4/5 Level 2

Intimate Partner Violence, Trauma & Parenting: Translational Models for Prevention
(Children and Adolescents/Clinical or Interventions Research)

Intimate Partner Violence, Mothers’ Trauma Symptoms and Parenting

Jouriles, Ernest, PhD; McDonald, Renee, PhD
Southern Methodist University, Dallas, Texas, USA

Intimate partner violence relates to mothers’ parenting. Specifically, women who are victims of frequent and severe intimate partner violence tend to act more aggressively and hostile toward their children, compared to women who are not victims of such violence. However, there is quite a bit of variability in parenting by these women. Theoretically, trauma symptoms may help explain some of this variability. Trauma symptoms are common among victims of intimate partner violence, and have also been linked to parental aggression toward children. This study examines whether mothers’ trauma symptoms help explain the link between intimate partner violence and mothers’ parenting. Participants were 654 children aged 7- to 10-years-old and their mothers; 116 families were recruited from domestic violence shelters and 538 were recruited from the community. Mothers reported on IPV and their own trauma symptoms. Mothers and children reported on mothers’ parenting. Preliminary results indicate relations between intimate partner violence and mothers’ parenting, as well as mothers’ trauma symptoms and parenting. Additional analyses will be conducted to examine hypothesized mediated relationships. Implications for treatment programs will be discussed.
Recent Advances in the Neurobiology of Acute Trauma
(Culture/Diversity/Media/Training/Education)

Lanius, Ruth, PhD
University of Western Ontario, London, Ontario, Canada

Considering the serious and persistent impact of PTSD, it is vital to develop a better understanding of the alterations in cerebral function evident in the early stages of adaptation to trauma. Depending on the nature of the traumatic incident, only 10-25% of people exposed to psychological trauma subsequently develop PTSD. In order to determine who is at risk and should thus be offered close monitoring or early interventions, it is imperative to identify risk factors and early markers for pathogenesis. Equally, identification of protective factors exhibited in resilient persons would inform neurobiological models of PTSD and could be of use in the development of early interventions. We will present insights gained in three recent investigation of the neurobiological underpinnings of PTSD development within the first three months post trauma.

Association Between Menstrual Phase and Traumatic Memories in the Acute Aftermath of Trauma

Felmingham, Kim,
University of New South Wales, Sydney, Australia

Women develop Posttraumatic Stress Disorder (PTSD) at twice the rate of men, but the underlying mechanism of this prevalence remains unclear. A core mechanism in the etiology of PTSD is the consolidation of trauma memories in the acute trauma phase, associated with increased glucocorticoid release. Recent evidence reveals a relationship between glucocorticoid release and encoding of emotional memories in women. Therefore, this study tested the hypothesis that females may encode trauma memories more strongly during the mid-luteal period of the menstrual phase when there is an increase in glucocorticoid release. 138 women who were consecutively admitted to a trauma inpatient ward (tested 1-3 weeks post-trauma) agreed to be part of the study, and 17% (23) reported being in the mid-luteal phase of their menstrual cycle at the time of the trauma. Regression analyses revealed that
women in the mid-luteal phase of the menstrual cycle experienced more frequent and intense flashbacks of the trauma than women in the non-luteal phase (22% vs 9%) after controlling for injury severity, age, time post-trauma and mild traumatic brain injury. This study suggests that increased glucocorticoid release associated with the luteal menstrual phase may facilitate the consolidation of traumatic memories in acute trauma, which may contribute to the increased likelihood of developing PTSD in women.

Concurrent 12
Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Salon 6/7 Level 3

Recent Advances in the Neurobiology of Acute Trauma
(Culture/Diversity/Media/Training/Education)

Autobiographical Memory for a Life-Threatening Event in Survivors of an Airline Incident

McKinnon, Margaret,
McMaster University, Hamilton, Canada

Findings of impoverished recall for traumatic events give rise to an apparent paradox whereby emotion is known to enhance memory for highly emotional, arousing stimuli. We assessed autobiographical memory (AM) for trauma in survivors of a single-blown incident, the near ditching of a passenger aircraft at sea. Using the Autobiographical Interview, a method that dissociates the episodic and semantic elements of AM, we asked 15 survivors to recall the traumatic event, September 11th 2001, and a neutral event from the same time period. Matched control participants recalled a highly negative personal event in lieu of the aircraft disaster. Passengers recalled more episodic and more semantic details than controls for the traumatic event. By contrast, both groups recalled an equivalent number of episodic and semantic details for the negative and neutral events. These effects held or were enhanced when passengers with PTSD were examined separately. Moreover, higher levels of anxiety and of the personality trait of neuroticism were associated with enhanced episodic recall of the traumatic event. Emotional trauma, particularly in the presence of PTSD, enhances trauma-related AM, but does not alter a.m. for temporally-matched emotional and neutral events. These data support the notion that, following single-blown trauma, personal traumatic events are vividly re-experienced, while memory for everyday and negative emotional events remains unaltered.
Peritraumatic dissociative responses have been identified as the best intrapsychic predictor of PTSD development. However, little is known about the neurobiology of dissociative states in recently traumatized subjects. In order to shed light on the neural correlates of state dissociation in the early stages of PTSD development, we conducted a script-driven fMRI investigation. Twenty-seven acutely traumatized subjects underwent a script-driven 4T-scan two to four months post trauma. Dissociative processing during trauma recall was assessed with the Responses to Script-Driven Imagery Scale.

Comparing activations during neutral and trauma scripts, positive correlations between dissociation and neural activation emerged in the bilateral medial prefrontal cortex, the right superior and left middle temporal gyri, and the bilateral thalami. Causal relationships between these areas as analyzed with Dynamic Causal Modeling will be presented. Regions previously implicated in sensory gating, emotion regulation and somatic awareness are positively correlated with the intensity of the dissociative state. These regions, which have previously been linked to dissociative processing in chronic PTSD, also seem to be underlying dissociative states in acutely traumatized subjects. The enhanced activation of emotion regulation areas during trauma recall might directly contribute to PTSD development.
This symposium will present data from multiple brain imaging studies in Gulf War veterans with a particular focus on neurodevelopmental issues that account for observed differences in brain images in subjects with PTSD versus controls. The first presentation will present evidence for smaller cranial volumes in Gulf War veterans relative to Vietnam veterans which may be related to higher rates of childhood adversity in the former. The second presentation will highlight data from a large study of Gulf War veterans which shows that exposure to early developmental trauma is associated with smaller total intracranial volume. The third presentation will show evidence for an association of current PTSD symptom severity with total hippocampal volume and no association with lifetime symptom severity suggesting the importance of state related factors around the time of image acquisition. The final presentation will show evidence that hippocampal atrophy is associated with cognitive impairment which has implications for the increased risk for dementia reported in PTSD. The final discussion will highlight the importance of considering past, current, and future implications of brain imaging data in PTSD.

Concurrent 12
Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Jarry/Joyce Level A

A Developmental Perspective of Neuroimaging Findings in PTSD in Gulf War Veterans
(Research Methodology/Clinical or Interventions Research)

Cerebral Structure in PGW and Vietnam Veterans: Aging and Non-Aging-Related Differences

Woodward, Steve, PhD; Kaloupek, Danny, PhD
1National Center for PTSD, VA Palo Alto Healthcare System, Menlo Park, California, USA
2National Center for PTSD, VA New England Health Care System, Boston, Massachusetts, USA

Aging has well-established dystrophic effects on the human hippocampus (Mueller and Weiner, 2009). As part of a study of hippocampal volume in PTSD, we included both Gulf War (n=36) and Vietnam War (n=63) veterans with the intention of using cohort as a proxy for normal aging. At the time of study, the groups were 36.8 and 54.5 years old respectively. In this sample, hippocampal volume was not associated with a main effect of cohort or with significant interactions involving cohort, PTSD and alcoholism. Cohort was associated with a large main effect on CSF volume in the expected direction of larger volumes in the older participants (η²=.34). Cohort was also associated with a main effect on cranial volume (η²=.15) in which GW veterans exhibited smaller cranial volumes than Vietnam veterans. Additional factorial and correlational effects combined with results from other literatures suggested that smaller cranial volume might function as a marker of early adversity. Elevated rates of childhood physical
and sexual abuse in military samples studied after initiation of the “All Volunteer Army” have been documented. In sum, assessments of early adversity may prove revealing in studies of adult and late-life development in individuals with adult trauma.

Concurrent 12
Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Jarry/Joyce Level A

A Developmental Perspective of Neuroimaging Findings in PTSD in Gulf War Veterans
(Research Methodology/Clinical or Interventions Research)

Smaller Intracranial Volume Associated With Early Childhood Trauma in a Sample of Gulf War Veterans

Ross, Jessica, MD\(^1\); Apfel, Brigitte, MD\(^1\); Schuff, Norbert, PhD\(^1\); Meyerhoff, Dieter, PhD\(^1\); Weiner, Michael, MD\(^2\); Neylan, Thomas, MD\(^1\)

\(^1\)San Francisco VA Medical Center and UCSF, San Francisco, California, USA
\(^2\)San Francisco VA Medical Center and UCSF, San Francisco, California, USA

Studies in children and adolescents with PTSD have found associations between smaller intracranial volume (ICV) or smaller cerebral tissue volume in these subjects as compared to controls. We wanted to investigate the effect of early childhood trauma (ECT) in adults with and without PTSD. We hypothesized that ECT would be associated with smaller ICV in adults, independent of PTSD status. We used a sample of veterans ascertained for a Gulf War Syndrome Study, which included 206 subjects with ICVs acquired through 1.5 Tesla MRI imaging, along with results of the Life Stressor Checklist (LSC) for these subjects. Forty-six of these subjects had a history of ECT, as defined by experiencing one or more perceived life-threatening events before the age of 14. Twenty-six of these forty-six adults had a CAPS score greater than 40, suggesting a current diagnosis of PTSD.

A Welch two sample t-test showed a significant association (p< 0.05) between ECT as measured by the LSC and smaller ICV volumes, without taking into account PTSD status. There was no association found between current CAPS score and ICV.

Our findings suggest that ICV is associated with early childhood trauma in adults with and without PTSD. We are in the process of replicating these results in an independent sample of adult veterans. Future studies will focus on identifying more precise neural correlates associated with this finding.
A Developmental Perspective of Neuroimaging Findings in PTSD in Gulf War Veterans
(Research Methodology/Clinical or Interventions Research)

Current PTSD Symptoms and Hippocampal Volume in Chronic PTSD

Apfel, Brigitte, MD; Ross, Jessica, MD; Schuff, Norbert, PhD; Meyerhoff, Dieter, PhD; Weiner, Michael, MD; Neylan, Thomas, MD
San Francisco VA Medical Center and UCSF, San Francisco, California, USA

Small hippocampal volume is described in PTSD and depressed patients, however whether this is a risk factor for the development of PTSD or a consequence of PTSD is still poorly understood. We sought to examine whether current PTSD, life time PTSD or depression are associated with hippocampal volume. Clinical and MRI data were collected in a cross sectional study of 264 gulf war veterans. Measures included current and lifetime CAPS and HAM-D. MRI data were acquired with a 1.5 Tesla scanner and analyzed using automated and semi-automated image processing techniques. The sample included 91 veterans with lifetime PTSD, 48 with current PTSD and 41 with depression. As expected intracranial volume was a strong predictor of the hippocampal volume in the linear regression analysis. Gender, age, education and alcohol use did not have a significant effect. Current PTSD symptoms, but neither lifetime PTSD nor depression were associated with hippocampal volume. The finding that current in contrast to lifetime PTSD explains hippocampal size raises the possibility that the PTSD effect on the brain is transient. This is consistent with new MRI findings indicating that PTSD affects selectively the dentate gyrus, a region of neurogenesis in the adult brain.
Hippocampal Trophy in Young Veterans With PTSD and Cognitive Impairment: A Potential Link Between PTSD and Dementia

Chao, Linda, PhD; Yaffe, Kristine, MD; Rothlind, Johannes, PhD; Meyerhoff, Dieter, PhD; Weiner, Michael, MD; Neylan, Thomas, MD
University of California, San Francisco and San Francisco VAMC, San Francisco, California, USA

We recently reported that older veterans with post-traumatic stress disorder (PTSD) are nearly twice as likely to develop dementia compared to veterans without PTSD (Yaffe et al., 2009). To further investigate potential links between these two disorders, we examined the structural magnetic resonance imaging (MRI) and neuropsychological data of 34 veterans of the first Gulf War (mean age: 42 years). All veterans had PTSD. Ten also had cognitive impairments (CI), defined as $>1$ SD below the mean on a cognitive domain. There were no group differences in age, education, CAPS score, or % male ($p>0.33$). As expected, there were significant group differences in memory ($p<0.0001$), executive function ($p<0.0001$), and attention ($p=0.004$) domain scores. There was also a significant difference in hippocampal volume ($p=0.02$). Spearman’s correlation showed that CAPS scores were negatively associated with memory domain scores ($r=-0.35$, $p=0.03$) in all veterans. Previous studies have reported reduced hippocampal volume in individuals with PTSD (e.g., Bremner et al., 1995). This study showed that hippocampal volume is further reduced in PTSD+ subjects with CI. Because hippocampal atrophy and memory impairment are both risk factors for Alzheimer’s disease (AD), this may be a potential link between the two disorders.

Concurrent 12
Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Ballroom East Level 4

Stigma and Barriers to Care in a Well-Resourced Military Mental Health System
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Zamorski, Mark, MD; Wiens, Miriam, MSc; Garber, Bryan, MD, FRCPC; Hawes, Robert, PhD
Candidate
Canadian Forces Health Services Group Headquarters, Ottawa, Ontario, Canada

Military personnel may experience both additional barriers to mental health care, but they also enjoy special access to care. The Canadian Forces (CF) has invested massively in its mental health system over the past decade: CF personnel now have access to twice as many mental health clinicians as the average Canadian, and the CF spends six times as much per capita on mental health care. This investment has helped the CF overcome most of the structural barriers to care that plague both civilian and military settings. This symposium will review the barriers to care that have been targeted by the CF, along with the key programs that address these. The findings of one of these programs, the Enhanced
Post-deployment Screening Program, will be reviewed. This program targets the most prevalent barrier identified in a large, population-based CF survey in 2002, namely that more than 80% of those with mental disorders did not appear to realize that they had a problem for which help was available. Recent data on the remaining barriers to care in both the in-garrison and deployed settings will also be reviewed. These data provide insight into the remaining barriers in a well-resourced military mental health system.

Concurrent 12
Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Ballroom East Level 4

Stigma and Barriers to Care in a Well-Resourced Military Mental Health System
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Barriers to Mental Health Care in the Deployed Setting: Findings of the 2010 Canadian Forces Operational Mental Health Assessment

Garber, Bryan, MD, FRCPC; Zamorski, Mark, MD
Canadian Forces Health Services Group Headquarters, Ottawa, Ontario, Canada

Research from the US shows that 14-15% of military personnel surveyed during a combat deployment report symptoms of clinically significant depression, generalized anxiety, or post-traumatic stress. However, only a minority receive care for these problems, and a broad range of structural and attitudinal barriers to care have been reported (Office of the Surgeon General, 2009). Untreated mental health problems in deployed personnel have potentially serious implications for the safety and success of the operation. To meet the mental health needs of deployed personnel in Afghanistan, the Canadian Forces (CF) deploy several mental health clinicians for each troop rotation. However, the extent to which the CF’s delivery model meets these needs is unknown. To assess the need and barriers to care unique to this setting, the CF have just completed a population-based survey of personnel currently deployed on a combat mission and peace support mission in Kandahar Province, Afghanistan; data analysis will be complete by the end of the summer of 2010. This session will present this analysis, focusing on the prevalence of common mental disorders, mental health services utilization, unmet need, and perceived barriers to care. Implications for optimization of mental health care in a deployed setting will be discussed.
3:30 p.m. - 4:45 p.m.
Ballroom East Level 4

Stigma and Barriers to Care in a Well-Resourced Military Mental Health System
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Findings of Enhanced Post-deployment Screening of Canadian Forces (CF) Members Deployed in Support of the Mission in Afghanistan

Zamorski, Mark, MD
Canadian Forces Health Services Group Headquarters, Ottawa, Ontario, Canada

The CF’s post-deployment screening program was designed to overcome the leading barrier to mental health care in those with mental disorders, namely that those afflicted do not appear to realize that they have a problem for which help was available (Fikretoglu et al, 2008). The process involves completion of a validated mental health questionnaire and an in-depth interview with a clinician. The screenings of 12,717 individuals show the following: 3.9% reported symptoms suggestive of PTSD (PCL-C score >= 50), and 4.5% reported symptoms of major depression. 13% reported symptoms of one or more of six common mental disorders. Post-deployment symptoms of mental disorders were 3 times more likely in those with a prior history of mental health care. Clinicians identified one or more “major concerns” in 17%. Half of those with symptoms of PTSD or depression were already in care at the time of screening, which took place on average 5 months after return. Follow-up care was recommended in 22%. This program identified a significant number of individuals with unmet mental health care needs; this refutes a common criticism of post-deployment screening, namely that military personnel will not disclose symptoms because of stigma or concern about career impact.

Concurrent 12
Symposium
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Ballroom East Level 4

Stigma and Barriers to Care in a Well-Resourced Military Mental Health System
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Barriers to Mental Health Care in Garrison: Findings from the 2008/2009 Canadian Forces Health and Lifestyle Information Survey

Wiens, Miriam, MSc; Hawes, Robert, PhD Candidate; Zamorski, Mark, MD
Canadian Forces Health Services Group Headquarters, Ottawa, Ontario, Canada
Background: The Canadian Forces have invested significantly in their mental health system to overcome structural barriers to care, and they have developed a comprehensive educational program to overcome stigma, particularly for those with PTSD. The effectiveness of these efforts is unknown. Methods: To examine this, perceived need and barriers to mental health care were explored using a postal survey on a stratified random sample of 2157 Regular Force personnel (response rate = 49%). Results: 15% of respondents reported having accessed mental health care in the previous year, and 11% perceived an unmet need for care. The most prevalent reasons for unmet need were: preferring to manage the problem on their own (64%), fear that getting help might affect their military career (38%); and fear of asking for help or what others might think (25%). Structural barriers to care were less prevalent. Conclusion: While many sought mental health care, unmet need remains common, with attitudinal barriers being far more prevalent than structural barriers. The most prevalent barrier to care was individuals choosing to solve their problems on their own. This preference represents a potential target for educational messages. Despite substantial efforts to combat stigma, it remains a prevalent barrier to care.

Concurrent 12
Workshop
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Ballroom Centre

Detecting Assimilation: An Advanced Cognitive Processing Therapy Workshop
(Clinical Practice Issues/Clinical or Interventions Research)

Resick, Patricia, PhD
National Center for PTSD, Boston, Massachusetts, USA

The first homework assignment of cognitive processing therapy (CPT) is to write an impact statement why the worst traumatic event happened and how the event has affected the client’s beliefs about self, others, and the world. Clients with PTSD are often articulate about outcomes of traumatic events (“I can’t trust my judgment”; “people are no good”; “I must control my emotions at all times”), but sometimes have difficulty stating why they think the event happened, even though they focus much attention on that (“I keep wondering what I did wrong”; “It just isn’t fair”; “Why did they have to die?”). Because the first half of CPT is focused on resolving beliefs (and thereby, emotions) about the traumatic events themselves, it is important for therapists to assist clients in understanding whether and how the event(s) conflict with their preexisting and more basic assumptions, (e.g., just world belief, the belief that everything happens for a reason, or that the traumatic event must mean something about them personally. This workshop will assist therapists who are using CPT, to develop their skills in helping clients articulate their assimilated beliefs about the traumatic events. This workshop is for clinicians who are using CPT and basics of the therapy will not be reviewed.
Concurrent 12
Workshop
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Kafka/Larmartine Level A

The Trauma Recovery Group: Promoting Mastery and Relational Connection
(Clinical Practice Issues/Clinical or Interventions Research)

Mendelsohn, Michaela, PhD1; Herman, Judith, MD1; Schatzow, Emily, MEd2; Coco, Melissa, LICSW1; Levitan, Jocelyn, BA3; Kallivayalil, Diya, PhD4

1Victims of Violence Program, Cambridge Health Alliance, Somerville, Massachusetts, USA
2Private Practice, Cambridge, Massachusetts, USA
3Dept of Counseling/Clinical/School Psychology, University of California at Santa Barbara, Santa Barbara, California, USA
4Victims of Violence Program, Cambridge Health Alliance, Wellesley, Massachusetts, USA

The Trauma Recovery Group is a time-limited approach to group therapy originally developed for women survivors of interpersonal trauma. Based on a stage model of recovery, this manualized trauma-focused group is aimed at clients who have achieved some basic safety and stability in their daily lives. In the supportive interpersonal context of the group, members share their stories in the process of pursuing personally relevant goals that are related to their trauma history and its impact on their present functioning. In this way, the group fosters experiences of connection and mastery that participants can recreate in their outside lives. The workshop will orient clinicians to this group treatment model, including its theoretical underpinnings and key distinguishing elements, and provide an overview of its format and structure. Participants will be guided through the preparation and screening, introductory, goal work, and termination phases of its implementation. Case examples and role plays will be utilized to illustrate the various components of treatment, and preliminary outcome data based on both quantitative and narrative methods will be presented. Considerations and experiences in adapting this approach to other trauma populations will be discussed.

Concurrent 12
Panel
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Drummond Centre Level 3
Personal (R)evolution: Opportunities to Create Lasting Change, Build Networks, and Promote Collaborative Problem Solving Through International Exchange (Fulbright, Peace Corp, Study Abroad, and NGOs)  
(Culture/Diversity/Media/Training/Education)

Averill, Lynnette, MS (PhD, Student)¹; Nightingale, Vienna, PhD²; Annan, Jeannie, PhD³
¹University of Utah, Salt Lake City, Utah, USA
²Yale University, New Haven, Connecticut, USA
³The International Rescue Committee, New York, New York, USA

This ISTSS Student Section hosted panel will discuss exciting opportunities for international exchange and collaboration, specifically the Fulbright Program, Peace Corp, Study Abroad, and non-governmental organizations (e.g., UNICEF, UN). Lynnette Averill, a doctoral student, and 2008 Fulbright Scholar will discuss the application and interview process for this award and her experiences as a Fulbrighter at the Australian Centre for Posttraumatic Mental Health in Melbourne where she researched PTSD and alcohol use among Australian veterans and participated in a variety of other research activities related to veteran mental health. Vienna Nightingale, a post-doc at Yale University and Peace Corp volunteer (2000-2003), will discuss the requirements for becoming a Peace Corps volunteer and her work in Ghana related to gender equality and HIV/AIDS education and sexual decision making. Jeannie Annan, the Director of Research and Evaluation for the International Rescue Committee will discuss opportunities within NGOs who are working in areas of conflict on trauma-informed and psychosocial programs and programs aiming to restore educational and economic activities in ways that support normal recovery from traumatic events. Panelists will discuss the professional advantages of their experiences their personal (r)evolution of growth and broadened perspectives. There will be ample time for questions and discussion.

Concurrent 12
Paper Sessions
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Hemon Level A

Trauma and Adjustment Factors

Understanding Child Coping and Parent Coping Assistance Following A Potentially Traumatic Injury  
(Children and Adolescents/Assessment/Diagnosis)

Marsac, Meghan, PhD; Hafetz, Jessica, PhD; Kohser, Kristen, LMSW; Kassam-Adams, Nancy, PhD
Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Traumatic medical events have the capacity to significantly disrupt daily life and impair functioning in children and families. Risk factors for posttraumatic stress symptoms (PTSS) after acute trauma have
begun to be delineated, but the role that child or parent coping behavior plays in exacerbating or preventing PTSS development is not well understood. The purpose of this study was to describe coping used by children and coping assistance implemented by parents in the early weeks following a child’s injury. Children and their parents participated in individual semi-structured interviews that were audiotaped, transcribed, and coded using hierarchical coding schemes. The codebook was developed through an iterative process that combined both a priori hypotheses based in research and themes that emerged from the data. Study findings have highlighted distinctive aspects of medical stressors and coping behaviors that may be specific to medical traumas compared to other traumatic events. Results indicate heavy reliance on multi-faceted social support (friends, family, religious community, medical team) and that the preferred source of support differs for children and parents. Findings suggest that trauma-specific coping assessment is essential to improve understanding of the role of coping behaviors in the trajectory of PTSS development to inform secondary prevention programs.

Concurrent 12
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Hemon Level A

Trauma and Adjustment Factors

Life Adversities and Depression in Women Exposed to Violence and Abuse:
Results From the Norwegian Mother and Child Cohort Study
(Social Issues/Public Policy/Ethics/Culture/Diversity)

Thoresen, Siri, PhD; Dyb, Grete, MD, PhD
Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

Objectives. To investigate the relationship between violence and abuse, negative life events (NLEs), and depression in a large population sample of mothers of young children.

Methods. Women were recruited in pregnancy, and questionnaire data were collected in several waves (response rate ≈ 40%). Lifetime exposure to violence and sexual abuse was measured at T1 (late pregnancy). Recent NLEs and current depression were measured at four time points. Women exposed to violence/abuse were compared to non-exposed, and to a non-exposed control group matched on depression.

Results. Of the 22,978 respondents, 15.5 % (3557) reported lifetime exposure to physical violence and/or sexual abuse. Recent NLEs were reported much more frequently in those exposed to violence and abuse, at all time points. Level of depression could not account for this finding. A series of regressions indicated that NLEs (controlled for depression) were associated with depression at the next measurement. However, depression (controlled for NLEs) was also associated with NLEs at the next measurement. All associations were stronger for dependent than for independent life events.

Conclusions. Violence and abuse were strongly associated with subsequent life adversities. A unidirectional relationship between adversities and depression was not supported in this study.
In this study, we aimed: 1. To examine the spiritual and religious impact of clergy sexual abuse. 2. To examine the unique connections between spiritual and psychological functioning among clergy sexual abuse survivors. 3. To conduct a spiritual needs assessment. To achieve these aims, 200 survivors of clergy sexual abuse answered an anonymous, online survey. Participants completed measures of psychological functioning: the Symptoms of Posttraumatic Stress Scale, the Brief Symptom Inventory-18, the Posttraumatic Growth Inventory, and a measure of negative attributions and affect surrounding their abuse experiences. In addition, participants completed the Spiritual Transcendence Scale, the Brief Religious Coping Scale, and a measure of Spiritual Well-Being. Finally, participants completed a spiritual needs assessment. The results indicated that a sense of spiritual transcendence predicted less PTSD, psychological distress, and increased growth, above and beyond income, negative attributions about the abuse, and negative affect surrounding the abuse. On the flip side, the majority of survivors reported high levels of negative religious coping (e.g., “Wondered whether God had abandoned me”). Increased use of negative religious coping was associated with more symptoms of PTSD and psychological distress, above and beyond negative affect surrounding the abuse, negative attributions about the abuse, and salient demographics (e.g., income). Finally, survivors reported that meeting with a therapist or counselor would be the most helpful to them in addressing their spiritual needs and concerns.
A Review of Behavioral and Psychological Mechanisms Linking Posttraumatic Stress Disorder and Physical Health Among Female Survivors of Interpersonal Trauma

Eadie, Erin, MS (PhD, Student); Runtz, Marsha, PhD
University of Victoria, Victoria, British Columbia, Canada

The link between posttraumatic stress disorder (PTSD) and adverse health outcomes has been empirically established in a number of trauma populations, including female survivors of interpersonal trauma. What remain to be comprehensively understood, however, are the mechanisms through which PTSD or posttraumatic stress symptoms (PTSS) impact physical health. Several authors have proposed theoretical models (e.g., Resnick, Acierno, & Kilpatrick, 1997; Schnurr and Green, 2004) integrating various mechanisms through which PTSD is likely to impact health outcomes. This presentation reviews and synthesizes research on several mechanisms that fall within the behavioral and psychological domains. Specific attention is paid to the unique and important population of women who have endured interpersonal traumas. Behavioural mechanisms potentially leading to health problems in trauma survivors include multiple forms of substance use and abuse, risky sexual behaviours, and patterns of health care utilization while mechanisms in the psychological domain involve post-trauma coping processes, perceptual changes such as increased attention to physical symptoms, and the impact of disorders comorbid or secondary to PTSD. Finally, this paper identifies notable gaps in the literature and provides suggestions for future directions and methodological considerations. Clinical issues pertaining to the treatment of PTSD, prevention of adverse health outcomes in the aftermath of trauma, and the integration of mental and physical health care systems are also addressed.

Concurrent 12
Media
Saturday, November 6
3:30 p.m. - 4:45 p.m.
Drummond West Level 3

My Heart Is Breaking Here in Haiti - Journalists Explain Why

Ochberg, Frank, MD1; Williams, Phil, Not Applicable2; Moore, John, Not Applicable3; Basu, Moni, Not Applicable4
1Dart Foundation, Okemos, Michigan, USA
2Australian Broadcasting Company, Sydney, Australia
3Getty Images, NYC, New York, USA
4CNN, Atlanta, Georgia, USA

For eleven years, journalists have attended ISTSS to learn about trauma science, to improve their craft, and to hone their sensitivities to the demands of covering catastrophic events. These reporters, photographers and editors were selected by the Dart Center and remain connected through the work of the Dart Society. In this ISTSS Media Presentation, three Dart Center Ochberg Fellows will show vivid
portraits from Haiti and explain the impact of tragedy on themselves and their work. When there is the drama of shocking news, stories almost write themselves, and photojournalists have ample illustrations. When heroic rescue and resilient survivors are the subject of stories, the journalist and the news consumer can celebrate. But too many traumas have nothing but heartbreak, and these are the challenges we face collectively - those who suffer and we who study the depth of pain and loss.

**Participant Alert:** Images of devastation, trauma and tragedy will be shown for 15 to 20 minutes, but none that are beyond standards for professional media; the cumulative impact will be distressing.
Exploratory Factor Analysis of Brazilian version of Post-Traumatic Stress Disorder Checklist - Civilian Version (PCL-C)

(assessment/diagnosis/research methodology)

Coutinho, Evandro, MD, PhD^1; Passos, Roberta, BBSc, MPysch^2; Cabizuca, Mariana, MD, MS^3; Maia, Deborah, MD, MS^3; Berger, William, MD^4

^1Escola Nacional de Saúde Pública (ENSP-FIOCRUZ), Rio de Janeiro, Brazil
^2Instituto de Medicina Social da Universidade de Estado do Rio de Janeiro, Rio de Janeiro, Brazil
^3Instituto de Psiquiatria, Universidade Federal do Rio de Janeiro (IPUB/UFRJ), Rio de Janeiro, Brazil
^4UCSF / SFVAMC / UFRJ, San Francisco, California, USA

Objective: To evaluate the factor structure of the Brazilian portuguese version of Post Traumatic Stress Disorder Checklist - civilian version (PCL-C), in order to complement the validation process in Brazil.

Methods: An exploratory factor analysis with varimax rotation was conducted in 230 ambulance workers of the Group of Emergency Rescue (GSE) of the Rio de Janeiro city and 343 police officers (150 of an elite unit).

Results: The results revealed a 2 factors solution that explained about 51% of the variance. They were: reexperience/avoidance, numbing/arousal. All variables loaded highly in at least one factor, except by variable 16. This item may have had a bad performance because the analysis was developed based on a sample of police officers, whose professional activity demands hypervigilance as one of its basic characteristics. Internal consistence values were acceptable. Conclusions: Avoidance and numbing seem to be independent dimensions, differently from what was expected according to DSM-IV. It should be highlighted that these results emerged from a sample of police officers and rescue workers, mainly composed of men. Therefore, new researches are important in other populations, victims of different kinds of trauma, to ensure the results.
Background: The present research project aims to summarize the prevalence of PTSD in 30 European Countries. This work is part of the latest update of the European Brain Council’s report “Size and burden of mental disorders in Europe”, which will cover the prevalence rates of 18 mental disorders in Europe. The Council’s last report (Wittchen & Jacobi, 2005) did not include PTSD.

Goals and method: The 12-month prevalence rates of PTSD in 30 European Countries were documented by reviewing the existing literature and secondary analyses of available studies. In cases where only lifetime prevalences were available, computational algorithms were applied. Expert estimates were collected for countries where no data was available.

Results: The prevalence rate of PTSD varies strongly between the different European Countries (for instance, rates are lower in Switzerland than in the Netherlands or France).

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Confirmatory Factor Analyses of Three Models of PTSD Symptoms in a Community Sample of Women

(Assessment/Diagnosis/Clinical or Interventions Research)

Anders, Samantha, PhD Candidate; Frankfurt, Sheila, BA; Frazier, Patricia, PhD
University of Minnesota, Minneapolis, Minnesota, USA

There is limited empirical support for the 3-factor model of posttraumatic stress disorder (PTSD) symptoms in the DSM-IV (APA, 1994). Two alternative 4-factor models (King, Leskin, King, & Weathers, 1998; Simms, Watson, & Doebbeling, 2002) have each received extensive support but neither model is clearly superior to the other. Inconsistent support for the 4-factor models may owe to differences in factor structures for different types of events. Because PTSD symptoms are much higher for directly-experienced than indirectly-experienced events (Anders, Frazier, & Frankfurt, under review), we examined the relative fit of the leading models of PTSD for these two types of events. Confirmatory factor analyses (CFA) using data collected from a community sample of 884 women yielded consistently better fit for each of the three (DSM-IV, King et al., Simms et al.) models for both current and lifetime PTSD symptoms for indirectly-experienced events compared to directly-experienced events. Differences in fit between the two 4-factor models were slight, and both fit better than the DSM-IV model. Further analyses will directly compare the fit of the factor models for directly and indirectly-experienced events using multiple group CFAs. Similar analyses will compare the fit of different factor models for Criterion A and non-A events.
Education of Graduate Students about the Expression of Post Traumatic Stress Symptoms in Individuals with Developmental Disabilities

(Assessment/Diagnosis/Clinical Practice Issues)

Fichter, Cassie, Doctoral, Student¹; Narimanidze, Maria, Doctoral, Student¹; Lemaster, Kristin, Doctoral, Student¹; Bassett, Shante, Doctoral, Student¹; Demaria, Thomas, PhD²

¹LIU CW Post, New York, New York, USA
²LIU CW Post, Brookville, New York, USA

Little research has been conducted concerning our understanding about how individuals with various types of Developmental Disabilities display symptoms which indicate an exposure to traumatic stress. A chart review at a psychological service center found that few clients are routinely assessed for trauma. Although those with Developmental Disabilities have been found to have a disproportionally high risk of abuse (Richards, Miodrag, and Watson, 2006), this chart review indicated that those with a Developmental Disability diagnosis are assessed for traumatic symptoms even less than the remaining client population. This poster will examine the result of students perception of the possibility of traumatic exposure and potential assessment biases for individuals diagnosed with a Developmental Disability. Clinical psychology doctoral students were given case vignettes with diagnosis changes and asked to rank a list of possible diagnostic questions in order of importance. Assessments that neglect the possible impact of trauma on the presenting problem may reduce the effectiveness of the therapeutic intervention and could in some cases risk of further traumatic exposure. Implications for the education of graduate students about the expression of post traumatic stress symptoms in individuals with developmental disabilities will be reviewed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

University of Rhode Island Change Assessment-Trauma: Further evaluation of psychometric properties in a PTSD sample

(Assessment/Diagnosis/Clinical or Interventions Research)

Monroe, J. Richard, PhD; Pamp, Barbara, PhD; Lamp, Kristen, MA, LPC
Edward Hines, Jr. VA Hospital, Hines, Illinois, USA

Motivation for change is an issue that receives significant attention in substance abuse treatment but less so in the area of trauma-focused psychotherapy. Many proposed treatments for PTSD are based on the assumption that individuals have a desire to change aspects of their personality and patterns of functioning that are associated with PTSD symptoms; however, this may not be the case. The University of Rhode Island Change Assessment (URICA) is a widely-used, continuous, self-report measure of readiness to change. The measure has been adapted for use in the context of trauma-focused treatment (URICA-T). Previous research described the psychometric properties of the measure using a dual diagnosis population. For this study, we will administer the URICA-T (pre- and post) to eight cohorts (N = 120) of veterans in a four-week motivational enhancement group that precedes treatment for PTSD. Psychometric properties along with the discriminant validity and clinical predictive utility of the URICA-T
will be explored. A confirmatory factor analysis will be conducted to determine whether the four subscales map onto the transtheoretical stages of change in this culturally-diverse population. The study will also investigate possible differences in response patterns between OEF/OIF and Vietnam era veterans.

**Thursday Posters**

**Thursday, November 4**

5:00 p.m. - 6:00 p.m.

**Salons A-C & Foyer**

**Development of a Measure of the Perceived Likelihood of Stressful Events**

(Assessment/Diagnosis/Research Methodology)

**Hintz, Samuel, MA; Frazier, Patricia, PhD; Keenan, Nora, BA; Anders, Samantha, BA; Perera, Sulani, BA**

*University of Minnesota, Minneapolis, Minnesota, USA*

In developing a measure of perceived control over stressful life events that assesses past, present, and future control (Frazier et al., 2010), our data suggested that individuals may think more about whether a future event is likely than whether they can control it. Thus, we also developed a subscale that measures the perceived likelihood that a similar event will happen again. In this poster we describe the results of two studies conducted to develop and validate this scale in two samples of undergraduate students (Ns = 201 and 312). The scale was reliable (mean α = .92) and stable over time (test-retest r = .77). Regarding construct validity, it strongly correlated with open-ended responses to a question about future likelihood, was significantly related to hope, was unrelated to social desirability and personality, and had significant positive relations with distress. It was moderately negatively correlated with future control, suggesting that they are distinct constructs. In sum, the evidence supports the reliability and validity of this measure of the perceived likelihood of future events, a central component of cognitive models of PTSD. We also will describe data supporting the psychometrics of the past, present, and future control subscales in these two samples.

**Thursday Posters**

**Thursday, November 4**

5:00 p.m. - 6:00 p.m.

**Salons A-C & Foyer**

**Psychometric properties and variations between PTSD assessments in relation to TBI severity**

(Assessment/Diagnosis/Clinical Practice Issues)

**Petrie, Megan, BA; Wang, Jin, PhD; Russo, Joan, PhD; Zatzick, Douglas, MD**

*University of Washington, Seattle, Washington, USA*

Despite a recent surge in interest in the interrelationships between traumatic brain injury (TBI) and PTSD, few large scale investigations have explored the psychometric properties of various PTSD assessment instruments in relation to TBI severity. The current investigation was a longitudinal study of acutely injured...
trauma survivors assessed for PTSD symptoms at one month post-injury with both the PCL and the CAPS. This investigation hypothesized that the PCL would manifest specific diagnostic inaccuracies when compared with the CAPS interview in TBI patients. In particular, we hypothesized that the memory loss item would show markedly reduced diagnostic agreement in the PCL relative to the CAPS. Among the acutely injured trauma survivors who had incurred head injury, a gradient was seen such that with mild head injury showed great CAPS agreement (κ =0.72) relative to patients with moderate head injury (κ =0.52) or severe head injury (κ =0.42). However, relative to the other sixteen PTSD diagnostic items, the trouble remembering PCL item did not show substantially different agreement (κ range =0.36-0.64). Longitudinal data from the study at 6 and 12 months will be forthcoming, and a discussion of the findings relative to other literature in the field will be presented.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Associations Between Heart Rate Variability and Sleep Disturbances Among Trauma-Exposed College Students

(Assessment/Diagnosis/Research Methodology)

Kobayashi, Ihori, MS; Waldrep, Edward, BA; Hruska, Bryce, BA; Delahanty, Douglas, PhD
Kent State University, Kent, Ohio, USA

Associations between heightened noradrenergic activity during sleep and sleep disturbances in PTSD patients have been suggested. The present study used ambulatory monitoring to measure heart rate variability (HRV) during sleep in trauma-exposed college students meeting criteria for at least subsyndromal PTSD [i.e., those who endorsed at least one symptom in each symptom cluster in the Clinician Administered PTSD Scale; Symptomatic group: n=18] and trauma-exposed participants who did not meet at least subthreshold PTSD criteria (Non-symptomatic group: n=17). Correlations between components of HRV [e.g., low frequency (LF), high frequency (HF), normalized HF (nHF), and LF/HF ratio] and sleep parameters measured by actigraphy [e.g., total sleep time, sleep onset latency, and wake after sleep onset (WASO)] were computed. For the symptomatic group, WASO was significantly correlated with LF/HF, r=.56, p=.02, and nHF, r=-.61, p=.008, whereas WASO was not correlated with any of the HRV components for the non-symptomatic group. The associations between WASO and LF/HF and nHF remained significant after controlling for gender in multiple regression analyses with WASO as a criterion (LF/HF: β=.37 p=.05; nHF: β=-.43 p=.02). Results suggest possible associations between increased WASO and increased sympathetic and decreased parasympathetic modulation in trauma victims with PTSD symptoms.
Comparing Posttraumatic Stress Disorder’s Symptom Structure between Deployed and Non-Deployed Veterans

(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

Engdahl, Ryan, MA, PhD, Student1; Elhai, Jon, PhD2; Richardson, J. Don, MD3; Frueh, B. Christopher, PhD4
1University of South Dakota, Vermillion, South Dakota, USA
2University of Toledo, Toledo, Ohio, USA
3Veterans Affairs, Canada, Hamilton, Ontario, Canada
4University of Hawaii at Hilo, Hilo, Hawaii, USA

We tested two empirically validated four-factor models of posttraumatic stress disorder (PTSD) symptoms to determine which fit best in two groups of military veterans: peacekeepers previously deployed to a war zone (Deployed group) and those trained for peacekeeping operations who were not deployed (Non-deployed group). Groups were compared using multi-group confirmatory factor analysis. Adequate model fit was demonstrated among the Non-deployed group, with no significant difference between King et al.’s (1998) model (separating avoidance and numbing) and Simms et al.’s (2002) similar model involving a dysphoria factor. The Deployed group demonstrated a best-fitting factor structure consistent with Simms et al.’s (2002) model. Comprehensive measurement invariance testing demonstrated significant differences between the Deployed and Non-deployed groups on all structural parameters, except for observed variable intercepts (thus indicating similarities only in PTSD item severity). These findings add to our understanding of PTSD’s factor structure given PTSD’s revision in the forthcoming DSM-5 - namely that the factor structure may be quite different between groups with and without major traumatic event exposure.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Sexual Functioning Following Trauma: A Multivariate-Longitudinal Examination

(Assessment/Diagnosis/Research Methodology)

Krill, Sarah, MEd
National Center for PTSD, Boston, Massachusetts, USA

Predictors of sexual functioning were investigated in a sample of rape (n = 86) and robbery (n = 262) survivors. The current project extends previous research by investigating the influence of multiple predictor variables simultaneously (gender, type of trauma, posttraumatic stress symptoms [PSS], depressive symptoms, and a history of childhood sexual assault [CSA]) over time (5 assessments: 1, 3, 6, 12, and 18 months post-assault) on multiple dimensions of sexual functioning (dysfunction and satisfaction). Growth curve analyses revealed that women who were raped reported more symptoms of sexual dysfunction than women and men who were robbed one month after the assault. In addition, individuals reporting higher levels of PSS and depression reported higher levels of sexual dysfunction 1-month post assault. A significant group (males robbed, females robbed, females raped) x PSS symptoms x depressive symptoms interaction emerged predicting the trajectory of sexual dysfunction over time. As for sexual satisfaction, higher levels of depression and a history of CSA was associated with less
satisfaction 1-month post assault, while a significant group x CSA X depressive symptoms interaction emerged predicting the trajectory of satisfaction over time. The proposed poster presentation will depict these complex interactions and discuss the implications of the findings.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Confirmatory Factor Analysis of brazilian version of Post-Traumatic Stress Disorder Checklist - Civilian Version (PCL-C)

(Assessment/Diagnosis/Research Methodology)

Mendlowicz, Mauro, MD, PhD¹; Costa, Mariana, BBSc, MPsysch²; Luz, Mariana, MD, MS¹; Ventura, Paula, PhD²; Figueira, Ivan, MD, PhD¹
¹Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil
²Universidade Federal Fluminense, Niteroi, Brazil

Background: The DSM-IV-TR postulates that PTSD symptoms are organized into 3 independent clusters. This assumption has been challenged by growing number of factor analytical studies, which tend to favor a 4-factor, first-order model that included an emotional numbing cluster alongside the reexperiencing, active avoidance and hyperarousal ones. However, most research on the factorial structure of PTSD symptoms was conducted in North America or Europe with local populations.

Objective: To investigate whether the clusters of PTSD symptoms identified in North American and European studies could be replicated in a Brazilian sample composed of primary care patients from an underprivileged socio-economic background exposed to a large variety of traumatic events.

Method: 805 primary care patients living in hillside slums were asked to fill out the Brazilian version of the Posttraumatic Stress Disorder Checklist - Civilian Version (PCL-C). A confirmatory factor analysis of this scale was conducted through the use of the program LISREL 8.80 to test seven different models.

Results: The DSM-IV-TR tripartite model was not supported by our analyses; instead, a 4-factor, first-order solution including an emotional numbing cluster was found to provide the best fit.

Conclusions: Although PTSD has been characterized by some critics as a Western culture-specific disorder lacking universal validity, our results seem to uphold the cross-cultural validity of the 4-factor, first-order model.
The tripartite factor structure of Posttraumatic Stress Disorder (PTSD) proposed by the DSM-IV is rarely empirically supported. Other four-factor models (King et al., 1998; Simms et al., 2002) have proven to be a better representation of the PTSD’s latent structure. To date, a general consensus regarding which latent structure provides the best representation of the underlying dimensionality of PTSD has yet to be reached. The current study assessed whether gender would impact on the factorial invariance of the King et al. (1998) model. Participants were war-exposed Bosnian secondary students (N = 1,572) who were assessed two years following the 1992-1995 Bosnian conflict. The sample was grouped by gender. The factorial invariance of the King et al. (1998) model was not supported between the female vs. male groups. Results revealed that all parameter estimates were significantly different between groups. Girls had higher observed intercepts, residual error variances, factor variances and covariances; the results were more mixed for the item-level factor loadings. The impact of gender on the factor structure of King et al.’s (1998) PTSD model is discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Testing the Robustness of the Dysphoria Factor of the Simms et al. (2002) Model of PTSD

(Assessment/Diagnosis/Research Methodology)

Armour, Cherie, PhD Candidate; McBride, Orla, PhD; Shevlin, Mark, PhD; Adamson, Gary, PhD
University of Ulster, Londonderry, United Kingdom

The Simms et al. (2002) four-factor structure of PTSD has been supported in many factor analytic studies and the specificity of the Dysphoria factor has been questioned due to its strong associations with measures of depression and anxiety. This study addressed this issue by conducting a confirmatory factor analysis while controlling for the symptoms of major depression (MD) and generalized anxiety disorder (GAD). Data from individuals who satisfied Criterion A of the diagnostic criteria for a DSM-IV diagnosis of PTSD (n = 12,467) in the 2004 - 2005 National Epidemiologic Study on Alcohol and Related Conditions (NESARC) were used in the analysis. The results showed that after controlling for MD and GAD the factor loadings for Dysphoria items were significantly attenuated, although remained relatively high and statistically significant. The present findings contribute to the debate regarding how PTSD should be conceptualised and assessed in future issues of the DSM.
A Comparison of Objective and Subjective Measures of Sleep in PTSD

(Assessment/Diagnosis/Research Methodology)

McNeill, Shannon, MA; Borkowski, Kimberly, MA; Elwood, Lisa, PhD; Galovski, Tara, PhD; Griffin, Michael, PhD
University of Missouri-St. Louis, St. Louis, Missouri, USA

Individuals suffering from Posttraumatic Stress Disorder (PTSD) are at increased risk of experiencing clinically significant sleep impairments (Ohayon & Shapiro, 2000; Calhoun, 2007). The majority of studies exploring these sleep disturbances utilize subjective measures of sleep quality. Some have asserted that these measures are vulnerable to the cognitive biases and distortions often seen in PTSD. The existing literature comparing objective and subjective measures of sleep in a PTSD population is scant, with none comparing measurements taken on the same night. The current investigation examines the relationship between self-reported diaries of sleep quality and a non-invasive objective estimate of sleep and wake patterns (actigraphy) taken from the same nights. It is hypothesized that differences would be evidenced, with self-reported measures over-estimating sleep impairment. Ten (approximately 20 additional participants will be included at the time of presentation) female participants with current PTSD completed subjective and objective assessments of sleep onset latency (SO), mid-sleep awakening (MA), and total sleep time (TS). Results showed significant differences for TS, but not SO or MA. Findings indicated that participants reported significantly less TS (M = 8.32, SD = 1.23) as compared to their actigraphy findings (M = 6.15, SD = 1.19 t(9) = 4.04, p &lt; .05, r = .80). Furthermore, SO was the only index to show significant correlation among the methods of measurement (r = .73, p &lt; .05). Sleep quality in trauma survivors with PTSD will be graphically and statistically represented at the time of presentation.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Trauma-Related Thoughts and Beliefs Among Vietnam Veterans: The Utility of the Posttraumatic Cognitions Inventory

(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

ripply, alyssa, PhD
Dept. of Veterans Affairs, Tulsa, Oklahoma, USA

Although the utility of the Posttraumatic Cognitions Inventory (PTCI) has been demonstrated among individuals who have experienced a traumatic event, it's utility with combat veterans is unclear. This study examined the relationship between scores on the PTCI and the Combat Exposure Scale (CES) and scores on the PTSD Checklist-Military Version (PCL-M). Participants included 48 Vietnam Veterans. The PTCI was found to be a significant predictor of scores on the PCL-M (R = .45 Adj. R^2 = .64, F (1, 36) = 64.80, p = .0001) and the CES (R = .42 Adj. R^2 = .16, F (1, 36) = 7.84, p = .008). A MANOVA was used to determine if there was a statistical difference among groups on each of the subscales of the PTCI. Significant differences were found for the Negative Cognitions about Self subscale F (1, 36) = 11.30, p < .05 and the Negative Cognitions about the World subscale F (1, 36) = 10.33, p < .05. These results
indicate that the PTCI accurately differentiates the presence of negative trauma related cognitions among Veterans with combat-related PTSD.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Peritraumatic tonic immobility predicts posttraumatic stress symptoms in undergraduate students

(Assessment/Diagnosis/Clinical or Interventions Research)

Portugal, Liana Catarina, MSc; Rocha-Rego, Vanessa, PhD; de Oliveira, Leticia, PhD; Fortes, Mirtes, PhD; Portella, Carla, MD, PhD
1Fluminense Federal University, Niterói, Brazil
2Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Tonic immobility is the last defense reaction to entrapment by a predator. In patients with posttraumatic stress disorder (PTSD), peritraumatic tonic immobility has been significantly associated with posttraumatic stress symptoms in mixed gender samples of PTSD patients. The aim of the present study is to investigate this association in a non-clinical sample. Participants were 198 students, 80% women. Linear regression models showed that peritraumatic tonic immobility was significantly associated with posttraumatic stress symptoms also when controlling for the potential confounders: peritraumatic dissociation, peritraumatic panic reactions, negative affect, gender, type of trauma and time since trauma ($\beta=.29$, $p=.017$). Our data suggest that, although relatively neglected by the literature, peritraumatic tonic immobility is relevant for PTSD.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Natural history of body image and social adjustment following a major burn

(Assessment/Diagnosis/Research Methodology)

Mason, Shawn, PhD; Lawrence, John, PhD; Gabriel, Vincent, MD; Fauerbach, James, PhD; Maiers, Alan, PsyD
1Johns Hopkins University School of Medicine, Baltimore, Maryland, USA
2City University New York Staten Island, New York, New York, USA
3University of Texas Southwestern, Dallas, Texas, USA
4Army Warrior Resiliency Program, San Antonio, Texas, USA

Burn survivors represent a trauma exposed population with additional challenges of disfigurement and changes in appearance. However, very little is known about the courses of recovery for this clinical issue. Data were collected among four regional burn centers and symptoms were measured using The
Satisfaction With Appearance Scale (SWAP) over two years. The 701 participants were primarily male (74%) and Caucasian (57%), with a mean age of 34 years. The average TBSA and length of stay were 23% and 29 days respectively. Growth Mixture Modeling (GMM) results suggested a 3-class model demonstrated the best fit after adding important covariates of age, gender, and TBSA. The Bayesian Information Criterion (BIC) was most valued (16020.67) and the Lo-Mendell-Rubin Adjusted LRT test demonstrated that the 3-class model was superior to a 2-class class model ($p<.05$). Class 1 (39%) showed a trajectory of increased severity over two years, while the two remaining classes show moderate improvements. These results suggest that with some stability burn clinicians can anticipate 3 types of severity profiles of body image distress over two years. Nearly 40% of survivors appear to worsen with time. Future work can build on this to calibrate a cut score for clinically significant distress.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

A Receiver Operating Characteristic (ROC) Curve Analysis in Screening for PTSD in Trauma Exposed Canadian Forces Members.

(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

Adduri, Cassandra, MA$^1$; Laforce, Jennifer, PhD, Cpsych$^2$

$^1$Operational Stress Injury Clinic, Winnipeg, Manitoba, Canada
$^2$University of Manitoba, Winnipeg, Manitoba, Canada

The Posttraumatic Stress Disorder Checklist (PCL) is a well-validated, brief screening measure for Posttraumatic Stress Disorder (PTSD) symptoms. Vietnam and Gulf War veterans participated in the original validation study (Weathers et al., 1993), which established a score of 50 or greater as a positive screen for PTSD. Since this established cut off score, researchers have argued for different cut-off scores for other specific populations (Keen et al., 2008; Lang et al., 2003). This study examined the ability of the PCL-M (military version) to screen for PTSD in trauma exposed members of the Canadian Forces who had been deployed to Afghanistan ($N = 50$). A Receiver Operating Characteristic (ROC) curve was used to compare the PCL-M with the gold standard for PTSD diagnosis, the Clinician-Administered PTSD Scale (CAPS). Results suggest that a higher cutoff score may be more appropriate in screening for PTSD in this population. Additionally, the Area under the Curve (AUC) was 0.74 (SE = .090), which is lower than reported values (range 0.86-0.88) (Keen et al., 2008; Yeager et al., 2007). Taken together, these results suggest that the PCL-M is not as accurate at screening for PTSD in this sample.
Use of the Detailed Assessment of Posttraumatic Stress in treatment-seeking, trauma-exposed Canadian Forces members and veterans

(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

Laforce, Jennifer, PhD, Cpsycho1; Whitney, Debbie, PhD, Cpsycho1; Adduri, Cassandra, MAs2
1University of Manitoba, Winnipeg, Manitoba, Canada
2Operational Stress Injury Clinic, Winnipeg, Manitoba, Canada

Despite the Detailed Assessment of Postrauamtic Stress (DAPS) being one of the most widely used (Elhai, Gray, Kashdan, & Franklin, 2005) and recommended self-report measures for posttraumatic stress disorder (PTSD), there are no published data on the use of this measure outside of the manual (Briere, 2001). In this study, the DAPS profiles of 60 treatment-seeking, trauma-exposed Canadian Forces members and veterans were examined. The DAPS profiles within this sample were significantly more severe that that reported for the trauma-exposed participants in the manual. These soldiers and veterans scored significantly lower on Postive Bias scale and significantly higher on all other DAPS scales (all ps < .001). With the exception of the Negative Bias and Suicidality scales, even the group of participants who did not meet criteria for PTSD (n = 22) had T-scores significantly above 50 on 11 of the 13 scales, and significantly above the recommended decision threshold of 65 on eight scales. The Avoidance, Hyperarousal, Posttraumatic Stress-Total, and Posttraumatic Impairment scales were the only ones that differentiated those who had PTSD from those who did not. The implications of using this scale for differential diagnosis in symptomatic trauma-exposed individuals are discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer


(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

Ofrat, Shani, BA; Reardon, Annemarie, PhD; Wolf, Erika, PhD; Miller, Mark, PhD
National Center for PTSD, VA Boston Healthcare System, Jamaica Plain, Massachusetts, USA

This study examined the predictive utility and psychometric properties of the PCL (PCL; Weathers et al., 1993) relative to the Clinician-Administered PTSD Scale (CAPS; Blake et al., 1995; Weathers et al., 2001) administered by trained clinicians. Using Weathers et al.’s (1993) diagnostic symptom-cluster scoring method to assess eligibility, the PCL yielded 44% false positives and enrolled 56% PTSD cases into the study. Cronbach’s alpha coefficient was .74 for PCL and .86 for CAPS, with a Pearson’s r correlation of .59 between CAPS and PCL severity scores.
In a separate study with overlapping participants, the test-retest correlation coefficient was r = .72 (p<.001) for 47 participants between PCL administered by phone and in person. Test-retest correlation coefficients were .778, .667 and .760 (p<.01) for participants with 1 day, 2-3 day, and 6-9 day retest intervals. Test-retest correlations are lower in this sample than in another veteran sample (Weathers et al., 1993).
Previously suggested PCL cutoff scores were applied to the data. A cut-off score of 50 provided the best balance in predictive validity in a veteran sample, supporting previous findings (Forbes et al., 2001). Results raised concern about PCL specificity in estimating PTSD diagnostic status using the diagnostic symptom-cluster scoring method.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Development of an Emotional Stroop Task for OIF/OEF Female Veterans: Preliminary Findings

(Assessment/Diagnosis/Clinical or Interventions Research)

Rinehart, Jenny, Doctoral, Student1; Keller, Jenna, BS2; Leiphart, Shelley, PsyD3; Castillo, Diane, PhD4; Haaland, Kathleen, PhD4

1BRINM/ The University of New Mexico, Albuquerque, New Mexico, USA
2NMVAHCS/BRINM, Albuquerque, New Mexico, USA
3NMVAHCS, Albuquerque, New Mexico, USA
4NMVAHCS/The University of New Mexico, Albuquerque, New Mexico, USA

PTSD is associated with automatic biases in selective attention. The emotional Stroop task has been used to measure this bias in male combat veterans and female sexual assault victims. No research has investigated female veterans who have PTSD associated with combat and/or sexual trauma. In order to construct a valid Stroop task for this group, neutral, social anxiety, combat, and sexual trauma words were obtained from previous studies (e.g. Foa et al., 1991; McNally et al., 2000) and generated by therapists treating female veterans with PTSD. The therapists rated 90 combat and sexual trauma words for emotional salience, and the ten most salient words in each category were selected for the current task. The emotional salience ratings of female veterans with PTSD and a demographically-matched healthy control group were compared. Preliminary data suggests that neutral words were rated similarly (p = .750), but combat words (t = 3.50, p < .01), sexual trauma words (t = 2.74, p < .05), and social anxiety words (t = 2.16, p = .045) were rated as more emotionally upsetting by the PTSD group. These results support the face validity of this Stroop task to assess attentional biases associated with PTSD due to combat and sexual trauma.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Predicting Memory Detail from Thematic Content in Trauma Narratives: Expectations from Memory Models

(Assessment/Diagnosis/Research Methodology)
Autobiographical memory models (Conway & Pleydell-Pearce, 2000; Williams, J. et al., 2007) and specific models of traumatic memory (Brewin, Dalgleish, & Joseph, 1996; Ehlers & Clark, 2000) suggest the valence of thematic content in trauma narratives will be associated with detail in memories for traumatic events. Qualitative coding methods were used to examine whether positive thematic content (i.e., posttraumatic growth) and trauma-specific negative themes (e.g., self-blame, anger) were predictive of context and sensory detail. Thematic content, context, and sensory detail were coded in 71 trauma narratives from an ethnically diverse community sample exposed to various traumatic events (e.g., sexual assault, natural disasters). Self-report questionnaires for posttraumatic distress symptoms were also administered. Controlling for length of transcript; whether the event occurred in childhood or adulthood; and symptom severity, specific positive and negative themes uniquely predicted context and sensory detail for particular types of traumatic events. High anger themes predicted low context detail in the first event mentioned; high spirituality themes predicted low context detail for interpersonal events; high fear themes predicted high sensory detail across all events. Implications for autobiographical and trauma specific models and future research directions are considered.

Thursday Posters

Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Confirmatory factor analysis of the Trauma Symptom Inventory-2: A four factor model

(Assessment/Diagnosis/Clinical or Interventions Research)

Godbout, Natacha, PhD¹; Hodges, Monica, PhD²; Briere, John, PhD¹; Runtz, Marsha, PhD³

¹University of Southern California, Los Angeles, California, USA
²California State University Long Beach, Long Beach, California, USA
³University of Victoria, Victoria, British Columbia, Canada

The Trauma Symptom Inventory (TSI; Briere, 1995) is one of the most widely employed tools for the assessment of the psychological effects of traumatic events in both clinical practice and research. The TSI has recently been expanded and psychometrically updated (TSI-2, Briere, in press). It includes three new scales (Somatic Preoccupation, Suicidality, and Attachment Insecurity), and several new subscales. It was hypothesized that the complex symptomatology tapped by the TSI-2 might be represented by a theoretically based and clinically meaningful set of four underlying dimensions: Self Disturbances, Posttraumatic Stress, Externalization, and Somatic Preoccupation. The purpose of this study was to test the validity of this 4-factor model in the TSI-2 standardization sample, and to replicate the results within two different new samples. In addition to the standardization sample, which involved a stratified random sample of 679 individuals from the general population, 1023 participants were recruited (506 through online Psychology websites, 517 students from a mid-sized North American university). Confirmatory factor analysis supported the hypothesized 4-factor structure of the TSI-2 in the standardization sample, and replicated this structure in the two additional samples (online sample: CFI=.94, RMSEA=.07, Ratio $\chi^2/df=3.48$; university sample: CFI=.93, RMSEA=.06, Ratio $\chi^2/df=2.92$). Results of structural equation
modeling showed factorial invariance of the configural model across all three samples. Clinical and research implications of the findings are addressed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Trauma Symptom Inventory-2: Factorial invariance across gender

(Assessment/Diagnosis/Research Methodology)

Runtz, Marsha, PhD1; Godbout, Natacha, PhD2; Briere, John, PhD2
1University of Victoria, Victoria, British Columbia, Canada
2University of Southern California, Los Angeles, California, USA

Gender differences in trauma-related symptomatology and the dimensionality of the revised Trauma Symptom Inventory (TSI-2, Briere, in press) were explored in a non-clinical sample of university students (376 women and 165 men). The TSI (Briere, 1995) is one of the most widely used tools for the assessment of the psychological effects of traumatic events with broad applications in clinical practice and research. The TSI-2 is an expanded and psychometrically updated version of the TSI which includes three new scales (Somatic Preoccupation, Suicidality, Attachment Insecurity). Initial confirmatory factor analysis (CFA) supported a model consisting of four underlying dimensions: Self Disturbance, Posttraumatic Stress, Externalization, and Somatic Preoccupation. Gender differences were explored through multivariate group comparison, controlling for age. Results indicated a significant effect of gender ($\eta^2=.13$). Women scored higher on Depression, Tension Reduction Behavior, and Rejection Sensitivity. Men scored higher on Dysfunctional Sexual Behaviors. The structural invariance of the 4-factor model was assessed via CFA, indicating good fit for men (CFI=.93, RMSEA=.06, Ratio $\chi^2/df=1.51$) and women (CFI=.93, RMSEA=.06, Ratio $\chi^2/df=2.49$), with factorial configural invariance across gender. Adding the specification of equality constraints for all freely estimated factor loadings revealed no significant difference from that of the configural model, thus the 4-factor model is a good representation of trauma symptoms in both men and women. Clinical and research implications of the findings are addressed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The role of acceptance of emotions in PTSD symptom severity

(Assessment/Diagnosis/Community Programs)

Sundermann, Jane, Doctoral, Student; Chu, Ann, PhD; DePrince, Anne, PhD
University of Denver, Denver, Colorado, USA

Emotion regulation difficulties may play a role in the development and maintenance of psychopathology in trauma-exposed individuals. The current study examined acceptance of emotions, an important aspect of
global emotion regulation, as a predictor of PTSD symptom severity in an ethnically diverse sample of 93 women who reported exposure to interpersonal trauma (e.g., childhood abuse, intimate partner violence). To measure acceptance and PTSD symptoms, participants completed the Acceptance and Action Questionnaire (AAQ) and Posttraumatic Stress Diagnostic Scale (PDS). Participants also completed several other measures, including semi-structured interviews of sexual victimization history as well as self-report questionnaires tapping other relevant forms of distress (e.g., dissociation, depression). We tested the prediction that higher AAQ scores (lower acceptance) would be associated with greater PTSD symptom severity. A simultaneous regression model was run with AAQ scores, total number of perpetrators, and total number of trauma events as predictors of PTSD symptom severity; the full model was significant ($F(3, 85) = 6.95, p < .001$). Even after controlling for total number of traumatic events and perpetrators, AAQ scores ($\beta = .39, p < .001$) predicted severity of PTSD symptoms. Implications for targeting acceptance and emotion regulation in therapy and interventions will be discussed.

**Thursday Posters**  
**Thursday, November 4**  
5:00 p.m. - 6:00 p.m.  
Salons A-C & Foyer

**Construct Validity of the Cambridge Depersonalization Scale in Trauma-Exposed College Students**

(Assessment/Diagnosis/Research Methodology)

**Talbert, Christy, BS; Mason, Elizabeth, MS; Weathers, Frank, PhD**  
*Auburn University, Auburn, Alabama, USA*

The Cambridge Depersonalization Scale (CDS; Sierra & Berrios, 2000) is a promising new measure of depersonalization. Developed in a construct validation framework based on a well-articulated theory, the CDS represents a potential improvement over other measures of depersonalization. However, relatively little is known regarding its psychometric properties. The present study examined the internal consistency and convergent and discriminant validity of the CDS in a sample of 128 (42 male, 86 female) trauma-exposed college students. The CDS exhibited good internal consistency (alpha = .91; median item-total correlation = .53). Further, the CDS demonstrated good convergent validity. It was strongly correlated with the Depersonalization ($r = .70$) and Derealization ($r = .74$) scales of the Multiscale Dissociation Inventory (MDI; Briere, 2002), although it was less strongly correlated ($r = .45$) with the Depersonalization scale of the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986). Finally, the CDS demonstrated good discriminant validity, as evidenced by a pattern of declining correlations with increasingly unrelated constructs, including general dissociation ($r = .42$); PTSD, anxiety, and borderline personality features ($r = .37-.39$); drug use ($r = .11$, ns); and random response style ($r = .01$, ns). Overall, results support the use of the CDS for the assessment of depersonalization in a trauma-exposed sample.
The Simultaneous Presence of Posttraumatic Growth and Posttraumatic Stress Disorder in a Sample of Undergraduate Students

(Assessment/Diagnosis/Clinical or Interventions Research)

Nugent, Natalie, BS; Lauterbach, Dean, PhD
Eastern Michigan University, Ypsilanti, Michigan, USA

Clients often report that they have grown in some important way as a result of their traumatic experiences. Tedeschi and Calhoun (1994) have defined the construct of posttraumatic growth (PTG) as “positive psychological change experienced as a result of the struggle with highly challenging life circumstances.” Some clients even posit that previous traumatic events help prepare them for subsequent adverse life events. This, however, stands in contrast to the common empirical finding that exposure to more frequent trauma connotes more severe symptoms of traumatic stress. Consequently, there is some debate regarding the possibility of concurrently experiencing positive symptoms of posttraumatic growth and the debilitating effects of posttraumatic stress disorder. In a study of 130 undergraduate students, 82.3% were found to have experienced at least one traumatic event with 20% of these individuals meeting criteria for a presumptive diagnosis of posttraumatic stress disorder. Of particular interest is the fact that 88.5% of the individuals experiencing PTSD symptomatology also met criteria for posttraumatic growth, as measured by the Posttraumatic Growth Inventory (Tedeschi and Calhoun, 1996). The results of this study support the idea that posttraumatic stress and posttraumatic growth symptomatology can coexist following exposure to a traumatic event.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Relationship between involvement in traumatic events at work health absenteeism and productivity in the freight and commuter railroad industry.

(Assessment/Diagnosis/Prevention/Early Intervention)

Sherry, Patrick, PhD, ABPP\(^1\); Pinarowicz, Jill, MA\(^1\); Colarosi, David, Doctoral, Student\(^2\); Cade, Jessica, MA\(^2\)

\(^1\)University of Denver, Centennial, Colorado, USA
\(^2\)University of Denver, Denver, Colorado, USA

Approximately 67,000 individuals work in railway transportation (AAR, 2003) and in 2006, 2,908 highway-rail accidents occurred which led to 362 fatalities and 999 injuries. Napper (1998) reported that 78% of locomotive engineers experienced at least one critical incident during their tenure as locomotive operators.

The relationship between critical incidents at work, the post traumatic stress symptoms and occupational productivity, health and psychological well being was investigated. Nine different freight and transit locations throughout the US participated in a survey that administered the PCL-C, the World Health Organization (WHO) productivity scale, and Beck Depression Inventory-II (BDI-II).

Results indicated that slightly less than 55% of the sample (N = 1,207) had been involved in a critical incident at work. For those involved in critical incidents a significant relationship was found between the
PCL-C and productivity ($r= -0.187, p<0.05$), absenteeism ($r= 0.291, P<0.035$), stress ($r= 0.247, p<0.05$), and feeling overwhelmed on the job ($r=0.251, P<0.05$). Increased alcohol use was also noted ($r=0.532, P<0.005$). The implications of recruitment, retention and treatment of individuals in this industry is discussed.

**Thursday Posters**

**Thursday, November 4**

5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**Psychopathy as a Moderator of Social Impairment in PTSD**

(Assessment/Diagnosis/Clinical Practice Issues)

Ratchford, Elise, BA; Holowka, Darren, PhD; Marx, Brian, PhD; Rodriguez, Paola, MA, PhD, Student; Schnurr, Paula, PhD

National Center for PTSD, Boston, Massachusetts, USA

Posttraumatic Stress Disorder and psychopathy have both been associated with impairment in social functioning. To date, however, no studies have examined whether features of psychopathy and PTSD may interact to affect social impairment. The present study investigated whether features of psychopathy moderated the effect of PTSD on social functioning. Participants were 196 male and female Veterans assessed by self-report and interview. The Clinician-Administered PTSD Scale was used to measure PTSD symptom severity. Social impairment was measured using a subscale of the World Health Organization Disability Assessment Schedule-II and subscales of the Inventory of Functional Impairment. The Psychopathic Personality Inventory - Short Form and its subscales measured psychopathy. Results showed that both the Coldheartedness and Blame Externalization subscales of the PPI moderated the relationship between PTSD symptom severity and social functioning as measured by the WHODAS ($R^2=0.330, p=0.030$; $R^2=0.402, p=0.004$, respectively), with higher severity causing lower functioning. Blame Externalization also moderated the relationship between PTSD symptom severity and difficulty with friendships on the IFI ($R^2=0.323, p=0.048$). Finally, the Carefree Nonplanfulness subscale moderated the association between PTSD symptom severity and difficulty with romantic relationships on the IFI ($R^2=0.171, p=0.039$). Implications and future directions will be discussed.

**Thursday Posters**

**Thursday, November 4**

5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**A Systematic Review of the PTSD Checklist's Diagnostic Accuracy Using QUADAS**

(Assessment/Diagnosis/Clinical Practice Issues)

McDonald, Scott, PhD$^1$; Brown, Whitney, MA$^2$; Calhoun, Patrick, PhD$^3$

$^1$Defense and Veterans Brain Injury Center, Richmond VA Medical Center, Richmond, Virginia, USA
Accurate and complete reporting of a psychiatric screening test's diagnostic accuracy study methods is essential for a reader to evaluate its methodological integrity and generalizability. Although there have been many studies of the PTSD Checklist's (PCL) diagnostic accuracy as a screening test for Posttraumatic Stress Disorder (PTSD), there have been no systematic reviews of study quality. In this study, two raters applied the 14-item QUADAS quality assessment tool to 20 diagnostic accuracy studies of the PCL. Results indicated that, across studies, several criteria were routinely met (e.g., avoided verification bias). However, others were commonly failed, including the use of an adequate reference standard and a statement that reference standard raters were blinded to PCL scores. Notably, less than half employed samples that were likely representative of the target patient populations. Inter-rater agreement was variable across items, likely reflecting the contributions of subjectivity and differences in experience with diagnostic accuracy methods. Results indicate that quality of reporting in PCL diagnostic accuracy studies is generally modest and has not improved since publication of the Standards for Reporting of Diagnostic Accuracy (STARD, 2003). Implications for screening programs and recommendations for improving quality of diagnostic accuracy studies will be discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Refining and Evaluating a Single Item PTSD Screener (SIPS) for Use in DoD Primary Care
(Assessment/Diagnosis/Clinical or Interventions Research)

Weil, Jennifer, PhD\(^1\); Gore, Kristie, PhD\(^1\); Liu, Xian, PhD\(^1\); Freed, Michael, PhD\(^1\); Engel, Charles, MD, MPH\(^2\)
\(^1\)DoD Deployment Health Clinical Center, Washington, Dist. of Columbia, USA
\(^2\)Uniformed Services University, Bethesda, Maryland, USA

**Background:** Primary care providers (PCPs) are often the first to encounter patients with PTSD. However, PCPs often fail to screen for PTSD due to time pressures. PCPs need effective and ultra-brief measures. To facilitate screening among PCPs, the Single Item PTSD Screener (SIPS) was developed. When tested initially, the SIPS modestly underperformed, relative to the commonly used but longer four item Primary Care-PTSD screen (PC-PTSD). Limitations in instrument construction may have contributed to underperformance.

**Methods:** In efforts to improve the existing SIPS, we generated new potential single item screening questions based on what is known about individual symptoms and the construct validity of PTSD. Three sources of information were used: 1) existing literature, 2) secondary data from the population used in the original SIPS construction, and 3) expert feedback. Acceptability of these newly generated SIPS questions were evaluated using brief cognitive interviews with 15 DoD healthcare beneficiaries.

**Results:** Findings were used to identify two versions of the SIPS. These versions will be evaluated in a larger trial against a criterion standard interview and the PC-PTSD.

**Conclusion:** Improved test construction methods are expected to improve operating characteristics so that the SIPS perform as well as the PC-PTSD.
False Memory and Depression in Women with Childhood Neglect

(Assessment/Diagnosis/Children and Adolescents)

Grassi-Oliveira, Rodrigo, MD, PhD; Stein, Lilian, PhD
Pontifical Catholic University of Rio Grande do Sul, Porto Alegre, Brazil

Based on neurodevelopmental findings associated with childhood neglect and the developmental aspect of recognition memory, the aim of the present study is to evaluate whether women with Major Depression Disorder (MDD) and childhood emotional neglect (CEN) are less/more susceptible to false recognition. During a false memory experiment with semantically related words participants with CEN tend to decrease false recognition of critical lures. In addition, they were significantly impaired in their ability to utilize gist information available from semantically related categories of verbal presented words. The CEN group was not significantly impaired in terms of recognition of targets and novel lures, performing similarly to control and depressed patients without CEN. All these effects were found after important variables had been controlled. Taking in consideration some limitations of the study, the data provide further evidence that the reduction in false recognition in CEN is specific to gist memory impairment and could be related with semantic representations structures and functions. Particularly we suggest that the early emotional deprivation could be impact the neurocognitive development of semantic associations.

Measuring consequences of major burns; body image and social adjustment

(Assessment/Diagnosis/Research Methodology)

Mason, Shawn, PhD¹; De long, Erin, PhD²; Feldman, Michael, MD¹; Archuleta, Debra, PhD³; Fauerbach, James, PhD¹
¹Johns Hopkins University School of Medicine, Baltimore, Maryland, USA
²University of Colorado, Denver, Colorado, USA
³Army Warrior Resiliency Program, San Antonio, Texas, USA

Burn survivors represent a trauma exposed population that often has the added burden of post-injury disfigurement. This study tests the factor structure and invariance of a measure for appearance and socially related constructs.

Data were collected at four regional burn centers over two years using the Satisfaction With Appearance Scale (SWAP). The 701 participants were primarily male (74%) and Caucasian (57%), with a mean age of 34 years, and the average TBSA was 23%. Confirmatory factor analysis procedures were used to test the structure and factorial invariance procedures were used to determine stability.

CFA results were most supportive of a first order, four-factor, oblique model. At discharge, results and fit
index values were adequate (e.g., CFI=.93; TLI=.91). Invariance of this factor structure obtained adequate fit index results with the fully free and more stringent fixed parameter analysis. This structure demonstrates a satisfactory degree of stability over two-years. When considering the substantial fluctuations in body image and scar maturation over two years post burn, this is fairly remarkable. As such, it appears that the SWAP, with minor item refinements, is a valid and reliable measure of core body image factors and should be useful for clinical and research applications.

**Thursday Posters**
**Thursday, November 4**
**5:00 p.m. - 6:00 p.m.**
**Salons A-C & Foyer**

**Psychometric Properties of the Chinese Version of the Trauma Symptom Checklist for Children**
(Assessment/Diagnosis/Children and Adolescents)

*Chen, Yi-Chuen, PhD*¹; *Tseng, Kai-Wen, BS*¹; *Fortson, Beverly L., PhD*²

¹*National Chung-Cheng University, Chai-Yi, Taiwan*
²*University of South Carolina-Aiken, Aiken, South Carolina, USA*

Current measures of childhood posttraumatic distress and related psychological symptoms were designed primarily for native English speaking children. In the current study, the factor structure, internal consistency, and convergent validity of a Chinese version of the Trauma Symptom Checklist for Children (TSCC-C) were examined. The sample consisted of 49 school-aged children who were exposed to a variety of potentially traumatic events (e.g., child maltreatment, natural disaster). Factor analyses generally confirmed one factor structure for each of the six TSCC-C scales (accounting for 45.29% to 63.20% of the variance). High internal consistency was found for each of the TSCC-C scales (alphas = .84 to .91). Significant correlations between the Posttraumatic Stress, Sexual Concerns, and Dissociation scales of the TSCC-C and the Chinese versions of the Child’s Reaction to Traumatic Events Scale-Revised *(r = .83, p < .01)*, Child Sexual Behavior Inventory *(r = .31, p < .05)*, and Child Dissociative Checklist *(r = .38, p < .01)* scores, respectively, are indicative of the convergent validity of the measure. The preliminary results suggest acceptable psychometric properties of the TSCC-C. Future studies are needed to examine this measure with a larger sample or among children who have experienced a specific type of trauma in Taiwan.

**Thursday Posters**
**Thursday, November 4**
**5:00 p.m. - 6:00 p.m.**
**Salons A-C & Foyer**

**Posttraumatic Stress Disorder and Sexual Orientation: An Examination of Life-threatening and Non-life-threatening Events**
(Assessment/Diagnosis/Culture/Diversity)
Alessi, Edward, PhD¹; Meyer, Ilan, PhD²
¹New York University, Silver School of Social Work, New York, New York, USA
²Mailman School of Public Health, Columbia University, New York, New York, USA

Previous population-based studies have found that lesbians, gays, and bisexuals (LGB) have higher prevalence of mood and anxiety disorders than heterosexuals. However, most studies have not examined PTSD. To address the gap in knowledge, this study compared prevalence of PTSD between a diverse sample of LGBs and heterosexuals (N = 508). PTSD was diagnosed using the Composite International Diagnostic Interview, however, stressful events did not have to meet DSM-IV criterion A1 to qualify as traumatic. Findings revealed non-criterion A1 events were more likely to be associated with PTSD than criterion A1 events. Non-criterion A1 events associated with PTSD included: ending an intimate relationship, the expected death of a loved one, unemployment, separation from parents, and abortion. There was no difference in prevalence of PTSD between LGBs and heterosexuals, or between non-White LGBs and White LGBs. However, Latino LGBs were more likely than White LGBs [OR = 1.91, 95% CI = 1.06, 3.42] to have PTSD. Also, Latino gay/bisexual men were more likely than White gay/bisexual men to have PTSD [OR = 3.25, 95% CI = 1.32, 7.99]. Implications for refining PTSD diagnostic criteria, clinical practice, and identifying health disparities will be discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

High Risk Behaviors and Drinking to Cope as Mediators of Lifetime Sexual Abuse and PTSD in Clients with Severe Mental Illness

(Assessment/Diagnosis/Clinical Practice Issues)

O’Hare, Thomas, PhD¹; Sherrer, Margaret, MSW²
¹Boston College, Chestnut Hill, Massachusetts, USA
²Lyndon State College, Lyndonville, Vermont, USA

To test the hypotheses that high risk behaviors and drinking-to-cope mediate lifetime sexual abuse and current PTSD symptoms, interviews were conducted by staff social workers, case managers, and psychiatric nurses with 276 adult clients (56.2% women) with a primary diagnosis of either schizophrenia spectrum disorder (54.1%) or major mood disorder (45.9%). Clients reported high rates of sexual abuse (41.7%) and high risk behaviors [e.g., suicide attempts (53.3%), self-mutilation (20.7%)], and drank-to-cope at least once within the past year (24.3%). Structural equation modeling demonstrated the following: lifetime sexual abuse, high risk behaviors and drinking-to-cope varied significantly with PTSD symptoms, and high risk behaviors and drinking-to-cope significantly mediated sexual abuse and PTSD symptoms. The final SEM model showed an excellent fit to the data ($\chi^2 (43) = 48.5, p > .05$; $NFI = .96, RFI = .93, IFI = .99, TLI = .99, CFI = .99,$ and $RMSEA = .02$). High risk behaviors and drinking-to-cope appear to exacerbate PTSD symptoms, and gender and primary SMI diagnosis moderate these relationships. Mental health professionals working in interdisciplinary treatment settings should emphasize assessment and treatment planning that addresses abuse-related trauma, PTSD symptoms, and the mediating roles of both high risk behaviors and substance abuse.
Personality Subtypes of Post-Traumatic Stress Disorder Using the SWAP-II

(Assessment/Diagnosis/Clinical or Interventions Research)

Russ, Eric, PhD Candidate¹; Bradley, Bekh, PhD²; Westen, Drew, PhD³
¹Rush Hospital, Chicago, Illinois, USA
²Atlanta Veterans Affairs Hospital, Atlanta, Georgia, USA
³Emory University, Atlanta, Georgia, USA

Post-Traumatic Stress Disorder (PTSD) is a heterogeneous diagnosis with substantial variation in clinical presentation. Several studies of personality traits in populations with PTSD suggest personality variables may account for some of the variance in PTSD presentation. However, studies investigating subtypes of PTSD have thus far focused on self-report personality measures. The current study reports data from a NIMH-funded study on 193 subjects with a diagnosis of PTSD. Data were collected from a random national sample of clinicians who provided demographics and diagnostic information. They also completed the SWAP-II, a 200 item Q-sort measure of personality. Q-factor analysis of the SWAP-II was used to determine subtypes. The following five subtypes were identified: externalizing/dysregulated, internalizing dysregulated, obsessional, dependent, and resilient. The subtypes varied in predicted ways on external criterion variables. This suggests personality may be an important, yet understudied, variable in understanding the impact of PTSD.

PTSD and Subthreshold PTSD, Eating Disorders, and Gender

(Assessment/Diagnosis/Clinical Practice Issues)

Mitchell, Karen, PhD¹; Smith, Brian, PhD¹; Mazzeo, Suzanne, PhD²
¹VA Boston Healthcare System, Boston, Massachusetts, USA
²Virginia Commonwealth University, Richmond, Virginia, USA

The comorbidity of PTSD and eating disorders (EDs) is high among women but has been understudied in men. Little is known about the association between subthreshold PTSD and EDs among women or men. This study addressed these questions using data from male (n=2382) and female (n=3310) participants of the National Comorbidity Survey-Replication study. The weighted prevalences of DSM-IV EDs were: anorexia nervosa (AN; .3% of men, .9% of women), bulimia nervosa (BN; .5% of men, 1.5% of women), and binge eating disorder (BED; 2.0% of men, 3.5% of women). Chi square tests indicated significant rates of PTSD among individuals with eating disorders, including AN (22.2% of women), BN (42.9% of men, 40.0% of women), and BED (23.3% of men, 25.3% of women). Subthreshold PTSD was more prevalent than PTSD among women with AN (27.8%) and BN (48.9%), and women and men with BED
PTSD and ED symptoms were significantly correlated. However, logistic regressions suggested that only vomiting (men) and feeling upset after a binge (women) were uniquely associated with PTSD. The relationship between PTSD and EDs was bidirectional, with the onset of the ED preceding that of PTSD in approximately 50% of cases.

In sum, PTSD was prevalent among men and women with EDs, particularly BN. Associations among specific symptoms may differ by gender, suggesting different mechanisms of comorbidity.

**Thursday Posters**

**Thursday, November 4**

5:00 p.m. - 6:00 p.m.

**Salons A-C & Foyer**

**Cross-Cultural Psychometric Properties of the Clinician Administered PTSD Scale (CAPS) among Mainland and Pacific Island Combat Veterans**

(Assessment/Diagnosis/Culture/Diversity)

Mackintosh, Margaret-Anne, PhD¹; Thorp, Steven R., PhD²; Hynes, Anna K., PsyD¹; Sones, Heather, PhD Candidate²; Morland, Leslie A., PsyD¹

¹National Center for PTSD, Pacific Islands Division, Honolulu, Hawaii, USA
²UC San Diego / VA San Diego Health Care System, San Diego, California, USA

The Clinician Administered PTSD Scale (CAPS) is considered the gold standard of diagnostic interviews for assessing for Posttraumatic Stress Disorder across a number of different populations and types of traumas. Despite its proven record of reliability and validity, it remains important to verify a measure’s psychometric properties when it is used in different populations. While the CAPS has been used in many studies of combat veterans, this study focuses on comparing the psychometric properties of the CAPS when administered to combat veterans from the mainland (primarily a Caucasian sample) to combat veterans from the Pacific Islands. Veterans in the Pacific Islands represent a complex group, differing from other groups across a number of characteristics, including both varied ethnocultural background and rurality. This study will use data (n of approximately 140) drawn from four ongoing clinical outcome studies investigating PTSD treatments that are being conducted in VAs in San Diego, CA and in Honolulu, HI. Psychometric properties of the CAPS will be assessed using Item Response Theory, specifically the comparison of the item difficulty ratings will be used to assess psychometric functioning across ethnocultural groups. We predict comparable item difficulty and psychometric properties across mainland and Pacific Islander samples, suggesting that comparisons between these groups are reasonable.

**Thursday Posters**

**Thursday, November 4**

5:00 p.m. - 6:00 p.m.

**Salons A-C & Foyer**

The Role of Traumatic Stress in the Clinical Presentation of Neurotic Disorders after Brain Injury
Objective: to find how traumatic stress conduce to the development of neurotic disturbances after brain injury.

Methods: 124 patients (mainly war participants) after brain injury had been examined at the Center “Stress”. Using specially designed questionnaires the psychiatric states of the mentioned patients had assessed. They also completed SCL-90 checklist.

Results: The psychopathological analysis showed, that the patients could be distributed into 3 groups. 31 of them had developed asthenic-depressive disturbances (Gr1), 57-personality changes (Gr2), 36-nosophobic and hypochondriacal disturbances (Gr3). 90% of patients of the Gr2 were affected by severe psychogenic factors such as reminiscences of war, painful losses, family poverty, but only 32% of patients in Gr1 and 22% of patients in Gr3 had the same influences. So the number of distressed patients in the personality changes group was significantly higher than in the other groups (p<0.001). The Hostility is significantly higher in Gr2 according to SCL-90, than in Gr1 (p<0.05) and Gr3 (p<0.001).

Conclusions: The traumatic stress is of great importance in the development of personality changes and social disadaptation, so it is important from the early stages after brain injury carry out psychotherapeutic treatment to prevent the pathological development of personality.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Implementing a routine outcome measure of success in psychosocial rehabilitation for veterans: How do you measure success when everyone’s goals are different?

While treatment of PTSD and other posttraumatic mental health conditions has improved, many veterans require temporary, intermittent or ongoing support in order to achieve their best possible level of functioning. The Department of Veterans Affairs in Australia has adopted a biopsychosocial model of rehabilitation in order to address the rehabilitation needs of veterans in areas other than vocational status. Measuring outcomes of the broad range of services provided under this biopsychosocial model remains a difficult task; rehabilitation service provision, until recently, has solely focused on return-to-work and not necessarily on other prerequisite psychosocial outcomes. This paper reports on the second phase of a three-year research project looking at Barriers to Rehabilitation. This research involved a trial of Goal Attainment Scaling (GAS) (Kiresuk and Sherman, 1968; McClaren and Rodger, 2003) as a routine measure of successful rehabilitation. This tool allows rehabilitation consultants to develop multiple targeted goals based on the needs of each individual client. This paper describes the implementation of the trial, including describing systemic factors that influence uptake and adherence in using the GAS. A
survey of providers using the GAS (n=25) provides further evidence of the potential benefits and challenges of this approach to measurement for veterans with posttraumatic mental health problems.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Examination of Psychometric Properties of Chinese Version of the Child Post-Traumatic Cognitions Inventory (CPTCI)

(Assessment/Diagnosis/Children and Adolescents)

Liu, Shu-Tsen, MD; Chen, Sue-Huei, PhD
Department of Psychology, National Taiwan University, Taipei, Taiwan

Negative trauma-related cognitions have been found to be a significant factor in progress and maintenance of post-traumatic stress disorder in adults. Initial studies of negative cognition in trauma-exposed children and adolescents suggest that it is an important line of research in youth, yet validated measures for use with children and adolescents are lacking. The child post-traumatic cognitions post-traumatic cognitions inventory (CPTCI) was devised as an age-appropriate version of the adult PTCI, and was developed and validated as a clinical and research tool. The purpose of the present study was to examine the psychometric properties of Chinese version of CPTCI. The sample comprised community and interpersonal trauma-exposed samples (referred from three child protection psychiatric clinics in Taiwan) of children and adolescents aged 7-17 years. UCLA PTSD INDEX FOR DSM-IV was the tool to evaluate the severity of posttraumatic stress reaction and to screen the potential case of PTSD. Chinese version of Kiddie-Schedule for Affective Disorders and Schizophrenia-epidemiology version was applied to the trauma-exposed samples to confirm the diagnosis of PTSD. The Child Depression Inventory was implemented to each participant. Each participant's parents or main care giver reported on the Chinese Version of CBCL. Data analysis was being run.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Comparison of Three Scoring Methods for a PTSD Symptom Questionnaire and the Characterization of False Positives

(Assessment/Diagnosis/Clinical Practice Issues)

McDonald, Scott, PhD\(^1\); Calhoun, Patrick, PhD\(^2\); Workgroup, VA Mid-Atlantic MIRECC, Not Applicable\(^3\)

\(^1\)Defense and Veterans Brain Injury Center, Richmond VA Medical Center, Richmond, Virginia, USA
\(^2\)Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC), Durham VA Medical Center, Durham, North Carolina, USA
This study examined the diagnostic accuracy of the Davidson Trauma Scale (DTS), a 17-item PTSD symptom questionnaire, and the clinical characteristics of false positive cases. Three scoring methods were compared: (1) cut score, (2) DSM-IV symptom cluster (SCM), and (3) SCM + cut score. U.S. military veterans who served during Iraq and Afghanistan operations (N = 574; PTSD base rate = 32%) were administered the DTS, the Structured Clinical Interview for DSM-IV (SCID I/P), and other questionnaires.

Results indicated that the SCM (kappa = .60), using an item-level threshold of "moderate" severity, was more accurate than the cut score method (optimal score = 40; kappa = .55). The SCM + cut score method did not appreciably improve efficiency over SCM alone. Multivariate logistic regression analysis (N = 332) demonstrated that, vs. true negatives, (1) depression and anxiety disorders proved a significant risk of false positive case status, (2) head injury was a significant risk beyond that of depression and anxiety disorders, and (3) headaches and back pain provided additional significant risk beyond the other factors. These factors accounted for 97% of false positives. Results suggest that these clinical characteristics should be considered when interpreting trauma symptom profiles of military veterans.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Trauma and Resilience among High Altitude Mountaineers
(Assessment/Diagnosis/Military/Emergency Services/Aid Workers)

Zayfert, Claudia, PhD1; Cartreine, James, PhD2; Sandoval, Luis, MA2
1Dartmouth Medical School, Lebanon, New Hampshire, USA
2Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA

Despite the inherent dangers of high altitude climbing, little research has examined climbers' exposure and reactions to trauma (Sommer & Ehlert, 2004). We report a pilot investigation of trauma exposure, resilience, personality and coping style of climbers attempting to ascend Mount Everest in spring 2008. Previous research has identified hardiness and social support as strong resilience factors (King et. Al. 1999) associated with lower incidence of PTSD among combat trauma populations. Sommer & Ehlert (2004) found that high sense of coherence of mountain climbers may mediate their resilience to the effects of high trauma exposure. Avoidant coping strategies have been associated with development of posttraumatic stress. We hypothesize that these personality factors will be related to resilience among climbers. Seventy-five climbers completed an assessment battery at Everest Base Camp (EBC) prior to their attempt to ascend Mount Everest; 64 climbers completed a post-climb assessment at EBC and 47 climbers completed follow-up via Internet 6 months later. We expected that climbers would report high rates of trauma exposure yet show low rates of PTSD and high resilience. We will report longitudinal data on trauma exposure during the expedition and PTSD, along with testing hypotheses about personality and resilience in this sample.

Participant Alert: Descriptions of mountaineering trauma
Delayed onset PTSD? - A longitudinal study of disaster survivors

(Assessment/Diagnosis/Disaster/Mass Trauma)

hussain, ajmal, Doctoral, Student; weisaeth, lars, PhD, MD; heir, trond, PhD, MD
Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

We aimed to study A1 and A2 stressor criteria and amplification of perceived life threat in cases of claimed delayed onset of PTSD. Norwegian tourists who experienced the 2004 tsunami were studied. Data was collected through postal questionnaires at six months (T1, n=899) and 24 months (T2, n=674) post-disaster. Impact of Event Scale Revised was used to measure posttraumatic stress symptoms. Caseness was defined by a cut-off score of 33 and above. Fifty (8%) survivors who were non-cases at T1 and who suffered from PTSD at T2 are compared with groups of no-case/no-case, case/no-case, and case/case at the same points in time. Thirty six percent of those who went from no-case to case did not satisfy the A2 as reported at T1. Analyses showed that A1 criterion, danger exposure as well as A2, fear helplessness and horror as reported at 6 months were of lower intensity than in the other case groups. Amplification of perceived life threat from T1 to T2 was associated with development of PTSD symptoms. The findings that a considerable number of delayed onset PTSD cases did not fulfil the A1 and A2 criteria raises critical questions about the validity of the diagnostic concept of delayed onset PTSD.

Differences in PTSD's Factor Structure Based on Different PTSD Assessment Instrumentation

(Assessment/Diagnosis/Research Methodology)

Elhai, Jon, PhD^1; Naifeh, James A., PhD^2; Biehn, Tracey L., BA^1
^1University of Toledo, Toledo, Ohio, USA
^2Uniformed Services University, Bethesda, Maryland, USA

We examined the effect of using different posttraumatic stress disorder (PTSD) item wordings on PTSD’s factor structure. Non-clinical, trauma-exposed participants were randomly assigned to either complete the PTSD Checklist (n = 182) or PTSD Symptom Scale (n = 203), each differing somewhat in item wording. Using confirmatory factor analysis, the four-factor “dysphoria” PTSD model proposed by Simms, Watson, and Doebbeling (2002; emphasizing a general dysphoria factor) demonstrated the best model fit across both groups. Measurement invariance testing revealed that groups significantly differed on observed variable intercepts (indicating differences in item severity) and residual error variances (indicating different
amounts of unexplained variance from the factors). Furthermore, PTSD’s factors were substantially more intercorrelated for the PSS when using the dysphoria model rather than a competing model. Results highlight the importance of instrument selection when drawing conclusions about PTSD’s best fitting factor structure. Findings also add to our understanding of PTSD’s factor structure more generally as we approach revision of PTSD symptoms in the forthcoming DSM-5.

**Thursday Posters**
**Thursday, November 4**
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**Predictive power of the peritraumatic distress inventory: a meta-analysis**

(Assessment/Diagnosis/Clinical or Interventions Research)

**Thomas, Emilie, PhD Candidate; Saumier, Daniel, PhD; Brunet, Alain, PhD**

*Douglas Institute - McGill University, Montreal, Quebec, Canada*

Posttraumatic Stress Disorder (PTSD) sometimes develops in individuals who experience heightened peritraumatic distress. Those peritraumatic distress reactions include intense physiological arousal (e.g., racing heart, sweating and shaking) and negative emotions (e.g., fear, helplessness, horror, anger, shame) experienced at the time or in the immediate aftermath of trauma exposure. Yet, as DSM-V is being prepared the usefulness of criterion A2 is a matter of debate. In order to examine this issue, we conducted a meta-analysis. We hypothesized that responses on the reliable and valid peritraumatic distress inventory (PDI) would indeed predict the development of PTSD. We obtained a pooled correlation coefficient of 0.54 (95% CI: 0.47-0.61) in a random effect model between the PDI and PTSD symptoms. Thus, peritraumatic distress is a robust predictor of who will develop PTSD.

**Thursday Posters**
**Thursday, November 4**
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**Neural correlates of working memory performance during emotional distraction in dissociative and non-dissociative traumatized patients with Borderline Personality Disorder**

(Assessment/Diagnosis/Clinical or Interventions Research)

**Elzinga, Bernet, PhD**¹; Krause-Utz, Annegret, PhD Candidate²; Schmahl, Christian, MD, PhD²; Oei, Nicole, PhD Candidate³; Bohus, Martin, MD, PhD²

¹Section of Clinical and Health Psychology, University of Leiden, The Netherlands, Leiden, ²Department of Psychosomatic Medicine and Psychotherapy, Central Institute of Mental Health, Mannheim, Germany ³University of Leiden, Leiden, Netherlands

Emotion dysregulation is a core feature in Borderline Personality Disorder (BPD) and Posttraumatic Stress Disorder (PTSD). Both disorders are also characterized by states of dissociation. Although current
theories emphasize the disruptive potential of negative emotions and dissociation on cognitive functioning, neurobiological data on this relationship are lacking. Using functional magnetic resonance imaging (fMRI, 3T) neural activity was investigated in 22 unmedicated interpersonally traumatized BPD patients (n=8 with comorbid PTSD) - and 22 healthy participants (matched for age, education and IQ) performing an adapted Sternberg working memory task, while being distracted by emotional and neutral pictures. Borderline patients were assigned to two subgroups by a median split of self-reported dissociation. Compared to healthy participants, Borderline patients in both subgroups had significantly longer reaction times for a similar level of accuracy during emotional distraction. However, only Borderline patients with low dissociation levels showed significantly higher amygdala activation during emotional distraction compared to healthy participants. A post-hoc comparison between Borderline patients without vs. with PTSD revealed a trend, with borderline patients with comorbid PTSD showing lower amygdala activation. Findings suggest that emotional hyperresponsiveness negatively affects working memory performance in Borderline patients, while dissociation appears to have a dampening effect on emotional reactivity in traumatized BPD patients, even when accounting for comorbid PTSD.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Neuroimaging social emotional processing in PTSD: fMRI Study
(Assessment/Diagnosis/Clinical or Interventions Research)

Frewen, Paul, PhD¹; Dozois, David, PhD²; Neufeld, Richard, PhD²; Lanius, Ruth, MD, PhD²
¹University of Western Ontario, Depts. of Psychiatry and Psychology, London, Ontario, Canada
²University of Western Ontario, Depts. of Psychiatry and Psychology, London, Ontario, London, Ontario, Canada

Studies of response to script-driven imagery in individuals with PTSD have primarily examined idiographic traumatic events, less being known about responses to standardized events making group comparisons difficult. This study investigated self-report and functional neural responses to imagery of standardized interpersonal (social) versus intrapersonal (non-social) negative and positive events in women with (n=57) versus without (n=49) PTSD. Women with PTSD reported decreased positive affect in response to imagery of positive events, and increased negative affect, emotional avoidance, and priming of episodic recall in response to imagery of both negative and positive events. BOLD responses within 14 women PTSD versus 20 controls completing the task while undergoing fMRI at 4-Tesla revealed decreased response within the left dorsomedial prefrontal cortex and temporal pole specifically while imaging positive social events. Women with PTSD evidenced greater response within left insula during imagery of relaxation events, whereas amygdala responses correlated with negative affect experienced during the relaxation events in women with PTSD. Future research directions and clinical implications for social and emotional functioning including anhedonia in trauma-related disorders including PTSD and BPD will be discussed.

Thursday Posters
Thursday, November 4
The role of inhibitory learning in PTSD symptoms in Dutch soldiers deployed to Afghanistan

(Assessment/Diagnosis/Prevention/Early Intervention)

Sijbrandij, Marit, PhD; Engelhard, Iris, PhD; Lommen, Miriam, PhD; van den Hout, Marcel, PhD
Clinical and Health Psychology, Utrecht University, Utrecht, Netherlands

Translational studies on fear learning suggest that susceptibility to develop a posttraumatic stress disorder (PTSD) may amongst others be explained by abnormalities in fear conditioning. Indeed, studies have shown that individuals with PTSD show stronger fear responding to fear associations than individuals without PTSD. However, studies have also shown that PTSD may be associated with a failure in inhibitory learning (the failure to inhibit the fear response in the presence of safety signals). In the current study, we tested the hypothesis that inhibitory learning deficits are associated with acute PTSD symptoms.

A sample of 255 Dutch soldiers who had been deployed to Afghanistan from 2009 to 2010, were administered an experimental task assessing inhibitory learning deficits approximately 2 months after returning home. This task included one set of shapes (danger signal) paired with a mild electric shock, and another set of shapes (safety signal) with no shock. The task also included a fear inhibition transfer test, during which the danger and safety signals were presented together. Dependent variables were fear-potentiated startle (eyeblink component of the acoustic startle response) and shock expectancy-ratings.

In addition, PTSD symptoms were assessed with clinical interviews and self-report measures. Soldiers with high levels of PTSD symptoms will be compared to soldiers with low levels of PTSD symptoms in terms of fear potentiation to the transfer inhibition test. The relevance of these results for understanding fear learning processes involved in PTSD will be discussed during the symposium.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Biological Correlates of CBT for PTSD: A Systematic Review

(Biological/Medical/Clinical or Interventions Research)

Gonçalves, Raquel, MA, MSc¹; Neylan, Tom, PhD, MD²; Lages, Ana Cristina, BSc³; Rodrigues, Helga, BA⁴; Ventura, Paula, PhD⁵
¹Federal University of Rio de Janeiro, Niterói, Brazil
²San Francisco Veterans Affairs Medical Center, San Francisco, California, USA
³Federal University of Rio de Janeiro, Rio de Janeiro, Brazil
⁴Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Cognitive behavioral therapy (CBT) is an effective treatment for post traumatic stress disorder (PTSD). Psychometric measures have been used as the basis for efficacy evaluation. However, such methodology is not without limitations. Therefore, objective measures, such as alterations in biological parameters related to therapy effects, are being used. Those parameters are more valid and reliable than
the usual psychometric measures, being critical for more objective treatment outcome monitoring, identification of response predictors, and for informing the development of novel treatments and prevention strategies. The aim of this systematic review was to investigate studies which used biological parameters to assess the efficacy of CBT in treating PTSD, or which used these parameters as predictors of the response to CBT. Conducting an electronic search in ISI, PubMed and PILOTS databases, we found 12 articles which met our selection criteria and were not excluded for several reasons. A relationship was found between CBT efficacy and parameters changes, with heart rate measure responses to symptom provocation being the parameter most often studied. Its reduction is associated with an improvement in PTSD symptoms. The potential biomarkers of response predictions found included 5α-reductase, amygdala activation, anterior cingulate cortex activation and volume, and heart rate.

**Thursday Posters**
**Thursday, November 4**
**5:00 p.m. - 6:00 p.m.**
**Salons A-C & Foyer**

**Biofeedback Breathing Regulation during Exposure in Patients with PTSD: A pilot study**

(Biological/Medical/Clinical or Interventions Research)

**Polak, Rosaura, MSc; Witteveen, Anke B., PhD; Olff, Miranda, PhD**
*Amsterdam Medical Center, Amsterdam, Netherlands*

Trauma focused cognitive behavioural therapy (TF-CBT) has been found to be the most effective psychotherapeutic treatment for patients with Posttraumatic Stress Disorder (PTSD), with imaginal exposure as its key ingredient. Nevertheless, not every patient fully recovers with TF-CBT. Based on recent pilot-studies showing that biofeedback induces changes in the parasympathetic nervous system and reduces anxiety and depression rates, we conducted a study in which we compared TF-CBT to TF-CBT with an adjunct of breathing biofeedback during exposure sessions. We hypothesized more pronounced acute changes in physiological reactivity (e.g., increased heart rate variability (HRV)) as well as a faster reduction of PTSD-symptom levels during exposure with adjunctive breathing biofeedback compared to exposure in regular TF-CBT. Adult patients with chronic PTSD (symptom duration > 3 months) were recruited at the regular outpatient psychiatric clinic of the AMC, and were assigned to either treatment with TF-CBT (n=10) or to TF-CBT with breathing biofeedback (n=10). Primary outcome measures were heart rate (HR), heart rate variability (HRV) and salivary cortisol levels during exposure sessions, and the change on the Subjective Units of Distress Scale (SUDS) and Impact of Event Scale-Revised (IES-R) from session to session. In this poster presentation, preliminary results will be presented.

**Thursday Posters**
**Thursday, November 4**
**5:00 p.m. - 6:00 p.m.**
**Salons A-C & Foyer**
Subjective and objective neuropsychological deficits in post-traumatic stress disorder and mild traumatic brain injury: What remains after control of comorbidity?

(Psychological/Medical/Assessment/Diagnosis)

Pineau, Hélène, PhD Candidate1; Marchand, André, PhD2; Guay, Stéphane, PhD3
1Université du Québec à Montréal & Centre de Réadaptation Lucie-Bruneau, Montréal, Quebec, Canada
2Université du Québec à Montréal & Centre d'Étude du Trauma, Montréal, Quebec, Canada
3Université de Montréal & Centre d'Étude du Trauma, Montréal, Quebec, Canada

Attention and behavioural complaints are part of DSM-IV-TR (2000) criteria in post-traumatic stress disorder (PTSD) diagnosis. These symptoms are also reported by mild traumatic brain injury (MTBI) patients. This complicate diagnosis and treatment, especially when these two conditions co-exist simultaneously. This exploratory study aims to compare subjective cognitive and behavioural complaints in PTSD and MTBI populations with objective measures of cognitive performance. Self-reported questionnaires of cognitive and behavioural changes perceived since the event are administered to PTSD/+MTBI, PTSD and MTBI samples. Neuropsychological battery for attention, memory and executive functions were also administered. Confounding variables such as medical, developmental or neurological antecedents are controlled. All clinical groups reported more complaints since traumatic event compared to matched controls. PTSD and PTSD/+MTBI groups reported more symptoms of general anxiety and depression but also more complaints than the MTBI group. Since the two PTSD groups differed on severity of PTSD symptoms but not on severity of depression and anxiety symptoms, PTSD condition could not be considered as the unique factor contributing to results. Our results underlined the importance of controlling for confounding medical and psychological co-morbidities in the evaluation and treatment of PTSD populations, especially when a concomitant MTBI is also suspected.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

5-HT2A Receptor Antagonism by MDL 11,939 during Inescapable Stress Prevents Subsequent Exaggeration of Acoustic Startle Response and Reduced Body Weight in Animal Model of PTSD

(Biological/Medical/Prevention/Early Intervention)

Li, He, MD, PhD; Jiang, Xiaolong, PhD; Jia, Min, MD; Gamble, Eleanore, MSc; Ursano, Robert, MD
USUHS, Bethesda, Maryland, USA

Activation of central 5-HT2A receptor signaling and its subsequent alterations have been implicated in the pathophysiological response to stress and the pathogenesis of stress-associated psychiatric disorders. To further examine the association between alterations in central 5-HT2A receptor signaling and the occurrence of stress-induced psychiatric symptoms, the present study, utilizing a learned helplessness stress model in rats, determined whether 5-HT2A receptor signaling blockade during stress might prevent the occurrence of stress-induced physical and behavioral abnormalities. Rats subjected to restraint/tail shock for three days developed long-lasting elevated acoustic startle response (ASR) and reduced body...
weight, compared to non-stressed control animals. However, administration of the selective 5-HT$_{2A}$ receptor antagonist, MDL 11,939, 30 min prior to exposure of the animals to the stress protocol prevented the subsequent occurrence of elevated ASR and reduced body weight in a dose-dependent manner in stressed subjects. Administration of MDL 11, 939 to the animals immediately after exposure to the stress protocol also prevented the occurrence of exaggerated ASR, but was not able to normalize body weight. These findings suggest a critical role of central 5-HT$_{2A}$ receptor activation in developing the pathophysiology associated with elevated ASR and reduced body weight during stress.

**Thursday Posters**

**Thursday, November 4**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**Breastfeeding under stress during infancy is associated with hippocampal volume, cortisol stress response, and internalizing problems in adolescence**

(Biological/Medical/Children and Adolescents)

**Charil, Arnaud, PhD**$^1$; Laplante, David P., PhD$^1$; Paus, Tomáš, MD, PhD$^2$; Brunet, Alain, PhD$^1$; King, Suzanne, PhD$^1$

$^1$Douglas Institute Research Centre, Montreal, Quebec, Canada
$^2$Rotman Research Institute, Baycrest Centre for Geriatric Care, Toronto, Ontario, Canada

The aim of the study was to determine the effects of being exposed to a natural disaster (1998 Quebec Ice Storm) in infancy on brain morphology, cortisol stress response and internalizing problems during adolescence. Since cortisol is found in breast milk, we hypothesized that breastfeeding would moderate the effects of maternal stress on infant outcomes. We studied 54 11½-year-old children born in 1997 (27 males) who were infants during the ice storm (Never Breastfed = 13; Breastfed Prior to the Ice Storm (BFprior) = 26; Breastfed During the Ice Storm (BFduring) = 15). MRIs were acquired and both hippocampi were automatically segmented. We obtained children’s acute salivary cortisol responses to the MRI, and mothers rated their children’s internalizing problems. The Retrospective Ice Storm Questionnaire assessed maternal hardship to the disaster. For BFduring children only, a combination of greater maternal hardship and duration of breastfeeding from the start of the ice storm predicted smaller left hippocampal volume. This in turn predicted a smaller acute cortisol response, which predicted more severe internalizing problems at 11½ years of age. These results suggest that breastfeeding during a disaster may moderate the effects of maternal stress, resulting in less than optimal outcomes in exposed adolescents.

**Thursday Posters**

**Thursday, November 4**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**Relation between child abuse and/or neglect and hippocampal volumes, and cortical thickness, in first episode psychosis patients**
In first episode psychosis (FEP) patients there is a high prevalence of childhood trauma. Its relationship with volume of the hippocampus (HC) or cortical thickness has yet to be determined. We assessed this relationship in thirty-five FEP patients (23 men) who participated in a naturalistic outcome study. Childhood abuse and neglect were assessed with the Childhood Trauma Questionnaire (CTQ). T1-weighted anatomical MRIs of the brain were obtained. Following nonuniformity correction, registration into standard stereotaxic space, and signal intensity normalization, both left and right HC (total, body, head, and tail) were manually segmented. We obtained cortical thickness across the entire cortex using the CIVET pipeline. Significant positive correlations were found between right HC tail and CTQ Abuse for men (r=.48; p<.05), and between both left (r=.83; p<.01) and right (r=.89; p<.01) HC heads and CTQ Neglect for women. In men, cortical regions that were thicker with increased emotional abuse included the left parahippocampal/entorhinal, posterior temporal and supramarginal gyri. In women, cortical regions that were thicker with increased emotional neglect included bilateral parahippocampal/entorhinal gyri and anterior cingulate cortex. These results suggest that different HC and cortical regions are associated with different types of childhood maltreatment in men and women.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Traumatic brain injury among a treatment-seeking Canadian sample of service members during post-deployment from Afghanistan

There has been increasing concern about the exposure of service members to traumatic brain injury (TBI) during deployments to Iraq and Afghanistan and its association with posttraumatic stress disorder (PTSD) and depression. The current study aimed to examine whether TBI was associated with greater severity of PTSD and depression among a treatment-seeking sample of Canadian service members returning from Afghanistan. Since July 2007, all service members referred to the Veterans Affairs Operational Stress Injury Clinic in Winnipeg Manitoba have been routinely screened for TBIs using the Brief Traumatic Brain Injury Screen. Sociodemographic factors, psychometric assessments (Posttraumatic Stress Disorder Checklist-Military [PCL-M], Beck Depression Inventory [BDI], Beck Anxiety Inventory), and clinical diagnoses of mental disorders were collected. Among 56 service members, 28 screened positive for TBI. Participants who screened positive for TBI were significantly more likely to have lower education and single marital status. A positive screen for TBI was not significantly associated with a diagnosis of PTSD or depression, or higher scores on the BDI, BAI or PCL-M. Although screening positive for TBI was prevalent in this sample, it was not associated with greater severity of mental health problems.
Changes over time in EMG-Biofeedback in traumatised migrants with chronic pain

(Biological/Medical/Clinical or Interventions Research)

Morina, Naser, MS (PhD, Student)¹; Liedl, Alexandra, MS (PhD, Student)²; Knaevelsrud, Christine, PhD³; Karl, Anke, PhD⁴; Mueller, Julia, PhD¹

¹Department of Psychiatry, University Hospital Zurich, Zurich, Switzerland
²Treatment Center for Torture Victims Berlin, Berlin, Germany
³FU Berlin, Clinical Psychology and Psychotherapy, Berlin, Germany
⁴University of Exeter, School of Psychology, Exeter, United Kingdom

Chronic pain (CP) and posttraumatic stress disorder (PTSD) are frequently comorbid in non-western migrants. The efficacy of biofeedback (BF), such as electromyographic (EMG)-BF, has been demonstrated for a variety of chronic pain syndromes such as low back pain. The aim of the current study was to test whether BF would reduce CP and psycho-physiological markers.

In this uncontrolled study we treated 45 migrants with CP and PTSD using a pain-focused cognitive-behavioral BF approach, which consisted of 10 sessions of EMG-BF. Before and after treatment we performed psycho-physiological assessment by continuously recording EMG activity and heart rate (HR). Skin conductance level (SCL) was also measured under five conditions: (a) baseline, (b) a non-specific stressor, (c) an idiosyncratic stressor, (d) physical movement/manipulation of pain site, and (e) relaxation.

Additionally we assessed the psychopathology status and pain associated conditions with standardized assessment procedures.

Preliminary results showed a significant pre-post reduction of the HR reactivity to the stressful and painful diagnostic condition. Furthermore, the EMG reactivity at the pain site was significantly reduced for both the stressful and painful diagnostic conditions. Finally, the SCL to the stressful condition was significantly reduced.

These findings provide some evidence that EMG-BF can improve pain and psycho-physiological outcomes.
Pilot studies of mindfulness-based therapy for combat PTSD were conducted at VA Ann Arbor PTSD clinic. 20 combat veterans seeking treatment for PTSD were enrolled in (8 session) mindfulness-based group therapy. Five patients (25%) dropped, but completers returned homework and reported engagement in home mindfulness practice, and showed significant (p<.01) improvement in self-blame cognitions (PCTI), and PTSD symptoms in self-report (PDS) and clinician administered (CAPS) scales. Self-report "mindfulness" (MMQ) factors of Nonreactivity and Naming emotions were significantly lower in PTSD patients compared to combat and community controls, and were negatively correlated with post-therapy CAPS. A treatment development and RCT with OEF/OIF PTSD patients, which includes pre-post fMRI neuroimaging, is underway. Available data from OEF/OIF mindfulness and control (present centered therapy) pilot groups will be discussed. Initial fMRI data (baseline) finds increased amygdala and decreased dorsal medial prefrontal cortex activity in PTSD patients (vs healthy controls) in emotional regulation fMRI paradigms. The MMQ "Nonjudgmental" factor ([8,50,18],Z=3.36) correlated with an overlapping dmPFC region, and the "Nonreactive" factor correlated negatively with right amygdala activity ([28,8,-20],Z=3.47).

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Posttraumatic stress disorder, sexual victimization and disordered eating among college students
(Biological/Medical/Culture/Diversity)

Rodgers, Rachel,¹; Capitaine, Maud, BA²; Dubosc, Aubé, BA³; Birmes, Philippe, MD, PhD⁴; Chabrol, Henri, MD, PhD²
¹CHU de Toulouse et Université, Toulouse, France
²Université Toulouse 2, Toulouse, France
³Centre d'Etudes et de Recherche en Psychopathologie, Université Toulouse-Il Le Mirail, France, Toulouse, France
⁴Laboratoire du Stress Traumatique - CHU et Université de Toulouse, Toulouse, France

This study aims to explore the relationship between PTSD symptoms, sexual victimization and disordered eating among female college students.
Female students mean(SD) age = 22.4 (4.5)) completed either a paper or an online survey. They completed a questionnaire assessing sexual victimization, related PTSD symptoms (PCL-S), disordered eating (EAT), and depressive symptoms (CES-D) and also reported other traumatic experiences.
Participants reported an average of .43 types of sexual victimization over the last year, and 2.3 over their lifespan. Only 35% of the sample reported having never experienced sexual victimization. Mean (SD) PCL-S scores were 26.0 (12.9), mean (SD) EAT scores were 8.2 (8.1), and mean (SD) CES-D scores were 21.3 (11.7). Controlling for other traumatic events, sexual victimization was significantly correlated with PCL-S scores (r=.55, p<.001), EAT scores (r=.28, p<.001), and CES-D scores (r=.26, p<.001). Hierarchical regression analysis revealed that, controlling for other traumatic events and CES-D scores, sexual victimization was a significant predictor of EAT scores (Beta=.23, t(144)= 2.88, p<.005).
Sexual victimization is frequent among college students, and is strongly associated with PTSD symptoms and disordered eating. Further clarification of the link between these concerns following sexual trauma is required.
Attachment representations and behavioral problems in preschoolers disclosing sexual abuse

(Children and Adolescents/Clinical Practice Issues)

Beaudoin, Geneviève, MS (PhD, Student)¹; Hébert, Martine, PhD¹; Bernier, Annie, PhD²
¹Université du Québec à Montréal, Montréal, Quebec, Canada
²Université de Montréal, Montréal, Quebec, Canada

Empirical reports have documented that child sexual abuse (CSA) is associated with both internalizing and externalizing behavioral problems. While past research has help us achieve a better understanding of the psychosocial profiles of victims, the majority of studies did not analyze the correlates of CSA while considering specific developmental periods. Contextual variables associated with CSA and the influence of family interactions may be particularly salient for preschoolers. In the present study, attachment representations of preschoolers disclosing CSA are analyzed as a potential factor contributing to maternal reports of internalizing and externalizing behavior problems. Preschoolers (ages 4 to 6) consulting in a pediatric hospital following allegation of CSA complete a series of stories (Bretherton, Ridgeway & Cassidy, 1990) and the interviewer uses a set of cards following the procedure outlined by Miljkovitch, Pierrehumbert, Karmaniola & Halfon (2003) to codify attachment representations. Mothers completed the Child Behavior Checklist (Achenback & Edelbrock, 1991). Regression analyses were conducted to predict internalized behavior problems and externalized behavior problems reported by the mother. Results are discussed in terms of implications for treatment interventions with preschoolers disclosing sexual abuse.

Impact of Family Functioning on the Development of Acute Child PTSD Symptoms in Pediatric Injury Victims

(Children and Adolescents/Prevention/Early Intervention)

Ostrowski, Sarah, PhD¹; Lee, Timothy, MD²; Christopher, Norman, MD²; Delahanty, Douglas, PhD³
¹Western Kentucky University, Bowling Green, Kentucky, USA
²Akron Children's Hospital, Akron, Ohio, USA
³Institute of Clinical and Translational Research, Kent, Ohio, USA

Research has begun to identify predictors of childhood PTSD at varying times post-trauma. However, few have longitudinally examined acute familial mechanisms through which child PTSD may develop. Moreover, prior research has identified prior trauma history as a risk factor for PTSD. The present study assessed PTSD symptoms in 118 child ED patients aged 8-18 years. Children were assessed in-hospital
and at 2- and 6-weeks post-trauma. In addition, social and environmental characteristics of the families were measured at 2-weeks post-trauma. Forty-three percent of the children reported at least 1 prior traumatic event. Furthermore, findings suggest that after controlling for child age and gender, a significant interaction was found between prior trauma history and family control (p<.05). Decomposition of the interaction suggests that those children with a prior trauma history and high family control are more likely to report higher symptoms of PTSD at 6-weeks post-trauma. All other family environment variables were nonsignificant in predicting child 6-week PTSS. Results of the current study highlight the importance of examining prior trauma history and family environment, particularly parental control, on the dynamic development of child PTSD. Results can help aid in the development of family-specific interventions in the acute aftermath of a child’s trauma.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Caregiver characteristics and the development of PTSD following traumatic injury in children

(Children and Adolescents/Assessment/Diagnosis)

Morris, Adam, BA; Christopher, Norman, MD; Delahanty, Douglas, PhD

1 Kent State University, Kent, Ohio, USA
2 Akron Children’s Hospital, Akron, Ohio, USA

Cognitive appraisals and memory factors are emphasized in adult theories of PTSD as contributors to the etiology of PTSD. Recent research in children has argued that specific parental styles facilitate adaptive memory consolidation of the traumatic event by correcting misinterpretations and assisting in coping to support functional reappraisals. However, the literature regarding the impact of parenting following injury is limited and lacks specificity. The current study aims to investigate the relationships between child and parent injury severity appraisals and child PTSD. The study includes children seen in the Emergency Department for non-abuse related injuries and their parents/guardians. Results of this ongoing study will be presented. Preliminary analyses revealed that child appraisals (β=.55, p<.05) significantly predicted child PTSD symptoms (PTSS) following injury; however there was no relationship between parent injury severity appraisals and child PTSS (β=.03, ns). After accounting for variance associated with age, parent appraisals trended towards a significant interaction with child appraisals in predicting initial child PTSS (ΔR² = .06, p=.10), such that, as child appraisals increased, those whose parents had lower injury severity appraisals were more impacted. Implications for intervention following trauma in children will be discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer
Experiences of Childhood and the Co-occurrence of Alcohol Abuse and Perpetration of Intimate Partner Violence in Adolescence

(Children and Adolescents/Social Issues/Public Policy/Ethics)

Faulkner, Breanne, MA, Student\(^1\); Goldstein, Abby, PhD, Cpsych\(^1\); Wekerle, Christine, PhD, Cpsych\(^2\)

\(^1\)OISE - University of Toronto, Toronto, Ontario, Canada
\(^2\)McMaster University, Hamilton, Ontario, Canada

Although the relationship between alcohol abuse and intimate partner violence (IPV) perpetration in adulthood is well established, there is little research on the existence of such a link in adolescent samples. This is surprising given that rates of heavy drinking and IPV perpetration are highest among individuals between the ages of 15 and 24. Moreover, although both problem drinking and IPV perpetration have been linked to experiences of maltreatment or trauma in childhood, few studies have examined this relationship directly. It is possible that exposure to particular forms of childhood maltreatment (e.g., abuse versus neglect; witnessing domestic violence) or exposure to multiple maltreatment types increases the likelihood of alcohol abuse, IPV perpetration, and their co-occurrence.

The current study examines the relationship between several types of childhood trauma and the co-occurrence of alcohol abuse and IPV in sample of youth with significant exposure to childhood maltreatment. We utilize cross-sectional data from the longitudinal Maltreatment and Adolescent Pathways (MAP) project (N = 556 at initial testing), examining childhood maltreatment outcomes among adolescents (ages 14-17) recruited from Children’s Protection Services in a major Canadian urban centre. The implications of these findings for early intervention and for child welfare practice will be discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Autonomic Nervous System Reactivity as a Moderator of the Link between Parental Intimate Partner Aggression and Preschoolers’ Adjustment

(Children and Adolescents/Prevention/Early Intervention)

Dodson, Mary, MA, Student; McDonald, Renee, PhD; Jouriles, Ernest N., PhD
Southern Methodist University, Dallas, Texas, USA

Theory based on a biopsychosocial model of child adjustment suggests that children’s exposure to traumatic events, such as parental intimate partner violence (IPV), coupled with a temperament-based predisposition to respond to environmental stressors with distress, increases risk for child conduct problems. Research with school-aged children is consistent with this theory, indicating that autonomic nervous system (ANS) reactivity interacts with exposure to parental IPV to predict children’s conduct problems. Specifically, the relation between IPV and child adjustment is greater for children with higher levels of ANS reactivity than for children with lower levels. This study evaluates whether autonomic reactivity among preschool-aged children similarly moderates the association between exposure to IPV and children’s adjustment. For a variety of reasons associated with developmental processes, it is not clear if this moderator effect will emerge with preschoolers.
Mothers reported on recent IPV and children’s conduct problems. Children participated in a baseline assessment of physiological responses, after which they participated in a laboratory task that reliably activates the ANS. Preliminary analyses with 28 participants indicate that SCL reactivity during the lab task moderates the relationship between parental IPV and child conduct problems, with a stronger relation among preschoolers with higher levels of autonomic reactivity.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Authenticity in Relationships as a Mediator Between Early Childhood Trauma and Negative Outcomes

(Children and Adolescents/Culture/Diversity)

Han, Sohyun, BA; Theran, Sally, PhD
Wellesley College, Wellesley, Massachusetts, USA

Theorists have suggested that traumatic experiences, particularly those involving close interpersonal relationships, are likely to affect the quality and authenticity of relationships, as well as individuals’ sense of self (Herman, 1992; Pearlman & Courtois, 2005). Lower levels of authenticity in relationships in turn have been associated with negative outcomes such as depression and low self-esteem, especially for women (Jack, 1991). The goal of the current study was to assess authenticity in relationships as a mediator in the relation of early childhood trauma to negative outcomes. Two-hundred and fifty-seven female students from a small liberal arts college were administered questionnaires examining their authenticity in relationships with mothers, fathers, best friends, classmates, and teachers, history of childhood trauma and current depressive symptomatology, self-esteem, and trauma symptoms. Approximately 30% of the participants experienced physical abuse, physical neglect, emotional abuse, and/or emotional neglect. Regression analyses were performed, and the Sobel test indicated that authenticity with mothers and fathers significantly mediated the relations between childhood trauma and depressive symptomatology, self-esteem, and traumatic symptomatology ($p < .001$). No significant effects were found with authenticity with best friends, classmates and teachers. These results suggest important clinical implications for intervening and counseling those who have experienced childhood maltreatment.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Effects of Family and Peer Support on Psychopathology in Latino Youth Exposed to Violence

(Children and Adolescents/Clinical or Interventions Research)
Latino youth living in a low-income, urban environment are at high risk of exposure to violence and associated mental health problems. The literature advocates that perceived social support is associated with positive mental health outcomes and may also buffer against the negative impact of exposure to violence. Although parents remain an important source of social support, during adolescence youth increase their reliance on peer support. The current study examines the relative effects of family and peer support on PTSD and anxiety symptoms in a sample of Latino youth (N=168) ages 11-15. Additionally, we examine whether family and peer support buffer the effects of violence exposure on mental health. As expected, lifetime exposure to violence was strongly associated with PTSD (r=.51, p<.001) and anxiety symptoms (r=.31, p<.001). Lower levels of violence exposure were also associated with increasing levels of family support (r=-.21, p=.01). While family support was negatively associated with PTSD symptoms (r=-.24, p=.019), the number of close friends was negatively associated with anxiety symptoms (r=-.18, p=.019). Despite these main effects of family and peer support on youth mental health, social support did not mitigate the strong associations between lifetime exposure to violence and PTSD and anxiety symptoms.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Role of Avoidance in the Relation between Traumatic Life Events and Childhood Depression and Suicidal Behavior

(Children and Adolescents/Assessment/Diagnosis)

Kaplow, Julie, PhD; King, Cheryl, PhD, ABPP; Gipson, Polly, PhD; Burch, Bianca, MSW
University of Michigan Medical School, Ann Arbor, Michigan, USA

Studies suggest that how one copes with traumatic events may be more relevant to adjustment than the extent of the trauma experienced. Certain coping strategies appear to be more problematic than others in increasing future psychopathology, and avoidant coping in particular has been associated with posttraumatic stress in adults (Krause et al., 2008) and children (Kaplow et al., 2005). Few studies have examined avoidant coping in relation to depression and suicidal behavior in youth. Given the high prevalence rates of depression in traumatized youth (e.g., Koverola et al., 1993) and the fact that suicide is the 3rd leading cause of death among adolescents (CDC, 2008), studies that identify causal pathways to these outcomes are particularly important. The goal of the current study was to examine the potential mediating role of avoidance in the relation between childhood trauma and depression and suicidal thoughts/behaviors. A total of 229 youth, aged 14 to 19, seeking ER services were administered measures assessing coping strategies and psychiatric functioning. Results indicate that avoidance partially mediates the relations between childhood trauma and 1) depression and 2) suicidal thoughts/behaviors, controlling for demographics. This study has important implications for interventions aimed at reducing depression and suicide in traumatized youth.
Victimization, Drinking Behavior, and Protective Behavioral Strategies

(Children and Adolescents/Clinical or Interventions Research)

Firth, Perry, Undergraduate; Kaysen, Debra, PhD; Lewis, Melissa, PhD
University of Washington, Seattle, Washington, USA

Child sexual abuse (CSA) and adult sexual assault (ASA) have been associated with higher alcohol use and consequences (Najdowski & Ullman, 2009; Plant et al., 2004). Moreover, alcohol use may mediate relationships between CSA and ASA in prospective studies of revictimization (Messman-Moore et al., 2009). Alcohol consumption increases risky behaviors and decreases risk perception (Testa et al., 2000). Thus, the use of effective risk reduction techniques may reduce negative consequences associated with drinking, which may have particular import in a victimized sample (Palmer et al., 2010). The current study examined whether protective behavioral strategies (PBS), behaviors prior to and during a drinking episode, mediate relationships between victimization and drinking outcomes. Female undergraduates were included (CSA, n = 148; ASA, n = 367; no trauma, n = 53). ANOVA's were conducted examining CSA x ASA for total weekly drinks, negative drinking consequences, and PBS. Across all analyses there was a significant main effect for ASA only. Followup analyses will examine whether the relationship between ASA and drinking outcomes is mediated by PBS. Results highlight the importance of considering risk reducing behaviors in ASA victims to better understand the relationship between trauma exposure and drinking outcomes.

Maternal History of Childhood Maltreatment: Effects on Infant Attention and Impulsivity

(Children and Adolescents/Prevention/Early Intervention)

Bouvette-Turcot, Andrée-Anne, BSc, Hons, Psychology
McGill University, Montréal, Quebec, Canada

Childhood maltreatment has been associated with emotional, biological, and cognitive outcomes during both later adolescence and adulthood. Furthermore, women presenting with a history of early adversity are more likely to experience problematic relationships later in life and to provide inadequate parenting. Despite these relations, literature is scarce regarding intergenerational risk transmission of early adversity. Rising research suggests a link between maternal history of early adversity and negative offspring adjustment. We focus on the genetic polymorphisms in the child and the interactive effects of those polymorphisms and mothers’ earlier childhood experiences on the cognitive development of the offspring. Because of the known associations of serotonin to mood and mental health, the serotonin
genes and function may be one of the mechanisms through which maternal history of early adversity could affect the next generation. Infant attention and impulsivity were used as proxies to cognitive development, which is suspected to be affected by maternal trauma through serotonin genes. Our representative community sample consisted of 63 mother/children dyads recruited in Montreal and Hamilton (Ontario) in the prenatal period. Mothers were asked to complete questionnaires pertaining to their own experiences and trauma in their family of origin and their infants completed 3 cognitive tests targeting impulsivity. Infants were also genotyped. Overall, the results indicate that maternal history of early adversity interacted with serotonin genes to influence infant impulsivity at ages 36 and 48 months.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Relationship Between Traumatic Events and Alcohol Use Mediated by Peritraumatic Responses Among Commuter College Students

(Children and Adolescents/Social Issues/Public Policy/Ethics)

Dill, AmyJane, BA; Sothman, Caitlin, MA; Dewey, Lauren, MA; Allwood, Maureen, PhD
John Jay College of Criminal Justice, New York, New York, USA

Research examining the relationship between trauma exposure and alcohol use has failed to take into account the potential differences for gender and for racial groups. Different traumatic events in addition to the absence of these covariates may suppress the relationship between trauma exposure and alcohol use. For example, African Americans are shown have a higher risk of trauma exposure compared to European Americans, but are less likely to engage in alcohol abuse. The present study includes an examination of peritraumatic experiences such as one’s appraisal of the traumatic event including emotional reactions and dissociation, as a potential mediator in the relationship between trauma exposure and alcohol use. We also examined sex and race as potential covariates in this relationship. We hypothesized that accounting for covariates and peritraumatic experiences would reveal a significant positive association between exposure to traumatic events and problematic alcohol use among college students. Preliminary analyses indicate a positive relationship between some peritraumatic items and alcohol use. For example, those who “felt the event was unreal” or thought they were going to die had a higher rate of alcohol use. The second wave of data is progress and the final sample will consist of more than 250 participants.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Traumatic symptoms in a sample of child welfare involved youth: gender-based analysis

(Children and Adolescents/Assessment/Diagnosis)
Self-report of child maltreatment and clinical symptoms have not been used in child welfare practice. This study examined the prevalence and correlates of traumatic symptoms in a sample of 529 youth (ages 13 - 19, 45% males) that were randomly selected from active child protective services cases from an urban centre’s catchment area in Ontario, Canada. The traumatic symptoms were assessed by the Trauma Symptom Checklist for Children (TSCC), a self-report of clinical symptoms associated with trauma, and the lifetime exposure to child maltreatment was assessed by the Childhood Trauma Questionnaire, a self-report measure of child maltreatment. The overall prevalence of clinical level of trauma symptoms were: anxiety, 8.1%; depression, 10.8%; dissociation, 11.5%; posttraumatic stress, 8.3%; anger, 6.1%; and sexual concern, 14%, with no gender difference except for sexual concern that was reported by more females than males. In multiple regression analysis among females, sexual abuse and physical neglect were significantly associated with increased symptom scores in all six clinical domains; emotional abuse was also associated with anxiety. Among males, emotional abuse was significantly associated with all domains, and sexual abuse was also associated with anxiety and depression in males. Age and out-of-home care status were not associated with TSCC scores in these analyses. Implication of the use of self-report measure and possible gender-specific pathways from child maltreatment to traumatic symptoms in this sample is discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Understanding the Impact of Deployment on Military Families: A Model of Family Stability
(Children and Adolescents/Military/Emergency Services/Aid Workers)

Sheppard, Sean, MA, PhD, Student; Malatras, Jennifer, MA, PhD, Student; Israel, Allen, PhD
SUNY-Albany, Albany, New York, USA

A growing body of research has begun to document the impact of military deployment on service members’ mental health outcomes, including PTSD. Although increased attention has also begun to focus on the effects of deployment on military families, there is a paucity of recent empirical research on this important and timely topic. Furthermore, very little work has been undertaken to provide a conceptualization for the mechanisms through which deployment has its effects on military families. This work is vitally important in terms of improving our understanding of the impact of deployment on families and has significant implications for the development of prevention and treatment initiatives. The model of family stability developed by Israel and colleagues has gained significant empirical support in civilian populations and has distinct potential to assist in understanding the impact of deployment of military families. The purpose of this paper is to provide an overview of recent literature on the impact of deployment of military families and to describe how the model of family stability may provide a new direction for research, program design, and policy development in the context of combat deployment and military families.
**Intimate partner violence screening in a pediatric setting: Relationship of IPV and health concerns**

(Children and Adolescents/Prevention/Early Intervention)

Jackson, Kristen, MA, PhD, Student; Weaver, Terri, PhD; wa Kimani, Muthumbi, BA (Hons); Herndon, Jason, BA

Saint Louis University, St. Louis, Missouri, USA

Intimate partner violence (IPV) comprises a worldwide health risk, a pediatric health issue, and a behavioral health issue for women. Research suggests that some risk factors may increase the likelihood of experiencing IPV including being younger, having younger children, and poverty. Correlated behavioral health sequelae for women who have experienced IPV and children who have witnessed IPV include concerns about weight/eating, children’s academic achievement, and psychological health. At an urban pediatric clinic, female caregivers (n=877) were screened for IPV and behavioral health concerns for themselves and their children. The women were predominantly African American (77%) and between 21-49 years of age (83%). There were modest but significant correlations between the number of behavioral health concerns female caregivers reported for themselves, her concerns for her children and a lifetime history of IPV. Age of the child and mother, maternal behavioral health concerns, as well as current IPV were significant predictors of a mother’s concerns for her children explaining 24.2 % of variance. Lifetime IPV will be tested as a potential moderator of maternal behavioral health concerns in predicting children’s behavioral health concerns.

**Relationships among child coping, coping assistance, and child traumatic stress symptoms following MVA-related pediatric injury**

(Children and Adolescents/Clinical or Interventions Research)

Donlon, Katharine, BA; Marsac, Meghan, PhD; Winston, Flaura K., MD, PhD; Kassam-Adams, Nancy, PhD

Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

A significant number of injured children experience posttraumatic stress symptoms (PTSS) following an injury. Research has identified relationships between children’s coping and PTSS but the nature of this relationship remains unclear. Parent coping assistance influences children’s distress for some stressors, but few studies have examined parent coping assistance specific to coping with injury. Peer coping assistance remains an untapped area. The current study describes child coping behavior and parent and
peer coping assistance following a child’s injury and examines the relationships among coping, coping assistance, and child PTSS. Participants included 243 youth, hospitalized for an injury following a motor vehicle accident and their parents. Initial findings indicate that children used multiple types of coping strategies following an injury, the most common being wishful thinking. Specific types of coping were related to child PTSS. Child and parent reports of parent coping assistance significantly differed, with children reporting fewer coping assistance strategies. Children nearly universally reported that friends helped them cope with their injury. The relationships between coping assistance and PTSS remain unclear. These findings suggest that future research should attempt to clarify the role of coping assistance and that child coping may be an important factor to consider when developing interventions.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Translation of Trauma Therapy using the "Crime Scene Investigation" Application as a Way to Engage Children

(Children and Adolescents/Clinical or Interventions Research)

Light, Elana, MS; Demaria, Thomas, PhD; Adams, Cathy, MA; Avivi, Adi, BA
Long Island University C.W. Post, Roslyn Heights, New York, USA

Research findings have found that many children who need therapy do not receive the help they require and that many children who enter into treatment drop out of therapy prematurely. Parent and child engagement in the therapeutic process have been cited as critical components of successful treatment. The present study examined the translation of cognitive behavior therapy techniques using a “crime scene investigation” application with a seriously mentally ill child exposed to peer aggression in school. The purpose of this application was to not only to teach the child how to conduct an analysis of the antecedents, beliefs, and consequences surrounding his negative peer interactions but also to engage more in the therapeutic process. The result of progressively more complex and personally applicable crime scene investigations during sessions included a significant reduction in reliance on external reinforcement for engaging in therapy. For example, in eighty percent of sessions, the child client opted to forgo fifteen minutes of free play, and used the entire session to engage in the crime scene investigation. Additionally, there was a marked reduction in his requesting prizes at the end of sessions, indicating that he found a greater sense of intrinsic value in therapy.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The relationship between trauma symptoms, self-compassion, and mental health in maltreated youth.
Maltreated children and youth are at increased risk for mental health problems across the lifespan, including depression, anxiety, and posttraumatic stress disorder (PTSD) (e.g., Widom, 1999). PTSD symptomatology is known to mediate the relationship between maltreatment and poor behavioural outcomes such as dating violence (Wekerle et al., 2009). Thus, factors that minimize the impact of maltreatment on mood and/or anxiety-based disorders such as PTSD may improve outcomes. One promising factor is how children and youth attempt to make sense of their maltreatment. If this self-evaluation is positive, it can increase self-compassion, which has been shown to increase psychological well being (Neff, 2007). The current study considers the relationship between child maltreatment, self-evaluation, self-compassion, and PTSD by examining data from the ongoing Maltreatment and Adolescent Pathways (MAP) study. Youth are randomly selected from all the active Child Protection Services case files in a large Canadian urban centre. Results indicate that youth who have been physically and emotionally abused/neglected have lower levels of self-compassion, and youth who reported experiencing trauma symptoms and psychological problems reported lower levels of self-compassion. The results indicate the importance of looking at self-evaluation and self-compassion as possible intervention targets for addressing poor outcomes among this vulnerable population.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Effects of Intimate Terrorism and Situational Couple Violence on Victim and Child Outcomes

Huston, Parker, MA; Bogat, G. Anne, PhD; von Eye, Alex, PhD; Levendosky, Alytia, PhD
Michigan State University, East Lansing, Michigan, USA

In the past, studies of intimate partner violence (IPV) and its effect on victim and child outcomes have focused independently on physical OR psychological abuse. This study classifies IPV into 2 categories combining both types of abuse. Intimate terrorism (IT) is a consistent pattern of violence and control tactics within a relationship; situational couple violence (SCV) is periodic violence resulting from emotion regulation problems. Johnson (2005) posits that these are not different ways to understand the same event (IPV), but two separate phenomena. These experiences may have different implications for women who experience IPV and their children. 168 mothers reported their experience of IPV, their current depressive symptoms, and their children’s externalizing behaviors at age 5. Three groups of women/children were formed using high abuse = 1+SD above the mean: (1) SCV = low psychological abuse and any physical violence, (2) IT = high psychological abuse and any physical violence, (3) low/no IPV. ANOVAs with Games-Howell post hoc tests showed that women in SCV and IT groups did not differ, but each had higher depressive symptoms than the low/no IPV group. Behavior problems for children in SCV and low/no IPV groups did not differ; children in the IT group had more behavior problems than...
Exposure to intimate partner violence (IPV) has been associated consistently with children’s aggressive behavior. What is not well-understood is why some research shows that boys and girls are affected differently, whereas other research does not find this. Most research has examined only male perpetrated violence; however, in families where men engage in violence, as many as 50% of women also do (Smith, Slep, & O'Leary, 2005). Social learning theory would suggest that boys and girls may respond differently to male and female perpetrated aggression. Participants for the current study were 190 children (95 boys) and their mothers, interviewed around the child’s 3rd birthday. Children’s families were coded as 0 (no violence), 1 (male to female IPV), and 2 (bidirectional IPV). A one-way ANOVA found that bidirectional IPV was significantly related to higher levels of aggression in children at age 4, whereas male to female IPV was not. In a two-way ANOVA, bidirectional IPV was significantly related to increased aggressive behaviors for girls, but not boys, at age 4. These findings suggest that bidirectional IPV has a significant effect on children’s aggression, especially girls’. Results are discussed in terms of social learning theory.

Research has demonstrated that anxiety in traumatized children is associated with certain somatic symptoms such as gastrointestinal complaints, fatigue, and heart palpitations, but the role of trauma type in predicting such somatic symptoms is still unclear. Participants included 223 children and adolescents (107 females) ages 6.0 to 17.58 years (M = 10.84, SD = 2.908) referred for treatment to a university-based psychology clinic specializing in child trauma. One hundred twenty-six had experienced child
physical or sexual abuse and 97 experienced a trauma other than child abuse. Participants completed the Revised Children’s Manifest Anxiety Scale and the Wahler Physical Symptoms Inventory. Results demonstrated that after controlling for age, sex, race, and the presence of an acute or chronic medical condition, anxiety accounted for 18.7% of the variance in physical symptoms for abused children ($B = 1.289, SE = .170, p < .001$) and 5.5% of the variance in physical symptoms for non-abused children ($B = .760, SE = .185, p < .001$). This difference was significant ($B = .529, SE = .251, p = .036$). These results have important implications for the assessment and treatment of traumatized children presenting with somatic symptoms.

**Thursday Posters**

**Thursday, November 4**

**5:00 p.m. - 6:00 p.m.**

**Salons A-C & Foyer**

**I think I can. The role of coping efficacy in moderating the relationship between coping behaviors and resiliency**

(Children and Adolescents/Disaster/Mass Trauma)

Goel, Kathryn, MS (PhD, Student); Jones, Russell, PhD; Giammittorio, David, BA

Virginia Tech, Blacksburg, Virginia, USA

Community studies have shown that up to 95% of children experiencing an accident or disaster develop symptoms of a mental health disorder (Saign, Yasik, Sack and Koplewicz, 1999). Although many children develop PTSD following a disaster, many continue to function normally. Active coping strategies (i.e. problem solving) have often been shown to have a positive effect on resiliency, however, the findings have been mixed. In addition, it has been found that efficacy beliefs have a strong effect on outcomes. The current study aims to further understand the relationship between active coping strategies and resiliency. Specifically, the current study will examine the moderational role of coping efficacy beliefs in the link between coping behaviors and resiliency. Ratings of loss were obtained using the Resource Loss Scale for Children (RLSC; Jones and Ollendick), and ratings of resiliency were computed using scales from the Child Behavior Checklist (CBCL; Achenbach). In addition, coping behaviors were measured using the How I Coped Under Pressure Scale (HICUPS; Ayers) and coping self-efficacy beliefs were measured using the Coping Self-Efficacy Scale (CSEF; Chesey et al.). Preliminary analyses suggest that coping efficacy contributes to positive outcomes. Future analyses will further examine the moderational role of coping efficacy. In addition, the role of age and gender will be examined. In conclusion, it may be important to examine efficacy beliefs related to coping following a traumatic event in addition to specific coping behaviors engaged in.

**Thursday Posters**

**Thursday, November 4**

**5:00 p.m. - 6:00 p.m.**

**Salons A-C & Foyer**

**Themes of Posttraumatic Growth in Parents of Chronically Ill Children**
A number of recent studies describe the experiences of parents of chronically ill children in light of ongoing or repeated medical trauma. A very few of these studies explore parents' experiences from the perspective of posttraumatic growth. But quantitative studies that do so use the existing posttraumatic growth inventory, which is specific for growth following a past event. In this grounded theory study, I hope to find themes of growth in parents of chronically ill children, potentially for use in developing an inventory specific to this population.

Integration of mental health service to the multidisciplinary burn team and outpatient clinic

In addition to physical trauma and pain, burn injury also inflicts a significant mental trauma to the burn victim which contributes to the complexity of the injury and the rehabilitation process. Until recently the addition of a mental health professional to the multidisciplinary team treating burn patients in our hospital was an unmet need. Thanks to the foundation of the Milstein Trauma Recovery Center for Children and Adolescents, a mental health service was integrated into the burn team and outpatient clinic. The burn unit treats patients of all ages, from newborns to the elderly. It services all the south region of Israel, thus treating a very heterogeneous population consisting of old residents, immigrants from different countries, and the Beduin population. The treatment begins with arrival to the ER, continuing with admission to the ward for treatment and rehabilitation, and after discharge multidisciplinary follow-up.

We would like to describe our initial experience and added value through a case presentation demonstrating the impact of emotional preparation on procedures in children at the burn outpatient clinic. By implementing emotional preparation prior to the tissue expansion (a type of reconstructive procedure) we have been able to improve the young patients' cooperation and decrease their anxiety.

a video of a child with major burns including face
Can daddy help me cope with the aftermaths of sexual abuse?

(Children and Adolescents/Research Methodology)

Hébert, Martine, PhD¹; Parent-Boursier, Claudel, PhD Candidate¹; Cyr, Mireille, PhD²
¹UQAM, Montreal, Quebec, Canada
²Université de Montréal, Montreal, Quebec, Canada

Research has documented the diversity of outcomes in victims of sexual abuse linked to factors relating to the child’s coping and maternal support. Recent reports suggest that the more stable construct of parent/child attachment security may prove to be a more important predictor of sexually abused children’s outcomes than post-disclosure parental support. It may be relevant to distinguish the role of mother-child relationship from father-child relationship as for children abused by a perpetrator other than the father, the paternal figure may be called upon to play a role in assisting the child’s recovery. A sample of 187 sexually abused children (130 girls and 57 boys) aged 6 to 12 completed an adapted version of the Kerns Security Scale (Kerns et al., 1996) to evaluate the child’s perceived attachment security to mother and father, the Self-Report Coping Scale (Causey & Dubow, 1992) and the CITES-II (Wolfe, 2002) while mothers completed the Child Dissociative Checklist (Putnam, 1990). A series of hierarchical multiple regression analyses revealed that perception of paternal attachment security added to the prediction of PTSD and dissociation symptoms over and above perceived attachment security to the mother and coping. Implications for intervention with sexually abused children will be discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Behavioral Inhibition and Risk for Specific PTSD Symptoms in Latino Youth Exposed to Violence

(Children and Adolescents/Culture/Diversity)

Gudino, Omar, PhD
New York University School of Medicine, New York, New York, USA

Latino youth living in low-income and urban environments are exposed to high levels of community violence and are at risk for developing posttraumatic stress disorder (PTSD). Gray’s (1991) temperament theory proposes that the Behavioral Inhibition (BIS) and Approach (BAS) Systems regulate approach and avoidance behavior. The BIS is believed to be sensitive to signals of punishment and inhibits behavior that could lead to negative outcomes. Previous research has identified behavioral inhibition as a risk factor for the development of anxiety disorders, but associations with specific PTSD symptom clusters have not been examined. The current study utilizes a short-term longitudinal design to examine whether relative levels of BIS increase risk for the development of re-experiencing, avoidance, and hyperarousal symptoms following exposure to violence in a sample of Latino youth (N=168). Exposure to violence between Time 1 and Time 2 predicted increased symptoms across all PTSD clusters at Time 2. However, behavioral inhibition emerged as a unique risk factor for the development of avoidance symptoms following exposure to violence. Results therefore suggest that in addition to exerting a main effect on
symptoms, behavioral inhibition and the associated sensitivity to cues of danger exacerbates avoidance behavior after exposure to violence.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Latino Children Exposed to Domestic Violence: The Role of Group Cohesion in a Group Intervention

(Children and Adolescents/Clinical or Interventions Research)

Levitan, Jocelyn, Doctoral, Student; Kia-Keating, Maryam, PhD; Sprague, Caryll, MA; Cosden, Merith, PhD
University of California, Santa Barbara, Santa Barbara, California, USA

Group intervention remains the most common form of treatment for children exposed to domestic violence (Rabenstein & Lehmann, 2000) and has been found to be associated with a reduction of PTSD symptoms (Salloum, Avery, & McClain, 2001), anxiety (Carbonell & Parteleno-Barehmi, 1999), and depression (Sinclair et al, 1995). By connecting with peers who have faced similar situations, group therapy can address shame and secrecy issues, decrease loneliness, and normalize children’s reactions (Avinger & Jones, 2007). Although there is a dearth of research on the mechanisms of change involved in children’s groups, some researchers have found group climate and group cohesion to be among the most helpful features (Schechtman & Gluk, 2005). The aim of this study was to examine the role of group cohesion in predicting coping behaviors and mental health. Participants included 32 Latino children, ages 8-13, who participated in a three-month group therapy program for children who had experienced domestic violence and completed both pre- and post-treatment measures. Perceived group cohesion predicted an increase in support seeking behavior and increased use of active coping strategies at post-treatment. Findings will be examined in the context of cultural considerations and the role of group cohesion in trauma-exposed Latino children’s groups.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Moral disengagement: the indirect pathway between victimization and offending among juveniles

(Children and Adolescents/Prevention/Early Intervention)

Hartinger-Saunders, Robin, PhD, MSW¹; Nochajski, Thomas, PhD²; Wieczorek, William, PhD³; Rittner, Barbara, PhD, MSW⁴
¹Georgia State University, Atlanta, Georgia, USA
This paper addresses how vicarious and direct victimization contributes to juvenile offending.

**Method:** Presented are findings from an exploratory, secondary data analysis of the Buffalo Longitudinal Study of Young Men. Sociodemographics, attitude and cognitive measures, psychiatric distress, drug use, criminal/delinquent behavior, neighborhood measures, and personal, peer, and family backgrounds were gathered from youths and their parents.

**Sample:** 625 males between the ages of 16 and 19 were recruited for the first wave (1992-1993). Of the households with an eligible male which were contacted, 74% participated in the structured interview for the first wave, with rates of retention over 90% for the subsequent two follow-up waves (1994-1995; 1996-1997).

**Findings:** High crime neighborhoods and low parental support increased risk for offending in general. Cumulative trauma, whether direct or vicarious in nature, correlated with signs of moral disengagement. While direct victimization showed a strong relationship with violent and non-violent offending, vicarious exposure to violence through neighborhoods and peers also had a direct effect on total, violent and non-violent offending. Although moral disengagement only partially mediated the influence of victimization on subsequent offending, the results suggest that one mechanism by which victimization might cause subsequent offending is through disintegration of moral standards.

**Thursday Posters**
**Thursday, November 4**
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**Acute predictors of posttraumatic stress symptoms (PTSS) in children and parents following pediatric intensive care (PICU) admission**

*(Children and Adolescents/Prevention/Early Intervention)*

**LeBrocque, Robyne, PhD¹; Kenardy, Justin, PhD¹; Keogh, Samantha, PhD²; Long, Deb, RN, MA²; Huang, Cheryl, Doctoral, Student¹**

¹University of Queensland, Brisbane, Australia
²Queensland Health, Brisbane, Australia

Children and their parents are at risk of experiencing PTSD symptoms when confronted with a serious life threatening disease or medical procedure. In addition, admission into PICU presents an extremely stressful experience which may impact on their psychological health and recovery. Using the Pediatric Medical Traumatic Stress framework, this paper explores early predictors of PTSD symptoms in parents and children 3 months following PICU admission. Participants were invited to complete self-report questionnaires relating to their distress and behavior. Children aged over 2 years and admitted to PICU for a minimum 8 hours were eligible for the study. Exclusion criteria was limited to admission greater than 28 days, ongoing post traumatic amnesia greater than 28 days, insufficient English language, or suspected child abuse and neglect. This resulted in a unique and widely heterogeneous sample with a range of illnesses and injuries and included children with a very poor prognosis. A range of factors were explored that may affect the degree of psychological distress following critical illness. These include primarily illness and injury severity as well as peri-trauma factors such as intrinsic
child characteristics that affect the subjective experiences of the potentially traumatic event, illness/injury factors such as symptoms and treatment, and the PICU experience of both children and their parents. Admission to PICU presents a potentially traumatic experience for children and their parents. We explore opportunities for intervention within the hospital environment and post admission.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Coping with Natural Disasters in Yogyakarta, Indonesia: The Psychological State of Elementary School Children as Assessed by their Teachers

(Children and Adolescents/Culture/Diversity)

Widyatmoko, Cornelius Siswa, MA\textsuperscript{1}; Tan, Edwin, MA, PhD, Student\textsuperscript{2}; Seyle, D. Conor, PhD\textsuperscript{3}; Mayawati, Elisabeth Hakiki, BSc, Hon, Psychology\textsuperscript{1}; Cohen Silver, Roxane, PhD\textsuperscript{2}

\textsuperscript{1}Sanata Dharma University, Yogyakarta, Indonesia
\textsuperscript{2}University of California, Irvine, Irvine, California, USA
\textsuperscript{3}Psychology Beyond Borders, Austin, Texas, USA

The nation of Indonesia is in an area of geological instability, resulting in repeated and severe natural disasters including earthquakes, volcano eruptions, and tsunamis. As a result, Indonesian citizens are likely to be repeatedly exposed to significant traumatic events. Relatively limited research has focused on the impact of repeated exposure to major disasters resulting in serious community disruption. Moreover, researchers and clinicians working in areas such as this face the challenge of assessing large groups of people exposed to traumatic events and identifying culturally-specific as well as culturally-invariant symptoms of distress. The current study addresses these issues by using teachers as a point of contact for working with affected children. In this needs assessment, a group of 37 schools affected by a major earthquake in Central Java, Indonesia were approached to participate in research on the 2006 earthquake in Yogyakarta. Teachers identified in their own words problems that children had developed following the earthquake. Teacher-reported data were analyzed to determine the frequency of child distress, and to explore whether this mapped onto existing Western conceptions of post-traumatic stress symptoms. Cultural symptoms of distress will be presented, as well as an analysis of the utility of teachers as informants for assessing children.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The effect of "narrative reprocessing": on traumatized children

(Children and Adolescents/Clinical or Interventions Research)
Choi, Nam Hee, PhD, RN¹; Im, Sook Bin, PhD, RN²; Ryu, Jeong, MA³
¹Seoul Institute for Narrative Studies, Seoul Women's College of Nursing, Seoul, Korea, Republic of
²Eul Ji University, Daejeon, Korea, Republic of
³Seoul Institute for Narrative Studies, Yonsei University, Seoul, Korea, Republic of

We had provided psychological support program for children who had exposed a single trauma during a fire-escape demonstration at Korean elementary school. The aim of the study was to examine the effect of this program.

A total 39 children who attended the elementary school at which the traumatic event took place had participated 'narrative reprocessing' program. Children were divided into 5 group by self-administered questionnaires (the Child Posttraumatic Stress Disorder - Reaction Index, the State-Trait Anxiety Inventory for Children, and Children's Depression Inventory, as well as structured diagnostic interviews (Diagnostic Interview Schedule for Children, version - IV). The program included 12 main sessions (every week) and 2 booster sessions (every month). 'Narrative reprocessing' program, school-based intervention program, was an integral part of the reprocessing. It had 4 phases; story-telling, exposure and mapping, review, self-empowering. Children examined by same scales 3 times during this program.

After this 6 month program, children reported reduced the scales, fear, nightmare disappearance, intrusive symptoms and increased emotional expressions.

The results of this study provide important finding that various anxiety/depressive emotions reduced follow narrative intervention program. Our works highlight the importance of suggesting comprehensive program for psychological support in children exposed to traumatic event.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Examining the Association Between Severity of Youth Substance Use Problems and Traumatic Events Experienced Across Developmental Stages

(Children and Adolescents/Clinical or Interventions Research)

Rosenkranz, Susan, PhD Candidate¹; Henderson, Joanna, PhD, Cpsych²; Muller, Robert, PhD, Cpsych³
¹York University, Toronto, Ontario, Canada
²Centre for Addiction and Mental Health, Toronto, Ontario, Canada

Research has consistently identified trauma as a risk factor for substance use problems (SUP). Because risk factors may manifest differently based on developmental stage, this study aimed to examine associations between SUP and traumatic events experienced during different developmental stages. Participants were 119 youth (16-24 years) entering outpatient SUP treatment. Upon admission, participants completed questionnaires assessing SUP severity and exposure to traumatic events during early childhood, latency age, adolescence, and early adulthood. Results indicated that youth with more severe SUP reported greater trauma exposure and reduced feelings of safety during latency age and adolescence. Examining the relative contributions of trauma exposure and feelings of safety to SUP, severity of trauma exposure during latency age and adolescence remained significantly associated with severity of SUP after controlling for feelings of safety, whereas feelings of safety did not remain associated with SUP after controlling for trauma exposure. Notably, males reporting more severe SUP
reported greater severity of trauma exposure across all developmental stages than males with less severe SUP, whereas females reported similarly high levels of trauma exposure regardless of SUP severity. Implications for future research, particularly examining potential mediators of the trauma-SUP relationship, will be discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

mediating effects of emotion on the development of posttraumatic stress disorder and posttraumatic stress disorder

(Children and Adolescents/Disaster/Mass Trauma)

Choi, Nam Hee, PhD, RN\(^1\); Ryu, Jeong, MA\(^2\); Im, Sook-Bin, PhD, RN\(^3\); Han, Dong-II, MA\(^4\); Byun, Joo-Hoon, MA\(^5\)

\(^1\)Seoul Institute for Narrative Studies, Seoul Women’s College of Nursing, Seoul, Korea, Republic of
\(^2\)Seoul Institute for Narrative Studies, Yonsei University, Seoul, Korea, Republic of
\(^3\)Eulji University, Daejeon, Korea, Republic of
\(^4\)Seoul Institute for Narrative Studies, SungKyunKwan University, Seoul, Korea, Republic of
\(^5\)Seoul Institute for Narrative Studies, Seoul National University, Seoul, Korea, Republic of

The research was conducted to examine the mediating effects of positive and negative emotion on the relationship between personality / social factors and Posttraumatic Growth (PTG) or Posttraumatic Stress Disorder (PTSD) of disaster-exposed children. The participants of present research was 331 primary school students (average grade = 4.36, approximately 11 years old; 171 male and 160 female) who have experienced the flooding disaster in the same region of South Korea. The children under second grade were excluded because they might not be able to fully understand the contents of the survey. The survey was conducted 6 months after the disaster, and there wasn’t any special treatment for them before our survey. The survey consisted of questionnaires to evaluate personality factors (extraversion, emotional intelligence) and social factors (parent-child attachment, perceived social support) that is known to affect development of PTG or PTSD by previous research. In addition to these factors, we measured the frequency of positive and negative emotion they feel in order to examine the mediating effect on the relationship between the personality / social factors and PTG or PTSD. As a result, the mediating effects of negative and positive emotion on the relationship between the personality / social factors and PTG or PTSD were supported. Interestingly, PTG was positively related only to positive emotion (r=.591, p<.01) and didn't have any relationship with the amount of negative emotion.
Differential risk for post-traumatic stress symptoms depending on trauma type has been documented in adult populations (Chung & Breslau, 2008). Potentially traumatic events (PTEs) which are interpersonal in nature have been proposed to be most damaging (Krupnick et al., 2004). The extant work examining trauma type and adjustment in childhood typically relies on adults’ retrospective report. From a developmental psychopathology perspective (Cummings, Davies, & Campbell, 2002), children who have experienced fewer prior traumas and/or who have demonstrated more positive adjustment prior to the PTE would be expected to demonstrate fewer difficulties following the event.

This project examined the relation between type of trauma to which children were exposed (i.e., interpersonal traumas with child as victim, interpersonal traumas with child as witness, non-interpersonal traumas), children’s number of past traumas, their positive adjustment prior to the current PTE, and post-traumatic mood and anxiety symptoms. The sample consisted of 137 ethnically diverse children/adolescents seeking clinical evaluation within 30 days of a PTE. Preliminary ANCOVA and logistical regression analyses suggest that prior traumas and pre-PTE adjustment significantly predict children’s post-traumatic symptoms whereas nature of the current PTE does not. Implications for applied work with children presenting for evaluation of post-traumatic difficulties will be discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The role of trauma-related hyperarousal and emotional numbing in aggressive and delinquent behavior

Trauma-related arousal symptoms, such as hypervigilance, have been linked with aggressive and delinquent behaviors in youth. However, relatively little is known about how such symptoms are related to more specific forms of aggressive behaviors, such as reactive and proactive aggression. The aggression literature would suggest that reactive aggression is associated with hypervigilance to threatening cues while proactive aggression is associated with emotional blunting and/or callousness. Therefore the current study seeks to bridge these gaps in the literature by examining whether (1) trauma-related symptoms of arousal are associated with reactive aggression and general delinquent behavior, and whether (2) trauma-related symptoms of emotional numbing are related to proactive aggression and general delinquent behavior in a sample of youth. In addition, the study will also examine whether violence-supportive attitudes mediate these relationships. All participants are 12 to 18 year old youth.
recruited from the community. Measures include the UCLA PTSD Index, the Reactive-Proactive Aggression Questionnaire and the Attitude towards Violence Scale. Implications of our findings, both in terms of etiology and intervention efforts aimed at treating delinquency and aggression will be discussed. Finally, future directions for research will be suggested.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Le stress post-traumatique et la dépression chez les femmes québécoises : l'influence des différentes formes de maltraitance vécues dans l'enfance.

(Children and Adolescents/Research Methodology)

Baril, Karine, MSc; Tourigny, Marc, PhD
Université de Sherbrooke, Longueuil, Quebec, Canada

Les symptômes de stress post-traumatique (SPT) et de dépression comme séquelles à l’âge adulte de la maltraitance dans l'enfance ont surtout été étudiées en considérant l'effet de chacune des formes de maltraitance, ne permettant pas de déterminer l'impact de leur cooccurrence. L'affiche présente les résultats d'une étude qui visait à déterminer l’impact spécifique de quatre formes de maltraitance vécues pendant l’enfance et de leur cooccurrence sur le développement de symptômes de SPT et de dépression à l’âge adulte, et ce, en contrôlant pour différentes variables sociodémographiques et pour les expériences de violence conjugale subies. Une enquête téléphonique a été réalisée auprès d’un échantillon représentatif de 621 femmes québécoises sélectionnées aléatoirement. Quatre formes de maltraitance vécues dans l’enfance ont été mesurées afin d’étudier leur association avec les symptômes de SPT et de dépression des répondantes. Les analyses de régression linéaire montrent qu’un score élevé de SPT est associé au fait d’avoir vécu de la violence physique, de la violence sexuelle et de la négligence dans l’enfance. Quant aux symptômes de dépression, ils sont associés à un âge plus élevé des répondantes, au fait d’avoir vécu de la violence sexuelle et de la violence psychologique dans l’enfance ainsi qu’au fait d’avoir déjà vécu de la violence conjugale au cours de la vie. Les implications cliniques liées à la cooccurrence des différentes formes de maltraitance dans l’enfance seront discutées sur la base de ces résultats.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Collaborating with Public Schools to Meet the Psychoeducational Needs of Trauma-Exposed Children and Youth

(Children and Adolescents/Clinical Practice Issues)
The literature has well-documented the myriad psychological, behavioral and, to a lesser extent, educational correlates of trauma exposure among children and youth. The purpose of the present paper is to elucidate how common posttraumatic stress symptomology maps onto existing federal special education, Individuals with Disabilities Education Improvement Act (IDEA, 2004), and civil rights, Section 504 of the American’s with Disabilities Act, laws dictating educational services for students in the United States. Specifically, attention will be given to translating trauma-related symptomology into educational terminology to facilitate increased understanding by clinical and educational professionals collaborating for psychoeducational services with youth. Further, the paper reviews extant decision-making and programming processes, associated with these acts, as natural bridges for professional collaboration and consultation between clinical and educational systems. Collaborative relationships for the school-based prevention, assessment, and intervention for trauma-exposed students will be detailed using a school-specific mental health consultation model developed by Meyers (1973, 1981, 1995). Finally, future directions for mental health consultation research and practice in the public schools of the United States will be explored as it relates to children and youth whom have trauma-related symptoms.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Child Sexual Abuse across cultures: data from Switzerland and China

(Children and Adolescents/Culture/Diversity)

Schnyder, Ulrich, MD
University Hospital Zurich, Zurich, Switzerland

Child Sexual Abuse (CSA) is a major cause of both mental and physical health problems in the immediate aftermath as well as throughout the human life cycle. However, reliability of the currently available data on incidence and prevalence of CSA across cultures is far from robust. In particular, the issue of polyvictimization is understudied. Also, the number of unreported or undetected cases of CSA remains unclear. This symposium reports on first results from a comprehensive study of the lifetime prevalence and annual incidence of CSA and other victimizations, including polyvictimization, of children and adolescents in Switzerland and China. We conducted cross-sectional national epidemiological surveys in both countries, collecting school-based, representative samples of children/adolescents attending 9th grade (approximately ages 14-15) (population survey). Secondly, we collected official data on cases of CSA reported to authorities such as the police, legal authorities, educational authorities, public health officials, and health care institutions including child protection groups of children’s hospitals (agency survey). We adopted a culturally sensitive approach, ensuring that the research design can be applied in other countries with minor adaptations only. This study was carried out in close cooperation between Zurich and Hong Kong Universities.
Perceptions of Trauma and Loss Experiences for Families Living in Internally Displaced Persons Camps in Kenya, Africa

(Yeats, Janet, Doctoral, Student
University of Minnesota, St. Paul, Minnesota, USA)

Following the December 2007 presidential elections, Kenya was a country in political chaos which led to several outbreaks of post-election violence. The ensuing destruction led to the establishment of Internally Displaced Persons (IDP) camps. The IDP camps were intended to be a temporary solution to these problems, however, many Kenyans still live in camps two years after the election. Although some research has been conducted regarding internally displaced person's camps, little to no research has focused on how IDP status impacts family relationships. The purpose of this qualitative study was to provide information regarding how IDP workers experienced and perceived family life for those living in the Kenyan IDP camps. Sixteen Kenyan IDP workers were interviewed in the summer of 2008. The researcher investigated perceived levels of traumatic stress families might have experienced from post-election violence outbreaks and in their current displacement camps. Data from the interviews were transcribed and analyzed for thematic analysis. Preliminary findings indicate the following themes: a) families are negatively impacted by living in IDP camps, b) families experience losses due to violence and displacement camps which may lead to traumatic stress. This presentation will document the research process as well as the emerging findings.

Dissociative Responding to Traumatic Stress as a Risk Factor for PTSD and Depression Symptoms

(Schalinski, Inga, Dipl, Psych; Elbert, Thomas, PhD; Schauer, Maggie, PhD
Clinical Psychology & Neuropsychology, Konstanz, Germany)

Exposure to trauma, especially, when cumulative, produces posttraumatic stress disorder (PTSD) and depression symptoms in varying proportions. The goal of the present study was to disentangle the relationships between the number of traumatic event types, the degree of dissociative responding, PTSD and depression symptoms, using a path analytic model. Data were collected from female survivors of the ongoing war in Eastern Congo. Participants frequently experienced and witnessed interpersonal violence (sexual assault (96.2%), witnessing a physical assault (73.6%), an assault with a weapon (69.8%), and homicide (62.3%)). We generated a model with paths to PTSD via dissociative responding, self-experienced and witnessed traumatic events. Depression symptoms were considered as sequelae of PTSD. We find that cumulative exposure to traumatic stressors and a dissociative responding style is
associated with an increased likelihood for PTSD. PTSD symptoms and witnessing of traumatic event types predict depression symptoms in this sample of battered women.

**Thursday Posters**

**Thursday, November 4**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**Single Case Study of a Torture Survivor with PTSD using NET**

(Civilians in War/Refugees/Clinical or Interventions Research)

**Gilligan, Claire, PsyD Candidate; Fondacaro, Karen, PhD; Reincke, Krista, PsyD Candidate; Kuny, Ana, Doctoral, Student; Garai, Emily, Doctoral, Student**

University of Vermont, Burlington, Vermont, USA

Narrative Exposure Therapy (NET; Schauer, Neuner, & Elbert, 2005), a short term treatment for traumatized victims of war and torture, espouses that traumatic experiences are stored as non-declarative memory, as opposed to declarative memory. Non-declarative memories are difficult to deliberately access and can be triggered by environmental stimuli. Through creating a coherent narrative of the survivor's life, NET aids in the transformation of a survivor's non-declarative memories into declarative or autobiographical memory. This allows survivors to process their traumatic experiences within the context of their life, reducing PTSD symptoms. This poster presents a single case study of a torture survivor seeking political asylum in the United States who has completed NET treatment. The NET process, pre and post measure outcomes, and strengths and limitations of this treatment, will be presented.

Assessment measures include the following: Adult Self Report (ASR; Achenbach & Rescorla, 2003), the Hopkins Symptom Checklist (Parloff, Kelman, & Frank, 1954), and the Harvard Trauma Questionnaire (Mollica & Caspi-Yavin, 1991).

The presentation material will be describing, in limited detail, a survivor's torture experience.

**Thursday Posters**

**Thursday, November 4**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**A comparative study of functional disability in patients with Post Traumatic Stress Disorder and those suffering from Major Depressive Disorder in Kashmir Valley.**

(Civilians in War/Refugees/Social Issues/Public Policy/Ethics)

**Sheikh, Ayjaz, MD¹; Margoob, Mushtaq, MD¹; Mushtaq, Huda, Sr Clin Psychologist¹; Ali, Zaffar, MD²**

¹Government Medical College, Srinagar, India

²Mount Sinai School of Medicine, New York, New York, USA
Functional disability in PTSD can be more severe than from other chronic illnesses like Diabetes Mellitus, Myocardial Infarction, Asthma, Lung Disease and Arthritis. PTSD, in particular, can result in marked deterioration in Quality of Life (QOL) domains and produce significant reductions in DALY's (Disability associated life years). The goal of this study was to compare the Quality of Life between patients with PTSD and those with Major Depression as well as to determine the contribution of co-morbid depressive symptoms to the major domains of QOL. 103 outpatients with a diagnosis of PTSD were assessed using the Mini International Neuropsychiatric Interview and the WHO-QOL BREF was used to assess QOL. These were compared to a similar group of 99 patients with Major Depression who were matched closely in age, sex, educational achievement, occupational status and marital status. Patients with PTSD had significantly lower scores across all domains of QOL including physical and psychological health, Interpersonal relationships, and environmental role functioning. Presence of Co-morbid depressive symptoms did not have a significant effect on QOL. Rates of substance abuse were much lower than in comparative samples reported in the literature.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

'Sakit Hati' - anger and resentment related to ongoing persecution in West Papua.

(Civilians in War/Refugees/Culture/Diversity)

Rees, Susan, PhD; Silove, Derrick, MD
University of New South Wales, Sydney, Australia

Mounting evidence reveals a health and human rights disaster occurring in West Papua, a province of Indonesia occupying the western half of the New Guinea landmass. Interrelated areas of concern to the mental health, human rights and wellbeing of the West Papuan community as a result of Indonesian occupation are emerging from data being gathered from our current mental health research project. The project concerns the wellbeing of West Papuan refugees residing in Australia and includes the documentation of trauma stories, and measures for trauma, mental health status, and Indigenous constructs of mental distress. The presenters will discuss:

1. The typology of persecution occurring in West Papua and the pervasive health impacts on West Papuan people. We provide evidence of the burning of villages, murder, torture and rape; the effects of mining and logging operations; and the impact of the 'transmigration' policy.
2. The challenges encountered during settlement including: Ongoing effects of trauma and persecution on mental health; Limited opportunities for education and employment; Longing for homeland; Difficulties and risks associated with contacting family members, and fear for the wellbeing of family and community.
3. Indigenous concepts of mental health revealing a significant and unique interrelationship between a mental disorder and political persecution. In particular we examine the indigenous notion of 'Sakit Hati' (literally sick heart), and describe its phenomenology, its evolution, and the significant social and personal implications of this anger and resentment syndrome.
Thursday Posters  
Thursday, November 4  
5:00 p.m. - 6:00 p.m.  
Salons A-C & Foyer

Collaboration of a Community Organization & Mental Health Providers in Outreach & Trauma Counseling with 9/11 First Responders & their Families

(Disaster/Mass Trauma/Community Programs)

Sita, Gina, PsyD Candidate; Guthrie, Pamela, PsyD Candidate; Demaria, Thomas, PhD; Fichter, Cassie, PsyD Candidate  
Long Island University, C.W. Post Campus, Brookville, New York, USA

In the years following the World Trade Center terrorist attacks, many First Responders have participated in medical screening initiatives but have not taken advantage of the many mental health services available to them. A variety of innovative outreach efforts were utilized which did not engage these former 9/11 rescue and recovery workers in treatment. In recent years, concerns about health status and family adjustment has led to an increased interest of 9/11 First Responders in mental health and wellness services. The presentation will compare perspectives of a staff from a 9/11 community organization with mental health providers from an academic training program regarding outreach and counseling approaches with 9/11 First Responders and their families. The history of this unique collaboration will be reviewed and include a description of best practices based on successful engagement activities and barriers affecting the partnership. The important role of family involvement in the engagement process will also be discussed. In addition, the results obtained from these contacts about the ongoing psychological adjustment of 9/11 First Responders and their families following the traumatic exposure at Ground Zero will be presented.

Thursday Posters  
Thursday, November 4  
5:00 p.m. - 6:00 p.m.  
Salons A-C & Foyer

Teaching Recovery Techniques to Children after Disaster In Myanmar

(Disaster/Mass Trauma/Prevention/Early Intervention)

SIM, CHARLES, Doctoral, Student  
University of Minnesota, Minneapolis, Minnesota, USA

This presentation describes a program developed to help child survivors of traumatic events acquire coping skills that will enable them to have greater control of their lives and to reduce the likelihood of developing PTSD in the near future. The intervention was implemented with 26 children temporarily sheltered in a convent ran by the Sisters of the Franciscan Missionary of Mary after the devastating cyclone of 2008 in Myanmar. An adaptation of the Children and Disaster: Teaching Recovery Techniques developed by Smith, Dyregrove, and Yule (1999) was used. Core concepts and techniques will be presented to illustrate this approach. A curriculum outline developed in collaboration with the local
psychosocial team including, translated assessment tools will be shared. Findings of pre- and posttest will be presented and discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Collaboration with Faith-Based and Community Organizations in the Outreach to Traumatized New York Residents Following the Earthquake in Haiti

(Disaster/Mass Trauma/Community Programs)

Bassett, Shante', Doctoral, Student; Albert, Surrenca, Doctoral, Student; Fichter, Cassie, Doctoral, Student; Casey, Cassady, Doctoral, Student; Demaria, Thomas, PhD

Long Island University - C.W. Post, Brookville, New York, USA

Collaboration with organizations already familiar to those now affected by disasters facilitates access and offers assistance in the translation of trauma informed initiatives. The relative efficacy of different organizations in supporting the dissemination of psychological first aid resources in different cultures has not been extensively studied. Many Haitians maintain strong connections with faith-based organizations which offers spiritual care and continuity through the delivery of religious practices first experienced in their homeland. Many Haitians also belong to community organizations including professional and civic associations which promote both assimilation of Haitians into American society and pride in a resilient Haitian culture. Mental Health Responders and members of the Haitian community in suburban and metropolitan areas in New York were surveyed regarding the perceived effectiveness of trauma counseling services offered by community and faith-based organizations in the wake of the earthquake that devastated the nation of Haiti in January 2010. In addition, leadership from these organizations were interviewed about their experiences partnering with the Mental Health Responders. Implications for ongoing work with the Haitian community, which now includes a large influx of direct survivors of the earthquakes, will be discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The attraction of violence as an antidote to trauma-related mental illness?

(Disaster/Mass Trauma/Civilians in War/Refugees)

Weierstall, Roland, PhD; Schaal, Susanne, PhD; Schalinski, Inga, PhD Candidate; Elbert, Thomas, PhD

University of Konstanz, Department of Psychology; Clinical and Neuropsychology, Konstanz, Germany

Homicide has evolved as a profitable strategy for mankind, leading to greater reproductive success and therefore possibly resulting from reward anticipation. However, research has repeatedly demonstrated the
significant relationship between the exposure to life-threatening violence and the likelihood of developing the trauma-related mental illness post-traumatic stress disorder (PTSD). Why then does it not produce widespread mental suffering in perpetrators of severe atrocities? We argue that the risk of developing PTSD is reduced in those who perpetrate violence. We tested 269 Rwandan prisoners accused or convicted of crimes related to the 1994 genocide. We found empirical support that the victim’s struggling can be an essential reward for perpetrators and prevent the perpetrator from being traumatized by the cruelty of his own crimes and violent killings. Path-analysis indicated that those who reported a greater attraction and thrill to externalizing instrumental aggression presented fewer trauma-related symptoms and a smaller likelihood for PTSD.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Premorbid Functioning and Subsequent Posttraumatic Stress Symptoms among Students Following the April 16, 2007 Virginia Tech Shootings

(Disaster/Mass Trauma/Research Methodology)

Burns, Kelly Dugan, MS (PhD, Student)\(^1\); Hughes, Michael, PhD\(^1\); Jones, Russell T., PhD\(^1\); Kessler, Ronald C., PhD\(^1\); Pynoos, Robert S., MD, MPH\(^3\)

\(^1\)Virginia Tech, Blacksburg, Virginia, USA
\(^2\)Harvard Medical School, Boston, Massachusetts, USA
\(^3\)UCLA Department of Psychiatry and Biobehavioral Sciences, Los Angeles, California, USA

The April 16th, 2007 shootings at Virginia Tech was the worst mass shooting on a university campus in U.S. history. Research on school shootings has yielded important information regarding who may be most at risk for developing mental health distress following such an attack. Research has also suggested that pre-trauma factors are vital to the understanding of the etiology and severity of posttraumatic stress responses following trauma exposure. A recent meta-analysis (Ozer, et al., 2008) found that adjustment problems prior to the trauma event, such as pre-trauma anxiety and affective disorders, were significantly related to subsequent PTSD. The purpose of this study was to examine the relationship between premorbid functioning factors, specifically, history of trauma exposure, anxiety/mood symptoms, and quality of life, and subsequent PTSD. OLS regression statistics tested the effects of premorbid functioning in predicting PTS severity among students following the 4/16 shootings. Student gender was statistically controlled. The overall model was significant (F(4, 4638) = 188.947, p < .001) and explained 13.9% of the total variance. Findings support the clinical importance of examining premorbid functioning in the screening and identification of those at an increased risk for developing posttraumatic stress symptoms following a trauma.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer
PTSD, Posttraumatic Growth, and Life Stress in Two Samples Experiencing a Close Proximity Wildfire

(Disaster/Mass Trauma/Assessment/Diagnosis)

Kapitanoff, Susan, PhD; Adar, Ma’ayan, Undergraduate; Lembeck, Mimi, MA; Yass, Shlomi, Undergraduate; Toker, Jonathan, Undergraduate
American Jewish University, Los Angeles, California, USA

Two samples of college students who experienced a wildfire near (n = 222) or burning through (n = 268) their campuses were surveyed regarding PTSD symptoms, posttraumatic growth, and life stress one year after the fire. Similar patterns were found in these two unrelated samples. Many students (49% and 29% respectively) reported no posttraumatic stress symptoms. Only 1% and 3% of the samples reported clinical symptoms using DSM-IV criteria as measured by the Posttraumatic Checklist for Specific Events, (Weathers et al., 1993), with a large number of students indicating sub-clinical symptoms (50% and 68%). In both samples, increased PTSD symptoms were correlated with posttraumatic growth as measured by the Posttraumatic Growth Inventory (Tedeschi and Calhoun, 1996) including improved relations with others, openness to new possibilities, greater appreciation of life, enhanced personal strength, and spiritual development. Life events occurring before the fire were not related to PTSD symptoms. However, life events in the year following the fire were significantly related to total PTSD symptoms and subscales of numbing and avoidance, and hyper-arousal but not re-experiencing in the first sample and all three subscales in the second sample. Other factors related to the fire experience, PTSD, and posttraumatic growth are discussed.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Responses to the outbreak of novel influenza A (H1N1) in Japan: Risk communication and shimaguni konjo

(Disaster/Mass Trauma/Social Issues/Public Policy/Ethics)

Shigemura, Jun, MD1; Nakamoto, Koichi, MD, PhD2; Ursano, Robert, MD3; Takei, Eriko, MD, PhD4; Tokuno, Shinichi, MD, PhD4

1Department of Psychiatry, National Defense Medical College, Tokorozawa, Japan
2Medical Attache, Ministry of Foreign Affairs of Japan, Tokyo, Japan
3Department of Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA
4Department of Defense Medicine, National Defense Medical College, Tokorozawa, Japan

In Japan, national outbreak of novel influenza A (H1N1) triggered serious social disruption. The public perceived overwhelming fear and their behaviors were severely affected. Countless events were put off, with massive economic losses due to activity cancellations. The heightened fear may have been a mixture of risk communication consequences, geographic characteristics (island nation), and culture-bound fear related to shimaguni konjo, or “island mentality”; according to a Japanese cultural norm, the “outside” is considered “impure” and is often covered-up, criticized, and
avoided. These consequences shed light on cultural effects on collective behaviors, along with the importance of risk communication strategies.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Extreme Disaster Exposure and its Long-term Effect on Physical Health
(Disaster/Mass Trauma/Clinical Practice Issues)

Bøe, Hans Jakob, PsyD; Holgersen, Katrine H., PsyD; Holen, Are, MD, PhD
NTNU, Trondheim, Norway

Trauma is associated with poor physical health, but the extent to which trauma is a unique contributor, or if physical symptoms only develop as a consequence of the psychological response to trauma, is less clear. We examined the impact of an extreme disaster on self-reported, long-term physical symptoms in male survivors and controls. It was hypothesized that survivors would report more physical symptoms than matched controls and that earlier mental health status would partially mediate the effects. Mental health status of survivors (n=49) and matched controls (n=60) were assessed by the Comprehensive Psychopathological Rating Scale five years post disaster. Physical symptoms were measured after 27 years by the Subjective Health Questionnaire.

The disaster group reported more physical symptoms than the matched controls (U=1091, Z=2.00, p=0.045). In a linear regression analysis with physical symptoms as the dependent variable, CPRS (β=0.428, p<0.001) were entered in the first block which gave an adjusted R²=0.174. When exposure (β=-0.032, p=0.745) was added, the explained variance remained rather unchanged.

Disaster survivors reported more physical symptoms than matched controls. Despite the severity of the stressor, its effects were completely mediated by mental health status five years after: physical symptoms develop as a consequence of mental health problems.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Prenatal Maternal Stress from a Natural Disaster Affects Intellectual and Language Development in Children: Project Ice Storm
(Disaster/Mass Trauma/Children and Adolescents)

Laplante, David P., PhD¹; Brunet, Alain, PhD²; Grizenko, Natalie, MD²; Schmitz, Norbert, PhD²; King, Suzanne, PhD²
¹Douglas Hospital Research Center, Montreal, Quebec, Canada
²McGill University - Douglas Hospital Research Center, Montreal, Quebec, Canada
Our goal was to determine whether prenatal maternal stress (PNMS) resulting from a natural disaster (1998 Quebec ice storm) affected the intellectual and language development in children. Levels of objective (what the women experienced) and subjective (the women’s psychological appraisal of what they experienced) PNMS were obtained following the disaster. The children’s intellectual and language abilities were assessed at 2, 5½ and 8½ years of age. It was hypothesized that higher levels of objective PNMS would result in higher levels of subjective reaction to the events which in turn would be associated with poorer childhood outcomes. Our results indicate that high levels of objective, but not subjective, PNMS are associated with poorer intellectual and language abilities. Moreover, children whose mothers experienced moderate levels of objective PNMS perform better than children exposed to low levels of objective PNMS in utero. Contrary to our expectations, the women’s subjective reaction to the events they experienced during the ice storm had no bearing on their children’s later intellectual or language development. Only the magnitude of events experienced was related to the children’s abilities: severe hardship was related to poorer outcomes and moderate hardship was related to slightly better outcomes.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Development and implementation of a culturally-appropriate group model to treat post-traumatic distress in Port-au-Prince, Haiti

(Disaster/Mass Trauma/Culture/Diversity)

James, Leah E., MS, MSW, PhD (candidate)¹; Noel, Roger, Not Applicable²; Kolbe, Athena, MSW¹
¹University of Michigan, Ann Arbor, Michigan, USA
²Mabo Children’s Home, Port-au-Prince, Haiti

The earthquake of January 2010 and ensuing settlement of camps for internally-displaced people (IDP) have resulted in enormous mental-health need among residents of Port-au-Prince. In sixty brief qualitative interviews conducted in March 2010 with IDP camp residents, the majority of respondents reported psychological and emotional difficulties and all denied receiving any psychological assistance thus far. Primary complaints most commonly entailed physical re-experiencing symptoms, namely “trembling” and increased heart-rate. A group treatment model developed through US and Haitian collaboration incorporates psychoeducation regarding normal physical and emotional responses to trauma across age groups, adult coping strategies for grief and other symptoms, guidelines for care of children, and self-soothing techniques including abdominal breathing and bilateral-stimulation. The model utilizes a culturally-appropriate framework in which mental-health care is presented in terms of benefits for children and other family members rather than the individual. It addresses religious and cultural explanations for the earthquake and incorporates culturally-relevant examples to communicate concepts. The model was implemented in IDP camps and at educational venues in metropolitan Port-au-Prince by US trauma therapists paired with Haitian translators and collaborators. Ongoing evaluation efforts will be discussed, as will broader implications for understanding and meeting challenges associated with the translation of US treatment modalities to diverse populations and settings.
Shelter-In-Place Experience During a Fire and PTSD One Year Later

(Disaster/Mass Trauma/Assessment/Diagnosis)

Kapitanoff, Susan, PhD; Duplechain, Jack, Undergraduate; Futterman, Tara, PhD; Nager, Jared, Undergraduate; Pflaster, Emily, Undergraduate
American Jewish University, Los Angeles, California, USA

Shelter-in-place is a procedure in which individuals are asked to remain in a safe shelter during a natural disaster rather than evacuate, when evacuation would pose a significant risk of harm. Two hundred sixty-eight students and staff of a small religiously affiliated college were surveyed regarding their shelter-in-place experience and posttraumatic stress one year after a fire surrounded their campus. Of those students and staff who remained in the shelter, 30% indicated no PTSD symptoms with 3% indicating symptoms that fulfilled the DSM-IV guidelines for posttraumatic stress using the Posttraumatic Checklist for Specific Events (Weathers et al., 1993). Twice as many females as males indicated clinical levels of posttraumatic stress. PTSD was significantly correlated with feeling frightened and helpless in the shelter and negatively correlated with feeling calm and safe but only for females. Respondents indicated that being with other people, prayer, updates on the fire, and being able to communicate with friends and family outside of the shelter were important in helping them feel comfortable in the shelter. Sex differences and other aspects of the shelter experience are discussed as they related to PTSD.

Multiple Traumas and Psychiatric Disorders in South Africa

(Disaster/Mass Trauma/Culture/Diversity)

Williams, Stacey, PhD; Deitz, Mandi, MA
East Tennessee State University, Johnson City, Tennessee, USA

Due to the country's political history, trauma may be widely experienced in South Africa. Until recently, research on rates of various traumas has been limited. A recent investigation on trauma in South African context using the South African Stress and Health Study (SASH) data examined multiple traumatic experiences in relation to high levels of global psychological distress. Although distress provides an overall view of mental health symptoms, it does not address clinical levels of symptoms, or disorder. Using the nationally representative data from South Africa, the goal of this study was to examine whether or not type of trauma and the experience of multiple traumatic events influence clinical levels of psychological impairment. In particular, this study examined the links between a variety of types of traumatic events and disorders - both the independent as well as the additive effects of traumas. Results of the present research suggest a link between traumas and multiple traumas with psychiatric disorders.
More specifically, it appears that individuals in South Africa who experience traumatic events may be more likely to develop substance-related disorders. However, other findings show less frequent associations between traumas and disorder than one might expect given the political history of South Africa.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Epidemiological Assessment of PTSD in the Observers of the Self Immolation Victims referred to the Psychiatric Clinic, Kermanshah, Iran (2002-2008)

(Disaster/Mass Trauma/Clinical Practice Issues)

shakeri, jalal, MD; Shakeri, HANIA, MD
University of Medical Sciences,behavioral sciences research center, kermanshah, Iran, Islamic Republic of

Introduction:
Its psychiatric signs are such as re-experience the event in flashbacks or nightmares, avoidance of the reminders of the trauma, and hyperarousal associated with the trauma, which all cause them to seek for medical treatment.thus regarding the presence of the families/relatives of the self-immolation victims in the psychiatric clinics seeking for the treatment of PTSD signs, we determined to carry out a research in this respect.

Methods:
In this descriptive-sectional study,100referrals to the psychiatric clinic were fully studiedthe demographic and PTSD questionnaires based on DSMV-TR were filled out ,and the psychiatric interview was conducted and the information obtained was statistically analyzed.

Findings:
70%of the cases were female,66%illiterate,55%married,70% 20-40years old,and66% villagers
Also, as shown on the PTSD78%of the observers revealed aspects of PTSD,among whom70%were female and55%have depression.

Discussion:
its prevalence in the general population is8% and in the high-risk population is75%.
In this research, the prevalence and the frequency of PTSD among the observers of the self-immolation victims is78%(mostly females).
It is highly recommended that the families/relatives of these victims to be psychologically supported so as to prevent PTSD and provide the community with mental health.

Key words PTSD,self-immolation,Kermanshah
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**Intergenerational Transmission of Trauma from the Forced Famine-Genocide in Ukraine**

(Disaster/Mass Trauma/Culture/Diversity)

**Bezo, Brent, MA, Student; Maggi, Stefania, PhD**
*Carleton University, Ottawa, Ontario, Canada*

This qualitative study investigated perceptions of how the trauma stemming from the 1932-1933 forced famine-genocide in Ukraine - in which 20-25% of the Ukrainian population perished - may have impacted on the children and grandchildren of the genocide survivor. Systematic textual analysis of semi-structured interviews with representatives of three successive generations of Ukrainians that included 18 genocide survivors, 18 children of genocide survivors and 18 grandchildren of genocide survivors was conducted. Given that the severity of the famine-genocide was greatest in Eastern Ukraine, lesser in Central Ukraine and did not extend to Western Ukraine, regional differences were also examined. The identified superordinate themes will be presented; the results are also discussed in the broader context of trauma stemming from historical trauma.

**Thursday Posters**
**Thursday, November 4**
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**Detention of refugee claimants in Canada: impact on psychological health**

(Disaster/Mass Trauma/Social Issues/Public Policy/Ethics)

**Cleveland, Janet, PhD**
*McGill University, Montreal, Quebec, Canada*

Refugee claimants fleeing persecution in their country of origin may be detained for indefinite periods in the host country, either pending investigation of their identity or processing of their claim. Many are survivors of torture, rape, arbitrary imprisonment or other forms of violence and may suffer from PTSD, depression or other trauma-related difficulties. Studies in the US, Australia, Japan and UK have found high levels of distress among detained refugee claimants. In Canada a minority of refugee claimants are detained, usually for identity reasons. Our study examines the impact of detention in Canada on adult refugee claimants' levels of anxiety, depression and PTSD and documents their subjective experience of detention. We focus particularly on vulnerable persons, including pregnant women, mothers detained with children and individuals claiming to have suffered severe premigratory trauma. Preliminary results will be presented in the context of a discussion of the potentially aggravating effect of detention and other systemic post-migration stressors imposed on refugee claimants by host countries. Alternatives to detention that could minimize adverse mental health consequences will be described.
**Internet use in acute and intermediate phases of a disaster: a convivial, useful tool?**

*Disaster/Mass Trauma/Media/Training/Education*

**St-André, Elise, MD, FRCPC**  
*Université de Montréal, Montreal, Quebec, Canada*

Beginning of 2010, majors earthquakes occurs in Haiti, then in Chile, disrupting usual ways to communicate in respectives countries and between those countries and the world for variable lenght of time. Local population then use a tool that was not as readily available few year ago: internet, for example throught cell phone account. In this presentation, we will explore internet use in each country acutely and in the weeks following the disaster. We will explore popular and dedicated websites, internet potential help ressources available and possible pitfalls (eg.inaccurate information, coordination problems?). We will then analyse how we can do better with this tool in acute an intermediate phases of catastrophies, as well as preventive work to do in the affected countries. Those informations will be gathered directly in internet on selected websites, looking for quantitative and qualitative datas, and from articles related to earthquakes and other natural disasters.

**Bridging mental health (ptsd) and addiction services for Veterans and active military**

*(Clinical Practice Issues/Assessment/Diagnosis)*

**Poirier, Lynda, MSW¹; Goedike, John, BA²**  
¹Centre CASA, St-Augustin de Desmaures, Quebec, Canada  
²Veterans affair canada, Ste-Anne de Bellevue, Quebec, Canada

Mental health conditions and addictive disorders co-occur at high rates in the respective treatment seeking populations. This is increasingly evident and more pronounced within the active military and veteran populations and serves as the impetus for an integrated continuum of service delivery for ptsd and substance abuse starting with detection, screening and working as a team in the different professions and organizations evolving around the military. The current session will focus on pre residential treatment service, residential service and post residential service delivery. The focus will be on best practices for detecting each disorder within the respective treatment populations and lessons learned from the existing Veterans Affairs Canada national network of treatment facilities that address co-morbid conditions in the above populations. Lessons learned in the past two years in partnership with Centre CASA include,
ensuring that screening for both disorders occurs systematically, collaborating in shared training activities, active ongoing outreach amongst key administrative and clinical stakeholders to bolster service utilization, and ensuring the development of further treatment strategies tailored to this population and their significant others. Recovery management strategies with respect to post-intensive treatment services will be discussed. These practices are shared and developed, in a coherent trajectory, by non profit, governmental and private organizations in Canada. The practices developed in the province of Quebec are a model for the rest of the country and are being implemented now.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Les approches holistiques - les meilleures pratiques de demain ?

(Clinical Practice Issues/Community Programs)

Poirier, Lynda, MSW; Dubeau, France, Other
Centre CASA, St-Augustin de Desmaures, Quebec, Canada

Art thérapie, musicothérapie, acupuncture, activité physique, massothérapie, zoothérapie et saine alimentation dans le traitement des traumatismes et de l’abus de substances ?

Avec 15 ans d’expérience dans le traitement de problématiques reliées au port de l’uniforme, nous avons mis en place en 2007, un programme visant une clientèle composée de vétérans et de militaires aux prises avec des problèmes de dépendances et des traumatismes reliés au stress opérationnel. Nos approches axées sur l’expérimentation par le client, priment sur les méthodes traditionnelles. Notre atelier met en lumière que ces activités cliniques de nature expérientielle permettent d’escompter des résultats plus concluant et une meilleure intégration par les clients, que les approches traditionnelles client /thérapeute seulement. Ainsi, à chaque semaine, la clientèle de ce programme interne de 60 jours, découvre et expérimente, par ces approches alternatives et créatives, des moyens pour gérer les symptômes du ESPT, acquière des habiletés à vivre le retrait stratégique, développe une meilleure gestion de l’impulsivité et de l’anxiété, reconnaît et appréhende les facteurs déclencheurs des symptômes du ESPT et de la rechute avec les substances.La diversité des collaborateurs qualifiés dans ce programme novateur met à l’avant plan l’importance de tenir compte des différentes sphères de vie des individus et favorise la multi disciplinarité dans les interventions.Cet atelier interactif s’appuie sur le partage des connaissances des professionnels intervenant dans une perspective bio psycho sociale et expérientielle.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Effect of a mindfulness-based intervention on attributions for PTSD

(Social Issues/Public Policy/Ethics/Community Programs)
Hertz, Robin, BA; Goldsmith, Rachel, PhD
1Reed College, Portland, Oregon, USA
2Rush University Medical Center, Chicago, Illinois, USA

Past research has highlighted the positive effect that mindfulness-based interventions can have on physical and mental health. In this study, a brief mindfulness meditation-based intervention affected the types of attributions that participants made about a veteran’s struggle with PTSD and suicidal ideation. The study investigated the hypothesis that individuals in the mindfulness condition would make fewer attributions that reflected the correspondence bias, a tendency to make dispositional attributions, rather than situational attributions, for others’ behavior. Participants (n=31) who took part in five minutes of guided mindfulness-based meditation before listening to the veteran’s story were significantly more likely to make attributions that accounted for both internal causal factors and external situational pressures. Alternatively, participants in the control group (n= 30) were significantly more likely to attribute causation to the veteran’s internal volition. One interpretation of these results is that increasing mindfulness through meditation leads to more holistic, complex attribution formulation, thus decreasing people’s tendency to attribute causation to dispositional factors when reasoning about others’ behavior. Implications for the public’s understanding of trauma survivors are discussed. The recognition of how situational factors affect veterans with PTSD may relate to views on interpersonal and systemic support for trauma survivors.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Dimensions of Cognition and Violence in Sexual Assault by Convicted Sex Offenders
(Social Issues/Public Policy/Ethics/Clinical or Interventions Research)

yuksel, sahika, MD, MA, FRCP, FRCPsych; Golge, Belma, PhD; Yavuz, Fatih, MD, PhD
1Istanbul University, Istanbul, Turkey
2Istanbul University Institute of Legal Medicine and Forensic Sciences, Istanbul, Turkey

First aim of this study is to test dimensions of cognition and violence of sexual assault by convicted sex offenders. With the help of the information obtained, the second aim is to provide implications for prevention and early interventional programs for sex offenders.

Method: The study is conducted in seven different prisons. Target group consists of 102 male convicts who committed sexual assault crimes and the control group is composed of 50 males who have no criminal record. Participants were interviewed by first author and they filled self-rated Aggressiveness Questionnaire, “State Trait Anger Expression Inventory (STAXI)”, “Sexual Attitude Scale” and “Hostility Towards Women Scale”.

Results: There is a significant difference between the control group and the main group on the scales of aggressiveness, hate and attitudes towards women. The findings also suggest that compared to the control group, participants in the target group of convicts have more masculine and traditional sexual attitudes. Additionally, it is found that sexual assault offenders are influenced by stereotypes about female sexuality and victims of sexual assault. It is also seen that their judgments about sexual assault are influenced by these cognitive distortions. There is a higher rate of witnessing domestic violence and childhood exposition to physical and sexual abuses in the convicted group.
Conclusion: These findings suggested that sexual assault incidents cannot be explained by a single factor. It's determination is multifactorial. The role of society and family are very important factors in sexual assault crimes.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Implications for Evidence-Based Therapies: Phenomenological Perspectives on Healing after Displacement

(Clinical or Interventions Research/Civilians in War/Refugees)

Peterson, Marissa, Doctoral, Student; Swaroop, Sujata, MA, Student
The Chicago School of Professional Psychology, Chicago, Illinois, USA

Prevalence rates for posttraumatic stress disorder fall between 15%-50% in countries with a history of war, and in the past 50 years, the majority of the world’s violent political conflicts have taken place outside of Western industrialized societies. Healing or recovery from trauma-related events, as determined by Western mental health professionals, often relates to the reduction of symptoms of PTSD. However, an inflexible adherence to the language and constructs of Western psychology risks prioritizing interventions grounded in psychiatric syndromes when other models for recovery are in fact more relevant for the given culture.

This study will utilize conflict-ridden Pakistan as a framework to foster an understanding of transnational trauma and the psychological treatment of displaced persons. Mixed-methodology will (a) explore the efficacy of trauma-related symptom reduction in non-Western cultures and (b) compare these results with phenomenological perspectives on health and healing. Preliminary results will be presented. Treatment considerations will be given for effective and culturally appropriate intervention with this population.

Thursday Posters
Thursday, November 4
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

A Cross-Cultural Evaluation of the Effect of War Trauma and Social Support on the Wellbeing of Soldiers Performing a Variety of Military Duties

(Military/Emergency Services/Aid Workers/Social Issues/Public Policy/Ethics)

de la Fontaine, Naama, Doctoral, Student; Szymanski, Kate, PhD
Adelphi University, Derner Institute, Garden City, New York, USA

A number of cross-cultural studies on combat stress and mental health functioning demonstrated a positive relationship between combat trauma and Posttraumatic Stress Disorder (PTSD) in soldiers. The link between social support and PTSD among veterans has also been well established. However there is
a dearth of research that examines the impact of war trauma on soldiers who do not engage in combat. This project evaluated the effect of war trauma and social support on the wellbeing of Israeli soldiers who performed a variety of military duties (not combat only) in the army. Fifty-seven soldiers assigned to various military functions during the 2006 Second Lebanon War were given PTSD questionnaire and Perceived Social Support scale. 36 of these soldiers reported direct exposure to a traumatic event. The results were significant for trauma exposure and social support. Soldiers who experienced trauma had significantly higher incidences of PTSD than those who did not (p&lt;.01). In addition, perceived social support significantly impacted the occurrence of PTSD (p&lt;.01). These cross-cultural findings demonstrate that all soldiers who are exposed to a war trauma, regardless of type of duties they perform, are at high risk for developing PTSD. The findings also replicate the importance of social support in coping with war related stress.
Treating Veterans With Military-related PTSD: Predicting Treatment Engagement and Dropout

(Bennett, Angela, BS; Brown, Jeremy, BA; Greenwell, Ashley, PhD)
VA Salt Lake City, Salt Lake City, Utah, USA

Over 1.6 million military personnel have served in the Operation Iraqi Freedom and Operation Enduring Freedom conflicts with an estimated 300,000 suffering from posttraumatic stress disorder (PTSD) or major depression (Tanielian, & Jaycox 2008). This is in addition to the approximately 479,000 Vietnam Veterans with PTSD (Kulka et al., 1990). Accordingly, the Department of Defense has invested considerable resources towards identifying evidence-based treatments for PTSD and subsequent training of clinicians. Recent figures indicate that while 80% of veterans with PTSD did attend a mental health visit, fewer than 10% went on to complete recommended treatments (Seal et al., 2010). Little is known regarding the factors that precipitate treatment dropout for this population.

This study examines the correlates of treatment retention and drop out in a sample of OEF/OIF and Vietnam veterans seeking treatment for PTSD (n= 102) within a VA setting. Data were gathered from veterans' self-report at intake, 3 and 6 month intervals. Specifically, perceived stigma, symptom severity, recent stressful events, physical health, social support, spirituality, disability status, suicidality, and substance use were analyzed to predict treatment course. Follow-up qualitative data describing vets' reported reason for dropout and barriers to treatment will also be presented.

The Effectiveness of Unguided Self-help for PTSD: A Randomized Clinical Trial Evaluating Outcomes and Mechanisms of Action

(Sheppard, Sean, MA, PhD, Student; Forsyth, John P., PhD; Russo, Amanda R., BA; Herzberg, Kristin N., MA, PhD, Student)
SUNY-Albany, Albany, New York, USA

Numerous clinical trials have demonstrated the efficacy of CBT in treating PTSD. In addition to these interventions, several CBT self-help books for PTSD have been developed, and there is a need for more
systematic evaluation of whether such books are helpful and for whom they are helpful. The purpose of this paper is to describe results of an ongoing randomized clinical trial evaluating the effectiveness of a popular Acceptance and Commitment Therapy self-help workbook (Forsyth & Eifert, 2008) in an international sample of persons diagnosed with PTSD. In the present study, 39 individuals with PTSD were randomly assigned to 12 weeks of unguided self-help using the workbook (n = 23) or to a waitlist control (n = 16) condition. Preliminary analyses indicate positive pre to post changes across assessed process and outcome measures in the active workbook condition relative to waitlist, with effect sizes ranging from .80 to 1.74 (Cohen’s d). Results of this work will be described, along with three and six-month follow-up data, with specific attention paid to relevant change processes, the importance of investigating mechanisms of action in clinical outcome research, and how such work may fit broadly within stepped care models of PTSD treatment.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Examining Gender Differences in the Mental Health Consequences of Dating Violence

(Clinical or Interventions Research/Social Issues/Public Policy/Ethics)

Rutter, Lauren, BA1; Taft, Casey, PhD1; Weatherill, Robin, PhD1; Orazem, Robert, MA2
1National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
2Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

It has been well established that intimate partner aggression is associated with various mental health problems. Much of the literature has focused on men as perpetrators and women as victims. However, less is known about similarities and differences between men and women in adaptation to aggression, particularly in younger samples. We examined the associations between victimization experiences and measures of anger, posttraumatic stress disorder (PTSD) symptoms, depressive symptoms, anxiety symptoms, and alcohol use in a sample of 200 male and female undergraduates. We hypothesized that associations between aggression victimization and mental health problems would be stronger for women than men, based on the available literature. Results suggest that women’s aggression victimization was more strongly related to anxiety and alcohol use, while men’s victimization was more strongly associated with anger and PTSD symptoms. When PTSD symptoms were examined by cluster, aggression was most strongly related to reexperiencing symptoms in women, and most strongly related to hyperarousal symptoms in men. This study has implications for future research examining how aggression victimization is related to women’s internalizing symptoms and behaviors, and men’s externalizing symptoms and behaviors.
A Biosocial Approach to Relational Trauma Treatment: Program Description and Preliminary Analysis

(Clinical or Interventions Research/Research Methodology)

Adams, Wendi, PsyD; Kim, Soonie, PhD; Borges, Lauren, BA; White, Andrew, PhD; Limandri, Barbara, Other
Portland Dialectical Behavior Therapy, Portland, Oregon, USA

Research on borderline personality disorder (BPD) acknowledges a high percentage of relational trauma, in the history of individuals diagnosed with this disorder. Dialectical Behavior Therapy (DBT), an empirically validated treatment for BPD targets multiple areas of dysregulation in stage one of the treatment with the goal of decreasing behavioral dyscontrol and increasing regulatory capacities. Stage two of DBT involves addressing the sequelae of trauma after the development of greater regulatory capacities has been met and life threatening behaviors have abated. However, the DBT model is lacking in a detailed treatment protocol regarding how to treat trauma-related symptoms. In an effort to increase the effectiveness of the treatment of trauma-related symptoms the Portland DBT program created a research-based treatment program, which incorporates eastern practices and behavioral methods utilizing a biosocial approach. This presentation will provide a detailed description of the Trauma Recovery Program including entrance criteria, program components, and their functions. The presentation will also include the options for integrating trauma services into standard DBT and assessment criteria for each. Client materials and protocols will also be reviewed. Outcome data from clients enrolled in the program from September 2009 to September 2010 will be analyzed to determine changes in functioning over the course of treatment. Treatment population statistics including client diagnoses, program graduation and attrition rates, and involvement in additional DBT groups will conclude the program analysis.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Factors Influencing Readiness to Change in Female Victims of Domestic Violence

(Clinical or Interventions Research/Assessment/Diagnosis)

Matlow, Ryan, MA; DePrince, Anne, PhD
University of Denver, Denver, Colorado, USA

The current study entails a longitudinal examination of the contextual and individual difference factors influencing victims’ readiness to change in terms of leaving abusive relationships. An ethnically-diverse sample of women (N=121) was interviewed shortly after a domestic violence report to law enforcement (T1), and again 6-months (T2) and 1-year (T3) later. At T3, women reported on the status of their relationship with the offender and their readiness to leave the relationship based on the Transtheoretical Model of Stages of Change. Multiple regression analyses revealed that T3 readiness to change was significantly, positively predicted by T1 cognitive appraisals of the domestic violence incident, when controlling for T1 social support, incident characteristics (e.g., aggression severity), and trauma-related psychopathology (e.g., PTSD, depression). Notably, greater fear at T1 predicted increased readiness to
change at T3. Conversely, readiness to change was negatively associated with contextual factors related to dependence on the offender (e.g., number of children). The findings suggest that understanding victims’ readiness to leave a violent relationship requires consideration of both contextual (e.g., having children) and individual difference (e.g., fear) factors. Further, these findings provide new information regarding specific cognitive appraisals that influence responses to domestic violence.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Developing and Implementing a Cognitive Behavioral Therapy Readiness Assessment for Early PTSD Intervention in Real World, Non-specialty Mental Health Settings

(Clinical or Interventions Research/Assessment/Diagnosis)

Geiss Trusz, Sarah, BA1; Wagner, Amy, PhD2; Russo, Joan, PhD1; Zatzick, Douglas, MD1
1University of Washington, Seattle, Washington, USA
2Portland VA Medical Center, Portland, Washington, USA

Cognitive behavioral therapy (CBT) interventions are highly efficacious in reducing PTSD symptoms, but appear to have limited reach to target populations of trauma survivors treated in real world non-specialty mental health settings. Few studies have used population-based clinical epidemiologic methods to clarify the interplay between patient and setting level characteristics and readiness for entry into CBT (i.e., “CBT readiness”). To identify key constructs related to CBT readiness, we conducted a comprehensive literature review followed by a content analysis of 59 intervention case studies from prior PTSD prevention trials. 98% of patients demonstrated one or more barriers to CBT entry. Lack of early engagement with clinicians (17%), clinical (43%) and logistic barriers (34%) were dominant factors in failure to enter CBT treatment. The CBT readiness assessment tool was feasibly implemented in a subsequent stepped collaborative care PTSD intervention trial, and was acceptable to both patients and providers. Given the limited reach of early multi-session CBT interventions targeting PTSD, future investigations should test whether CBT readiness assessments can optimize entry and retention. Alternative service delivery strategies that dismantle traditional multi-session CBT into stepped, feasibly delivered components may enhance the reach of early trauma focused CBT in non specialty mental health settings.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Resilience in Accident Survivors: A Pilot Study

(Clinical or Interventions Research/Prevention/Early Intervention)
The main aim of this study is to investigate the factors contributing to resilience after severe accidental injury. We assessed positive emotions, pain, anxiety and depression symptoms in 3 groups of subjects: remitted PTSD patients, 10 years after accident (n=16), accident survivors who did not develop PTSD symptoms, 10 years after accident (trauma-control group; n=14), and healthy subjects without traumatic experience (n=10). We found that the Pain Disability Index (PDI) was significantly higher in the remitted PTSD group than in healthy controls. Additionally, our results showed a negative correlation between gratitude scores and depression as well as between gratitude scores and anxiety only in trauma-controls. In this group, PDI scores were negatively correlated with gratitude. These findings suggest that gratitude might contribute to prevent worsening depression, anxiety, and pain symptoms in resilient accident survivors. On the other hand, PDI was positively correlated with BDI and trait anxiety only in remitted PTSD, suggesting that the interplay between pain, anxiety and depression might be associated with vulnerability for PTSD.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Childhood Sexual Abuse and Prospective Suicide Attempts: Elucidating the Effects of Borderline Personality Disorder and Posttraumatic Stress Disorder

(Clinical or Interventions Research/Prevention/Early Intervention)

Shashoua, Marguerite, BS¹; Yen, Shirley, PhD¹; Shea, M. Tracie, PhD¹; Ansell, Emily, PhD²; Sanislow, Charles, PhD³
¹Brown University Warren Alpert Medical School, Providence, Rhode Island, USA
²Yale School of Medicine, New Haven, Connecticut, USA
³Wesleyan University, Middletown, Connecticut, USA

Childhood sexual abuse (CSA) has been associated with an increased risk of suicidal behavior in numerous empirical studies. It is also an etiological factor in the development of borderline personality disorder (BPD) and posttraumatic stress disorder (PTSD), both of which have also been cited as risk factors for suicidality. The aim of this paper is to elucidate the interrelationship between these risk factors. The present study examined data from 701 participants from the Collaborative Longitudinal Personality Disorders Study. Baseline reports of CSA, BPD and PTSD diagnoses were assessed with semi-structured interviews, as was our main outcome of suicide attempts (SA) over 10 years of follow-up. In a multivariate hierarchical regression analyses which included the three predictor variables of interest, which controlled for demographic variables (i.e. gender, education, and employment), BPD and CSA emerged as significant predictors of prospectively SA while PTSD was not significant. Based on these results we conducted mediation analyses we found that BPD partially mediated the relationship between CSA and prospective SA. Our results suggest that CSA has a direct and indirect (via BPD) effect on SA, but that the development of PTSD does not significantly increase the risk of suicide attempts in a predominantly PD sample.
Attentional Biases in PTSD: An Eye-tracking Study

(Clinical or Interventions Research/Clinical Practice Issues)

Thomas, MSc Candidate, Charmaine L., Other; Goegan, Lauren, Undergraduate; Sears, Christopher R., PhD
University of Calgary, Calgary, Alberta, Canada

Previous research suggests that individuals with PTSD preferentially attend to threat-relevant cues in their environment (e.g., Shipherd & Salters-Pedneault, 2008). This attentional bias is hypothesized to contribute to the persistence of PTSD symptoms. In the present study the attentional bias associated with PTSD was explored by examining the orientation, allocation, and disengagement of attention to threat-related images. We used an eye-tracking paradigm to determine if participants with symptoms of PTSD attended to threat-related images differently and whether they experienced any difficulty disengaging their attention from these images. Participants were shown sets of four images (one each of threat-related, depression-related, positive, and neutral) and their eye movements were recorded while they examined the images. The dependent variables were the type of image first attended to, the number of fixations to each image, and total fixation time to each image. Disengagement of attention was measured with an endogenous cuing procedure. Images were occasionally probed by a colored border that appeared around the image at different time intervals; participants were instructed to immediately move their gaze off the image whenever the border appeared. The relation between attentional biases and the mechanisms hypothesized to maintain intrusions and symptoms of avoidance in PTSD are discussed.

How Much Improvement in PTSD Symptoms is Needed to Make a Real Difference in Quality of Life?

(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

Schnurr, Paula, PhD; Lunney, Carole, MA
National Center for PTSD, White River Junction, Vermont, USA

PTSD is associated with impaired quality of life. Although changes in PTSD symptoms relate to changes in quality of life, the question of how much symptom improvement is necessary to result in meaningful improvements in life quality remains unanswered. We used data from a randomized clinical trial of psychotherapy for PTSD in female military veterans and active duty personnel to examine the correspondence between different benchmarks for improvement in PTSD symptoms and changes in quality of life. Participants were 235 female veterans and active duty personnel with current PTSD who
were randomized to receive 10 weekly sessions of Prolonged Exposure or Present-Centered Therapy. PTSD symptoms, role functioning, social and occupational impairment, and overall quality of life were assessed before and after treatment. We classified symptom change as either: no response; clinically meaningful response (CAPS improvement of 10+ points); loss of diagnosis (response plus not meeting DSM-IV criteria); or remission (loss of diagnosis plus CAPS total severity <20). In general, findings suggest that symptom response is not sufficient to achieve meaningful improvements in most areas of life quality; loss of diagnosis is necessary, and further improvements in some domains may result by helping a patient achieve remission.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Soldiers Helping Soldiers: A Study in Resiliency

(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

Sayegh, Lisa, PhD, MSW¹; Steinmetz, Sarah, MA²; Tambone, Gina, MA³
¹U.S. Northern Command Surgeon General’s Office, Peterson AFB, Colorado, USA
²United States Air Force Academy, Colorado Springs, Colorado, USA
³U.S. Air Force Academy, USAFA, Colorado, USA

This poster reports the results of a mixed-design study examining factors that facilitate the successful reintegration of U.S. Army National Guard (ARNG) soldiers who have deployed to Iraq or Afghanistan. Reintegration and readjustment are potentially more challenging for ARNG soldiers than their active duty counterparts as they contend with: a lack of consistent leadership support, reduced access to medical care, and resumption of civilian jobs and roles in their local communities.

These findings uniquely contribute to the body of knowledge in trauma research as investigators ask soldiers themselves (versus subject matter experts) to identify through both quantitative and qualitative methods factors in both their individual coping skills and social supports that help them to successfully adjust after deployment. Preliminary findings suggest factors that facilitate reintegration include: talking with understanding family members, friends, and other soldiers who listen well; time off; routine; leaders who stay involved after demobilization, and helping/teaching fellow soldiers.

The study’s goals are to prevent maladaptive stress reactions, including PTSD; preserve military families; and maintain operational readiness. Long-term research goals are to integrate factors found common among soldiers into training, reintegration, support, and therapeutic programs. Future outcome studies will determine the effectiveness of new interventions using soldier-reported factors.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Investigating Automatic Emotion Activation in Interpersonal Trauma Survivors With Posttraumatic Stress Disorder
Pan, Yuan-Chien, MS (PhD, Student); Chen, Sue-Huei, PhD; Su, Yi-Jen, PhD Candidate
National Taiwai University, Taipei, Taiwan

This study aimed to explore the emotional information processing toward threatening facial expression in interpersonal trauma survivors with and without PTSD. Recruited undergraduate students were divided into three groups: interpersonal trauma survivors with PTSD, interpersonal trauma survivors without PTSD, and healthy control group without interpersonal trauma history. Affective priming paradigm was used, with colorful photos of angry and happy human faces as priming and target materials. Stimulus onset asynchrony between prime and target was 200ms. We hypothesized that PTSD group would show less facilitation in congruent trials and more interference in incongruent trials. Results revealed that PTSD group tended to react slower than the other two groups when the angry prime was followed by happy target, so as happy prime followed by happy target. There was no group difference on the reaction time to happy target. These results suggested that, given threatening stimulus presented as prime, PTSD group showed more interference when target is emotionally incongruent. In contrast, they showed less facilitation when prime and target are both with positive emotional valence. The findings suggest that automatically emotional activation has more impacts on consequent evaluative process in interpersonal trauma survivors inclined to PTSD psychopathology.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Group Art Therapy and Veterans with Posttraumatic Stress Disorder: A Case Study

Miller, Cheryl, MA
Veteran’s Affairs Canada, Sainte-Anne-de-Bellevue, Quebec, Canada

With the high number of soldiers returning from war in Afghanistan and Iraq, and the prevalence of PTSD with this population, it is necessary to explore creative treatment solutions. The current study looks at the implementation of a group art therapy approach as part of an interdisciplinary inpatient treatment program for Canadian veterans with PTSD. The study presents a review of the existing literature on the use of art therapy in the treatment of PTSD, including studies with a specific focus on war veterans. The structure of the art therapy program is described so that the process may be replicated. Group art therapy was offered three times a week and qualitative data was collected over a ten week period. Data collected includes images of the art works created in therapy, therapist observations, and observations by other staff members. The purpose of the study is to assess the applicability of an art therapy intervention within an inpatient program for veterans with PTSD. The process of art therapy is described and data is looked at in terms of assessing the veterans’ levels of engagement with the art therapy process and describing emergent themes in the art making of veterans with PTSD.
**Intrapsychic and Interpersonal Sequelae of Chronic Psychological Trauma: The Relationship between Dissociation and Interpersonal Problems**

(Clinical or Interventions Research/Clinical Practice Issues)

Matlack, Laura, PsyD Candidate¹; Mendelsohn, Michaela, PhD²; Herman, Judy, MD²
¹Mass School of Professional Psychology, Cambridge, Massachusetts, USA
²Victims of Violence, Cambridge Health Alliance, Cambridge, Massachusetts, USA

**Background:** This study investigates the relationship between dissociation and interpersonal problems within a multiply-traumatized population. Attachment disruption and disorganization in combination with trauma have been linked theoretically and empirically to later dissociation and relational difficulties. The logic of studying these two particular variables stems from the inexorable bidirectional relationship between self-integration and relational development.

**Method:** One hundred and seventy nine chronically traumatized patients seeking outpatient treatment at the Cambridge Health Alliance’s Victims of Violence Program were administered the following measures at treatment intake: Dissociative Experiences Scale (DES), Inventory of Interpersonal Problems (IIP), and Posttraumatic Stress Diagnostic Scale (PDS).

**Results:** The DES was significantly correlated with all IIP scores. The DES and IIP both exhibited significant correlations with the PDS, and particularly Cluster C, avoidance and emotional numbing. DES accounted for a significant 6.2% of the variance in IIP even after accounting for PTSD severity. Specific elevations and correlations on the IIP interpersonal circumplex model are enumerated.

**Conclusions:** Results demonstrate a strong association between dissociation and interpersonal problems. Chronically traumatized patients tended to have problems related to interpersonal detachment and lack of agency and for high dissociators, these difficulties are notably amplified. Clinical and theoretical ramifications of these findings are discussed.

**Friday Posters**
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**Perception of Threat in Ambiguous Situations Among Vietnam Veterans With PTSD**

(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

ripppy, alyssa, PhD¹; Newman, Elana, PhD²; Combs, Dennis, PhD³
¹Dept. of Veterans Affairs, Tulsa, Oklahoma, USA
²University of Tulsa, Tulsa, Oklahoma, USA
³University of Tyler Texas, Tyler, Texas, USA
According to information processing theories of PTSD (Foa et al., 1989), following a traumatic event, individuals with PTSD display increased focus on threat-related material in their environment. This increased perception of threat may activate attentional and memory biases (Brewin, Dalgleish, & Joseph, 1996) and may make it more likely that threat related appraisals will be applied to situations where the action and intent of the situation or the individuals involved is ambiguous in nature (Combs et al., 2005). In this study, 48 Vietnam Veterans seeking treatment from the Department of Veterans Affairs were administered the PTSD Checklist-Military Version; the depression subscale of the Brief Symptom Inventory (BSI), and the Ambiguous Intentions Hostility Questionnaire (AIHQ) for Ambiguous Situations. The full model was statistically significant ($R^2 = .66$, $F(4, 30) = 15.24, p = .0001$). Results indicate that ratings of hostility and aggression in ambiguous situations did not successfully predict scores on the PCL-M, however blame was a significant predictor of scores on the PCL-M ($\beta = .30, p = .02$). These results may suggest a cognitive bias toward threat perception, with an increased tendency to blame others for events that are ambiguous among Veterans with PTSD.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Quality of Life and Functional Problems in Adults With Past PTSD - Findings From Primary Care

(Clinical or Interventions Research/Culture/Diversity)

Westphal, Maren, PhD; Offson, Mark, MD; Gameroff, Marc, PhD; Wickramaratne, Priya, PhD; Neria, Yuval, PhD
Columbia University, New York, New York, USA

Background: This study examined the extent to which patients with past PTSD continue to experience functional impairment as compared to patients with current PTSD and patients who never developed PTSD after trauma. The sample consisted of 321 trauma-exposed low-income, primarily Hispanic adults attending a primary care clinic. Methods: Measures included CIDI module (for PTSD), SCID-I (all other psychiatric diagnoses), LEC (trauma exposure), SF-12 (Quality of Life) and Sheehan Disability Scale and the Social Adjustment Scale Self-Report (functional impairment). Results: Although patients with past PTSD function better than currently ill patients, they experience persisting deficits in mental health-related quality of life compared to trauma-exposed patients who never developed PTSD. Patients with past PTSD reported less discord with their children than patients with current PTSD, suggesting need for longitudinal research investigating how child relations may influence outcome among trauma-exposed Hispanic patients. Conclusions: Findings highlight the need for continued health care among low-income primary care patients with past PTSD who tend to receive most of their psychiatric care in primary care settings that often have insufficient resources to monitor and treat patients with past but not present psychiatric conditions.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Relationship between PTSD and Somatic Symptoms Among Substance Use Disorder Patients

(Clinical or Interventions Research/Clinical Practice Issues)

Kaier, Emily, BA; Feldhousen, Elizabeth, PhD Candidate; Martino, Stephanie, MS; Maisto, Stephen, PhD; Ouimette, Paige, PhD
Center for Integrated Healthcare, Syracuse, New York, USA

The extant literature suggests that relationships may exist among PTSD symptoms, gender, childhood trauma and somatic complaints. The purpose of this study is to test a model of PTSD and somatic symptoms, examining whether this relationship is moderated by gender and childhood trauma. A total of 97 substance use disorder patients with at least partial PTSD completed clinical interviews and questionnaires assessing the constructs of interest. Somatic complaints were measured using the Patient Health Questionnaire-15. Forty percent of the sample was female and half of the sample reported at least one instance of child sexual and/ or physical abuse. Hierarchical multiple regression revealed that PTSD symptoms, in particular avoidance and numbing symptoms, were uniquely associated with somatic symptom severity. Childhood trauma and gender did not moderate this association. Potential reasons for how PTSD avoidance symptoms (e.g., avoidance of medical and mental health clinics) may lead to poorer health are discussed.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Impact of Dissociation and Depression on Treatment Response Using Prolonged Exposure Therapy in Veterans With PTSD

(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

Bollini, Annie, PhD; Astin, Millie, PhD; Crowe, Chris, PhD; Price, Matt, PhD
VAMC, Decatur, Georgia, USA

It is estimated that 22% of returning combat veterans have Posttraumatic Stress Disorder (PTSD). To treat this growing population effectively, we use Prolonged Exposure (PE), an evidence-based treatment, in our specialty trauma program. To maximize treatment benefit, factors that impede or enhance treatment response to PE therapy must be identified. Several lines of research support the notion that dissociation and depression may impede treatment response. As a result, some clinicians consider these factors contraindications for PE. However, Hagnenars et al. (2010) found that patients treated with PE showed similar PTSD symptom reduction regardless of dissociation and depression level. In this study, our goal was to replicate Hagnenars et al. and also to examine the potential influence of gender. We administered trait (DES) and state (PDI) dissociative, depression (BDI-II) and PTSD (PSS-SR) inventories to 50 veterans with PTSD at pre-treatment and post-treatment. PTSD also was assessed via clinical interview. We predict that veterans with higher dissociation and depression symptoms will show a similar PE treatment response to other veterans. Preliminary analyses indicate no difference in magnitude of
treatment response by level of dissociation or depression. Implications of these results for PE treatment will be discussed.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Post Traumatic Stress Disorder in a Cohort of 1,625,264 Coronary Artery Bypass Grafting Patients

(Clinical or Interventions Research/Clinical Practice Issues)

Dao, Tam, PhD; Armsworth, Mary, EdD
University of Houston, Houston, Texas, USA

Coronary artery disease (CAD) remains a leading cause of death in the U.S. Patients with severe narrowing or blockage of the left main coronary artery are generally considered for coronary artery bypass grafting (CABG) surgery. Research indicates that clinical outcomes including length of hospital stay and hospital mortality following surgery cannot be fully explained by traditional risk factors alone such as age, gender, and medical comorbidities. Factors such as psychiatric functioning have been found to predict adverse outcomes among patients undergoing this surgery. Recent findings have found autonomic cardiovascular dysregulation mediates the relationship between psychological functioning and CABG outcomes. A hallmark of PTSD is autonomic dysregulation. Thus, the current study examined the link between PTSD and CABG outcomes using the Nationwide Inpatient Sample database containing over 8,000,000 discharge records per year. We identified 1,625,264 discharged records of patients who underwent a CABG operation. We analyzed 15 preoperative variables and two outcome measures, length of stay and mortality. Multivariable logistic regression was used to identify predictors of outcomes. Findings were that PTSD is prevalent (22%) in patients undergoing a CABG procedure, and PTSD increases length of hospital stay and risk of death by magnitudes comparable to well-established physical health risk factors.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Role of Reported Killing During Combat on PTSD Severity in Afghanistan and Iraq War Veterans

(Clinical or Interventions Research/Clinical Practice Issues)

Stroo, Marissa, BS; McKenzie, Shannon, BA; Possemato, Kyle, PhD; Maisto, Stephen, PhD; Ouimette, Paige, PhD
Center for Integrated Healthcare - VA, Syracuse, New York, USA
The literature suggests that reported killing in combat, either directly or indirectly, is significantly associated with poorer post-deployment mental health and functional outcomes. The purpose of this study was to examine if killing was associated with mental health and functional outcomes among a sample of combat-exposed Operation Iraqi Freedom/Operation Enduring Freedom (OEF/OIF) Veterans who had at least subthreshold PTSD symptoms. A total of 62 OEF/OIF Veterans recruited from VA primary care settings completed clinical interviews and self-report measures, including the Clinician Administered PTSD Scale (CAPS), the Patient Health Questionnaire Depression (PHQ-9), the Deployment Risk and Resilience Inventory, and the Short Form -12 (SF-12) . Almost half of the sample (47%) reported that they believed they killed someone during combat. Controlling for relevant demographics and level of combat exposure, killing was significantly associated with PTSD severity(β=1.77, p<.001), and depression severity( β=.68, p<.006). Self-reported killing was not significantly associated with SF-12 mental and physical functioning, post-deployment support, and post-deployment stressors. These data suggest that behavioral health providers should be aware of the impact of killing on PTSD and depressive symptoms and that addressing a Veteran's concerns about killing in combat may be an opportunity to improve post-deployment mental health functioning.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Cognitive Behavioral Therapy for Post Traumatic Stress Disorder and/or Depression among Survivors of Torture or Trauma in a Community Mental Health Setting

(Clinical or Interventions Research/Clinical Practice Issues)

Garai, Emily P., BA; Fondacaro, Karen, PhD; Harder, Valerie S., PhD; Johnson, Kirsten, BA; Marini, Victoria, BA
University of Vermont, Burlington, Vermont, USA

Many immigrants and refugees have experienced torture and/or trauma ranging from lack of access to food and water to political or religious persecution (Gorman, 2001). The experience of torture and or trauma is associated with higher rates of psychopathology necessitating clinical attention (van Ommeren et al., 2002). Despite the rates of psychopathology in this population, few community based programs have empirically examined outcomes in community settings. The current study will examine rates of total problems, somatic complaints, and anxiety/depression on the Adult Self Report (ASR; Achenbach & Rescorla, 2003) among adult survivors of torture and trauma living in the Burlington, VT area and presenting for treatment at a community clinic. Somali Bantu, Bhutanese, Bosnian, Iraqi, Congolese, Sudanese, and Vietnamese individuals will participate in treatment. Treatment varies depending on presenting problem but consists of Narrative Exposure Therapy (Schauer, Neuner, & Elbert, 2005) for Posttraumatic Stress Disorder, graduated exposure for panic/anxiety, or Cognitive Behavioral Therapy for Depression (Beck, 1995). 25 individuals are expected to have completed baseline and post-treatment assessments on the ASR at the time of final analysis. Significant decreases in mean scores on all scales re-assessed post-treatment are expected.
Intense Fright: Immobility Measures in PTSD Patient

(Clinical or Interventions Research/Research Methodology)

Volchan, Eliane, MD, PhD; Franklin, Camila, MSc; Norte, Carlos, Undergraduate; Fiszman, Adriana, MD, PhD; Figueira, Ivan, MD, PhD
Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Tonic immobility, the last-ditch defense under life threat, is characterized by reflexive motor inhibition. Employing psychometric measures, previous studies from our group revealed a significant association of the magnitude of peritraumatic immobility and symptoms severity of post traumatic stress disorder (PTSD). Here we investigated the reports of peritraumatic immobilization to the trauma script and associated body reactions in PTSD patients. Amplitude of body sway was recorded through a stabilimeter. Electrocardiographic recordings were employed to extract the inter-beat periods. Stimuli consisted of audio presentation of the victim's own traumatic event. The intensity of reported immobility to the trauma script presentation showed a significant negative association with the amplitude of body sway, and a significant positive association with the heart rate. Patients reporting higher scores of immobility showed lower areas of sway; and higher heart rates. Additionally, corroborating previous results, peritraumatic immobility reports during the experimental session were associated with the severity of symptoms at the time of the experiment. These findings suggest that subjective reports of peritraumatic immobility in PTSD patients may have a somatomotor substrate and be accompanied by intense tachycardia.

STARR Outcomes: Predictors of Change in Residential PTSD and Substance Abuse Treatment

(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

nye, ella, PhD; sullivan, elizabeth a., PhD
Veterans Affairs Healthcare System, Albuquerque, New Mexico, USA

The Substance Abuse and Trauma Rehabilitation Residence (STARR) is a 23 bed residential treatment program at the Raymond G. Murphy Veterans Affairs Medical Center in Albuquerque, New Mexico designed for veterans with comorbid PTSD and alcohol/substance abuse. Program evaluation data examined change in targeted treatment variables (mindfulness, experiential avoidance and anxiety sensitivity) and post-treatment outcomes (PTSD symptoms, cravings, anger/hostility and quality of life). Participants were 64 veterans admitted to STARR in 2009, and were predominantly male (92%) and
alcohol abusing (96%). Demographically the sample was 53% White, 33% Hispanic and 12% Native American. All participants were diagnosed with PTSD, 59% combat-related. Participants were grouped according to whether they completed treatment. Treatment completers did not differ significantly from non-completers in terms of demographics or pre-treatment testing. Treatment completers demonstrated significant improvement in mindfulness and quality of life, and decreases in experiential avoidance, anger/hostility and cravings. The treatment completers did not demonstrate improvement in PTSD symptom severity and anxiety sensitivity. Predictors of change scores in treatment and outcome variables are explored. Overall there were no ethnic differences, although there was a trend for Native Americans to leave treatment early. Follow-up data at three and six months examines relapse and service utilization.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Emotional Intelligence and Substance Abuse as Predictors of Posttraumatic Stress Disorder in Male Offenders of Intimate Partner Violence

(Clinical or Interventions Research/Community Programs)

Jaffe, Anna, Undergraduate; Swopes, Rachael, MS (PhD, Student); Davis, Joanne, PhD; Simonet, Daniel, PhD Candidate; Tett, Robert, PhD
The University of Tulsa, Tulsa, Oklahoma, USA

Lower emotional intelligence (EI) has been linked to increased posttraumatic stress symptoms in the general population (Hunt & Evans, 2004). Furthermore, the development of posttraumatic stress disorder (PTSD) is related to increased aggression (Jakupcak & Tull, 2005). A previous study has found that two facets of EI, empathy and recognition of emotion in the self, moderates the relationship between having had adverse childhood experiences (ACEs) and the development of PTSD in male offenders of intimate partner violence (IPV; Swopes, Simonet, Jaffe, Tett, Moore, Davis, et al., 2010). The present study extends this research by further examining the relationship between EI, substance abuse, previous trauma, and PTSD. It was hypothesized that empathy and recognition of emotion in the self would predict PTSD after controlling for ACEs and substance abuse in 63 male offenders of IPV. Preliminary hierarchical regression results indicated that the EI variables significantly predicted PTSD after controlling for ACEs and substance abuse, supporting our hypothesis. Specifically, recognition of emotion in the self was a significant negative predictor of PTSD. Training to enhance emotional self-awareness (e.g., Goleman, 1995) may offer an intervention in trauma-exposed clients to inhibit the development of PTSD and therefore reduce the likelihood of subsequent IPV.
Outcome of Variable Course of Cognitive Processing Therapy on PTSD, Depression and Perceived Social Support

(Clinical or Interventions Research/Clinical Practice Issues)

Koucky, Ellen, MA; Blain, Leah, MA; Galovski, Tara, PhD
University of Missouri-St. Louis, St. Louis, Missouri, USA

Cognitive Processing Therapy (CPT) is effective in reducing PTSD and depression when tested in 12-sessions. Traditional CPT yields significant changes in social functioning. This study aimed to test a variable course of CPT on PTSD and depression, as well as perceived changes in social support. Analyses were conducted using a sample of 37 PTSD participants (anticipated 50 completers) from an NIMH trial evaluating the effectiveness of variable length CPT (4 to 18 sessions). The current study demonstrated that 71% of participants significantly reduced symptoms of PTSD and depression in less than 12 sessions. However, it is unknown whether shorter durations of therapy can effectively target improvements in social functioning. Results of three repeated measures ANOVAs revealed main effects on PTSD ($p<.01$), depression ($p<.01$), and perceived social support ($p<.01$). Interestingly, there was a significant interaction between time and therapy duration for perceived social support ($p<.05$), such that early completers showed larger increases in perceived social support. These results suggest that meaningful psychosocial improvements can be achieved following brief courses of therapy.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Difference in PTSD Treatment Outcomes Among Women With and Without Co-morbid Substance Use Disorders

(Clinical or Interventions Research/Clinical Practice Issues)

C'de Baca, Janet, PhD; Castillo, Diane, PhD
NM VA Health Care System, Albuquerque, New Mexico, USA

Studies have consistently shown the co-occurrence of posttraumatic stress disorder (PTSD) with substance use disorders (SUDs; Chilcoat & Menard, 2003). There is also evidence that women with PTSD are at greater risk for co-morbid SUDs (Helzer, Robins & McEvoy, 1987), and women with both PTSD and SUDs have a poorer prognosis (Quimette, Wolfe & Chrestman, 1996). This study presents the psychological profiles of 333 female veterans with and without a co-morbid diagnosis of SUDs, and examines differences in PTSD treatment outcomes. Patients attended a variety of time-limited, structured, protocol-specific treatment groups in a VA outpatient clinic for female veterans with PTSD: cognitive therapy, exposure (flooding), skills-building, and a personal growth program regarding sexual functioning. PTSD treatment outcome was measured pre and post treatment with the PTSD Symptom Checklist (PCL). Women entering the treatment program were substance-free for a least a month before treatment entry and throughout treatment. Data will be analyzed and presented. We expect female veterans with co-morbid PTSD and SUDs to have poorer treatment outcomes. Additionally, we compare the two groups on numbers and types of trauma, as well as scores on psychological tests. Discussion on implications for findings is presented.
The Effect of Variable Length Cognitive Processing Therapy on Posttraumatic Cognitions

(Ayotte, Kaylin, BA; Elwood, Lisa, PhD; Galovski, Tara, PhD)
University of Missouri St. Louis, St. Louis, Missouri, USA

Distorted worldviews have long been posited to underlie the distress experienced by trauma survivors (Janoff-Bulman, 1989). Distorted cognitions may significantly relate to the severity of PTSD symptoms and can be altered via cognitive processing therapy (CPT) (Resick, et al., 2002). Recently, change in cognitions was assessed through coding participants’ written impact statements during a standard 12-session protocol of CPT and results showed a reduction in maladaptive (assimilated and overaccommodated) cognitions (Sobel, Resick, & Rabalais, 2009). These analyses provide initial support for changes in worldview following CPT, but it is unclear whether the full 12 sessions are required to realize cognitive change. The present study seeks to replicate Sobel, et al., 2009 and assess the effect of a variable course of treatment (4-18 sessions) on change in cognitions across impact statements. It is hypothesized that early responders (participants completing CPT prior to session 11) will demonstrate a greater reduction in assimilated statements across impact statements, whereas long responders (session 11+) will show a greater reduction in overaccommodated statements. Impact statements have been collected from 25 PTSD-positive, adult survivors of interpersonal violence who received treatment through two ongoing treatment grants funded by the National Institute for Health (NIH), and coding is underway.

Impact of Positive Health Behaviors on Perceived Health in Iraq and Afghanistan Veterans with PTSD Symptoms

(Bosch, Jeane, MPH)
San Francisco VA Medical Center, San Francisco, California, USA

Prior studies have found a strong association between PTSD and poorer physical health. However, the mechanisms underlying this relationship are not fully understood. The relationship between PTSD symptoms, health behaviors and perceived physical health were examined among OEF/OIF veterans with full or subsyndromal PTSD (N=76). Positive health behaviors (e.g. exercising) mediated the relationship between PTSD symptom severity and perceived physical health with those engaging in more positive health habits reporting lower PTSD symptom severity and better perceived health. Negative health habits
(e.g., smoking) were not associated with overall PTSD symptom severity or perceived health. When examining PTSD symptom clusters, engagement in negative habits was significantly associated with greater hyperarousal symptoms, whereas engagement in positive habits was most strongly related to lower avoidance symptoms. Greater engagement in positive habits was also associated with better general functioning (i.e., ability to accomplish daily activities) and lower depressive symptoms. These findings suggest that engaging in positive health habits may improve physical health and general functioning and ability to engage in positive habits may be driven by level of PTSD symptoms, particularly avoidant symptoms. These findings also suggest that an integrated (mental and physical health) approach would best serve our newly returning veterans.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Comorbidity of Posttraumatic Stress Disorder and Its Effect on Treatment Outcomes in Patients with Schizophrenia: One-Year Prospective Follow-Up Study

(KIM, NAM HEE, MD
Seoul Metropolitan Eunpyeong Hospital, Seoul, Korea, Republic of

Objectives: The aims of this study were to assess a) the prevalence of trauma and posttraumatic stress disorder (PTSD) in schizophrenic patients and b) the differences in symptomatology and outcome after 1 year treatment between those with and without PTSD.

Methods: Twenty eight schizophrenia and schizoaffective disorder patients completed the Positive and Negative Syndrome Scale (PANSS), Life Stressor Checklist-Revised (LSCL-R), Clinician-Administered PTSD Scale (CAPS), Dissociative Experiences Scale (DES), Hamilton Psychiatry Rating Scale for Depression (HAM-D), and Rosenberg Self-Esteem Scale (RSE).

Results: Twenty six patients (92.9%) had at least one trauma in their life time. Eleven patients (39.3%) were diagnosed with PTSD. PTSD group had significantly higher scores on HAM-D and DES but lower scores on RSE. PTSD group also had significantly lower score in the baseline PANSS Negative score. Higher CAPS scores were significantly correlated with lower baseline PANSS Negative score and greater change after 1 year of PANSS Negative score. Conclusion: These results showed that the prevalence of trauma and PTSD are high in schizophrenic patients and suggested that PTSD and trauma-related symptoms affected the symptomatology and treatment outcome. More research is warranted to better understand the effects of PTSD in schizophrenic patients.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Psychoeducational Treatment for Trauma Related Nightmares and Insomnia
Plumb, Taylor, PsyD  
VA Salt Lake City Health Care System, Salt Lake City, Utah, USA

Sleep disturbances in the form of nightmares and insomnia symptoms are a common complaint for veterans seeking care within VA Mental Health and PTSD clinics. Sleep problems are so common among trauma survivors that they have been referred to as a “hallmark symptom” of PTSD. The present study aims to assess veterans’ self-reported changes in sleep efficiency, sleep time, sleep onset latency, number of nightmares, and sleep quality. Twelve veterans with sleep disturbances and diagnoses of PTSD participated in an 8 week psychoeducational class in a VA outpatient mental health clinic. The class was divided into two parts that focused on treatment for trauma related nightmares and insomnia symptoms. The first four weeks of class utilized imagery rehearsal therapy techniques to reduce the severity and frequency of nightmares, while the second four weeks addressed sleep disturbances by teaching evidence-based CBT techniques for insomnia symptoms. Veterans’ sleep was assessed using the Sleep 50 Questionnaire as well as select items from both the Pittsburgh Sleep Quality Index and PTSD Checklist - Military Version. Data analyses will assess pre- and post- changes in sleep efficiency, sleep time, sleep onset latency, number of nightmares, and sleep quality for veterans who completed the course.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

From Combat to College: OEF/OIF Veterans and Their College Experiences

Quintin, Ashlee, Undergraduate; Scotti, Joseph R., PhD; Kelly, Sean, Undergraduate; Kellems, Ian, PhD  
West Virginia University, Morgantown, West Virginia, USA

There is an increasing number of OEF/OIF Veterans returning from deployment and using their G.I. Bill benefits to pursue a college education. These Veterans represent a sub-population about which little is known in terms of their military experiences and the impact of those experiences on performance in the college environment. Particularly important is the interaction of post-combat stress and the academic and personal stressors associated with college attendance. This poster will present data from 200 OEF/OIF Veterans attending West Virginia University, including their military history and combat exposure, key mental and physical health issues (e.g., depression, PTSD, substance use, traumatic brain injury), academic performance and related stressors, and utilization of local informal and formal resources (both on- and off-campus). The analyses will include descriptive information on all measures, correlational analyses among key variables (e.g., combat stress, academic and personal stress, academic performance), and regression analyses to predict variables most impacting overall academic performance. The results have implications for colleges and universities and the creation of military-friendly campuses and Veteran-specific services.
Pilot Study of Aripiprazole as a Therapeutic Strategy in OEF/OIF-Era Veterans With PTSD

(Naylor, Jennifer, PhD; Strauss, Jennifer, PhD; Youssef, Nagy, MD; Davidson, Jonathan, MD; Marx, Christine, MD)

Duke University Medical Center/Durham VAMC, Durham, North Carolina, USA
Duke University Medical Center, Durham, North Carolina, USA

Background: Many patients with PTSD experience persistent symptoms despite pharmacological treatment with antidepressants. Several investigations suggest that adjunctive second generation antipsychotics such as aripiprazole may have clinical utility in PTSD. We thus conducted a pilot randomized controlled trial examining adjunctive aripiprazole in OEF/OIF-Era Veterans with PTSD.

Methods: Veterans with PTSD (receiving stable doses of antidepressants) were randomized to adjunctive aripiprazole or placebo for 8 weeks. Primary outcome measures included CAPS, PANSS, and BAC-A. Secondary outcome measures included BDI-II and CD-RISC.

Results: Improvements in CAPS scores were not significantly different in the aripiprazole group (n=7) compared to the placebo group (n=7) post-treatment. Improvements in PANSS scores in the aripiprazole group tended to be greater than in the placebo group. Mean changes in BAC-A and CD-RISC scores were similar in both groups. Changes in mean BDI-II scores in the aripiprazole group compared to the placebo group were not significantly different, but demonstrated changes in the hypothesized direction.

Discussion: Adjunctive aripiprazole was well-tolerated in this cohort. Improvements in CAPS, PANSS and BDI-II were in the hypothesized direction and suggest that aripiprazole may demonstrate potential as an adjunctive strategy for the treatment of PTSD and co-occurring psychotic and depression symptoms. Additional study is merited.

Evidence-based Treatments for Post Traumatic Stress Disorder and/or Depression Among Survivors of Torture or Trauma

(Fondacaro, Karen, PhD; Garai, Emily, PhD Candidate; Reincke, Krista, MSW; Gilligan, Claire, MA; Kuny, Ana, PhD Candidate)

University of Vermont, Burlington, Vermont, USA
Studies indicate that refugees have experienced a range of traumatic experiences and torture related to violence in their homelands and during forced migration (Jaranson et al., 2004). These traumatic experiences are associated with greater mental health concerns, including PTSD, Depression, and Anxiety (Campbell, 2007). While estimated rates of psychopathology in refugee populations are extremely high, very little empirical attention has focused on the outcomes of evidence-based treatment. The current study assesses the types of trauma and torture experienced by adult refugees, and treatment outcomes related to symptoms of PTSD, Depression and Anxiety, as measured by the Harvard Trauma Questionnaire (Mollica & Caspi-Yavin, 1991) and the Hopkins Symptom Checklist. Moreover, the relationship between initial symptomatology and severity of trauma will be examined. Refugees from Somalia, Sudan, Vietnam, Bosnia, Iraq and Congo, who received treatment, involving Narrative Exposure Therapy for PTSD (Schauer, Neuner, & Elbert, 2005), graduated exposure for panic/anxiety, or Cognitive Behavioral Therapy for Depression (Beck, 1995) participated in the study. Twenty-five participants are expected to have completed baseline and post-treatment assessments. It is expected that symptoms associated with PTSD, Depression and Anxiety will decrease significantly over the course of treatment.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Do Trauma-related Cognitions Vary by Trauma Type?
(Clinical or Interventions Research/Clinical Practice Issues)

Fazenbaker, Kelsey, BA; Scur, Michael, Undergraduate; Stines Doane, Lisa, PhD
Cleveland State University, Cleveland, Ohio, USA

Those who have experienced a traumatic event often report changes in cognitions about the self and world after the trauma (e.g., Ehlers & Clark, 2000; Foa & Cahill, 2001). The aim of this study was to measure whether trauma-related cognitions differ by type of trauma experienced. It is hypothesized that individuals who have experienced an interpersonal trauma (e.g., sexual or physical assault, combat) will exhibit more negative trauma-related cognitions than those who have experienced a non-interpersonal trauma (e.g., natural disaster, or life threatening illness). Trauma survivors were recruited from the community as part of a larger study on trauma and high-risk behaviors. The posttraumatic diagnostic scale (PDS) was used to assess trauma history and posttraumatic stress symptoms and the posttraumatic cognitions inventory (PTCI) was used to assess trauma-related cognitions (about self, world, and self-blame). Preliminary data from this ongoing study suggest significant relationships between interpersonal trauma and negative cognitions about self and self blame, but no significant relationships between non-interpersonal trauma and negative cognitions. Clinical and theoretical implications will be discussed.
Initial Findings of an Experimental Investigation of Social Support in PTSD

(Clinical or Interventions Research/Prevention/Early Intervention)

Lauterbach, Dean, PhD; Jones, Daniel, BA
Eastern Michigan University, Ypsilanti, Michigan, USA

In literature examining the development, maintenance, and treatment of posttraumatic stress disorder (PTSD), one area of significant interest is how social support mediates symptom emergence. In the typical study, trauma survivors are asked to judge how much support they have received and their perceptions of how much support would be available if needed. The latter is referred to as perceived social support and is typically a stronger predictor of PTSD symptoms than actual support. However, in these studies, it is impossible to assess the amount of support truly received, since this is filtered through the eyes of the victim. The present study examines the role of actual and perceived social support with the use of a controlled experimental paradigm. Participants receive low, moderate, or high levels of support while completing a stressful task. Reported are initial findings of associations between levels of daily-life perceived social support, received support, and experimentally received support, among participants reporting a history of traumatic events and their nontraumatized peers.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Sudden Gains in Prolonged Exposure Versus Sertraline for Chronic PTSD

(Clinical or Interventions Research/Research Methodology)

Jun, Janie, BA1; Zoellner, Lori, PhD1; Feeny, Norah, PhD2
1University of Washington, Seattle, Washington, USA
2Case Western Reserve University, Cleveland, Ohio, USA

Sudden gains (SG) are significant, rapid improvements in symptoms, larger than typical between-sessions symptom reduction. From 39% to 46% of patients receiving CBT for depression exhibit SG (Gaynor et al., 2003; Hayes et al., 2007), with these gains being associated with better treatment outcome (Hardy et al., 2005). To date the occurrence of SG in a large clinical sample of PTSD has not been studied, and only one study has looked at SG in pharmacotherapy for depression (Vittengl et al., 2005). In a sample of 200 men and women with chronic posttraumatic stress disorder (PTSD), individuals received either 10 weekly sessions of prolonged exposure (PE) or up to 200 mg/day sertraline (SER) for 10 weeks. SG in PTSD symptoms were defined based on Tang and DeRubeis (1999). Both PE (42.2%) and SER (58.3%), \( x^2(1, N = 200) = 2.65, \) ns, exhibited SG. The pattern of gains was distributed across sessions, with the exception of later gains being seen more in PE (88.2%) than SER (11.8%), \( x^2(1, N = 200) = 6.97, p \lt .05. \) Notably, those on SER (18.8%) were slightly more likely to exhibit a reversal of SG than those in PE (11.5%), \( x^2(1, N = 96) = 6.37, p \lt .05. \) Consistent with previous literature, presence of a SG was associated with better treatment outcome (b = -.49, t = -7.29, p \lt .001).
Direct and Indirect Forms of Aggression in Individuals Exposed to Traumatic Events

(Clinical or Interventions Research/Clinical or Interventions Research)

Jones, Daniel, BA; Lauterbach, Dean, PhD
Eastern Michigan University, Ypsilanti, Michigan, USA

Interpersonal aggression is well-known to be associated with trauma and posttraumatic stress disorder. Most research focuses on direct, physical forms of aggression. This study presents data on rates of various forms of aggression in a sample of undergraduates reporting a broad range of trauma exposure. Approximately 78% of this sample reported a history of one or more traumatic events, such as accidents, childhood sexual abuse, crime victimization, or the sudden and unexpected death of loved ones. The data indicate that individuals who report a traumatic event also report more physical aggression, verbal aggression, anger, hostility, and total aggression (all ps < .01). A 2(sex) X 2(exposure) ANOVA yielded a significant difference between males and females in the reporting of hostility. Trauma-exposed women reported significantly more hostility (M = 21.61, SD = 6.07) than their nontraumatized peers (M = 15.46, SD = 4.75), whereas trauma-exposed males did not significantly differ in their hostility (M = 22.13, SD = 6.14) from their nontraumatized peers (M = 21.39, SD = 6.26). Potential explanations for these effects, and further research avenues they may suggest, will be discussed.

Perceived Social Support and PTSD Symptoms: A Prospective Study of Police Officers

(Clinical or Interventions Research/Prevention/Early Intervention)

Finley, Shannon, BS\(^1\); Metzler, Thomas, MA\(^2\); Henn-Haase, Clare, PsyD\(^2\); Gardner, Jerald, BA\(^1\); Marmar, Charles, MD\(^2\)
\(^1\)San Francisco Veterans Affairs Medical Center, San Francisco, California, USA
\(^2\)University of California, San Francisco, Veterans Affairs Medical Center, San Francisco, San Francisco, California, USA

Lower perceptions of social support, such as believing there is no one to turn to in times of need, are thought to lead to higher symptoms of post-traumatic stress disorder (PTSD) in police officers. This study explored the relationship between perceived social support (Sources of Support Scale-SOS), and symptoms of PTSD (MCS). Participant police officers (n=413) were recruited from Bay Area and New York police departments while in academy training and have completed annual assessments since
enrollment. This study examined police officer’s self reported answers during their first three years in service. The SOS is a 10 item Likert formatted scale with responses ranging from 1-5 (M = 4.4, SD = 0.8), with lower scores indicating less perceived social support. For the MCS scale, (M = 61.8, SD = 12.3), higher scores indicate elevated symptoms of PTSD. Controlling for PTSD symptoms reported 12 months earlier, higher symptoms of PTSD were predicted by reported perceived social support twelve months earlier (t= -1.82, p<.05, β= -.069). These results indicate that police officers with reported lower perceived social support are at higher risk for development of PTSD symptoms twelve months later, suggesting that social support is protective in combating prolonged PTSD symptoms associated with critical incident exposure.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Improving Communication between Primary Care Providers and Their Trauma Patients

(Clinical or Interventions Research/Clinical Practice Issues)

Green, Bonnie, PhD1; Saunders, Pamela, PhD1; Power, Elizabeth, MEd2; Dass-Brailsford, Priscilla, EdD3; Bhat-Schelbert, Kavitha, MD, MS3; Giller, Esther, MA4; Wissow, Larry, MD, MPH5; Hurtado de Mendoza Casaus, Alejandra, PhD6

1Georgetown University Medical Center, Washington, Dist. of Columbia, USA
2EPower and Associates, Franklin, Tennessee, USA
3University of Pittsburgh, Pittsburgh, Pennsylvania, USA
4Sidran Institute, Baltimore, Maryland, USA
5John Hopkins School of Public Health, Baltimore, Maryland, USA
6Georgetown University, Washington, Dist. of Columbia, USA

Our NIMH-funded study is adapting and testing the curriculum, Risking Connection curriculum, a theory-based approach for helping service providers work with patients who may be trauma survivors, with a focus on growth-promoting and healing relationships. We are adapting it for primary care providers (PCPs) as continuing medical education training. The adaptation included reduction in the length of the original curriculum to a 6-hour training in two sessions, and modifications that were informed by the expert team’s experiences and the input of PCPs and patients. After evaluating initial feasibility and acceptability of the curriculum in the primary care setting through pilot trainings, we are conducting a small, randomized trial of the training intervention. Four groups of about eight PCPs are randomized to training or wait-list (delay) conditions. The primary outcomes are based on audiotaped visits to the PCPs by standardized patients, and consist of changes in dialogue codes of independent raters in areas that link theoretically with the RC training. Secondary outcomes include the short-term impact on a subset of PCPs’ actual patients. Conceptual and practical challenges of adapting the RC curriculum for PCPs will be described, and preliminary results from the first two trial sites will be presented.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Differences in Romantic Attachment Styles Among Women Exposed to Intimate Terrorism and Situational Couple Violence

(Clinical or Interventions Research/Social Issues/Public Policy/Ethics)

Field, Lia R., MA; Black, J. Audie, MA; Martinez-Torteya, Cecilia, MA; Levendosky, Alytia A., PhD; Bogat, G. Anne, PhD
Michigan State University, East Lansing, Michigan, USA

Research suggests the presence of distinct forms of relationship violence, including (1) situationally bound violence that occurs within the context of escalating conflict (situational couple violence; SCV), and (2) violence that occurs as part of a larger constellation of psychological intimidation and control (intimate terrorism; IT). This longitudinal study proposes that these two distinct forms may be associated with differential attachment security to romantic partners for the women in these relationships. It was hypothesized that women who experience IT are likely to exhibit greater attachment insecurity than those who experience no violence or SCV, both because insecurely attached women may be more likely to seek out romantic partners who validate their expectations of relational others and/or because the experience of IT may corrupt previously healthy attachment. Women’s exposure to psychological and physical partner violence was measured at three time periods across five years. Women were classified into three groups: no/low violence, SCV, and IT. Preliminary analyses indicate that the IT group exhibited greater attachment insecurity, and greater preoccupation and discomfort with relationships, compared to the no/low violence and SCV groups. These results suggest that differences in attachment security may be related to distinct forms of partner violence, holding important implications for the identification and treatment of women who experience IT versus SCV.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Impact of Victim and Perpetrator Substance Use on Revictimization in Women Exposed to Intimate Partner Violence

(Clinical or Interventions Research/Social Issues/Public Policy/Ethics)

Hebenstreit, Claire, MA; Matlow, Ryan, MA; DePrince, Anne, PhD
University of Denver, Denver, Colorado, USA

Alcohol and other substance use and abuse in both perpetrators and victims has been associated directly and indirectly with intimate partner violence (IPV). To date, little research has considered the impact of substance use on the trajectory of incidences of revictimization over time following violence exposure. The current study examines the course of substance use and IPV over a period of one year. Participants were an ethnically diverse group of 236 women who had incidences of IPV reported to law enforcement. Details of the target incident were assessed within a median of 26 days. Substance use, relationship status, and subsequent exposure to IPV with all relationship partners were reassessed at 6 months and 1 year after the initial assessment. Preliminary analyses indicate an association between perpetrator and
victim substance use and aggression severity at the time of the arrest incident. Further analyses will be conducted to determine the course of substance use and incidences of IPV over time, with the aim of increasing understandings of the factors that underlie the association between male and female substance use and the elevated risk of IPV. We will discuss the implications of these data for assessment and treatment of women exposed to violence.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Traumatic Stress, Affect Dysregulation, and Dysfunctional Avoidance Behavior: A Structural Equation Model

(Clinical or Interventions Research/Clinical Practice Issues)

Hodges, Monica, PhD1; Briere, John, PhD2; Godbout, Natacha, PhD2

1California State University, Long Beach, Long Beach, California, USA
2Department of Psychiatry and the Behavioral Sciences, Keck School of Medicine, University of Southern California, Los Angeles, California, USA

Substantial research links traumatic exposures with a range of psychological outcomes, including anxiety, depression, posttraumatic stress, and dissociative symptoms. Additionally, interpersonal victimization has been associated with identity disturbance, affect dysregulation, problematic relationships, dysfunctional avoidance behaviors (DAB) such as substance abuse, and tension-reduction behaviors such as self-mutilation, each typically associated with borderline personality traits or disorder. One hypothesis about why such externalizing behaviors arise from trauma exposure suggests they may be attempts to cope with triggered posttraumatic emotional states that overwhelm affect regulation capacities and motivate avoidant behaviors.

We examined the multivariate relationship between interpersonal trauma, posttraumatic stress, affect dysregulation, and various forms of DAB in a sample of 418 trauma-exposed participants from the general population (mean age 45.0, 48% female, 43% male, 7% not indicated). As hypothesized, structural equation modeling indicated that interpersonal trauma exposure was associated with DAB, and that posttraumatic stress and diminished affect regulation capacities mediated this relationship, each of which predicted DAB. Additionally, the interaction between high posttraumatic stress and low affect regulation capacity specifically predicted involvement in DAB (CFI = 1.00; \( \chi^2 [9, N = 418] = 11.97, p = .22; \chi^2/df = 1.33; \text{RMSEA} = .03 \)). Implications for research and clinical intervention are discussed.

Nightmares and Sleep Disturbances Following Cognitive-Behavior Therapy for PTSD: A Meta-Analytic Review
Introduction. PTSD is associated with a wide array of sleep complaints, including difficulty initiating and maintaining sleep, nightmares, nocturnal panic attacks, breathing-related sleep disorder and sleep movement disorder. Although substantial amounts of research documented the efficacy of cognitive-behavior therapy (CBT) for PTSD, very few reported its effect on concomitant sleep problems. Objective. To assess the current state of knowledge about the impact of CBT for PTSD on sleep disturbances.

Method. Systematic search for clinical studies of CBT for PTSD in three bibliographic databases.

Results. Of 212 eligible studies, only 15 (7.1%) reported sleep data (and 10 could be used in the meta-analysis). Data were available for sleep/insomnia symptoms and nightmares only. Effect sizes varied considerably, from very small (0.11) to very large (1.27). Under the random-effects model, the combined effect size was 0.404 [95%CI 0.233 to 0.575], indicating a moderate effect of CBT for PTSD on concomitant sleep difficulties, with no significant difference between sleep/insomnia symptoms and nightmares.

Conclusions. Although the available data suggests that CBT for PTSD has a positive impact on associated sleep difficulties, the current body of research is insufficient to support the view that successful treatment for PTSD alleviates associated sleep disturbances. Further research on treatment for sleep difficulties related to PTSD is required.
autobiographical recall. The Mental States Rating System (MSRS, Bouchard, Audet, Picard, Carrier & Milcent, 2001) was used on TEMPAU transcripts to assess the quality of mentalization. Childhood trauma and axis II disorders were assessed using the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) and the SCID-II (First et al., 1996). Results: As expected, childhood trauma is negatively linked to mentalization. However, the quality of autobiographical recall is positively linked to childhood trauma. None of the variables were linked to personality disorders.

**Friday Posters**
**Friday, November 5**
**5:00 p.m. - 6:00 p.m.**
**Salons A-C & Foyer**

**What Predicts the Change in Sexual Concerns Following Trauma-Focused Treatment?**

*(Clinical or Interventions Research/Clinical Practice Issues)*

**Blain, Leah, MA; Fisher, Amanda, BA; Ayotte, Kaylin, BA; Galovski, Tara, PhD**
University of Missouri- St. Louis, St. Louis, Missouri, USA

Survivors of interpersonal trauma experience increased sexual concerns (SCs) as compared to non-traumatized individuals (Steel & Claes, 2007). Importantly, SCs decrease following trauma-focused therapy (Galovski, Sobel, Phipps, & Resick, 2005), but the mechanisms of this change are less well understood. Previous work indicates that dissociation predicts SCs above PTSD and depressive symptoms in an interpersonal assault sample (Blain, Fisher, & Galovski, 2009); however, these relationship have not been assessed following trauma-focused treatment. The present study aimed to address this gap in the literature by assessing the role of symptom changes (PTSD, depression, and dissociation) in predicting changes in SCs following trauma-focused CPT. Current analyses were conducted using a sample of 60 PTSD-positive participants from two ongoing treatment grants, funded by NIMH and NCCAM. Previous findings were replicated, such that SCs did significantly decrease over the course of treatment (t= 5.47, p< .0001). Linear regression analysis also revealed a significant overall model (F= 6.32, p< .001), with PTSD, depressive, and dissociative symptom changes accounting for 21% of the variance (adjusted R2) in changes in SCs. Within this model depressive (t= 2.28, p= .03, β= .30) and dissociative symptom changes (t= 2.37, p= .02, β= .32) were unique predictors of change in SCs, suggesting that these are important clinical targets for decreasing sexual concerns for survivors of interpersonal assault. Analyses will be re-evaluated with a larger sample (75 individuals anticipated by November 2010).

**Friday Posters**
**Friday, November 5**
**5:00 p.m. - 6:00 p.m.**
**Salons A-C & Foyer**

**Relative Efficacy of Cognitive Behavioral Therapy Administered by Videoconference for Posttraumatic Stress Disorder: A 6-month Follow Up**
MARCHAND, ANDRÉ, PhD; Beaulieu-Prévost, Dominic, PhD; Guay, Stéphane, PhD; Bouchard, Stéphane, PhD; Douin, Marc-Simon, PhD
1 Uni du Quebec à Montréal, Montréal, Quebec, Canada
2 Centre d’Étude sur le Trauma, Centre de Recherche Fernand-Seguin de l’Hôpital Louis-H. Lafontaine, Montréal, Quebec, Canada
3 Uni du Quebec en Outaouais, Gatineau, Quebec, Canada

This study compare the effectiveness after 6 month of CBT for PTSD either in face-to-face (n = 44) or by videoconference (n = 24). Each participant received CBT for 16 to 25 weeks and completed various questionnaires before and after treatment and at a 6-month follow-up. The two treatments had equivalent levels of symptom reduction (MPSS: Eta2 < 0.01, p > 0.05). For clinicians, the present results imply that an equivalent PTSD symptom reduction should be expected from a videoconference CBT treatment and a face-to-face CBT treatment. For health care managers, the results imply that at least in situations in which the cost of implementing videoconference treatments is not a major problem, it can clearly be a viable alternative to face-to-face treatments of PTSD in terms of treatment efficiency, especially when adequate face-to-face treatments are less available (e.g. in remote and/or rural area). For policy-makers, making videoconference treatments more available as a treatment option in a network of clinics and hospitals (e.g. a country’s public health care system) could potentially improve the efficiency and flexibility of the whole network at a structural level.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Group Based Exposure Therapy: Changes in PTSD Severity and Retention Rates in a Veteran Population

Sutherland, Roy, PhD; Mott, Juliette, MA; Williams, M. Wright, PhD, ABPP; Lanier, Stacey, PhD; Ready, David, PhD; Tang, Ellen, PhD
1 Michael E. DeBakey VAMC, Houston, Texas, USA
2 Atlanta VA Medical Center, Atlanta, Georgia, USA

One of the most widely used treatments for posttraumatic stress disorder (PTSD) is exposure therapy. Research consistently demonstrates that exposure therapy (e.g., Prolonged Exposure) is effective when administered in an individual format. Relatively little research has examined the effectiveness of exposure therapy using a group format. This may be due, in part, to previous results indicating that psychotherapy groups showed limited or no success (Schnurr et al., 2003). However, more recent findings investigating a newly developed treatment, Group Based Exposure Therapy (GBET), has shown promising results in reducing PTSD severity and maintaining high retention rates (Ready et al., 2008). GBET is a 12-16 week treatment that facilitates habituation to trauma memories through group presentations, listening to audio-taped recordings, repeated in vivos, and obtaining peer support through weekly phone calls to other group members. The purpose of this study was to conduct an open trial of GBET with 10 Veterans recruited through an outpatient VA PTSD program. Preliminary results indicate that at week four, the group has maintained a 100% retention rate and scores on the Posttraumatic Symptom Checklist-Self
Report (PCL-S) have dropped 15 points ($t = 5.49, p = .001$). Complete pre-to-post-treatment data obtained from clinician and self-administered measures will be presented. Also, clinical suggestions pertaining to the feasibility of implementing the GBET protocol in a novel setting will be presented.

**Friday Posters**

**Friday, November 5**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**To Create Working Models of Collateral Child Therapy and Parenting Consultation for Maltreated Children of Mentally Disordered Parents**

(Clinical or Interventions Research/Clinical Practice Issues)

**Liu, Shu-Tsen, MD**

*Department of psychiatry, National Taiwan University Hospital Yunlin Branch, Yunlin County, Taiwan*

The working model of parallel child play therapy and “working with parents” originates from the Tavistock Clinic and aims to nurture parents to think over their children’s “problems”, stabilizing the structure of child therapy. However, working with the family of maltreated children and mentally disordered parents cannot fit into the original model, which indicates the need of modification. Multi-case study was adopted to our 3 case series. Therapists’ and team meeting notes were compared. The first was a boy emotionally abused by his depressed mother. After empowerment in their individual sessions, they began a conversation in family therapy; the second was a girl sent by her schizophrenic mother for psychiatric hospitalization to treat her “craziness”. We provided emotion focused CBT and psychoeducation to the child and set monitoring mechanism into parenting consultation; the third was a family of a substance used father, a mother suffering from marriage violence, and five sons with agitation and isolation in their peer relationships. For the absence of the parent’s attendance, a male and a female therapists “re-parented” the sibling group to support them to survive not via violence path. Psychopathology of parents, resilience should be considered to develop working models and determines outcome.

**Friday Posters**

**Friday, November 5**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**Entering the Abyss: Countertransference in Research with Torturers**

(Clinical or Interventions Research/Clinical Practice Issues)

**Bing, Elaine, Other**

*Private practice, Pretoria, South Africa*

Three white Afrikaans men who had worked in the South African Police and had tortured and murdered during apartheid agreed to participate in research into the effects of perpetration on them. They were all diagnosed with chronic posttraumatic stress disorder, major depressive disorder and alcoholism. The
researcher obtained life narratives on which she performed dialogic analyses (Wortham, 2001) and extracted thematic networks (Attride-Stirling, 2001). The researcher experienced intense countertransference during the process.

Referring to an inclusive approach to countertransference (Pearlman & Saakvitne, 1995) in which all reactions of the therapist are seen as part of countertransference, the researcher explored her countertransference through a research diary and seven paintings. Countertransference themes are discussed using the paintings and include the sense of entering an abyss in which she experienced dysregulated affect, role reversals, disconnection from others, anger, betrayal of victims and contamination. In joining the participants’ in their attempts to reconstitute themselves as worthwhile members of society, the researcher found that her commitment to human rights was challenged. Ways in which countertransference arising from work with perpetrators can be managed are also discussed.

**Friday Posters**

**Friday, November 5**

5:00 p.m. - 6:00 p.m.

**Salons A-C & Foyer**

**Child Fatality, 9/11 and Katrina/Rita First Responders: Insights Into Managing Primary and Secondary Traumatic Stress**

(Clinical or Interventions Research/Disaster/Mass Trauma)

*Naturale, April, PhD*¹; *Pulido, Mary, PhD*²; *Tosone, Carol, PhD*³; *Parker, Jane, Doctoral, Student*⁴

¹Disaster MH Mgmt & Training, Orleans, Massachusetts, USA
²The New York Society for the Prevention of Cruelty to Children, New York City, New York, USA
³New York University, New York City, New York, USA
⁴Tulane University School of Social Work, New Orleans, Louisiana, USA

Close to 5,000 crisis counselors delivered services to hundreds of thousands of New Yorkers after 9/11/01. This study examined education, training and supervision in 481 Manhattan based social workers who responded to 9/11/01 and their experience of PTSD and STS. A related study compared this population with clinicians living and working in New Orleans post Hurricane Katrina in terms of resilience, compassion satisfaction and other PTSD and STS protective factors. Recommendations for enhancing practice in post-disaster environments will be discussed.

Crisis debriefing was incorporated into standard Child Protective Services procedures in New York City, to reduce primary and secondary traumatic stress symptoms resulting from child fatalities. Evaluation data from 578 participants indicates the intervention was positively received by CPS staff.

Recommendations for the Child Welfare field regarding the need to address PTSD and STS in staff will be presented.

**Friday Posters**

**Friday, November 5**

5:00 p.m. - 6:00 p.m.

**Salons A-C & Foyer**
Occupational Recovery in Persons with PTSD: Results from Clinical Investigations

(Clinical or Interventions Research/Clinical Practice Issues)

Davis, Lori, MD; Drebing, Charles, PhD; Parker, Pamela, MD; Leon, Andrew, PhD
1VA Medical Center, Tuscaloosa, Alabama, USA
2VA Medical Center, Bedford, Massachusetts, USA
3VA Medical Center, Birmingham, Alabama, USA
4Weill Cornell Medical College, New York, New York, USA

This panel of clinical investigators (2 psychiatrists, 1 psychologist, 1 biostatistician) will present the results of recently concluded vocational rehabilitation (VR) studies in unemployed veterans with posttraumatic stress disorder (PTSD). The specifics on the methods, interventions, primary 12-month employment outcomes, moderators of treatment response, PTSD symptom outcome, and quality of life outcome from a randomized controlled study comparing the impact of Individual Placement and Support Supported Employment (SE) and VR treatment-as-usual in veterans with PTSD (n=86) will be reviewed in detail. In addition, two studies examining the impact of Transitional Employment (TE) will be reported. In a study comparing TE vs. a minimal but common intervention (job placement), TE participants were more likely to engage in paid activity, but the groups were not significantly different with respect to competitive employment. In a pathways-to-care study, 28% participants who entered TE obtained competitive employment, while 29% of those who did not use any VR services obtained competitive employment. These findings raise basic questions about the efficacy of the standard VR services and highlight the enhanced outcomes gained by the SE model. These results should assist stakeholders in planning improved VR programs for individuals with PTSD.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

DHEA and DHEA-S are Increased in Patients With Post-traumatic Stress Disorder and a History of Childhood Abuse

(Clinical or Interventions Research/Research Methodology)

Kellner, Michael, MD, PhD
University Hospital Hamburg-Eppendorf, Hamburg, Germany

Current findings of plasma DHEA and DHEA-S in post-traumatic stress disorder (PTSD) are contradictory. We investigated whether a history of severe childhood traumatization affects these neurosteroids in PTSD patients. 33 patients with chronic PTSD (15 with and 18 without sexual and/or severe physical abuse before age 12) were studied in a combined dexamethasone (0.5 mg)/corticotropin-releasing hormone (100 µg) test. In the subgroup with childhood abuse mean pre-CRH concentrations of both DHEA and DHEA-S were significantly increased. A significant amount of the variation of these hormones in the entire population of PTSD patients could be explained by childhood trauma history. DHEA and DHEA-S hold promise as potential biomarkers for severe early adverse events.
Prevalence and Predictors of PTSD among Newly Enrolled Consistent Users of An Urban Methadone Maintenance Treatment Center

(Clinical or Interventions Research/Clinical Practice Issues)

Himelhoch, Seth, MD, MPH; Weber, Elyssa, BA; Clayton, Sara, PhD; Charolette, Melanie, BA; Benford, Jewell, MA
University of Maryland School of Medicine, Baltimore, Maryland, USA

Background: Illicit opiate use may be associated increased exposure to trauma yet few studies have evaluated the prevalence and predictors of Post Traumatic Stress Disorder (PTSD) among opiate dependent people seeking methadone maintenance treatment.

Methods: Single site, cross sectional study assessing prevalence and predictors of PTSD among newly enrolled people receiving methadone maintenance (for greater than 3 months but less than 1 year) at an urban methadone treatment program. Current PTSD diagnoses were determined using the Post Traumatic Diagnostic Scale. Additional assessments included demographic information, Life Stressor Checklist, Brief Symptoms Index (BSI) and the SF-12.

Results: Of the 115 eligible people, 89 (78%) participated in the study. The majority were non-white (71%), male (66%), and unemployed (78%). Twenty-seven percent were diagnosed with PTSD. Compared to those without PTSD those with PTSD were significantly (p<0.05) more likely to be female, less educated, have a history of prostitution and were more likely to report rape and physical abuse. They were also significantly (p<0.05) more likely to have severe psychiatric symptoms and poorer physical and mental and health functioning.

Conclusions: PTSD is highly prevalent among those enrolled in a urban methadone maintenance treatment. Interventions aimed at improving screening and treatment are warranted.

Early Trauma Effect the Coping Styles of Patients with Bipolar Disorder in Chinese Population

(Clinical or Interventions Research/Assessment/Diagnosis)

Yuan, Chengmei, MD
Shanghai Mental Health Center, SHANGHAI, China

It was reported that early trauma had negative effect on the symptoms of patients with bipolar disorder. But there are no studies focusing on the association between early traumas and coping styles of patients with bipolar disorder. In the present study we investigated whether early traumas are associated with
bipolar disorder and effect the coping styles of patients with bipolar disorder in Chinese population. Two hundred and twenty-one patients with bipolar disorder and 154 controls were included in the present case-controlled study. Early Trauma Inventory -Short Form (ETI-SF) and Coping Styles Questionnaire (CSQ) were assigned to patients. The scores of all the ETI-SF subscales and total scale in patients were higher than in controls. The score of negative coping style in patients was higher than in controls. In the further Logistic analysis, emotional abuse was included in the final models of predicting bipolar disorder and coping styles ($\beta=1.490, P<0.001; \beta=0.739, P=0.035$). Therefore, patients with bipolar disorder have more early traumas than controls and used to use negative coping style. Early emotional abuse could be a predictor of bipolar disorder and negative coping styles.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Understanding and Treating PTSD in the context of Chronic Pain due to Whiplash Injury: A Randomised Control Trial

(Clinical or Interventions Research/Clinical Practice Issues)

Dunne, Rachael, PhD Candidate; Justin, Kenardy, PhD; Michele, Sterling, PhD
University of Queensland, Brisbane, Australia

Whiplash Associated Disorders (WAD) are common and incur substantial personal and economic costs. The presence of PTSD has been associated with more severe whiplash complaints and poor functional recovery. While trauma-focused Cognitive Behaviour Therapy (CBT) has shown to be moderately effective in heterogeneous chronic pain samples, there have been no clinical trials within WAD.

Results of a pilot study investing the effects of trauma-focused CBT on psychological factors, pain and disability in individuals with chronic WAD will be presented. Participants were randomly allocated to either CBT (n=13) or a waitlist control (n=13). Treatment effects were evaluated at 10 weeks and 6-month follow-up, using a diagnostic interview, self-report questionnaires and qualitative sensory pain threshold measures.

Results indicated clinically significant reductions in PTSD symptoms in the CBT group compared to the waitlist. The treatment of PTSD was also associated with improvements in self-reported pain, disability and psychophysiological reactivity to trauma cues, while only minimal changes in sensory pain thresholds were observed between the groups.

This study has provided preliminary support for the use of trauma focused CBT within chronic WAD. The finding that treatment of PTSD symptoms resulted in improvements in self-reported pain and disability but not sensory pain thresholds highlights the complex and inter-relating mechanisms that underlie both WAD and PTSD. Implications and future research directions will be discussed.
Inpatient Aggression and Work Stress: Insights from Forensic and Mainstream Psychiatric Nursing

(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

Lee, Joyce, Doctoral, Student; Ogloff, James, PhD; Daffern, Michael, PhD
Monash University, Melbourne, Australia

Psychiatric nursing often involves exposure to aggression and managing a high level of work-related stress. Although inpatient aggression and stress have been studied separately, previous research has not examined these

Concurrently and little research has directly compared differences in aggression and stress across forensic and civil psychiatric nursing. The present study evaluated and compared the impact of aggression and work stress on posttraumatic stress symptomology and general psychological distress in forensic and mainstream hospital-based psychiatric nurses. A battery of self-report measures was administered to 97 forensic psychiatric nurses working across acute, extended care and rehabilitation settings in one hospital and 99 psychiatric nurses in acute and extended care wards across three civil psychiatric hospitals. Logistic regression analyses indicated that psychiatric nurses working in civil psychiatric hospitals experienced significantly higher levels of work stress and higher general psychological distress than psychiatric nurses working in a forensic hospital. The moderating role of coping strategies on the relationship between frequency of observed aggression and posttraumatic stress symptoms will be examined and risk factors for poor psychological well-being will be described, in an effort to highlight variables that can be modified to improve the mental health of forensic and mainstream psychiatric nurses.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Benefits of Family Therapy in Reviving Civilian Values in Post-combat Veterans

(Clinical or Interventions Research/Culture/Diversity)

Olga, Evans, MS (PhD, Student)
Alliant, Elk Grove, California, USA

During military training the government's efforts are focused on changing the soldier's civilian base belief structure into one focused on how to endure combat, survival and the horrors of war. However, when a soldier returns back to civilian life and their family, the military training is no longer applicable. The point of this presentation is to provide an overview of studies showing the effectiveness of family member's participation in the recovery process of combat veterans and their reintegration into dynamics of civilian life lies in restoration of values they held prior to military training.
Effectiveness of Cognitive, Exposure, and Skills Group Manualized Treatments in OIF/OEF Female Veterans_Preliminary Findings

(Clinical or Interventions Research/Culture/Diversity)

Castillo, Diane, PhD; Chee, Christine, PhD; Christopher, Paulette, PhD Candidate; Rinehart, Jenny, PhD Candidate; Keller, Jenna, BS
New Mexico VA Health Care System, Albuquerque, New Mexico, USA

Exposure and cognitive therapies have demonstrated the largest effect sizes in treating PTSD (Rothbaum, et. al., 2000) with the delivery of protocols predominantly evaluated in an individual format. While group delivery of treatments has historically been the format of choice in VA outpatient PTSD clinics, the research is equivocal. A unique group format offering systematic exposure and cognitive therapies is being examined in an ongoing Department of Defense funded study in female OIF/OEF veterans with PTSD. Methodology consists of an assessment, randomization to a structured 16-week group (three blocks: exposure, cognitive, skills) or waitlist arm, and post-assessment with 3- and 6-month follow up assessment in treatment subjects. Preliminary analyses on 18 subjects reflect a younger, well-educated, ethnically diverse sample, with co-morbid diagnoses (Axis I=78%, Axis II=22%), and total mean CAPS scores of 155. A most interesting finding in the small (n=8) treatment subsample was a significant 20-point reduction of PTSD symptoms on current CAPS scores (preM=58.3, postM=38.4, p<.03) and improvement on four SF36 scales (physical functioning, role limitations due to emotional problems, energy/fatigue, emotional well-being, p<.05). No differences between types of treatment were found on the PCL. Detailed analysis on profile presentation and outcome data, with implications will be presented.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Efficacy and Associated Costs of an Outpatient Intervention in Women with Severe Depression and Early Trauma

(Clinical or Interventions Research/Clinical Practice Issues)

Vitriol, Verónica, BS, MS1; Cancino, Alfredo, BBSc, MPsych1; Ballesteros, Soledad, Dipl, Psych1; Daniel, Schwartz, BA (Hons), PhD2
1Hospital Curico, Curico- Chile, Chile
2Universidad, Chile, Chile

Objective: To compare the efficacy and costs associated with a treatment that inquires directly into childhood trauma and understands present interpersonal difficulties as a compulsion to repeat the traumatic past in women with severe depression and childhood trauma.87 women with depression and history of early trauma that sought help at the Mental Health Unit of the Hospital de Curicó in Chile, were randomly assigned to two treatment regimens: 44 to the experimental, and 43 to the control. Patients were evaluated using the Hamilton Depression Scale, the Outcome Questionnaire (OQ 45.2) and an
expenditures sheet at intake, three and six months. An intention to treat analysis and a simple cost-analysis were performed. The outcome denominator was the number of cases that improved according to OQ 45.2

Results: 38.9% of the patients in the experimental and 14.3% in the control group presented functional scores according to OQ 45.2 criteria (p<0.05). The direct overall cost of the experimental treatment was CH$ 8.628.587, and was CH$ 9.688.240 in the control group. The main contributors to the cost in both arms was medications (26.5%), followed by the number of psychiatric consultations (19.2%) in the experimental group and by hospitalizations (25.4%) in the control group. The cost per patient recovered in the experimental group was CH $ 616.328 and in the control group was CH $ 1.973.649. These results show that the proposed model,(IMT, Interpersonal Model of Trauma), resulted more efficacious and promises more cost-effectiveness than treatment as usual.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Sudden Gains and Spikes in Naturalistic Recovery from Traumatic Events

(Clinical or Interventions Research/Social Issues/Public Policy/Ethics)

Larsen, Sadie, PhD Candidate; Berenbaum, Howard, PhD
University of Illinois, Champaign, Illinois, USA

Foa, Resick, and others (Gilboa-Shectman & Foa, 2001; Kelly, Rizvi, Monson, & Resick, 2009) have called for research that uses fine-grained analysis to study the temporal course of recovery following trauma, though only these two studies have done so. Examining intra-individual symptom change allows for studying if, when, how, and why people recover from trauma. A better understanding of symptom changes, and what causes them, can be used to promote recovery. Using the life history calendar (Caspi et al., 1996) and an extensive interview, the current study examined sudden gains (sudden, substantial improvements in symptoms) and spikes (sudden, substantial worsening of symptoms followed closely by a sudden, substantial improvement) in a sample of 107 women (mean age = 38) recovering from recent traumatic or disruptive life events (e.g. assault, loss of a loved one). Sudden gains and spikes have been posited as important markers of cognitive or emotional shifts leading to potentially important therapeutic change. 57% experienced a sudden gain in either PTSD symptoms or negative affect within the first 4 months following the event, whereas only 13% experienced a symptom spike during that time. Women attributed these changes to a variety of reasons, including external events and psychological changes.
The Path Into Mental Health Treatment: An Examination of Outreach, Clinical Contacts, and Follow Through Among OEF/OIF Veterans in a VA primary Care Setting

(Clinical or Interventions Research/Assessment/Diagnosis)

Greenwell, Ashley, PhD¹; Allen, Steven, PhD²

¹Veterans Affairs Hospital, Salt Lake City, Utah, USA
²Veterans Affairs Hospital, Salt Lake City, Utah, USA

Historically, a minority of U.S. veterans has utilized VA Healthcare. With the new generation of combat-deployed veterans serving in Iraq and Afghanistan, the VA is striving to change this pattern. Of those deployed in the OEF/OIF conflicts, an estimated 37% will be diagnosed with a mental health disorder (Seal et al., 2009), totaling over half a million individuals. Despite considerable investment of resources and a national initiative to embed mental health providers in primary care, this population has been difficult to engage in treatment (Hoge et al., 2004). A recent study found that only 10% of OEF/OIF veterans with a PTSD diagnosis receive the minimum recommended dosage of treatment (Seal et al., 2010).

Various strategies have been implemented to engage the warrior, including attempts to destigmatize care by situating mental health within primary care, VA outreach to military bases post-deployment, and multiple phone call check-ins and reminders. Still, little is known about the effects of such outreach. Individual and systems issues affecting service utilization are explored in this study with the intent of better understanding the typical time line of symptom recognition by patients and providers as well as antecedents to help-seeking behaviors.

Friday Posters

Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

An Examination of Worldview and Terror Management Theory in Traumatized and Non-traumatized Students

(Clinical or Interventions Research/Assessment/Diagnosis)

Chipman, Katie, MA; Ciesla, Jeffrey, PhD
Kent State University, Kent, Ohio, USA

Victims of trauma re-live their experience through flashbacks and intrusive memories that are often highly laden with mortality salient content. Terror Management Theory (TMT) suggests that individuals deal with death-anxiety through proximal and distal defenses, one of which is the defense of one’s worldview. In traditional TMT studies, worldview is measured following a Mortality Salience (MS) design in which individuals write about their inevitable death. We investigated whether simulated re-experiencing symptoms, through writing about one’s trauma, act similarly to traditional MS cues by eliciting worldview defense. Given that trauma victims may have more negative worldviews than non-traumatized individuals based on the Theory of Shattered Assumptions, it is likely that following a flashback, victims may be defending worldviews that are actually quite maladaptive. For the present study, we evaluated baseline levels of worldview and changes in worldview following either a traditional MS design, or a traumatic
writing design. Results indicated that traumatic writing may prompt similar changes in worldview as a MS design. Further, for traumatized students, aspects of trauma exposure were uniquely predictive of changes in some but not all worldview scales. Finally, dimensions of attachment were also found to moderate some changes in worldview. Our findings suggest that challenging maladaptive worldview beliefs may be highly demanding in the face of re-experiencing symptoms that prompt defense of these beliefs.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

PTSD and Eye-blink Startle 10 Years After Serious Accidental Physical Injuries: Remitted vs. Resilient Individuals

(Clinical or Interventions Research/Research Methodology)

Schumacher, Sonja, MSc 1; Schnyder, Ulrich, MD 1; Mueller-Pfeiffer, Christoph, MD 1; Wilhelm, Frank H., PhD 2; Martin Soelch, Chantal, PhD 1
1 Department of Psychiatry, University Hospital Zurich, Zurich, Switzerland
2 Department of Clinical Psychology and Psychotherapy, University of Basel, Basel, Switzerland

Subjects with post-traumatic stress disorder (PTSD) show increased physiological reactivity and reduced habituation to startle tones. Resilience is defined as a trait characteristic that moderates the negative effects of stress and therefore prevents people from developing PTSD. The aim of this study was to investigate if psychologically resilient accident victims show PTSD-like symptoms on the physiological level and if PTSD-remitted accident victims still show increased startle reactivity. We tested 14 remitted PTSD patients 10 years after a severe accident (PTSD-remitted), 12 subjects who did not develop PTSD after a severe accident 10 years ago (PTSD-resilient) and 11 subjects who never experienced a serious traumatic event (non-trauma controls). Fifteen 95-dB white noise startle tones were presented. The startle response was assessed as peak activity of the left musculus orbicularis oculi. Preliminary results showed no group differences in habituation or eye blink magnitude. When controlling for STAI state anxiety scores PTSD-resilient subjects showed higher startle magnitude than the other two groups. These results suggest that stress might induce changes in physiological reactivity even in psychologically resilient subjects and they contradict evidence that increased startle reactivity might be a stable trait characteristic of people who develop PTSD after traumatic events.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Trauma Exposure and Posttraumatic Stress Symptoms are Related to Poorer Academic Achievement among Undergraduate Students

(Clinical or Interventions Research/Assessment/Diagnosis)
Sledjeski, Eve, PhD
Rowan University, Glassboro, New Jersey, USA

Research has suggested that the experience of traumatic stress, particularly child maltreatment, is related to poor academic achievement during primary and secondary school. However, little research has examined the effects of trauma exposure and posttraumatic stress symptoms (PSS) on academic achievement in higher education. The present study examined the relationship between maltreatment and non-maltreatment related trauma exposure, PSS and cumulative grade point average (GPA) among college students. Participants completed several questionnaires including the Traumatic Stress Schedule and Posttraumatic Diagnostic Scale. To date, 30 participants (21 females, 9 males) have completed the study. Preliminary results suggest high rates of trauma exposure (n=20, 69% experienced at least one traumatic event) with an average total number of traumas of 1.69 (SD = 1.60). Results revealed that a higher number of lifetime traumas was significantly related to lower cumulative GPAs (r=-.407, p=.035). Further, among the traumatized participants, higher levels of PSS were related to lower GPAs (r=-.562, p=.015). The moderating effects of select variables will be discussed. This study may help to identify students that are at high risk for academic failure and ultimately guide the development of intervention programs designed to reduce psychiatric symptoms and promote academic success among this traumatized population.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

A Randomized Multi-site Clinical Trial of Prolonged Exposure, Holographic Reprocessing, and Present Centered Therapy

(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

Katz, Lori, PhD1; Ghfoori, Bita, PhD2
1VA Long Beach Healthcare System, Long Beach, California, USA
2California State University, Long Beach, California, USA

This paper presents preliminary data of a multi-site randomized clinical trial comparing treatments for PTSD from sexual trauma and abuse. 35 veterans were randomly assigned to a treatment: Field standard, Prolonged Exposure (PE), experimental treatment, Holographic Reprocessing (HR), compared to Present Centered (PC) control group. A variety of therapists implemented treatments and followed respective protocols. 31 were recruited and treated at a VA clinic and 4 were recruited and treated at a University clinic. Participants completed Informed Consent Forms and questionnaires pre- and post-treatment including the Posttraumatic Cognitions Inventory. Total enrolled/total completed in each group: PE: 10/5, HR: 12/11, PC: 13/9. There was a significant difference in dropout rate between PE and HR χ²(1) 3.7, p < .05, but not with PC. There was a significant ANOVA for group and outcome with the following contrasts: Compared to PC, PE produced significantly greater decreases in Negative cognitions about the world, and Total negative cognitions. Compared to PC, HR produced significantly greater decreases in Negative cognitions about the self, world, and Self-blame, and Total negative cognitions. PE and HR did not differ with each other. Results are promising and help establish HR as an emerging evidence-based treatment for interpersonal trauma.
Sometimes Change is Linear: Trajectories of Intrusive and Dysphoric Symptoms Over the Course of Treatment for Posttraumatic Stress Disorder

(Clinical or Interventions Research/Assessment/Diagnosis)

Chen, Jessica, BA¹; Zoellner, Lori, PhD¹; Feeny, Norah, PhD²
¹University of Washington, Seattle, Washington, USA
²Case Western Reserve University, Cleveland, Ohio, USA

Factor analytic studies suggest that two key PTSD symptom clusters are intrusive re-experiencing and dysphoria (King et al., 1998; Simms et al., 2002; Taylor et al., 1998). Previous research has examined these symptom clusters cross-sectionally and at pre- and post-treatment, but less is known about the trajectory of these symptom clusters over the course of treatment. Traditional pre-post study designs assume that therapeutic change is linear, when in fact change may be better modeled by a quadratic or cubic function (Hayes et al., 2007; Nishith et al., 2002). We examined the pattern of change in intrusive re-experiencing and dysphoria in a sample of men and women with chronic PTSD (N = 200) over the course of 10 weeks either psychotherapy or pharmacotherapy, using self-reported PTSD symptoms at pre-treatment, at every weekly treatment session, and at post-treatment. Multilevel modeling suggests that a linear function provides the best fit and the most parsimonious model for both intrusive (Z = -3.43, p < 0.001) and dysphoric (Z = -2.70, p < 0.01) symptoms. Discrepancies between these findings and past research on patterns of change in PTSD symptoms (e.g., Nishith et al., 2002) may be due to our more frequent assessment during treatment (weekly versus biweekly). Contrary to the notion that therapeutic change occurs in fits and starts (e.g., Hayes et al., 2007), our data suggest that sometimes change is linear.

Trajectories of Change in a Male-Focused Group Therapy for Men with a History of Abuse

(Clinical or Interventions Research/Community Programs)

Hopton, Jennifer, PhD Candidate; Huta, Veronika, PhD
University of Ottawa, Ottawa, Ontario, Canada

Clinical data are presented for 58 men with a history of childhood physical, sexual, and/or emotional abuse who received treatment in a community-based, sequentially-phased group therapy program in Ottawa, Canada. The study was part of a program evaluation effort that made use of data routinely collected by the agency between 2007 and 2009. The Men & Healing (M&H) program consists of three
phases, which parallel those first described in Herman’s Trauma and Recovery (1992). In addition, the program’s male-centered approach incorporates an understanding of the impact of abuse on males in the context of traditional gender socialization. At baseline, participants were administered a semi-structured interview, and completed the BDI-II and the Impact of Events Scale - Revised (IES-R). Participants then completed the IES-R and the BDI-II pre-Phase I, post-Phase I, and following each 10-week cycle of Phase II of the program. Symptom trajectories were modeled using hierarchical linear modeling. Results provided initial support for the M&H program, with both posttraumatic stress and depressive symptom trajectories showing significant improvement over time.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Longitudinal Rape Attributions and Distress Among Sexual Assault Survivors

(Clinical or Interventions Research/Clinical Practice Issues)

Balliett, Noelle, MA, Student¹; Davis, Joanne, PhD¹; Siebenmorgen, Marsha, MA, Student¹; Bell, Kathy, RN, MA²; Newman, Elana, PhD¹
¹The University of Tulsa, Tulsa, Oklahoma, USA
²Tulsa Police Department, Tulsa, Oklahoma, USA

Sexual assault is a widespread problem, impacting nearly one in four women during her lifetime (Tjaden & Thoennes, 2000). Previous research has noted that self-blame is associated with poorer outcomes after sexual assault (e.g. Breitenbecher, 2006; Frazier, 2003). For the present study, Frazier’s (1993) Rape Attribution Questionnaire (RAQ) was administered to recently sexually assaulted women who completed a forensic nurse exam. Participants were contacted via phone at two weeks (n=30), two months (n=26), and six months (n=21) post assault. Responses could range from 1 (never) to 5 (very often) on the RAQ. Attributions of blame at each time point were highest for the perpetrator (M = 3.91 - 4.18) and lowest for societal attributions (M = 2.57 - 2.93). A one-way repeated measures ANOVA revealed no significant shifts in blame attributions over time (p>.05). However, correlation analyses revealed a strong positive correlation between societal blame attributions at 2-weeks post rape and measures of distress obtained at 2-months post-rape (r = .89, p < .05). These preliminary results from an ongoing longitudinal study will be contextualized and the presentation will include data obtained during the intervening time period. Implications for professionals working with survivors of sexual assault will be discussed.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Psychospirituality and Trauma: A Phenomenological Examination of the Healing Effects of Candomblé on an Afro-Brazilian Community
Indigenous approaches to healing have gained recent attention from the international trauma field (Krippner, 2008; Miles, 2008; Pollock, 1996; Van de Port, 2005; and Voeks, 1997). Yet, there is little empirical literature investigating the multifaceted nature of psychospiritual approaches to healing as trauma interventions for African and indigenous populations. The present study is a phenomenological exploration of Afro-Brazilians’ experiences of healing utilizing Candomblé as a psychospiritual intervention for the traumatic experiences of favela life. Findings will include the specific aspects of Candomblé that were found to best facilitate their healing process. Findings have transnational implications for understanding Afro-Brazilian spiritual methods of cultural preservation, individual, and community healing.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Long Term Follow-up of Subjects Who Completed a Clinical Trial of (MDMA)-assisted Psychotherapy for Treatment-resistant Posttraumatic Stress Disorder (PTSD)

The first Phase II clinical trial of MDMA-assisted psychotherapy for PTSD has been presented previously by this clinician researcher. That double-blind placebo-controlled study demonstrated statistically significant and clinically robust reductions in the Clinician Administered PTSD Scale (CAPS) and the Impact of Events Scale (IES-R) in 20 subjects with treatment-resistant crime or war related PTSD. This presentation will review the design and results of the first study and will present results of a subsequent long-term follow-up study that measured durability of treatment effects in this cohort. At least 1 year after subjects completed the original study, the CAPS and IES-R were re-administered. Subjects were also asked to complete a detailed questionnaire inquiring about the effects of study participation and tracking any subsequent psychotherapy or psychopharmacologic treatment. CAPS and IES-R results, as well as self report, indicated that, one to five years later, much of the treatment effect seen in the original study was maintained for a majority of the subjects. A brief update of international research on MDMA-assisted psychotherapy will also be presented describing studies in Switzerland, Israel, Canada and Jordan, and the author’s ongoing study in US war veterans aimed at operationalizing a treatment manual and adherence measures.
A Longitudinal Case Study of Psychological and Immune System Function During Psychotherapy for Childhood Abuse Sequelae

(Clinical or Interventions Research/Research Methodology)

Tursich, Mischa, MS; Gold, Steven N., PhD; Kibler, Jeffrey L., PhD; Murray, Peter, PhD
Nova Southeastern University, Fort Lauderdale, Florida, USA

A growing body of research on traumatic stress sequelae and physical health outcomes has suggested possible connections between a history of childhood maltreatment and immune system function in adulthood. Physiological dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, cortisol dysregulation, and corresponding shifts in immune system function has been postulated to influence overall physical and neurobiological functioning. Of particular interest are changes in production of pro-inflammatory cytokines, such as Interleukin-1β (IL-1β) and Interleukin-6 (IL-6), which have previously been linked to posttraumatic stress reactions. This longitudinal case study explored the hypothesized relationships among physiological markers (IL-1β, IL-6, and cortisol) and psychological symptoms (including depression and anxiety) in one female survivor of childhood abuse over the course of 12 months of psychotherapy in an outpatient trauma specialty clinic. Clinical implications and directions for future study are discussed.

Cognitive Behavioral Treatment Focused on Trauma in Victims of Partner Violence

(Clinical or Interventions Research/Clinical Practice Issues)

CÁ CERES-ORTIZ, EDUIN ELADIO, MA, PhD, Student
UNIVERSITY COMPLUTENSE OF MADRID, MADRID, Spain

The effectiveness of a cognitive behavioral treatment focused on the trauma of women who are victims of couple violence was evaluated. The participants were 80 women: 40 treatment group and 40 non-treatment group. The design was quasi-experimental, the instruments applied were reliable. The following was used: interview for IPV, Echeburúa scale of PTSD and inventory of post-traumatic cognitions. In addition, the Beck inventory for anxiety (BAI) and depression (BDI) was used. The following were evaluated: self-esteem, non-adaptation and seriousness of the violence. Adherence to the treatment was measured, follow-ups were performed at one, three, six and twelve months. Risk factors were found for victimization and perpetration of violence. Complex trauma was found (sexual abuse, violence against children, forced displacement and natural disaster), the incidence n trauma and concomitant factors were
analyzed. It was observed that the treatment was effective in the sample of Colombian women. The size of the effect was major (1.36 PTSD, 1.08 re-experimentation, 1.24 avoidance and 0.88 activation) and for the concomitant variables, it indicates changes in the treatment group at the clinical level, but also at the statistical level.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Longitudinal study of Sanctuary® Model Implementation: Factors that Help Create Safe, Trauma-Informed Spaces and Systems Change

(Clinical or Interventions Research/Research Methodology)

**Banks, Josette, PhD**
*Andrus Children's Center, Yonkers, New York, USA*

Developed over 25 years ago by a multi-disciplinary team of mental health providers led by Dr. Sandra Bloom, the Sanctuary® Model provides a framework and methodology for trauma-informed treatment and an organizational culture change. The Longitudinal study of Sanctuary Implementation examines the process, progress and outcomes as Sanctuary is introduced and incorporated into existing treatment programs. Initial findings from this study revealed that implementation has resulted in improved work environments, staff satisfaction and - most importantly - improved client care and treatment outcomes. Results are presented with a focus on factors that facilitate the creation of ‘sanctuaries’ - treatment milieu that are safe places for traumatized individuals to heal, work and grow. Findings from this unique study of implementing trauma-informed organizational change are also presented with an eye to: methods of researching trauma-specific individual and systems intervention; ways in which outcomes can help paint a picture of how implementation unfolds and is experienced by agencies; how research can inform treatment, staff care and training and agency decision-making; and, implications for the future of trauma research as it relates to guiding and developing individual, group and agency interventions. Participants will also discuss ways of supporting, facilitating and sharing results of trauma-focused systems research.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Substance Misuse Correlates in Trauma-Exposed Populations

(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

**Waldrop, Angela, PhD**; **Seal, Karen, MD, MPH**; **McCaslin, Shannon, PhD**; **Galea, Sandro, MD, DrPH**

1University of California, San Francisco; San Francisco VA Medical Center, San Francisco, California, USA
PTSD and depression have long been the focus of research and treatment in trauma-exposed populations. Substance use disorders are receiving increased attention as important outcomes and targets for treatment. We will begin by describing the prevalence of alcohol and drug use disorder diagnoses in returning OEF/OIF veterans enrolled in VA healthcare and will examine predictors and comorbidities associated with those diagnoses. Next, we will examine how trauma exposure predicts drug and alcohol problems above and beyond the contribution of PTSD and depression in a community sample. We will also explore the functional implications of PTSD and substance use across life domains among OEF/OIF veterans, highlighting issues such as anger, risk-taking, and social engagement. We will conclude with an examination of the associations of substance use with PTSD, neuropsychological functioning, and physical symptoms in returned combat veterans with an emphasis on the utility of motivational interviewing for treatment engagement.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Trauma exposure predicts drug and alcohol problems beyond the contribution of PTSD and depression in a community sample: Data from the Heart and Soul Study

(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

Waldrop, Angela, PhD1; Whooley, Mary, MD2; Cohen, Beth, MD, MAS2
1University of California, San Francisco; San Francisco VA Medical Center, San Francisco, California, USA
2San Francisco VA Medical Center; University of California, San Francisco, San Francisco, California, USA

Problematic substance use is gaining attention as a negative outcome of trauma exposure. We examined prior trauma as a predictor of problematic drug and alcohol use at baseline (Y0) and 5-year follow-up (Y5) in 1,024 adults. Highest and lowest quartile of trauma (count of traumatic events) were compared in models adjusting for PTSD, depression, and demographics (Y5 analyses also adjusted for Y0 substance use). High trauma exposure independently predicted self-reported history of alcoholism (Y0 OR=2.03 and Y5 OR=3.30) and drug addiction (OR=3.57 and 5.04). High trauma exposure also predicted risk of having used illicit drugs (Y0, men OR=2.06, women OR=4.83), but not risk of binge drinking. The association of trauma and substance use differed by type of traumatic event. History of alcoholism was predicted by physical assault (Y0 OR=2.72, Y5 OR=2.12) and history of drug addiction was predicted by physical assault (Y0 OR=3.65, Y5 n.s.) and sexual assault (Y0 OR=2.85, Y5 n.s.). These findings demonstrate that cumulative trauma predicts substance use outcomes beyond risk explained by PTSD and depression. In addition, interpersonal traumas are most strongly associated with substance use problems. The results indicate that trauma exposure contributes to substance use through mechanisms other than self-medication of PTSD and depression.
PTSD Symptoms and Substance Use: Impact on Functioning in Iraq and Afghanistan Veterans

(Clinical or Interventions Research/Military/Emergency Services/Aid Workers)

McCaslin, Shannon, PhD
SFVAMC, UCSF, San Francisco, California, USA

Chronic PTSD and substance use disorders have been shown to be independently associated with functional difficulties in a variety of life domains. While co-occurring PTSD and substance use disorders may substantially increase the risk of functional difficulties, this has not been carefully examined. Iraq and Afghanistan veterans meeting criteria for either subsyndromal or full PTSD were surveyed (N=76). Both alcohol and non-alcohol substance use was associated with childhood trauma, negative life events in the past year, and trait anger. After accounting for self-reported pre-deployment functioning (e.g., home and physical environment, participation in activities, financial status) and PTSD symptom severity, current functioning was significantly predicted by both alcohol (β=-.184, p<.05) and non-alcohol drug misuse (β=-.250, p=.01). Further, non-alcohol substance misuse, along with greater PTSD hyperarousal symptoms, predicted greater risk-taking behavior. Findings suggest that substance misuse has a negative impact on functioning, and above the severity of PTSD symptoms. The relationships of PTSD symptoms, substance misuse, risk-taking behavior; and their combined impact on functioning will be explored.

A Longitudinal Study of Health and Cognitions Following Trauma

(Clinical or Interventions Research/Research Methodology)

DeMarni Cromer, Lisa, PhD
University of Tulsa, Tulsa, Oklahoma, USA

Although traumatic experiences are relatively common, there is wide variability in mental and physical health outcomes after trauma. This longitudinal, prospective study examines trauma history as it relates to post-traumatic cognitions, post-traumatic stress symptoms (PTS), and to overall health. We compare individuals who experience a new trauma over the course of the study to those who do not, in order to examine changes in cognitions related to recent trauma as well as to document corresponding self-reported health symptoms. We examine the moderating role of gender, the importance of trauma type (interpersonal versus non-interpersonal), and the impact of cumulative traumatic experiences. Women reported more interpersonal trauma than did men. For males and females trauma exposure was associated with more PTS. Cumulative effects of trauma were observed: More trauma exposure was
associated with more negative post-traumatic cognitions. Importantly, post-traumatic cognitions predicted PTS controlling for amount of trauma exposure. It appears that it is not merely exposure to negative events that matters, but how we construe and make sense of these experiences. Implications for health assessments, particularly in primary care settings, are discussed.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Relational Schemas: scripts for interpersonal functioning following traumatic events in undergraduate sample of women

(Clinical or Interventions Research/Research Methodology)

Douglas, Amber N., PhD
Mount Holyoke College, South Hadley, Massachusetts, USA

Theorists propose that cognitive schemas are changed as a result of traumatic stress. Posttrauma scripts are critical in the interpretation, processing, and integration of traumatic events into survivors’ self-narratives (e.g., Jind, 2001; Price, 1997). Traditional models have focused on the impact of trauma on perceptions of self and the world (e.g, Foa et al., 1999; Janoff-Bulman, 1989). Subsequently, interventions focus on the restoration of world and self beliefs. Alternatively, the Relational Cultural model (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991) proposes that for women, schemas rooted in interpersonal relationships are critical to women’s psychological well-being. The present study measures components of each of these cognitive processing models: Posttraumatic Cognitions Inventory (PTCI; Foa et al), World Assumptions Scale (WAS; Janoff-Bulman, 1989); Early Maladaptive Schemas (EMS; Young, 1995), Relational Health Index (RHI; Liang et al, 2002) testing the relative contributions in the prediction of depression, anxiety, dissociation and social support outcomes. Two hundred and twenty-eight women completed self report measures as part of this investigation; the sample consisted of 48% people of color (US and international student participants) and was socioeconomically diverse. Regression equations and structural equation models indicate that relational schemas are unique contributors of psychological adjustment and interpersonal functioning.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Attachment Anxiety and Avoidance in Inpatient Trauma Treatment: Association with Pre- and Post-Treatment Functioning

(Clinical or Interventions Research/Research Methodology)

Rosenkranz, Susan, PhD Candidate; Muller, Robert, PhD, Cpsych
York University, Toronto, Ontario, Canada
Although research has demonstrated that trauma impacts attachment, few studies have examined the extent to which attachment may respond to trauma therapy. As such, this study aimed to examine attachment in the context of one treatment approach: inpatient treatment for adult survivors of child abuse. Participants (n=101: 92% European-Canadian; 64% female) engaged in the Program for Traumatic Stress Recovery at Homewood Health Centre completed the Trauma Symptom Checklist-40 (Briere & Runtz, 1989), Relationship Questionnaire (Bartholomew & Horowitz, 1991), and Relationship Scales Questionnaire (Griffin & Bartholomew, 1994) at the time of their admission and discharge, and 6 months following discharge. A waitlist comparison group (n=46) also completed the questionnaires prior to admission. Results indicated that higher levels of attachment anxiety and avoidance were associated with greater severity of overall trauma symptoms. Examining the subscales, greater attachment anxiety and avoidance were associated with greater severity of Depression and the Sexual Abuse Trauma Index. Attachment anxiety was also associated with severity of Anxiety and Sexual Problems. Both attachment dimensions changed in a positive direction during treatment, and these positive changes were associated with maintenance of symptom reductions following discharge.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Gender-Specific Approaches to HIV Risk Reductions

(Clinical or Interventions Research/Culture/Diversity)

Berger-Greenstein, Jori, PhD¹; Burnham, Kaylee, MA, Student¹; Rollason-Reese, Cathryn, MS, Ed²; Brady, Stephen, PhD¹

¹Boston University School of Medicine, Boston, Massachusetts, USA
²Boston Medical Center, Boston, Massachusetts, USA

It is now well-accepted that traumatic events are associated with increased risk of HIV, although the specific mechanisms of these risks are less well understood. We present the results of a pilot study investigating the efficacy of a motivationally-based HIV risk reduction intervention for people with multiple psychiatric diagnoses, including PTSD, at risk for HIV. Findings of this study suggest that there are multiple methods of reducing HIV risk and that some of this may be associated with gender. Men are more often in positions of power, and able to control whether condoms or other barrier methods are used in a sexual encounter. In contrast, women may be more likely to withdraw from relationships associated with potentially risky behaviors in an effort to avoid the use of assertion and communication skills. Current and/or prior traumatic events often amplify these effects, particularly as associated with dynamics of power and control. The implications of gender-based models will be presented in the context of providing care in accordance with each person’s individual needs and values.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer
Exposure, Relaxation, and Rescripting Therapy Modified for Children Experiencing Trauma Nightmares

(Clinical or Interventions Research/Clinical Practice Issues)

Fernandez, Shantel, PhD¹; Davis, Joanne, PhD²
¹Tripler Army Medical Center, Honolulu, Hawaii, USA
²University of Tulsa, Tulsa, Oklahoma, USA

Cognitive-behavioral treatments such as Exposure Relaxation and Rescripting Therapy (EERT) have gained considerable empirical support in the treatment of trauma nightmares in adults. Little is known about the utility of these treatments with children. Given this lack of research and impairment of functioning associated with trauma nightmares, ERRT was modified for use with children. Modifications included making it developmentally appropriate for children, incorporating a parent component, and adding an additional session. This study examined the effects of this modified treatment referred to Exposure Relaxation and Rescripting Therapy for Children (ERRT-C) on the frequency and severity of chronic nightmares, nightmare distress, behavioral problems, sleep quality and quantity as well as symptoms of PTSD, anxiety, and depression with four children experiencing chronic nightmares. Results obtained from this case series study offer some preliminary evidence in support of ERRT-C in the reduction of nightmares, sleep disturbances, and behavior problems in this specific sample of children.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Smoking and PTSD: Exploration of the Link to Negative Affect and Smoking Expectancies using a Range of Methodologies

(Clinical or Interventions Research/Research Methodology)

Dedert, Eric, PhD; Stein, Jacob, BA; Levin, Holly, BA; Britt, D. Nick, BA; Beckham, Jean, PhD
Durham VA/Duke University Medical Centers, Durham, North Carolina, USA

Investigation of smoking topography in PTSD may be useful in understanding the onset and maintenance of smoking in this population. Participants with and without PTSD smoked through a device that recorded puff volume, mean interval between puffs, average and peak flow, and total cigarette smoked. Baseline levels of nicotine dependence were statistically controlled. Relative to the non-PTSD comparison group, PTSD smokers had a shorter interval between cigarettes [F (1, 162) = 7.33, p < .05], higher puff count [F (2, 161) = 7.74, p < .05], and smoked more of the total cigarette [F (1, 162) = 4.86, p < .05]. Consistent with previous research indicating that smokers take more puffs in low yield cigarettes, smokers in this sample had a higher puff volume when smoking denicotinized cigarettes [F (1, 162) = 10.65, p < .05]. There was also a PTSD by smoking condition interaction, such that puff volumes were especially high in the nicotinized cigarette condition for the PTSD group. Finally, examination of gender effects revealed that women had a shorter mean interval between puffs [F (1, 162) = 5.58, p < .05]. These results suggest that, in addition to higher smoking rates and volumes in PTSD, smokers with PTSD smoke more vigorously and are more responsive to nicotine availability in cigarettes.
Associations of Cigarette Type and PTSD on Self-Reported Smoking Variables and Negative Affect

(D Clinical or Interventions Research/Research Methodology)

Dutton, Courtney, MS; Dedert, Eric, PhD; Harper, Leia, MA; Johnson, Yashika, BA; Beckham, Jean, PhD
Durham VA Medical Center, Durham, North Carolina, USA

Although it is unclear why PTSD is associated with high rates of smoking and low quit rates, Baker and colleagues have suggested that the alleviation of the negative affect that characterizes PTSD is a strong motivator to smoke and predictor of relapse. We examined the effect of smoking a cigarette with and without nicotine on craving, negative affect and PTSD symptoms. Smokers with and without PTSD completed questionnaires assessing smoking and psychiatric variables, completed one of three smoking conditions: nicotinized cigarette, denicotinized cigarette, and no smoking, and then completed the same questionnaires again. Relative to the non-smoking condition, both nicotinized and denicotinized cigarettes were associated with reductions in smoking urges, withdrawal and craving across both smoker groups. Smoking condition interacted with PTSD \[ F(2, 62) = 5.39, p < .05 \], such that only among smokers with PTSD, negative affect was significantly reduced following smoking of a nicotinized cigarette. No reductions in PTSD symptoms were observed. Results suggest smoking a nicotinized cigarette is especially salient in reducing negative affect among PTSD smokers.

Posttraumatic Stress Disorder and Smoking to Reduce Negative Affect among OEF/OIF Era Veterans

(Clinical or Interventions Research/Research Methodology)

Calhoun, Patrick, PhD; Beckham, Jean, PhD
Durham VA/Duke University Medical Center, Durham, North Carolina, USA

PTSD is associated with increased rates of cigarette smoking, but there is limited information regarding influential determinants of smoking in this group. In this study we examined (1) the relationship between smoking status and PTSD among 714 veterans who had served in the U.S. military since September 11, 2001 and (2) the association between PTSD and smoking outcome expectancies. It was hypothesized that smokers with PTSD would have higher expectations that smoking would reduce negative affect compared to smokers without PTSD. Smoking outcome expectancies were evaluated in 96 smokers using the Smoking Consequences Questionnaire-Adult (Copeland, Brandon, & Quinn, 1995). Current
smoking was prevalent among 27% of the sample and was positively associated with PTSD. Among smokers, PTSD symptom severity was associated with increased negative affect reduction, boredom reduction, increased stimulation, taste/sensorimotor manipulation aspects of smoking, and social interaction expectancies. PTSD avoidance symptoms were uniquely associated with negative affect reduction expectancies. An increased understanding of smoking expectancies among those with PTSD may help to develop tailored interventions for this vulnerable population.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Effects of nicotine on emotional reactivity in PTSD and non-PTSD smokers: Results of a pilot fMRI study.

(Clinical or Interventions Research/Research Methodology)

Froeliger, Brett, PhD; Beckham, Jean, PhD; Dennis, Michelle, BS; Kozink, Rachel, BS; McClernon, Francis, PhD
Duke University Medical Center, Durham, North Carolina, USA

There is evidence that individuals with posttraumatic stress disorder (PTSD) may smoke in part to regulate negative affect. Despite evidence regarding smoking/PTSD interactions, no neuroimaging studies to date have evaluated the neurobiological basis of nicotine and/or smoking effects on emotional information processing among individuals with PTSD. Thus, we conducted a preliminary study aimed at evaluating this question. Smokers with (n=4) and without (n=4) a diagnosis of PTSD underwent fMRI scanning 2 hrs after application of a 21 mg transdermal nicotine or placebo patch. During scanning participants viewed emotional or neutral face stimuli. We hypothesized that nicotine and PTSD, both separately and in combination, would have effects on brain activation, specifically in brain regions involved in emotional processes. This preliminary fMRI study examined the effects of nicotine on emotional information processing in smokers with and without PTSD. Across groups, nicotine increased brain activation in response to fearful/angry faces (compared to neutral faces) in ventral caudate. Patch x Group interactions were observed in brain regions involved in motivation and memory processes. These preliminary findings suggest nicotine differentially modulates negative information processing in PTSD and non-PTSD smokers.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Prevalence and Predictors of Multiple Victimization Among Young Adults

(Clinical or Interventions Research/Children and Adolescents)
Youth who experience victimization report, on average, three different types of victimization in a given year. As such, multiple victimization characterizes the majority of victimization experiences among youth. These data, however, are derived from U.S. studies and do not include young adults, which would represent an important extension of the research given that individuals who experience victimization tend to remain at risk throughout their lifetime. This study obtained Canadian data on the prevalence of multiple victimization experiences (e.g., conventional crime, peer/sibling victimization, sexual victimization) in over 200 17-19 year olds enrolled in first year University studies using the Juvenile Victimization Questionnaire. We also examined a number of potential socio-demographic, individual (e.g., extra-curricular activities), and family (e.g., monitoring) predictors of multiple victimization. Prevalence findings indicated that a significant number of young adults experienced certain types of victimization in the last year, including neglect and being made to do sexual things. Using a multinomial regression approach, results indicated a number of significant predictors of single and multiple victimization experiences, including household size, participation in extra-curricular activities, parental monitoring, and non-victimization life adversity.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Multiple victimization and its associations with academic and psychosocial outcomes

(Clinical or Interventions Research/Children and Adolescents)

Babchishin, Lyzon, PhD Candidate; Romano, Elisa, PhD, Cpsych
University of Ottawa, Ottawa, Ontario, Canada

The literature on victimization is fragmented, with most research omitting to control for the inter-relation among victimization types. This study examines the multiple victimization experiences (i.e., the experience of more than one type of victimization) of 248 young adults aged 17 to 19 years. We will determine the prevalence of five victimization types, specifically (a) property victimization/conventional crime (e.g., vandalism, theft), (b) child maltreatment (e.g., physical abuse), (c) peer and sibling assault (e.g., hitting, bullying), (d) sexual victimization (e.g., sexual assault, sexual harassment) and (e) witnessing/indirect victimization (e.g., exposure to domestic violence). The associations among self-reports of multiple victimization and academic as well as psychosocial outcomes will be examined through multiple regression analyses. It is expected that multiple victimization (i.e., experiencing 3 or more victimization types) will be associated with a number of psychosocial difficulties (e.g., anxiety, depression, aggression, substance abuse), more so than any victimization type alone. It is also anticipated that controlling for multiple victimization status in the regression models will significantly reduce the ability of any one victimization type to predict negative outcomes.
Victimization outcomes in a nationally representative sample of adolescents

(Clinical or Interventions Research/Children and Adolescents)

Bell, Tessa, Doctoral, Student¹; Romano, Elisa, PhD, Cpsych¹; Billette, Jean-Michel, PhD²

¹University of Ottawa, Ottawa, Ontario, Canada
²Statistics Canada, Ottawa, Ontario, Canada

Adolescents frequently experience victimization and across different life contexts. Research suggests that about 1 in 6 adolescents experiences three or more types of victimization in the span of a year, making multiple victimization an important area of investigation. This study relied on a Canadian nationally representative, longitudinal study (National Longitudinal Survey of Children and Youth) to examine victimization outcomes among 13 to 16 year olds. We used adolescent- and mother-reported data from six biennial cycles (1996-2006) to establish the prevalence of single and multiple victimization experiences (i.e., discrimination, social exclusion, verbal assault, threat of and actual physical assault) and to investigate the impact of victimization on depressive symptoms, alcohol use, and marijuana use over time. Analyses controlled for such variables as socio-demographics as well as adolescent and family characteristics. Multiple regression analyses were conducted separately for the three outcomes. Results indicated that there was an increased probability of depression in adolescents who reported multiple victimization (&gt; 2 types), non-victimization adversity, and high family dysfunction. Multiple victimization and deviant peer affiliation predicted alcohol use, and greater deviant peer affiliation and poor school functioning predicted marijuana use.

Child-Parent Psychotherapy (CPP) in Clinical Practice: A Follow-up Survey of Providers Trained in CPP

(Clinical Practice Issues/Media/Training/Education)

Gutierrez Wang, Lisa, PhD
University of California, San Francisco, San Francisco, California, USA

In the last 10 years, approximately 250 behavioral health professionals and administrators (i.e. masters-level therapists, psychiatry residents, psychology interns, psychologists, and social workers) have received training in Child-Parent Psychotherapy (CPP). CPP is an evidence-based practice designed to address the psychological sequelae of interpersonal trauma exposure for families with young children (age 0-5). It is a dyadic intervention delivered over the course of 12 months. Numerous efforts have been made to train providers and disseminate the model to diverse treatment settings. Data on how many of
these providers continue to use CPP and how they adapt or modify the model have not been examined. The poster will present both quantitative and qualitative findings from an online survey of CPP-trained providers regarding their use of CPP in clinical practice. Findings on the level of CPP adoption and implementation, factors involved in decisions to continue or discontinue using the intervention, and descriptions of how the clinicians have modified or adapted CPP to fit their clients’ needs after completing training will be reported. Information presented in the poster will enhance understanding of the factors that facilitate and impede implementation of evidence-based psychological treatments in clinical settings and will inform effective cross-disciplinary training strategies.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Health Care Utilization Among Persons with a Lifetime History of PTSD

(Clinical Practice Issues/Community Programs)

Kehl-Fie, Kendra, BA
Eastern Michigan University, Ypsilanti, Michigan, USA

Research on naturalistic treatment utilization among people with post traumatic stress disorder (PTSD) is limited. Data from the National Comorbidity Survey-Replication (NCS-R) conducted in the United States from 2001-2003 were used to identify the primary, secondary, and tertiary sources and types of treatment sought by persons with PTSD. The NCS-R is a nationally representative sample. There were 380 respondents (6.8%) who endorsed a lifetime history of PTSD (N= 293 women). Participants reported the types of professionals they saw for problems related to emotional problems or use of alcohol. The most frequent response was psychiatrist (N=156) reflecting 47.4% of the responses. The second, third and fourth most frequently reported professionals were general practitioner or family doctor 23.5%, counselor 11.8%, and psychologist 6.4% respectively. Many people with PTSD receive treatment from individuals who are not necessarily specifically trained to assess and treat PTSD. Consequently, translational research should target these groups of providers with training in the assessment of PTSD and referral strategies. Reasons for delay of initiating treatment, and for ending treatment will also be presented.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Prolonged Eexposure Implementation Among SUD-PTSD Veteran Population-Two Case Studies

(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Frazier, Elizabeth, PhD; Noblett, Kurt, PhD
Hines VA Medical Center, Hines, Illinois, USA
Recent estimates have suggested up to 43% of individuals with PTSD meet lifetime criteria for a Substance Use Disorder (SUD). To address treatment application and effectiveness among veterans with high rates of comorbid SUD and PTSD, the Department of Veterans Affairs mandated the creation of SUD-PTSD psychologist positions. Although the Mental Health Uniform Services Package (VA Handbook 1160.01) outlines minimum clinical requirements for VA Mental Health, including recovery principles and mandatory provision of evidence based treatments for PTSD, the application of Prolonged Exposure (PE) for active substance using and/or abusing veterans remains questionable if not controversial. Within our Trauma Services Program, PE is routinely administered among SUD-PTSD veteran population. We present two case studies from our clinic: First, an OIF, combat veteran with PTSD and Concurrent marijuana abuse; second, a Vietnam, combat veteran with PTSD and Concurrent marijuana and alcohol abuse. Outcome and assessment measures include PTSD Checklist-M (PCL-M), Beck Depression Inventory-II (BDI-II), AUDIT, and subjective substance use reporting. Veterans received PE with integrated mindfulness based coping skills and substance abuse harm reduction. Both veterans exhibited significant declines in PCL-M and BDI-II scores while maintaining substance abuse harm reduction. Discussion of case studies will be informed by current literature.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Implementation and Evaluation of a Trauma Program Utilizing the Recovery Model and Evidence Based Practice

(Clinical Practice Issues/Media/Training/Education)

Maieritsch, Kelly, PhD; Lamp, Kristen, MA, Student; Lopez, Kristen, LCSW; Noblett, Kurt, PhD
Edward Hines Jr. VA Hospital, Hines, Illinois, USA

The Department of Veterans Affairs is committed to transforming the practice of mental health through the incorporation of evidence-based treatments and recovery-oriented principles. The Mental Health Uniform Services Package (VA Handbook 1160.01) outlines the minimum clinical requirements for VA Mental Health Services including facilitation of principles of recovery and mandatory provision of evidence based treatments for Posttraumatic Stress Disorder. The Trauma Services Program, a PTSD outpatient program in the VA system, has designed an education and orientation course to follow the principles of recovery, while also facilitating the offering of evidence-based care to all veterans referred to specialty treatment for trauma-related sequelae. This project outlines the design and initial evaluation of this education course including the specific components that satisfy core principles and values of the US Psychiatric Rehabilitation Association. We plan to evaluate the impact of the informed consent and patient-choice design on final treatment selection and treatment follow-up. Data has been collected on approximately 557 veterans who have completed the first session of the psychoeducation and orientation course to date. Outcome evaluations will include review of predictor variables (e.g., combat era, symptom severity) for treatment choices and treatment follow-up.
The Impact of Trauma Work on Child Protection Social Workers: A Grounded Theory Exploration of the Multi-dimensional Effects of Exposure

(Clinical Practice Issues/Prevention/Early Intervention)

Buckle, Jennifer, PhD, Cpsych\(^1\); McLennon, Donna, PsyD\(^2\)
\(^1\)Memorial University of Newfoundland, Corner Brook, Newfoundland and Labrador, Canada
\(^2\)Western Health Authority, Corner Brook, Newfoundland and Labrador, Canada

Child protection social workers have the ultimate responsibility of protecting society’s most vulnerable citizens. In this role, they frequently encounter traumatized and maltreated children, which has the potential to significantly impact their professional and personal functioning. While recognizing this potential is essential, faulty assumptions that exposure equals risk and symptomology equals pathology must be avoided. The purpose of this study was to facilitate a deeper, more complete understanding of the professional and personal experience of child protection social workers. In-depth, one-to-one interviews about the impact of their work were conducted with 15 social workers employed full-time in child protection services who volunteered to participate in the study. The interviews were transcribed and analysed using the grounded theory method. The results of this analysis detailed both the deleterious impact of this work and the life-enhancing or positive components of this professional role, as well as factors related to functional coping and resilience. The implications of these results for improving professional support, training and education, and policy are explored.

Social Circumstances and Functioning Domains for Torture Survivors

(Clinical Practice Issues/Community Programs)

Vinson, Greg, PhD
Center for Victims of Torture, Minneapolis, Minnesota, USA

Torture survivors present needs related to both traumatic experiences and subsequent immigration experiences due to post-trauma flight. Frequently asylum-seekers, refugees, or asylees, such survivors often have pronounced social needs in addition to mental health needs. As such, providers serving survivors are interested in the social functioning and circumstances of clients. Unfortunately, these needs are less likely to be consistently defined or tracked as commensurate mental health areas, with specific diagnostic definitions and more readily available measurement tools. This effort systematically identified and defined areas of client social circumstances and improvement as an aid to construct(s) definition, creation of a measure, and conceptualization of survivors’ social needs and circumstances. Social
workers serving survivors reported 200 specific examples of client social functioning. Twelve raters independently sorted these examples, by content, into homogenous categories of their own choosing. A correlation matrix was created from the sort data and a set of social functioning categories was derived via hierarchical principle components analysis. This yielded sixteen primary categories, nested within six broader categories: Safety and Stabilization, Faith & Spiritual, Accommodation and Adjustment, Human Connections, Contribution to Others, and Education & Employment. Definitions and examples for all categories are presented.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Geographic Status and PTSD as Predictors for Coronary Artery Bypass Surgery Outcomes

(Armsworth, Mary, EdD; Dao, Tam, PhD)

University of Houston, Houston, Texas, USA
University of Houston and Baylor College of Medicine, Houston, Texas, USA

In the U.S. alone, approximately 469,000 coronary artery bypass grafting (CABG) procedures are performed annually. Of those patients, approximately 10% have been found to have PTSD. The purpose of this study is to examine the relations between PTSD, geographic status, and clinical outcomes following a CABG surgery. Using the Nationwide Inpatient Sample database, we identified 987,565 patients who underwent a primary CABG surgery from 2005-2007. We analyzed seven demographic variables, 19 preoperative medical and psychiatric variables, and two outcome variables (i.e., in-hospital mortality and length of stay). Logistic regression and multivariable regression analyses were used to assess geographic status (i.e., rural and urban) and PTSD as independent predictors of in-hospital mortality and length of stay. Three findings were noteworthy. First, urban patients were more likely to have a PTSD diagnosis compared to urban patients. Second, PTSD was a significant independent predictor of both in-hospital mortality and length of stay for patients receiving CABG surgery. Lastly, patients residing in urban areas have increased lengths of in-hospital stay as well as in-hospital mortality rates compared to those who resided in rural areas.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Impact of Social Support and Personality Traits on Severity of Posttraumatic Stress Disorder Symptomology

(Armsworth, Mary, EdD; Dao, Tam, PhD)
Research has suggested that social support following a traumatic event can mitigate symptoms of posttraumatic stress disorder (PTSD). A tacit assumption is that social support is uniformly beneficial. However, certain personality traits may moderate the benefits of social support following trauma. The body of research assessing the mediating effects of personality traits on social support as well as subsequent PTSD development and symptomology is relatively sparse. Furthermore, the literature has found the social support construct consists of multiple facets. Information regarding the relative contributions of each facet to the overall construct, and ultimately their effects on PTSD, is lacking. The goal of this paper is to present a model examining the associations between two personality traits (introversion/extroversion and disinhibition) and social support. In addition, the association of these three latent constructs to PTSD severity will be illustrated. It is hypothesized the latent personality constructs of introversion/extroversion and disinhibition along with social support will be predictive of PTSD symptom severity.

**Friday Posters**
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**Trauma and Dissociation: A Study of Childhood Sexual Abuse, Trauma, and Their Association With Dissociative Symptoms in Individuals With HIV/AIDS**

(Clinical Practice Issues/Clinical or Interventions Research)

Gladstone, Kenneth, MS, (PsyD Student); Kamen, Charles, PhD; Lee, Susanne, MPH; Koopman, Cheryl, PhD; Gore-Felton, Cheryl, PhD
Stanford, Palo Alto, California, USA

Individuals living with HIV/AIDS report trauma at greater rates than the general population. Traumatic experiences are often disorienting and disabling, negatively impacting health outcomes. Childhood sexual abuse (CSA), in particular, is associated with dissociation symptoms and development of post-traumatic stress disorder (PTSD). Understanding the relationships between CSA, trauma symptoms, and health symptoms will assist in development of efficacious treatment. To that end, we studied PTSD scores, dissociation scores, and HIV-related symptoms in 167 adult men with HIV/AIDS reporting histories of trauma. The average age was 41.5 (SD = 7.8) and participants identified mainly as Caucasian (38%) and African American (30%). Over one-third of participants reported CSA, while 56.1% met criteria for PTSD. CSA was related to both PTSD and dissociation. PTSD correlated highly with dissociation ($r = .69, p < .001$). The range of dissociative symptoms was higher among those meeting full diagnostic criteria for PTSD (2 - 49) than those with subthreshold symptoms (0 - 33). Those with more HIV-related symptoms reported more dissociation symptoms. Our findings suggest that for some individuals with PTSD, dissociative symptoms are quite high and that interventions targeting dissociative symptoms may help reduce trauma-related symptoms and improve health functioning in men living with HIV/AIDS.
Effets Fonctionnels et Structurels des Traitements Psychologique et Pharmacologique dans les Troubles Psychiatriques

(Clinical Practice Issues/Clinical or Interventions Research)

Quidé, Yann, MSc¹; Witteveen, Anke B., PhD²; El-Hage, Wissam, MD, PhD³; Veltman, Dick J., MD, PhD²; Olff, Miranda, PhD²
¹Academic Medical Center & INSERM U930 ERL CNRS 3106, Equipe 4 Troubles affectifs, Amsterdam & Tours, Netherlands
²Academic Medical Center, Amsterdam, Netherlands
³INSERM U930 ERL CNRS 3106, Equipe 4 Troubles affectifs, Tours, France

Les troubles psychiatriques tels les troubles anxieux et de l’humeur sont associés à des changements morphologiques et fonctionnels du cerveau. La plupart de ces troubles impliquent le “circuit de peur”, incluant cortex préfrontal, hippocampe, thalamus et amygdale. Les patients présentent généralement une activité excessive de l’amygdale et réduite du cortex préfrontal. La psychothérapie et la pharmacothérapie, seules ou combinées, sont les traitements de première ligne de ces troubles. Cependant, savoir si ces anormalités sont préexistantes ou une conséquence du trouble et si elles vont disparaître ou être atténuées par une thérapie efficace reste toujours un sujet débattu. Cette revue a pour but d’élucider les effets des différents traitements sur les structures et fonctions cérébrales impliquées dans l’état de stress post-traumatique, la dépression (avec un intérêt particulier sur la forte comorbidité entre ces deux troubles), les troubles obsessionnels compulsifs, d’anxiété généralisée, paniques et les phobies. Les résultats montrent globalement une diminution de l’activité des structures limbiques après traitement pharmacologique et une augmentation de l’activité du cortex cingulaire antérieur après psychothérapie, indiquant une normalisation des fonctions du lobe temporal médial et du cortex préfrontal. Selon le trouble, certains traitements seraient également associés, à une augmentation ou diminution des volumes des structures impliquées.
rationale is often two-fold: 1) emphasizing group processes in recovery and 2) allowing providers to serve clients more efficiently. The objective of this effort was to examine both of these rationales within a clinic serving torture survivors via individual and group interventions. Fifty-two individual (n= 29) and group (n=23) mental health clients completed intake and 12-month follow-up assessments for depression, anxiety, PTSD, and quality-of-life indicators. Individual and group clients showed similar levels of improvement for depression and PTSD symptoms. Group clients showed greater Quality-of-Life (including social support) improvement but less improvement with anxiety symptoms. However, highly anxious clients tended not to be selected for groups. Individual clients had an average of 7.55 (SD = 2.77) sessions. Group clients had an average of 15.61 (SD = 4.37) sessions, including a high number of unexpected individual sessions (M = 5.12, SD = 2.77). Providers reported that group clients often need individual sessions. This apparently emergent hybrid approach may result in better care but mitigates the expected efficiency of groups.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Coping Self-Efficacy Predicts Posttraumatic Distress in a Longitudinal Study of Motor Vehicle Accident Survivors

(Clinical Practice Issues/Research Methodology)

Waldrep, Edward, BA; Delahanty, Douglas, PhD
Kent State University, Kent, Ohio, USA

The current study investigated the role of coping self-efficacy (CSE) and posttraumatic distress in a longitudinal study of motor vehicle accident (MVA) survivors. A total of 387 participants for the study were recruited from a local emergency department (ED) soon after admission. Assessments were conducted in the ED, and at two weeks, six weeks, three months, six months and one year post-trauma. CSE was assessed via self-report for 85 participants at the two week follow up interview. Regression analysis was utilized to examine the role of CSE during each assessment. After controlling for sex, CSE predicted posttraumatic distress at two weeks (β = -.38, p < .01), 6 weeks (β = -.25, p < .05), three months (β = -.29, p < .01), six months (β = -.38, p < .01), and one year (β = -.29, p < .05). The results indicate that individuals reporting low levels of CSE also report higher levels of subsequent post-traumatic distress. Further, these results underscore the importance of addressing and enhancing CSE in interventions designed to prevent/reduce post-traumatic distress in MVA survivors.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

An Examination of the Relations Between Burnout, Organizational Characteristics, Occupational Factors and Coping Strategies Among Employees in Mental Health
Research on employees in mental health settings suggests that they might experience different occupational stressors than other occupations. Occupational stress can cause physical depletion, burnout, feelings of helplessness and hopelessness, emotional drain, development of a negative self-concept, interpersonal problems, high workforce absenteeism, and reduced efficiency and performance. Most research on occupational stress has either focused on organizational characteristics (e.g., staff shortages) or occupation-specific factors (e.g., impact of hearing traumatic stories) despite evidence suggesting that both factors can contribute to occupational stress. Additionally, research on self-care strategies suggests that specific coping strategies can ameliorate the impact of occupational stress. Despite its importance, little empirical research has investigated occupational stress and self-care strategies among employees in mental health settings. The primary purpose of this study is to investigate the relation between employee burnout (i.e., Maslach Burnout Inventory), organizational characteristics, occupational factors (e.g., degree of exposure to client's trauma material) and coping strategies used by mental health staff working with veterans presenting with trauma material.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Trauma Exposure and Riskiness in Rodeo Participants

Existing literature suggests that exposure to traumatic events can lead to risky behaviors. One hypothesis is exposure to traumatic events leads to risk aversion, or decreased engagement in risky behavior. Another hypothesis is exposure leads to risk-seeking or increased engagement in risky behavior. This risk-seeking behavior may lead to an addiction to trauma. Rodeo events are considered one of the riskiest sports to participants. However, there are no published studies investigating trauma exposure among rodeo participants. The purpose of this study is to examine the relationship between previous trauma exposure and engagement in risky behaviors through a secondary analysis of thesis data on rodeo participants. The present sample reported an average exposure rate of 3.6 traumatic events and 2.2 distinct types of events. A step-wise linear regression determined that the number of different types of trauma experienced and sex were significant predictors of participation in risky rodeo events. Consistent with previous studies, younger age and greater number of types of traumatic events were associated with increased engagement in risky behavior. These findings support risk seeking as described in van der Kolk's theory of addiction to trauma.
Starting a Dialogue: Older Adults with Combat-Related Posttraumatic Stress Symptoms and its Everyday Occupational Impact

(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Gough, Helen Viola, MOT; Hollis, Vivien, PhD; Daum, Christine, MSc
University of Alberta, Edmonton, Alberta, Canada

Occupation, as seen by occupational therapists, goes beyond the typical definition of work. It includes everything people do to occupy themselves. Health professionals work with older adult veterans who may experience late-onset, chronic, or a re-emergence of combat-related posttraumatic stress symptoms (PTS). Despite evidence that mental illness impacts occupations no investigation of PTSs occupational impact in late-life has been completed. Objectives: To suggest a novel way of thinking about trauma experience and encourage multi-professional learning, this paper: (1) provides an overview of current knowledge on veterans’ experiences of PTS; and, (2) proposes theoretically how PTS impacts occupational lives. Method: Medline, CIHNA, PsychINFO, AgeLine, Abstracts in Social Gerontology, and PILOT databases were searched for articles written between 1990 to present. Key search terms included: aging*, veteran*, combat*, posttraumatic stress*, and occupational* OR functional impact. Articles excluded: other populations (currently serving military members, holocaust victims, war refugees). Existing occupational theoretical concepts were used to synthesize articles. Results: 789 papers were reviewed, 25 meeting criteria. Health professionals should be aware that veterans with PTS may (1) have compromised occupational wellbeing; (2) be at risk for loss of occupation; and, (3) be negatively affected by environment factors.

Does Talking About the Trauma With a Significant Other Provide Protection Against PTSD for Both - or Not?

(Clinical Practice Issues/Social Issues/Public Policy/Ethics)

Pielmaier, Laura, PhD Candidate; Maercker, Andreas, PhD, MD
Psychopathology and Clinical Intervention, Institute of Psychology, University of Zurich, Switzerland

Lack of perceived social support has proven to play a key role in the maintenance of PTSD (Brewin et al., 2000; Ozer et al., 2003). Nonetheless, interpersonal processes in the aftermath of a traumatic event have not been sufficiently revealed yet. The social facilitation model of PTSD (Maercker, 2010), suggests two interpersonal factors that have previously shown additional predictive power to established predictors of PTSD in several trauma populations: perceived social acknowledgement as trauma victim and (non-) disclosure of the traumatic experience. For the first time we assessed these interpersonal factors in dyads of patients and proxies after severe traumatic brain injury. The prospective study is embedded in a broad interdisciplinary and multi-centred research network (PEBITA) aiming to assess the incidence and
one-year-outcome of severe TBI in Switzerland. The poster presents preliminary longitudinal data (N=approx. 70) analysed with actor-partner-interdependence modelling. Results support the hypothesis that the two interpersonal factors contribute to the prediction of patients’ and proxies’ PTSD symptom level measured by clinical interview (Short Screening Scale for DSM-IV PTSD) and self-report measure (IES-R). The suggested differentiation of the broad concept of social support with regard to psycho-traumatological aspect seems useful to draw theoretical and practical implications.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Inpatient PTSD Treatment: Incorporating Context Into Recovery

(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Landrum, Sam Schwartz, LICSW¹; Kothari, Sonali P., MD²; McCutcheon, Stephen R., PhD¹; Varra, Alethea A., PhD²

¹Department of Veterans Affairs, Puget Sound Health Care System, Seattle, Washington, USA
²Department of Veterans Affairs, Puget Sound Health Care System and University of Washington Department of Psychiatry and Behavioral Sciences, Seattle, Washington, USA

This poster presents a conceptual model emphasizing the importance of social context in the recovery from trauma exposure with veterans who have PTSD and other trauma related problems, as demonstrated in the Inpatient PTSD program at the Seattle VA. Various writers have highlighted the social impact of trauma, the corresponding destruction of social relationships and the importance of a safe environment that enhances social connectedness and social trust in its treatment. The integration of this conceptual model with the specific components of evidence based treatments and recovery oriented values in the Seattle VA Inpatient PTSD program will be described. The development of this environment as a container for a range of interdisciplinary evidence based treatments, and the continuation of ancient cross cultural knowledge that uses the social environment itself to treat the impact of trauma will also be discussed. As the Department of Veterans Affairs and others in the trauma field serve the needs of those who have survived trauma, the importance of using the social environment as a key component of the recovery process for military and combat related PTSD is emphasized.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

A Survey of the Frequency of Previous Life Stressors in the Obsessive-Compulsive Patients Referred to the Psychiatric Clinic of Kermanshah,Iran,2007

(Clinical Practice Issues/Culture/Diversity)
shakeri, jalal, MD¹; shakeri, Mansour, MD²; SHAKERI, HANIA, MD²

¹University of Medical Sciences, behavioral sciences research center, kermanshah, Iran, Islamic Republic of
²University of Medical Sciences, kermanshah, Iran, Islamic Republic of

Introduction:
This disease causes psychiatric and social performance so that it promotes depression and suicide thoughts in the patients. Also, since life stressors and psychosocial factors can have a fundamental role as a detector or triggering disorder, it made us to examine them in those patients. Perform the general project obsessive-compulsive disorder prevention and treatment vulnerable individuals so that we can reduce mental health injury and improve life quality.

Methods:
This is a descriptive study which has been performed on 102 ocd patients by DSM-V-TR, and completing two demographical and life-stressors inventories (holmes-rahe). Data was statistically analyzed by spss software.

Finding:
The results 82.4% of the patients have been with a history of stress (family feuds, 33.5%: death of a close family member, 10.8%, main physical disease 4.9%, divorce, 6.9%, infertility, 9.8%, unemployment 6.8%, marriage, 7.8%, being without abode, 1.9%) and 17.6% have been without stress. Also, demographically the most common age single is 20-40 of which 70% are females, 30% males and 65% single people.

Discussion:
Since life-stressors have destructive effects on the job, educational and social (performances of a society), their role in triggering, sustaining and recurring compulsive obsessive disorder must be considered, also we must. Finally, the project of preventing from psychiatric disorders must be considered as the first measure.

Keywords: Stressors, Obsessive-Compulsive, Kermanshah.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Meta-reframes: The Next Wave of Cognitive Therapies?
(Clinical Practice Issues/Clinical or Interventions Research)

Katz, Lori, PhD
VA Long Beach Healthcare System, Long Beach, California, USA

This presentation proposes a novel approach to cognitive therapy that addresses higher order postulates (e.g., global conclusions and beliefs) about self, others, and the world using second-order cognitive shifts that reconceptualize the foundation from which these conclusions were made as well as offers life-affirming ways to think about experience. Particularly for those with a complex history of trauma or where experiences have been assimilated/accommodated into ones conceptualization system, negative beliefs are no longer circumscribed to an identifiable event but rather become general beliefs that replay (and are reinforced) on a regular basis. Second-order cognitive shifts (including meta-reframes) target higher order
postulates that when shifted, change all related cognitions simultaneously. Meta-reframes recontextualize meanings by considering broader and more inclusive explanations. For example, instead of considering whether or not there is evidence to conclude if one is loveable, in a second-order cognitive intervention, the focus would consider context (e.g., other people’s behavior) which may have nothing to do with the lovability of the person at all. In fact, she may find that it was precisely because of her lovability and loyalty to struggling parents that she believed she wasn’t. These concepts will be discussed using story, metaphors, and clinical case examples.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Organizational and Individual Risk and Protective Factors for Secondary Traumatic Stress

(Clinical Practice Issues/Prevention/Early Intervention)

Sprang, Ginny, PhD¹; Ross, Leslie Anne, PsyD²; Shin, Hana, PhD Candidate³
¹University of Kentucky, Lexington, Kentucky, USA
²Children’s Institute, Inc., Los Angeles, California, USA
³Fuller Graduate School of Psychology, Pasadena, California, USA

Every day, clinicians are exposed to horrific events as clients retell their traumatic stories in therapy. The empirical literature has documented the deleterious consequences to the professional’s own mental health that may manifest as a result of this exposure, responses that differ depending upon individual and contextual characteristics specific to the provider and the practice setting. This panel will present four empirical studies on organizational and individual risk and protective factors for secondary traumatic stress (STS) among professional practitioners and community-based urban youth and family workers across the U.S. To understand these phenomena, panelists will 1) examine specific provider and organizational characteristics as predictors of STS in a sample of 1,121 behavioral health providers, 2) analyze the role of evidence-based practice in the development of adverse therapist outcomes in a national random sample of 532 licensed psychologists and clinical social workers, 3) describe how sociodemographic factors impact provider resource utilization, perceived need for professional support, and barriers to service utilization, and 4) incorporate research on organizational change strategies required to address STS in community mental health practice, including policy, clinical supervision, and availability of resources for staff self-care and STS prevention.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Empowering Voices: Trans-cultural Approaches for Working with Female Survivors of Partition
During the 1947 Partition of India into present day India, Pakistan, and Bangladesh, women were victimized through abduction, rape, and forced religious conversion (Brass, 2003; Butalia, 2000; Menon & Bhasin, 1998). Past research has indicated that a 'conspiracy of silence' tends to exist in the aftermath of mass trauma (Danieli, 1984). Women survivors of the Partition have expressed a fear to tell stories due to added rejection by society; additionally, these women have remarked that no one wants to listen to them (Menon & Bhasin, 1998). In order to protect this population from being marginalized further, this presentation highlights psychologists’ responsibility in facilitating the breaking of this silence by understanding recovery from a cultural, gendered, and religious framework. This paper addresses the need to (a) frame experiences of trauma within a cultural context, (b) utilize indigenous models of healing in collaboration with empirically supported interventions, and (c) advocate for a systemic approach to recovery when breaking silence from trauma. Particular emphasis highlights the need for psychologists to incorporate the socio-political and gender dynamics prevailing within South Asian society into multidisciplinary trauma models for this population.

Female experiences during forced displacement will be discussed.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Status of Trauma-Informed Care in Our Community

Wolf, Molly, PhD Candidate; Mendel, Whitney, MS (PhD, Student); Nochajski, Thomas, PhD; Green, Susan, LCSW
State University of New York at Buffalo, Amherst, New York, USA

Background and Purpose: Given the prevalence of trauma in society, it is beneficial for human service agencies to work with clients in a trauma-informed manner. This qualitative study examined local social service organizations’ knowledge and usage of the five main principles of trauma-informed care.

Methods: Focus groups and individual interviews with multiple levels of personnel in social service agencies were conducted. Questions were derived from the five main principles of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment (as developed by Fallot, 2006). Participants discussed their experiences of these principles, in terms of client and staff care.

Results: The majority of the organizations felt they had implemented many of the principles of trauma-informed care with clients. In addition, the majority of organizations understood the primary importance of safety for clients. However, the level of understanding for how the principles applied to staff seemed to be lagging.

Conclusions and Implications: Although clients may be receiving trauma-informed care, results suggest that the organizations have not incorporated a trauma-informed approach in their policies and procedures.
as they pertain to staff. This suggests a need to educate administrators in human service organizations about utilizing a trauma-informed approach for staff.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Addressing Sexual Abuse Victimization in Males: Research and Practice Considerations
(Clinical Practice Issues/Clinical or Interventions Research)

Elkins, Jennifer, PhD Candidate
Columbia University, New York, New York, USA

The multiple and overlapping risk factors and complex resilience processes involved when sexual abuse in children occurs presents a considerable challenge to researchers hoping to gain an accurate understanding of the impact of sexual abuse. And when gender is considered, it further muddies the waters. Despite being common, male victims of sexual abuse are frequently overlooked. This presentation addresses the nature, experience and impact of sexual abuse victimization in males. In particular, it reviews the empirical literature on key developmental outcomes and the risk and resilience processes across individual, family, and community levels influencing these outcomes. Unique issues, considerations and recommendations for researchers and clinicians across multiple disciplines are discussed.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Complex Trauma and Men's Abuse of Their Partners
(Clinical Practice Issues/Clinical or Interventions Research)

Morris, Eugene, MSW, LCSW¹; Alexander, Pamela, PhD²
¹Department of Health and Human Services, Montgomery County, MD, Rockville, Maryland, USA
²Wellesley Centers for Women, Wellesley, Massachusetts, USA

Although child maltreatment history is frequently described as a precursor of men’s intimate partner violent (IPV) behavior, little research has looked at how different patterns of child maltreatment may lead to different IPV dynamics. Data from a sample of 1,776 men court-ordered to batterer treatment were cluster-analyzed based on men’s self-reported histories of child sexual abuse (CSA), witnessing IPV, child verbal and physical abuse by mothers, and child verbal and physical abuse by fathers. A history of CSA + abuse by mothers was associated with PTSD and the most violent behavior (general and relationship-specific), as reported by both men and their partners. A history of abuse by both parents + witnessing IPV was associated with the highest rates of personality disorders, general dissociation, IPV-
specific dissociation, and fearful attachment, consistent with an attachment theory perspective of
dissociation. A history of abuse by fathers was associated with the most drug abuse. Men with little or no
history of child maltreatment were the least violent with the fewest mental health symptoms and the
longest length of relationship. Thus, different types of emotion dysregulation may mediate the impact of
different patterns of abuse history on IPV behavior. Implications for batterer treatment will be described.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Co-Constructing a Family Trauma Narrative

(Clinical Practice Issues/Children and Adolescents)

Kiser, Laurel, PhD, MBA¹; Joyce, Dorado, PhD²; Baumgardner, Barbara, PhD¹

¹University of Maryland School of Medicine, Baltimore, Maryland, USA
²University of California San Francisco, San Francisco, California, USA

Family studies and anthropology have contributed to the understanding of normative, protective family
processes. Storytelling, as one example, is a notable part of family life. Families share stories that
illuminate and combine their separate experiences into a meaningful whole. Families narrate both their
best and worst life experiences and in this way pass down a heritage of remembrances from one
generation to the next. Clinicians working with families who have been impacted by trauma can use family
storytelling to aid healing. This workshop reviews the functions of family storytelling, the emerging
developmental capacities necessary to participate in family narrative, and the skills used by family
members in the act of storytelling. Presenters use this background information to illustrate how therapists
can facilitate families’ use of their narrative skills in the healing process. A Family Narrative Guide is
introduced as a practical tool for assisting clinicians in structuring this therapeutic process. Case studies
are used to express the power of family narration.

Case examples may contain some distressing material.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Working With Complex Post Traumatic Stress and Substance Abuse

(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Cardey, Gloria, MSW; Jacyk, William, MD, FRCPC
Homewood Health Centre, Guelph, Ontario, Canada

This workshop is based on clinical material gathered from an inpatient treatment program for adults with
complex post traumatic stress and substance abuse. Historically, these two disorders have been treated
sequentially, first the substance abuse followed by trauma treatment after a period of abstinence. The patients presented in this workshop have completed numerous treatment programs without being able to achieve significant abstinence because of relapses related to post traumatic stress. Didactic and video material will be shared to help clinicians identify addictive processes and how these behaviors interweave with trauma material. The introduction and pacing of trauma management skills will be discussed and case examples used to illustrate how patients can begin making the connection between their trauma and addiction within a window of tolerance. The interdependence between dissociation and the use of substances or behaviors which modify emotional intensity interferes with the therapeutic alliance. The presenters will discuss strategies used to disrupt the attachment to the substance and develop healthier attachments to peers and staff. Some of the principles of twelve step programs will be introduced as a source for strengthening addiction and trauma recovery. Treatment outcome indicators will highlight the domains of significant improvement with program patients.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Severe Secondary Traumatization - when therapists start taking extra security measures

(Clinical Practice Issues/Clinical or Interventions Research)

Daniels, Judith, PhD¹; Klasen, Fionna, PhD²
¹University of Western Ontario, London, Ontario, Canada
²University Medical Center Hamburg, Hamburg, Germany

Objective: Secondary Traumatization (ST) has been shown to generally consist of similar symptoms as PTSD. However, in severe cases, the symptomatology seems to go beyond the PTSD spectrum. Results from a qualitative interview study indicated that enhanced sense of threat and security behavior might be a reliable predictor of severe Secondary Traumatization.

Results: We used the Questionnaire for Secondary Traumatization (FST, Alpha=.93), in a German retrospective study (n=1,124), a German cross-sectional study (n=460), and an English cross-sectional study (n=309). Security measures significantly predicted ST severity over and above exposure items in the German retrospective study with R²=.467, in the German cross-sectional study with R²=.404, and in the English cross-sectional study with R²=.454.

Conclusion: Three independent data sets have shown elevated levels of sense of threat and security behavior in therapists reporting Secondary Traumatization as well as a significant predictive value of security behavior for Secondary Traumatization severity. Thus enhanced security behavior should be interpreted as an integral symptom of severe Secondary Traumatization and be addressed in supervision accordingly.

Friday Posters
Friday, November 5
Secondary Traumatic Stress in Refugee Counselors

(Klasen, Fionna, PhD; Schmidt, Katrin, BSc; Daniels, Judith, PhD)

Refugee counselors are frequently confronted with reported client trauma material, e.g., killings, torture, rape. It has become increasingly apparent that exposed professionals providing direct services to traumatized populations may develop PTSD-like symptoms. This so-called secondary traumatic stress (STS) reaction is becoming viewed as an occupational hazard of great significance. In an online-based survey we assessed 205 refugee counselors (female: 74.1%, mean age: 44.12 years) regarding work-related variables, exposure to client trauma material, dissociation (adapted items of the Dissociative Experiences Scale, DES), burnout (Maslach Burnout Inventory, MBI), and secondary traumatic stress (Questionnaire for Secondary Traumatization, FST). Findings will be presented and implications for interventions will be discussed.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Vicarious Posttraumatic Growth in Counselors: The Mediating Role of Vicarious Trauma

(Hahn, Katharine, Oberlin College, Oberlin, Ohio, USA)

Counselors who experience vicarious trauma (VT) may also experience positive changes from their work with trauma clients. Although several qualitative studies have explored the positive effects counselors report, this study measured vicarious posttraumatic growth (PTG) quantitatively. The relationship between trauma and growth is unclear. Results of recent studies suggest severity of stressor and moderate trauma symptoms predict PTG. Joseph and Linley (2005) suggest that PTG may occur as a result of processing trauma and may be accompanied by intrusions and avoidance, which represent adaptive attempts to process traumatic experience. Thus, with counselors symptoms of VT may represent attempts to process clients’ trauma material, and vicarious PTG is the outcome of successful processing. It was hypothesized that 1) exposure to client trauma material and VT symptoms would positively predict vicarious PTG and 2) VT symptoms would partially mediate the relationship between exposure and vicarious PTG. Counselors (n = 197) reported positive changes from working with trauma clients, especially in appreciation of life and sense of personal strength. Exposure to client trauma material and VT symptoms positively and significantly predicted vicarious PTG. Results of a series of regressions indicated that VT symptoms
significantly partially mediated the relationship between exposure and vicarious PTG. These results support the theory that when a stressor is severe enough to initiate cognitive dissonance, trauma symptoms may appear but growth or positive change can also result.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Evaluation of Seeking Safety in an Outpatient Clinic for Canadian Veterans
(Clinical Practice Issues/Clinical or Interventions Research)

Lavioie, Vicky, MA, PhD, Student; Blackburn, Patrick, MA; Savard, Catherine, BA; Jacques, Sonya, MA; Brochu, Valérie, MA
Clinique TSO du CHUQ, Québec, Quebec, Canada

Treatment for comorbid posttraumatic stress disorder (PTSD) and substance use disorder (SUD) is particularly relevant for veterans, whose rates of comorbid PTSD and SUD are substantially high. This presentation describes the implementation of an evidence-based practice, Seeking Safety, in an Operational Stress Injury clinic for Canadian veterans. Co-therapists (social workers and psychologists) led two Seeking Safety groups. Participants included 19 outpatient veterans with co-occurring SUD and PTSD who participated in this group treatment as an adjunct to treatment as usual. In the first group (n=10), 23 weekly sessions were delivered. Outcome data shows a decrease in PTSD and SUD symptoms from pre-treatment to post-treatment and measures of client satisfaction were high. As Seeking Safety manual was designed for flexible use, the second group (n=9) was adapted on a 12 weekly sessions treatment to better fit our clinical observations and setting needs and data continues to be collected. Initial data indicates that Seeking Safety is an efficient treatment for veterans with PTSD and SUD. Challenges observed while implementing Seeking Safety as well as decisions that we made to optimize the benefits will be discussed.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Transdiagnostic Group Treatment Protocols for Veterans with Operational Stress Injuries
(Clinical Practice Issues/Clinical or Interventions Research)

Boivin, Michele, PhD, Cpsych; Bertrim, Sarah, PhD, Cpsych; Bailliu, Anne, MSW; Zahradnik, Marc, BA (Hons)
Operational Stress Injury Clinic, Royal Ottawa Mental Health Centre, Ottawa, Ontario, Canada

Although PTSD is the most common diagnosis among veterans who have experienced military trauma, other anxiety disorder diagnoses as well as related problems such as anger are common. This
presentation provides data on the implementation and evaluation of two group treatment programs for veterans with operational stress injuries who were already engaged in individual therapy for trauma: a transdiagnostic anxiety group and an anger group. Based on the unified theory of emotional disorders and other transdiagnostic approaches (see Barlow et al, 2008; Norton, 2008), the transdiagnostic anxiety group involves an individual session for goal identification and hierarchy construction, followed by a structured 12-session group including education about anxiety, cognitive strategies, exposure strategies, and identification of underlying vulnerability factors that increase risk for relapse. Data will include pre-post PCL, STAI, DASS, OQ-45, and per-session SUDS. Analyses are expected to show reductions in self-reported anxiety symptoms and functional impairment, though not necessarily decreases in PTSD-specific symptoms. The 8-session anger group integrates ACT (HEAT group, Santanello et al. 2009) and CBT strategies, including education, anger regulation, letting go of resentment, and finding values and meaning. Data will include pre-post STAXI, PCL, OQ-45, and per-session DAR5. Analyses are expected to show decreases on anger, PCL-hyperarousal, and functional impairment. Program evaluation challenges (including outcome measurement given diagnostic heterogeneity) will be discussed.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Factor Invariance of the Purdue PTSD Scale_Revised

(Research Methodology/Clinical or Interventions Research)

McSweeney, Lauren B., BA¹; Lauterbach, Dean, PhD¹; Nugent, Natalie K., BA¹; Porcerelli, John, PhD²
¹Eastern Michigan University, Ypsilanti, Michigan, USA
²Wayne State University, Detroit, Michigan, USA

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) conceptualization of Post Traumatic Stress Disorder (PTSD) is a three factor model consisting of experiencing (criterion B), avoidance (criterion C), and hyperarousal (criterion D). Despite the conceptualization of PTSD as a tripartite model, previous principal components and confirmatory factor analyses (CFA) studies have provided support for two-, three-, and four-factor solutions, in explaining the association among PTSD symptoms. In addition, the invariance of factor structure across samples has been the focus of a number of recent investigations. This paper will examine the factorial, metric, and scalar equivalence of PTSD symptom structure across across a sample of 98 impoverished African American women and 256 college students. Within each sample, the quality of fit of five empirically supported measurement models [general distress model; two-factor model (Buckley et al. 1998); three-factor DSM model; 4-factor numbing model (King et al. 1998), and 4-factor dysphoria model (Simms et al. 2002)] of PTSD will be tested. This will be followed by direct comparisons across samples.
The Prevention of Psychological Stress for Police Officers Through the Use of Resilience Training

(Prevention/Early Intervention/Military/Emergency Services/Aid Workers)

Varker, Tracey, PhD1; Devilly, Grant J., PhD2

1Australian Centre for Posttraumatic Mental Health, East Melbourne, Australia
2School of Psychology, Institute for Health and Medical Research, Griffith University, Mt Gravatt, QLD, Australia

Two-hundred and eighty-one Victoria police officers participated in a randomised controlled trial of the Personal Resilience Enhancement Program (PREP), which is designed to protect against traumatic workplace events. The aim of the study was to assess the efficacy of PREP in mitigating stress reactions, and decreasing reliance on drugs and alcohol. New recruit police officers were allocated to either PREP or the control condition by virtue of the squad that they had been randomly allocated to when they entered the Police Academy. In groups, participants received either PREP or the control training, at a number of different intervals over the time that they spent at the Academy. Participants were reviewed again 6-months after they completed their training at the Academy. The results of this study will be presented. This research has both theoretical and practical importance in developing protocols to avoid post traumatic stress disorder and depression following harrowing events.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Understanding the Impact of Combat Injury on Military Families: A Pilot Study

(Military/Emergency Services/Aid Workers/Children and Adolescents)

Schmidt, Janet, PhD; Guimond, Jennifer, PhD; Feerick, Margaret, PhD; Martinez, Patricia, RN, MA; Cozza, Stephen, MD
USUHS, Bethesda, Maryland, USA

At the present time over 33,000 soldiers, sailors, marines, and air personnel have been injured in the wars in Iraq and Afghanistan. Forty percent of U.S. service members have children, averaging approximately 2 children per parent, suggesting that close to 26,000 military children have been affected by parental combat related injuries. The impact of injury is complex both for families and for children in particular. Empirical studies have only recently begun to investigate this phenomenon which ranges widely in terms of severity and type (i.e., amputations versus PSTD). The current study is based upon 14 families with a combat injured parent, who participated in a National Military Family Association’s (NMFA) camp experience in August, 2009. The study employed standardized instruments of child and parental mental health and functioning. In addition, focus groups were used with service members, spouses, and children (grouped according to age) to qualitatively assess issues related to combat injury and family functioning. The purpose of the present paper is to describe the major themes identified from these groups to inform intervention and treatment planning as well as to set the context for the quantitative findings which will be reported at a later date.
PTSD and Addiction Treatment for the Canadian Forces, Veterans Affairs and other Hazardous Occupations: Therapeutic Strategies for Symptom Reduction

(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Pepper, Anne, MEd; Hambly, Janice, PhD, Cpsych
Bellwood Health Services, Toronto, Ontario, Canada

PTSD and Addiction Treatment for the Canadian Forces, Veterans Affairs and other Hazardous Occupations: Therapeutic Strategies for Symptom Reduction.

In this workshop, an overview of strategies utilized in an effective treatment program for co-morbid trauma and addiction will be presented, with a special focus on treating clients in the hazardous occupations, in particular members of the armed forces, Veterans Affairs and the police force. Preliminary outcome data evaluating this program will be provided. An experienced clinician will give practical teaching addressing a range of interventions for the treatment of PTSD symptoms. As many of the symptoms of PTSD are physiological, the role of the body, including its importance in the development of self-regulation and for releasing implicit memories, will be presented. Learning how to manage the body sensations related to traumatic re-experiencing is an essential aspect of treatment. Teaching methods will include powerpoint presentation, video, and voluntary audience participation. This seminar is suitable for those wanting to acquire an overview of PTSD symptoms and clinical treatment strategies for their reduction.

Evolving program evaluation in an interdisciplinary team: Challenges, decisions, and data

Laforce, Jennifer, PhD, Cpsych1; Adduri, Cassandra, MA2
1University of Manitoba, Winnipeg, Manitoba, Canada
2Operational Stress Injury Clinic, Winnipeg, Manitoba, Canada

Over the last six years, the Winnipeg Clinic has used program evaluation as a means of looking at the entire program as well as subsections, evaluating new initiatives, and providing quick visual client-specific feedback to clinicians and clients. Datasets (Ns range 20 to 153) and clinician feedback collected across these six years will be presented in illustrating how decisions were made to change the components of the program evaluation system (e.g., the PTSD specific PCL-M has been a central component whereas quality of life measures were added, then later eliminated). Specific challenges in setting up program evaluation in a system where clients present with a range of diagnoses and are involved in various levels
of care are presented. Effect sizes vary depending on the heterogeneity of the sample (i.e., Cohen’s \(d = 0.50\) \((N = 153;\) looking broadly at all clients involved in clinic services) to Cohen’s \(d = 1.65\) \((n = 28;\) specific subset of clients diagnosed with PTSD by psychological assessment who have been discharged after treatment)), which raises questions of how to best to capture program evaluation data in a multi-program, multi-provider system.

**Friday Posters**  
**Friday, November 5**  
5:00 p.m. - 6:00 p.m.  
Salons A-C & Foyer

**Navigating the verbal/nonverbal continuum: The value of Creative Arts Therapies (CAT) in transforming trauma**

(Clinical Practice Issues/Culture/Diversity)

Woollett, Nataly, ATR-BC, LCAT\(^1\); Auf der Heyde, Tanja, PhD Candidate\(^2\); Abukishk, Reem, LCAT\(^3\); Spinazzola, Joseph, PhD\(^4\)

\(^1\)Wits ECHO, Johannesburg, South Africa  
\(^2\)City University of New York, New York, New York, USA  
\(^3\)UNRWA, Amman, Jordan  
\(^4\)Trauma Center at Justice Resource Institute, Boston, Massachusetts, USA

The power of art to heal trauma has been utilized for centuries, across all cultures. CAT tap into these transformative, accessible, and non-judgmental processes, transcending language barriers and defenses. When clients create, play, or act, trauma is voiced in a jagged rhythm or leaden silence, is visualized in a picture that "speaks a thousand words", or is enacted in a supportive interpersonal interaction. Traumatic experience is processed symbolically, through the safe externalization of metaphor and in the context of relationship. This enables the client to express the "unspeakable" with an increased sense of control and to be witnessed and co-regulated by others. Implicitly stored memories are accessed through the active involvement of the body; thus, CAT bridge fragmented memories with language and offer enhanced assimilation of experience. Our multidisciplinary panel draws on the experiences of an art therapist from South Africa, a drama therapist from Jordan, and a music therapist working in New York. By bringing to life the work with bereaved children, traumatized refugees, and adults with complex trauma histories, this discussion will give participants an expanded view on interventions for these populations and an increased understanding of the crucial role of nonverbal expression in the treatment of trauma.
The Effects of Yohimbine and Amphetamine on Fear Expression and Extinction in Rats

(Reduction Methodology/Assessment/Diagnosis)

Olivera Figueroa, Lening Alexis, PsyD¹; Mueller, Devin, PhD²; Pine, Daniel, MD³; Quirk, Gregory, PhD⁴

¹Douglas Hospital, McGill University, Verdun (Montreal), Quebec, Canada
²Department of Psychology, University of Wisconsin-Milwaukee, Milwaukee, Wisconsin, USA
³NIMH Intramural Research Program, Bethesda, Maryland, USA
⁴Departments of Psychiatry and Anatomy & Neurobiology, School of Medicine, University of Puerto Rico, San Juan, Puerto Rico, USA

Psychostimulant drugs such as amphetamine and yohimbine have been shown to accelerate learning, and we sought to investigate whether these drugs can enhance extinction of fear in rats. Because psychostimulant drugs increase locomotor activity, we examined freezing together with bar press suppression, a measure less sensitive to changes in baseline activity. Rats received fear conditioning on day 1 followed by extinction training on days 2 and 3. Amphetamine (1.0 mg/kg, i.p.), yohimbine (5.0, 2.0, or 1.0 mg/kg, i.p.), or vehicle were injected prior to extinction on day 2. Amphetamine-injected rats expressed lower levels of freezing than saline-injected rats during extinction (3% vs. 77%, respectively; t(10)=7.2, p<0.001), but showed no difference in bar press suppression (0.54 vs. 0.25, t(10)=0.7), consistent with a locomotor effect of increased spontaneous activity in open field (p < 0.001). The following day, when tested for extinction memory, there was no difference between groups in either fear measure. Rats injected with 5 mg/kg of yohimbine showed significantly less freezing and bar press suppression than saline-injected rats (30% vs 69% freezing, 0.08 vs. 0.83 suppression; p<0.01), consistent with reduced fear. The following day, however, there was no difference between groups in either measure. Lower doses of yohimbine (2 & 1 mg/kg) had no effect at any timepoint. Thus, neither drug had a lasting effect on extinction memory. In addition to a possible species difference in the response to yohimbine, these findings suggest that psychostimulants may not be useful as adjuncts to extinction-based therapies.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Compassion Satisfaction, Compassion Fatigue, Worklife Conditions, and Burnout among Frontline Mental Health Staff

(Clinical Practice Issues/Assessment/Diagnosis)

Ray, Susan, PhD, RN¹; White, Dawn, MS²

¹University of Western Ontario, London, Ontario, Canada
²Canadian Mental Health Association, London, Ontario, Canada

Frontline mental health care professionals (FMHPs) are often required to provide a high degree of support and long-term therapy to their clients. This degree of intensive involvement may result in physical and psychological effects often referred to as compassion fatigue (CF) or vicarious traumatization (VT). The overall aim of this study was to determine the relationships among compassion satisfaction (CS),
compassion fatigue (CF), work life conditions and burnout among FMHPs. A non experimental, predictive survey design was used for this study. The survey was distributed by mail to a convenience sample of 430 FMHPs at two community, one outpatient and one inpatient hospital sites yielding a final sample of 195 for a 45% response rate. Consistent with our hypothesis, higher levels of compassion satisfaction, lower levels of compassion fatigue/trauma, and higher overall degree of fit in the six areas of work life are predictive of lower burnout in mental health professionals. Studies are needed to determine ways to mitigate the effects of CF to eventually reduce the financial costs to the organizations. It is important to investigate the mental health of FMHPs as ultimately improving their mental health will enhance the quality of care delivered to their clients.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Longitudinal Predictors of Depressive Symptoms in Sexually Abused Children: A Path Analytic Model

(Children and Adolescents/Clinical or Interventions Research)

Shapiro, Danielle, MS (PhD, Student)\(^1\); Kaplow, Julie, PhD\(^1\); Dodge, Kenneth, PhD\(^2\); Amaya-Jackson, Lisa, MD, MPH\(^2\)

\(^1\)University of Michigan, Ann Arbor, Michigan, USA
\(^2\)Duke University, Durham, North Carolina, USA

The present study examined a path analytic model including demographic and social factors (maternal support), level of articulation about the abuse, and depressive symptoms in a longitudinal sample of 156 sexually abused children. Children were assessed at the time of their forensic interview (Time 1) and again 18-36 months later (Time 2). A path analysis was used to determine how demographic variables and maternal support related to coping style and, in turn, how coping style influenced later depressive symptoms. Results suggested that various demographic factors and level of maternal support predicted the level of child articulation about the abuse, with higher levels of support predicting more expressiveness, and that both high and low levels of expressiveness about the abuse predicted later depressive symptoms. Results suggest that both avoidant and unrestrained levels of expression may be associated with poorer mental health outcomes, providing a nuanced view of the development of depressive symptoms in sexually abused children.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Cambodian Deportees: Bicultural Identity Integration and Post-Deportation Growth Effects on Psychological Adjustment

(Civilians in War/Refugees/Social Issues/Public Policy/Ethics)
Following the end of the Khmer Rouge regime in 1979, around 150,000 trauma exposed Cambodians immigrated to the US as legal refugees. In 2002, the US and Cambodian governments ratified an agreement wherein non-citizen permanent resident Cambodians convicted of a felony could be deported to Cambodia. More than 230 are since deported, most having grown up “American,” many speaking poor Khmer. Successful adjustment to deportation is likely to require cultural identity accommodation. It is hypothesized that incorporating a Cambodian identity and having resilience in response to deportation should indicate better psychological adjustment. 41 deportees were interviewed in Cambodia and given the Bicultural Identity Integration (BII-1) Scale (Benet-Martinez & Harritatos, 2005) assessing the extent of integration between US and Cambodian identities. The BII-1 was given twice, first regarding past BII prior to deportation and second in addressing current BII since removal. They were also given standard psychological adjustment and resilience measures. Consistent with the study hypothesis, a significant negative relationship was found between a shift toward greater BII and current posttraumatic growth (Tedeschi & Calhoun, 1996) in response to being deported and the PTSD-Checklist (Weathers, Huska, & Keane, 1991) total trauma symptoms score as well as BII and conflict between cultures for the Brief Symptom Inventory (Derogatis & Melisaratos, 1983) (global psychological adjustment,) controlling for time since deportation and age. Results are discussed broadly on deportation, identity and psychological adjustment.

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Post-Deployment Coping Self-Efficacy and Psychological Distress: An Evaluation of Psychometric Properties

(Research Methodology/Military/Emergency Services/Aid Workers)

Smith, Andrew J., BS; Benight, Charles C., PhD
University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

Abstract
Nearly 20% of soldiers returning from combat experience symptoms consistent with PTSD and depression (Rand Report, 2008). Understanding constructs that may ameliorate distress is of increasing importance. Coping self-efficacy is empirically supported as a mediator between a variety of traumatic experiences and distress (Benight & Bandura, 2004). Coping self-efficacy is empirically supported as a mediator between negative cognitions and distress (Cieslak, Benight, & Lehman, 2008). The current study evaluated psychometric properties of the Post-Deployment Coping Self-Efficacy scale (CSE-PD). The CSE-PD consists of 18 items answered on a seven-point rating-scale that measures one’s belief in his or her ability to adapt to post-deployment demands. Distress was measured using the military version of the PTSD Checklist (PCL-M), which has high internal consistency (α = .97) and test re-test reliability (α = .96). With a pilot sample of 58 veterans, reliability analyses revealed high internal consistency, α = .96. Evidence for convergence validity was also shown, as initial correlational analyses revealed a strong negative correlation between coping self-efficacy and the PCL-M, r (N = 58) = -.76, p <.05. Exploratory
factor analysis will be conducted and findings reported when the sample size is adequate. Keywords: coping, self-efficacy, psychometric, deployment, soldiers, trauma, distress

Friday Posters
Friday, November 5
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Illustration de L'implication Multiprofessionnelle dans les Soins pour Traumatismes Liés au Stress Opérationnel

(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Barbeau, Isabelle, DPsych(Clin); Nastalek, Bogena, MSc; Brière, Sophie, DPsych(Clin)
Anciens Combattants Canada, Ste-Anne-de-Bellevue, Quebec, Canada

Les missions de paix et les conflits armés récents ont eu des répercussions importantes sur la santé mentale, de même que sur le fonctionnement psychosocial et socioprofessionnel des militaires y prenant part. Ainsi, les anciens combattants porteurs d'un traumatisme lié au stress opérationnel (TSO), tel qu'un état de stress post-traumatique, présentent généralement un tableau clinique complexe où les difficultés affectives se confondent avec les difficultés sociales, physiologiques, cognitives et fonctionnelles. La prise en charge multiprofessionnelle s'avère, dans ce contexte, une avenue de traitement incontournable. À partir d'une vignette clinique, cet atelier se propose de décrire le processus d'évaluation multiprofessionnelle, dynamique et continue, à travers lequel l'ancien combattant transigera à la Clinique TSO Sainte-Anne. Cet exercice démontrera l'importance de la collaboration multiprofessionnelle dans l'établissement d'un plan de traitement individualisé répondant aux besoins et à la condition évolutive de chacun des anciens combattants. L'approche multiprofessionnelle, en plus d'apporter de nombreux avantages, pose aussi certains défis aux cliniciens. Ceux-ci seront également abordés durant la présentation.
Collaboration with Poverty Fighting Community Programs: A Case of Dissemination and Implementation of Child-Parent Psychotherapy in Distinct Service Settings

(Community Programs/Clinical Practice Issues)

Gutierrez Wang, Lisa, PhD¹; Hernandez Dimmler, Miriam, PhD¹; Molina, Ivania, PhD²
¹University of California, San Francisco, San Francisco, California, USA
²Homeless Prenatal Program, San Francisco, California, USA

Child-Parent Psychotherapy (CPP) is a treatment for trauma exposed children (ages 0 - 5) and their families that improves both child and caregiver functioning when compared with controls (Lieberman & Van Horn, 2008). Efforts to disseminate evidence-based practices such as CPP to community settings are instrumental to increase access to quality care. The presentation will focus on the dissemination and implementation of CPP in three distinct community programs that serve homeless and low-income families: 1) a social services agency that provides case-management; 2) a daycare for infants, toddlers and preschoolers; and 3) a pediatric medical clinic. Clinicians supervised and trained at a university hospital are placed in the agencies to provide CPP to clients and consultation to staff on trauma and post-traumatic stress. Developing collaborative relationships, assessing unique agency needs, and creating sustainable infrastructures for mental health service delivery (e.g. partnering with staff to identify and engage families) were overarching challenges at each site. Successes were contingent on clinicians’ capacity to build trusting collaborations with staff and clients as well as evaluate organizational obstacles that required action and/or adaption. Agency specific data on client satisfaction, increased trauma knowledge among agency staff, and organizational integration of clinical services will be presented.

Capacity Building for Disaster Psychosocial Services: A Collaborative Project

(Community Programs/Disaster/Mass Trauma)

Gokler Danisman, Ilgin, PhD¹; Yilmaz, Banu, PhD²; Aker, A. Tamer, MD, MPH³; Karanci, Ayse Nuray, PhD⁴
¹Maltepe University, Istanbul, Turkey
²Ankara University, ANKARA, Turkey
Traumatic stress in the case of complex emergencies is usually an outcome of the cumulative impact of multiple disaster stressors and their subsequent secondary effects. Considering the effects of disasters on individuals and their communities, the need for developing and implementing culturally-relevant disaster psychosocial intervention models becomes clear. Turkey and Pakistan are two countries which have gone through traumatic experiences due to different types of disasters throughout their history. Considering the historical bounds and socio-cultural similarities in between, Turkey and Pakistan agreed upon a collaboration to develop a disaster psychosocial program applicable in both countries. This project aims at developing a comprehensive model that incorporates psychosocial efforts starting from preventive pre-disaster planning and preparedness to post-disaster relief work and long-term interventions, congruent with the socio-cultural structure of both Turkey and Pakistan. It is believed that this project provides a chance of mutual capacity building and development of first-rate disaster psychosocial services in both countries. This eastern collaboration would also function as a model for the other eastern countries open to disasters.

In this study, it is aimed to present the outcomes of the first two years of this collaborative project between Turkey and Pakistan.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Making of a Peer Helper: Providing Social Support to Individuals with Operational Stress Injuries

(Community Programs/Military/Emergency Services/Aid Workers)

Cargnello, Juan, MA
National Centre for Operational Stress Injuries, Ste-Anne-de-Bellevue, Quebec, Canada

Peer support is increasingly integrated in a continuum of care available to individuals suffering from operational stress injuries (OSIs). Peers who recover from OSIs and their family members provide invaluable assistance to those experiencing similar conditions. In this workshop, a consultant psychologist, accompanied by two experienced peer helpers (a veteran with PTSD and a spouse) will describe the process and procedure required for becoming a peer helper. The workshop illustrates the most important steps for becoming a peer helper within the Operational Stress Injury Social Support (OSISS) program and includes an introduction to the general process of staff selection, the program guidelines and procedures, as well as a detailed look at the training and skill acquisition required for peer helping. Understanding self-care practices and the maintenance of well-being are key elements incorporated into peer work. Peer-helper training materials are provided. Peer-helper testimonials will demonstrate the experience and challenges on various levels of their work. The OSISS program was jointly established by the Department of National Defence and Veterans Affairs Canada to provide peer support to Canadian Forces members, Veterans and their families. Proposals for adapting this peer-help model to diverse settings and populations are discussed based on audience interaction and needs.
Staying Connected: Linking Trauma Center to Tribal Community for Physically Injured American Indian Patients.

(Culture/Diversity/Clinical or Interventions Research)

Tsosie, Ursula, MPH; Nannauck, Sweetwater, AS, CCT, EMT; Murray, Kate, MPH; Trusz, Grin, BA; Zatzick, Doug, MD
University of Washington, Seattle, Washington, USA

Compared to their counterparts in the general U.S population, American Indian and Alaska Native (AI/AN) people experience much higher prevalences of traumatic events (62-69% versus 50-60%) and PTSD (22% versus 8%). In a nationwide study of hospitalized injured trauma survivors, AI/AN patients experienced the highest rates of PTSD of any racial/ethnic group. The striking rate of PTSD among AI/ANs is a major public health problem, yet limited research exists. Furthermore, no randomized controlled trial has been conducted targeting PTSD and related comorbidities among injury survivors from this vulnerable minority. The purpose of this randomized, controlled clinical pilot study is to develop and evaluate a culturally tailored intervention for AI/ANs that links acute care trauma center services with primary care and trauma focused services in distant tribal communities. Thirty eligible AI/AN patients were randomized; 15 patients into the intervention arm and 15 into the control arm. Patients were interviewed on the hospital ward, 3 and 6 months post-injury. At baseline, pre-injury traumatic events were (mean=5.1), PTSD symptoms (mean=30.9), symptoms consistent with a diagnosis of PTSD (20%), depression (23%), and positive blood alcohol levels (10%). This ongoing pilot study demonstrates the feasibility of randomization and follow-up of injured AI/AN trauma patients.

Crossing Boundaries & Generations: Trauma and the Partition of India

(Culture/Diversity/Disaster/Mass Trauma)

Uttamchandani, Amrita, MA; DeLoach, Chante, PsyD; Dubrow, Nancy, PhD(c)
The Chicago School of Professional Psychology, Chicago, Illinois, USA

This poster focuses on the multi generational impact of trauma among Indian, Pakistani and Bangladeshi families who experienced the violence of the 1947 British India Partition. Through interviews with Partition families, this study aims at understanding the psychological implications of the Partition survivors’ experience on intrafamilial, multigenerational and societal relationships. Using a grounded theory approach, the researchers will present preliminary findings of the commonalities of Partition survivors and
their families. Emphasis is given to the use of a multidisciplinary trauma model and to the cultural context of the trauma. Furthermore, implications for future research & advocacy are discussed.

*Results may include quotes from participants about their traumatic experiences*

**Saturday Posters**

**Saturday, November 6**

5:00 p.m. - 6:00 p.m.

**Salons A-C & Foyer**

**Racial differences in trauma prevalence among college students**

(Culture/Diversity/Clinical Practice Issues)

**Hirai, Reiko, MA; Perera, Nelupa, BA; Frazier, Patricia, PhD**

*University of Minnesota, Minneapolis, Minnesota, USA*

Previously, we found a higher prevalence of trauma exposure among racial minority students compared to White college students (Frazier et al., 2009). Here, we further explored this finding by comparing trauma exposure rates in the three largest racial groups in our sample: Whites (n = 1227), Asians (n = 130), and Blacks (n = 73). We found significant differences between groups for 7 of the 22 specific events on the Traumatic Life Events Questionnaire: exposure to military trauma, witnessing stranger violence, childhood physical abuse, witnessing family violence, childhood sexual abuse, partner abuse, and abortion. In general, students from racial minority groups reported more exposure than did White students. For example, witnessing family violence was more prevalent among Black (44%) and Asian (35%) compared to White (20%) students. Black students had the highest prevalence rates for six events whereas Asian students had the highest rate for one event (partner violence). Both minority groups also reported more PTSD symptoms than did Whites. Additional analyses will explore racial group differences in other samples of students who completed open-ended questions about their worst lifetime event (n = 633) or current stressors (n = 417). These analyses may identify additional stressors unique to minority students.

**Saturday Posters**

**Saturday, November 6**

5:00 p.m. - 6:00 p.m.

**Salons A-C & Foyer**

**PTSD Prevalence for Lesbian, Gay, and Bisexual Survivors of Hate Crimes**

(Culture/Diversity/Assessment/Diagnosis)

**Gillis, J. Roy, PhD; Dandal, Alvi, BSc, Hons, Psychology**

*University of Toronto, Toronto, Ontario, Canada*

Past research documents the prevalence of posttraumatic stress symptoms among lesbian, gay, and bisexual (LGB) survivors of hate crimes (D'Augelli et al., 2006; Herek et al., 1999; Herek et al., 1997; Rivers, 2006). However, the research does not provide a thorough understanding of the impact on the
mental health of hate crime survivors. The current study provides a detailed analysis of posttraumatic and related symptoms. In-depth interviews were conducted with 30 LGB individuals from Toronto (20 men and 10 women) who had an average age of 37 years and 80% were white/Caucasian. A detailed clinical overview is presented using interview-based and self-report measures of psychopathology, including: (1) Clinician Administered PTSD Scale (Blake, et al. 1998); (2) Traumatic Assessment for Adults (Resnick, 1996); (3) Structured Clinical Interview for DSM Disorders; (4) Personal Assessment Inventory; (5) Modified PTSD Syndrome Scale (Falsetti, et al., 1993); and (6) Peritraumatic Dissociative Experiences Questionnaire (Marmar et al., 1997). Data collection, data entry, and preliminary data analysis is complete. It is expected that the incidence of posttraumatic symptoms and related disorders will be elevated for this sample. The clinical profile of hate crime survivors presented will inform clinical services for this population.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

How Women of Color Conceptualize and Cope with Their History of Childhood Sexual Abuse: A Preliminary Investigation
(Culture/Diversity/Clinical or Interventions Research)

Archambeault, Michele, PsyD Candidate; Glamb, Lauren, PsyD Candidate; Loeb, Tamra, PhD; Carmona, Jennifer, PhD
Pepperdine University, Los Angeles, California, USA
University of California, Los Angeles, Los Angeles, California, USA

One’s cultural system may mediate how an individual deals with childhood sexual abuse (CSA) experiences although limited research exists on how women of color cope with and conceptualize their experiences in the wake of abuse (Bensley et al., 2004; Clear et al., 2006; Leahy et al., 2003; Tyagi, 2001; Ullman & Filipas, 2005). The present study used a data archive to examine how 12 African-American and 12 Latina participants conceptualized their CSA histories and looked in-depth at the role of culture in the psychological aftermath and appraisal of the abuse. A subset of open-ended items from the Wyatt Sexual History Questionnaire (Wyatt et al., 1992) were content analyzed and triangulated with the Abuse Attribution Inventory (Feiring et al., 2002), Self-blame Scale (Coffey et al., 1996), Beck Depression Inventory (Beck et al., 1996), Post-Traumatic Disorder Scale (Foa, 1997), and Religious Well-being Scale (Ellison & Paloutzian, 1991).

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

An Ethnographic Investigation of Collective Trauma Experiences and Cultural Perceptions among Ethnic Minorities in Sri Lanka
The international psychological community faces theoretical and applied challenges with regard to acute and chronic trauma exposures in countries affected by war, violence and disasters. Previous work by cultural psychiatrists suggests that local idioms of distress frame the meaning of trauma and manifestation of posttraumatic responses. Factors including political oppression, violence, lack of resources and exportation of Western psychological constructs/treatments may complicate relief efforts, health care access and community healing. These considerations were applied to ethnographic research on ongoing violence in Sri Lanka as experienced by ethnic minorities (e.g., Muslim, Sri Lankan and Up-Country Tamils). Approximately 3 years of participant observation, 75 key informant interviews, and 30 focus groups were conducted between 2004-2007. Conflict and disaster trauma related themes were coded using phenomenological methods, which represented the confluence of Tamil-cultural and Western-psychological perspectives offered by the authors. A recurring theme was the collective experiencing, cultural response and normalization of daily traumatic experiences. Community gatherings and ritual were commonly endorsed as distress reduction activities. Improving infrastructure and access to resources was commonly endorsed as a way international aide organizations reduced community distress post-disaster. Findings will be compared to treatment of ethnoculturally diverse trauma survivors in the United States.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Work Related Traumatic Stress among Nurses in Japan- its Impact on their Mental Health and Intention of Resignation

Osawa, Tomoko, PhD
Hyogo Institute for Traumatic Stress, Kobe, Japan

Objectives: This study explores the effects of work related traumatic stress on nurses in Japan and its impact on their intention of resignation.

Method: 613 nurses completed the Critical Incident Checklist for Nurses, the Impact of Event Scale-Revised, and the Kessler’s 10, and they were asked open-response questions about the reason they wish to leave their job, and the desired intervention after work related traumatic stress. Results: 97.4% of the subjects (N=591) reported experiencing at least one of the critical incidents on the checklist. Mean score of IES-R was 9.0 (SD=13.1) and 9.6% was above the cut-off. 40.4% responded they are actively thinking about leaving the current job and 44.4% used to feel that way while only 15.2% denied such thought. The open-responses were categorized and x2 test were conducted; those who reported ‘workload’ and ‘interpersonal relationship’ as the resignation reason scored significantly high, ranging in middle to high risk on IES-R; those who reported ‘reviewing’ of the traumatic work situation as useful intervention scored significantly high, ranging in middle to high risk on IES-R.
The Impact of Race on Cholesterol and Metabolic Syndrome in Women with and without PTSD

(Culture/Diversity/Clinical or Interventions Research)

Harper, Leia, MA¹; Dennis, Michelle, BA¹; Calhoun, Patrick, PhD²; Beckham, Jean, PhD²
¹Duke University Medical Center, Durham, North Carolina, USA
²Durham VA Medical Center, Durham, North Carolina, USA

The role of race on health outcomes in women with and without PTSD was examined in a sample of 111 women (63 PTSD and 48 without PTSD; M age = 39 and 49.55% African American). Controlling for age and socio-economic status, models examining race and PTSD as predictors of various health outcomes were conducted. There was an interaction between group and race for triglyceride levels such that Caucasians with PTSD (M =144) had significantly higher triglyceride levels than Caucasian controls (M=79), but there was not as great an increase from African American controls (M=68) to African Americans with PTSD (M=75). Although there were no race by group interactions in predicting LDL, HDL, total cholesterol, hip to waist ratio, or metabolic syndrome, results indicate race and group are both significant predictors of cholesterol (with PTSD and Caucasians having higher cholesterol) and hip to waist ratio (with PTSD and African Americans having larger hip to waist ratios), while PTSD group alone predicted higher LDL and likelihood of having metabolic syndrome. Given other reported evidence of risk factors in African American women, and our findings in Caucasian women, the relational effects of these health measures and PTSD in African American women, if any, remain unclear.

Faith Group Leaders as responders to trauma: The experience in Scotland, UK.

(Culture/Diversity/Social Issues/Public Policy/Ethics)

Hull, Alastair, MBChB, MRCPsych¹; Cavanagh, Paul, MBChB, MRCPsych²; Switzer, Basel, Other³; Foggie, Janet, PhD⁴
¹NHS Tayside, Perth, United Kingdom
²NHS Fife, Cupar, United Kingdom
³NHS Borders, East Lothian, United Kingdom
⁴St Andrews Parish Church, Dundee, United Kingdom

The aim of the study was to determine the knowledge and experience of faith group leaders with traumatised individuals. A secondary aim was faith group leaders’ appraisal of liaison with mental health professionals, levels of support and requirements. An anonymous questionnaire was distributed to all known faith group leaders within Tayside, Scotland. The questionnaire examined demographics, faith
group, training experience, experience helping trauma survivors, details of the most difficult person they had counselled and the level of interaction with mental health services. 36% (n=64) responded with most faith groups represented. The majority received no formal mental health training but 90% of the respondents had been approached by someone regarding trauma. A sizeable minority (38%) recognized effects upon their own life as a result of these “cases”. Less than 50% had liaison with mental health services.

Faith group leaders regularly have professional contact with those who have experienced trauma but the level of training of faith group leaders in mental health or counselling is highly variable. Suicide or violent death were the two most frequent reasons for consultation. Faith group leaders overall felt undervalued and under-utilized by mental health care professionals and would welcome contact and acceptance of their role.

**Saturday Posters**

**Saturday, November 6**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**Vicarious Trauma, Self Care, and Emotional Exhaustion in a Sample of El Salvador Teachers**

(Culture/Diversity/Clinical or Interventions Research)

Ramos, Jenel, MA¹; Rojas-Flores, Lisseth, PhD¹; Herrera, Sofia, PhD¹; Putman, Kathy, PhD¹; Foy, David, PhD²

¹Fuller Theological Seminary, Pasadena, California, USA
²Pepperdine University, Los Angeles, California, USA

In the aftermath of a twelve-year civil war, El Salvador consistently ranks as one of the most violent countries in the world. This study explores the relationships between emotional exhaustion, vicarious trauma, and self care in a sample of 110 El Salvadorian teachers influenced by the widespread impact of community violence. Participants, comprised of both male (23%) and female (75%) primary and secondary school teachers, ranged from ages 18-60 and represented urban (75.5%), rural (22.7%), and mixed urban-rural (1.8%) locations. Two one-tailed bivariate Pearson correlations were used to examine the variables’ relationships. Findings indicated a significant positive correlation between vicarious trauma and emotional exhaustion (r = .38, p = .01), and a significant positive correlation between lower levels of self-care practices and emotional exhaustion (r = .38, p = .01). Findings highlight the urgent need to design culturally-relevant, school-based, psycho-educational programs that may potentially serve as an important and effective component of an educational training policy for teachers affected by high levels of exposure to community violence. Training in coping skills development, mindfulness, personal and classroom safety, and supportive empowerment could be crucial for teachers working in such settings. Areas for further research include examining self care’s possible mediating effects on emotional exhaustion in teachers reporting high levels of vicarious trauma and identifying differences in primary and secondary exposure to trauma in El Salvadorian teachers.
Cross-Cultural Analysis of Religious Coping Responses from Guatemalan and Kenyan Faith-based Aid Workers

(Culture/Diversity/Military/Emergency Services/Aid Workers)

Lea, Julia, Doctoral, Student; Putman, Kathy, PsyD
Fuller School of Psychology, Pasadena, California, USA

Understanding what religious coping strategies cross-cultural faith-based aid workers use when responding to disasters can help agencies know how to best support them in a culturally competent way. The current study looks at culturally specific religious coping with trauma, among faith-based aid workers who responded to victims of 1) the political and tribal conflicts in Kenya in 2008/2009 and 2) the 30-year Civil War and Hurricane Stan in Guatemala. Focus groups were conducted to attain the data, which was analyzed using Consensual Qualitative Research methods (Hill et al., 2005) and Grounded Theory (Strauss & Corbin, 1998). This study provides evidence that the faith-based aid workers from organizations in Nairobi, Kenya and a mountainous/rural region of Guatemala use positive and negative religious coping strategies that are similar to the North American literature (Pargament, 1998 & 2001), as well as religious coping that is different from the North American literature and shared between the two groups, and religious coping that is unique to each context. The results of this study indicate that cultural context impacts religious coping of faith-based aid workers.

Disclosure among Latina and African American Women with a History of Childhood Sexual Abuse: A Preliminary Investigation

(Culture/Diversity/Clinical Practice Issues)

Glamb, Lauren, MA1; Archambeault, Michele, MS, Ed1; Loeb, Tamra, PhD2; Vagas-Carmona, Jennifer, PhD2
1Pepperdine University, Los Angeles, California, USA
2UCLA Department of Psychiatry and Biobehavioral Sciences, Los Angeles, California, USA

Cultural values may impact child sexual abuse (CSA) disclosure (Abney & Priest, 1995; Comas-Diaz, 1995; Fontes, 1993, 2007; Huston et al., 1995; Katerndahl et al., 2005; Kenny & McEachern, 2007; Romero, Wyatt, Loeb, Carmona, & Solis, 1999; Sanders-Phillips et al., 1995; Shaw et al., 2001; Wyatt, 1990) and the quality of support following disclosure (Abney & Priest; Alaggia, 2001; Arroyo et al., 1997; Feiring et al., 2001; Fontes, 2007; Kenny & McEachern, 2000a; Sanders-Phillips et al.). Although in recent years more research has paid attention to the relevance of ethnic differences among survivors of CSA, there remains a dearth of research examining this phenomenon from the perspective of CSA survivors. Using a data archive, the present study examines thematic similarities and differences between 54 African American women and 26 Latina CSA survivors on to whom they disclosed as children, what
occurred as a result of the disclosure, and among women who did not disclose the abuse, reasons for nondisclosure. Opened ended questions regarding disclosure from the Wyatt Sexual History Questionnaire (Wyatt, Lawrence, Vodounon, & Mickey, 1992) will be content analyzed and triangulated with information from the Non-Supportive Responses to Disclosure scale (Spaccarelli, 1995).

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Intimate Partner Violence and Chronic Pain in Chinese Women

(Tiwi, Agnes, ACSW; Tiwari, Agnes, ACSW
The University of Hong Kong, Hong Kong, Hong Kong)

This was the first study to explore the relationship between intimate partner violence and chronic pain in Chinese women. In a convenience sample of 147 community-dwelling Chinese women screened positive for intimate partner violence, 49.7% were formerly abused women (intimate partner violence occurring more than 12 months ago). Amongst those reporting intimate partner violence in the past 12 months, 12%, 18%, and 46% reported physical violence, sexual assault, and psychological abuse, respectively. Chronic pain was assessed using the Chronic Pain Grading Scale (CPG), which revealed that 68% of the participants, whether currently or formerly abused, had at least one pain experience in the past six months, 20% had pain experience lasting three or more months, and 7.5% experienced high disability and moderately or severely limiting pain (CPGIII or IV). Logistic regression analysis found that, after adjusting for age, severity of physical violence in the past year was the only significant predictor of chronic pain (OR=1.2, 95%CI=1.0, 1.4, p=0.04). Further, after adjusting for age and past year physical violence, depression was a significant predictor of chronic pain (OR=1.1, 95%CI=1.0, 1.2, p=0.02) while social support was significant protective factor (OR=0.9, 95%CI=0.8, 1.0, p=0.01). The findings have implications for policy and practice.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Service Utilization and Barriers to Treatment Among Family Members of Homicide Victims

(Rheingold, Alyssa, PhD; Shealy, Kristen, MA
Medical University of South Carolina, Charleston, South Carolina, USA)
It is estimated that each homicide impacts 7 to 10 close relatives plus additional friends, neighbors, and co-workers (Redmond, 1989). One study found that 9.3% of a nationally representative sample of adults had experienced a vehicular or criminal homicide in their families or among close friends (Amick-McMullan, Kilpatrick, & Resnick, 1991). The deleterious and potentially chronic effects of violence (e.g., PTSD, Depression) on individuals whose family members were murdered have been well documented (e.g., Amick-McMullan et al., 1989; Zinzow et al., 2009). Despite evidence of the significant distress experienced by many family members of homicide victims, data from community-based support programs suggest that very few (5 - 10%) of them seek mental health counseling within the first year of bereavement (New & Berliner, 2000). Little is known about service utilization patterns among family members of homicide victims and barriers to accessing treatment. This paper will present data from a community survey of 100 family members of homicide victims. Social support, utilization and satisfaction of types of services, barriers to accessing services, as well as current psychopathology (including PTSD, depression, and complicated bereavement) will be presented. Implications for strategies of engagement with victims of violent crime will be discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Ongoing Trauma of Homicide Loss: Positive and Negative Social Interactions in an African American Sample

(Culture/Diversity/Prevention/Early Intervention)

Burke, Laurie, PhD; Williams, Joah, MS (PhD, Student); McDevitt-Murphy, Meghan, PhD; Neimeyer, Robert, PhD
The University of Memphis, Memphis, Tennessee, USA

Past bereavement research indicates that survivors of violent loss are more likely to exhibit severe grief responses; however, few studies have assessed problematic bereavement in the African American community, which experiences homicide at much higher rates than Caucasians. Additionally, adaptation to violent death may be undermined by aspects of social support, including change in the size of the social network, and unpleasant, unhelpful, or confrontational interactions. Using longitudinal data from a sample of 47 African American homicide survivors, we explored the predictive power of the number of available and actual supporters and the number of anticipated and actual negative interactions on bereavement outcome (i.e., complicated grief-CG, PTSD, and depression) in two assessments, through structured interviews and self-reports (Inventory of Complicated Grief; PTSD Check List; Beck Depression Inventory; Arizona Social Support Inventory Schedule). Consistent with our hypotheses, mixed-method, repeated-measures ANOVAs/analyses showed that both fewer supporters and more negative interactions predicted increased levels of CG and depression (but not PTSD) across time, with the strongest association at Time 1. Although, over time, levels of CG, support, and negative interactions decreased, the loss of support and role of negativity are informative factors in explaining bereavement distress to clinicians working with this underserved population.
Adaptation to trauma and loss in Aceh: A test of cognitive models of PTSD and grief

(Culture/Diversity/Disaster/Mass Trauma)

Joscelyne, Amy, MSc
University of New South Wales, Sydney, Australia

Cognitive models of posttraumatic stress disorder (PTSD) have been widely accepted and thoroughly researched in Western countries. However, these models are yet to be comprehensively tested in a non-Western Islamic setting. Study 1 assessed 240 adult survivors of the Asian tsunami in Aceh on posttraumatic adjustment. More than 25% of the sample suffered PTSD, depression, or prolonged grief disorder, and a major distinctive factor of those with disorder was the belief that the tsunami occurred because they had failed Allah. Study 2 extended this finding by testing cognitive mechanisms that affected adaptation to trauma. Forty adult survivors of the tsunami and conflict received an induction to either ruminate or engage in acceptance modes of thinking, and were assessed on subsequent memory, optimism, and problem solving tasks. Overall, these studies found that unique culture-specific appraisals of trauma and trauma sequelae predict symptom severity. Further, a ruminative response style was associated with higher levels of posttraumatic stress and poorer problem solving. Implications for therapy for trauma survivors are discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Child Appraisals in the Wake of Trauma in a Muslim Context

(Culture/Diversity/Disaster/Mass Trauma)

Dawson, Katie,
University of New South Wales, Sydney, Australia

Although there is increasing evidence of the role of maladaptive appraisals in the development and maintenance of posttraumatic stress disorder and depression following trauma, there is little evidence of children’s cognitive responses in varied cultural settings. This study reports on two studies of childhood appraisals in Muslim children who survived the 2004 tsunami in Aceh. Study 1 reports on an initial study of 90 children (aged 8-12 years) that attempted to identify major themes in Acehnese children following the tsunami. Children were presented with pictorial scenarios of various possible outcomes of children and families after the tsunami and asked to describe children’s emotional, cognitive, and behavioural responses. Content analysis indicated that many children reported expected problems that correspond to western constructs of PTSD, anxiety, depression, and grief. The major coping strategy of children was to
engage in religious coping that explicitly relied on seeking forgiveness from Allah. Study 2 assessed 110 children (aged 9-12 years) on a range of structured and locally derived measures to determine major predictors of adaptation. Rates of anxiety, depression, and grief were elevated. Appraisals focused on concern that Allah’s wrath was a cause of the tsunami and that increasing devout behaviour was the major means of allaying fears of future harm. These findings are discussed in terms of adapting CBT for children in Islam-oriented Aceh.

**Saturday Posters**  
**Saturday, November 6**  
5:00 p.m. - 6:00 p.m.  
**Salons A-C & Foyer**

**Perceived Mental Health Problems, DSM IV Disorders, and Historical Trauma: Preliminary Findings in National and Urban Samples of American Indians and Alaska Natives**

(Culture/Diversity/Clinical or Interventions Research)

**Yellow Horse Brave Heart, Maria, PhD; Elkins, Jennifer, PhD Candidate**  
*Columbia University School of Social Work, New York, New York, USA*

Historical trauma theory and interventions with American Indians/Alaska Natives address cumulative, collective emotional and psychological wounding across generations and the lifespan (Brave Heart, 1998, 2000). Exploration of historical trauma effects on perceived mental health problems and DSM IV diagnoses has been limited. This presentation describes preliminary findings in two samples of Indigenous Peoples of the United States, one national and one urban. National American Indian/Alaska Native DSM IV prevalence rates are examined within the context of historical and cultural factors. Urban American Indian/Alaska Native perceived mental health problems are illustrated in terms of direct descendants of historically traumatic events and observed tribal differences. The presentation concludes with research recommendations.

**Saturday Posters**  
**Saturday, November 6**  
5:00 p.m. - 6:00 p.m.  
**Salons A-C & Foyer**

**Integrating Western and Indigenous Healing Practices with Native Hawaiian Veteran and Non-Veteran Trauma Survivors**

(Culture/Diversity/Clinical or Interventions Research)

**Pierce, Kathleen S., PsyD¹; Elmore, Diane L., PhD, MPH²**  
¹*Maui Community Based Outpatient Clinic, Department of Veterans Affairs, Pacific Islands Health Care System, Kahului, Hawaii, USA*  
²*American Psychological Association, Washington, Dist. of Columbia, USA*
As our evidence base continues to grow related to empirically supported western treatments for trauma, far less data are available regarding the benefits of incorporating traditional healing practices in trauma treatment for indigenous populations. Unfortunately, much of the work related to western and indigenous interventions is often conducted separately. This lack of collaboration can result in a lack of understanding of the historical context of trauma, the importance of cultural customs and norms, and the benefits of traditional healing practices. This presentation will discuss the value of integrating western and indigenous healing practices with trauma survivors from the Native Hawaiian community. Specifically, data will be presented from a pilot study with Native Hawaiian veterans with PTSD and qualitative and clinical case studies will be shared from a sample of non-veteran Native Hawaiian trauma survivors. Presenters will share lessons learned regarding successful collaboration between western experts and indigenous leaders and provide recommendations for translating the current findings into principles that can be utilized in research and clinical settings.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Historical Trauma and Unresolved Grief Intervention: Exploring Translation of a Tribal Best Practice for Indigenous Peoples of the Americas

(Culture/Diversity/Clinical or Interventions Research)

Yellow Horse Brave Heart, Maria, PhD; Elkins, Jennifer, PhD Candidate; Perez, Maribel, MSW Candidate
Columbia University School of Social Work, New York, New York, USA

This presentation will: (1) describe historical trauma theory and the historical trauma response among Indigenous Peoples of North, Central, and South America, (2) present an intervention, developed with American Indians, aimed at facilitating healing of this trauma response, and (3) discuss the process of adapting historical trauma theory and interventions with Indigenous Peoples of Latin America. The Historical Trauma and Unresolved Grief Intervention (HTUG) is designated as a Tribal Best Practice by the First Nations Behavioral Health Association, Pacific Substance Abuse and Mental Health Collaborating Council, and the Substance Abuse and Mental Health Services Administration. HTUG has been delivered to American Indian communities within the United States, with preliminary work as well in Canada. Additionally, increasing interest in adapting HTUG for Chicanos/Mexican-Americans is emerging. Specifically, we describe a survey developed to inform our understanding of collective experiences of intergenerational and lifespan trauma, grief, and loss with Indigenous Peoples of Mexico, Central, and South America, in addition to North America. The survey will inform translation of HTUG and historical trauma research for these populations, including Indigenous immigrants in the United States. We elucidate the structure of the survey, process of its development, and the specific challenges, reviewing relevant literature.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**Missed Opportunities: Coding Newspaper Reports of Domestic Violence**

(Advertising/Marketing/Design/Sales/Production)

**Lindsay-Brisbin, Jenna, Undergraduate; DePrince, Anne, PhD; Mitchell, Courtney, MA, PhD, Student**
*University of Denver, Denver, Colorado, USA*

Newspapers offer unique opportunities to educate the public about intimate partner violence (IPV). The current study examined the messages conveyed in newspaper articles in Colorado. In particular, we partnered with several community- and system-based agencies who have initiated work on the design of a public education campaign. Prior to a new public education campaign, we wanted to characterize the messages about IPV presented in state papers. Therefore, we examined articles published in 2008 from newspapers across Colorado regardless of size of the paper/city (e.g., 25% of articles came from newspapers in communities with less than 100,000 people). We coded 80 articles to characterize reporting on a range of variables (e.g., characteristics of the incident/victim/offender; community response to IPV). In addition, we coded for the presence of common IPV myths (e.g., that IPV affects only poor communities), public education information, and IPV resources. Less than six percent of the articles invoked myths about IPV; however, educational information and resources were equally rare. Thus, analyses suggest that articles did not directly perpetuate myths about IPV, but also failed to provide important educational and resource information. Implications of findings for community- and system-based agencies aiming to collaborate with newspaper outlets will be considered.

---

Saturday Posters

**Saturday, November 6**

**5:00 p.m. - 6:00 p.m.**

**Salons A-C & Foyer**

**Creating a Collaborative Research Agenda for Journalism and Trauma Scholarship**

(Advertising/Marketing/Design/Sales/Production)

**Nelson, Summer, BA; Newman, Elana, PhD**
*University of Tulsa, Tulsa, Oklahoma, USA*

Research on the relationship between journalism and trauma has steadily increased in the past 35 years. However, such research is limited by a lack of collaboration among different fields of study. Communication and trauma specialists not only use different language to describe similar phenomena but research emanating from separate fields is not cross-referenced or synthesized. In order for journalism and trauma research to proceed in an evidence-informed manner, cross-disciplinary scholarship must inform the research agenda. For this reason, we conducted a content analysis of journalism and trauma scholarship by searching three bibliographic databases from the fields of psychology and communication. We coded each of the 1256 articles identified on several different variables related to their methods and content. Surprisingly, only 16.1% (N = 202) of the total sample consisted of experimental and quasi-experimental articles. Within these empirical articles certain trauma types and content types were well
represented while other topics were almost wholly neglected. For example, there were 72 experimental articles about coverage of terrorism but only 2 about sexual violence. This presentation will delineate the characteristics of the experimental and quasi-experimental literature about journalism and trauma and outline the topics that are most in need of additional research.

Saturday Posters  
Saturday, November 6  
5:00 p.m. - 6:00 p.m.  
Salons A-C & Foyer

Emotional Effect of Victims’ Voices in News Coverage of Traumatic Events  

(Advertis/Training/Education/Social Issues/Public Policy/Ethics)

Nelson, Summer, BA; Newman, Elana, PhD  
University of Tulsa, Tulsa, Oklahoma, USA

Previous studies on reader response to traumatic news have suggested that both framing and language choices in news stories may affect readers’ responses. The current study evaluated the effect of including victims’ quotes in a newspaper article about a mass shooting. We hypothesized that participants reading articles containing victims’ quotes would endorse higher negative affectivity and remember more details of the article. Thus far, 73 college students were randomly assigned to read either an article containing quotes from victims or an article containing quotes from police officers only. Participants were then asked to complete the Positive and Negative Affective Schedule, the Trauma Assessment for Adults, answer factual questions about the article’s content, and engage in an emotional Stroop task. Results for a large effect size suggest no differences between groups on negative or positive affect, emotional Stroop task performance, or demonstrated recall of story details. It is possible that medium or small effects may exist but are currently undetectable due to low power. Additional data will be collected to increase power, and a pretest of current emotional state will be included to evaluate if the newspaper article itself was potent enough to cause emotional changes.

Saturday Posters  
Saturday, November 6  
5:00 p.m. - 6:00 p.m.  
Salons A-C & Foyer

Developing Peer Support Groups in a PTSD Program: A Social Work Perspective on Training and Advising Peer Leaders

(Advertis/Training/Education/Clinical Practice Issues)

Larson, Robert, LCSW  
Bay Pines VA, Lithia, Florida, USA

Participation in groups is frequently related to members sharing common experiences, goals, and values. Veterans with PTSD can benefit from participation in peer support groups (Barber, et al. 2008). Peer
groups have been effective for helping individuals with PTSD cope with shame and provide a sense of hope (Ouimette, et al. 2000). Involvement with peer groups is related to improved psychosocial functioning (Humphreys, et al. 2003). Participation in peer support groups is often based on the ability of the organization to facilitate a person-environment fit that attends to the transitions related to involvement with the groups (Mankowski, et al. 2001). Professionals can play a critical role in supporting the development of self-help groups within an organization (Shepherd, 1999). A model for developing peer support groups was developed from a social work perspective emphasizing mutual aid, the democratic process, empowerment, and the strengths perspective. The model includes training peer leader in leadership skills, knowledge of group development and group maintenance, and attending to leader wellness. The Social Worker functions in a variety of roles, transitioning from trainer to consultant and advisor. The Peer Support groups are autonomous and develop their own guiding principles and self-evaluation on group effectiveness.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

A model program for disaster response training in rural communities

(Media/Training/Education/Disaster/Mass Trauma)

Sherrer, Margaret, MSW, LCSW; Williams, Dan, MA
Lyndon State College, Lyndonville, Vermont, USA

When disaster strikes rural communities, timely assistance depends upon local emergency volunteers. The Vermont Institute for Disaster Response and Traumatic Stress Studies at Lyndon State College has established academic-community partnerships for training of undergraduate students, emergency first responders, journalists, school administrators, town officials, local Red Cross volunteers, and state agency personnel, including Vermont Homeland Security. Interdisciplinary undergraduate courses in psychological trauma and disaster mental health disseminate best practices for future helping professionals who will be working with victims of psychological trauma. A key element of the institute’s mission is co-sponsorship of regular disaster exercises - full-scale and “tabletop” - in cooperation with community first-responders. Disaster exercises offer experiential education for undergraduate psychology and journalism students who participate as part of their course requirements. Specialized training for Journalism students and local media includes instruction on covering traumatic incidents with greater skill and sensitivity to victims and families.
In addition to promoting expertise in disaster response, this collaboration aids in recruitment of volunteers who can serve their communities. Future plans include community-based research in the area of traumatic stress and emergency preparedness and the development of targeted training and resources that can support members of the armed forces and their families.
Lyons (1989) suggested that the meaning survivors ascribe to their traumatic experience increases resiliency levels and thus reduces PTSD. Army soldiers who joined reported the military for extrinsic reasons (e.g., needing the money) may be harder pressed to find meaning from combat, and thus show higher levels of Post Traumatic Stress Disorder following a deployment than those who joined the military for more intrinsic reasons (e.g., patriotism). Nearly 300 active-duty soldiers completed self reports of PTSD (PTSD Checklist; PCL; Weathers et al. 1993), Combat Exposure (Combat Exposure Scale; CES; Keane et al. 1989) and intrinsic and extrinsic reasons for joining the Army. Since PTSD has shown to be strongly correlated with amount of combat exposure, the participant’s reported combat exposure was utilized as a control. When analyzed individually, extrinsic and intrinsic motivations did not significantly predict levels of PTSD. However, there was a trend (p = .07) for the interaction term; exploration of which suggested that, for soldiers with low intrinsic motivation for joining, higher levels of extrinsic motivation did relate to higher levels of PTSD symptoms. These results offer a deeper understanding of potential PTSD risk factors to soldiers deploying.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Relationships between Attributional Style, Meaning in Life, Combat Exposure and Post Traumatic Stress Disorder

This study of 74 combat veterans from the state of Montana examines the relationship of three variables, combat exposure, attributional style and meaning in life, with Post Traumatic Stress Disorder (PTSD). It was hypothesized that clinically significant scores measuring PTSD symptoms not only would be positively correlated with high combat exposure, but also with a pessimistic attitude and an absence of meaning in life. The analysis of the data collected confirmed those predictions. These results, combined with an examination of symptom overlap with other psychiatric disorders and a review of the literature have theoretical and clinical implications for understanding and treating PTSD. They may be suggestive of including in future revisions of the DSM-IVTR (2000) an expanded diagnostic criteria to include an existential dimension. The findings also suggest multi-modal therapies that address both cognitive and unconscious processes are indicated to alleviate feelings of hopelessness and restore meaning in life.
The Relationship Between Atrocities, Depression, and PTSD Among Veterans in the National Vietnam Veterans Readjustment Study

(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

**Flipse Vargas, Alison, MA; Kraus, Douglas, MS; Hanson, Thomas, MA; Foy, David, PhD**
*Pepperdine University, Los Angeles, California, USA*

In the hopes of better understanding reactions to traumatic events, including both depressive and anxious symptoms, Litz et al. (2009) introduced moral injury (MI), defined as “perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations”. A limited number of studies have addressed the symptoms occurring in those who have been exposed to atrocities (a presumed morally injurious event) while adhering to sanctioned behaviors (i.e. behaviors occurring within a military context) (Foy et al. 2010 in press). Maguen et al. (2009) found an association between killing and negative mental health outcomes, including both depression and PTSD. In addition, MacNair (2002) discovered a connection between committing atrocities and PTSD. However, no research exists examining the relationship between atrocities and both depression and PTSD. Therefore, this study will examine the relationship between PTSD and depression through the evaluation of data collected in the National Vietnam Veterans Readjustment Study (NVVRS). The NVVRS consists of a stratified random sample of Vietnam era veterans (n = 3016), of which this study will examine only the combat subsample (n = 1625). Chi-square analyses indicate significant positive relationships between atrocities and both PTSD and depression.

Mental Health Stigma in the Military

(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

**Held, Philip, BA; Owens, Gina P., PhD**
*University of Tennessee, Knoxville, Tennessee, USA*

The present study examined self-stigma as a mediator between public stigma and personal stigma and attitudes toward seeking mental health treatment in a sample (N = 134) of active and retired U.S. military service members. The hypothesized mediated model was designed after a stigma model proposed by Vogel et al. (2007), which has been validated in college student populations (e.g., Ludwikowski et al., 2009). Measures were collected through an online survey. Contrary to the hypothesis, results indicated that self-stigma did not mediate the relationship between public stigma and personal stigma and attitudes toward seeking mental health treatment in the present sample. Public stigma was the only significant
predictor of attitudes toward seeking mental health treatment. Further, the hypothesized mediated model did not fit the data well, $X^2 (3, N = 134) = 72.015$, $p < .000$, $CFI = .410$, $RMSEA = .416$. These findings suggest that Vogel et al.’s (2007) stigma model may not be directly applied to the military population. Furthermore, the results of the present study suggest that public stigma rather than self-stigma may more strongly affect service members’ attitudes toward seeking mental health treatment. Directions for future research on mental health stigma in the military are discussed.

**Saturday Posters**
**Saturday, November 6**
**5:00 p.m. - 6:00 p.m.**
**Salons A-C & Foyer**

**Trans-Federal Clinical Research Partnerships to Promote Best Practices**
**Targeting Deployment Related Health Interventions**

(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

_Corry, Nida, PhD^1_; O'Donnell, Lolita, PhD, RN^2_; Elvander, Erika, Not Applicable^2_; Glynn, Shirley, PhD^3_; Joan, Griffin, PhD^4^

^1_National Institutes of Health, Bethesda, Maryland, USA^  
^2_Defense Centers of Excellence (DCoE) for Psychological Health (PH) and Traumatic Brain Injury (TBI), Arlington, Virginia, USA^  
^3_VA Office of Mental Health Services and VA Greater Los Angeles Healthcare System, Los Angeles, California, USA^  
^4_Minneapolis VA Medical Center; University of Minnesota School of Medicine, Minneapolis, Minnesota, USA^  

A unique trans-federal collaboration hosted The Second Annual Trauma Spectrum Disorders Conference: A Scientific Conference on the Impact of Military Service on Families and Caregivers. The series facilitates coordination and collaboration between the stakeholder community and the three host agencies, the Department of Defense Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, the National Institutes of Health, and the Department of Veterans Affairs. Recommendations addressed areas of high importance for military families and communities, including caregiver support, family functioning, and child and adolescent development. Key recommendations target the need to 1) expand caregiver services beyond military bases, 2) support the children of the more than 30,000 single mothers deployed to Iraq and Afghanistan, 3) explore the unique stressors faced by reserve forces, 4) accurately capture the ‘family’ unit, 5) continue development of family-based interventions to address PTSD and co-occurring disorders, and 6) utilize recommended assessment tools, performance measurements (e.g., retention, therapeutic alliance), and DoD/VA best guidelines. This ongoing collaboration, including planning for a third trauma spectrum disorders conference, provides a model for the transfer of knowledge between the often segregated worlds of research and practice and for facilitated, productive communication across federal agencies with a shared mission.

**Saturday Posters**
**Saturday, November 6**
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

**Post-deployment Readjustment Inventory: Convergent, discriminant, and structural validity**

*(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)*

**Katz, Lori, PhD; Williams, John, PhD Candidate; Cojucar, Geta, MA**

VA Long Beach Healthcare System, Long Beach, California, USA

This poster presents a validation study on the Post-deployment Readjustment Inventory, a measure for readjustment and functioning across a variety of domains (e.g., social, career, and health). A sample of 240 post-deployed men and women who served in current conflicts in Iraq and Afghanistan completed questionnaires. The convenience sample recruited from a Veteran’s hospital and three military bases represented all branches of service and was ethnically diverse. As expected, the PDRI items continued to display desirable psychometric properties. Total scale (α = .97) and subscales showed strong internal consistency (α = .93-.80). The PDRI showed expected convergent and discriminant associations with key variables, including: large positive correlations with measures of PTSD, anxious and avoidant attachment, and psychological symptoms; medium positive correlations with pre-military trauma; medium negative correlations with optimism; and near-zero correlations with constructive thinking and spirituality. The PDRI subscales also showed generally expected correlational patterns with these constructs. Principle components analysis suggested a three-factor oblique model (61% explained variance), consisting of social functioning and related concerns, career concerns, and health concerns. These results suggest that the PDRI continues to yield promising evidence of internal consistency reliability and convergent, discriminant, and structural validity.

---

Saturday Posters

Saturday, November 6

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**The relationship of post-deployment support to PTSD and other mental and physical health concerns among Veterans of the Iraq and Afghanistan Wars**

*(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)*

**Kaier, Emily, BA; Campbell, Clare, BA; Possemato, Kyle, PhD; Stroo, Marissa, BA; Ouimette, Paige, PhD**

Syracuse Veterans Affairs Medical Center, Syracuse, New York, USA

Research with military personal who served in Iraq and Afghanistan has found that combat experiences are not the only predictor of PTSD and other health concerns (Booth-Kewly et al., 2010; Vogt et al., 2008). We investigated the relationship between four deployment-related constructs (combat experiences, deployment concerns, post-battle experiences and post-deployment support) and mental and physical health outcomes among 63 Iraq and Afghanistan Veterans receiving primary care services and reporting clinically significant PTSD symptoms. Participants completed measures of deployment experiences (DRRI), PTSD (CAPS, PCL-M), alcohol use (AUDIT), depression (PHQ-9), physical health...
(PHQ-15) and quality of life (SF-12). Controlling for relevant sociodemographic and military characteristics (i.e., age, education, place of deployment), hierarchical regressions revealed that post-deployment support independently predicted PTSD symptoms ($b=-.39$, $p=.002$), depression ($b=-.52$, $p<.001$), physical health ($b=-.34$, $p<.006$) and physical QOL ($b=-.32$, $p=.011$). The other three deployment-related constructs were not uniquely associated with any of the mental and physical health outcomes; none of the deployment measures were associated with alcohol use. The role of post-deployment support, including feeling welcomed when returning home, having people to talk to, and feeling supported in the work place, should be emphasized when providing treatment to returning Veterans.

**Saturday Posters**

**Saturday, November 6**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**Clinical Outcomes for OIF/OEF and Vietnam Veterans Treated in a CBT-based, Residential Treatment Program for PTSD**

(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

McLean, Caitlin, BS; Wilhelm, Matthew, PsyD; Kuo, Janice, PhD; DeGaetano, Noah, MD; Alvarez, Jennifer, PhD

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

Few studies have examined the effectiveness of CBT interventions in a residential setting or for OIF/OEF veterans. This study (in progress) examines 32 male veterans treated in a CBT-based, VA residential treatment program for PTSD; 14 served in Iraq/Afghanistan, 18 in Vietnam. Intake to discharge changes on the PTSD Checklist (PCL), Beck Depression Inventory (BDI-II), Posttraumatic Cognitions Inventory (PTCI), and Emotion Regulation Questionnaire (ERQ) were examined. Results indicate both groups improved significantly on the PCL and BDI-II; effect sizes were large (.84<$d<$1.25). All veterans reported fewer dysfunctional posttraumatic cognitions on the PTCI and more emotional reappraisal on the ERQ; effect sizes were medium (.63<$d<$.78). ANCOVAs controlling for intake symptoms indicated no significant differences in improvement on measures between groups, except OIF/OEF veterans reported more symptoms on the PCL-Reexperiencing subscale at discharge than Vietnam veterans ($F(2,32)=4.51$, $p<.05$); effect size was large ($d=.84$). Analyses with a separate sample of 6 active duty patients indicate similar improvement and additional examination of outcomes is warranted. Preliminary findings suggest that CBT-based interventions in a residential treatment program may be beneficial for both OIF/OEF and Vietnam veterans. Results suggesting that OIF/OEF veterans report more PTSD reexperiencing symptoms after treatment may have implications for clinical interventions.

**Saturday Posters**

**Saturday, November 6**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**Age and Aggression in OEF/OIF Combat Veterans**
Kiddie, Natalie, Undergraduate; Renshaw, Keith, PhD
George Mason University, Fairfax, Virginia, USA

OEF/OIF veterans report high levels of aggression, often more so than PTSD symptoms (Erbes et al. 2009; Jakupcak et al. 2007). Aggression is related not only to PTSD, but also to poorer coping and younger age. Yet, no research has addressed these factors together when examining aggression in veterans. 204 male service members with at least one OEF/OIF deployment completed measures of aggression, coping, and PTSD. Age was unrelated to PTSD (r=.09, p=.22) but negatively correlated with aggression (r=-.24, p<.001) and escape-avoidance coping (r=-.21, p<.05). In a regression of aggression onto age and coping, only escape-avoidance was significant (β=.51, p<.001), suggesting that escape-avoidance mediates the association of age and aggression. However, when PTSD was included in the regression, escape-avoidant coping was no longer significant (β=.15, p=.13), but age was once again significant (β=-.21, p<.05). In other words, PTSD symptoms accounted for the association of escape-avoidant coping with aggression, but also introduced a suppressor effect, such that age was significantly associated with the variance in aggression that was unaccounted for by PTSD, even when controlling escape-avoidant coping. These results suggest that age is an important factor in problems with aggression in combat veterans, and escape-avoidant coping explains part but not all of this association.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Evaluation of Social Support as a Predictor of Satisfaction with Life among Militaries with PTSD

Lavoie, Vicky, MA, PhD, Student1; Guay, Stéphane, PhD2; Boisvert, Jean-Marie, PhD3
1Laval University; OSI Clinic of the CHUQ, Québec, Quebec, Canada
2Montreal University, Montreal, Quebec, Canada
3Laval University, Québec, Quebec, Canada

Social support has been repeatedly shown to be one of the most important factor related to PTSD, and significantly more so among veterans than among civilians. Less is known about how this variable could affect positive health of militaries with PTSD. The purpose of this study was to examine how different dimensions of social support could predict satisfaction with life of active military personnel with PTSD. The sample was drawn from the Canadian Community Health Survey -Canadian Forces Supplement dataset. This survey includes 8441 nationally representative Canadian Forces members. Of those, 179 who met the criteria for PTSD over the last 12 months were included in our analysis. Results: Hierarchical regression analysis indicate that social support measures predicted satisfaction with life, over and above the presence of comorbid depression diagnosis and duration of PTSD symptoms. Number of friends, perceived availability of social support and perceived support of colleagues at work exerted a unique and specific contribution on the prediction of satisfaction with life. The relationship between social support and satisfaction with life seems more important among women than among men. Our findings can lead to innovative interventions to improve satisfaction with life of militaries with PTSD.
Predictors of Peritraumatic Dissociation Among Canadian Police Officers

(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

René de Cotret, Isabelle, BA; Martin, Melissa, PhD; Marchand, André, PhD

UQAM, Montreal, Quebec, Canada

Meta-analyses have found that peritraumatic dissociation is a major predictor of Posttraumatic Stress Disorder (PTSD). In order to build prevention programs of PTSD, it is necessary to investigate risk factors associated with dissociation. Only few studies have been looking at predictors of peritraumatic dissociation. Furthermore, to the best of our knowledge, no studies have looked at protective factors that make individuals less likely to dissociate at the time of trauma. The objective of this retrospective study was to identify predictive factors of peritraumatic dissociation. One hundred and thirty-two Canadian police officers participated in the study. Structured interviews were conducted to assess the most distressing work-related traumatic events. Participants completed self-administered questionnaires to assess dissociation and several potential predictors. The results suggested that significant relationships were found between personality hardiness, gender, emotional reactions and physical reactions during the trauma and peritraumatic dissociation. To determine the relative predictive input of these independent variables, a linear regression analysis was used. The final regression model indicated that 22% of the total variance of dissociation was explained by a risk factor, namely, emotional reactions and a protective factor, being a woman. The influence of gender will be discussed with regards to the police population.

Aggression as a Predictor of Heavy Drinking During the First Year of Fire Service

(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

Steffen, Laurie E., BA; Mardikar, Amruta A., MPH; Kruse, Marc I., PhD; Kamholz, Barbara W., PhD; Zimering, Rose T., PhD

1Texas A&M Health Science Center College of Medicine/DVA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA
2Boston University/Boston Veterans Health Care System, Boston, Massachusetts, USA

Evidence suggests that the initial transition to the high stress work environment of professional fire service is associated with an increased risk for engaging in heavy drinking (Kruse et al., June 2009). The goal of the current study was to examine whether aggression, a known predictor of substance use, prospectively predicted changes in heavy drinking in firefighters during the first year of service. Participants (N = 85; 80% male) were firefighter recruits who completed the Multidimensional Personality Questionnaire-Brief Form and provided daily drinking data (per Timeline Follow Back Interview) for 12
weeks before starting training (baseline) and again after their first year of service (annual). Higher aggression scores were associated with a greater number of heavy drinking episodes (HDEs; r = .40) and more alcohol consumed per episode (r = .48) at baseline (both p’s < .001). However, lower levels of aggression prospectively predicted a greater increase in frequency of HDEs (β = -.243) and quantity of alcohol consumed (β = -.294) during the first year of fire service, even after controlling for age, gender, and race/ethnicity (both p’s < .05). These findings suggest that firefighters who report lower levels of aggression at the start of their training may be at greater risk for increased heavy drinking early in their careers.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Victims Who Victimize: A Multifactorial Model of the PTSD/IPV association among OEF/OIF Veterans

Lary Kar, Heidi, Doctoral, Student
Stony Brook University, New York, New York, USA

Veterans with PTSD are more prone to perpetrating intimate partner violence (IPV) against their romantic partners than are their veteran comrades who do not suffer from PTSD. There is a dearth of knowledge as to the prevalence and context of the relationship between PTSD and IPV among OEF/OIF veterans. One hundred and ten participants were recruited through flyers and medical records screening. Participants completed a series of questionnaires assessing for PTSD symptomatology, relationship satisfaction, emotional intimacy, and both current and pre-deployment aggression perpetration. Given the established linkages between PTSD and partner aggression, low marital satisfaction and partner aggression, and lack of emotional intimacy and low marital satisfaction, the logical next step was to investigate whether lack of emotional intimacy (a common symptom of PTSD) may mediate the relationship between PTSD and IPV. Secondly, the proposed study tested whether pre-deployment IPV predicts current IPV perpetration. Path analysis was used to clarify the relative dependencies of these variables. The findings serve to increase our understanding of the relationship dynamics that may partially explain the association between PTSD symptomatology of the veteran and IPV perpetration toward his romantic partner. Hopefully, this information will greatly inform VAMC clinical care of veterans suffering from PTSD.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Correlates of Posttraumatic Growth in Retired Police Officers

(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)
By the end of their 25 year careers, urban police officers are likely to encounter hundreds of events involving death, serious injury, and/or life threat. Thus, it is not surprising that this population shows higher rates of posttraumatic stress disorder (PTSD) than the general population. However, because exposure to duty-related trauma is an unavoidable part of police work, it is important to understand the circumstances under which possible benefits may arise from such exposure. Posttraumatic growth is one such benefit. We surveyed 150 retired police officers from all over the United States to identify factors associated with posttraumatic growth following their worst duty-related traumatic event. We found that posttraumatic growth (PTG) was more likely among officers who were religious, extraverted, confrontive in their coping style and those who had encountered specific types traumatic events inside and outside of police work. PTG was less likely among officers who were neurotic and those who used distancing to cope with their worst duty-related trauma. Several regression models will be presented to show best predictors of PTG under a variety of assumptions.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Delivering Sleep to Rural Veterans: A Self Guided Treatment Manual for Trauma Related Nightmares and Insomnia

(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Plumb, Taylor, PsyD
VA Salt Lake City Health Care System, Salt Lake City, Utah, USA

Studies of group treatments for sleep disturbances have been found to be effective among veterans with a history of trauma. Sleep disturbances, particularly nightmares and insomnia symptoms, are commonly reported by veterans accessing mental and physical health care services in the VA system. While groups provide an important mode of treatment for sleep difficulties, there exists a dire need for mental health services in large, rural catchment areas served by VA hospitals. As a way to extend and deliver more services to veterans in rural areas, self-guided treatment manuals are a method of treatment that may provide viable, effective treatments for specific mental health issues. The purpose of this project is to develop an effective, manualized treatment for nightmares and sleep difficulties that can be used in outpatient group settings or provided for self-study to veterans who are unwilling or unable to attend groups. The development of this treatment manual will expand clinicians' ability to provide and augment treatment for rural or “group-hesitant” veterans needing treatment for sleep disturbances. Qualitative data from veterans who have completed the treatment course will be presented and analyzed with the intention of incorporating feedback into further development of a sleep treatment manual.
Interdisciplinary Perspectives on Moral Injury: A Qualitative Analysis of Interviews with Mental Health Professionals and Chaplains

(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

DeLonga, Kathryn, Doctoral, Student¹; Drescher, Kent D., PhD²; Rosen, Craig S., PhD²; Cordova, Matthew, PhD³
¹PGSP - Stanford Psy.D. Consortium, Palo Alto, California, USA
²National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA
³VA Northern California Health Care System, Martinez, California, USA

Findings among Vietnam (Maguen, et al., 2009) and Iraq War veterans (Maguen, et al., in press) suggest that killing in combat predicts PTSD symptoms and leads to weakened religious faith (Fontana & Rosenheck, 2004). Semi-structured interviews were conducted with mental health professionals (n=11) and chaplains (n=11) working with personnel exposed to combat trauma. Questionnaires addressed moral injury—the disruption of an individual’s confidence and expectations about one’s own or others’ motivation or capacity to behave in a just and ethical manner brought about by witnessing, failure to stop, or perpetration of perceived immoral acts (Litz et al., 2009; Drescher & Foy, 2008). This study, guided by the Social Cognitive Theory of the Moral Self (Bandura, 1986), uses grounded theory methodology to compare convergent and divergent themes across participants. Preliminary findings indicate unanimous support for the concept of moral injury. Themes across mental health professionals suggest that moral injury is associated with errors in cognition and discrepancies between personal actions and world view, whereas themes across chaplains suggest that moral injury is associated with emotional and spiritual isolation.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Posttraumatic Growth in Combat-Exposed Active Duty Marines
(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Callahan, Corissa, MS (PhD, Student); Eyberg, Sheila, PhD
University of Florida, Gainesville, Florida, USA

Posttraumatic growth (PTG), or positive psychological change following exposure to traumatic events, has recently become of interest to psychologists working with military service members. In a study of Gulf War veterans, PTG was linked perceived threat during deployment and post-deployment social support (Maguen, Vogt, King, King, & Litz, 2006). In a sample of Vietnam of POWs, it was related to length of captivity, time since capture, and optimism, but not psychopathology (Feder et al., 2008). However, limited research has been published with personnel who have returned from current conflicts in Iraq or Afghanistan. The current study examines PTG and its relations with perceived threat, degree of combat exposure, time since deployment, and psychopathology in combat-exposed active duty service members. Study participants were 150 enlisted, male Marines who volunteered to complete questionnaires related...
to mental health and deployment. The current study's findings contradict previously published results. PTG was significantly negatively related to psychopathology, but was not related to degree of combat exposure, perceived threat during deployment, or time since deployment. The poster will present both descriptive and inferential statistics, providing a snapshot of the adjustment of active duty service members. Implications of the findings for clinicians and researchers will be discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Perceived Threat During Combat: Risk Factors and Relation to Axis I Disorders
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Mott, Juliette, MA; Gaham, David, MD, MS; Teng, Ellen, PhD
MEDVAMC, Houston, Texas, USA

Although the link between perceived threat and PTSD symptomatology is well established (e.g., Vogt & Tanner, 2007), the relation between perceived threat and other psychopathologies has been lesser examined. Similarly, little is known about which factors put troops at greater risk for high levels of perceived threat. The aims of the present study were to (1) identify deployment-related variables that predict perceived threat and (2) examine the relation between perceived threat during deployment and the presence of Axis I psychopathology. Participants were 1740 OEF/OIF Veterans who completed the Deployment Risk and Resiliency Inventory (King, King, & Vogt, 2003) during a post-deployment screening at a large VA hospital. Results showed that three variables significantly predicted perceived threat during deployment: deployment environment ($\beta = 0.29, p < .001$), combat preparation ($\beta = -0.28, p < .001$), and pre-combat family cohesion ($\beta = -0.50, p = .046$). High levels of perceived threat during deployment predicted the presence of a mood disorder ($\chi^2 = 48.83, df = 1, p < .001$), anxiety disorder ($\chi^2 = 48.83, df = 1, p < .001$), and substance use disorder ($\chi^2 = 69.00, df = 1, p < .001$) at post-deployment. These findings indicate that perceptions of threat during combat predict a wide variety of mental health symptoms and suggest that efforts to increase combat preparation and facilitate adjustment to the deployment environment could directly decrease occurrence of mental health symptoms.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Predictors of mental health and occupational outcomes among experienced professional firefighters
(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

Meyer, Eric, PhD\(^1\); Zimering, Rose, PhD\(^2\); Scott Daly, Erin, PhD\(^2\); Kamholz, Barbara, PhD\(^2\); Gulliver, Suzy Bird, PhD\(^1\)
Trauma exposure, job-related disabilities, and occupational fatalities are relatively common among firefighters. However, little is known regarding predictors of mental health and occupational outcomes. Participants were firefighters (n=138; age 42.3; experience 14.3 years) exposed to potentially-traumatic event(s) (PTE) during fire service. A subset met criteria for PTSD (10.1%), probable alcohol abuse (9.4%), and clinically-significant depression (3.6%) and anxiety (4.3%). Hierarchical regressions were conducted for PTSD (CAPS, PCL-C), alcohol abuse (CAGE), depression (BDI-II), anxiety (BAI), physical health-related work impairment (PHWIQ), and occupational stress (Sources of Occupational Stress; SOOS). For each regression, 4 blocks of predictors were entered: demographics; trauma exposure; coping (Brief COPE); and social support (Interpersonal Support Evaluation List; ISEL). On average, regression models accounted for 47.9% of the variance. Coping was the strongest predictor for all outcomes (35.6% of the total variance); self-blame predicted all outcomes and use of substances to cope predicted CAGE, BAI, BDI-II, and SOOS. Among demographic variables (8.1%), separation/divorce predicted CAPS; lower education predicted CAGE. Lower social support (3.0%) predicted BDI-II, SOOS, and BAI. Trauma exposure (1.4%) predicted CAPS. Maladaptive coping was a stronger predictor of negative mental health and occupational outcomes than other hypothesized predictors, including trauma exposure, education level, and military veteran status.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Family Psychiatric History and Startle Reactivity in Healthy Police Recruits

(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Inslicht, Sabra, PhD¹; Pole, Nnamdi, PhD²; Henn-Haase, Clare, PsyD³; Neylan, Thomas, MD¹; Marmar, Charles, MD⁴

¹San Francisco VA Medical Center, San Francisco, California, USA
²Smith College, Northampton, MA, California, USA
³New York University, NY, New York, USA
⁴New York University Medical Center, New York, New York, USA

Exaggerated startle is a common symptom of posttraumatic stress disorder (PTSD). While some evidence suggests that hyperstartle emerges following trauma exposure, recent prospective data suggests that elevated startle reactivity may be a pre-trauma vulnerability factor for PTSD symptomatology. One possible mechanism is that proneness to exaggerated startle is inherited or taught in families with psychopathology. We interviewed 300 psychiatrically healthy police cadets about their family history of psychiatric disorders, including PTSD, other anxiety disorder, depression, and alcohol or drug abuse or dependence. Psychophysiological responses to startling sounds were assessed under low, medium, and high proximity to a mild electric shock including: eyeblink electromyogram (EMG), skin conductance (SC), and heart rate (HR). A greater loading of family history of PTSD or depression was associated with significantly larger eyeblink responses under low and medium shock threat (r's between .12 and .14). Family history of depression (but not PTSD) was associated with larger SC responses under low threat. No other relationships were significant. Though limited by retrospective reporting biases, our
findings suggest that family history of PTSD or depression may contribute to pre-trauma hyperstartle. Pre-trauma startle reactivity may be one mechanism by which family history elevates risk for PTSD.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Female in the Military: Honor and Betrayal In a Hostile Environment

(Military/Emergency Services/Aid Workers/Social Issues/Public Policy/Ethics)

Bessa, Luana, MA; Farmer, Annie, BA; Ainslie, Ricardo, PhD
University of Texas at Austin, Austin, Texas, USA

The role of women in the military has been profoundly transformed in recent years, leading to changes that have brought new challenges to individuals who serve as well as to the armed forces. The authors will present a case study of a female Iraq War veteran through which we will explore the themes of betrayal and trauma in the context of military experience. In so doing, we will draw from the work of Dr. Jonathan Shay, who describes the “betrayal of what’s right” as a key ingredient in veteran trauma, and we will argue that women in the military experience this betrayal on a level that is qualitatively distinct from that of their male counterparts. This female veteran describes the betrayal of unit members, as well as of her own commanding officer, as particularly influential in her military experience. The authors will discuss the different forms of trauma that can be experienced in combat, the implications of women’s new roles in the military, and clinical concerns to keep in mind when treating this new population of women exposed to combat. We will explore these themes and clinical implications from a multidisciplinary perspective.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

“Social Trauma” and “Primary Trauma” treatment with Cognitive-Processing Therapy (CPT) for an Active-Duty Soldier with PTSD from Operation Enduring Freedom.

(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

Friedlander, Joshua, PsyD
Walter Reed Army Medical Center, Washington, Dist. of Columbia, USA

“Social Trauma” and “Primary Trauma” treatment with Cognitive-Processing Therapy (CPT) for an Active-Duty Soldier with PTSD from Operation Enduring Freedom. This case study provides additional data in support of CPT in the active-duty population with PTSD. In addition, this case illustrates the importance of the social environment’s response to the injured soldier, which may contribute to a “social trauma”, in addition to the “primary trauma.” A novel “social trauma” interview was created, which expands the
comprehensive assessment of PTSD, contributes to the conceptualization of PTSD, and informs treatment of PTSD. Assessment, conceptualization, and treatment of social trauma is discussed within the CPT model and other PTSD treatment models.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Investigating Critical Incident Stress in the Emergency Medical Services

(Military/Emergency Services/Aid Workers/Assessment/Diagnosis)

Donnelly, Elizabeth, PhD, MPH
University of Windsor, Windsor, Ontario, Canada

In the emergency medical services (EMS), personnel are routinely exposed to critical incidents that may cause unusually strong emotional reactions with the potential to interfere with their ability to function at either on scene or afterwards. Critical incidents may involve direct threat to the responder, exposure to the severe injury or death of a co-worker or patient, cases charged with profound emotion (e.g. the death of an infant), or incidents that are publicized in the media (Mitchell, 1983). While the concept of critical incident stress is widely utilized, little investigation has occurred into which critical incident stressors are most common and may be most stressful for responders. In this study, a probability sample of nationally registered EMS personnel (n=1633) reported the frequency of exposure to 29 different critical incidents and levels of stress associated with that exposure. Qualitative responses captured previously unidentified critical incidents. In addition to levels of exposure, possible sequelae including posttraumatic stress disorder (PTSD) were investigated. Using ANOVA, high, moderate, and low levels of critical incident stress were compared to levels of PTSD symptomatology. Analyses reveal significant differences in symptomatology between groups (F= 115.67, p<.001), indicating that critical incident stress may be correlated with posttraumatic stress reactions.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

WWII and Trauma: Risk and Resilience Factors

(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Heber, Alexandra, MD, FRCPC1; Dowler, Susan, PhD, Cpsych1; Stanley-Aikens, Ruth, MSW1; Jetly, Rakesh, MD, FRCPC2

1CF Health Services Centre (Ottawa), Department of National Defence, Ottawa, Ontario, Canada
2Directorate of Mental Health, Canadian Forces Health Services Group, Department of National Defence, Ottawa, Ontario, Canada
This qualitative study was designed to identify factors that put present-day soldiers at risk for Posttraumatic Stress Disorder (PTSD) and other operational stress injuries or that serve to promote resilience. An interdisciplinary team from the Canadian Forces Operational Trauma and Stress Support Centre (Ottawa) conducted interviews with 10 members of the First Special Service Force (the “Devil’s Brigade”), comprised of Canadian and American combat veterans from an elite WWII infantry unit. The veterans were asked questions about predeployment factors (e.g., childhood experiences, exposure to prior trauma), deployment factors (e.g., combat experiences, unit cohesion), post war factors (e.g., embarkation, social supports, stressful life events, coping mechanisms) and their experiences with PTSD symptoms. Information about risk and resilience factors was also gathered from a literature review comparing operational practices in WWII with those in modern warfare. Content analysis of the interviews identified factors that increased the risk of PTSD and those that ameliorated this risk. It also revealed the presence of active PTSD symptoms in this sample. Implications for current practices in the assessment and treatment of PTSD, stress inoculation training and military operations will be discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

L'itinérance chez nos ex-militaires canadiens: Mythe ou réalité?

(Military/Emergency Services/Aid Workers/Community Programs)

Martel, Christine, BA; Filion, Yvonne, MA
Anciens Combattants Canada, Montréal, Quebec, Canada

L'itinérance chez les ex-militaires des Forces Canadiennes attire une couverture médiatique trop souvent centrée sur des cas isolés. Peu d'éléments sont connus concernant cette population. En septembre 2009, Anciens Combattants Canada (ACC) a mis sur pied un projet pilote Montréal visant à identifier et à venir en aide aux vétérans sans-abris. Le projet inclut un comité interdisciplinaire et une coordonnatrice dédiée l'intervention milieu. Un démarchage intensif, avec la participation des médias, a eu lieu dans le but d'offrir aux vétérans, s'ils le souhaitent, la possibilité de bénéficier des services ACC. Un réseau de partenaires a été établi incluant ressources communautaires spécialisées, pairs aidants (SSBSO), Défense Nationale, Wounded Warriors, Travailleurs Canadiens de l’automobile. A ce jour, 11 personnes se sont identifiées comme vétérans sans-abris dont trois (27%) ont accepté des interventions ACC. Les résultats indiquent que les interventions ont eu des impacts significatifs: première évaluation, réduction du risque suicidaire, arrêt de consommation, engagement en réadaptation en milieu supervisé. La discussion est centrée sur l’application du cadre de santé mentale ACC, les besoins de recherche, l’accessibilité et l’adaptation de nos programmes et services, ainsi que la prévention.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer
A Qualitative Study of How Female Veterans Achieve Meaning From a Traumatic Experience

(Military/Emergency Services/Aid Workers/Clinical Practice Issues)

Ainslie, Daphny Dominguez, PsyD Candidate¹; Wills, Sharon, PhD²; Castaneda-Sound, Carrie, PhD¹
¹Our Lady of the Lake University, Austin, Texas, USA
²Central Texas Veterans Health Care System, Austin, Texas, USA

Research suggests that, overall, as women experience repeated trauma in the military, there are health consequences that follow. It is important to study women because women have often been overlooked and their symptoms are often pathologized. Hyde (2007) explained “through the study of women, research, theory, and practice can be better informed” (p. 3). The key objective in this project is to address the factors that have helped female veterans overcome their trauma and improve their interactions with others. Of particular interest are their coping strategies and their perspectives of how therapy has benefited them and how resilience positively affects their achievement in making meaning of their experience. Utilizing a qualitative research design, I have explored the experiences of women in the military who have experienced a change since seeking therapy at the Central Texas Veterans Healthcare System. In addition, a careful look at how resiliency factors have assisted them in recovery will be considered. The focus was to understand how these participants have made meaning out of the changes they have endured and how they have re-constructed their interpersonal interactions with others as a result of therapy. Questions aimed at uncovering meaning are integral to this process as qualitative inquiry focuses on the experience of the individual and aims to gather ‘thick description’ (Geertz, 2000) and rich information. Findings include a detailed analysis of the interviews and the themes that emerged from the participants.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer


(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Martel, Dana, MSW; Gallimore, Jane, BSC, RN; St. Cyr, Kate, MSc
St. Joseph’s Health Care London - Parkwood Hospital Operational Stress Injury Clinic, London, Ontario, Canada

This study evaluated the impact of group therapy for reducing substance use amongst Canadian Forces members and veterans. Previous research suggests that military personnel diagnosed with posttraumatic stress disorder (PTSD) are at an elevated risk of substance use. Consequently, treatment-seeking Canadian Forces members and veterans completed the Alcohol Use Disorder Identification Test (AUDIT) at intake to the Parkwood Hospital Operational Stress Injury Clinic (OSIC) in London, Ontario. The high prevalence (approximately 35%) of substance abuse/dependence in OSIC clients led to the development of a therapy group for individuals with comorbid substance use and PTSD in September 2008. A cohort of
seven individuals with a mean initial AUDIT score of 24 (indicating hazardous use and potential
dependence) formed the core of this group. A number of others attended the group intermittently.
Participants were periodically administered testing (AUDIT, Alcohol Use Survey, Drug Use Survey,
Readiness to Change Questionnaire) and in late-2009, members who attended the group regularly since
its inception completed a qualitative survey. Participants who completed each testing session saw
improvements in their AUDIT scores (n=5; mean score of 22) and Stage of Change designation. Survey
results indicated that participants benefited from an exclusively military substance use and PTSD support
group, and wished to see the group continue indefinitely.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Somatic Complaints of Treatment-Seeking Canadian Military Veterans and
Currently Serving Members with Posttraumatic Stress Disorder

(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

St. Cyr, Kate, MSc1; McIntyre-Smith, Alexandra, PhD Candidate2
1St. Joseph’s Health Care London - Parkwood Hospital Operational Stress Injury Clinic, London, Ontario, Canada
2University of Western Ontario, Department of Psychology, London, Ontario, Canada

This study examined the association between somatic complaints and quality of life in treatment-seeking
Canadian military personnel with Posttraumatic Stress Disorder (PTSD). Somatic complaints have been
identified as common reactions to traumatic events among adults in the general population; however the
prevalence and impact of somatization on Canadian military personnel is less well understood. Current
and former Canadian Forces members attending the Parkwood Hospital Operational Stress Injury Clinic
in London, Ontario (N=230) were administered self-report questionnaires assessing somatic complaints,
mental health symptoms and quality of life (e.g., SF-36, PHQ, PCL-C) prior to commencing treatment.
The most frequently reported somatic complaints were limb/joint pain (59% of clients) and back pain
(53%). Somatic complaints were associated with several aspects of quality of life including physical and
emotional roles, bodily pain, general health, and vitality as well as PTSD symptom severity (correlations
ranged from .30 - .50, p<0.001). Somatization was the most influential contributor to global physical health
(linear regression standardized beta = -.34, p<0.001) and was a significant predictor of impaired social
functioning (standardized beta = .33, p<0.001). Understanding the role of somatization in the symptom-
presentation of military personnel with PTSD may provide additional avenues for treatment with this
population.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer
Pathways to Risk and Resilience among Returning Operation Enduring Freedom/Operation Iraqi Freedom Combat Veterans

(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Marotta, Sylvia, PhD, ABPP
The George Washington University, Washington, Dist. of Columbia, USA

The major purpose of the research was to explore pathways by which posttraumatic stress symptoms (PTS) may lead to resilience and coping, defined as posttraumatic growth (PTG). A multistage probability sample of 107 returning veterans of OEF/OIF deployments and registered at a Veterans Affairs Medical Center in the Southern United States was used to test the proposed model. Inclusion criteria included being registered at a VAMC, male, minimum age 18. Exclusion criteria included active psychosis, inability to read at sixth grade level, and cognitive impairment interfering with the ability to respond to interviews. The proposed model uses multidisciplinary data, in that it incorporates level of psychosocial development as a mediator between PTS and PTG. The model is also collaborative, in that data were gathered from one family member per veteran participant. Exogenous factors in the model included combat exposures, perceived threat appraisal by the veteran, and a family history of psychopathology as described in the veterans' electronic medical record. Results of the Lisrel analysis of model fit will be presented. A discussion of the findings will be oriented towards ways that family, unit leadership, and mental health providers can promote psychosocial development and thereby foster resilience.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Clinical Care Managers: Intensive case management for Veterans dealing with trauma

(Military/Emergency Services/Aid Workers/Community Programs)

Pranger, Tina, PhD¹; Bourgeois, Sylvie, BA²; Allardyce, Sue, MSW³; Filion, Yvonne, MA⁴; Arseneault, Danica, BSW, Med⁵
¹Veterans Affairs Canada, Charlottetown, Prince Edward Island, Canada
²Veterans Affairs Canada, Ottawa, Ontario, Canada
³Veterans Affairs Canada, Winnipeg, Manitoba, Canada
⁴Veterans Affairs Canada, Montreal, Quebec, Canada
⁵Veterans Affairs Canada, Campbellton, New Brunswick, Canada

Clinical Care Managers: Intensive case management for Veterans dealing with trauma
This presentation outlines an intensive case management service (Clinical Care Managers) at Veterans Affairs Canada (VAC), developed in 2007 for Veterans with complex mental health problems such as PTSD, depression and anxiety resulting from military service. A literature review will describe the importance and essential components of case management and support for trauma survivors. The rationale for the development of Clinical Care Manager (CCM) services will be presented including types of unmet clients needs, numbers clients with these needs and the intended role of the CCM. Based on a file review of clients who used CCMs, input from CCMs and a number of VAC staff I will describe how this service actually unfolded including the range of client issues addressed, the strategies used by the
CCMs, the impact on client functioning and the realities and challenges faced by the CCMs. A number of case studies will be reviewed to illustrate these issues.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Prevention of Traumatic Stress: Incentives for Emergency Service Organizations

(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

Gray, Lori K., PhD, Cpsych¹; Jackson, Dennis L., PhD²
¹Toronto Emergency Medical Services, Essex-Windsor Emergency Medical Services, Toronto and Windsor, Ontario, Canada
²University of Windsor, Windsor, Ontario, Canada

First responders experience traumatic events within the context of routine job duties. Accordingly, research has begun to elucidate the means through which first responders’ organizational climate impacts the development of traumatic stress. These findings suggest that efforts to prevent the development of traumatic stress should utilize pre-existing factors in the organizational climate (e.g., cohesion, organizational support, workload). Unfortunately, cost and limited resource allocation are often cited as impediments to improved psychological care in the emergency services. Whereas the impetus for addressing traumatic stress in a preventative fashion is to maintain the psychological well-being of first responders, it is unclear to what extent such efforts might benefit emergency service organizations. The objective of the study was to ascertain the impact that traumatic stress might have upon first responders’ absenteeism and factors associated with employee retention. The study utilized self-report data obtained from an anonymous internet survey conducted with Canadian first responders (firefighters, paramedics, police officers, dispatchers, victim service responders). Greater traumatic stress was associated with increased absenteeism, decreased job satisfaction, and decreased employee commitment. Implications will be discussed in terms of increasing emergency service organizations’ acceptance, support, and availability of preventative and post-incident psychological services.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Responses to Intrusions and PTSD among Active Duty Military

(Military/Emergency Services/Aid Workers/Clinical or Interventions Research)

Pan, Ivy, Doctoral, Student; Delorefice, Allison, Doctoral, Student; Shapiro, Allison, Doctoral, Student; Waelde, Lynn, PhD
Pacific Graduate School of Psychology, Palo Alto University, Palo Alto, California, USA
Recent research has highlighted the importance of responses to intrusions in PTSD, because maladaptive coping responses to intrusions may serve to prevent emotional processing and maintain PTSD. However, little is known about the types of maladaptive responses to intrusions that are related to PTSD among active duty military, who may still be confronted with combat conditions. The current study examined responses to intrusions among N = 207 active duty military who served in Iraq, Afghanistan, or another foreign deployment. Participants completed an online survey concerning their combat exposure, thought suppression, rumination, numbing, dissociation, and PTSD symptoms. When exposure to combat was statistically controlled, numbing and dissociation, but not thought suppression or rumination, were significantly related to PTSD severity. These results have implications for understanding coping with intrusions among persons who may be working and living in extremely stressful contexts.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Role of Polytrauma on Family Functioning
(Military/Emergency Services/Aid Workers/Children and Adolescents)

Spira, James, PhD
RTI International, San Diego, California, USA

Combat related psychological and physical injuries are being studied intensively. Less studied is a) polytrauma inclusive of both of these domains, b) the effect of service member’s polytrauma on family functioning, and c) the role of these factors in the National Guard, who face different challenges than their peers who remain on Title 10. We analyzed data from 497 recently returning National Guard troops where data existed for both the service member and their spouse, as well as data on psychological and physical injuries, Dyadic Adjustment (DAS), Family Chaos, and Parenting Stress. Analysis shows a strong association between physical injury and dyadic adjustment and family chaos as reported by spouses, parental stress (reported by service member). Service members’ psychological problems were also associated with dyadic adjustment and chaos, as reported by service member. Severity of polytrauma was associated with still stronger parental stress, family chaos, and dyadic adjustment in this National Guard sample. Specific models involving polytrauma and family functioning, including relative risks, will be reported and discussed. Given the early stage in which this data was acquired, it is possible that these issues will show even greater disturbance over time.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Road to Mental Readiness: Mental Health Pre-Deployment Training for Canadian Forces personnel and their families
(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)
Growing operational stress issues have highlighted the importance of psychological resilience as a means of protecting soldiers from injury. The Road to High Readiness must recognize the increasing importance and emphasis required on mental readiness in order to enable both troops and their leaders to cope more effectively with the high cognitive and physical demands, stress and danger, and uncertainty and ambiguity of repeated exposure to the complex operational environment faced today. Military Resilience is defined in the Army Terminology Repertoire, as “the capacity of a soldier to recover quickly, resist, and possibly even thrive in the face of direct/indirect traumatic events and adverse situations in garrison, training and operational environments”.

Psychological resilience training is about stress and its impact on human functioning and well-being, thus making such training a key element for organizational sustainability and operational effectiveness. The R2MR Pre-deployment training package has been developed in order to support efforts to increase the resilience of military personnel in operating theatres and in garrison, by focusing on preparation for and mitigation of the stresses of operations and deployments.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Road to Mental Readiness Pre-deployment Mental Health Training: Development, Implementation, and Initial Data

(Military/Emergency Services/Aid Workers/Prevention/Early Intervention)

The Road to Mental Readiness (R2MR) curriculum is consistent with content currently delivered during military leadership training across the Canadian Forces, in that it incorporates the 4-colour Mental Health Continuum Model (MHCM), describes behavioural indicators of potential mental health issues (including but not limited to suicide, addictions and PTSD), defines Operational Stress Injuries (OSI) in the context of mental health and illness, and includes buddy and leader supportive skills and actions. The R2MR program consists of 3 phases: Phase I is the instructional phase for military members, and is delivered in-class using interactive adult education methods; Phase II is a skill application module, where skills taught in Phase I are applied to operational training scenarios; and Phase III is the family education component designed to be delivered to the families of deploying members before departure for the operation.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Integrating R2MR into Basic Training and all Peace Support Operations
Cyr, Luc,
Canadian Forces, Ottawa, Ontario, Canada

In order to create the conditions for Canadian Forces personnel to develop mental toughness and resilience skills, they must be taught upon entry into the military and reinforced and applied to various situations throughout one's career. This presentation will demonstrate the building blocks approach that the CF has taken to creating a curriculum that teaches initial skills to new recruits, coaches them on the application of these skills, and then reinforces those skills at various points throughout the career and deployment cycles.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Social Phobia and Suicidality in Drug Court Participants with Trauma and/or Child Sexual Abuse Histories

(Wolf, Molly, PhD Candidate1; Eliseo-Arras, Rebecca, Doctoral, Student1; Nochajski, Thomas, PhD1; Farrell, Mark, JD2)
1 State University of New York at Buffalo, Buffalo, New York, USA
2 Amherst Town Court, Amherst, New York, USA

Background and Purpose: This study examined the relationship trauma history, social phobia, and suicide attempts in a sample of suburban Drug Court participants.

Methods: Participants were individuals referred to a local drug court. Of the 229 participants, 16 reported prior suicide attempts, 15 reported child sexual abuse histories, and 76 reported other types of trauma histories. The Psychiatric Diagnostic Screening Questionnaire (PDSQ) was used to measure social phobia, with 35 meeting the criteria for further follow-up.

Results: Trauma exposure was associated in a linear fashion (Child Sexual Abuse > Other Trauma > No Trauma) with social phobia, alcohol problems, and prior suicide attempts. Results from a path analysis showed that the effects of trauma on alcohol problems were mediated through social phobia, as were the effects on prior suicide attempts. Interestingly enough, the alcohol problems were not directly related to prior suicide attempts.

Conclusions and Implications: These results suggest that lethality assessments need to be a standard part of the drug court system, especially since there is a link between trauma exposure and substance abuse. The usual mode of treatment for people with substance abuse problems is group therapy, which can be paralyzing for individuals with social phobia.
Salons A-C & Foyer

The Child PTSD Prediction Project: An international collaboration to create predictive tools for child PTSD risk after acute trauma

(Prevention/Early Intervention/Children and Adolescents)

Kassam-Adams, Nancy, PhD1; Kenardy, Justin, PhD2; Delahanty, Douglas, PhD3; Palmieri, Patrick, PhD4; Le Brocque, Robyne, PhD2

1Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, USA
2University of Queensland, Brisbane, Australia
3Kent State University, Kent, Ohio, USA
4Summa Health System, Akron, Ohio, USA

This poster will describe the process and progress to date of the Child PTSD Prediction Project. The project’s long-term goal is to develop and test a set of PTSD risk assessment tools suitable for screening children at multiple time points after acute trauma exposure, to reliably identify those at highest risk of persistent PTS symptoms. The project employs secondary analysis of existing data from prospective studies in the US, UK, and Australia that have assessed more than 2500 children following acute trauma. Data include pre-trauma factors, peri-trauma person and event characteristics, in-hospital biological data, as well as post-traumatic responses. Our aim is to design a multi-point screening process and examine the efficacy of combinations of screening results across time vs single screening points. Results of this initial phase of the project will lay the groundwork for prospective testing and validation of sequenced risk assessment tools in clinical and research settings with children who have experienced distinct types of acute trauma. The project will also create a rich data archive to enhance research on early risk factors and trajectories of PTS symptom development in children. Studies can be included in the PTSD after Acute Child Trauma (PACT) archive if child data were collected prospectively after acute trauma with at least 1 predictor assessed within 3 months of the event, and traumatic stress outcomes assessed a month or more later. Lessons learned in combining datasets are expected to lead to recommendations for common measurement strategies and assessment points for future prospective child studies.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Prediction of PTSD Symptoms among Armed Robbery Victims

(Prevention/Early Intervention/Clinical or Interventions Research)

levrier, katia, PhD Candidate1; Germain, Vanessa, PhD2; Marchand, André, PhD1; St-Hilaire, Marie-Hélène, PhD2

1Centre d’étude sur le Trauma, Centre de Recherche Fernand-Séguin de l’hôpital Louis-H. Lafontaine, Montréal, Quebec, Canada
2Centre de Psychologie Prince Arthur, Saint-Lambert, Quebec, Canada
3Department of Psychiatry - University of California, San Francisco, California, USA

Among individuals who experience traumatic life events, only a few develop posttraumatic stress disorder (PTSD) and, to better understand PTSD development, many studies focus on PTSD predictors. To date,
studies looking at these predictors have mainly been conducted among sexual assault and military victims. Few have been conducted among work violence victims and, more particularly, among robbery victims. The aim of the present study is, therefore, to examine different factors that could predict posttraumatic symptoms among armed robbery victims working for a food chain, at one month, three months and 18 months after the robbery. Eighty-five employees participated in a structured clinical interview and completed different questionnaires evaluating pre-, peri- and posttraumatic factors. Results show that civil status and physical reactions during the robbery predict posttraumatic symptoms at one and three months after the event. A year and a half later, perceived social support is a strong predictor. Implications for prevention and treatment of PTSD are discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Links between specific forms of social support and PTSD symptom severity

(Prevention/Early Intervention/Social Issues/Public Policy/Ethics)

Kay, Ariel, Undergraduate¹; Carter, Sarah, Undergraduate²; Hebenstreit, Claire, MA, PhD, Student¹; Belknap, Joanne, PhD³; DePrince, Anne, PhD¹
¹University of Denver, Denver, Colorado, USA
²University of Colorado Denver, Denver, Colorado, USA
³University of Colorado, Boulder, Colorado, USA

Social support is linked to positive outcomes among trauma survivors; however social support is often treated as a unitary construct. The current study examines links between different aspects of social support (e.g. appraisals of support; sense of belonging within a social network; tangible forms of support) and PTSD symptom severity in a sample of women exposed to intimate partner violence (IPV). In particular, given the importance of appraisal processes in posttraumatic stress, we predicted participants’ appraisals of support and sense of belonging within a social network would explain unique variance in PTSD symptom severity above and beyond tangible forms of support. Data for the current study are drawn from an ethnically-diverse sample of women recruited within approximately 28 (median) days of a report of IPV. Women were asked to report on social support using the Interpersonal Support Evaluation list (ISEL), which assesses four types of social support. In addition, women completed the Posttraumatic Diagnostic Scale to assess PTSD symptom severity. Initial analysis indicate that perceptions of belonging within a social network explained unique variance in PTSD symptom severity scores while tangible acts of social support did not. Implications for future research will be considered.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Trauma Histories of Parents of Adolescents Who Have Been Sexually Abused or Sexually Assaulted
Posttraumatic stress disorder (PTSD) develops in some, but not all, adolescent sexual trauma survivors. It is therefore important to identify risk factors for PTSD among adolescents who have been sexually assaulted, and to develop effective interventions for those who have these risk factors. Studies suggest the existence of intergenerational trauma transmission, where trauma is passed on from one generation to the next. Thus, adolescents whose parents experienced a sexual trauma may be at greater risk for developing PTSD following their own sexual trauma. Currently, the mechanisms underlying such transmission are unclear. However, it is possible that in an effort to avoid reminders of their own trauma, parents with sexual trauma histories fail to engage their daughters in trauma processing, thereby modeling avoidance—one of the factors underlying chronic PTSD. The purpose of the present research is to begin to explore such a mechanism. To this end, we examined the trauma histories of parents of adolescents who have been sexually assaulted. We hypothesize that adolescents of parents with sexual trauma histories will show more severe PTSD symptoms than will adolescents of parents with non-sexual trauma histories. Data is being collected and analyzed, and will be presented in poster format.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Proof-of-Concept Trial of a Novel Neurosteroid Intervention in OEF/OIF-Era Veterans with Mild TBI

Background: Treatment strategies are currently limited for mild traumatic brain injury (TBI) and co-occurring cognitive impairment and anxiety symptoms. Pharmacological intervention with neurosteroids represents a logical therapeutic approach for these conditions, since these molecules are protective against TBI in animal models. In addition, a number of neurosteroids enhance learning and memory in rats, and demonstrate anxiolytic effects. We therefore conducted a proof-of-concept randomized controlled trial with the neurosteroid pregnenolone.

Methods: Veterans were randomized to adjunctive pregnenolone or placebo for 8 weeks. A cognitive battery (Brief Assessment of Cognition, BAC), Clinician-Administered PTSD Scale (CAPS), and other assessments were administered at baseline, 4 weeks, and 8 weeks.

Results: Thirty Veterans were randomized, and 73% (n=22; 11 per group) completed at least 4 weeks of treatment. Neurosteroid increases post-treatment predicted improvements in total CAPS scores, Cluster D symptoms, and resilience (as assessed by the CD-RISC). Cholesterol levels were significantly decreased following treatment with pregnenolone. Mean changes in composite BAC and CAPS scores
were not significantly different between the two groups.

**Discussion:** Neurosteroid interventions may be promising therapeutic approaches for mild TBI and co-occurring PTSD symptoms, and could have biomarker utility. Additional investigations will be required to test these possibilities.

**Saturday Posters**

**Saturday, November 6**

5:00 p.m. - 6:00 p.m.

**Salons A-C & Foyer**

**TEAM: an early educational intervention for Mortuary Affairs Soldiers post deployment; results from the first three cohorts**

(Prevention/Early Intervention/Military/Emergency Services/Aid Workers)

**Biggs, Quinn, PhD, MPH; Fullerton, Carol, PhD; McCarroll, James, PhD, MPH; Santiago, Patcho, MD, MPH; Ursano, Robert, MD**

*Center for the Study of Traumatic Stress, Bethesda, Maryland, USA*

U.S. Army Mortuary Affairs Soldiers (MA) returning from Iraq and Afghanistan report high rates of posttraumatic stress disorder (PTSD), psychological distress, personal and family stress, functional impairment and needing but not obtaining health care. A new educational intervention, TEAM (Troop Education for Army Morale), is designed to reduce distress and foster adaptive functioning. TEAM is based on evidence informed principles of Psychological First Aid (safety, calming, connectedness, self-efficacy, hope/optimism) delivered through workshops, handouts, a website and phone line. Soldiers and their spouses learn to use self-care skills, recognize when soldiers need care, provide support (buddy care, spouse support), identify barriers to care and promote health care utilization when needed. MA Soldiers, randomized to TEAM or no intervention, complete questionnaires upon return from deployment and at 1, 2, 3, 6, and 9 months. We present data on TEAM’s impact in the first year including disorder (probable PTSD, depression), functional impairment, ability to recognize problems and seek help (social support, healthcare utilization), safety, arousal and use of calming techniques. Findings will increase our knowledge of PFA based early interventions. Implications include the feasibility of early intervention with all military service members, first responders, disaster workers and others exposed to the dead.

**Saturday Posters**

**Saturday, November 6**

5:00 p.m. - 6:00 p.m.

**Salons A-C & Foyer**

**SAFETY FUNCTION ACTION Family Disaster Planning: Integrating Disaster Health and Disaster Preparedness**

(Prevention/Early Intervention/Disaster/Mass Trauma)
A family disaster plan is the pillar of citizen preparedness and an essential need for persons with a disaster response role. Yet few families have gathered to create and exercise such a plan. To facilitate completion of a family disaster plan that integrates disaster behavioral health into disaster preparedness, DEEP Center designed the SAFETY FUNCTION ACTION (SFA) Family Disaster Plan Guidebook. SFA family disaster planning pivots on the concept of disaster health (maximal safety, optimal function, and effective action in preparedness for, and response to, emergencies, disasters, and extreme events). This resource organizes around the six SFA strategies. SAFEGUARD family by fortifying the home, responding to warnings, sheltering in place, or evacuating. SUSTAIN by stocking survival supplies for home and preparing mobile Go-Kits. COMFORT by practicing stress management skills. CONNECT via family communications planning with contingencies for separated family members. ADVISE by assuring sources of timely disaster information and psycho-education on coping. ACTIVATE with regular family drills, practicing timely stay-or-go decisions for the spectrum of possible family emergency and disaster scenarios identified in the initial “hazard review.” This tool has been trained with favorable review in full-scale SAFETY FUNCTION ACTION training sessions but serves equally well as a stand-alone resource.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Role of Rumination in Posttraumatic Mental Health Outcomes among Survivors of Sexual Violence

Lana, Stermac, PhD; Cabral, Christine, MA; Clarke, Allyson, MA
University of Toronto, Toronto, Ontario, Canada

Studies on sexual assault-related psychological health outcomes independently identify a number of potential pathways and correlates of adaptive and maladaptive responses among survivors (Frazier & Berman, 2007). Prominent in the development and maintenance of both positive and negative posttraumatic psychological states is the role of cognitive processing of the trauma. In particular, rumination or ruminative thought, a form of cognitive processing associated with both positive and negative posttraumatic outcomes may be critical to our understanding of the etiology, maintenance and resolution of these states as well as relationships between them. Several forms of ruminative thought have been identified (Taku, Calhoun, Cann & Tedeschi, 2008) and are associated with differing levels and forms of mental health. The present study examined the role of ruminative thought in the relationship between positive and negative posttraumatic outcomes among survivors of sexual assault. The influence of a number of cognitive factors hypothesized to further moderate posttraumatic outcomes was also examined. The results of the study suggest that ruminative thought and cognitive processing are important moderators of posttraumatic mental health and may be predicative of more positive psychological outcomes. The study results are discussed in terms of implications for clinical interventions.
Depression as a moderator of the efficacy of propranolol at preventing PTSD in child trauma victims

(Prevention/Early Intervention/Children and Adolescents)

Morris, Adam, BA; Nugent, Nicole, PhD; Ostrowski, Sarah, PhD; Christopher, Norman, MD; Delahanty, Douglas, PhD
1Kent State University, Kent, Ohio, USA
2Alpert Medical School of Brown University, Providence, Rhode Island, USA
3Western Kentucky University, Bowling Green, Kentucky, USA
4Akron Children's Hospital, Akron, Ohio, USA

Neurobiological research with adults suggests that comorbid depression may alter the biological expression of posttraumatic stress disorder (PTSD). We recently examined the efficacy of acute propranolol in preventing PTSD symptoms (PTSS), with findings providing some support for use of propranolol in boys but not in girls (Nugent et al., in press). The current study refines our findings by examining 6-week depression as a potential moderator of the efficacy of acute propranolol administration and 6-week child PTSS. Pediatric injury patients at-risk for PTSD were randomized to a brief double-blind placebo-controlled propranolol trial within 12 hours of hospital admission; symptoms of PTSD and depression were assessed in-home at 6-weeks post-injury. Bootstrap moderational analyses were conducted, controlling for gender. Main effects were observed for depression ($\beta=.65$, $p<.05$), but not for treatment group ($\beta=.12$, $ns$) in the prediction of child PTSS. Controlling for gender and main effects, findings revealed a trend towards a significant interaction of depression with treatment condition in the prediction of child PTSS ($\Delta R^2=.04$, $p=.09$). At high levels of child depression, youth receiving propranolol had increased PTSS relative to propranolol recipients at low levels of depression. Theoretical and clinical implications will be discussed.
Escape-avoidance coping has been associated with poorer mental health and PTSD. The role of other coping strategies is unclear. Greater use of coping of all types may be an appropriate response to a critical incident stressor. This prospective study examines the relationship between coping and PTSD symptoms in police officers followed prospectively for 3 years after academy recruitment. Police officers (N=272) were evaluated with the Ways of Coping Scale and PTSD Checklist. As expected, analyses demonstrate that all types of coping are positively correlated with PTSD symptoms at 12, 24 and 36 month evaluations. In a model controlling for all coping subscales, escape-avoidance coping, self-control coping, and positive reappraisal are significant predictors of PTSD symptoms over the 3-year period. Mixed-model analyses demonstrate that escape-avoidance coping increases in the sample over time, whereas PTSD symptoms, self-control coping and positive reappraisal are stable over time (p=0.014). At the individual level, the rate of increase of escape-avoidance coping over time predicts the rate of increase in PTSD symptoms, even when controlling for self-control and positive reappraisal coping (p=0.000). These findings provide further evidence that escape-avoidance coping consolidates PTSD symptoms over time.

**Saturday Posters**
**Saturday, November 6**
**5:00 p.m. - 6:00 p.m.**
**Salons A-C & Foyer**

**Maternal overprotection and trauma symptoms are associated with smaller hippocampal volume in healthy young adults.**

(Prevention/Early Intervention/Clinical or Interventions Research)

**Sindi, Shireen, PhD Candidate**¹; **Juster, Robert-Paul, PhD Candidate**¹; **Lord, Catherine, PhD**²; **Pruessner, Jens, PhD**³; **Lupien, Sonia, PhD**⁴

¹McGill University, Centre for Studies on Human Stress, Mental Health Research Centre Fernand Seguin, Hospital Louis H Lafontaine, Montreal, Quebec, Canada
²Université de Montréal, Centre de recherche de l’institut universitaire de gériatrie de Montréal, Montreal, Quebec, Canada
³McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada
⁴Université de Montréal, Centre for Studies on Human Stress, Centre Fernand Seguin, Hospital Louis H Lafontaine, Quebec, Canada

**Background**
Post Traumatic Stress Disorder (PTSD) is associated with smaller hippocampal volume (HV), a brain region involved in learning and memory. It is unclear whether trauma symptoms and parental bonding are associated with smaller HV in healthy adults. This study assessed whether parental bonding and trauma symptoms are associated with HV.

**Methods**
Twenty-eight adults (age 18-35) completed the PTSD checklist Civilian Version (PCLC) and the Parental Bonding Inventory (PBI). HV was ascertained using a standardized segmentation protocol from acquired Magnetic Resonance Imaging scans.

**Results**
Pearson’s correlations showed that trauma symptoms were significantly associated with right HV (r = -.499, p = .008) and left HV (r = -.489, p = .010). Increased maternal overprotection, but not maternal neglect, was significantly correlated with smaller left HV (r = -.373, p = .05). No significant associations
between HV and paternal care and overprotection were detected.

Conclusion

Our results showed that maternal overprotection and traumatic symptoms are associated with smaller HV. While compromised parental care has been previously associated with symptoms in psychiatric populations, our results are, to the best of our knowledge, the first to demonstrate that maternal overprotection as well as trauma symptoms are independently associated with smaller HV in a cross-section of healthy adults.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Five years longitudinal cohort follow up study of snowstorm disaster survivors in Kashmir.

(Prevention/Early Intervention/Community Programs)

Margoob, Mushtaq, MD¹; Ali, Zaffar, MD²; Mushtaq, Huda, MA, MPhil (Cantab)¹; Chauan, Abishek, MB, BS
¹government medical college, srinagar, kashmir, india, srinagar, India
²James J. Peters VA Medical Centre, New York, New York, USA

Disasters can be seen as a nature's instrument to test people: the survivors for their resilience and coping; the authorities for their preparedness and fleetness of action and the unaffected for their empathy. A natural disaster (snowstorm) struck and destroyed 'Waltengo Nard' a small hilly village in South Kashmir, on 19 Feb 2005, wiping out 24.77% of its population. While delivering services to the surviving, a controlled longitudinal cohort study was conducted collaterally, to assess the psychological consequences of the disaster. A matched control was selected for comparison. GHQ-12 was used to screen subjects in both study and control groups, using a cutoff score of 6/7. 57.67% of study group scored positive on GHQ, as compared to 27.02% of control group. Further evaluation using DSM-IV based MINI neuropsychiatric interview showed a Psychiatric disorder in 34.39% of study population, compared to 14.05% in control group at the end of 1 year follow-up. PTSD formed the predominant diagnosis in the study group (18.5%) compared to control group (1.08%), followed by MDD (14.28% vs. 9.27%). Against the expected course there was no significant remission in psychiatric morbidity with time due to a number of factors, not the least important of which were the continued abandonment, poor social rehabilitation of the population and breakdown of existing social support system. The change in psychiatric disorder profile and associated psychosocial factors over a period of five years, up till March 2010, will be presented.
The impact of early maternal deprivation on child development and the stress response system

(Prevention/Early Intervention/Children and Adolescents)

Mello, Marcelo, MD, PhD
UNIFESP, Sao Paulo, Brazil

Experimental early maternal deprivation (EMD) is associated with lifelong hypothalamic-pituitary-adrenal (HPA) axis hyperactivation in rodents, but similar studies in humans are impossible due to ethical considerations. This study compared premature infants given IC with those who received an alternative method of care called the kangaroo method (KM), in which the infant and mother are kept in consistent skin-to-skin contact using bandages. Children aged six to 12 months who were born prematurely were included. The two groups were from two different hospitals, each uniformly delivering one or the other form of care, thereby minimizing the bias of maternal preference. The groups were compared with respect to biometric characteristics at delivery and data collected at their evaluation. Results: The IC (n=15) and KM groups (n=27) did not differ with respect to gender, socioeconomic class, birth weight, gestational age, or age at evaluation. Logistic regression analysis showed that infants who received IC had higher salivary cortisol concentrations and were shorter compared to those given KM. There were no differences regarding the other variables. Conclusions: These findings are consistent with studies in laboratory animals showing that experimental EMD increases HPA axis activity. The results suggest that premature infants given IC could serve as a valid human model of EMD.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Evaluation of Safety Function Action Coach-Supported Disaster Health Training

(Prevention/Early Intervention/Disaster/Mass Trauma)

Allen, Andrea, PhD1; Shultz, James, PhD2
1Barry University, Miami, Florida, USA
2DEEP Center, Sunny Isles Beach, Florida, USA

Disaster health is defined as maximal safety, optimal function, and effective action in preparedness for, and response to, emergencies, disasters, and extreme events. SAFETY FUNCTION ACTION for Disaster Responders (SFA) is a training program that presents a robust framework for achieving and maintaining a high level of disaster health. This presentation describes coach-supported training for 861 SFA facilitators throughout the State of Florida. Facilitators were drawn from public health, healthcare, mental health, and professional/volunteer emergency responder workforces and were given the opportunity to present SFA training to peers and teammates with support from DEEP Center coaches. On live-training evaluation data to be presented, facilitators provided highly favorable quality ratings to the course, materials, presenters, and all individual course components. Pre/post-assessment comparisons indicated consistent and significant gains in self-reported confidence ratings for all 7 “facilitator skills” (recruiting, motivating, training colleagues; teaching SFA skills, working with coaches) and 15 SFA “strategies and response skills” (applying the six SFA strategies_SAFEGUARD, SUSTAIN, COMFORT, CONNECT, ADVISE, ACTIVATE_to responders (self, family, team) and disaster survivors). Similarly, significant and consistent
gains were evident for 12 scales asking facilitators to self-report their comfort in dealing with disaster survivors exhibiting distress or suffering trauma and loss.

**Saturday Posters**
**Saturday, November 6**
**5:00 p.m. - 6:00 p.m.**
**Salons A-C & Foyer**

**A Novel Approach to Assessing Base Rates of PTSD in Returning Combat Service Members: The Unmatched Count Technique**
(Research Methodology/Military/Emergency Services/Aid Workers)

**Sheppard, Sean C., MA, PhD, Student**  
*SUNY-Albany, Albany, New York, USA*

A growing body of research has documented an increasing prevalence of PTSD in returning combat service members from the wars in Iraq and Afghanistan. Nearly all studies have relied on traditional anonymous self-report measures to document rates of PTSD in this population. This approach may be problematic given research suggesting that the use of such measures results in underestimates of base rates when there is stigma associated with endorsing the behavior or symptom in question (e.g., Rayburn, Earleywine, & Davison, 2003). This is particularly important given the noted impact of stigma on service members’ unwillingness to report mental health problems (Greene-Shortridge, Britt, & Castro, 2007). To address the issue of biased responding, investigators have developed a novel assessment methodology, known as the Unmatched Count Technique (UCT). The UCT provides complete anonymity at the individual level while allowing interpretation at the aggregate level (Dalton, Wimbush, & Daily, 1994). The current project describes results from the first assessment of base rates of PTSD using the UCT in a sample (N = 600) of deployed OIF/OEF service members. Results will be described in the context of developing novel assessment instruments to determine more accurate base rates of mental health problems in military samples.

**Saturday Posters**
**Saturday, November 6**
**5:00 p.m. - 6:00 p.m.**
**Salons A-C & Foyer**

**The contribution of attentional control to fear of emotions within posttraumatic stress disorder**
(Research Methodology/Clinical or Interventions Research)

**Sippel, Lauren, MS (PhD, Student); Marshall, Amy, PhD**  
*Penn State University, University Park, Pennsylvania, USA*

Individuals with posttraumatic stress disorder (PTSD) fear experiencing negative emotions (Elwood et al., 2009) and conceal their reactions in order to regulate overarousal (Tull et al., 2007), which in turn
increases negative affect and arousal (Salters-Pedneault et al., 2007). Skilled control of attention is theorized to facilitate emotion regulation by decreasing attention to threatening stimuli (Rueda et al., 2005). Ineffective attentional control may indirectly lead to fear of emotions within PTSD because of increased vulnerability to feared emotions. In fact, attentional interference to emotional stimuli is related to fear of emotions within individuals with PTSD (Salters-Pedneault et al., 2007).

We examined whether attentional control mediates the relationship between PTSD and fear of emotions among a community sample of individuals with PTSD (expected N = 30) using the Clinician Administered PTSD Scale (Blake et al., 1998), Attentional Control Scale (Derryberry & Reed, 2002), and Affect Control Scale (Williams et al., 1997). Preliminary analyses indicate the following relationships: PTSD severity and fear of emotions ($r = .43$), PTSD and attentional control ($r = -.38$), and attentional control and fear of emotions ($r = -.88$). Attentional control partially mediated the PTSD-fear of emotions relationship (95% CI=.01-1.26). Clinical implications and directions for future research will be discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Belief in a Just World among College Students: The Stimuli-Variable Influence on Attribution Processes

(Research Methodology/Clinical or Interventions Research)

wa Kimani, Muthumbi, Doctoral, Student; Weaver, Terri, PhD
Saint Louis University, Saint Louis, Missouri, USA

Abstract
How an individual attributes outcomes (blame or seriousness) to life events is a function of (i) assumptions about the self, other and the world such as the belief in a just world (BJW) where one gets what is deserved and deserves what is obtained and (ii) stimuli encountered in life. Compared to a non-violent stimulus, a violent stimulus is expected to have greater impact on attributions. In research exploring interactions between attribution processes and the BJW, no available literature systematically compares the impact of both BJW and different stimuli on attribution outcomes. To investigate the BJW and stimuli impacts on attribution processes, the study randomly assigned 267 students to stimuli conditions (violent/non-violent), compensation outcomes (possible/not possible), and photo conditions (present/absent). Participants in the violent condition attributed more responsibility to the victim, $F(1, 66.13), p<.001$, and rated the crime as more serious, $F(1, 13.82), p<.001$, than other participants. Seriousness of the crime was significantly higher in the non-compensatable condition, $F(1, 9.66), p<.01$. Responsibility attribution was significantly higher for participants high in the personal BJW. Some interactions were found to be significant. Results suggest that attributions are functions of not just fundamental cognitions but also functions of the stimuli.
Salons A-C & Foyer

Factor Structure of the PTSD Checklist in U.S. OEF/OIF Veterans Presenting to Primary Care

(Research Methodology/Military/Emergency Services/Aid Workers)

**Williams, Joah, MS; Monahan, Chris, MS; McDevitt-Murphy, Meghan, PhD**

*University of Memphis, Memphis, Tennessee, USA*

Current diagnostic criteria break PTSD into three distinct symptom clusters (APA, 2000), although a number of recent confirmatory factor analysis (CFA) studies support four-factor models (King et al, 1998; Simms et al., 2002). No single model, however, has emerged as the best fitting model for PTSD symptoms. The current study examined five competing models of PTSD symptoms among recently returned veterans presenting to a VA primary care clinic.

Participants were 355 veterans deployed as part of Operations Enduring or Iraqi Freedom (OEF/OIF). Veterans were predominantly male (89.5%) with a mean age of 33.62 years. PTSD symptoms were assessed using the PCL-M (Weathers et al., 1993). A series of CFAs were carried out examining five models of PTSD including one, two, and three-factor models along with the King (1998) and Simms (2002) four-factor models.

Resulting fit statistics suggest that both four-factor solutions were better fits than the one, two, or three factor models. Of the four-factor models, the Simms (2002) model demonstrated the best model fit. Consistent with APA’s proposed changes for DSM-V, these results support breaking PTSD into four factors and suggest that the fourth factor should include elements of general dysphoria, including negative changes in cognitions and mood.

Saturday Posters

Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Using Controlled Vocabularies to Search the Traumatic Stress Literature Effectively

(Research Methodology/Media/Training/Education)

**Lerner, Fred, Other**

*National Center for PTSD, White River Junction, Vermont, USA*

A survey of the existing literature is an essential prerequisite to undertaking, conducting, and publishing research in traumatic stress studies. This is especially true for literature reviews and meta-analyses. Natural-language searching -- sometimes referred to as “free-text searching” -- is an ineffective approach to discovery of relevant literature. The careful choice of bibliographic databases, and the use of their controlled indexing vocabularies, produces more authoritative search output, thus minimizing inadvertent overlooking of important published research. This will be demonstrated by comparison of actual search strategies employing natural-language and controlled-vocabulary searching in several databases that index the traumatic stress literature.

The results of MEDLINE, PsycINFO, and PILOTS Database searches of the traumatic stress literature will
be presented, with attention to the total number of citations retrieved using natural language and controlled vocabulary, and to the relevance of the citations retrieved or not retrieved by each strategy. Circumstances under which it would be advantageous to use a combined approach will be considered, as well as alternative approaches such as citation searching. The use of saved searches and alerting services will be discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Social support, physiological reactivity, and PTSD: An overview of preliminary results.

(Research Methodology/Assessment/Diagnosis)

Nachar, Nadim, PhD Candidate¹; Guay, Stéphane, PhD¹; Lavoie, Marc, PhD¹; Marchand, André, PhD¹; O'Connor, Kieron, PhD¹
¹University of Montreal, Montreal, Quebec, Canada
²Trauma Study Center, Louis-H. Lafontaine Hospital, Quebec, Canada

Progress in the study of social support processes with individuals with PTSD is still at an early stage. In fact, overt behavioral support processes and physiological responses, relevant in the study of social support and PTSD, are dimensions that have been much overlooked in the scientific literature. A multi-method strategy was developed in our laboratory to measure observed social support processes and physiological acute responses of individuals with a PTSD. The mean heart rate (HR) of 28 PTSD participants was thus respectively measured during a series of live interactions: (1) a 2 minute resting baseline, (2) a 10 minute neutral interaction with the significant other, (3) a 15 minute active interaction with the significant other evoking the impacts of PTSD on their lives, and (4) a 2 minute recovery phase. The results revealed that the active interaction has a tendency to elicit an elevated HR response in comparison with the neutral one. During the active condition, a higher HR frequency has been found to be positively correlated with the severity of PTSD symptoms as well as with lower perceived positive support from the social network. This innovative design and more results linking social support and physiological responses will be presented.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

A Systematic Review on the Efficacy of Propranolol to Block Consolidation and Reconsolidation of Emotional Memory in Humans

(Research Methodology/Clinical or Interventions Research)
Olivera Figueroa, Lening Alexis, PsyD¹; Lonergan, Michelle, Undergraduate²; Brunet, Alain, PhD¹
¹Douglas Hospital, McGill University, Montreal, Quebec, Canada
²Concordia University / Douglas Hospital, McGill University, Montreal, Quebec, Canada

Rationale: A growing body of research literature suggests that the beta blocker Propranolol has the capacity of selectively affecting the consolidation and reconsolidation of emotional memories. These findings have inspired researchers to investigate the effects of this agent in healthy controls and patients with Post Traumatic Stress Disorder. One interesting hypothesis considers the role of Propranolol in reducing emotional memory for negative material, thus serving as a pharmacological treatment for PTSD. However, results across these studies have been contradictory.

Methods: To address this conundrum, we performed an updated systematic review on the efficacy of Propranolol in blocking consolidation and reconsolidation of emotional memories in non-clinical individuals, as well as a primary and secondary treatment for PTSD. This was conducted through an extensive literature search, using the keywords “propranolol”, “emotional memory”, “consolidation”, “reconsolidation”, “PTSD”, and “trauma” on PubMed and PsycInfo databases.

Results: We found 16 articles examining the effect of Propranolol on consolidation and reconsolidation of emotional memory in non-clinical populations. Furthermore, 6 articles were found on the role of Propranolol in treating PTSD populations by moderating emotional memories for traumatic events.

Conclusion: This findings support the notion that Propranolol affects the consolidation and reconsolidation of emotional memories. Therefore, the overviewed literature supports the use of Propranolol in the prevention and treatment of PTSD symptoms.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

A latent growth mixture modelling approach to PTSD symptoms in rape victims

(Research Methodology/Assessment/Diagnosis)

Armour, Cherie, PhD¹; Shevlin, Mark, PhD¹; Elklit, Ask, PhD²
¹University of Ulster, Londonderry, United Kingdom
²University Southern Denmark, Odense, Denmark

The research literature has suggested that longitudinal changes in PTSD could be adequately described in terms of one universal trajectory, with individual differences in baseline levels (intercept) and rate of change (slope) being negligible. Not everyone who has experienced a trauma is diagnosed with PTSD, and symptom severity levels differ between individuals exposed to similar traumas. The current study employed the LGMM technique to test for multiple trajectories using data from a sample of rape victims. In addition, the analysis aimed to determine if a number of explanatory variables could differentiate between the trajectories. Results concluded the existence of two PTSD trajectories. Acute Stress Disorder was found to be the only significant predictor. The present findings confirmed the existence of multiple trajectories with regards to PTSD symptomatology.

Saturday Posters
Saturday, November 6
**Alterations in default network connectivity during pain processing in PTSD**

(Research Methodology/Clinical or Interventions Research)

Lanius, Ruth, MD, PhD¹; Kluetsch, Rosemarie, MSc²; Schmahl, Christian, MD³

¹University of Western Ontario, London, Ontario, Canada
²University of Western Ontario/University of Mannheim, London, Ontario, Canada
³Central Institute of Mental Health, Mannheim, Germany

The default mode network consists of a number of correlated brain regions that are active during rest. These regions include the medial prefrontal cortex, posterior cingulate cortex/precuneus, and lateral parietal areas. Recent studies provide evidence of abnormal resting-state connectivity within the default network in individuals with PTSD. In addition, findings from pain research using a thermal stimulation paradigm suggest that patients with PTSD display altered activity in brain regions implicated in pain processing, including the right amygdala, insula, and ventrolateral prefrontal cortex. Recent findings in healthy subjects indicate that painful thermal stimuli induce decreased activation in several structures within the default network. In this study these lines of investigation are brought together. PTSD participants and healthy controls underwent psychophysical assessment and blood oxygenation level-dependent (BOLD) functional magnetic resonance imaging during heat stimulation versus a resting condition. Independent component analyses (ICA) and psychophysiological interaction (PPI) analyses showed alterations in default network connectivity during pain processing in individuals with PTSD as compared to healthy controls. These data may offer new insights into the specific functions of the default network and have implications for the examination of pain regulation mechanisms in PTSD.

---

**The Application of a Two-Stage Structural Equation Modeling Procedure to Investigate the Factor Structure of Posttraumatic Stress Disorder Symptoms**

(Research Methodology/Assessment/Diagnosis)

Yufik, Tom, PhD; Simms, Leonard, PhD

SUNY Buffalo, Buffalo, New York, USA

Converging lines of evidence have called into question the validity of DSM-based conceptualizations of Posttraumatic Stress Disorder (PTSD) and suggested alternative structural models of PTSD symptomatology. We conducted a meta-analysis of 40 PTSD studies (N = 14,827 participants across studies) that used a DSM-based measure to assess PTSD severity. We used a two-stage structural equation modeling procedure (TSSEM) to aggregate correlation matrices across studies and to apply confirmatory factor analysis to the aggregated matrices. We tested the fit of five competing models of PTSD symptomatology that have gained support in the literature in addition to the higher-order and bifactor versions of the best fitting models. Results indicated that two prominent four-factor models of...
PTSD symptomatology yielded good model fit across sub-samples of studies; however, the model comprised of intrusions, avoidance, hyperarousal, and dysphoria factors yielded a better fit across studies. Results also indicated that the best fitting models were not moderated by measure or sample type. However, our TSSEM analysis identified structural properties in distinct groups of participants with PTSD, such as substance abusers, which may have important implications for future investigations of PTSD factor structure.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Attrition and Response to Trauma Research Participation: Perceived Value versus Level of Distress

(Research Methodology/Social Issues/Public Policy/Ethics)

Jacoby, Vanessa, BA; Scotti, Joseph R., PhD; Krackow, Elisa, PhD; Skivington, Elizabeth, Undergraduate; Udhayanan, Nuttha, Undergraduate
West Virginia University, Morgantown, West Virginia, USA

Research on reactions to participating in traumatic stress studies has generally shown that participants do not experience strong or lasting negative reactions. However, the literature is limited to volunteer, self-selected participants who are “study completers.” Thus, this literature may reflect rather biased samples. The current study examines differences in the reactions of Completers and Non-Completers to participation in a two-part traumatic stress study that included viewing a graphic autopsy video (Session 1), and returning four days later (Session 2) to complete questions about Session 1. Completers and Non-Completers (i.e., did not return for Session 2) reported equally good understanding of the consent process, and did not differ in trauma history or level of traumatic stress symptoms. However, Non-Completers reported a higher level of arousal during the video (e.g., anxiety, nausea, disgust), despite a lack of difference in their report of how bothered they were by various aspects of the study. Completers reported a greater perceived value/worth to the study than did Non-Completers. The results suggest that participant attrition was related to the perceived value of the research and level of arousal during the video, and not to overall distress or a trauma history. Implications for trauma research are discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Affective Reactions to Traumatic Events and Sustained Potentiation of Startle-blink following Unpleasant Images

(Research Methodology/Assessment/Diagnosis)
Robinson, Jordan, MA; Larson, Christine, PhD
University of Wisconsin-Milwaukee, Shorewood, Wisconsin, USA

Psychophysiological techniques have been used to extensively study the effects of trauma. Though most of this research concentrates on clinically-defined PTSD, it is also important to understand how a non-clinical, trauma-exposed population responds to traumatic events. We examined relationships between the time course of emotion-modulated startle responses and self-reported affective reactions to traumatic events.

76 students completed an emotion-modulated startle paradigm of 126 IAPS pictures, 42 each of positive, negative, and neutral images. Acoustic startle probes were presented at four time points: 1.5, 4.5, 7.5, and 9 s post-stimulus onset. Images were presented for 6 s, with the final two probes presented after picture offset

Trauma exposure correlated significantly with increased startle potentiation to negative compared to neutral pictures following picture offset. Specifically, those participants who experienced particularly emotional events, and those who reacted to these events with intense fear, helplessness, or horror showed even greater startle potentiation to unpleasant images after the offset of the picture than when it was present. These data suggest prolonged maintenance of negative emotion within those individuals who experienced significant emotional duress during a traumatic event.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

White Matter in Pediatric Posttraumatic Stress Disorder: a Diffusion Tensor Imaging Study
(Research Methodology/Children and Adolescents)

Orejuela, Ana, Undergraduate; Perkins, Suzanne, PhD; Sripada, Chandra, MD; Liberzon, Israel, MD; Welsh, Robert, PhD
University of Michigan, Ann Arbor, Michigan, USA

Abnormal white matter (WM) cohesion of the anterior cingulate (AC) has been demonstrated in adults with Posttraumatic stress disorder (PTSD) (Kim et al., 2005; Kim et al., 2006; Abe et al., 2006). However, few studies have examined these abnormalities in pediatric PTSD. In children with PTSD, decreased WM in the corpus callosum (CC) has been shown (Jackowski et al., 2007). Both the AC and CC have connections with the medial prefrontal cortex and the amygdala. These areas are involved in cognitive control and emotional processing, and disruptions to these areas and their connections help explain the dysregulations associated with PTSD symptomatology. It is important to examine WM integrity not just in adults but also in children because the effects of trauma and stress differ across the lifespan. This study will use diffusion tensor imaging (DTI) to examine WM integrity in the CC and AC in children with PTSD and demographically-matched healthy controls. We predict that children with PTSD will exhibit decreased WM cohesion in both the AC and CC, relative to healthy controls. A two-sample t-test will test for differences in fractional anisotropy (FA) values between the two groups in both whole brain FA and region of interest analyses (ROI).
Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Evaluation of a resilience training program in the military: Methodological considerations and the importance of qualitative data

(Research Methodology/Military/Emergency Services/Aid Workers)

Libretto, Salvatore, PhD¹; Hilton, Lara, MPH²; Elfenbaum, Pamela, PhD¹; Delgado, Roxana, MS¹; Walter, Joan, JD¹
¹Samueli Institute, Alexandria, Virginia, USA
²RAND Corporation, Santa Monica, California, USA

As our military engages in conflicts on multiple fronts, the capacity of providers to treat stress disorders among returning service members is stretched to the limit. The need for training programs designed to teach self-help skills to improve resilience and mitigate the effects of stress is clear; how to measure their impact is not. Tracking quantitative outcomes is critical to assessing the impact of the training and a necessary part of determining whether or not the training was worthwhile. Participant acceptability, receptivity and changes to attitudes, knowledge, and beliefs are key outcomes that are difficult to capture in quantitative surveys on new programs. Further, qualitative data (including focus group and individual interviews) can impart information on how and why the training was worthwhile. This information is vital if the training is to be expanded, changed, or replicated. This presentation will discuss the methodological framework for an evaluation of an Army resilience training program with over 4,000 soldiers. The evaluation framework includes determining and measuring the structure of the training program, its implementation process, and outcomes of the training program. Using this case example of a training program evaluation, we will make a case for the importance of qualitative methods.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Trauma and Forgiveness: An Experimental Study of Factors that Affect Forgiving

(Research Methodology/Clinical Practice Issues)

Tung, Ling-Hsuan, PhD; Hummel, Thomas, PhD
University of Minnesota, Minneapolis, Minnesota, USA

Empirical forgiveness intervention studies have found that forgiveness is correlated with improved mental health (Coyle & Enright, 1997; Harris et al., 2006; Reed & Enright, 2006). This choice-modeling experiment used a completely randomized fractional factorial design to investigate forgiveness choice behaviors. A total of 128 students (blocked on major - 64 graduate counseling and 64 undergraduate) read eight scenarios regarding a forgiveness dilemma after a trauma (i.e. sexual assault, abortion, extramarital affairs, betrayal by a friend, accusation of plagiarism, car accident, domestic violence, and
HIV status. Each scenario had nine independent variables embedded (apology, time since offense, intentionality, severity, pre-offense closeness, current functioning, age, ethnicity, and religion). After reading each scenario, participants made three sequential choices: to Forgive the offender or not, to Tell the offender whether he/she was forgiven or not, and to Interact with the offender or not. The results of logistic regression analyses indicated that: 1) four independent variables (scenario, apology, severity, and block) and one demographic variable (participant religiosity) had significant effects on Forgive; 2) five independent variables (scenario, apology, religion, intentionality and block) made significant contributions to Tell; and 3) five independent variables (scenario, apology, time since offense, ethnicity, and block) had significant effects on Interact.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Childhood Adversity: A Review of Measurement Instruments

(Research Methodology/Assessment/Diagnosis)

Burgermeister, Diane, PhD, RN
Madonna University, Livonia, Michigan, USA

Measurement instruments are needed to stimulate research on the long-term outcomes of childhood adversity. Therefore, the purpose of this review was to locate, describe, and assess instruments to measure retrospective perceptions of childhood adversity. An electronic search of instruments was conducted using a combination of keywords that included child maltreatment, child trauma, and childhood stressful events. Nine instruments were located and described according to format, definition of childhood adversity as measured by the instrument, characteristics of the sample used in development and testing, reliability and validity evidence, and feasibility for use. Six out of the nine instruments were suitable for investigators who require a comprehensive measure of childhood adversity. A main weakness of all instruments was the lack of research with diverse populations. The reliance upon college students and clinical samples limited usefulness and there was misinterpretation of ethnic and racial groups. Corroboration with independent sources and use of randomized samples are needed to improve upon reports of validity.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Heart Sees What is Invisible to the Eyes: Information Processing and Physiological Arousal in Survivors of Complex Trauma

(Research Methodology/Assessment/Diagnosis)
D'Andrea, Wendy,  
*Trauma Center at JRI, Brookline, Massachusetts, USA*

People who have experienced prolonged exposure to interpersonal violence, referred to as *complex trauma*, have disturbances in their physiological arousal and information processing. Their physiological responses may be paradoxical, or deviate drastically from the norm. In fact, their responses may be so aberrant that their data are excluded from study because it is misconstrued as artifact or noise. The primary goal of this symposium is to advance the understanding of various unexpected manifestations of disruptions in post-trauma information processing and physiological arousal. A secondary goal is to begin an investigation of how information processing and physiological arousal are inter-related. Data from treatment-seeking adults and children and from community samples will be presented, and the implications for these data in the study of trauma and physiology will be discussed.

**Saturday Posters**  
**Saturday, November 6**  
5:00 p.m. - 6:00 p.m.  
Salons A-C & Foyer

**Too Much, Too Little, and Just Right: Attentional Biases, Implicit Memory and Physiological Reactivity in Complexly Traumatized Women**

(Research Methodology/Assessment/Diagnosis)

D'Andrea, Wendy,  
*Trauma Center at JRI, Brookline, Massachusetts, USA*

This study examined information processing and physiological arousal in a sample of 29 treatment-seeking women with histories of significant exposure to interpersonal violence throughout their lives. Participants completed self-report measures and completed three tasks: a Stroop task to assess attentional biases for emotionally-evocative stimuli; a word-stem completion task to assess implicit memory for trauma-related words; and a slide viewing task, in which participants passively viewed images depicting trauma-related scenes while their physiological activity was monitored. Participants had significant global psychiatric distress, with notable elevations in dissociative symptoms. As expected, participants showed attentional biases and implicit memory for trauma stimuli, and exaggerated physiological activity during and after trauma-related images. Unexpectedly, participants showed implicit memory biases against positive words, and showed enhanced implicit memory for neutral stimuli that had been paired with trauma stimuli. Participants also showed paradoxical physiological reactivity, with evidence of unexpected sympathetic nervous system withdrawal. These data suggest a tendency towards “screening out” data which may disconfirm traumatic schemas, which may be reinforced by both hyper- and hypo-arousal in physiology.

**Saturday Posters**  
**Saturday, November 6**  
5:00 p.m. - 6:00 p.m.  
Salons A-C & Foyer
Self-referential Processing in Women with PTSD Related to Childhood Abuse: An fMRI Study

(Research Methodology/Children and Adolescents)

Frewen, Paul, PhD¹; Dozois, David, PhD²; Neufeld, Richard, PhD²; Lanius, Ruth, MD, PhD²
¹University of Western Ontario, Depts. of Psychiatry and Psychology, London, Ontario, Canada
²University of Western Ontario, London, Ontario, Canada

Negative self-referential processing and identity disturbance are frequent clinical outcomes in adults who were maltreated as children. In this study verbal and visual self-referential processing was investigated in women with (n=49) versus without (n=36) maltreatment-related PTSD. Relative to women without PTSD, women with PTSD endorsed more negative and less positive trait-adjectives as self-descriptive, and experienced more negative and less positive affect in response to viewing pictures of themselves while listening to both negative and positive trait adjectives. In an fMRI study, women without PTSD (n=15) demonstrated increased BOLD response within the perigenual region of the anterior cingulate cortex during self-referential processing while listening to positive trait adjectives relative to neutral words. Positively-valenced self-descriptiveness and affective response ratings predicted BOLD response within the right amygdala during self-referential processing within women with PTSD (n=9). Functional connectivity findings will also be presented. The theoretical and clinical significance of abnormal self-referential processing in trauma-related psychiatric disorders will be discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

College Student Sexual Assault During Study-Abroad

(Social Issues/Public Policy/Ethics/Clinical or Interventions Research)

Flack, Jr., William F., PhD; Campbell, Brooke E., BA
Bucknell University, Lewisburg, Pennsylvania, USA

College women in the U.S. and Canada report sexual assault victimization (SAV) rates from 20 - 25% (e.g., Fisher, Cullen, & Turner, 2000), as compared with sexual assault perpetration (SAP) rates among men of 5-15% (e.g., Lisak & Miller, 2002). These rates reflect assaults experienced or perpetrated by college students prior to or while at school. The present study was designed to examine SAV and SAP rates (i.e., groping, and attempted and completed forms of invasive assault) during college study-abroad programs, a context in which SAV/SAP have not previously been examined. A locally representative sample of 278 students from a small, private, rural, residential campus in the northeastern U.S. responded to a web-based survey on SAV/SAP during study-abroad in the fall of 2008. 14.0% of women reported SAV, and 8.3% of men reported SAP. Those women reporting SAV indicated that 39.7% of their perpetrators were students from their own college, 32.8% students from another college, and 27.6% residents of the host country. Those men reporting SAP indicated that 15.4% of their victims were students from their own college, 53.9% students from another college, and 30.8% residents of the host country. Further attention to sexual assault during study-abroad is clearly warranted.
Prior Victimization, Alcohol Use, and the Occurrence of Unwanted Sexual Experiences Among College Women

(Social Issues/Public Policy/Ethics/Prevention/Early Intervention)

Cranston, Christopher, BS; Jaffe, Anna, BA; Pruiksma, Kristi, MA; Davis, Joanne, PhD; Avant, Elizabeth, MA
University of Tulsa, Tulsa, Oklahoma, USA

A recent meta-analysis found that the strongest risk factor predicting sexual victimization in adulthood is previous sexual victimization in adolescence. It has been hypothesized that individuals who engage in substance use are at higher risk of experiencing traumatic events, including revictimization. Further, evidence has been found that many of the incidents of substance use occur during young adulthood, including college freshman and sophomores who are also at high risk for sexual victimization. To investigate these relationships, data was collected on 99 college freshman and sophomores regarding their use of alcohol and sexual experiences before and while attending the university. Of these participants, 21 females reported sexual victimization (i.e., rape) prior to attending college. We hypothesized that while attending college, (1) prior sexual victimization would significantly predict unwanted sexual experiences, and (2) alcohol use in college would contribute significantly to the variance explained in the occurrence of unwanted sexual experiences. Hypothesis 1 was supported in that prior sexual victimization significantly predicted unwanted sexual experiences while attending college; however, hypothesis 2 was precluded as alcohol use in college did not significantly contribute to variance explained in unwanted sexual experiences. Strengths, limitations, and future research implications are discussed.

“The Red Zone”: A Replicated Study of the Temporal Risk for Unwanted Sex Among College Women

(Social Issues/Public Policy/Ethics/Prevention/Early Intervention)

Tomlins, Joseph, BA; Cranston, Christopher, BS; Davis, Joanne, PhD; Avant, Elizabeth, MA
University of Tulsa, Tulsa, Oklahoma, USA

The “red zone” is the first few weeks in the first year of college wherein women are at highest risk of sexual assault. This investigation replicated a study conducted by Flack and colleagues (2008) examining the time period. While the “red zone” was not supported, a time period with a significant risk was identified in their study. Data was collected from 99 first- and second-year students (68 of whom were women). This
investigation examined attempted and completed sexual assaults during six different time periods to
assess the red zone: (1) the first month of the first semester, (2) after the first month and before fall break,
(3) after fall break to finals, (4) beginning of second semester to spring break, (5) after spring break to
finals, and (6) the first month of the semester in the second year. We hypothesized: (1) higher
frequencies of unwanted sexual experiences would not be found during the “red zone” compared to the 5
other time periods; (2) freshmen would have higher frequencies of unwanted sexual experiences than
college sophomores within their given year. Findings support hypothesis 1 and preclude hypothesis 2.
Strengths, limitations, and implications will be discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Hooking Up, Alcohol Consumption, and Sexual Assault at College, Revisited
(Social Issues/Public Policy/Ethics/Clinical or Interventions Research)

Flack, Jr., William F., PhD; Campbell, Brooke, BA; Bryant, Leigh, Undergraduate; Feller, Natasha,
Undergraduate; Siegel, Cate, Undergraduate
Bucknell University, Lewisburg, Pennsylvania, USA

Many studies (reviewed by, e.g., Ullman, 2003) have demonstrated a relationship between alcohol
consumption (AC) and sexual assault victimization (SAV) among college students. Two recent studies
(Flack et al., 2007; Flack et al., 2008) have demonstrated that hooking up (HU; sexual encounters without
relational commitment) is also a significant risk factor for college SAV. In the present study, we sought to
replicate and expand upon previous AC/HU-SAV findings. A locally representative sample of 342
randomly selected female students at one U.S. campus responded to a web-based survey. 80% of the
sample reported engaging in one of more types of HU, and 56.7% reported one or more instances of SAV
(based on the Sexual Experiences Survey; Koss et al., 2007). Mean level of AC (based on the AUDIT;
Babor et al., 2001) was 8.59 (SD=5.13). Regression analysis demonstrated that the combination of HU
and AC predicted SAV, but only HU did so independently. Analyses of more specific types of HU and
SAV will also be reported, along with their implications for further research and prevention efforts.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Relation Between Trauma Exposure and Prosocial Behavior
(Social Issues/Public Policy/Ethics/Media/Training/Education)

Greer, Christiaan, BA; Gabrielsen, Susanne, BA; Frazier, Patricia, PhD
University of Minnesota, Minneapolis, Minnesota, USA
Previous research on Post-Traumatic Growth has focused on individuals’ self-construals of change and growth. Until now, no studies have examined prosocial behavior as a reaction to trauma, although there is ample anecdotal evidence to support such a link. We examined the relation between life-time trauma exposure and engagement in prosocial behaviors in a large sample of undergraduate students (N = 1528). The relation between the number of lifetime traumas reported on the Traumatic Life Events Questionnaire (Kubany, 2004) and the frequency of engaging in four prosocial behaviors in the past 2 weeks (e.g., providing help or emotional support to others) was similar in magnitude (r = .23, p<.001) to other well-established correlates of prosocial behaviors such as empathy (r = .23, p<.001), agreeableness (r = .26, p<.001) and extraversion (r = .23, p<.001) at baseline. Individuals who reported more lifetime traumas also reported engaging in more volunteer activities in the past year (r = .16, p<.001). In prospective analyses, individuals who reported a trauma between baseline and Time 2 two months later (n = 122) also reported more prosocial and volunteer behaviors in the past 2 months than did a matched comparison group (n = 122), both ds = .27.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Perceptions of Sexual Orientation-Related Discrimination and PTSD Symptoms Among Lesbian, Gay, and Bisexual Youth

(Social Issues/Public Policy/Ethics/Culture/Diversity)

Armegie, Aaron, PhD1; Delahanty, Douglas, PhD2; Boarts, Jessica, PhD2
1Tulane University Health Sciences Center, New Orleans, Louisiana, USA
2Kent State University, Kent, Ohio, USA

The present study examined the relationship between perceived discrimination related to sexual orientation and PTSD symptoms in a sample of lesbian, gay, and bisexual youth (LGB). Ninety-one LGB youth (mean age 19.6; 72.5% male; 96.7% African American) were recruited from an urban community center for sexual minority youth. Participants completed a standard socio-demographic questionnaire, the Schedule of Racist Events (SRE: Landrine & Klonoff, 1996; adapted to measure sexual orientation-based discrimination), and the Posttraumatic Diagnostic Scale (PDS: Foa et al., 1997). Of the 91 participants, 73 (80.2%) reported experiencing at least one traumatic event. Bivariate correlations revealed significant, positive correlations between the number of different types of traumatic events reported, past year and lifetime perceived discrimination, discrimination-related distress, and PTSD symptoms. Subsequent hierarchical linear regression analyses found that past year perceived discrimination (β = .262, p = .016), but not lifetime perceived discrimination (β = .157, p = .139) nor discrimination-related distress (β = .186, p = .085), continued to significantly predict PTSD symptoms after controlling for the number of different types of traumatic events reported. Findings highlight the importance of assessing for and addressing discrimination experiences when working with LGB youth survivors of trauma.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

"Traumatic Flight" in Pedestrian Hit-and-Run Accidents

(Social Issues/Public Policy/Ethics/Assessment/Diagnosis)

Booker, Kevin, PhD
South Bay Trauma Consultants, Los Angeles, California, USA

While in some cases drivers flee accidents involving injured pedestrians because they (the drivers) are under the influence of a controlled substance (intoxicated), estimates are that this statistic reflects only about 20% of hit-run episodes. The remaining incidences of hit-and-run involve drivers who were sober at the time of the accident. Hence, their motivation for "fleeing the scene" of a potentially life-threatening traumatic event for which they are responsible is likely associated with other factors. This case involves the acute, post-traumatic actions of a driver following a hit-and-run accident in which one person was killed and another seriously injured. Personality, mood and psychological assessment was conducted during the course of a comprehensive trauma debriefing to evaluate autonomic nervous system (dissociative) response as well as cognitions to include intrusive thoughts, avoidance, hyperarousal and guilt. The relationship between acute trauma and autonomic-nervous-system activation is explored as a possible factor predisposing to "flight" after pedestrian-involved motor-vehicle accidents.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Ethical Considerations for Research, Clinical Practice, and Media’s Coverage of Traumatic Events

(Social Issues/Public Policy/Ethics/Media/Training/Education)

Averill, Lynnette, MS (PhD, Student)¹; Hebenstreit, Claire, MA, PhD, Student²; McMahon, Cait, PhD Candidate³; DePrince, Anne, PhD²
¹University of Utah, Salt Lake City, Utah, USA
²University of Denver, Denver, Colorado, USA
³Dart Centre for Journalism and Trauma—Australasia, Melbourne, Australia

This panel, hosted by the ISTSS Student Section, will discuss ethical considerations in research, clinical practice and media coverage and reporting of traumatic events. Specifically, we will discuss ethical issues related to (1) motivations for research participation and perceptions of costs and benefits of this research following participation in a longitudinal study of women exposed to intimate partner violence; (2) methodological factors that contribute to positive benefit-to-cost ratios across several trauma samples and the impact of perceptions of the research process and the utilization of an informed consent quiz on participant experiences in trauma research; (3) research and clinical practice considerations with suicidal clients including informed consent; and (4) ethical considerations in the way media reports on suicide, the positive role that media has in educating the public about suicide and shaping attitudes about risks and help-seeking behavior, and how mental health and media professionals can collaborate to increase
understanding and learn from one another. There will be an interactive discussion between the panel and audience members to further explore these issues.

**Saturday Posters**

**Saturday, November 6**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**Trauma and Resilience: The Families of Missing Persons**

(Social Issues/Public Policy/Ethics/Community Programs)

*Lampinen, James, PhD; Petretic, Patricia, PhD; Peters, Christopher, MA; White Chaisson, Elizabeth, MA*

*University of Arkansas, Fayetteville, Arkansas, USA*

Every year, thousands of people go missing around the world. People go missing for a variety of reasons and under a variety of circumstances. The emotional impact of having a loved one go missing has been described as ambiguous loss. According to Boss, because the loss is ambiguous, the normal process of grieving is interrupted. Indeed, some researchers have even argued that the psychological harm incurred when someone goes missing and remains missing is greater than the psychological harm incurred when a loved one passes away.

Although the impact of having a child go missing on parents has been examined somewhat, little research has examined the psychological impact of having an adult loved one go missing. We surveyed 27 family members of missing persons, most of whom had adult loved ones go missing. Participants showed clinically significant levels of anxiety, depression, intrusive thoughts, anger, dissociation, and avoidance. About half of all the family members we've surveyed have four or more symptoms at the same time.

We also examined factors that moderated the impact of having a loved one go missing. In particular, resilience as measured by the Connor-Davidson scale was negatively correlated with symptoms.

**Saturday Posters**

**Saturday, November 6**

5:00 p.m. - 6:00 p.m.

Salons A-C & Foyer

**Use of the PTSD Symptom Scale - Interview (PSS-I) among Pacific Island Combat Veterans: Early results of a psychometric evaluation**

(Technology/Assessment/Diagnosis)

*Mackintosh, Margaret-Anne, PhD\(^1\); Hynes, Anna K., PsyD\(^1\); Earleywine, Mitch, PhD\(^2\); Aosved, Allison C., PhD\(^2\); Morland, Leslie A., PsyD\(^1\)*

\(^1\)National Center for PTSD, Pacific Islands Division, Honolulu, Hawaii, USA

\(^2\)University of Albany, SUNY, Albany, New York, USA

\(^3\)VA Pacific Island Health Care System, Honolulu, Hawaii, USA
The PTSD Symptom Scale - Interview (PSS-I) is a flexible, semi-structured interview designed to aid clinicians in making diagnoses of PTSD as well as with estimating the overall severity of PTSD symptoms. This measure has been used with a number of different groups and across different types of traumas. However, few studies have used the PSS-I in assessing combat-related trauma and, none to date, with Pacific Islanders. Thus, this study investigates the psychometric properties of the PSS-I in a sample of combat veterans with PTSD currently residing in the Pacific Islands. Data will be drawn from an ongoing clinical research study (n of approximately 40) investigating the provision of group Cognitive Processing Therapy to rural combat veterans with PTSD via video teleconferencing compared to an in-person control group. Psychometric properties of the PSS-I will be explored via two different methodologies: 1) Item Response Theory and 2) a Multi-Method, Multi-Trait approach. Using Item Response Theory, PSS-I scores will be compared with scores obtained for the same veteran on the Clinician Administered PTSD Scale (CAPS). In addition, convergent and divergent validity will be assessed by comparing the veterans’ scores on each of the PTSD interviews with other measures of PTSD using different methods (PTSD Checklist - Specific Trauma Version; a self-report measure), with constructs believed to covary strongly with PTSD symptoms (e.g., depressive and anger symptoms) and with measures not expected to be strongly correlated with PTSD symptoms.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer


(Technology/Civilians in War/Refugees)

Pekevski, Jordan, MA
Disaster Mental Health Institute, University of South Dakota, Vermillion, South Dakota, USA

This poster will offer the author’s experiences in consulting with the Ethiopian branch of the United Nations High Commissioner for Refugees (UNHCR) regarding the implementation of the Inter-Agency Standing Committee (IASC) guidelines on Mental Health and Psychosocial Support (MHPSS). The guidelines on MHPSS enable humanitarian actors to plan, coordinate, and establish a set of minimum responses necessary to promote MHPSS for affected communities in emergency situations. These guidelines have been distributed throughout UNHCR in 2007. Ethiopia faces a challenge in implementing these guidelines due to a lack of capacity, with one mental health hospital, no community care facilities, 60 psychologists, and 15 psychiatrists for a country of 72 million people. This presentation will address the brief assessment of needs that was conducted by the author in four refugee camps in Ethiopia. It will also provide information on existing programs that address MHPSS issues in these camps as well as in the urban based refugee population. Finally, the author will share his recommendations, challenges encountered, and vision for the future.

Saturday Posters
Saturday, November 6
Anger Management Treatment among rural veterans with PTSD: Moderators and mediators of treatment effects

(Technology/Clinical or Interventions Research)

Mackintosh, Margaret-Anne, PhD1; Greene, Carolyn J., PhD2; Rosen, Craig S., PhD2; Kloezeman, Karen C., MA1; Morland, Leslie A., PsyD1
1National Center for PTSD, Pacific Islands Division, Honolulu, Hawaii, USA
2National Center for PTSD, Palo Alto VAMC, Palo Alto, California, USA

One aspect of PTSD that can substantially impair functioning is disregulated anger. Treatment of the anger component of PTSD is considered an essential element in the trauma recovery process. Although research has demonstrated the efficacy of cognitive-behavioral therapy (CBT) for the treatment of anger, there is limited research on both factors influencing who is most likely to benefit from current anger-focused treatment protocols (moderators) and the identification of mechanisms that account for the effects of specialty treatment (mediators). The current study investigates potential moderators (e.g., demographic and psychosocial factors) and mediators (e.g., session attendance and homework completion) of treatment outcome effects (e.g., reductions in the affective, cognitive and behavioral components of anger symptoms). Data are drawn from a recently published randomized clinical trial that investigated the effectiveness of using telemental health (i.e. videoteleconferencing; VTC) to deliver a CBT Anger Management Treatment to 125 rural veterans with PTSD living in the Pacific islands. Previous work indicated that outcomes in the VTC group were equivalent to those in the in-person control condition. Latent growth models will be developed, using data collapsed across treatment modality, to assess the effects of moderating and mediating variables for various components of anger measured at baseline, post-treatment, and 3- and 6-month follow-up. Results may highlight important ways of tailoring treatment protocols or provide information about who may benefit most from current anger treatments.

A Virtual Reality Study of Trauma Memory Formation

(Technology/Clinical or Interventions Research)

Malta, Loretta S., PhD1; Giosan, Cezar, PhD2; Szkodny, Lauren E., BA3; Rizzo, Albert A., PhD4; Difede, JoAnn, PhD2
1Albany Stratton VA Medical Center & Weill Medical College of Cornell University, Albany, New York, USA
2Weill Medical College of Cornell University, New York, New York, USA
3Pennsylvania State University & Weill Medical College of Cornell University, University Park, Pennsylvania, USA
4University of Southern California, Marina del Rey, California, USA
This study used virtual reality (VR) to study trauma memory formation. Forty-eight veterans were assessed for PTSD and tested on their memory for paragraphs about neutral events. PTSD predicted poorer paragraph recall and consolidation. A subsample (32) were matched according to PTSD symptoms and randomly assigned to view combat-related VR scenarios followed by recounting scenarios or suppressing thoughts of the scenarios. One week later they completed surprise tests of memory for the scenarios. Subjects were classified as Low or High Memory Ability based on paragraph recall scores. Thought suppression impaired recognition memory for Low Memory subjects. Recounting scenarios enhanced recall of neutral, contextual scenario elements for High Memory subjects, but worsened recall for Low Memory subjects. Increased heart rate during scenarios also impaired delayed recall of neutral, contextual elements. Experimental condition and heart rate did not affect memory for danger elements. Results suggest that poor verbal memory, physiological hyperarousal, and suppressing memories may impair the encoding and recall of neutral, contextual elements of trauma memories. Because extinction of fear responses requires differentiating between past contexts in which trauma cues predicted harm and current contexts in which they do not, vulnerability to develop persistent PTSD symptoms could hypothetically be related to impaired encoding of neutral, contextual stimuli as well as enhanced fear conditioning during trauma exposure.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Rich Digital Media as a Tool in Post-Conflict Stress Reduction

(Technology/Civilians in War/Refugees)

Best, Michael, PhD
Georgia Tech, Atlanta, Georgia, USA

Modern rich digital media - including user-generated content and video sharing systems - have not been robustly deployed as a tool in the processes of peace building, post-conflict stress reduction, and reconciliation in nations emerging from civil conflict. We are studying the use of rich digital media in Liberia, a country that has only recently emerged from a protracted and intense civil war. In this article, we demonstrate that rich digital media targeting processes of truth and reconciliation enhances Liberians’ feeling of self-efficacy, their self-assessed sense of personal competence to deal effectively in stressful situations. This increased self-efficacy was not present in a control group that performed common interactive computer activities that were unrelated to the war and reconciliation. Furthermore, participants strongly felt that the system met the nation’s stated truth and reconciliation goals and the more powerfully they identified the system with these goals the more significant was its psychological impact on them as measured by an increase in self-efficacy. These results are based on a survey of 133 Liberians in the capital Monrovia during the first half of 2009. These results suggest that rich digital media focused on truth and reconciliation can contribute to post-conflict healing.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Early Detection of Red Flags Prior to Traumatic-Stress-Induced Behavior

(Saturday Posters)

Salons A-C & Foyer

Early Detection of Red Flags Prior to Traumatic-Stress-Induced Behavior

(Technology/Prevention/Early Intervention)

Seliya, Naeem, PhD
University of Michigan - Dearborn, Dearborn, Michigan, USA

An individual’s behaviors influenced by abnormally high levels of stress can vary dramatically, from mild actions that create minor disruptions, to severe and debilitating actions that threaten to end lives. The goal of this project is the development of a viable knowledge-based technology that can quickly scan active troops identifying those with potentially judgment impairing or debilitating levels of stress prior to irreversible damage.

Intervention could prevent dangerous behavior by impaired soldiers. To be developed technology allowing military troop leaders to identify stress impaired soldiers in real-time, permitting pull back from front lines preventing damage to civilians and/or friendly troops. Can knowledge of a soldier with a history of inordinately high stress reactions during active duty be used to implement appropriate interventions to prevent seemingly random acts of violence?

Experts from psychology, physiology, medicine, computer science, electrical engineering, and ethics are required for this project. We envision an easily worn device continuously acquiring physiologic data transmits to a base where customized data mining algorithms determine the troop’s stress level and relay that knowledge to troop leaders and medical staff. The project presents some unique challenges towards its success: What data is significant; Creating ergonomic sensors; Developing data mining solutions.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Tackling Traumatic Stress: A guided self help programme for the treatment of mild to moderate Post Traumatic Stress Disorder (PTSD)

(Technology/Clinical or Interventions Research)

Lewis, Catrin, Doctoral, Student; Roberts, Neil, DPsych(Clin); Bisson, Jonathan, MD
Cardiff University, Cardiff, United Kingdom

There is a shortage of suitably qualified therapists able to deliver trauma focused psychological therapy (TFPT) for Post Traumatic Stress Disorder (PTSD). Guided Self Help (GSH) is an alternative method of delivering treatment which has not been adequately explored. The Tackling Traumatic Stress programme was developed following Medical Research Council (MRC) guidance for the development of a complex intervention. Relevant literature was reviewed and data collected from key stakeholders in a series of focus groups and interviews. Qualitative data was analysed using a process of inductive thematic analysis and used to inform development. The programme is now available online and in hardcopy and consists of 11 modules, some being mandatory and others optional, allowing tailoring of the intervention. Mandatory modules include psychoeducation, grounding, relaxation, behavioural activation, cognitive restructuring, in vivo and imaginal exposure and relapse prevention. Optional modules provide advice on
sleep hygiene, anger management and substance use. Each module has an information section, a multiple choice quiz, and an exercise to be completed and discussed with the programme guide. The qualitative and quantitative results of two pilot studies which support the efficacy, feasibility and acceptability of the programme will be presented.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Internet After a Disaster: The Case of the Haiti Earthquake
(Technology/Clinical or Interventions Research)

Herbert, Christophe, PhD Candidate¹; Brunet, Alain, PhD²
¹McGill University, Montreal, Quebec, Canada
²Douglas Mental Health University Institute (McGill University), Montreal, Quebec, Canada

The Internet is quite a key component in mental health today, particularly in the area of psychotrauma. People who have survived a traumatic event, along with those close to them, use the Internet to search for information about their problems and to share their emotions with others who have lived through a similar type of experience. Mental health professionals also use this medium to improve their own practice. Diverse types of intervention have already been tried, including: diffusion of information, online diagnostic, early interventions following a mass catastrophe, online psychotherapy, web-based continuing education and research. This paper is based on a review of literature about the Internet and mental health, focusing on the earthquake that took place in Haiti in January of 2010. Its purpose is to investigate the impact of the Internet in mental health, and the subfield of psychotrauma. Numerous Haitians have taken part in discussion forums, posting their testimonial experiences or informing others of their survival. Given the fact that there is an increased prevalence of posttraumatic stress disorder (PTSD) following an earthquake (from 24 to 34%), a good number of these people also use these social networking sites to share their posttraumatic stress symptoms. The Internet can also play a role in the secondary prevention of PTSD, and/or in directing those suffering to adequate resources; also, the Internet can be used to offer online psychotherapeutic interventions in places where there is a shortage of mental health professionals or where the infrastructure no longer allows for such services to be rendered.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The impact a web-based PTSS prevention tool for parents of injured children on parental knowledge and child PTSS
(Technology/Clinical or Interventions Research)
Marsac, Meghan, PhD  
Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

Each year, many children are exposed to a potentially traumatic physical injury, placing them at-risk for developing posttraumatic stress symptoms. While parents are key in promoting full recovery from injury, they sometimes are unaware about the best way to assist their child. Our team developed a web-based, interactive traumatic stress prevention tool kit for parents of children who have incurred an injury (www.AfterTheInjury.org). The purpose of the current study was to a) examine the relationship between parent knowledge and child PTSS, b) evaluate the effectiveness of the intervention to increase parent knowledge specific to children’s anticipated reactions to injury, c) evaluate the impact of the intervention on child PTSS. This study will describe results from a randomized controlled trial (50 intervention, 50 control). Participants included 100 children (ages 6-17) who had incurred an injury and one of their parents. Preliminary analyses indicate a significant negative relationship between parent knowledge and child PTSS. Results show an increase in parental knowledge following the intervention. Additionally, child-reported PTSS showed a significant decrease within the intervention group only. We will discuss findings and implications of findings as they apply to the refinement and the implementation of the web-based secondary prevention programs.

Saturday Posters  
Saturday, November 6  
5:00 p.m. - 6:00 p.m.  
Salons A-C & Foyer

Modifying treatment seeking among returning veterans with PTSD

(Technology/Clinical Practice Issues)

Stecker, Tracy, PhD  
Dartmouth Medical School, Hanover, New Hampshire, USA

A significant number of U.S. service members return from war with a variety of combat-related mental health conditions including PTSD, though many do not seek services to treat their symptoms. The purpose of this study was to test the effectiveness of a brief cognitive-behavioral intervention designed to modify beliefs about treatment so that service members who screen positive for PTSD are more likely to seek treatment. Participants were 100 U.S. service members who served in the wars in Iraq and/or Afghanistan who screen positive for PTSD on the MINI. Participants were randomly assigned to either the intervention or control group. Intervention participants were administered a one-hour cognitive-behavioral session by phone, with subsequent 1, 3, and 6 months follow-up interviews. Common cognitive barriers to seeking treatment included the desire to talk with other service members and having difficulty admitting to their own selves that they are struggling. Preliminary results suggest that intervention participants were significantly more likely to schedule and attend a mental health appointment post-intervention than control participants. A brief cognitive-behavioral intervention to increase PTSD treatment seeking among returning Veterans who screen positive for PTSD holds promise, and could be easily implemented within the VA and DoD systems.

Saturday Posters  
Saturday, November 6
Better understanding of individuals’ reasons for treatment preferences, particularly between psychotherapy and medication, may be integral to maximizing PTSD treatment initiation and adherence. In this study, 200 men and women with a primary diagnosis of chronic PTSD reported their top five reasons for preferring either psychotherapy (prolonged exposure, PE) or medication (sertraline, SER).

Qualitative coding revealed that individuals were more likely to discuss PE (57.0%, n = 114) than SER (42.0%, n = 84) for their primary reasons, $\chi^2(1, N = 198) = 4.55, p < .05$, and these reasons were generally more positive about PE (62.8%, n = 86) than SER (35.8%, n = 49), $\chi^2(1, N = 135) = 10.14, p < .01, \phi = .27)$. In terms of content, the most common reasons highlighted the mechanism underlying treatment ($n = 91, 45.5\%$), the treatment’s perceived efficacy ($n = 63, 31.5\%$), or potential health concerns or side effects associated with the treatment ($n = 36, 18.0\%$). Practical concerns were not commonly mentioned ($n = 9, 4.5\%$). Taken together, individuals with chronic PTSD predominantly cited conceptual reasons for treatment preference (e.g. how the treatment works) and only a minority of individuals discussed concrete practical matters, such as side effects or logistics of the treatment, which may more directly affect treatment adherence (Zayfert & Becker, 2000). At the same time, because low ratings of treatment credibility predict dropout (Taylor, 2003), developing client “buy-in” to the treatment rationale, specifically addressing beliefs about treatment mechanism and efficacy, may be critical in the early stages of PTSD treatment.

Identifying trends in psychotherapy preference is important to our overall understanding of patients’ desires for treatment. Few studies to date have examined preferences across a range of empirically supported treatments. The purpose of the current study was to investigate treatment preference for PTSD and factors that may relate to such preference. Undergraduate students were recruited from two mid-sized public universities in the Midwest ($n=569$). Participants were asked to read a short trauma vignette...
detailing a physical assault which resulted in an eventual diagnosis of PTSD, imagining that this trauma occurred to them personally. Data were also collected on participants’ own trauma history and posttraumatic stress disorder (PTSD) symptoms. Results suggest that most participants preferred exposure therapy (44%) or cognitive processing therapy (37%) over present-centered therapy (19%), a credible control treatment. There were no differences in choice based on demographic variables including race or years of education; however there was a significant difference based on age (older adults were more likely to choose CPT). No differences in preference emerged based on PTSD symptom severity. We will discuss the impact of other factors related to preference, including ratings of credibility. Results replicate previous findings suggesting that empirically-supported cognitive-behavioral treatments for PTSD, including exposure-based treatments, are generally preferred.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Effects of Traumatic Experience in Interpersonal Situation and Parenting Attitudes on Social Withdrawal of Korean Adolescents

(Children and Adolescents/Culture/Diversity)

Kim, Dongil, PhD¹; Lee, Juyoung, MA¹; Choi, Sumi, PhD²; Lee, Euna, PhD¹
¹Seoul National University, Seoul, Korea, Republic of
²Pusan National University, Pusan, Korea, Republic of

Social withdrawal of adolescents is not an emotional disorder but impedes the development of social and cognitive skills and contribute to occur clinical disorders; anxiety disorder or depression. In this vein, the present study was conducted to identify the potential causal relationship between traumatic experience in social situation, parental attitudes, and adolescent social withdrawal, mediated by automatic thoughts. Participants were 905 middle and high school students in Seoul, and Gyeonggi-do. Participants completed the Withdrawal subscale of the Behavior Problem Scale for Children and Adolescence, the Korean Children’s Automatic Thoughts Scale, negative parenting behavior subscales of the Parenting Behavior Inventory perceived by adolescent, and the Traumatic Experience in Interpersonal Situation Scale. In order to determine the mediating effect of the automatic thoughts, partially mediational model was constructed based on the previous studies. And then, the models was tested by structural equation modelling analysis. The results showed that traumatic experiences and negative parenting attitudes influenced automatic thoughts, which in turn increased the social withdrawal. Lastly, the implications of the model were discussed.
Psychological & Psychiatric Collaboration in Treating Military Related PTSD in Canadian Forces Members & Veterans

(Clinical Practice Issues/Military/Emergency Services/Aid Workers)

Smith, Wanda, PhD1; Richardson, Don, MD2
1McMaster University, Hamilton, Ontario, Canada
2Veteran Affairs Canada, Hamilton, Ontario, Canada

Canada’s military involvement in Afghanistan has been ongoing since 2002 and has resulted in increasing numbers of troops with posttraumatic stress disorder (PTSD). Military related PTSD has been documented to present with unique features including pervasive dysfunction and significant co-morbidity such as depression, substance abuse, chronic pain and anger. This presents a challenge to first-line therapies and the recommendation in such cases is to utilise multiple treatment modalities. Coupled with the accepted practice that treatment of PTSD should start with a “pre-treatment” or stabilisation phase including education, safety building and treatment of comorbid disorders calls for collaboration of multiple disciplines. The purpose of the workshop is to describe the treatment continuum from stabilisation phase or pre-trauma focus therapy to trauma therapy which has been provided collaboratively by psychiatry and psychology to Canadian Forces members and veterans. Treatment includes pharmacologic interventions, behavioural activation, anxiety management training, psychoeducation, cognitive behaviour therapy, prolonged exposure and acceptance and commitment therapy. The workshop will detail the collaborative multimodal treatment utilising case studies and report standardised rating scales such as the PTSD checklist, anxiety and depression inventories, behavioural measures and health related quality of life scales highlighting the benefits of measuring treatment outcomes.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Understanding the Psychoimmunology of Early Child Exposure to Intimate Partner Violence

(Assessment/Diagnosis/Children and Adolescents)

Kuhlman, Kate Ryan, Doctoral, Student; Howell, Kathryn H., MS (PhD, Student); Graham-Bermann, Sandra, PhD
University of Michigan, Ann Arbor, Michigan, USA

Early life exposure to chronic trauma has been linked to poor physical and mental health across the lifespan. Further research has attributed this to the effects of trauma on the long-term functioning of the immune system. In a sample of 102 children (ages 4-6) who are currently exposed to severe intimate partner violence, 33% of the children in the study met criteria for PTSD, as did 65% of participating mothers. There was a significant negative correlation between child PTSD symptoms and child physical health (r = -.418, p < .01). Using logistic regression and controlling for child's gender, age and mother's PTSD diagnosis, child health was a strong predictor of PTSD diagnosis (R2 = .246, p < .02) in that more physical illness predicted a decreased likelihood to develop PTSD following exposure to violence in the home. Such a finding suggests that in this population, chronic exposure to trauma may alter the
biological response to stress via the immune system. While exposure to trauma during development may alter the body's response to stress, resulting in high levels of PTSD as well as comorbid physical health problems, the effects on

Concurrent physical health in early childhood may differ. Future investigations of the biological responses to stress in early childhood which examine the interdependence of physical and mental health are necessary to determine the mechanism that drives this finding.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Severities of Sexual Assault and Posttraumatic Stress Symptoms Among College Students

(Clinical or Interventions Research/Prevention/Early Intervention)

Rutter, Lauren, BA¹; Flack, William, PhD²; Suvak, Michael, PhD¹
¹National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA
²Bucknell University, Lewisburg, Pennsylvania, USA

Research has demonstrated repeatedly that sexual assault is a common occurrence on college campuses. Even low levels of sexual assault, such as unwanted fondling, are associated with negative psychological effects such as feelings of regret, guilt, and disgust, and postrauumatic stress disorder (PTSD) symptoms (Flack et al., 2007). We hypothesized that PTSD symptoms would increase as the severity of assault increased for victims, but not perpetrators. We examined victimization and perpetration rates and PTSD symptoms in a sample of 312 male and female undergraduates using Sexual Experiences Survey (SES; Koss et al., 2007) and the PTSD Checklist (PCL; Weathers et al., 1993). Results showed that 83 women (41.9%) reported one or more experiences of attempted or completed sexual victimization, and 13 men (11.4%) reported one or more attempted or completed perpetration experiences. As expected, there were no significant correlations between perpetration and PCL total score or scores for symptom clusters. Also consistent with expectations, as victimization experiences became more severe, PTSD symptoms increased (r = .27, p < .05), supporting the hypothesis. These findings underscore the importance of redoubling efforts at primary prevention of sexual assault on college campuses.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

The Influence of Recovery Context on Risk of Internalizing Disorder for Children Post-Disaster

(Clinical or Interventions Research/Prevention/Early Intervention)
Felix, Erika, PhD¹; You, Suk-Kyung, PhD¹; Canino, Glorisa, PhD²
¹University of California, Santa Barbara, Santa Barbara, California, USA
²University of Puerto Rico, San Juan, Puerto Rico

Rather than merely documenting that disaster exposure evokes symptoms and disorders, studies also need to identify factors in the recovery environment that affect disaster-related reactions among youth. There is limited empirical work on the recovery environment, most of which has focused on social support or a few isolated risk or protective factors, not a broad range across microsystems. Following Hurricane Georges (1998) in Puerto Rico, this study assessed the relative influence of the family, peer, school, and community microsystems, on the relationship between disaster exposure and the development of an internalizing disorder at 18 and 30 months post-disaster. Data were obtained from a random sample of the child and adolescent population (4-17 yrs.) of Puerto Rico. We assessed a variety of risk and protective factors across the family (parents' relationship quality, parent-child relationship quality, social support, discipline quality, parental risk, and poverty status), peer (peer deviance, peer victimization, social support), school (school violence, school environment), and neighborhood microsystems (climate, community violence) through interviews with 1,886 caretaker-child dyads. Data will be analyzed using multilevel structural equation modeling. Results can inform the development of family-focused, peer support, and school-based interventions for youth to mitigate the risk for psychiatric disorders following a disaster.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Salons A-C & Foyer

Response to Terrorism: A Cross-Cultural Examination of Coping in Youth

Wind, Leslie, PhD
University of Southern California, Los Angeles, California, USA

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 applicability of Western conceptualizations of coping and posttraumatic stress to another culture. Using two large convenience samples comprised of youth ages 9-14 years exposed to the Oklahoma City bombing (n=1050) and the U.S. Embassy bombings in Kenya (n=691), we highlight similarities and differences in child and adolescent coping strategies use, flexibility, and the perceived effectiveness of coping efforts within the context of terrorism. We also compare the factor structure of coping across two cultures, and present findings from a multi-group structural equation modeling analyses examining a conceptual model of child and adolescent coping and posttraumatic stress within the context of terrorism cross-culturally. Implications for practice and future research are discussed.

Saturday Posters
Saturday, November 6
5:00 p.m. - 6:00 p.m.
Perpetrators are often hesitant to engage in research (Foster, Haupt, & De Beer, 2005). The researcher had long-term therapeutic relationships with men who had tortured and murdered during apartheid in South Africa. Three white Afrikaans men who had worked in the South African Police agreed to participate in research into the effects of perpetration on them. They had been ideologically committed to the maintenance of apartheid. Following the dismantling of apartheid their acts are condemned, even by their own communities. The participants were all diagnosed with chronic posttraumatic stress disorder, major depressive disorder and alcoholism. The researcher obtained life narratives which she transcribed and translated into English. Dialogic analyses (Wortham, 2001) were conducted on their narratives and their attempts to re-establish meaning and identity in the interviews. Thematic networks (Attride-Stirling, 2001) were extracted. Themes include attempts to reconstitute themselves as non-racist; confronting their changing expressions of masculinity; and exploring the effects of torturing people on them and their families. In the process they describe and confront the addictive nature of torture, living with the shame of their acts and the continued impact of their perpetration on all their interpersonal relationships.