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Guides to Information in Schedule

Keyword Type Descriptions

Primary Keywords
- Assessment/Diagnosis (Assess Dx)
- Biological/Medical (Bio Med)
- Clinical/Intervention Research (Clin Res)
- Clinical Practice (Practice)
- Community-Based Programs (Commun)
- Culture/Diversity (Cul Div)
- Ethics (Ethics)
- Global Issues (Global)
- Journalism and Trauma (Journalism)
- Multi-Media (Media)
- Prevention/Early Intervention (Prevent)
- Public Health (Pub Health)
- Research Methodology (Res Meth)
- Social Issues – Public Policy (Social)
- Technology (Tech)
- Training/Education/Dissemination (Train/Ed/Dis)
- Vicarious Traumatization and Therapist Self-Care (Self-Care)

Secondary Keywords
- Accident/Injury (Acc/Inj)
- Acute/Single Trauma (Acute)
- Affective Processes/Interventions (Affect/Int)
- Aggression/Agressive Behavior (Aggress)
- Aging/Lifecourse (Aging)
- Anxiety (Anx)
- Assessment/Diagnosis (Assess Dx)
- Biological/Medical (Bio Med)
- Child Physical Abuse/Maltreatment (CPA)
- Child Sexual Abuse (CSA)
- Chronic/Repeated Trauma (Chronic)
- Clinical/Intervention Research (Clin Res)
- Clinical Practice (Practice)
- Cognitive Processes/Interventions (Cog/Int)
- Community-Based Programs (Commun)
- Community/Social Processes/Interventions (Comm/Int)
- Community Violence (Comm/Vio)
- Complex Trauma (Complex)
- Culture/Diversity (Cul Div)
- Death/Bereavement (Death)
- Depression (Depr)
- Developmental Processes/Interventions (Dev/Int)
- Domestic Violence (DV)
- (Epi)Genetic Processes/Interventions (Gen/Int)
- Ethics (Ethics)
- Ethnicity (Ethnic)
- Family Relationship Processes/Interventions (Fam/Int)
- Gender and Trauma (Gender)
- Genetics/Epigenetics (Genetic)
- Global Issues (Global)
- Health Impact of Trauma (Health)
- Human Rights (Rights)
- Illness/Medical Conditions (Illness)
- Intergenerational Trauma (Intergen)
- Journalism and Trauma (Journalism)
- Multi-Media (Media)
- Natural Disaster (Nat/Dis)
- Neglect (Neglect)
- Neuro Imaging (Neuro)
- Prevention/Early Intervention (Prevent)
- Primary Care (Care)
- Psychodynamic Research (Psych)
- Public Health (Pub Health)
- Quality of Life (QoL)
- Rape/Sexual assault (Rape)
- Refugee/Displacement Experiences (Refugee)
- Research Methodology (Res Meth)
- Sexual Orientation and Trauma (Orient)
- Sleep (Sleep)
- Social Issues – Public Policy (Social)
- Substance Use/Abuse (Sub/Abuse)
- Survivors/Descendants of Historical Trauma (SurvHist)
- Technical Disaster (Tech/Dis)
- Technology (Tech)
- Terrorism (Terror)
- Theory (Theory)
- Torture (Torture)
- Training/Education/Dissemination (Train/Ed/Dis)
- Traumatic Grief (Grief)
- Vicarious Traumatization and Therapist Self-Care (Self-Care)
- War – Civilians in War (Civil/War)
- War – Military/Peacekeepers/Veterans (Mil/Vets)
# Guides to Information in Schedule

## Regions
- Central and Eastern Europe and the Commonwealth of Independent States (C & E Europe & Indep)
- Eastern and Southern Africa (E & S Africa)
- East Asia and the Pacific (E Asia & Pac)
- Industrialized Countries (Industrialized)
- Latin America and the Caribbean (Latin Amer & Carib)
- Middle East and North Africa (M East & N Africa)
- South Asia (S Asia)
- West and Central Africa (W & C Africa)

## Population Types
- Child/Adolescent (Child/Adol)
- Adult (Adult)
- Older People/Aging (Older)
- Both Adult and Child/Adolescent (Lifespan)
- Mental-Health Professionals (Prof)
- Other Professionals (Other)

## Presentation Level
All presentations designate the knowledge/skill level required of the participant as either: Introductory (I), Intermediate (M) or Advanced (A). These are used as a general guide only since attendees have very diverse educational and professional backgrounds.

- **Introductory (I):** Presentations that all participants (including undergraduate students) with any appropriate background will be able to fully comprehend and/or appreciate. Presentations will discuss concepts that are considered basic skills/knowledge for those working in the field.

- **Intermediate (M):** Presentations that participants may more fully comprehend/appreciate if they have at least some work experience in the topic to be discussed.

- **Advanced (A):** Presentations consisting of concepts requiring a high-level of previous educational background, or work experience, in the particular area/topic to be discussed as well as being most geared for specialists and those in advanced stages of their career.

## Presentation Type Descriptions*

- **Case Study Presentation**
  
  Sessions use material from a single or a set of cases to illustrate clinical, theoretical or policy issues. These sessions may involve the audience in discussion of the case material presented.

- **Media Presentation**
  
  Session involving presentation of a segment of film, video, music, drama, literature, artwork or other form of media relevant to traumatic stress, along with discussion.

- **Oral Paper Presentation**
  
  Individual presentations of no more than 15 minutes on a topic related to traumatic stress, typically including the presentation of research data.

- **Panel Presentation**
  
  Sessions that include three to four participants discussing a common theme, issue or question. Panels may include short statements during which panelists outline diverse or similar approaches to the same question. Panels are typically more interactive than symposia, involving active discussion among the panelists.

- **Poster Presentation**

  Individual presentation in a poster format on a topic related to traumatic stress, typically including the presentation of research data.

- **Pre-Meeting Institute (PMI)**

  Institutes are full- or half-day sessions that provide an opportunity for intensive training on topics integral to the conference program, presented by leaders in the field.

- **Symposium**

  Session that includes a group of three to four sequential presentations, each related to the overall theme of the symposium.

- **Workshop Presentation**

  Instructional session that helps increase participants’ understanding and skill in a particular area of interest. Such sessions may include active involvement of the audience.

*Presentation types are color-coded throughout the schedule.*
Poster Session One Presentations
Thursday, November 10, Grand Hall
5:30 p.m – 6:30 p.m.

Author Attended Poster Session One
Thursday, November 10
5:30 p.m. to 6:30 p.m.

Poster Organization
Each poster is scheduled for either Author Attended Poster Session One on Thursday, the Featured Poster Presentations at the Welcome Reception or Author Attended Poster Session Two on Friday and includes a time period when the presenting author is available to answer questions.

Posters are organized in the conference program by poster number on each day. The presenting author is bolded. A floor map showing the layout of posters is on the next page.

Key:
Poster # Number (Primary keyword, Secondary Keywords, Population type)
Presentation Level – Region Keyword type descriptions can be found on page 2.
Regions and Population Types can be found on page 3.
Presentation levels and descriptions can be found on page 3.

Session One: Thursday, November 10
Poster Setup: 8:00 a.m. – 10:30 a.m.
Poster Viewing: 10:30 a.m. – 5:30 p.m.
Author Attended Poster Session: 5:30 p.m. – 6:30 p.m.
Poster Dismantle: 6:30 p.m.

Poster Dismantle
Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time will be disposed of and are not the responsibility of ISTSS.
Thursday Poster Session One Distribution Map

**Thursday Poster Distribution**

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Student Poster Award Finalists

THU 101
Premature Termination Factors among Children Receiving Trauma-Focused Treatment at a Child Advocacy Center
(Abstract #73)

Steinzor, Cazzie, Wamser-Nanney, Rachel
University of Missouri St. Louis, St. Louis, Missouri, USA

To ultimately prevent attrition, it is critical to identify dropout factors in child trauma-focused therapy. As different definitions of attrition may impact findings, we operationalized attrition as: 1) clinician-rated dropout and 2) whether the child received an adequate dose of treatment (i.e., 12 sessions or more). Four hundred and sixty-six children (ages 2-18; M = 9.23, SD = 3.78; 66.1% females; 52.8% minority) referred to a Child Advocacy Center for trauma-focused therapy were included in the study. Demographic variables, trauma event characteristics, and pretreatment symptoms levels were assessed in relation to clinician-rated dropout and whether the child received an adequate dose of treatment. Several demographic factors, Child Protective Services involvement, Cognitive Behavioral Therapy (CBT) versus non-CBT treatment type, number of traumatic events, and caregiver-rated pretreatment symptom levels were related to clinician-rated dropout. Fewer factors were associated with whether an adequate dose of treatment was received. Complex trauma exposure and child-reported pretreatment trauma symptoms were unrelated to either attrition definition. Demographic factors, number of traumatic events, and caregiver-reported symptoms may help to identify children at risk for dropout.

THU 102
Resilience as a Predictive Factor of Therapeutic Change
(Abstract #1244)

Joachim, Brandon¹, D’Andrea, Wendy², Bergholz, Lou³, Freed, Steven²
¹The New School, New York, New York, USA
²New School for Social Research, New York, New York, USA
³Edgework Consulting, Boston Massachusetts, USA

The study examines the relationship between trait resilience, optimism, and self-reported and peer assessment of positive change following intervention among two samples of children between the ages of 8 and 13 living within the occupied West Bank and Gaza Strip (N= 834, 888 respectively). Prior research links trait resilience to a number of positive emotional and behavioral outcomes following stress. Two samples completed the previously validated Brief Resilience Scale (BRS) and the Outlook Questionnaire (OQ) assessing optimism. Scores on these questionnaires are compared to scores on the Youth Self Report questionnaire, which provides scores for internal and external maladaptive behavior. Overall scores of resilience predicts an overall positive change post intervention in the YSR (b = .783, t(687) =3.773 , p < .001), and correlates with positive change in every YSR subscale. Overall scores on optimism predict overall change in YSR scores after intervention (b = -.147, t(830) =-2.070, p = .038) and significantly negatively correlates with change in withdrawn depression (r (874)=.067, p=.048), aggression (r (874)=.072, p=.033), and rule breaking behavior (r (875)=.091, p=.007). Data suggests the tendency to bounce back after a stressful event may be a more powerful moderating factor of a positive response to therapy than having a hopeful outlook for the future.
Role of Coping Self-efficacy on Parasympathetic Response to an Online Intervention

(Abstract #663)

Devane, Amanda, Shoji, Kotaro, Boult, Terrance, Benight, Charles
University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

My Trauma Recovery is an online intervention consisting of six modules (e.g., relaxation, triggers). The current study evaluated the effect of module order on changes in heart rate variability (ΔHRV), a measure of parasympathetic dominance, moderated by changes in coping self-efficacy (ΔCSE). Thirty-five trauma exposed females completed the relaxation and triggers modules. They were assigned to complete the relaxation module then triggers or triggers module then relaxation in session 1. The reverse order was used in session 2. Electrocardiogram was measured throughout the sessions. A high frequency power domain was calculated as an HRV measure, and residual change scores between first and second modules in each session were computed as ΔHRV. Residual change scores were calculated between baseline CSE and CSE post-session 1 as ΔCSE. Results showed that ΔHRV was greater (i.e., greater relaxation response) as ΔCSE increased (i.e., improved mastery) when the triggers module was completed first in session 1, and ΔHRV remained high in session 2. No such effect was found when the relaxation module was completed first in session 1 (partial eta-squared = .10). This finding suggests that working on the triggers module first, then relaxation may result in greater parasympathetic dominance and improved sense of coping capability.

Emotion Regulation as a Mechanism of Change in Group-Delivered Unified Protocol for Veterans Diagnosed with PTSD

(Abstract #666)

Sherrill, Andrew, Varkozitky, Ruth
VA Puget Sound Healthcare System, Tacoma, Washington, USA

Barlow’s unified protocol (UP) for the transdiagnostic treatment of emotional disorders targets emotion regulation as a mechanism of change (Barlow et al., 2011). Emerging evidence indicates favorable outcomes for UP applied to a range of emotional disorders (Ciraulo et al. 2013; Farchione et al., 2012; Lotfi et al., 2014; Mohammadi et al., 2014), including PTSD (Gallagher & Barlow, 2015; Varkozitky & Regér, 2015). UP may be well-suited for trauma-related pathology due to the association between emotion dysregulation and PTSD symptoms (Boden et al., 2012; Bonn-Miller et al., 2011; Ehri & Quack, 2010; Moore et al., 2008; Tull et al., 2007). However, research is needed to examine if UP treatment gains are due to changes in emotion regulation. The current study examined the role of emotion regulation within a group-delivered, 16-week UP program offered at a large Veterans Affairs hospital using a sample of 48 mixed-gendered military veterans diagnosed with PTSD and comorbidities. Consistent with predictions, results suggest improvements in emotion regulation during treatment (Difficulties in Emotion Regulation Scale; Grat & Roemer, 2004) negatively predict posttreatment PTSD symptoms while controlling for pretreatment PTSD symptoms (PTSD Checklist for DSM-5; Weathers et al., 2013). Clinical implications and future research directions will be discussed.

Reconsolidation Blockade (RB) for the Treatment of Torture Survivors: A Randomized Control Trial in Nepal

(Abstract #664)

Descamps, Melanie1, Kienzler, Hanna2, Sharma, Bhogendra3, Sapkota, Ram P.3, Pedersen, Duncan2, Brunet, Alain4
1Douglas Mental Health University Research Institute/McGill University, Montreal, Quebec, Canada
2McGill University, Montreal, Quebec, Canada
3Center for Victims of Torture, Kathmandu, Nepal
4McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada

Most traumas occur in low- and middle-income countries (LMICs) where mental health resources are scarce. Although pharmacotherapy is recommended to treat the symptoms of posttraumatic stress disorder (PTSD), side effects lead patients to abandon their treatment. Psychotherapy is effective for PTSD but requires qualified personnel, is fairly slow and may be culture-bound. The aim of this study was to explore the feasibility, social acceptability and efficacy of reconsolidation blockade (RB) to treat PTSD symptoms in Nepalese torture survivors. In this pilot clinical trial, participants were randomized for a 13-week treatment either to RB group (n = 23) or to the
Paroxetine group (n = 20). There was a main effect of treatment whereby both groups improved equally: 78% (reconsolidation group) and 80% (paroxetine group) of Ss were rated (blindly) as ‘much improved’ or better at week 13th according to the CGI. Results suggest a significant improvement over all outcome measures for both groups: PTSD symptom severity (PCL-S), F(1.6, 82) = 258; self-reported distress (SCL-25), F(2, 82) = 351; and disability (WHODAS), F(1.8, 82) = 153. RB appears to be an attractive alternative to the classic pharmacological treatment of PTSD in LMICs. A larger clinical trial would be necessary.

THU 106
Use of the AUDIT Screener in a Trauma-Exposed Sample: Comparing the Predictive Value of Phone and Computer Administration Techniques
(Abstract #580)

Dutton, Courtney 1; Bujarski, Sarah 1; Lang, Katelyn 1; Bermudez, Andrea 1; Timmerman, Jesse 1; Feldner, Matthew 1
1University of Arkansas, Fayetteville, Arkansas, USA
2VA, Omaha, Nebraska, USA

Posttraumatic stress disorder (PTSD) and alcohol use disorders (AUD) frequently co-occur, and the presence of both has been linked to greater impairment and poorer treatment outcomes. Screening individuals with PTSD for an AUD is recommended practice, and the Alcohol Use Disorders Identification Test (AUDIT) is commonly utilized. Different administration methods may impact disclosure on the AUDIT, and it is important to assess which screening method is best at predicting AUDs for those with PTSD. In the current study, the AUDIT was administered both via the phone and computer prior to the administration of the MINI to assess psychopathology, including current AUDs. A logistic regression analysis was used to predict the presence of a current AUD using the AUDIT screener conducted over the phone and computer. The CAPS total score was used to control for PTSD symptom severity. The Wald criterion indicated that only the AUDIT screener administered via the computer was a significant predictor of a current AUD (b = .466, SE = .161, Wald = 8.41, p = .004). Neither the AUDIT phone screener, nor PTSD symptoms were significant predictors of a current AUD. Indeed, for each point the computerized AUDIT score increased, individuals were 1.5 times more likely to meet criteria for an AUD. The important clinical implications of these findings will be discussed.

THU 107
Prevalence and Correlates of Sexual Dysfunction among Male and Female Veterans who Have Experienced Military Sexual Trauma
(Abstract #1173)

Dettweiler, Laura 1; Garneau-Fournier, jade 1; McBain, Sacha 1; Torres, Tammy 1; Turchik, Jessica 1
1Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, California, USA
2Pacific Graduate School of Psychology-Stanford Psy.D. Consortium, Palo Alto, California, USA
3Center for Innovation to Implementation & National Center for PTSD, VA Palo Alto Health Care System/Stanford University, Menlo Park, California, USA

Previous research has found that American veterans who have experienced military sexual trauma (MST) are at increased risk for sexual dysfunction (SD). The goal of the current research was to further explore the impact of demographics, physical health factors, mental health factors, and sexual trauma history on the presence of SD in a nationwide sample of veterans who had experienced MST. A sample of 362 mixed-era veterans, 129 men and 233 women, enrolled in Veterans’ Health Administration (VHA) care were mailed a survey assessing for a number of physical health, mental health, and sexual trauma related factors. Results revealed that 73.3% of men and 73.7% of women reported at least one type of SD. Two hierarchical binomial logistic regressions were run by gender. Analyses revealed that antidepressant use was a significant correlate of SD in men (p = .008), whereas being married/in a committed relationship (p = .002) and increased PTSD symptoms (p = .004) were correlates among women. Given the reported high rates of SD, it is important that psychoeducation and psychopharmacological training be considered in order to promote sexual health and prolong sexual vitality among veteran populations, both young and old. It is recommended that healthcare provider education and veteran sexual health screening, assessment, education, and interventions be considered within the VHA.

THU 108
Associations between Pain, Morphine Use, and Posttraumatic Stress after Pediatric Injury
(Abstract #430)
Hildenbrand, Aimee1; Kassam-Adams, Nancy2; Barakat, Lamia1; Kohser, Kristen1; Marsac, Meghan2

1Drexel University, Philadelphia, Pennsylvania, USA
2University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA
3Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

After injury, many children experience posttraumatic stress symptoms (PTSS) that negatively impact recovery. Acute pain and PTSS share neurobiological pathways, and acute dosage of morphine has been linked to reduced PTSS in naturalistic studies. However, the complex interactions between pain, morphine use, and PTSS have yet to be investigated in robust pediatric samples. This study examined relationships between peri-trauma pain, morphine use, and subsequent PTSS after pediatric injury. Children ages 8-17 years hospitalized for unintentional injury (N=101) completed assessments at baseline (T1) and 6 (T2) and 12 weeks (T3) later. Pain ratings and morphine administration were obtained via chart review. Worst pain during hospitalization (M=7.60 ± 2.41) was associated with T1 and T3 PTSS (r=.25-.28, p=.02). Hierarchical regressions revealed that worst pain was a significant independent predictor of T3 PTSS (R²= .045, p=.045), even when controlling for other risk factors (i.e., age, sex, trauma history, perceived life threat, heart rate, T1 PTSS). Morphine dosage (mg/kg/day) was not significantly related to PTSS at any time point and did not moderate the relationship between pain and T3 PTSS. Findings suggest that pain during hospitalization may increase susceptibility for concurrent and later PTSS, above and beyond the influence of other empirical risk factors.

THU 109
Examining the Relationships among Interpersonal Violence, Re-experiencing Symptoms, and Self-injury in a Sample of Incarcerated Women
(Abstract #14)

Kaplan, Stephanie, DeCou, Christopher, Cole, Trevor, Lynch, Shannon
Idaho State University, Pocatello, Idaho, USA

Incarcerated women report high rates of interpersonal violence (IPV), posttraumatic stress disorder (PTSD), and non-suicidal self-injury (NSSI). Research has suggested that IPV is a robust predictor of NSSI; and work with community samples found re-experiencing symptoms of PTSD significantly mediates the relationship between IPV and NSSI. The current study sought to elucidate the relationship between IPV, re-experiencing symptoms, and NSSI in a sample of incarcerated women. Participants were 203 treatment seeking female offenders who completed self-report measures of IPV, PTSD, and NSSI. Women reported extensive histories of violence, trauma symptoms, and self-injurious behavior. Regression models were used to examine the indirect effect of PTSD symptoms upon the association between IPV and NSSI. In the first model IPV significantly predicted re-experiencing symptoms (β=.125, p<.001). In the second regression model, re-experiencing (β=.09, p<.05) but not IPV (β=.03, p=.81) significantly predicted NSSI severity. Thus, re-experiencing symptoms of PTSD fully mediated the relationship between IPV and NSSI severity. The mediated effect was statistically significant, as reflected by the asymmetric confidence interval (95% ACI=.01 to .28). These findings suggest that trauma symptoms may be a potential point of intervention among women in prison who report self-injurious behaviors.

THU 110
Intranasal Oxytocin Administration Improves Neural Sensitivity for Social Reward in Patients with PTSD
(Abstract #830)

Nawijn, Laura1; van Zuiden, Mirjam1; Koch, Saskia1; Frijling, Jessie1; Veltman, Dick2; Olff, Miranda3

1Academic Medical Center, University of Amsterdam, Amsterdam, Noord Holland, The Netherlands
2VU University, Amsterdam, Noord Holland, The Netherlands
3Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Noord-Holland, The Netherlands

About 30% of patients with PTSD do not respond to treatment. Therefore, available treatments need to be improved. Intranasal oxytocin is a promising candidate for medication-enhanced psychotherapy (MEP), as it is known to increase sensitivity for social reward. This could enhance therapeutic alliance and perceived social support, two determinants of treatment response. To explore the potential of intranasal oxytocin, we conducted a randomized placebo-controlled fMRI study in PTSD patients (n=35) and trauma-exposed controls (n=37). We investigated the effects of oxytocin administration (40IU) on neural sensitivity to social reward and punishment using a social incentive delay task. Under placebo, PTSD patients had significantly lower anterior insula responses to social reward and higher anterior insula responses to social punishment compared to controls. Oxytocin administration normalized aberrant insula responses, such that under oxytocin PTSD patients no longer significantly differed from controls under placebo. This suggests that oxytocin has
beneficial effects on social reward and punishment sensitivity in PTSD. As a result, oxytocin may increase perceived social support and therapeutic alliance, thereby potentially enhancing treatment response. Clinical studies are needed to further investigate oxytocin effects on psychotherapy efficacy.

THU 111
Relationship Conflict as a Mediator between Trauma Exposure and Health Outcomes in Soldiers
(Abstract #885)

Oseland, Lauren, Nelson Goff, Briana
Kansas State University, Manhattan, Kansas, USA

Military personnel consistently report high levels of mental and physical health problems. Further, suicide rates among veterans are roughly 50% higher than their civilian counterparts. However, few empirical studies have explored the pathways by which trauma exposure negatively impacts health outcomes. Conflict in romantic relationships has been associated with decreased health quality. Yet, close interpersonal bonds have also been found to buffer the negative impact of traumatic stress. Thus, the couple relationship is an important unit of analysis for exploring factors that influence the outcome of trauma exposure. Using Army STARRS database, a sample of over 21,000 active duty soldiers, this study examines the mediating role of relationship conflict between lifetime trauma exposure and health outcomes (i.e., depression, generalized anxiety disorder, bipolar disorder, PTSD, sleep problems, and chronic pain). A common fate mediation model will be used to examine how soldiers’ reports of their own, as well as their partners’ conflict style mediate the relationship between trauma exposure and health outcomes. Results will add to the holistic conceptualization of traumatic stress and highlight points of intervention.

THU 112
A Post-Trauma Evaluation of PTSD Clusters Following Hydrocortisone Treatment
(Abstract #1175)

Prior research has suggested the efficacy of low-dose hydrocortisone at preventing the development of PTSD symptoms (PTSS) following a traumatic injury. In order to inform mechanisms of action, the present study examined the extent to which hydrocortisone may impact different PTSD symptom cluster. Given memory-impacting action of hydrocortisone, we hypothesized that it would act primarily to impact symptoms of intrusion. Sixty-four patients 34.4% female, admitted to a level-I trauma center were randomly assigned to a 10-day low-dose course of hydrocortisone or placebo in this double blind longitudinal study. Follow up assessments occurred at 1 and 3 months following the trauma. Follow-ups included assessments of trauma history, PTSD symptomology, and psychological well-being. Controlling for prior traumas, age, and depression, the study group accounted for a significant amount of variance only in the hyperarousal cluster F(4,32)=10.920, p<.001, R2=13.9%, suggesting that hydrocortisone impacted PTSD symptoms primarily via decreasing hyperarousal symptoms. Although counter to hypothesis, our results are consistent with prior studies finding negative correlations between salivary cortisol and hyperarousal symptoms over time. As the mechanism of action for cortisol is decreasing hyperarousal, efficacy may be increased with concurrent treatment addressing avoidance and intrusions.

THU 113
Does Social Support Mitigate the Relationship between Trauma Exposure and Post-traumatic Stress among J ournalists?
(Abstract #1159)

Patel, Anushka, Dreo, Susan, Parker, Kelsey, Brummel, Bradley, Newman, Elana
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Journalists are at risk for developing posttraumatic stress (PTS) as a result of routinely covering traumatic news. Understanding factors protecting this high-risk occupational group that provide an important public service is warranted. Perceived social support (PSS) and perceived organizational support (POS) buffer the impact of trauma exposure in a range of samples, but have not been examined among journalists. Journalists from news organizations (N = 188) around the globe completed an anonymous online survey. Work-related trauma exposure, PSS, POS, and PTS were entered into a hierarchical regression model. Personal trauma was controlled for in Block 1; work-related trauma was entered in Block 2; and PSS and POS were entered in Block 3. The final model was significant [F (4, 183) = 11.361, p < .001], explaining approximately 18% of variance in PTS. PSS emerged as
the strongest predictor (β = -.219, p = .002), followed by POS (β = -.198, p = .006) and work-related trauma exposure (β = .198, p = .003). These findings suggest that personal and organizational social support buffer the impact of work-related trauma exposure on PTSD after controlling for personal trauma exposure. Ensuring journalists have access to supportive social networks in and out of the workplace may improve their mental health.

THU 114
Intrusive Thoughts, Avoidance, and Hyperarousal in Sexually Abused Teenage Girls: the Impact of Shame and Self-blame
(Abstract #975)

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Close to 40% of child sexual abuse (SA) cases involving girls occur during adolescence. Yet, the consequences associated with SA in adolescence, a period of development of critical importance, have rarely been studied. The purpose of this study was to evaluate shame and self-blame as risk factors associated with PTSD in teenage girls victims of SA. A sample of 106 sexually abused girls between 14 and 18 years of age was recruited in two intervention centers in Quebec. Participants completed the CITES-II, the Abuse Attribution Inventory, and the Abuse Specific Shame Questionnaire. Case workers completed the History of Victimization Form to document SA characteristics. A total of 63.2% of adolescents reached clinical score of PTSD. Shame and self-blame were found to be correlated with all of three dimensions. Three multiple regressions were run: the model significantly predicted intrusive thoughts (R2=39.7%), avoidance (R2=35.9%), and hyperarousal (R2=33.9%). Shame significantly predicted more intrusive thoughts, avoidance, and hyperarousal while self-blame predicted more avoidance. These results suggest that interventions offered to adolescent girls victims of SA should target shame to relieve PTSD symptoms.

THU 115
Mentions of “Trauma-Informed” in Legislative Proposals Introduced Before U.S. Congress: A Content Analysis
(Abstract #1231)

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The ISTSS Strategic Plan (2010) states that informing public policy is among the Society’s highest priorities. Trauma-informed policy can maximize the public health impact of scientific knowledge about trauma, but politics often trump scientific evidence during the policymaking process (Purtle, 2014). Thus, to effectively inform policy, traumatologists should understand how the concept of “trauma-informed” practice is used in the policy realm. We searched Congress.gov to identify all bills introduced between 1973-2015 that mentioned “trauma-informed” or “trauma informed.” All bills and bill sections (denoted by the heading “Sec.”) that mentioned either term were coded to create a legislative dataset, which was analyzed using descriptive statistics and bivariate analyses. Between 2013-2015, 52 pieces of proposed legislation mentioned “trauma-informed” or “trauma informed,” an increase from zero in all years prior. These bills contained 73 sections of legislative text that proposed trauma-informed initiatives. These initiatives spanned multiple sectors (e.g., education: 22.5%, criminal justice: 19.1%, foster care: 21.1%, health care: 14.1%) and most (73.2%) exclusively targeted children. The recent wave of trauma-informed legislation indicates increased political will to address this issue, but the dominant focus on children does not reflect the epidemiology of trauma sequelae.

THU 116
Combat Exposure and Minority Stress among LGB Military Service Members
(Abstract #265)

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Military mental health research reveals combat exposure is associated with greater psychological distress. Among sexual minority populations, minority stressors
(victimization, discrimination) also correlate with poorer mental health. Minority stress theory posits other stressors (e.g., combat exposure) combine with minority stressors to additively impact mental health. This study proposes, among LGB service members, combat exposure will moderate the relationship between minority stressors and psychological distress such that minority stressors will have a stronger relationship with psychological distress among those with high levels of combat exposure. Following the repeal of “Don’t Ask, Don’t Tell,” we conducted the first national, online health survey of LGB-identified active duty service members. Survey items assessed demographics, minority stress, military experiences, and mental health. Among 238 respondents, 81 reported combat experience and provided full data on study variables. Significant, positive relationships are noted between the independent variables (minority stressors, combat exposure) and PTSD, depression, and anxiety. Results also reveal differential impact of minority stressors on mental health indicators at different levels of combat exposure. The results will be discussed in terms of healthcare implications and relevance to military policy and culture.

### THU 117
The Real Deal: Trauma Symptoms in Primary Care
(Abstract #554)

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The study examined the presentation and level of severity (Low, Subsyndromal, or Clinical) of post-traumatic stress symptoms (PTSS) in under-resourced primary care patients (n=120) in a Federally Qualified Health Center (FQHC). Patients were referred to Behavioral Health Providers (BHP) on their integrated health team for a positive depression screen or difficulty managing chronic disease. Patients were screened for PTSS and co-occurring psychological and physical problems. Analyses revealed that 63% of patients screened positive for PTSS via a 2-item screen. Trauma symptoms were significantly associated with greater stress, depression, and anxiety, as well as less perceived resilience. Importantly, analyses revealed significant group effects for stress (F=12.17, p<.000, η²=18), depression (F=30.24, p<.000, η²=.34), thoughts of self-harm (F=9.98, p<.000, η²=.15), and anxiety (Welch’s F=13.87, p<.001, η²=.22) such that the Clinical PTSS group scored significantly higher than the remaining groups. A group effect also emerged for perceived resilience (Welch’s F=13.87, p<.001, η²=.22) such that the Clinical PTSS group scored significantly lower than the remaining groups. Results support the importance of using a brief trauma screen in primary care settings serving under-resourced patients. Trauma-informed transdiagnostic interventions for patients referred to BHPs are warranted.

### THU 118
The Effect of Childhood Adversity and Prenatal Intimate Partner Violence on Breastfeeding Intent, Initiation, and Early Cessation
(Abstract #83)

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Past research has demonstrated myriad health benefits of breastfeeding practices for mothers and children. Few studies have analyzed the differential impact of past and recent trauma on early breastfeeding success. This research is particularly important as women’s risk for exposure to intimate partner violence (IPV) rises precipitously during pregnancy. The current study aimed to explore relative contributions of childhood adversity and prenatal IPV on women's breastfeeding intent (prior to delivery), initiation (post-partum), and early cessation (<6 weeks). Participants included 101 women from a low-income care clinic. There were no significant differences between women who intended to breastfeed versus those who did not on IPV or exposure to childhood adversity. Preliminary results from the post-partum follow-up, however, indicated that while all women initiated breastfeeding, those who have experienced IPV were significantly more likely to cease breastfeeding early (75% for IPV-exposed vs. 13% not-exposed; χ²=6.34, p<.05). There were no significant differences between those who engaged in early breastfeeding cessation and those who continued to breastfeed on childhood adversity, depression, and return to work. Public health programs should consider focusing on providing additional breastfeeding support for IPV-exposed women.
Clinical/Intervention Research

THU 119
The Roles of Trauma Exposure, Callousness-Unemotional Traits, and Rejection Sensitivity in the Aggressive Behavior of Justice-Involved Youth: A Moderated Mediation Model
(Abstract #453)

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Research has demonstrated an association between childhood trauma exposure (TE) and adolescent aggression (Sarchiapone et al., 2009). This association may be explained by rejection sensitivity (RS), defined as anger in the anticipation of rejection, which can be a consequence of TE (Volz & Kerig, 2010). However, callous-unemotional (CU) traits are also associated with both TE and aggressive behavior (Bennett & Kerig, 2014) but research has not yet investigated the independent or interactive roles that RS and CU traits play in the relation between TE and aggression against others. Therefore, this study sought to investigate whether RS mediated the relation between TE and aggression, and if this mediation was moderated by CU traits. In a sample of 205 detained youth, responses were obtained on validated self-report measures of TE, RS, CU traits, and perpetration of aggression against peers. Results of moderated mediation demonstrated that RS partially mediated the relation between TE and aggression, but only at moderate or low levels of CU traits. Results suggest future research should continue to focus on how CU traits, TE, and RS are related to adolescent aggression. This could be particularly useful in creating individualized interventions to effectively prevent and treat aggressive behavior in youth.

THU 121
The Impact of Coping Self-Efficacy on Visual Intrusions after Trauma
(Abstract #1326)

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Evidence suggests that individuals with chronic pain and comorbid posttraumatic stress symptoms (PTSS) report greater pain than those with chronic pain alone. However, most of the literature has focused on PTSS and pain in adults. As such, we explored the relationship between PTSS, pain catastrophizing (PCS), and pain symptoms in pediatric amplified musculoskeletal pain patients. 50
children completed measures of PTSS, pain catastrophizing (PCS), pain severity, and functional impairment. 19 children (38%) reported clinically significant PTSS, and 9 (18%) met DSM-IV criteria for PTSD. There was no significant relationship between PTSS and pain severity or functional impairment in this sample. However, results revealed a significant relationship between PTSS and pain catastrophizing (r=.374, p=.017), specifically between PTSS and the magnification subscale of the PCS (r=.497, p=.001). Pain catastrophizing was associated with pain severity (r=.432, p=.002) and functional impairment (r=.476, p=.001). These relationships appeared to be accounted for by robust correlations between pain severity, functional impairment, and the rumination (r=.467, p=.001; r=.454, p=.001) and helplessness subscales of the PCS (r=.441, p=.002; r=.499, p=.000). Findings suggest that PTSS is associated with catastrophic magnification of pain symptoms, which may impact pain severity and functional outcomes.

THU 123
The Effect of Trauma-Focused Cognitive Behavioral Therapy on Quality of Life of Children and Adolescents with Posttraumatic Stress Disorder: A Randomized-Control Trial
(Abstract #381)

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Children and adolescents with PTSD report poor quality of life (QOL). To date only one study investigated the effect of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) on QOL, finding no time X group interaction. Hence, we investigated possible moderators (age and gender) and mediators (depressive anxiety, posttraumatic stress symptoms and dysfunctional thoughts) in the QOL change from pre to posttreatment. RCT treatment completers, who were assigned to either a TF-CBT (n=55) or a waiting-list (n=70) condition, were assessed by the Inventory of Quality of Life for Children (ILK), the Clinician Administered PTSD Scale for Children and Adolescents (CAPS-CA), the Child Posttraumatic Cognitions Inventory (CPTCI), the Screen for Child Anxiety related to Emotional Disorders (SCARED) and the Children’s Depression Inventory (CDI). Change scores were calculated for the mediators and dependent variable. The moderation and mediation hypotheses was tested by linear regression and a multiple mediation model devised by Preacher and Hayes (2008). Exclusively change in depressive symptoms significantly mediated the difference between the conditions considering the change in the child’s self-rated QOL. Age and gender weren’t significant moderators. The results emphasize the need that trauma therapy takes depressive symptoms more into account.

THU 124
The Moderating Effect of Trauma Exposure on Alcohol Use and Academic Performance in College Students
(Abstract #973)

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Research has shown that college students, particularly college women, exposed to trauma consume more alcohol than those with no history of exposure (Kachadourian et al., 2014). Although few studies have examined the academic impact of higher alcohol use among trauma-exposed college students, several studies have shown that alcohol consumption is associated with negative consequences, such as lower academic achievement (Singleton Jr. & Wolfson, 2009). Moreover, trauma exposure together with PTSD symptoms has been associated with lower academic performance (Boyraz et al., 2013; Duncan, 2000). The current study examined the potential synergistic effects of trauma exposure, PTSD symptoms, and high alcohol use among a sample of racially and ethnically diverse college students (N>300). Preliminary findings indicate that trauma exposure is positively associated with frequency of alcohol use (r=.19, p=.006) and total drinking problems (r=.18, p=.011). Findings also indicate that for women, the number of drinks consumed on one drinking occasion is negatively related to GPA (r=-.30, p=.001). Data will be further analyzed for interactions by gender and by race/ethnicity. The overall findings have implications for early identification and intervention of the academic consequences associated with trauma exposure and alcohol consumption, particularly for women.
THU 125
Examination of the Interaction of Age and Placement Status as it Impacts Posttraumatic Stress Symptoms in a Sample of Polyvictimized Youth
(Abstract #1195)

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Various client and family factors have been found to influence the manifestation of posttraumatic stress (PTS) symptoms amongst trauma-exposed youth, and it has become increasingly important to explore whether these factors interact to influence symptomatology in unique ways. This study explored the interaction of placement status (in the care of at least one biological parent versus placement in foster care) and age amongst a nonrandom sample of polyvictimized youth aged 13-17 (N=287).

Methods: Data were drawn from a clinical database of youth presenting for treatment at a university-based trauma treatment clinic. A 2X2 ANCOVA was conducted to examine possible main and interaction effects of placement status and age on PTS symptoms as measured by the UCLA-Posttraumatic Stress Reaction Index (UCLA-PTSD) while controlling for gender. Findings: Overall the model was significant and an interaction between age and placement status was found, with adolescents aged 13-18 in foster care reporting the lowest levels of PTS symptoms, and youth aged 13-18 residing with at least one biological parent reporting the highest levels of PTS symptoms. Children in the custody of the State and placed in foster care, regardless of age, had lower UCLA-PTSD scores compared to children who resided with at least one biological parent. Implications for future research and practice are discussed.

THU 126
The Association between Emotion Regulation Difficulties and Attachment in Predicting Risk for Victimization among Female IPV Survivors
(Abstract #425)

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Previous studies support the link between insecure attachment characteristics and intimate partner violence (IPV) victimization. That is, anxious attachment style is a predictor of female IPV victimization. Emotion regulation difficulties (ERD) has also been shown to predict IPV. Yet, the interactive effects of these important transdiagnostic phenomenon in predicting IPV victimization has remained unexamined. The objective of the present study is to examine whether anxious attachment moderates the association between ERD and female IPV victimization; further, whether avoidant attachment additionally moderates this link. Female participants (N = 140) from a northern Illinois community completed self-report measures that assessed adult attachment, ERD, and IPV victimization (i.e., physical assault, psychological aggression, injury, and sexual coercion). Analyses were completed using the PROCESS macro by Preacher and Hayes. Results indicate a significant two way interaction between anxious attachment and ERD in predicting victimization. Analyses suggest that greater ERD predicted increased IPV victimization under conditions of high anxious attachment. Results also indicate a significant three way interaction with inclusion of avoidant attachment as a moderator. Specifically, among those with ERD, high anxious attachment and low avoidant attachment predicted greater victimization.

THU 128
Positive Affect in the Daily Life of World Trade Center Responders with PTSD: No Evidence of Restriction
(Abstract #1313)

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Post-Traumatic Stress Disorder (PTSD) is thought to be characterized by restricted range of affect, particularly a “persistent inability to experience positive emotions” (American Psychiatric Association, 2013). However, few studies have explored daily patterns of positive and negative affect in PTSD; no studies have examined the daily experience of affect in World Trade Center (WTC) first responders. The present study assessed the daily experience of affect in WTC first responders (N = 201) using Ecological Momentary Assessment (EMA).

Participants completed an abbreviated version of the Positive and Negative Affect Schedule (PANAS) four times daily. Additionally, they completed a Structured Clinical Interview for DSM-IV (SCID) and a PTSD Checklist for DSM-5 (PCL-5) at baseline. Individuals with PTSD endorsed significantly higher levels of daily negative affect as well as greater variance in negative affect than those with no or subsyndromal PTSD. However, daily levels and fluctuations of positive affect were not significantly different in those with PTSD. Results suggest positive affect is preserved in PTSD, whereas negative affect is affected by the disorder. Findings are consistent with the Tripartite...
Model, which suggests that anxiety disorders are characterized by high arousal and negative affect, while positive affect is unaffected (Clark & Watson, 1991).

THU 129
The Role of Rumination in Posttraumatic Stress Disorder
(Abstract #556)

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A growing body of research provides support for the role of rumination in PTSD (Elwood et al., 2009); however, few studies have examined this relation above and beyond other well-established risk factors for PTSD. Therefore, the present study sought to examine the role of rumination in PTSD symptoms above and beyond depression and anxiety symptoms and anxiety sensitivity (AS). Undergraduate participants (N=353) completed a battery of questionnaires designed to assess symptoms of depression and anxiety (Depression Anxiety Stress Scale - 21; Lovibond & Lovibond, 1995), AS (Anxiety Sensitivity Index–3; Taylor et al., 2007), and rumination (Ruminative Response Scale; Treynor et al., 2003). In the first step of a hierarchical linear regression, depression (β = .22, p < .001) and anxiety symptoms (β =.36, p <.001) and AS (β =.15, p =.005) predicted PTSD symptoms (R2 =.42, F[3, 346] =82.87, p <.001). In the second step, rumination (β =.31, p <.001) significantly predicted PTSD symptoms above and beyond co-variates (ΔR2 =.05, p <.001; total R2 =.47, F[4, 345] =74.96, p <.001). Findings provide support for the role of rumination in PTSD above and beyond depression and anxiety symptoms and AS. Limitations, clinical implications, and future directions will be discussed.

THU 130
The Role of Anger and Emotional Avoidance in the Relation between Child Emotional Abuse and Substance Use Problems in Adult Men
(Abstract #826)

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Research suggests that emotional abuse (EA) may be the core component underlying the deleterious effects of child maltreatment, such as adult substance use (Norman et al., 2012); however, the impact of male EA on adult functioning is understudied. Male gender role socialization may impact outcomes of child maltreatment through increased avoidance of vulnerable emotions (e.g., fear and sadness) in favor of anger, a more socially acceptable male emotion (Gratz et al., 2009). Using a sample of 649 community and college men, the present study tested two moderated mediation models with avoidance and anger as parallel mediators of the relation between EA and adult alcohol/drug use, moderated by non-acceptance of emotions. Results indicated that the relation between EA severity and problematic alcohol use was mediated by both avoidance and anger. Interestingly, the impact of EA on drug use was better explained through anger. In both models, the indirect effect of EA on substance use was stronger for men with higher levels of emotional non-acceptance. Findings point to anger and avoidance as specific targets of intervention for men with histories of EA to decrease later problematic substance use and suggest this may be particularly important for men high in emotional non-acceptance.

THU 131
Attentional Control, Emotion Regulation Strategies, and PTSD Symptomatology
(Abstract #1151)

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Emotion regulation (ER) difficulties are present in many mental health disorders, including trauma-related psychopathology such as posttraumatic stress disorder (PTSD). Given the relevance of ER difficulties in symptom presentation, facilitating the growth of adaptive ER strategies is a significant component of many trauma-related treatments. Two ER strategies, cognitive reappraisal and acceptance, are frequently used in PTSD treatments. The current study seeks to examine how the implementation of ER strategies may differentially impact distress and trauma-related symptoms (i.e., intrusive thoughts, avoidance). Further, the study examines attentional control as a potential moderator in this relationship. High attentional control functions as a buffer against PTSS, and it may interact with ER strategies to influence PTSS. Undergraduate students (N = 150) were randomly assigned to learn cognitive appraisal or acceptance to manage emotions while watching a trauma analogue film. Attentional control is measured with the completion of a dot-probe task that consists of negatively valenced and trauma-related stimuli. Participants were randomly assigned to learn cognitive appraisal or
acceptance to manage emotions while watching a trauma analogue film. Distress and trauma symptoms are measured immediately after the task and at a one week follow-up. Treatment implications discussed.

THU 132
Reappraisal-Focused Expressive Writing Reduces Experiential Avoidance and Depression Symptoms for Victims of Interpersonal Transgressions
(Abstract #1318)

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Trauma-focused expressive writing can reduce negative health and psychological outcomes (Frattaroli, 2006). However, variables such as instruction type may moderate this relationship (e.g., Smyth & Pennebaker, 2008). The current research examines the effect of four different instruction types for expressive writing on experiential avoidance (EA) and depression symptoms. From a larger sample of 1,411 participants, 250 participants identified an interpersonal transgression (IPT) and were invited to participate in an expressive writing paradigm using control, traditional, mindfulness-, or reappraisal-focused instructions. Participants completed measures of EA and depression at baseline and an eight to 12 week follow-up. Thirty-two (N = 32) participants completed all phases of the study. Repeated measures ANOVAs revealed significant interactions between instruction type and time on depression (F[3, 27] = 3.484, p = .042) and EA (F[3, 27] = 9.362, p < .001). Bootstrapping procedures revealed a significant indirect effect of reappraisal-focused instructions on depression through EA (B = -1.413, 95% CI = -4.626 – -2.67, p=.00). Results suggest reappraisal-focused expressive writing can lead to both reduced EA and depression scores. Implications for expressive writing and other research are discussed.

THU 133
Know Pain, Know Gain: The Relationship between Trauma Exposure, Pain, and Self-Regulation
(Abstract #1033)

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People have a complicated relationship to pain and despite its aversive nature, many choose inflict physical pain on themselves, sometimes recreationally (e.g. spicy food, hard massage) or in extreme cases, through non-suicidal self-injury (NSSI). The present study examines how individuals with childhood trauma exposure engage in painful activities along this continuum, with a focus on self-regulatory deficits. Although trauma survivors commonly engage in NSSI to self-regulate, there is no research on the function of pain in non-NSSI contexts that do not elicit clinical concern, but may function similarly. Using a sample of 153 community participants (56% female, Mage=34.18), the present study examined the relationship between childhood trauma exposure, deficits in emotion regulation, and engagement in painful experiences, including NSSI. Results indicate that childhood trauma exposure was associated with both benign painful experiences (r=.18, p=.03) and severe NSSI (t(151)=2.67, p=.00), with greater trauma exposure correlating with higher pain engagement, and participants with NSSI endorsing more childhood trauma. Both pain engagement and NSSI were associated with emotion regulation deficits(r=.16, p=.05; t(151)=3.01, p=.00, respectively). These results suggest that among trauma survivors, everyday painful experiences may serve a regulatory function similar to NSSI.

THU 134
A Trauma Analogue Study Investigating the Role of Attentional Shifting in the Effectiveness of Emotion Regulation Strategies
(Abstract #258)

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Trauma-focused research has shown that high attentional control serves as a buffer against posttraumatic stress symptoms and other pathology. However, less is known in regard to the influence of attentional processes on the effectiveness of treatment strategies used to reduce symptoms. The current project used an analogue design to examine the impact of participants’ ability to flexibly shift attention on the effectiveness of two prominent emotion regulation strategies in reducing distress and trauma-related symptoms (i.e. intrusive thoughts and avoidance). Undergraduate students (N = 150) completed a dot-probe task incorporating stimuli that elicit negative emotions, as well as trauma-related stimuli, to assess attentional shifting ability. Participants were randomly assigned to learn either
cognitive reappraisal or acceptance to regulate their emotions during a trauma analogue film. It was hypothesized that individuals with low attention shifting abilities would report a) greater increases in levels of negative affect from baseline immediately following the short film clip, b) higher levels of intrusive thoughts, and c) higher levels of avoidance than individuals with high attention shifting abilities across both conditions. Differences between emotion regulation conditions were also explored.

THU 135
The Moderating Impact of Masculinity on Men’s Anger and Risky Sexual Behavior after Rape
(Abstract #385)

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Risky sex has been hypothesized as a potential mechanism for coping with distress following rape (Kilpatrick et al., 1997). Many male survivors struggle with issues related to masculinity (Walker et al., 2005) and may feel more comfortable expressing distress through anger or sexual risk-taking (Brooks, 2001), yet these specific pathways have not yet been examined. The current study explored the pathway between male rape and risky sex through the interaction of anger and conformity to masculine norms. Data were collected from 649 community men (36% college students) on experiences of adult rape, conformity to masculine norms, anger, and risky sexual behavior (i.e., engaging in unprotected sex; using substances before sex). Seventy men (10.8%) reported experiences of completed rape. Rape did not directly predict risky sex. However, moderated-mediation analyses revealed anger mediated the link between completed rape and risky sex through the conditional effects of masculinity. Rape predicted increased anger which in turn predicted increased risky sex at high levels of masculinity and decreased risky sex at low levels of masculinity. Findings indicate a need to target conformity to masculine norms and anger, a traditionally acceptable outlet of emotional distress for men, to promote safe sexual behaviors following rape.

THU 136
Validating the Seven-Factor Hybrid Model of PTSD: Differential Associations with External Correlates
(Abstract #184)

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The DSM-5 criteria for PTSD categorize symptoms into four clusters: intrusions, avoidance, negative alterations in cognition and mood (NACM), and arousal and reactivity (AR; APA, 2013). However, confirmatory factor analytic research suggests that symptoms are better organized into seven clusters: intrusions, avoidance, negative affect, anhedonia, externalizing behaviors, anxious arousal, and dysphoric arousal (Armour et al., 2016). To date, few studies have examined the validity of these seven clusters with respect to their differential patterns of associations with clinical phenomena (Pietrzak et al., 2015). The current study examined heterogeneity among the seven clusters in their correlations with a range of clinical constructs. Participants were 713 trauma-exposed undergraduates who completed the PCL-5 and Personality Assessment Inventory (PAI). Heterogeneity of correlations was evaluated with Wald tests in latent variable modeling. As expected, significant heterogeneity among the clusters emerged for a number of PAI scales (e.g., verbal aggression, hypervigilance), although not for all (e.g., grandiosity). Patterns of differential correlations were generally consistent with the conceptual basis of the seven factors, thus supporting the validity of the new distinctions within the DSM-5 NACM and AR clusters. Limitations include reliance on retrospective self-report measures.

THU 138
Evidence-based Practices in Traumatized Individuals Suffering from Severe Mental Illness and Diverted from Jail
(Abstract #1017)

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Little research has been conducted within the public mental health system assessing the effectiveness of evidence-based practices. Severe mental illness (SMI; schizophrenia and bipolar disorder) is often accompanied by stressors such as poverty, homelessness, unemployment (NAMI, 2011), victimization and trauma (Subica, et al., 2012). Adding further complication to this burdened population, criminal activity occurs at higher rates and is linked to mental illness. This study includes 98 individuals suffering from SMI, poverty, and homelessness (40%), with significant lifetime trauma exposure who were...
diverted from jail for mental health treatment. We report psychiatric comorbidity, trauma history, precipitating crime, and housing status. Cognitive Processing Therapy (N = 38) for PTSD, Motivational Interviewing for substance use (N = 11), and/or cognitive-behavioral treatment for depression (N = 39) was administered. Participants averaged 11.2 sessions and 5 no-shows (range, 0-33), 26 completed therapy and 53 dropped out. The remainder were removed, usually returned to jail or inpatient care. Despite these barriers and formidable challenges to the therapeutic process, gains were made. Trajectories of change on PTSD (PCL) and depression (BDI-II) will be presented and discussed in light of the significant burden carried by these participants.

THU 140
Anxiety Sensitivity and Dissociation: A Structural Equation Model Predicting Dispositional Traits and Adult PTSD Symptom Severity from Childhood Trauma across Developmental Stages and Parental Bonding
(Abstract #989)

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Childhood trauma (CT), dissociation, and anxiety sensitivity (AS) have each been shown to be associated with PTSD (e.g., Felitti et al., 1998; Naragon-Gainey, 2010; Ozer et al., 2008). Research shows that parental bonding is correlated with dispositional traits and adult psychopathology (e.g., Finzi-Dottan & Karu, 2006) However, research is lacking in viewing dissociation and AS as dispositional outgrowths of CT and parental bonding that may predict the relationship between CT and adult PTSD symptomatology. To clarify the relations among these variables, we tested a fully latent structural equation model using a community sample (N = 262, mean age = 22.58) in which reports of CT across particular age ranges and parental bonding predicted dispositional dissociation and AS (beta = .38, p < .001), which then predicted adult PTSD symptom severity (beta = .90, p < .001). This model yielded an acceptable fit, \( \chi^2(12) = 26.56, p < .05, \text{CFI} = .99, \text{TLI} = .97, \text{RMSEA} = .068 \) (90% CI = .033-.103), \text{SRMR} = .052. This adds to the theory and research suggesting that dispositional dissociation and attachment serve as mediators of the predictive relation of CT to adult PTSD symptomatology (e.g., Twate & Rodriguez-Srednicki, 2004).

THU 141
Parenting Childhood Victims of Sexual Abuse: A Comparative Study of Mothers with and without Histories as Victims
(Abstract #845)

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The goal of this study was to understand how a non-perpetrating female caregiver's history of sexual abuse affects her level of parenting stress when parenting her child who has been sexually abused. This study examined 36 female caregivers, with and without a history of childhood sexual abuse, using the Parenting Stress Index – 4 and the Stress Index of Parenting Adolescents. Using a demographic questionnaire, we also sought to understand how the female caregiver's therapy after being abused may mitigate this difference. Additionally, we looked at whether the age of the child relative to the age of the parent when they were abused, the gender of the child, and the parent's own perceived support from their own mother after themselves having been the victim of CSA impacts differences in the amount of parenting stress. Results showed that female caregivers who reported a history of childhood sexual abuse rated their overall parenting stress higher, when parenting sexually abused children, than non-repporting female caregivers. There was also a specific difference noted in the parenting domain of the combined measures. No further significant differences/associations were noted. This study supports the finding that a caregiver's history of sexual abuse will impact parenting stress when parenting their own child who has been the victim of childhood sexual abuse.

THU 143
Prevalence Analysis of Traumatic Stress Disorder, Related Events and the identification of a Symptomatic Triad in a Clinical Sample from Chile
(Abstract #1200)

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Studies have shown that the probability of developing PTSD is just close to 10% of a population exposed to such stressors. Hence, it is not a phenomenon that usually arises from just being exposed to an event with those features. For that reason, this study, in a clinical sample, had the objective to identify the prevalence of PTSD, the event that trigger the symptoms and the most frequent coping strategy/cluster symptoms that people used when they had PTSD. The sample studied corresponds to 120 adults patients, 75% (n=90) in process of treatment, 6.6 % (n=8) in the diagnosis phase, 8.3% (n=10) that abandoned the treatment and 10% (n=12) finished the treatment. The type of investigation was not experimental, rather it was transactional and descriptive. The results showed a high prevalence of people who have been suffering a traumatic event and also developed PTSD. The range was around 21%. 10% were men and 20% were women. Furthermore the cluster C (avoidance) had the greatest frequency in this sample. Finally, the most prevalent event was abuse (in its different forms), most common was sexual abuse, followed by a traumatic loss of a love one, and car accidents. We conclude in this sample that the phenomena of PTSD is highly prevalent. Also is it possible to identify that a greater prevalence in women exists than in men, which is concordant with the research in this field.

THU 144
The Predictive Power of Sleep Complaints and Mindfulness for Dissociative Experiences
(Abstract #1056)

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Previous studies found that trait mindfulness is negatively related to dissociation (Baer et al., 2006). Van der Kloth et al. (2012) noted a positive association between sleep problems and dissociation. Other studies found that mindfulness and acceptance are associated with greater psychological adjustment following trauma whereas experiential avoidance and dissociation are associated with poorer outcomes (Thompson et al., 2011). To examine the associations between sleep, dissociation, and mindfulness, 143 undergraduate students completed self-report measures of psychological functioning and personality including the Dissociative Experiences Scale (DES), SLEEP-50, Brief Symptom Inventory (BSI), and measures of mindfulness and acceptance (MAAS, MEAQ, FFMQ, and AAQ-II). A multiple linear regression was calculated to predict dissociative experiences (DES scores) using two indices of general distress (GSI, PSDI), total sleep complaints (SLEEP-50), gender, and total scores on measures of mindfulness and acceptance. Total MEAQ (β=.13, t=1.97, p=.05), total SLEEP-50 (β=.29, t=3.57, p<.001), and total MAAS (β=.43, t=5.15, p<.001) were significant predictors of dissociative experiences [F(3, 138) = 57.83, p<.001, R2=.56]. Higher total sleep disturbances, higher experiential avoidance, and lower dispositional mindfulness were associated with higher reports of dissociative experiences.

THU 145
The Temporal Relationship between Coping Self-Efficacy and Dissociation in Undergraduate Students
(Abstract #783)

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Dissociation is a pervasive traumatic response involving impairment in mental processes such as memory, emotion, and perception. Perceived coping self-efficacy (CSE) is a cognitive appraisal ability utilized to regulate internal and external stressors that arise from traumatic events, and is crucial for effective adaptation after extreme stress or trauma. Thus, CSE may be a critical component in decreasing dissociative experiences following a traumatic event. In the present study, 136 undergraduate students (Mage = 22.36 years, SD = 6.26; 81% female, 69.1% Caucasian) completed self-report measures of trauma, dissociation, coping self-efficacy, and PTSD. All measures were completed by the same participants at two different time points (Time 1 and Time 2) two months apart. We hypothesized that CSE for posttraumatic coping demands at Time 2 would mediate the relationship between dissociation at Time 1 and dissociation at Time 2, and subsequently found evidence of significant partial mediation, 95% CI [.02, .18]. These findings suggest that initial levels of trait dissociation negatively predict coping self-efficacy, which in turn directly negatively influences dissociation at a later time point. This may provide further evidence that coping self-efficacy is protective in dissipating distressing dissociation symptoms following exposure to a traumatic event.
THU 146
The Role of Current and Past Intimate Partner Violence on Depression among Women
(Abstract #422)

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Traumatic adversities among women, including intimate partner violence (IPV) and chronic illness, may lead to higher rates of depression. There is limited research examining the differential impact of type of IPV on depression. Thus, this study recruited 168 women (71% self-identified as Black) from community health organizations in the Midsouth who had recently experienced IPV. They completed the Revised Conflict Tactics and Center for Epidemiologic Studies Depression scales. We conducted a hierarchical regression model predicting depression from sociodemographics, number of violent partners, and type of IPV (psychological, physical, sexual, and injury). The first step of the model, including age, education, and SES, was significant F(3, 165)=5.7, p<.01, Adj R²=7.8%; with age (β=.17, p<.05) and SES (β=.26, p<.01) predicting depression. The second step of the model was also significant F(8, 160)=7.8, p<.001. Adj R²=24.4%; with SES (β=.217, p<.01), number of violent partners (β=.201, p<.01), and psychological aggression (β=.216, p<.05) predicting depression. Given the high public health burden of interpersonal violence, these findings highlight the importance of screening not only for current IPV, but also for history of violence with past partners. Consistent with other public health research, income disparities led to higher risk for poor mental health among these women.

THU 147
Mental and Physical Health Trajectories after Leaving an Abusive Partner: A Systematic Review
(Abstract #981)

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Nearly 9% of women have been raped by an intimate partner, 15.8% experienced another form of sexual violence, 22.3% experienced severe physical violence, and 9.2% were stalked (Breiding, 2014). Intimate partner violence (IPV) is often multidimensional, chronic, and linked to poor mental and physical health. To understand the unique challenges posed by IPV, longitudinal perspectives are critical. This systematic review examined studies that followed individuals after leaving an abusive partner and reported on health over time. A systematic search of four databases (Web of Science, EBSCO, PILOTS, and PubMed) using 12 terms (intimate partner violence, domestic violence, intimate partner abuse, battered women, domestic abuse, marital aggression, dating violence, longitudinal, follow-up, prospective, functioning, and health) yielded 2677 unique articles. Abstract coding (82% agreement) yielded 315 unique articles; full text coding (90% agreement) yielded a final set of 49 articles. Participants were recruited from a variety of sources including the legal system. Included studies examined symptoms of depression, posttraumatic stress disorder, anxiety, quality of life, physical health symptoms, helplessness, and hopelessness over time. Chronicity, type of abuse, and length of follow-up varied. Longitudinal perspectives on IPV will inform the field while also benefitting survivors.

THU 148
Does Problem-solving Orientation Impact the Relationship between Posttraumatic Cognitions and PTSD?
(Abstract #596)

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Posttraumatic cognitions (PTC; e.g., negative thoughts of the self, world, and self-blame) are closely related to PTSD. Based on Ehlers and Clark’s model of PTSD, it is hypothesized that PTC encourages negative coping, which in turn maintains PTSD. For example, it may be that PTC motivates a tendency to view problems as threatening and unsolvable (i.e., negative problem orientation (NPO)), rather than a tendency to view problems as challenging but solvable (i.e., positive problem orientation (PPO)), which then influences negative coping. Structural equation modeling (SEM) was used to examine the relationship of PTC, NPO/PPO, and PTSD in 197 female survivors of intimate partner violence (IPV). Fit indices showed acceptable model fit, χ²(17) = 34.28, p = .008; CFI = .98; TLI = .96; RMSEA = .07 [90% CI = .04, .11]; SRMR = .05. Results showed that PTC was associated with PPO (β = -.59, p < .001) and NPO (β = .85, p < .001). NPO was in turn related to PTSD (β = .59, p = .001), but PPO was not (p = .47). It appears that PTC plays a strong role in IPV survivors’ view of their ability to solve problems, which may in turn maintain PTSD. More specifically, it may be that...
negative beliefs about the ability to solve problems may discourage IPV survivors from actively coping with their PTSD and lead them to use more avoidant coping strategies, which then maintain PTSD symptoms.

THU 149
Cognitive Processing Therapy among Survivors of Intimate Partner Violence: Baseline Characteristics and Study Completion in a Novel Population
(Abstract #1309)

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Intimate partner violence (IPV) presents a significant public health issue and is associated with deleterious mental and medical health comorbidities, including posttraumatic stress disorder (PTSD). PTSD treatments are difficult for populations with multiple stressors to engage in and complete. Understanding baseline characteristics that may contribute to study non-completion are essential to improving treatment engagement. This study examined the relationship between trauma history and baseline PTSD severity on study non-completion after receiving Cognitive Processing Therapy (CPT) among a court-based sample of women survivors of IPV who met diagnostic criteria for PTSD (n = 49) based on the Clinician-Administered PTSD Scale (CAPS). We hypothesized that a history of childhood trauma exposure and severe PTSD at baseline would be associated with study non-completion. Childhood trauma exposure was reported by 19 of the subjects and 30 had severe PTSD at baseline. Among the 20 subjects who did not complete the study, 9 had a history of childhood abuse and 12 had severe PTSD at baseline. A logistic regression was performed to ascertain the effects of trauma exposure and baseline PTSD severity on study non-completion; however, we did not find that these baseline characteristics were related to study non-completion ($\chi^2 (2) = .732, p = .693$).

THU 150
The Effects of Race, Gender, and Important Clinical Correlates on PTSD Symptom Clusters in Community Members following Ferguson Protests
(Abstract #1182)

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The shooting of Michael Brown in August, 2014 and subsequent events sparked a period of violence, protests, and general turmoil in the community of Ferguson, Missouri. The mental health effects of shared community violence (CV) have been relatively understudied particularly with respect to differences across co-existing subgroups within the community. We queried 304 community members who lived or worked within 30 miles of Ferguson, Missouri who were exposed to violence in Ferguson. Specifically, we looked to extend this research by Galovski et al. (in press) that found a significant difference in PTSD severity by race (p<.001), such that Black community members had greater mean PCL-5 scores than white community members (M Black=30.26; M White= 20.52). To understand this difference in PTSD severity, this study seeks to examine the symptom clusters of PTSD individually and determine if these observed differences are consistent across subtypes of symptoms. Important covariates that may be contributing to these relationships will be considered, including depression, gender, SES, and years of education. This research may elucidate the relationship between various demographic factors, race, and post-traumatic distress. These findings may reveal unique focus areas warranting specific intervention across different cultural groups exposed to community violence.

THU 151
Effects of a Flexible TF-CBT on PTSD and Quality of Life among Individuals with PTSD and Concomitant Problems
(Abstract #1205)

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Most people with PTSD (>75%) will develop at least one concomitant disorder over time and healthcare professionals should adapt their strategies to address the needs of patients in treatment. The present pilot study aimed to investigate the effects of a flexible TF-CBT (lasting between 8 and 32 sessions and with added clinical
strategies) on PTSD symptoms and quality of life of a group of 15 individuals (9 women) with PTSD and one or more concomitant problems (i.e. depression, anxiety or sleep disorder, pain, high stressors, lack of social support). Participants received a mean of 27 (± 7.9) TF-CBT sessions combined with treatment modules for their concomitant problem(s). The severity of PTSD (PCL-5) and the quality of life (WHOQOL-Bref) were evaluated before treatment (T1), 2 weeks (T2) and 6 months (T3) following the end of their treatment. Intra-group changes were evaluated with repeated measures ANOVAs. Eight of the 15 subjects were in remission of PTSD following treatment. Overall, significant improvements in PTSD symptoms were found between T1 and T2 (p < .01) and between T1 and T3 (p < .01). There was also significant increases in 3 out of 4 dimensions of quality of life between the T1 and T3 (p < .05). These preliminary results suggest that a flexible TF-CBT can improve both PTSD and quality of life among patients with PTSD and concomitant problems.

THU 153
Roles of Dysregulated Anger on Outcomes and Therapeutic Processes in Cognitive Processing Therapy
(Abstract #566)

THU 154
Predictors of Quality of Life Outcomes Following Cognitive Processing Therapy for Female Trauma Survivors
(Abstract #567)

Dysregulated anger is a common symptom associated with Posttraumatic Stress Disorder (PTSD). Some research has found that elevated anger predicts poorer response to PTSD treatment. In a secondary analysis of data from 126 women veterans and civilians, we investigated the role of anger on PTSD symptom reduction following Cognitive Processing Therapy (CPT). A linear regression model found the higher baseline trait anger, as measured by the Clinician-Administered PTSD Scale (CAPS). Those with dysregulated anger at baseline scored, on average, 12.5 CAPS point higher at post-treatment than those with lower anger at baseline. Next, structural equation models were used to investigate therapeutic processes related to reductions in trait anger during CPT. Models focused on the impacts of anger on disruptions in therapeutic alliance and on changes in posttraumatic cognitions during CPT. Models showed that anger did not disrupt alliance but its effect on CAPS outcomes was mediated by changes in posttraumatic cognitions. Results suggest that dysregulated anger resulted in poorer PTSD treatment outcomes; although those who did resolve anger during CPT had greater PTSD symptom reductions.

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Postraumatic stress disorder (PTSD) is associated with poorer quality of life (QOL). Previous studies have yielded mixed results about whether PTSD treatments improve QOL (Schnurr et al., 2009). The current study examined predictors of QOL outcomes following Cognitive Processing Therapy (CPT) in a sample of 126 female civilian and veteran trauma survivors. QOL significantly increased following CPT. Higher clinician-assessed and self-reported PTSD, and self-reported depression and anger significantly predicted overall QOL in the individual models. In a model including depression and either clinician-assessed or self-reported PTSD, reductions in depression significantly predicted higher QOL at posttreatment while controlling for baseline depression, PTSD and QOL. In a separate model, changes in anger did not predict higher QOL at post-treatment while controlling for baseline anger, PTSD and QOL. Additional analyses will examine changes in subdomains of QOL (e.g., relationships) following treatment and PTSD symptom clusters will be examined as predictors of QOL at posttreatment. Reductions across a number of mental health symptoms significantly predicted higher QOL following CPT. This indicates that in addition to clinically significant reductions in PTSD symptoms (Morland et al.,
2015) female trauma survivors’ life satisfaction improves with evidence-based PTSD treatments.

THU 155
Predictors of Improved Sexual Functioning Following Cognitive Processing Therapy for Women Enrolled in a Randomized Controlled Trial
(Abstract #568)

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Research consistently supports a link between posttraumatic stress disorder (PTSD) and sexual dysfunction. The impact of PTSD treatment on sexual functioning is not well understood, however, given that it is often not a direct treatment target. A recent randomized controlled trial of veteran and civilian women (N = 63) who completed 12 weeks of cognitive processing therapy found that sexual desire and satisfaction improved following treatment. Specifically, when controlling for baseline sexual desire and baseline PTSD symptoms, post-treatment Clinician Administered PTSD Scale (CAPS) scores significantly predicted sexual desire three months later (b = -.24, t(60) = -.47, p = .017). The same pattern was found regarding sexual satisfaction (b = -.38, t(60) = -3.10, p = .003). Moreover, 61% and 40%, respectively, of the variance in sexual desire and satisfaction scores were explained by post-treatment CAPS scores. Results indicate that trauma-focused treatment and PTSD symptoms may strongly impact this facet of quality of life. This presentation discusses implications of findings with a focus on the ability of treatment to improve sexual functioning. Correlations among sexual dysfunction and subcategories of PTSD will also be explored, and additional models including the impact of history of childhood sexual abuse and the role of relationship quality of life will be discussed.

THU 156
Mobile Technology May Improve Smoking Cessation Treatment Retention in Veteran Smokers with PTSD: An Open Pilot Study
(Abstract #1322)

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Veterans with posttraumatic stress disorder (PTSD) are more likely to smoke and have lower cessation rates than those without PTSD. Innovative treatment strategies that target both smoking and PTSD are needed to promote retention and improve smoking outcomes. McFall and Saxon designed a protocol combining behavioral therapy plus evidence-based pharmacotherapies for smoking cessation for veterans with PTSD that was found to double quit rates; however, high rates of attrition were observed, particularly among younger veterans who served in Iraq and Afghanistan. In this feasibility study, we adapted the McFall/Saxon protocol to include a smartphone application, Stay Quit Coach (NCPTSD), to increase participant retention. We have recruited 20 veterans to date (mean age=44) and have retained 85% of the sample and 100% of participants under age 30 in the study. Three-month quit rates in the completed sample (n =14) are 42.8% as measured by 30 day point prevalence abstinence and CO levels < 8 parts per million (ppm). Results indicate that integrating mobile technology interventions may be effective in promoting retention in smoking cessation treatment in veterans with PTSD, particularly younger veterans.

THU 157
A Review of the Therapeutic Potential of Cannabinoids for PTSD
(Abstract #1311)

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Spurred by consistent documentation of epidemiological associations between trauma exposure and cannabis use, and posttraumatic stress disorder (PTSD) and cannabis use disorder (CUD; Kevorkian et al., 2015), as well as reports of increasing CUD among veteran PTSD populations (PERC, 2014), there has been a recent focused attention on the role of cannabis and cannabinoids among individuals with PTSD. Starting with initial work on the reasons why individuals with PTSD report using cannabis (e.g., for coping and sleep reasons; Bonn-Miller et al., 2014), the aim of this presentation is to present the existing evidence related to the therapeutic potential of cannabinoids for individuals with PTSD. Utilizing the entirety of empirical research ranging from studies focused on neural underpinnings, to naturalistic and clinical studies, we will explore the balance between potential therapeutic effects of cannabis and consequences associated with use, as a function of individual cannabinoids. Findings will primarily point toward cannabidiol (CBD), and not delta-9-tetrahydrocannabinol (THC), as a potential therapeutic agent for individuals with PTSD. Clinical and policy implications will be highlighted, including for the assessment of cannabis use, monitoring of problems associated with use, and education surrounding interactions with other pharmacological treatment approaches.

THU 158
Restoring Emotional, Sexual, and Physical Empowerment through CBT & Trauma-sensitive Care (RESPECT): A Chronic Pelvic Pain Intervention (Abstract #1240)

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We examine the feasibility, acceptability, and effectiveness of RESPECT. This interdisciplinary intervention treats pelvic pain and psychiatric co-morbidities in sexual trauma survivors. Participants simultaneously receive brief psychotherapy from psychologists and pelvic floor physical therapy from providers trained in trauma-sensitive techniques. These techniques require physical therapists to modify how they implement invasive procedures. Participants, psychotherapists, and physical therapists collaborate throughout the intervention, empowering participants to reach individualized goals. Seventeen ethnically diverse women (ages 24 to 77) have enrolled in the ongoing pilot. At enrollment, common co-morbidities include pain catastrophizing (57%), depression (43%), sexual dysfunction (43%), and posttraumatic stress (29%). Despite an average pain duration of 5.05 years (SD= 1.51) women report high levels of expected benefit (1= not at all, 4= quite a bit, M= 3.71, SD=.95). Outcomes are assessed via self-report surveys pre and post-intervention, and at 2-month follow-up. Initial findings indicate high engagement and satisfaction. We anticipate pain and co-morbid symptoms to improve, as evidenced by reliable change indices. Results from the concluded pilot will be presented to promote innovative interdisciplinary work with this population.

THU 159
The Relationship between Regulative Distress Tolerance, Counterfactual Ruminative Thinking, and PTSD Symptom Clusters (Abstract #344)

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Research shows rumination mediates the relationship between distress tolerance and depression (Magidson et al., 2013). We investigated rumination’s counterfactual thinking dimension’s (perseverating on imagined alternative outcomes to various scenarios; Tanner et al., 2012) mediating role between distress tolerance’s regulation dimension (manner of coping with negative emotions; Simons & Gaer, 2005) and PTSD symptom clusters (reexperiencing, avoidance, negative alterations in cognition and mood (NACM), hyperarousal). Seventy-two trauma-exposed treatment-seeking outpatient adults completed the following measures: PTSD Checklist-5, Distress Tolerance Scale, and Ruminative Thought Style Questionnaire. Results showed elevated regulation predicted decreased levels of reexperiencing (b =-.685, p=.002), avoidance (b =-.250, p=.008), and NACM symptoms (b=.730, p=.010). Counterfactual ruminative thinking mediated the relationship between regulation and reexperiencing (b=.29, SE=.12), avoidance (b=.12, SE=.05), and NACM symptoms (b=.36, SE=.15), all at p<.001. After controlling for depression, rumination only mediated the relationship between regulation and reexperiencing symptoms (b=.16, SE=.20) at p<.05. Clinicians could therapeutically target counterfactual ruminative thinking in patients with increased PTSD.
THU 160
Assessing Differences in Anxiety Sensitivity's Cognitions between Individuals Exposed to One Vs. Multiple Traumas
(Abstract #464)

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Anxiety sensitivity (fear of social, physical, and cognitive consequences due to anxiety-related sensations) is frequently studied in PTSD research. Past research has found anxiety sensitivity's cognitive concerns (e.g., going crazy) are most strongly related to PTSD (Vujanovic et al., 2008). Little research has examined differences in anxiety sensitivity among individuals reporting one versus multiple traumas. This study examined differences in anxiety sensitivity's cognitive concerns between participants reporting one trauma versus multiple traumas. A sample of 372 trauma-exposed participants from Amazon's Mechanical Turk labor-market completed the PTSD Checklist-5 and Anxiety Sensitivity Index-3. Since 47 participants reported a single trauma, 50 participants reporting multiple traumas were randomly selected as a comparison group. An independent samples t-test revealed significant differences between groups on anxiety sensitivity's cognitive concerns, t(90)=-2.03, p<0.05, d=.42. Participants with multiple traumas reported higher cognitive concerns (M=12.82, SD=6.60) than people with a single trauma (M=10.36, SD=5.00). Clinicians should focus on increased cognitive concerns in individuals reporting multiple traumas, particularly because past research has found treating anxiety sensitivity's cognitive concerns resulted in reduced PTSD symptoms (Mitchell et al., 2014).

THU 161
Alterations in Sustained Attention in Emotion Conditions Associated with Trauma Exposure and Symptoms
(Abstract #1317)

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Participants were recruited from a Mechanical Turk labor market and completed a set of emotion condition tasks designed to yield sustained attention measures. All participants were screened for PTSD symptoms and injury histories. Analyses revealed significant group differences in sustained attention performance on emotion condition trials; however, no significant emotion condition differences were observed among the trauma-exposed individuals. The current study's findings suggest that trauma-exposed individuals may have challenges in sustained attention performance in emotion conditions.

THU 162
World Assumptions, Gender, Personality, and Symptoms of PTSD in Trauma-exposed Undergraduates
(Abstract #131)

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2The New School, New York, New York, USA

The objective of the present study was to examine the indirect effect of world assumptions on the association between neuroticism and symptoms of Posttraumatic Stress Disorder (PTSD). Specifically, cognitions related to self-worth and benevolence of the world were tested as mediators. Further, gender was proposed to moderate the association between neuroticism and world assumptions. In a sample of 238 undergraduate trauma-exposed students, there was a significant indirect effect of self-worth on the association between neuroticism and PTSD.
symptoms. However, benevolence of the world did not exert a significant effect on the relationship between neuroticism and PTSD symptoms. In the moderated mediation models, the interaction between neuroticism and gender was examined. Results revealed that gender significantly moderated the relationship between neuroticism and world assumptions. Specifically, the association between neuroticism and world assumptions was greater for women than for men. These results illustrate gendered variation in how personality is correlated with cognitive schemas associated with post-trauma pathology. Research has shown that women tend to have higher negative affectivity than men, and the association of negative affectivity to world assumptions for women may account for some of the observed gender disparities in rates of PTSD in the general population.

**THU 163**  
**A Social Cognitive and Affective Neuroscience Approach to Trustworthiness Bias in Trauma-Exposed Individuals**  
(Abstract #1168)

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Difficulties with social cognition are a troubling byproduct of traumatic stress and serve as a target for intervention. This presentation will provide data from an ongoing experimental study investigating trustworthiness bias in trauma-exposed individuals and its amenability to training through a novel attentional learning task. Otherwise healthy individuals with high and low post-traumatic symptoms (H-PTS and L-PTS) were compared to controls with no trauma exposure on trustworthiness and fearfulness ratings of parametrically morphed facial stimuli. Concurrent collection of heart rate and skin conductance data measured psychophysiological arousal. Participants then discriminated between trustworthy and untrustworthy faces in a facial inhibitory task (FIT) while EEG was recorded. Between-group differences of pre- and post-training reaction times, accuracy, and ratings of facial stimuli trustworthiness perception will be analyzed to test the following hypotheses: 1) H-PTS and L-PTS groups will show a trustworthiness bias in comparison to no-trauma controls on pre-training ratings of facial stimuli and 2) at post-training H-PTS and L-PTS groups will exhibit lower, more accurate, ratings of trustworthiness appraisals. Findings will be discussed in the context of the psychobiology of social cognitive training and its implications for prevention and treatment of trauma disorders.

**THU 164**  
**Examining the Role of Perceived Stress in the Relation between Posttraumatic Stress Symptoms and Physical Health**  
(Abstract #572)

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Accumulating research demonstrates that posttraumatic stress disorder (PTSD) is associated with poor physical health (PH) outcomes (Schnurr & Green, 2004); however, few studies have examined cognitive mechanisms underlying this relation. Perceived stress (PS) may be one pathway by which stress effects PH (Cohen, 1996). Therefore, this study sought to examine the role of PS in the relation between PTSD symptoms and PH. Undergraduate students (N = 328) completed questionnaires measuring PTSD symptoms (PTSD Checklist; Blake et al., 1990), PS (Perceived Stress Scale; Cohen et al., 1983), PH (Cohen-Hoberman Inventory of Physical Symptoms; Cohen & Hoberman, 1983) and anxiety and depression symptoms (Depression Anxiety Stress Scale - 21; Lovibond & Lovibond, 1995). Analyses were conducted using PROCESS (Hayes, 2013) to estimate the indirect effect of PTSD symptoms on PH symptoms through PS while controlling for anxiety and depression symptoms. Results demonstrate a significant effect of PTSD symptoms on PS (R2=.38, F[3, 324]=66.89, p<.001) and the total effect model was significant for PTSD symptoms and PS predicting PH symptoms (R2=.46, F[4, 323]=67.61, p<.001). Results revealed a significant indirect effect of PTSD symptoms on PH symptoms through PS (b=.06, SE=.02; 95% CI [.031, .107]). Clinical implications, limitations, and future research will be discussed.

**THU 165**  
**Posttrauma Cognitions Mediate the Relationship between Coping Behaviors and PTSD Outcomes Following Combat Trauma Exposure**  
(Abstract #563)

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Posttraumatic cognitions have a well-established association with PTSD. Research suggests coping behaviors are associated with many clinical outcomes. This study sought to clarify the association of PTSD with cognitions and coping behaviors by examining whether posttraumatic cognitions mediated the association between coping behaviors and PTSD. 101 combat-exposed OIF/OEF Veterans (Mage=30.2, SD=4.7) were assessed via the Clinician Administered PTSD Scale (CAPS; 37% PTSD). They completed the Posttraumatic Cognitions Inventory (PTCI) and COPE Inventory, assessing subscales of Positive Reinterpretation (Model 1) and Substance Use (Model 2). The PTCI subscale Negative Thoughts of Self (NS) served as the mediator per preliminary analyses. As expected, Positive Reinterpretation was associated with decreased PTSD symptoms, B=1.20, p<.05, 95%CI: -2.33,-.07, but fully mediated by decreased NS (Bindirect=1.43, p<.05, 95%CI: -2.19, -.76). Substance Use was associated with increased symptoms, B=1.99, p< .001, 95%CI: 1.08, 2.90, fully mediated by increased NS (Bindirect=1.80, p<.05, 95%CI: 1.24, 2.44). The association of coping behaviors with PTSD was fully explained by association with NS, which was associated with PTSD symptomatology. Findings indicate coping behaviors can inform upon risk and protective factors post-trauma, but should be considered in the context of negative cognitions.

THU 166
Associations Between Self-Reports of Executive Functioning and PTSD Symptom Clusters
(Abstract #853)

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Posttraumatic stress disorder (PTSD) is characterized by neurobiological alterations in regions critical to self-regulation. The behavioral manifestation of these alterations includes disruptions in executive function, spanning deficits in attention, cognitive flexibility, working memory and planning. The Behavior Rating Inventory of Executive Function (BRIEF) is a commonly used assessment of an adult’s executive functions and self-regulation. As part of a randomized controlled trial of Neurofeedback Training for PTSD, 47 adults with chronic PTSD (85% female, 81% White), assessed using The Clinician Administered PTSD Scale (CAPS), completed the BRIEF prior to the intervention. The purpose of this study was to examine correlations among the Brief Subscales and PTSD symptom clusters. Correlations revealed that only Avoidance and Numbing Symptoms were significantly associated with the overall Global Executive Composite BRIEF Score (r = .35, p = .016). None of the PTSD symptom clusters was associated with the Behavioral Regulation subscale of the BRIEF, while only avoidance and numbing symptoms were associated with the Metacognition Index subscale (r = .37, p = .010). These findings may indicate that efforts to avoid and numb deplete one’s limited cognitive resources.

THU 167
Institutional Abuse (IA) and Implicit Motives of Power, Affiliation, and Achievement - an Alternative Perspective on Trauma-Related Psychological Responses
(Abstract #839)

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IA (childhood abuse in foster care settings) and its effect on implicit motives are hardly investigated. In the presented study the operant motive test (OMT, Kuhl & Schellef, 1999), a projective test consisting of 15 pictures (showing persons in different situations) with four questions to each picture, was applied in a sample of adult survivors of IA (N = 40, age range: 43 -75). The responses are coded according to three motives (power, affiliation, and achievement) and five levels of affective valence. First analysis reveals a higher implicit power motive in the levels affiliated to negative affect (inhibited power & powerlessness). Participants show increased levels of the implicit achievement motive “fear of failure”, while the positive affiliated level is reduced. These first results seem to depict the survivors’ perception of trauma-related aftermaths besides the well-known trauma-related symptoms. Namely, a constant feeling of helplessness/powerlessness in various different fields of life (social relations, work, problems with authorities, etc.). This approach helps to gain a better comprehension of the survivors’ needs concerning social relations, the world of employment and therapeutic assistance. Differences due to gender, age at institutionalization, trauma-related disorders, as well as correlates of explicit motivational motives will be considered.
THU 168
The Impact of Childhood Abuse on Prospective Relationships between Resource Loss and Posttraumatic Stress Disorder
(Abstract #522)

Himmerich, Sara1, Seligowski, Antonia, Reff, Anthony, Orcutt, Holly
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The association between childhood abuse and PTSD in adulthood is well-established. One way to conceptualize this relationship is through resource loss (the loss of entities or values important to a person). The current study investigated the influence of resource loss and PTSD symptoms across four time points with 691 women who experienced childhood abuse and a mass-shooting event. Measures included the Psychological Maltreatment Scale and Family Experiences Questionnaire (for child physical (CPA), sexual (CSA), and emotional (CEA) abuse), the Distressing Events Questionnaire (DEQ), and resource loss items from the COR Evaluation. A cross-lagged path analysis was conducted with four time points of the DEQ (one pre-shooting; T1) and three of resource loss (all post-shooting; T2-T4). Childhood abuse variables were used as predictors of the DEQ and resource loss variables. Significant relations were observed for T2 Resource Loss with T3 DEQ (β = .13), T2 DEQ with T3 resource loss (β = -.20), pre-shooting DEQ with T2 resource loss (β = .28), and CPA with T3 resource loss (β = .12) and T2 (β = .12) and T4 DEQ (β = .10). Results support a reciprocal relationship between trauma symptoms and resource loss, with CPA predicting both constructs.

THU 169
Differential Effects of Early Sexual Trauma and Negative Family Environment on BPD Symptoms in African-American Women
(Abstract #1070)

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Research has shown that exposure to childhood sexual trauma is related to borderline personality disorder (BPD) in adults. An invalidating home environment may raise this risk, particularly when sexual trauma occurs early in life. The goal of this study was to examine the differential effects of family environment and exposure to early sexual trauma (≤ age 13) on BPD symptoms. Our sample included adult African-American women (n=192) recruited from an urban hospital. Sexual trauma was assessed using the Traumatic Events Inventory; BPD was assessed using the Structured Clinical Interview for DSM-IV; family environment (i.e., stability and warmth of family and maternal relationship) was measured using the Clinical Data Form. Linear regression results showed that early sexual trauma was predictive of higher BPD symptoms (t=3.025, p<0.01), independent of age and income. When family environment was included in the model, this association was no longer significant (t=1.831, p=0.08), but family environment was negatively associated with BPD symptoms (t=-2.571, p<.05). This suggests that a cold, unstable family environment and poor maternal relationship may mediate the relationship between early sexual abuse exposure and later development of BPD symptoms, highlighting the potential need for family-based early interventions and parental psychoeducation following childhood sexual trauma.

THU 170
Childhood Abuse: Long-Term Implications for Interpersonal-Related Quality of Life through Mental and Physical Health Sequelae Experienced During Adulthood
(Abstract #974)

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Childhood sexual (CSA) and physical (CPA) abuse have well established associations with later life health; however, less is known about how health sequelae affect interpersonal quality of life. These relationships were examined using gender-moderated mediation analyses with bootstrapping. CSA, CPA, and health-related quality of life (HRQOL) were assessed in 522 OEF/OIF veterans at T1 and relationship and parenting QOL were assessed 3.5 years later. For men, mental HRQOL mediated the effect of CSA on relationship (ab=−4.59) and parental functioning (ab=−3.73), parental satisfaction (ab=−1.15), and the effects of CPA on relationship functioning (ab=−3.05) and satisfaction (ab=−1.27). Physical HRQOL mediated the effect of CPA on relationship satisfaction (ab=−5.2), and...
both relationship (ab=-1.30) and parental (ab=-.70) functioning. For women, mental HRQOL mediated the relationship between CSA and relationship satisfaction (ab=-1.28), parental functioning (ab=-.44), and parental satisfaction (ab=-1.41). There were indirect effects of CPA through physical and mental HRQOL for parental functioning (ab=-.37; ab=-.78) and satisfaction (ab=-.75; ab=-2.52). Results suggest that health consequences of childhood abuse play a mechanistic role in later interpersonal well-being outcomes, which has public health implications for services aimed at addressing the long-term impact of abuse.

THU 171
Sexual Identity and Contextual Features of Sexual Assault Experiences are Associated with Trauma Symptoms
(Abstract #1323)

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Sexual assault is a significant public health concern. Research on sexual minority women is scarce but has shown that they are more likely to be victimized than heterosexual women. However, little is known about the context of sexual minority women’s assaults. This study examined these contextual features, as well as the association between sexual minority status and trauma symptoms. Heterosexual (71.3%) and lesbian and bisexual (28.2%) women recruited across the United States completed online self-report questionnaires of their victimization history and trauma symptoms and also were asked to describe their most distressing sexual victimization experience. Regression analyses revealed that sexual identity (β = .22, p = .003) was associated with current trauma symptoms (R² = .16, F(12, 176) = 2.60, p = .003), with sexual minority women reporting more symptoms. Additionally, alcohol use (β = .18, p = .026) and the sexual assault being in the context of a date (β = .22, p = .008) were also significantly associated with trauma symptoms. Overall, sexual minority women reported more severe trauma symptoms than heterosexual women. Understanding the effects of victimization on sexual minority women is important so that researchers may intervene and treat this population.

THU 172
Family Treatments for Veterans with PTSD: Exploring the Role of Psychiatric Comorbidity in Symptom Improvement
(Abstract #412)

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Several evidence-based couples/family treatments have efficacy in reducing veterans’ PTSD symptoms. Yet little research examines the impact of family services on veterans’ PTSD symptoms applied in routine VA mental health care. Further, no known studies have examined how psychiatric comorbidities influence the impact of family interventions. This study assessed the impact of couples/family psychotherapy on veterans’ PTSD symptoms using national VA administrative data. The present study included veterans with a PTSD diagnosis who had at least one posttraumatic stress checklist (PCL) measured before and after the first family session (N = 6107). Within-person multilevel regression models estimated changes in PCL scores. Results showed a significant decline in PCL scores after the first family session (β = -2.36, p < .001). Improvements were stronger for veterans with comorbid depression diagnoses (β = -1.05, p = .002) than for those with PTSD alone or with other comorbid diagnoses. Findings suggest that veterans with comorbid PTSD and depression may derive particular benefits from family involvement, consistent with interpersonal theories of depression which suggest that interpersonal functioning should be a target in treatment. Findings also suggest that comorbid depression diagnoses may be important to consider in matching veterans with PTSD to appropriate mental health care.

THU 173
PTSD, Guilt and Shame from a Dyadic Perspective
(Abstract #805)

Dekel, Rachel, Shoval-Zuckerman, Yael
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Individuals with PTSD report elevated levels of guilt and shame, which are also associated with the maintenance of their PTSD symptoms over time. In the context of
relationships, shame can result in maladaptive relationship behaviors, such as avoidance and tendencies towards interpersonal violence. While studies have examined this construct from the perspective of the individual, the understanding of shame and its ripple effects on a couple’s relationship is very limited. This presentation will therefore review the theoretical background of guilt and its effects on interpersonal relationships, especially among couples in which one has PTSD. It will take current models of shame as experienced by individuals and broaden the concept so as to better understand its effects on couples, and it will present several case studies from a trauma clinic in Israel that serves couples. It will also illustrate the role of various manifestations of shame and guilt – such as survivor guilt; shame due to mental or functional status; and shame related to causing other family members pain – and the implications on the couple’s relationship. Finally, it will suggest the use of a CBCT-based intervention that was found to be effective in reducing posttraumatic symptoms and increasing dyadic adjustment.

THU 174  
Survivor Guilt in the Aftermath of the Troubles: Preliminary Insights  
(Abstract #806)  
(Clin Res, Fam/Int, Self-Care, Adult) - Industrialized  
Grand Hall  

Tosone, Carol  
New York University, New York, New York, USA  

The research and clinical literature is replete with discussion of common traumatic sequelae, such as depression, substance abuse, and the familiar symptoms of PTSD, but survivor guilt among family members is a topic also warranting further consideration, especially the examination of the long-term impact of survivor guilt on the family unit. This presentation is based on initial reports of mental health professionals, administrators, and family members who have been involved in work related to the long-term impact of the Troubles in Northern Ireland. Survivor guilt takes on a special meaning for family members who have transformed their complex emotions into action on behalf of others who continue to suffer from the loss of their loved ones due to the Troubles. Through dedicated and ongoing work, they honor the memory of family members lost and continue on their own journey of healing.

THU 177  
Anger and Rumination Mediate Relations between Posttraumatic Stress Disorder and Major Depression Symptoms  
(Abstract #99)  
(Clin Res, Depr, Adult) I - N/A  
Grand Hall  

Claycomb, Meredith, Elhai, Jon, on, Brough, Shawna  
University of Toledo, Toledo, Ohio, USA  

The purpose of this study was to gain a better understanding of what may contribute to the high comorbidity rate between Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD). At least half of the population who suffers from PTSD also suffers from MDD. The sample (n = 124 trauma-exposed victims) was collected through an online system at a Midwestern university through introductory psychology courses. In order to explore the relationship between PTSD and depression severity, anger, emotion regulation variables, and rumination were selected as mediators to determine indirect effects on the relationship. PTSD severity was used as a predictor, while depression severity was used as a dependent variable when these analyses were conducted. 1000 samples were bootstrapped along with the Delta method to estimate mediation effects. Anger and rumination were each found to be significant mediators of relations between PTSD and major depressive severity, while emotion regulation subscales were not found to be significant. Results point to anger and rumination and possible mechanisms for the large comorbidity between PTSD and depression.

THU 178  
“You’re Fat and Ugly”: Combined Effects of Psychological Maltreatment and Physical Violence on Body Image in a Sample of Battered Women  
(Abstract #1019)  
(Clin Res, DV, Adult) M - Industrialized  
Grand Hall  

Weaver, Terri, Elrod, Noel, Bosch, Jeane, Jaques, Michelle  
Saint Louis University, Saint Louis, Missouri, USA  

Intimate partner violence (IPV) includes both physical and emotional abuse, and body image may be negatively affected by these intentional assaults. This study examined the combined effect of psychological maltreatment and appearance-altering IPV using a broadband assessment of specific body-feature concerns in a sample of 56 women (25 with a violence related mark or scar and 31 without)- all exposed to moderate to severe physical violence. For only the women in the mark or scar
group, higher levels of emotional abuse were associated with increased odds of putting their scar in their top 5 areas of body concern, X2 (1, N = 25) = 5.63, p <.05. In terms of other body features, these women were also somewhat less likely to report concern with hips (X2 (1) = 2.91, p <.10) and significantly less likely to report concern with their breasts (X2 (1) = 5.20, p <.05) compared with women without an IPV-related mark or scar. For only the women in the a mark or scar group, endorsing body shaming (being called fat or ugly) by a partner increased the odds of putting teeth in the top 5, X2 (10, N=25) = 3.951, p <.05. Possible implications for these findings, as well as future directions for research will be discussed.

THU 179
Perceived Barriers and Facilitators to Mental Health Service Utilization in Adult Trauma Survivors: A Systematic Review
(Abstract #836)

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Previous studies indicate that only a small number of trauma survivors seek professional help. This systematic review aimed to outline trauma survivors’ perceived barriers and facilitators to seek treatment. A systematic search strategy was carried out in five databases, and 20 quantitative and 16 qualitative studies were identified. Our search was limited to (1) peer-reviewed journal articles, (2) published between 1/1990-3/2016, in (3) English or German language, (4) that present original data. Barriers and facilitators were extracted from the qualitative studies and analyzed using thematic analysis (Braun & Clark, 2006). The trauma samples cover military personnel, survivors of war, violence, child abuse, rape, natural disasters, torture, work-related traumatic experiences, and terror attacks. Results show minor differences in barriers between military and civilian samples, facilitators are underrepresented. Main barriers are: lack of trauma and treatment related knowledge, missing support of significant others, lack of treatment related resources, mistrust, fear of stigma and shame, trauma related barriers (e.g. avoiding traumatic memories), and symptom related barriers (e.g. helplessness, social isolation). Negative experiences within the help-seeking process were reported in military samples only. Implications and strategies to facilitate MHS use will be discussed.

THU 180
The Role of Personality Traits in the Post-Trauma Outcomes of Combat Veterans: An Examination of Posttraumatic Stress and Posttraumatic Growth
(Abstract #558)

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Research often focuses on maladaptive outcomes after trauma, particularly posttraumatic stress disorder (PTSD). However, posttraumatic growth (PG), or the experience of positive personal changes as a consequence of trauma exposure, is commonly reported. Understanding individual differences that predict these outcomes can help us better understand responses to trauma. Accordingly, the current study examined whether two individual personality traits (openness, self-regulation) moderated the links between deployment experiences and both PTSD and PG. Participants were 147 OEF/OIF/OND-era student veterans. A path analysis evaluated how both personality factors interacted with degree of combat exposure to simultaneously predict scores on the PTSD Checklist and the PTG Inventory. Significant main effects were found for combat on PTSD (b = .51), openness on PTG (b = .22), and self-regulation on PTG (b = -.18). A significant interaction between openness and combat in predicting PTSD revealed that the positive association of combat with PTSD was stronger at low vs. high levels of openness. Results suggest differential effects of individual traits in predicting adaptive and maladaptive posttrauma outcomes. Fostering openness in a therapeutic setting may help combat veterans develop new and flexible coping skills to better manage PTSD symptoms and achieve growth.

THU 181
Examining the Relationship Between Suicidal Ideation and Sleep: Are Nightmares the Key?
(Abstract #1079)

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Suicide is the tenth leading cause of death in the United States with over 42,000 individuals dying by suicide annually. The Center for Disease Control (CDC) estimates suicide costs the U.S. $44 billion a year, making suicide a grave public health concern. The list of risk factors for suicide is long, but there is increasing research pointing to a connection between sleep disturbance and increased suicide risk. Given that the CDC estimates between 50-70 million individuals in the U.S. suffer from a sleep disorder, examining the link between the two is imperative. Recent research suggests that nightmares may be an important consideration in the relationship between sleep disturbance and suicide risk. The current study examines 44 individuals who completed Exposure, Relaxation, and Rescripting Therapy (ERRT), a cognitive-behavioral treatment for nightmares. Suicidal ideation at baseline and follow-ups was significantly correlated at p < .05 with various nightmares variables within the dataset but was not significantly correlated with any general sleep variables. The specific variables of interest when considering nightmares and a link to suicidal ideation will be presented and suggestions for future research on the connection will be made.

Background: 165 adults meeting DSM-IV criteria for comorbid posttraumatic stress disorder (PTSD) and alcohol dependence (AD) were randomized to 24 weeks of naltrexone (NAL), prolonged exposure (PE) and pill placebo, NAL and PE, or pill placebo. All participants received supportive counseling (BRENSDA) for alcohol use. Methods: Assessments of coping, PTSD, and AD were conducted at pre-, mid-, and post-treatment, and 3- and 6-month follow-ups. Results: All participants exhibited significant decreases in both avoidant (b=.44, p=.009) and adaptive coping (b=-.13, p=.001) from pre-treatment to 6-month follow-up. Participants who received PE showed faster (PE × time interaction: b=-.55, p=.021) decreases in avoidant coping during this period. Reductions in PTSD symptoms were associated with changes in both avoidant and adaptive coping. Improvement in PTSD symptoms was related to a faster rate of reduction in avoidant coping in the PE groups versus those receiving BRENSDA alone. Conclusions: Results suggest that concurrent treatment for co-morbid PTSD-AD decreases avoidant and adaptive coping, and those who show greater reductions in PTSD symptoms also show greater changes in coping style. Consistent with theorized mechanisms of change in PE, the addition of PE to supportive counseling for AD was associated with a greater reduction of avoidant coping than supportive counseling alone.

THU 182
Looking Beyond Symptoms: Coping Changes in a Randomized Controlled Trial of Concurrent Treatment for Post-Traumatic Stress Disorder and Alcohol Dependence
(Abstract #222)

THU 183
The Capability for Suicide in Firefighters
(Abstract #769)

The present study evaluated the interpersonal theory of suicide (ITS) suicide and self-efficacy theory (SET) for firefighter suicide potential. ITS is based on three distinct constructs: thwarted belongingness, perceived burdensomeness, and acquired capability for suicidal actions. SET provides a framework to augment ITS in explaining suicidal behavior. The study was a cross-sectional mediation/moderation analysis of ITS and SET. Coping self-efficacy for trauma (CSET) was expected to mediate the relationship between number of critical incidences and ITS variables. Social support was expected to moderate these relationships. The sample included 221 firefighters from 19 states, mostly male (89%), non-Hispanic (84%), and Caucasian (91%). Most participants were career firefighters (87%) with mean age of 41 (SD = 9.49; range = 44). Moderated mediation analysis indicated that moderated indirect effects of social support were not significant. Mediation analysis showed that CSET mediated the relationship between critical incidences and thwarted belongingness (indirect effect = -.0609(0.03)) and perceived burdensomeness (indirect effect = -.0108(0.01)). CSET was shown to be negatively associated with thwarted belongingness (β = -.61) and perceived burdensomeness (β = -.11), but positively associated with capability (β = .15). Results have implications for firefighter suicide potential.
Type of Combat Exposure as a Predictor of Intensity of Suicidal Ideation in Veterans with Posttraumatic Stress Disorder (Abstract #962)

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Despite the troubling suicide rates among veterans, research on whether combat exposure directly affects suicide risk is mixed. Further, there is limited research on the effect of different types of combat experiences on suicidal ideation. One study indicated that level of combat exposure was associated with acquired capability for suicide, a component of the interpersonal-psychological theory of suicide necessary for the progression from suicidal ideation to suicide attempts or death by suicide. However, that study did not investigate the relationship between type of combat experience and suicidal ideation. The current study examined the effect of type of combat exposure on intensity of suicidal ideation in a sample of combat veterans diagnosed with posttraumatic stress disorder (n=82). An exploratory factor analysis was conducted on the Full Combat Exposure Scale. Intensity of suicidal ideation was correlated with the factor comprised of exposure to injury and death (r = .369, p = .001). Further, in a regression analysis, exposure to injury and death predicted intensity of suicidal ideation above and beyond both PTSD and depression symptoms (β = .319, p = .008, ΔR² = .091). These results suggest that the type of combat experience may differentially impact suicidal ideation in combat veterans, which has significant implications for suicide prevention in veteran populations.

The Effect of Dog Adoption on Loneliness in Veterans with Posttraumatic Stress Disorder (Abstract #404)

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3VA Central Texas Health Care System, Temple, Texas, USA
4UT Health Science Center at San Antonio, San Antonio, Texas, USA

This study analyzed pet dog adoption and loneliness in Veterans with PTSD. METHODS: Veterans were randomized to immediate dog adoption from the Humane Society (n=9) versus 3-month wait-list followed by dog adoption (n=10) as an adjunct to PTSD care. Semi-structured interviews assessed psychosocial constructs. Mixed effects regression models with repeated measures at baseline and 3-month follow-up analyzed the relationship of dog adoption with UCLA Loneliness V3 scores (UCLA-L). RESULTS: At baseline, the 19 Veterans’ mean (SD) UCLA-L score was 58.6 (9.6), substantially above the normative mean (SD) of 40.1 (9.5) originally reported for this scale. Mean (SE) UCLA-L scores improved by 7.8 (3.5) points in the immediate-adoption group and worsened by 3.4 (3.3) points in the wait-list group. The effect size of the group difference (Cohen’s d) was very large at 1.2 (p=0.031). Most Veterans in the adoption group reported increased social interactions and close bonds with their pet. Conclusions: The high baseline levels of loneliness are potentially concerning due to the association between loneliness and poor health. The findings of this study suggest that pet dog adoption used as an adjunct to usual care may help alleviate loneliness for some Veterans with PTSD.

Sexual Victimization History and Labeling Others’ Experiences as Rape: Does Vulnerability Play a Role? (Abstract #560)

This study analyzed pet dog adoption and loneliness in Veterans with PTSD. METHODS: Veterans were randomized to immediate dog adoption from the Humane Society (n=9) versus 3-month wait-list followed by dog adoption (n=10) as an adjunct to PTSD care. Semi-structured interviews assessed psychosocial constructs. Mixed effects regression models with repeated measures at baseline and 3-month follow-up analyzed the relationship of dog adoption with UCLA Loneliness V3 scores (UCLA-L). RESULTS: At baseline, the 19 Veterans’ mean (SD) UCLA-L score was 58.6 (9.6), substantially above the normative mean (SD) of 40.1 (9.5) originally reported for this scale. Mean (SE) UCLA-L scores improved by 7.8 (3.5) points in the immediate-adoption group and worsened by 3.4 (3.3) points in the wait-list group. The effect size of the group difference (Cohen’s d) was very large at 1.2 (p=0.031). Most Veterans in the adoption group reported increased social interactions and close bonds with their pet. Conclusions: The high baseline levels of loneliness are potentially concerning due to the association between loneliness and poor health. The findings of this study suggest that pet dog adoption used as an adjunct to usual care may help alleviate loneliness for some Veterans with PTSD.
Participants included 234 undergraduate students (M age = 19.6) who read fictional police transcripts about a reported rape and answered questions about their own victimization experiences, how vulnerable they felt to being assaulted, and whether they labeled the victim's experience as rape. Analyses indicated that an individual's feelings of vulnerability moderated the relationship between assault history and labeling another's victimization experience as rape (p = .001). Conditional effects showed that when vulnerability was low, individuals with an assault history were more likely to label another's experience as rape than individuals without an assault history (p = .002); however, when vulnerability was high, the relationship was reversed (p = .02). Of note, vulnerability appeared to be more salient in labeling experiences as rape for individuals without an assault history.

THU 187
The Relationship between Military Sexual Trauma and Maladaptive Emotion Regulation Behaviors
(Abstract #291)

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Despite prevalence and increased public awareness, as many as 73% of women do not label their own victimization experience as rape when asked (Pitts & Schwartz, 1993). Further, previous research suggests that perceptions of assault victims may be influenced by one's own fears and perceived vulnerability (Shaver, 1970). Little is known about how one's own victimization impacts labeling of another's victimization experience, and how this relationship may be impacted by feelings of vulnerability. Participants included 234 undergraduate students (M age = 19.6) who read fictional police transcripts about a reported rape and answered questions about their own victimization experiences, how vulnerable they felt to being assaulted, and whether they labeled the victim's experience as rape. Analyses indicated that an individual's feelings of vulnerability moderated the relationship between assault history and labeling another's victimization experience as rape (p = .001). Conditional effects showed that when vulnerability was low, individuals with an assault history were more likely to label another’s experience as rape than individuals without an assault history (p = .002); however, when vulnerability was high, the relationship was reversed (p = .02). Of note, vulnerability appeared to be more salient in labeling experiences as rape for individuals without an assault history.

Role of Borderline Personality Disorder in Cognitive Processing Therapy for Female Veterans with Military Sexual Trauma-related Posttraumatic Stress Disorder
(Abstract #439)

THU 188

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Cognitive Processing Therapy (CPT) is an effective treatment for many, but not all, veterans with posttraumatic stress disorder (PTSD). Researchers investigating the effectiveness of CPT for individuals with comorbid personality symptoms have found that borderline personality disorder (BPD) characteristics do not negatively affect treatment outcome; however, these studies did not diagnose individuals with BPD. The current study investigated the effect of BPD diagnosis on CPT drop-out and outcome. Data were compiled from a larger randomized clinical trial. Twenty-seven female veterans with military sexual trauma-related PTSD received CPT. Drop-out was evaluated by treatment completion and number of sessions attended. Treatment outcome was assessed by the Clinician Administered PTSD Scale (CAPS) and the PTSD Checklist (PCL). Veterans with BPD did not differ in treatment completion or number of treatment sessions attended. A hierarchical linear modeling approach was used with BPD entered as a level 2 predictor of outcome. At baseline veterans with BPD had higher PTSD symptom severity. CPT was effective in reducing PTSD symptoms; however, BPD diagnosis did not influence treatment response over time on the CAPS or PCL. CPT appears to be equally effective in veterans with or without diagnosed BPD. Additionally, BPD does not affect treatment adherence or completion.
THU 189
The Association between Military Sexual Harassment and PTSD among Veterans of the Wars in Iraq and Afghanistan: An Examination of Moderating Factors
(Abstract #1338)

Vento, Stephanie1, Gradus, Jaimie2, Street, Amy3
1National Center for PTSD-Women’s Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
2National Center for PTSD, VA Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA
3National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA

Research indicates that military sexual harassment (MSH) is associated with posttraumatic stress disorder (PTSD) in veterans. However, few studies have examined factors that moderate this association. The current study includes a national sample of male (n=1137) and female (n=1207) veterans of the wars in Iraq and Afghanistan who completed a mail survey that assessed deployment and post-deployment experiences. The Deployment Risk and Resiliency Inventory (DRRI) was used to assess sexual harassment, unit social support, and perception of threat during deployment, while an adapted questionnaire measured post-deployment reintegration and the PTSD Checklist (PCL) measured PTSD symptoms within the past month. We found that unit social support and perception of threat were not significant moderators of the association between MSH and PTSD. However, results revealed that post-deployment reintegration significantly moderated the association between MSH and PTSD, such that a weaker association between MSH and PTSD was found among those with fewer reintegration difficulties (β = .144, p<.001); a stronger association was noted among those with greater reintegration difficulty (β = .222, p<.001). Results indicate that more adaptive post-deployment adjustment may buffer some of the negative mental health consequences of MSH, which has important implications for early intervention services.

THU 190
Specific Trauma Types and their Association with Employment Status and Occupational Functioning among Female Veterans
(Abstract #1207)

Bartlett, Brooke1, Mitchell, Karen2, Smith, Brian2, Iverson, Katherine3
1National Center for PTSD, Women’s Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Boston, Massachusetts, USA
2National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
3National Center for PTSD, Women’s Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Jamaica Plain, Massachusetts, USA

Unemployment among veterans is a growing public health concern, and trauma exposure has been linked with impaired occupational functioning. Although female veterans experience high rates of trauma, few studies have examined the impact of specific trauma types on employment status and work functioning. Participants included 198 female Veterans Health Administration patients who completed items assessing current employment status, occupational functioning, and a trauma history screener that assessed exposure to military sexual trauma (MST), childhood physical abuse (CPA), adult physical assault (APA), childhood sexual abuse (CSA), adult sexual assault (ASA), and military-related trauma (MRT). A higher number of trauma exposures was associated with being unable to work (p <.001). Specifically, higher proportions of those who reported being unable to work endorsed MST (p=.008) and ASA (p=.001). However, among the sub-sample of veterans who were employed (N=78), trauma exposure was not significantly associated with impaired occupational functioning. Findings suggest that trauma, in particular MST and ASA, adversely impact ability to work among female veterans. However, among employed female veterans, trauma was not associated with occupational functioning. Future research should further explore the effects of trauma exposure and sequelae on employment status among veterans.

THU 191
Rumination and Posttraumatic Stress Symptoms: A Systematic Review and Meta-Analysis
(Abstract #524)

Szabo, Yvette, Warnecke, Ashlee, Newton, Tamara, Valentine, Jeffrey
University Of Louisville, Louisville, Kentucky, USA

Rumination has been identified as a correlate and predictor of posttraumatic stress (PTS) symptoms. This paper sought to systematically review and quantify the literature
on rumination and PTS symptoms, extending prior research by using an inclusive approach to traumatic events, focusing on PTS symptom clusters, and conducting moderator analyses. Searches were conducted in PsycINFO, PubMed, PILOTS, Ebsco Psychology and Behavioral Sciences Collection, Dissertation Abstracts and Google Scholar. A total of 51 unique samples from 46 studies were included in this meta-analysis. Results showed a moderate, positive relationship between rumination and PTS symptoms ($r = .55$, $p < .001$). This relationship was not moderated by time since trauma, type of rumination, PTS symptom measure, or sample setting. Moderator analyses could not be conducted for gender or cumulative trauma. The association between rumination and intrusive re-experiencing was significantly stronger than those between rumination and avoidance ($t (12) = 4.21$, $p = .001$) or hyperarousal ($t (8) = 3.18$, $p = .011$). These findings confirm that rumination is associated with increased PTS symptoms, consistent with prior research. Important goals for future research include studying the mechanisms underlying this association, as well as examining the roles of gender and cumulative trauma in this relationship.

THU 192
Home Based Treatment for PTSD with Veterans: Predictors of Treatment Completion
(Abstract #1308)

**Yoder, Matthew**
National Center for PTSD, Executive Division, White River Junction, Vermont, USA

The number of veterans diagnosed with posttraumatic stress disorder (PTSD) in the Veterans Administration (VA) Healthcare System has risen over the past 10 years (Hoff, NEPEC, 2013). Concurrently, between 2003 and 2011, telemental health (TMH) services in VA increased 10 fold (Godleski, Darkins, & Peters, 2012), including home-based TMH (HBTMH; NEPEC, 2015). Despite the increased use of HBTMH in VA, many providers do not know what types of patients fit well with HBTMH. Also, little is known regarding predictors of effectiveness and treatment completion of HBTMH for PTSD. This presentation’s objective is to identify predictors of treatment completion and symptom improvement during psychotherapy for PTSD via HBTMH. Data were collected on 473 veterans receiving treatment for PTSD via HBTMH in a VA PTSD health care system. Results: No demographic variables significantly predicted symptom improvement or treatment completion in a regression model. Only the avoidance cluster of PTSD at baseline predicted treatment completion, but not symptom change. Results suggest that EBPs for PTSD via HBTMH are equally appropriate for all patients with PTSD who cannot engage in traditional individual, face-to-face treatment. Additionally, results provide further evidence that EBPs provided via HBTMH are effective in reducing symptoms of PTSD and depression.

THU 193
Posttraumatic Stress Disorder Symptoms and Suicidality: The Mediating Role of Anxiety Sensitivity Cognitive Concerns
(Abstract #955)

**Raines, Amanda¹, Walton, Jessica², McManus, Eliza³, Franklin, C², Cucurullo, Lisa-Anne², Uddo, Madeline²**
¹Florida State University, Tallahassee, Florida, USA
²Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

The associations between Posttraumatic Stress Disorder (PTSD) and suicidality are well-established. Research has demonstrated higher rates of suicidal ideation, attempts, and completion among those with PTSD compared to those without. However, little research has investigated the nuances of this relationship. One factor that may explain the associations between PTSD and suicidality is anxiety sensitivity cognitive concerns (ASCC). ASCC reflects fears of mental incapacitation and has been linked to the development and maintenance of PTSD and suicidality. Thus, the current study examined the relationship between PTSD and increased suicidality and the potential mediating role of ASCC. Thirty veterans (Mage = 41.13; 93% male) presenting to an outpatient VA clinic for psychological services completed a diagnostic assessment and brief battery of self-report questionnaires. PTSD, ASCC, and suicidality were assessed. Results revealed significant associations between PTSD severity and suicidality ($β = .42$, $p = .02$). In addition, ASCC mediated this association (95% CI [.00, .11]). Given the malleable nature of ASCC, future research should examine whether targeting this cognitive risk factor reduces suicidal ideation among veterans with PTSD and elevated risk.

THU 194
False Safety Behavior Elimination Treatment Group for Posttraumatic Stress Disorder
(Abstract #706)

**Raines, Amanda¹, Vidaurre, Desiree², Walton, Jessica³, Franklin, C³, McPhillips, Kaitlyn⁴, Uddo, Madeline³, Schmidt, Norman¹**
¹Florida State University, Tallahassee, Florida, USA
²Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

False Safety Behavior Elimination (FSE) treatment is a novel PTSD treatment that involves identifying and treating specific maladaptive behaviors that are maintained by a false sense of safety. Results of the current study demonstrated that veterans who completed FSE treatment reported significantly lower symptoms of PTSD and depression. Additionally, veterans who completed treatment demonstrated improved functioning in daily living activities. These findings suggest that FSE treatment is an effective treatment for PTSD and may be particularly beneficial for veterans who are not eligible for traditional face-to-face therapy.
Research has demonstrated a two-to-four fold increase in the prevalence of posttraumatic stress disorder (PTSD) among US combat veterans compared to US civilians. In light of the growing number of Veterans in need of PTSD treatment, interest in group based therapies has increased. Despite this emphasis, empirical support for group based interventions is lacking. The purpose of the present study was to determine the utility of a newly developed group treatment, False Safety Behavior Elimination Treatment. This intervention focuses on systematic elimination of “safety behaviors,” or maladaptive coping behaviors, that maintain symptoms of PTSD. Participants (N = 15) presented to an outpatient Veterans Health Administration clinic for psychological services. Participants received eight, one-hour group treatment sessions and completed a battery of self-report measures pre, mid, and post-treatment. There were two treatment dropouts related to medical diagnoses, suggesting the treatment was well tolerated. Findings indicated significant decreases across a range of outcomes including PTSD symptoms. Given the number of veterans who refuse more intensive-based therapies, this treatment may be a useful alternative intervention for PTSD symptomatology or as an adjunct to more intensive therapies.

THU 195
Mindfulness for the Treatment of PTSD: The Effectiveness of a Group Mindfulness Intervention
(Abstract #707)

Cuccurullo, Lisa-Ann, McManus, Eliza, Walton, Jessica, Chambliss, Jessica, Uddo, Madeline, Franklin, C
Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

Despite the rise of mindfulness based treatment within the VHA, there is little research investigating a mindfulness based intervention with a trauma exposed veteran sample. Past studies have examined the additive effects of mindfulness within a population of veteran seeking other forms of treatment and have found mindfulness to be helpful in reaching therapeutic goals (e.g.; Owens, 2012; Boden, 2012). The proposed study assesses the effectiveness of a six session group mindfulness intervention, with treatment seeking veterans diagnosed with Posttraumatic Stress Disorder (PTSD) and subclinical PTSD not concurrently in other psychological treatment.

Through the use of pre and post intervention data, this study evaluates the adoption of mindfulness practice via the Five Facet Mindfulness Questionnaire (FFMQ) and its effect on PTSD, depression, psychological flexibility, and quality of life as measured by the PTSD Checklist-5(PCL-5), Beck Depression Inventory-II (BDI-II), Acceptance and Action Questionnaire-2 (AAQ-II) and Quality of Life Inventory (QOLI). Moreover, mediational analyses will be conducted to determine if factors of mindfulness via the FFMQ mediate the change in PCL, BDI, AAQ and QOLI scores. Data collection has yielded a current N=50 and will continue until August 2016. Results will be discussed with particular focus on clinical intervention.

THU 196
The Adaptation of CBT-I for Veterans Diagnosed with Posttraumatic Stress Disorder
(Abstract #709)

Walton, Jessica1; Thompson, Karin2; Cuccurullo, Lisa-Ann1; McManus, Eliza2; Raines, Amanda1, Franklin, C1
1Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA
2Michael E. DeBakey VA Medical Center, Houston, Texas, USA
3Florida State University, Tallahassee, Florida, USA

Insomnia is one of the most widely reported PTSD symptoms among military veteran (Seelig, et al., 2010). Within the past several years, Cognitive Behavioral Therapy for Insomnia (CBT-I), a frontline treatment for insomnia, was adopted and nationally disseminated by VHA to provide veterans with an empirically supported treatment specifically aimed at addressing sleep problems. Since that time, research has examined the use of CBT-I in veterans with insomnia, and results have been favorable (Karlin, et al., 2013; Trockel, et al., 2014). The current study hopes to further validate and extend the utility of CBT-I as a frontline treatment for insomnia, particularly in those experiencing sleep difficulties secondary to PTSD. It was hypothesized that CBT-I could be effectively administered in group to veterans with insomnia stemming from their PTSD. Veterans diagnosed with PTSD participated in CBT-I in group format at two VA mental health clinics. Assessments of PTSD, insomnia, depression, and pain were administered both pre- and post- treatment. Analyses will be conducted both within and across groups. Results will be discussed in light of improving access to CBT-I treatment; clinical implications of using CBT-I in a group format and with PTSD-diagnosed veterans; and future directions for study.
THU 197
Shame and Guilt in Trauma: Implications from a Comprehensive Literature Review
(Abstract #1161)

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<td>1Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA</td>
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<td>2Michael E. DeBakey VA Medical Center, Houston, Texas, USA</td>
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Military personnel are susceptible to debilitating feelings of shame and guilt stemming from events including military sexual trauma, perpetrating violence, and surviving traumatic events. Shame and guilt are associated with higher rates of depression, suicidality, and posttraumatic stress disorder. However, much of the existing literature focuses on the civilian population and the experience of guilt – neglecting important related constructs such as shame and moral injury. To address this gap, we conducted a systematic literature review on 110 studies involving military personnel that were published over the last 15 years. Although our findings indicate that shame is associated with negative psychological outcomes in Veterans, the role of guilt is less clear. We review proposed theories on the role of guilt and shame in the development and maintenance of psychopathology and discuss limitations in research methodology in the literature. Challenges to measuring shame and guilt are also discussed, including overlap of related constructs, lack of consensus in operationalizing terms, and individuals’ reluctance to share shame-inducing experiences. Implications of these findings will be discussed within the context of how well current trauma-focused treatments address shame and guilt.

THU 198
Longer Term Responses to Treatment in UK Veterans with PTSD
(Abstract #34)

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<td>Murphy, Dominic</td>
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<td>Combat Stress &amp; King’s College London, Leatherhead, Surrey, United Kingdom</td>
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Objectives: Military-related trauma can be difficult to treat. Evaluating longer-term responses to treatment and identifying which individuals may need additional support could inform clinical practice. We assessed one year outcomes in UK veterans treated for PTSD. The intervention was offered by Combat Stress, a national mental health charity in the UK. Methods: 401 veterans completed a standardised six week residential treatment. The primary outcome was severity of PTSD symptoms and secondary outcomes included measures of other mental health difficulties (depression, anxiety and anger), problems with alcohol and social and occupational functioning. Results: Significant reductions in PTSD severity were observed a year after treatment. Reductions in the secondary outcomes were also reported. Higher levels of post-treatment functional impairment and alcohol problems were associated with poorer PTSD treatment response at 12 months. Conclusions: This uncontrolled study suggests the longer-term benefits of a structured programme to treat UK veterans with PTSD. Our findings point to the importance of continued support targeted for particular individuals post-treatment to improve longer-term outcomes.

THU 199
Exploring Emotion Regulation Difficulties and PTSD in Military Veterans
(Abstract #1339)

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<th>(Clin Res, Clin Res, Practice, Mil/Vets, Adult) I - N/A</th>
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<td>Chase, Tannah1, Stanley, Melinda2, Barrera, Terri3, Exline, Julie4, Parargam, Kenneth5, Teng, Ellen1</td>
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<td>1Michael E. DeBakey VA Medical Center, Houston, Texas, USA</td>
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<td>5Bowling Green State University, Bowling Green, Ohio, USA</td>
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Emotional awareness and emotion regulation (ER) abilities are important in promoting psychological health and well-being. A growing body of research indicates that difficulties in ER may maintain posttraumatic stress disorder (PTSD) and related disorders. Although Veterans have high rates of PTSD, little research is available on ER processes in these individuals. The current study examines ER difficulties (using the Difficulties in Emotion Regulation Scale) in a sample of 176 Veterans and explores the association of these difficulties with PTSD severity. Results indicated that Veterans with PTSD (n = 83) reported significantly greater ER difficulties than Veterans without PTSD (n = 93), t(173)=4.90, p< .001. Specific ER difficulties experienced by Veterans with PTSD included non-acceptance of emotions, lack of emotional clarity, impulse control difficulties, difficulties engaging in goal-directed behaviors, and limited access to ER strategies (p<
.05). Of those with PTSD, a linear regression indicated that overall ER difficulty significantly predicted PTSD severity (i.e., PTSD Checklist-Total score), $\beta = .42$, SE = 14.30, $p < .001$, explaining 18% of the overall model variance (Adjusted R$^2 = .18$, F = 17.57, $p < .001$). Findings indicate that directly targeting ER difficulties in Veterans with PTSD may improve the effectiveness of existing interventions.

THU 200
Low-Dose Sublingual Cyclobenzaprine (TNX-102 SL) in Military-Related PTSD: Results of a Randomized, Placebo-Controlled Multicenter Trial
(Abstract #1211)

Sullivan, Gregory, Gendreau, Jared, Gendreau, R. Michael, Jividen, Heather, Daugherty, Bruce, Lederman, Seth
Tonix Pharmaceuticals, Inc., New York, New York, USA
Gendreau Consulting, LLC, Poway, California, USA

Pharmacotherapies for military-related posttraumatic stress disorder (PTSD) are limited. TNX-102 SL is a proprietary low-dose formulation of cyclobenzaprine designed for bedtime administration and sublingual absorption, avoiding first-pass hepatic metabolism. TNX-102 SL is not currently approved for any indication. Cyclobenzaprine is an antagonist at serotonin-2A, alpha-1-adrenergic and histaminergic-1 receptors. It is hypothesized to improve global symptoms of PTSD via therapeutic effects on sleep disturbance and hyperarousal. In this multicenter, placebo-controlled trial, the efficacy and safety of TNX-102 SL in the treatment of PTSD is being tested in a population with military-related traumas experienced since 2001. Over 240 subjects meeting DSM-5 defined PTSD, as assessed by the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), were randomized to receive 12-weeks of TNX-102 SL 2.8 mg, TNX-102 SL 5.6 mg or placebo in a 2:1:2 ratio. Exclusion criteria included serious suicide risk, unstable medical illness, recent substance use disorders and lifetime history of bipolar 1 or 2, psychotic disorders or obsessive-compulsive disorder. The primary efficacy endpoint is improvement in the CAPS-5 severity score over 12 weeks. Efficacy and safety results as well as the performance of the CAPS-5 instrument will be presented, and the impact on clinical practice will be discussed.

THU 201
The Role of Self-stigma and Self-forgiveness in Mental Health Service Utilization among Returning Veterans
(Abstract #787)

Carroll, Timothy, Currier, Joseph
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Although rates of mental health problems among veterans are disproportionately elevated, service utilization is low. While self-stigma has been shown to play an integral role in help-seeking behaviors with veterans, there is little known about other shame-related mechanisms that might contribute to service utilization. For instance, issues with self-forgiveness might play an integral role in whether someone engages in appropriate levels of treatment. This study examined the role of self-stigma and self-forgiveness in service utilization among in a sample of U.S. military veterans. Sample consisted of 266 veterans enrolled at two mid-sized universities on the Gulf Coast (Mage = 33.86 years). In addition to the SSOSH and HFS, participants completed the PCL-5, PHQ-8, and an assessment of number of sessions of psychotherapy/counseling in the past year. When accounting for demographic military factors and probable need for treatment, multi-variate analyses indicated self-stigma ($p = .007$) and self-forgiveness ($p = .003$) were each uniquely associated with levels of service utilization. Along with self-stigma, findings suggest that self-forgiveness may be an important factor in help-seeking patterns in military populations.
ultimate meaning were uniquely at risk for suicide in the presence of established risk factors, B = .21, SE B = .06, b = .28 p = .001. Conclusion: Findings indicate that assessing for spiritual struggles adds important information for gauging suicide risk in U.S. military populations.

THU 203
Appraisals of Meaning and Meaning Making Processes after Trauma Predict Spiritual Wellbeing and Trauma-Related Distress
(Abs Abstract #434)

Park, Crystal
University of Connecticut, Storrs, Connecticut, USA

Spiritual issues are often implicated in trauma, yet little research has examined the specific pathways through which trauma may affect spiritual well-being or relations between spiritual well-being and other aspects of adjustment following trauma. Such information would be helpful in developing psychological interventions for trauma recovery. In a sample of 436 college students who had survived a traumatic experience, a transactional stress and coping perspective was used to examine both predictors of 3 components of spiritual well-being (faith, meaning and peace) and relations between spiritual well-being and other aspects of psychological adjustment. Results suggest that different patterns of appraisals and coping predict each component of spiritual well-being and that all three components - particularly those of meaning and peace - are related to psychological adjustment. These results suggest that spiritual well-being is an important post-traumatic outcome warranting future research and clinical attention.

THU 204
Post-Traumatic Growth in Adolescent and Young Adult Cancer Survivors: Real Change, Proxy or Coping?
(Abs Abstract #1225)

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1Department of Veteran Affairs, Mystic, District of Columbia, USA
2University of Connecticut, Storrs, Connecticut, USA

The phenomenon of self-reported post-traumatic growth (PTG) has received extensive research attention over the past few decades, yet its significance remains poorly understood. The present study examined the extent to which self-reported PTG (a) is a unique construct (i.e., it is not “just” a proxy for some other positive characteristic), (b) is meaningful (i.e., contributes unique variance to well-being), and (c) demonstrates concurrent, predictive, and discriminant validity. We examined these issues in late adolescent and young adult (AYA) survivors, a group who experienced their cancer diagnosis during a period of life when cancer may have lasting developmental effects. At baseline and 6 month follow-up, 121 AYA survivors (diagnosed 3 to 12 years previously) completed questionnaires. Results indicated that: (a) PTG was only modestly correlated with optimism, positive affect, religiousness, and positive reappraisal coping, (b) PTG was minimally associated with well-being even at the bivariate level, and (c) PTG was positively related to other reports of positive change and unrelated to reports of negative change. However, changes in PTG were inversely related to changes in social support and spiritual well-being. These results suggest that, for AYA cancer survivors, PTG does not facilitate well-being and may be a coping mechanism in these relatively long-term survivors.

THU 205
Childhood Maltreatment and Borderline Personality Traits in Young Adults: A Type and Timing Specific Analysis
(Abs Abstract #1422)

Khan, Alaptagin 1, McCormack, Hannah 2, Bolger, Elizabeth 1, McGreener, Cynthia 2, Polcari, Ann 2, Teicher, Martin 1
1McLean Hospital, Harvard Medical School, Belmont, Massachusetts, USA
2McLean Hospital, Belmont, Massachusetts, USA

Patients with BPD report increased rates of childhood maltreatment across a range of abuse types. However, considering the recent research findings regarding stress sensitive developmental periods, we ventured to investigate a possible link between specific types and timing of abuse and its overall impact on BPD. For this purpose, instead of using a categorical “yes/no” diagnosis, we looked at the type and timing of maltreatment and the overall symptom severity scores and individual symptoms in maltreated individuals in our sample of 627 (Age: 22.47 2.22, M=249, F=378), recruited from the community. Maltreatment was assessed using the MACE scale while the borderline traits were assessed using the SCID-II (TR). Generalized linear modeling (glm) and predictive analytics (cforest) techniques were used for analyses. The overall symptom severity was predominantly predicted by emotional neglect at age 12 and NVEA at age 9. On further breakdown, notably, the core symptom of “unstable affect”
was predicted by physical neglect at age 14, “impulsivity” was predicted by NVEA at age 9, “emptiness” was predicted by emotional neglect at age 12 and “dissociation” was predicted by NVEA at age 9 (all p's<0.001). Having adequate knowledge of the type and timing of maltreatment can have potential therapeutic implications in devising appropriate treatment strategies.

THU 206
The Trajectory of Mental Health among Mothers and Children who Exposed to Intimate Partner Violence: Prospective Longitudinal Study
(Abstract #978)

Kamo, Toshiko1; Kim, Yoshinari2, Ito, Madoka1, Ujiie, Yuri1, Nakayama, Michi1
1Tokyo Women’s Medical University, Institute of Women’s Health, Shinjuku, Tokyo, Japan
2National Institute of Mental Health, National Center of Neurology and Psychiatry, Kodaira, Tokyo, Japan

Objective: The purpose of this study was to examine the trajectory of mothers’ and children’s mental health who suffered from intimate partner violence. We employed one-year prospective study design. Methods: Mothers (n = 40) and their children (n = 58) were assessed at the baseline and the time point of 3, 6, 9 and 12 months after the utilization of shelters for the victims. For mothers, we evaluated their psychiatric diagnosis, post-traumatic symptoms, dissociation, post-traumatic negative cognition, and overall psychological symptoms. For children, we evaluated their internalizing and externalizing problem, and overall psychological symptoms. For children, we evaluated their psychiatric diagnosis, post-traumatic symptoms, dissociation, post-traumatic negative cognition, and overall psychological symptoms. Results: 1) Especially sexual extortion was associated with mothers’ post-traumatic and dissociative symptoms. 2) Mothers’ mental health significantly improved at the 3 months, but did not improved at the later period and kept in unhealthy level. 3) Children’s problems are likely to improve over 1-year period; however, girls tend to have more serious symptoms. Conclusion: These results seemed to indicate the need to continuous support for them.

THU 209
The Contribution of Wives’ Support to the Adjustment of Military Veterans
(Abstract #1004)

Dekel, Rachel, Siegel, Alana, Fridkin, Shimon, Svetlitzky, Vlad
Bar-ilan University, Ramat Gan, Israel

Spousal support contributes significantly to military veterans’ posttraumatic recovery. However, it has yet to be determined which kind of support is most beneficial, for both receiver and provider. The literature in the health psychology field distinguishes among three ways of giving support (WOGS): active engagement refers to spouses becoming actively involved in decision-making and problem-solving; protective buffering indicates spouses’ denial of veterans’ anxieties and concerns; and overprotection suggests spouses’ underestimation of veterans’ capabilities, resulting in attempts to restrict their activities. This conceptualization has been examined only minimally in populations in which one spouse is coping with PTSD. The aims of the study were to examine the direct and moderating contribution of females’ ways of giving support both to their male veteran partners’ and to their own posttraumatic stress symptoms and mental health. An analysis of 300 Israeli couples revealed direct associations among wives’ WOGS and partners’ adjustment, as well as moderating effects of wives’ WOGS on the associations between couple members’ adjustment. The findings emphasize the complexity of support transactions among couples coping with PTSD and the need for couple-based interventions to identify the pros and cons of partners’ supportive efforts.

THU 210
Sleep Quality Accounts for Some of the Association between Service Members’ PTSD Symptoms and Partners’ Depression
(Abstract #1006)

Summers, Chris1, Carter, Sarah1, Renshaw, Keith1, Allen, Elizabeth2
1George Mason University, Fairfax, Virginia, USA
2University of Colorado Denver, Denver, Colorado, USA

Romantic partners of service members (SMs) with PTSD report elevated psychological distress. Considering the prevalence of sleep problems in both PTSD and depression, the current study sought to explore how sleep quality may help explain the association of SMs’ PTSD with partners’ depression. SMs (n=399) who deployed within the past 2 years reported on PTSD symptoms and sleep quality, and their romantic partners rated their own sleep quality and depression symptoms. In a bootstrapped path analysis, PTSD symptoms, SM sleep quality, and partner sleep quality were modeled as predictors of partner depression,
THU 211
Intergenerational Memories of War and Mental Health Issues in US Military Couples
(Abstract #1005)

Brown, Adam1, Ferguson, Kim2, Parnes, McKenna3, Hirst, William1
1New York University School of Medicine, New York, New York, USA
2Sarah Lawrence College, Bronxville, New York, USA
3University of Pennsylvania, Philadelphia, Pennsylvania, USA
4New School for Social Research, New York, New York, USA

An often-discussed, but poorly understood factor is the challenge returning soldiers face as they share, or consider sharing, memories of deployment with their family. Although family system models emphasize the importance of intra-familial resources in coping with stress, the role of sharing memories about deployment has received little attention within the military community. Studies in non-clinical populations show that sharing memories with others and greater knowledge of one’s family history is associated with positive mental health outcomes. This presentation will review findings from an ongoing study with US military couples examining the relation between how military families discuss deployment and mental health. US veteran parents that served in Iraq or Afghanistan and their partners recalled events that occurred during the deployment period separately and collectively as a family. These findings demonstrate that veterans and their non-deployed partners know little about the events that took place during deployment and a lack of knowledge was associated with greater mental health issues. Additionally, knowing more about one’s family history and the development of a collective memory of deployment was linked with lower levels of psychopathology and may help to facilitate the transition home from war.

THU 212
Trauma Centrality as a Mechanism for the Transmission of Mental Health Issues in US Military Families
(Abstract #1232)

Brown, Adam1, Ferguson, Kim2, Parnes, McKenna3, Hirst, William4
1New York University School of Medicine, new York, New York, USA
2Sarah Lawrence College, Bronxville, New York, USA
3University of Pennsylvania, Philadelphia, Pennsylvania, USA
4New School for Social Research, New York, New York, USA

Studies have consistently demonstrated that the extent to which an individual views a traumatic event as central to their identity (“trauma centrality”) positively correlates with PTSD symptom severity. However, these studies have focused on individuals and have not examined the link between trauma centrality and psychopathology across individuals. As part of an ongoing study with OEF/OIF military families, this study sought to address two questions: 1) is viewing a family member’s deployment as central to one’s identity associated with psychopathology and 2) do children of parents who view military deployment with greater trauma centrality exhibit greater mental health issues? Data were analyzed from veterans (n = 35) and non-deployed partners of OEF/OIF veterans (n = 20). Consistent with previous research, trauma centrality in veterans was positively associated with PTSD severity. Our findings also showed non-deployed family members who viewed their partner’s deployment as central to their self-identity exhibited greater mental health issues. In addition, anxiety levels among children in these families were positively correlated with both the veterans’ and non-deployed family member’s centrality ratings. These findings suggest that trauma centrality might represent a previously unrecognized mechanism underlying the transmission of mental health issues across families.

THU 213
Theistic Belief, Meaning Making, and Post Traumatic Growth: A Mediational Analysis
(Abstract #1176)

Brown, Adam4, Ferguson, Kim, Parnes, McKenna, Hirst, William
1New York University School of Medicine, New York, New York, USA
2Sarah Lawrence College, Bronxville, New York, USA
3University of Pennsylvania, Philadelphia, Pennsylvania, USA
4New School for Social Research, New York, New York, USA

Studies have shown that the extent to which an individual views a traumatic event as central to their identity (“trauma centrality”) positively correlates with PTSD symptom severity. However, these studies have focused on individuals and have not examined the link between trauma centrality and psychopathology across individuals. As part of an ongoing study with OEF/OIF military families, this study sought to address two questions: 1) is viewing a family member’s deployment as central to one’s identity associated with psychopathology and 2) do children of parents who view military deployment with greater trauma centrality exhibit greater mental health issues? Data were analyzed from veterans (n = 35) and non-deployed partners of OEF/OIF veterans (n = 20). Consistent with previous research, trauma centrality in veterans was positively associated with PTSD severity. Our findings also showed non-deployed family members who viewed their partner’s deployment as central to their self-identity exhibited greater mental health issues. In addition, anxiety levels among children in these families were positively correlated with both the veterans’ and non-deployed family member’s centrality ratings. These findings suggest that trauma centrality might represent a previously unrecognized mechanism underlying the transmission of mental health issues across families.
Slagel, Brett; McCormick, Wesley; Currier, Joseph
University of South Alabama, Mobile, Alabama, USA

Theistic belief systems are associated with an individual's ability to make meaning of traumatic loss (Wortmann & Park, 2009) and increased Post Traumatic Growth (PTG; Cofini et al., 2014; Sim et al., 2015). Additionally, research posits that PTG is positively associated with an individual's ability to make meaning after a traumatic event (Waters, et al., 2013). To further examine these associations, 248 veterans attending two Southeastern Universities completed the Post Traumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), the Integration of Stressful Life Events Scale (ISLES; Holland et al., 2010), and items querying theistic belief (e.g., atheist, doubtless theist) and demographics. A multiple regression was conducted with ethnicity, gender, age, and number of deployments entered as covariates, the ISLES and Theism as predictor variables, and the PTGI as the outcome variable. The model was significant, F(6, 247)=8.063, accounting for 14% of the variance. Theism ($B = .198$, $p = .001$) and the ISLES ($B = -.260$, $p = <.001$) were significant predictors of PTG. The results highlight how theistic beliefs and an individual's ability to make meaning may promote PTG among student veterans. Our presentation will discuss potential implications for providing mental healthcare and promoting adaptive well-being for student veterans.

THU 214
Reaching Constructive Posttraumatic Growth: The Role of Social Support for Military Veterans
(Abstract #397)

Saltzman, Leia1; Pat-Horenczyk, Ruth2; Lombe, Margaret1; McNamara, Tay1; Takeuchi, David1
1Boston College, Chestnut Hill, Massachusetts, USA
2Hebrew University of Jerusalem, Jerusalem, Israel

Aims: First to describe post-combat adaptation profiles based on the combination of posttraumatic distress, use of coping strategies, and reports of posttraumatic growth (PTG); second to explore the protective factors that promote constructive PTG within profiles of adaptation. Methods: Latent profile mixture modeling was used to identify distinct profiles of post-combat adaptation in a sample of Israeli male military veterans ($N = 448$). Profiles were used to identify groups for additional hierarchical logistic regression analysis. Results: Four distinct profiles were identified and characterized as: (1) distressed; (2) resistant; (3) resilient; and (4) struggling. Demographics, combat variables, type of coping strategies utilized, and baseline perception of social support were not significant predictors of constructive PTG. However, improvement in perceived social support over time increased the odds of reaching constructive PTG by 139% but only for those with the struggling profile. Implications: These findings suggest that posttrauma adaptation reflects heterogeneous profiles based on a complex combination of growth, distress, and coping indicators. Further, these findings suggest conditions under which protective factors influence constructive PTG; highlighting the importance of tailored clinical interventions that focus on the unique characteristics of adaptation profiles.

THU 215
An Outcome Data System to Guide EBT Interventions
(Abstract #410)

Allen, Steven1; Mullin, Thomas1; Ahern, Dennis2
1Salt Lake City Veteran Affairs Medical Center, SLC, Utah, USA
2VA Medical Center, SLC, Utah, USA

As a participant in the VA’s Practice Based Integrative Network (PBIN), The Salt Lake City VA Health Care System PTSD Clinical Team (PCT) developed tracking processes and a spreadsheet to provide outcome data for veterans and clinicians in evidenced based treatment (EBT) for military related PTSD. PCT clinicians administered the PTSD Checklist for the DSM 5 (PCL-5), Patient Health Questionnaire (PHQ-9), selected Posttraumatic Cognitions Inventory items (PTCI), the Moral Injury Events Scale (MIES), and the World Health Organization Disability Assessment Scale (WHODAS), to veterans as they progressed through Cognitive Processing therapy (CPT), Prolonged Exposure (PE) or Eye Movement Desensitization and Reprocessing (EMDR) for the treatment of PTSD. Data was entered into a locally developed Excel spreadsheet that displayed changes in PTSD symptoms across sessions. Veterans and clinicians were able to use visual review symptom levels, discuss progress, and guide treatment as appropriate. Outcome data can be aggregated across clinicians and data collected at intake serve as predictors of change in the veterans’ change trajectories over time. Conclusion: The incorporation of outcome measures into clinical practice is feasible and beneficial for both veterans and clinicians in effectively delivering PTSD EBTs.
To examine the perspectives of Sasangohar, Farzan

Despite this, there is limited understanding of Pacific Island Division, VA PTSD

(Abbreviation #47)

Smartphone apps have the potential to enhance psychotherapy by facilitating between-session practice and use of self-management tools (Clough & Casey, 2011).

THU 216
Treating Co-occurring PTSD and Substance Use in Adolescents: Service Provider Perspectives from Australia and the US
(Expanded #819)

Barrett, Emma1; Adams, Zachary2; Mills, Katherine1; Back, Sudie3
1University of New South Wales, Sydney, New South Wales, Australia
2Medical University of South Carolina, Charleston, South Carolina

Background: The co-occurrence of PTSD and substance use disorder (PTSD+SUD) is common and the onset of these disorders often occurs during adolescence. Adolescents with PTSD+SUD present with a severe clinical profile and pose a significant challenge for service providers. Despite this, there is limited understanding of the practices and perspectives of those treating this vulnerable population. Aim: To examine the perspectives of Australian and US service providers on the treatment of adolescents with PTSD+SUD. Method: In two separate studies, mental health and drug and alcohol service providers in Australia (n=101) and the US (n=138) completed an online survey. Results: Service providers rated co-occurring PTSD+SUD as more difficult to treat than PTSD alone. Both samples identified similar challenges (e.g. case management, engaging parents and caregivers, feelings of frustration, anger, and sadness). Despite this, participants rated treating PTSD+SUD as gratifying (e.g. teaching new coping skills, developing expertise). There were mixed opinions on how to treat adolescents with PTSD+SUD and two-thirds endorsed the need for manualised evidence-based interventions for this comorbidity. Discussion: These findings have been used to inform the development of an innovative integrated treatment for adolescents with PTSD+SUD. The components of this intervention will be described.

Technology

THU 217
Collaborative Management of PTSD Treatment through Smartphone Apps: What is Available and Accessible?
(Expanded #47)

Brown, Elaine1; Benzer, Justin2; Creech, Suzannah3; Kum, Hye-Chung3; Sasangohar, Farzan4
1VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA
2VA Boston Healthcare System, Bedford, Massachusetts, USA
3Texas A&M Health Science Center, College Station, Texas, USA
4Texas A&M University, College Station, Texas, USA

Smartphone apps can complement PTSD treatment by providing treatment tools between therapy sessions. This study attempts to survey all accessible apps related to PTSD, and their potential for treatment integration. This is a systematic review of publicly-available information on apps developed for PTSD. Web searches were used to locate relevant apps, and information was collected from: VA App Store, T2 mobile apps page, iOS App Store, Google Play Store, and Amazon.com. Accessibility was assessed through a review of app functions. Apps included were relevant to PTSD, PTSD treatment, PTSD symptom management, or social support. A total of 55 apps were reviewed across seven categories: PTSD treatment/education (n = 8), mental health treatment/education including PTSD (n = 4), relaxation (n = 19), anger management (n = 5), insomnia (n = 9), peer support (n = 5), and collaborative tools for PTSD treatments (n = 5). Only two apps (CPT Coach, PE Coach) included components explicit to treatment integration (e.g., clinician’s guide). Apps have potential to increase access and continuity of care by extending treatment beyond office visits. However, an imminent challenge will be to determine how to integrate app functions into on-going treatment.

THU 218
Veteran Feedback on Between-Session Practice Using a Smartphone App
(Expanded #971)
Research on barriers and facilitators to app use during psychotherapy is important for understanding the function and possible added value of apps. Participants were 27 Veterans enrolled in the treatment arm of a randomized controlled trial evaluating the Remote Exercises for Learning Anger and Excitation Management (RELAX) app to augment anger management therapy. At the beginning of each session, each participant completed a survey about the time spent using the app and provided feedback on factors that would have increased their app use. Qualitative coders reviewed the data for themes identifying barriers and facilitators to app use and suggestions for app modifications. User-friendliness and ease of use were themes that emerged as facilitators. Common barriers included Veterans’ perceptions of their lack of skill, low confidence with technology, and difficulty integrating the device into their daily routine. Feedback related to app design included practical suggestions for increasing the usability and convenience of the RELAX system. We discuss the implications of these findings for future app research, specifically important considerations for app design and patient training when using apps for psychotherapy.

THU 219
Influence of Trauma-focused Video Game on Graduate Students’ Perceptions of Trauma and Gameplay in Treatment Settings
(Abstract #625)

Kramer, Samantha, Levy, Rafael, Mangino, Michael, Demaria, Thomas
Long Island University, C.W. Post Campus, Brookville, New York

Recent literature has explored the role of video game play in attitudes and beliefs of individuals as well as the potential application of video games in psychotherapy (Ceranoglu, 2010; Dini, 2012; Hussain & Griffiths, 2009; Steadman, Bsoak, Lee, Lim & Niccols, 2014). A new platform for introducing unique and complex psychological phenomena has emerged since video gaming has become easily accessed online. New games focusing on trauma have been developed and made accessible to the general public. The current study explored the impact of experiencing a trauma-focused video game on an individual’s perceptions of trauma. A sample of 30 graduate students in psychology were exposed to a complete playthrough of a trauma-focused video game, and then asked to report on their subjective experience and perceptions surrounding trauma. Participants were asked to complete surveys about perceptions of trauma before and after experiencing the video game. Attitudes regarding integration of video games in treatment were assessed, and participant characteristics were measured. Results provide information surrounding the influence of trauma-focused video games on subjective experience of trauma. Additionally, results will indicate if trauma-focused video games may serve as a clinical tool in therapeutic settings and an effective means for increasing public awareness and knowledge of trauma.

Training/Education/Dissemination

THU 222
Building and Sustaining Evidence-Informed Practice: Findings from a Nationwide Survey on the Attachment, Regulation, and Competency (ARC) Framework
(Abstract #954)

Neubacher, Katrin1, Blaustein, Margaret2
1Justice Resource Institute, Brookline, Massachusetts, USA
2Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA

A primary challenge of implementing evidence-based practices for trauma is sustainability of these practices over time. To better understand effectiveness of training approach, a nationwide survey was conducted with (1) agencies who received in-depth ARC training/consultation; and (2) individuals who attended open-registration ARC workshops, with no follow-up consultation. To date, data has been gathered from 177 individual providers and 48 agencies. Preliminary agency-level data indicates the most commonly identified factors supporting sustainability are integration of treatment concepts into clinical discussions (81.4%), supervision (79.07%), and ongoing staff trainings (65.12%). Barriers include staff turnover, limited financial resources, and overall staff work burden. Among individual providers, nearly half (46.89%) endorse continued substantial use of ARC concepts in their practice (“A Great Deal,” “Guides My Practice”); however, 29.57% report limited to no continued use of ARC. Both data sets will be examined for factors predicting to sustainability (i.e., training/ consultation components, training intensity, access to consultation, work setting, and time since last training). Discussion will address the implication of these findings for building effective, sustainable training programs in trauma-informed practices for individual practitioners and systems of care.
Prior studies have documented difficulties in implementing Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) into practice in VA Medical Centers, estimating that between 6-13% of VA PTSD patients receive PE or CPT (Shiner et al., 2013; Lu et al., 2013). Consistent with this, a study examining the Houston VA PTSD clinic found that 11% of PTSD patients referred to individual therapy received PE or CPT (Mott et al., 2014). However, these studies examined data from FY2010, FY2008, and 2008-12, respectively. Since 2007, VA has invested heavily in increasing implementation of PE and CPT, including nationwide training rollouts and consultation. Thus, we examined current use of PE and CPT at the Houston VAMC and compared this to the rates found in Mott et al. (2014). Chart reviews for all patients receiving a PTSD clinic initial evaluation between January 1, 2015, and May 31, 2015 indicated that 48% of patients admitted to the PTSD clinic began a course of PE or CPT within the nine month follow-up period, a more than fourfold increase for this clinic since the prior study. We also present data on alternate referrals provided to patients not engaging in PE and CPT. The PTSD clinic director discusses changes in clinic structure, processes, training, and clinician support that might account for the successful implementation of PE and CPT in this clinic.

THU 224
Posttraumatic Stress Disorder and Academic Performance in a Population of University Students
(Abstract #641)

Pereira, Juliana1, Netto, Liana2, Cavalcanti-Ribeiro, Patrícia3, Koenen, Karestan4, Sampaio, Aline S.5, Quarantini, Lucas2
1Programa de Pós-graduação em Medicina e Saúde, Faculdade de Medicina da Universidade Federal da Bahia, Salvador, Brazil, Feira de Santana, Bahia, Brazil
2Baylor College of Medicine, Houston, Texas
3Michael E. DeBakey VA Medical Center, Houston, Texas
4Columbia University, Mailman School of Public Health, New York, New York, USA
5Serviço Médico Universitário da Universidade Federal da Bahia, Salvador, Bahia, Brazil

Studies geared toward the investigation of traumatic experiences and Posttraumatic Stress Disorder (PTSD) and the resulting repercussion on the academic performance among university students are still scarce. The aim of this work was to determine the association between PTSD and the academic performance of university students. A census approach was used, where 2213 students were either freshmen or seniors, from all areas of study filled out the self-response questionnaires. From this student population, 14% presented PTSD, where 13.3% were freshmen and 14.9% were final semester seniors. The category of low academic results had a higher prevalence of PTSD both for freshmen as well as for seniors. Thus, we conclude that the students affected by PTSD present impaired academic performance. These results indicate the need to pay attention to the students who have been through traumatic experiences, and gone on to develop PTSD, in order for them not to compromise their undergraduate studies, as well as their professional activities in the future.

THU 225
Using Research Results about Predictors of PTSD to Reduce Stigma and Increase the Public’s Knowledge of PTSD
(Abstract #9)

Reiland, Sarah
Winthrop University, Rock Hill, South Carolina, USA

Misconceptions about PTSD in the general public abound. For example, many people believe that violent aggression is a key characteristic of mental illnesses like PTSD (Kobau et al., 2010), and it is also commonly believed that PTSD is an inevitable outcome of trauma exposure (Lu, 2012). There is often a disconnect between research and public perception, in part due to failure of researchers to disseminate their findings to the public. The current project uses the results of a recent study by the author (i.e. predictors of PTSD) to explain how results of this study could be disseminated to the public in practical ways that might contribute to reduced stigma and increased knowledge of PTSD in the general public. Along with
presenting new research from 312 undergraduate students that demonstrates that cognitive characteristics (e.g., beliefs about self and others, cognitive flexibility) are strongly associated with PTSD symptoms, this paper will discuss specific methods for enhancing the relevance of these findings to the general public. Disseminating research findings to the general public in a way that promotes accurate knowledge and decreased stigma is important to the goal of enhancing social support and motivation to access healthcare services for people with PTSD.

THU 226
Clinicians’ Knowledge of, Training in, and Utilization of Evidence-Based Treatments for Child Maltreatment, and Barriers to Training and Utilization: A Mixed Methods Study
(Abstract #117)

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2University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

Despite recent momentum towards implementing evidence-based treatments (EBTs) for child victims of maltreatment, there are significant barriers to training in and utilization of EBTs. Limited research has been conducted regarding predictors of EBT utilization, and studies tend to utilize quantitative methods, which limits understanding of the barriers. The present study used a mixed-methods approach to examine clinicians’ knowledge of, training in, and utilization of EBTs for child maltreatment in a national sample of 157 clinicians who provide psychotherapy to children who have experienced maltreatment. Most clinicians could not identify EBTs, were not trained in EBTs, and did not regularly utilize EBTs. Clinician factors such as educational background and theoretical orientation did not predict EBT utilization, although the number of EBTs clinicians received training in was a significant predictor. In addition, clinicians’ attitudes toward EBTs did not moderate the relationship between training in and utilization of EBTs. Qualitative methods examined clinician barriers to training in and utilization of EBTs and explored possible solutions to improving EBT implementation. Results suggest a comprehensive response from agencies is needed to provide more opportunities for training in EBTs, as well as access to online trainings and ongoing supervision and consultation.

THU 227
A Trauma Competency Self-Evaluation Tool: Integrating the New Haven Trauma Competencies into Clinical Training
(Abstract #1332)

Orliss, Micah, Long, Richelle
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In 2014, the New Haven Trauma Competency Group released their Statement on Trauma Mental Health identifying a number of specific competencies expected of professionals in the field of trauma mental health. For new trainees and early career professionals, these standards can serve as an important teaching tool, helping them to conceptualize what it means to be a professional trauma clinician. In addition, the competencies can help trainees to more precisely identify their own training needs and goals. For training programs, the competencies can serve as a useful training tool to help trainees to become skilled trauma clinicians and have long and resilient careers in the field. This presentation describes the development of a supervision tool based on the New Haven Trauma Competencies. The presenters will describe the self-assessment measure and identify ways that this can be incorporated into supervision and training, as a means of further enhancing the development of trauma mental health clinicians.

THU 228
Integrating Technology Into A Learning Collaborative to Disseminate and Help Implement a Trauma-Informed Intervention to Prevent Child Maltreatment: GABI (GABI©) and the UDEMY platform
(Abstract #1428)

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1New School for Social Research, New York, New York, USA
2Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, New York, New York, USA

Despite the need for evidence-based practices (EBPs) in trauma-informed care, EBPs continue to be widely underutilized. One contributing factor may be a lack of accessible training opportunities. Online training programs provide accessibility to those with financial or time restrictions and can provide dynamic, interactive platforms...
Assessment/Diagnosis

THU 229
Screening PTSD with the CPSS-5 and Addressing Barriers to Assessment and Care
(Abstract #122)

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2University of Pennsylvania, Pennsylvania, USA

PTSD is highly debilitating and often goes untreated among urban youth. Therefore, the development of a measure that assesses PTSD based on the DSM-5 diagnostic criteria in children and adolescents is of paramount importance. While assessing the psychometrics of the Child PTSD Symptom Scale Self-Report Version for DSM-5 (CPSS-SR-5), we came across several barriers that may prevent youth from getting the help they need. Among them were attentional disturbances, scheduling conflicts (both from the youth and their parents), and the length of assessments for PTSD. With such barriers in mind, we identified six items that could be used as a brief screening tool for PTSD on the CPSS-SR-5, as opposed to the full 27-item measure. The 6 items demonstrated adequate internal consistency (α=.78) and test-retest reliability (r=.71). Further, comparisons with the full measure revealed a cut-off score of 13 on the screening items to identify probable PTSD diagnosis, with sensitivity =.878 and specificity =.822. This screening tool is the first measure developed to provide clinicians with an accessible, low burden method to assess DSM-5 PTSD in their young clients. With more efficient detection of PTSD, providers are better able to select appropriate treatments for PTSD in this population.

THU 230
Developing Culturally and Trauma Competent Mental Health Graduate Students: Case Study in Latina America
(Abstract #1451)

Wycoff, Kirby
Worcester State University, Worcester, Massachusetts, USA

Ethnically and racially diverse students make up 43% of the population in today’s public schools and 20% of US students under age 17 are those from Latino backgrounds (Jones, 2009). A large number of these students have endured adverse childhood experiences. The need for culturally competent and trauma competent service delivery continues to grow for school and related mental health providers in school settings. In seeking to integrate multiculturalism in professional practice, school psychologists are charged with leading the way in helping individuals (children, families, teachers) construct their own personal realities, within a cultural context (Gonzalez, 1997; Highlen, 1996; Sue, Ivey, & Pedersen, 1996). This paper session will describe a case study, service learning project wherein a research team (graduate students and a faculty member (Nationally Certified School Psychologist) partnered with a non-profit organization located in Latin America. Data will be presented as it relates to use of technology in training professionals in trauma-competency and in understanding incidence rates of experienced trauma in the youth population living in Latin America.

THU 231
Examining the Role of Childhood Trauma on Negative Affect in a Recently Hospitalized Adolescent Population
(Abstract #245)

Brier, Zoe1, Marraccini, Marisa1, Brick, Leslie1, Nugent, Nicole1
THU 234
Inconsistencies in the Reporting of Trauma Exposure Characteristics among Acute Physical Injury Survivors
(Abtract #1)

Larsen, Sadie1, Pacella, Maria2, Garfin, Dana3, Hunt, Josh2, Mota, Natalie4, deRoon-Cassini, Terri2
1Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin, USA
2Medical College of Wisconsin, Milwaukee, Wisconsin, USA
3University of California, Irvine, IRVINE, California, USA
4University of Manitoba, Winnipeg, Manitoba, Canada

Objective: Trauma survivors can be inconsistent in their reports of trauma occurrence. This study aimed to identify and predict inconsistency in reports of subjective trauma exposure characteristics. Method: Hospitalized adult survivors of a single incident traumatic injury were recruited from a Level 1 trauma center (n = 214). Baseline assessment occurred in the hospital within 40 days post-injury, and follow-up assessment occurred at 6 weeks post-injury (n = 77). The following trauma exposure characteristics were examined for consistency across time: severity of threat of 1) loss of life, 2) loss of a body part, and 3) serious injury, along with 4) peritraumatic emotionality. Potential predictors of inconsistency were examined: trauma type, time since trauma, demographic factors, PTSD symptoms, and peritraumatic dissociation.

Results: About half of the acute injury survivors consistently reported trauma exposure characteristics between baseline and 6 weeks; those whose reports changed were equally likely to report more or less severe trauma. Changes in PTSD (especially avoidance) predicted inconsistency: increases in avoidance predicted increases in reported severity of life threat and threat of loss of a body part. Conclusions: Even shortly after an event, reports of trauma exposure characteristics vary across time; they are influenced by PTSD symptoms (small effect size).

THU 235
Serotonin Transporter and Oxytocin Receptor Together Moderate the Association between Depression Severity and Perceived Limitations in Community Reintegration Ratings
(Abtract #6)

Graham, David, Harding, Mark, Nielsen, David
Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA

Background: Our objective was to evaluate whether OXTR and 5-HTTLPR genotypes moderated the association between depression and perceived limitations for social participation in Veterans.

Methods: We evaluated 78 OEF/OIF Veterans cross-sectionally. We assessed perceived limitations in community reintegration with the CRIS and depression severity with the CES-D. We evaluated two genes: 1) OXTR (rs2254298, GG versus A carrier) and 2) 5-HTTLPR (S S versus L carrier).

Results: A hierarchical linear regression indicated that depression severity (p < .001), combined serotonin transporter by oxytocin receptor genotypes (p = .009), and the moderating interaction between depression and genotypes (p = .026), served as predictors for perceived limitations in community reintegration.

Conclusion: Findings suggest those Veterans who are more sensitive to their social environment (serotonin transporter S’S') and are more likely to have larger amygdala (OXTR A genotype carrier) have greater perceived limitations as depression severity increases compared to those veterans who are either less sensitive to their social environment (L’ carrier) or are more likely to have smaller amygdala (OXTR GG genotype).
THU 236
The Use of Technology for Assessing Sexual Assault Prevalence Rates: A Multi-method Comparison
(Abstract #188)
(Assess Dx, Pub Health, Rape, Res Meth, Social, Adult) M - Industrialized
Grand Hall

Steward, Jennifer1, Micol, Rachel2, Shotwell Tabke, Chelsea2, Hancock, Kelsey2, Scholl, James3, Davis, Joanne1
1University of Tulsa, Tulsa, Oklahoma, USA
2The University of Tulsa, Tulsa, Oklahoma, USA

Sexual violence on college campuses is a pervasive public health concern requiring accurate assessment of its prevalence. Three studies using different measurement tools and recruitment strategies to assess rates of sexual violence at the same university during the same year were compared. The first study recruited 473 volunteers in the first four weeks of the semester via emails to the entire campus. Using two behaviorally anchored questions regarding forced and drug-facilitated sexual assault, 10% reported sexual assault in the past year. The second study recruited 101 volunteers in the second four weeks of the semester via emails to the entire campus. Using twenty questions assessing the number of times sexual violence victimization and perpetration occurred, 12.9% reported sexual assault in the past year. The final study, as part of a sexual violence prevention on-line training, required all students (N = 4320) to participate in order to enroll for classes. Using one question regarding whether respondents were pressured into sexual contact without consent, 4.8% reported sexual assault since coming to campus. Given the consequences that may result from sexual assault, it is important to consider the methods of assessing rates of violence to ensure the most accurate estimates. Strengths of each measurement tool and recommendations for future studies will be discussed.

THU 237
Unique Associations between Childhood, Adult, or Military Trauma and Eating Disorder Symptomatology in a Sample of Female Veterans
(Abstract #204)

(Assess Dx, Chronic, Gender, Adult) M - Industrialized
Grand Hall

Arditte, Kimberly1; Bartlett, Brooke2; Iverson, Katherine3; Mitchell, Karen2
1Boston University School of Medicine and VA Boston Healthcare System, Boston, Massachusetts, USA
2National Center for PTSD, Women’s Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Jamaica Plain, Massachusetts, USA

Many individuals with eating disorders report a history of multiple traumas across several different domains (e.g., childhood sexual trauma, rape, or military combat). However, few studies have examined the unique associations between specific trauma types and eating disorder symptoms. Further, little work has examined these associations among female veterans, who are at elevated risk for trauma-related sequelae. Survey data were collected from a sample (N = 150) of trauma-exposed female Veterans Health Administration patients. Participants completed a trauma history screener that assessed exposure to childhood physical abuse (CPA), childhood sexual abuse (CSA), adult physical assault (APA), adult sexual assault (ASA), and military-related trauma (MRT). They also completed the Eating Disorder Diagnostic Scale (EDDS). Analyses controlled for age and BMI. When the five trauma types were considered together in a multiple regression model, ASA (β = .20, p = .02) and MRT (β = .16, p = .04) were significantly associated with EDDS scores, whereas CPA, APA, and CSA were not (ps ≥ .18). Exposure to ASA and MRT is associated with eating disorder symptoms among female veterans. Providers are encouraged to screen for disordered eating among female veterans with a history of these trauma types and to engage in trauma-informed care.

THU 238
Assessment, Treatment, and Sensitivity to Change of Early Maladaptive Schemas
(Abstract #1321)

(Assess Dx, Clin Res, Adult) I - Industrialized
Grand Hall

Wettemeck, Chad
Rogers Memorial Hospital, Oconomowoc, Wisconsin, USA

Young et al. (2003) developed schema therapy to provide a theoretical model and treatment approach to address patients who were less responsive to time-limited evidence-based approaches due to early life experiences. Identifying how unmet core needs and the resulting development of schema that aided in survival may be primary for those with an early history of abuse, neglect, over-identification, or overindulgence. These experiences are quite prevalent in our trauma and PTSD patients and only a few studies have investigated the usefulness of schema concepts and treatment (cf. Cockram et al.,
THU 240
Development and Validation of a Self-Report Measure of Post-Traumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD): The Complex Trauma Inventory
(Abstract #429)

Litvin, Justin, Kaminski, Patricia
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The work group editing trauma disorders for the upcoming edition of the International Classification of Diseases (ICD-11) made several changes (Maercker et al., 2013). Specifically, they drastically simplified the criteria for posttraumatic stress disorder (PTSD) and added a new trauma disorder called complex PTSD (CPTSD). The new domains for PTSD and the addition of CPTSD require new instruments to assess these novel constructs. We developed a measure of PTSD and CPTSD (The Complex Trauma Inventory; CTI) according to the proposed ICD-11 domains. We examined the factor structure of the CTI (using both exploratory and confirmatory factor analyses) in two separate samples of diverse college students (n1 = 501; n2 = 500). Analyses supported two factors (PTSD and Additional CPTSD Factors) and the six ICD-11 domains. We also supported the construct validity of CTI by assessing convergent validity (using the PTSD Checklist-5 and Posttraumatic Stress Factor of Trauma Symptom Inventory-2 as comparisons; Briere, 2011; Weathers et al., 2013) and discriminant validity (using the Borderline Symptom Checklist-23, Altman Self-Rating Mania Scale and Center for Epidemiologic Studies Depression Scale; Altman, Hedeker, Peterson & Davis, 1997; Bohus et al., 2009; Radloff, 1977). Internal consistency for PTSD (α = .92) and Additional CPTSD Factors (α = .93) were excellent.

THU 241
Operating Characteristics of the Single-Item PTSD Screener (SIPS)
(Abstract #692)

Stewart, Lindsay1; Evatt, Daniel1, Harper, Elizabeth1, Belsher, Bradley1, Beech, Erin1, Freed, Michael2
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Brief screening instruments are often used in primary care and high-risk settings to screen for a variety of mental health disorders, including PTSD. The 4-item PC-PTSD is currently used in many settings to screen for PTSD (i.e., Military Health System; Veterans Affairs) using a two-stage approach. The two-stage approach screens the general population with a brief screener, and only patients who screen positive are subsequently administered a lengthier screening assessment. Population-level screening necessitates a validated PTSD screening tool that minimizes patient and provider burden in busy primary care clinics. We used a data-driven approach to refine and test two versions of a Single-Item PTSD Screener (SIPS-A and SIPS-B) for use in military primary care settings. Preliminary ROC analyses revealed similar performance among the SIPS-A, SIPS-B, and the 4-item PC-PTSD, but all three screens performed significantly worse than the 17-item PCL in predicting probable PTSD diagnosis. Optimal cutpoints for the SIPS-A and SIPS-B, as well as other psychometric properties, were determined for each measure. This is the only known study to validate a single-item PTSD screener that includes a military beneficiary population.

THU 242
Posttraumatic Stress Symptoms and Posttraumatic Negative Cognition in Sexually Revictimized Women in South Korea
(Abstract #1121)

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Victims of sexual violence consist of heterogeneous groups, ranging from those with few trauma exposures to those with multiple traumatic experiences and showing symptoms of complex posttraumatic stress disorder (PTSD). We collected data of self-reported questionnaires from sexually assaulted female victims who visited Sunflower Center of Southern Gyeonggi for Women and Children Victims of Violence from December 2014 to December 2015. PTSD symptom scale and Posttraumatic Cognition Inventory were collected at baseline, and PTSD symptom scale was repeated among those who were followed-up at 1 month. A total of 118 victims completed the questionnaires during the initial visit, and 80 victims were followed-up at 1 months for further evaluation. Among the participants, 15 (12.6%) reported having sexual abuse history prior to the index trauma. Those with sexual abuse history were more likely to show higher PTSD (p = 0.0266), depression (p = 0.0014) and anxiety symptoms (p = 0.0105), and more negative cognition regarding the traumatic event (p = 0.0002). At 1 month follow-up, symptoms of PTSD worsened in those with sexual abuse history, whereas victims with no such history gradually improved (p = 0.0125). Our results show that sexual violence victims differ in their symptom manifestation and prognosis depending on past sexual trauma history.

THU 244
Chronic Pain is Associated with PTSD and Depression at 12 Months Post-Trauma
(Abstract #1150)

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While chronic pain is co-morbid with post-traumatic stress disorder (PTSD) and depression, we are uncertain of when this relationship emerges. Participants (N=24) were recruited from a Level 1 trauma center in downtown Atlanta after experiencing a criterion A trauma. Interviewers collected baseline assessments for depression and lifetime PTSD using the Beck Depression Inventory and the PTSD Diagnostic Scale. Participants were assessed again twelve months later to determine symptom severity for chronic pain, PTSD, and depression. After controlling for baseline PTSD and depression symptomology and baseline pain levels at the time of trauma, an ANOVA showed that participants meeting criteria for PTSD, depression, or both after 12 months reported higher chronic pain levels than participants who did not meet criteria for either disorder (F=5.178, p=0.036). These preliminary data suggest that individuals who develop PTSD, depression, or both after a trauma are more likely to report chronic pain. Treatment implications include increasing focus on treating physical pain post-trauma as a way to potentially prevent the development of PTSD and depression. As we continue to collect data, we will be able to look in a more prospective manner at this relationship.

THU 245
On the Assessment of Subthreshold PTSD: Convergent, Discriminant, and Concurrent Validity According to Various Definitions
(Abstract #1203)

(Asess Dx, Assess Dx, Res Meth, Adult) M - Industrialized
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Some people exposed to traumatic events develop posttraumatic symptomatology falling below diagnostic threshold for PTSD; often, these people are categorized as subthreshold PTSD cases. However, no consensual definition of subthreshold PTSD exists. Variations in definitions can affect both treatment of subthreshold cases and bias population estimates of psychopathology and future health care needs. To recommend a standardized subthreshold PTSD definition, we examined the convergent, discriminant, and concurrent validity of three most often used subthreshold PTSD definitions in a population-based military sample. We employed the PTSD checklist, aligned with DSM-IV symptoms, to three different, non-exclusive, subthreshold PTSD definitions: Definition 1=B criterion plus either C or D criterion; Definition 2=two of three clusters; and Definition 3=at least one symptom in each cluster. These three definitions exhibited moderate to high concordance (kappa range: .68-.96). Concordance among the definitions generated both similar prevalence estimates (range: 8.1%-8.8%) and similar patterns of concurrent substance use behaviors and psychiatric disorders, limiting discrimination among these definitions. Therefore, we explored the associations between each symptom cluster with functional impairment and concurrent psychopathology to develop a more discriminant subthreshold PTSD definition.

THU 247
Determinants of Mental Health and Resilience in an Internally-Displaced Population in Northern Sri Lanka
(Abstract #1407)

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Following a 26-year civil war, Sri Lanka has several internally displaced persons, including many born during the conflict. While literature exists on risk and protective factors with known impacts on mental health in displaced populations, literature is limited in exploring the intersection between age at displacement, return migration, and mental health outcomes in a post-conflict setting. This study examines the risk and resilience factors of comorbid psychopathology in those born prior to and during the conflict in Sri Lanka. As part of an epidemiological survey, baseline data is currently being collected across primary healthcare facilities in Northern Sri Lanka. Participants complete the Harvard Trauma Questionnaire for PTSD, the Wagnild Resilience Scale (Wagnild, 2009) and other measures, which have been validated with the Northern Sri Lankan population (Siriwardhana, Adikari, Van Bortel, McCrone, & Sumathipala, 2013). Stratified-randomization from this data set will be used for the cross-sectional case-control design. Analysis will be conducted using structural equation among dimensions of PTSD and obscure the utility of assessing dimensions beyond the syndrome as a whole. Better assessment can reveal unique associations of PTSD dimensions with clinical outcomes and risk factors. Two large non-overlapping samples (N=3,504 and N=816) of 9/11 responders completed self-report and two different DSM-IV-based interview measures of PTSD, as well as measures of distinct outcomes and risk factors. Self-report of PTSD led to dimensions with poor discrimination and little predictive validity above and beyond depression. Interview measures performed better and revealed unique associations. After controlling for depression, Intrusions and, to a lesser extent, Hyperarousal were associated with respiratory problems. Avoidance was uniquely related to alcohol abuse. Intrusions and Avoidance were most related to trauma exposure. Numbing had little predictive validity beyond depression. PTSD is heterogeneous and precise description of symptom clusters can shed light on etiology and prognosis, but this is missed by the widespread use of common self-report measures of PTSD.

THU 246
Assessment Matters: How Controlling for Depression Reveals Unique Associations between PTSD Dimensions, Risk Factors and Outcomes
(Abstract #1405)

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Posttraumatic stress disorder (PTSD) and depression are highly comorbid. Moreover, symptoms are often assessed using self-report. Both issues lead to poor discrimination among dimensions of PTSD and obscure the utility of assessing dimensions beyond the syndrome as a whole. Better assessment can reveal unique associations of PTSD dimensions with clinical outcomes and risk factors. Two large non-overlapping samples (N=3,504 and N=816) of 9/11 responders completed self-report and two different DSM-IV-based interview measures of PTSD, as well as measures of distinct outcomes and risk factors. Self-report of PTSD led to dimensions with poor discrimination and little predictive validity above and beyond depression. Interview measures performed better and revealed unique associations. After controlling for depression, Intrusions and, to a lesser extent, Hyperarousal were associated with respiratory problems. Avoidance was uniquely related to alcohol abuse. Intrusions and Avoidance were most related to trauma exposure. Numbing had little predictive validity beyond depression. PTSD is heterogeneous and precise description of symptom clusters can shed light on etiology and prognosis, but this is missed by the widespread use of common self-report measures of PTSD.

THU 246
Assessment Matters: How Controlling for Depression Reveals Unique Associations between PTSD Dimensions, Risk Factors and Outcomes
(Abstract #1405)
modeling (SEM) as it facilitates the evaluation of multiple hypothesized relationships between latent and observed variables simultaneously (Stratta et al, 2015). Understanding how age at displacement influences mental health outcomes can inform targeted public mental health interventions.

THU 248
The Relationship between Cognitive Functioning, Trauma Centrality, and PTSD in Male OEF/OIF veterans
(Abstract #1370)

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Post-traumatic stress disorder (PTSD) has been linked to deficits in regulation of memories and attention. Trauma centrality, or the extent a potential traumatic event becomes central to person’s identity and life story, has consistently been associated with PTSD symptoms. The purpose of this study was to examine the relationship between trauma centrality and cognitive deficits. All participants (N=41) were combat deployed OEF/OIF male veterans. Participants completed the Clinician Administered PTSD Scale for the DSM V (CAPS), the Beck Depression Inventory-II (BDI-II), the Centrality of Event Scale (CES), and the neurocognitive assessment WebNeuro. As predicted, the CES was positively correlated with the CAPS and BDI and negatively correlated with cognitive flexibility and working memory (p<.050). Further analyses revealed that working memory significantly predicted CES total when controlling for BDI, CAPS, and age while cognitive flexibility approached significance (p=.052) when controlling for these same variables. These findings suggest that cognitive variables may be an important factor underlying trauma centrality. Future work exploring this link may help to inform treatments targeting maladaptive cognitions in PTSD.

THU 249
Cognitive Deficits Associated with Disinhibition among OIF/OEF Veterans with PTSD
(Abstract #1409)

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Disinhibited behavior, namely substance abuse, aggression, and impulse control, is being increasingly studied in the context of post-traumatic stress disorder (PTSD) as evidenced by the inclusion of self-destructive behavior in the DSM-5 PTSD diagnosis (Elbogen et al., 2010; Sadeh et al., 2015). Further, PTSD has long been associated with deficits in memory, attention, and cognitive abilities (McNally & Shin, 1995; Shandera-Ochsner et al., 2013). The relationship between cognitive abilities and disinhibition among those with PTSD, however, is less understood. Thus, the purpose of this ongoing study was to explore how cognitive deficits are related to aggression and alcohol use among OIF/OEF Veterans diagnosed with PTSD. A clinical battery including the CAPS-V, STAXI trait and state scales, and AUDIT were used to assess PTSD diagnosis, aggressive tendencies, and alcohol abuse respectively. A WebNeuro computerized cognitive battery and WASI-II (verbal and matrix reasoning) measured cognitive abilities. A correlation revealed that state aggression was negatively associated (p<.05) with FSIQ-2, motor coordination, processing speed, cognitive flexibility, inhibition, and executive function. Trait aggression and alcohol abuse were associated with some but not all of the aforementioned cognitive tasks. Future directions in line with this work are discussed.

THU 251
Reintegration Stress and Guilt among Veterans Pursuing PTSD Treatment
(Abstract #300)

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In Veterans with posttraumatic stress disorder (PTSD), little is known about how trauma-related guilt is related to stress surrounding reintegration into civilian society. Reintegration
stress affects several spheres including an individual’s perceived meaning in life, psychosocial functioning (e.g., interpersonal relationships, community participation), self-care, productivity at work/school/home, and leisure. Utilizing a sample of Veterans (N= 144, 95% males, mean age = 33.9 years, SD = 8.4) pursuing PTSD treatment, this study tested whether the severity of trauma-related guilt, and the severity of depression and PTSD symptoms were related to greater reintegration stress. Greater trauma-related guilt (r=0.341, p<0.001), PTSD symptom severity (r=0.643, p<0.001) and depression symptom severity (r=0.644, p<0.001) were positively associated with reintegration stress. When PTSD or depression symptom severity were controlled for, there was a marginally significant association between guilt and reintegration stress (p=0.055). These findings provide tentative evidence that addressing trauma-related guilt, independent from PTSD and depression symptoms, may help to reduce reintegration stress. Further work is needed to better understand the relationship between trauma-related guilt and reintegration stress, and whether intervention beyond treating PTSD and/or depression is necessary.

THU 252
Assessing the Wartime Experiences of Vietnam-Era Women: The Health of Vietnam-Era Women’s Study (HealthVIEWES)
(Abstract #391)

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Purpose: Few scales assessing wartime experiences capture unique issues related to women’s service, address their military roles, or have been validated with women. The Women’s Wartime Stressor Scale (WWSS) was developed for use with women who served during the Vietnam-era, primarily as nurses. We revised the WWSS to make response formats and wording to be applicable regardless of service location or occupational role.

Methods: The Women’s Wartime Exposure Scale - Revised (WWES-R) was included in a mail survey as part of the U.S. Department of Veterans Affairs HealthVIEWES study. Its construct and criterion validity were assessed with a sample of 4,939 survey responses using principal components analysis, ANOVA, and multiple linear regression. Results: Six salient dimensions (scales) of wartime experiences consistent with previous research were identified. Women serving in Vietnam had higher mean scores on every scale, service in or near Vietnam was positively associated with higher scores on every scale, and nurses had significantly higher scores on three scales. Conclusions: Evaluation of the WWES-R suggests service in a military healthcare role may predict women’s reports of wartime experiences. Further evaluation of the WWES-R assessing internal consistency, test-retest reliability, and concurrent validity with standard exposure measures is recommended.

THU 253
Influence of Trauma Type on Presentation of Self-Blame, Shame, and Guilt
(Abstract #1350)

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Changes to the DSM-5 criteria include the addition of D3 and D4; cognitions related to blame and negative emotional states, respectively. Studies suggest that trauma type may influence endorsement of self-blame cognitions (Karl et al., 2009; Startup et al, 2007). Blaine et al. (2013) found that self-blame cognitions predict negative emotional reactions such as guilt and shame. This study seeks to examine if trauma type affects differing endorsements on D3 and D4, especially related to reports of guilt and shame. Fifty one treatment seeking Veterans were assessed using a modified version of the CAPS-5 in which clinicians categorized self versus other blame-related cognitions (D3) and emotion type endorsed on D4 (fear, horror, anger guilt or shame). Index traumas were coded by three clinicians and categorized into three trauma categories: combat, impersonal, and interpersonal. Chi-square analyses revealed statistically significant differences between trauma type on feelings of guilt, χ2 (2, N=51)=8.63, p=.013 with those with interpersonal trauma reporting more guilt than those with combat trauma. There were no statistically significant differences between trauma type and report of
shame, $X^2 (2, N=51)=.042, p=.979$. Implications and future directions will be discussed.

**THU 254**

**Parent vs. Self-Report of Emotion Regulation Difficulties in Adolescents with Trauma Histories: A Concurrent Validity Study**

(Abstract #1201)

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Although research has found that, generally, parent report of their child's mental health symptoms is fairly accurate (e.g. Nauta et al., 2004), the validity of parent report on adolescent emotion regulation (ER) has not been examined. Understanding an adolescent's ER skills is important, as survivors of traumatic events, especially chronic, interpersonal trauma, often experience ER difficulties (e.g. Cook et al., 2005). The current study examined the concurrent validity of the Difficulties in Emotion Regulation Scale (DERS)-Adolescent Version (Phillips & Power, 2007) with a parent collateral version, created for this study. Participants included 58 mother-adolescent pairs with trauma histories, with 81% experiencing at least one interpersonal potentially traumatic event. Concurrent validity was assessed and demonstrated satisfactory agreement in some of the subscales ($r = 0.33$-$0.58; p = < .05$). However, the Goals subscale was unrelated to the Goals subscale of the validated DERS-Adolescent Version. This subscale requires the parent to accurately understand an adolescent's ambiguous behaviors (e.g. difficulty concentrating or focusing on a task). These results stress the importance of using adolescent self-report when possible, as parent report of some constructs do not accurately depict an adolescent's experiences.

**THU 255**

**International Development and Validation of the Child and Adolescent Trauma Screening Questionnaire (CATS)**

(Abstract #274)

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The Child and Adolescent Trauma Screen (CATS) is a short, DSM-5 based self- and caregiver-report measure of PTSD in children and adolescents. DSM-5 pre-school PTSD is measured with an adapted 16 item version administered to the children's caregivers. International development and initial psychometric evaluation are presented and discussed. Psychometric properties of the CATS were examined in two samples of trauma exposed children in the US and in Germany. In the US sample the 20 item symptom score proved excellent reliability with $\alpha = .92$ for the self-report ($n = 255$), $\alpha = .94$ for the caregiver-report ($n = 277$) and $\alpha = .92$ for the pre-school version ($n = 194$). The self-report version showed high correlations with depression ($r = .73**$ with MFQ; $r = .76**$ with PHQ9) and anxiety ($r = .77$ with GAD7; $r = .48$ with SCARED-Short). In the German sample the CATS scores exhibited excellent internal consistency ($\alpha = .90$) for the self-report ($n = 117$) and good internal consistency ($\alpha = .88$) for the caregiver report ($n = 95$). The self-report version showed high significant correlations with depression ($r = .82**$ with MFQ) and anxiety ($r = .68**$ with SCARED-Short). Additional analyses with the merged US-German samples will include determination of preliminary cut-offs and evaluation of the DSM-5 factor structure using confirmatory factor analysis (CFA).
Clinical Practice

THU 256
A Prospective Study of Help-Seeking among Female Survivors of a Campus Shooting
(Abstract #377)

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After a mass shooting, a considerable percentage of individuals (26%-42%) report posttraumatic stress symptoms (PTSS) with fewer than half of those individuals developing a chronic prognosis (e.g., Miron et al., 2014; North et al., 2002). Research suggests that trauma survivors show a considerable delay between symptom onset and seeking help (Wang et al., 2005). However, there is limited research on help-seeking after a mass shooting (Miquelon et al., 2014). Failure to receive treatment in a timely manner could lead to further complications for individuals with unremitting PTSS (North et al., 2002). The present study examined predictors of help-seeking following a mass campus shooting among female survivors (N = 516). Female gender is typically associated with higher rates of treatment-seeking (e.g., Elhai et al., 2005), although within-gender differences were expected. Results showed that PTSS severity predicted seeking psychotherapy (OR= 2.18, p < .001) and medication (OR = 2.52, p < .01) after the shooting. Interestingly, older age (OR = 1.70, p < .05), trauma history (OR = 2.12, p < .05), and PTSS severity (OR = 2.44, p < .001) predicted greater intentions to seek help, although less than 1% of these women sought help. There were slightly different factors influencing intended vs. actual help-seeking, which warrants further investigation.

THU 257
Results from Social Clinic For Trauma Victims Care, Based on Somatic Experiencing Intervention in Bahia, Brazil
(Abstract #698)

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Brazil has 160 million inhabitants, from which 35 million are below the poverty line, subjected to the inefficiency and insufficiency of Brazilian Public Health System for the public demand. This reinforces the need of more and diverse offers of social and psychological services for treatment and prevention of mental disorders. Anxiety disorders are the most prevalent psychiatric disorder in the Brazilian population, and represent the diagnostic category that best respond to treatment with Somatic Experiencing (SE). The Mother Providence Social Clinic is a volunteer project that aims to treat the poor and socially vulnerable community of Bahia-Brazil for free, based on Somatic Experiencing brief approach (20 sessions). Inclusion criteria: 18 or older, suffering from anxiety disorders. We also aim to provide a favorable field for the clinical practice of SE students. In 4 years 395 patients were received, 266 were included for treatment mostly suffering with PTSD and general anxiety, 191 concluded treatment successfully, 21 are being treated, and 54 did not conclude. Beneficial results have been also presented by the volunteered students, who increased self-esteem and confidence in the ability of their therapeutic competence.

THU 258
Perceptions of VHA Care among Veterans Exposed to Military Sexual Trauma
(Abstract #869)

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Military sexual trauma (MST) is associated with both medical and mental health sequelae. The Veterans Health Administration (VHA) offers free MST-related care, yet many MST survivors forgo, delay, or drop out of VHA care (Washington et al, 2011; Ouimette et al., 2003). The aims of this qualitative examination are to describe: (1) how MST influences Veterans’ attitudes toward VA and desire to access VA care; (2) MST survivors’ concerns regarding VA care; (3) Veterans’ recommendations for how VA can help them to cope with MST. We conducted qualitative interviews with fifty Veterans (18 men, 32 women) with MST. Per preliminary findings, most Veterans reported that MST did not influence their attitudes toward VA nor their desire to access VA care. A subset expressed that MST increased their desire to access VA care, as a means of coping. Concerns regarding trust, privacy, the effectiveness and timeliness of care, and shame about discussing MST were described. Some Veterans described very positive experiences obtaining VA care for MST. Veterans indicated that being able to talk with others (e.g., providers, peers) about sexual trauma and reducing the stigma of MST.
would facilitate recovery from trauma. These preliminary findings emphasize ways in which systems of care can aid Veterans in recovering from MST. Continued efforts to reduce the stigma associated with MST are recommended.

THU 259
Factors Impacting Treatment Retention in an Online Chronic Pain Management Program for Military and Veterans
(Abstract #870)

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This study examines treatment retention among users of an online, ACT-based treatment for chronic pain that was designed specifically for military, Veteran, and related personnel. Forty-four individuals presenting with chronic pain were offered the opportunity to participate in the 8-session online program. Ninety-five percent chose to participate, but of those, only 71% were deemed to have completed the program, and only 57% completed a pre-determined minimum benchmark number of online homework assignments. In this presentation, differences in characteristics of completers versus non-completers are examined (e.g. active military vs. Veteran, presence of PTSD, number of comorbid diagnoses, duration of pain condition), and factors that impacted on the likelihood of successfully completing the program are identified (e.g., general motivation, personal issues, completion of online assignments, participation in a supplementary group). The study concludes that of all the factors examined, participation in supplementary group-based sessions had the greatest impact upon retention and successful completion of the program.

THU 260
Predictors of Mental Health Utilization and Psychotherapy after Initial PTSD Diagnosis in a National Sample of Iraq and Afghanistan Veterans
(Abstract #871)

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Despite high rates of PTSD among Veterans of Iraq and Afghanistan conflicts, little is known about predictors of mental health treatment. This study utilized national VA administrative data from Iraq and Afghanistan veterans who entered a new episode of care following an initial diagnosis of PTSD and completed a self-report measure of PTSD symptoms between Fiscal Years 2008-2012 (N=52,456; 91.7% male; 59.7% Caucasian; mean age 30.6, SD=8.3). Regression analyses examined the relation between demographic/clinical characteristics, including PTSD symptom severity, and treatment variables (i.e., receipt of mental health treatment; number of days before first appointment; receipt of psychotherapy or combination treatment; number of psychotherapy visits). PTSD symptom clusters re-experiencing (OR=1.23) and emotional numbing (OR=1.15) were related to the initiation of psychotherapy after diagnosis of PTSD. Similarly, symptom cluster were associated with greater odds of combination treatment (medications/therapy; re-experiencing: OR=1.13; avoidance: OR=1.07; dysphoric arousal: OR=1.06), decreased wait times (numbing: IRR=.99) and increased number of psychotherapy visits. Severity of unique PTSD symptoms clusters predicts initiation and engagement in mental health treatment among Iraq and Afghanistan veterans.

THU 261
What Do People Victim Of Terrorism Understand For Psychological Well-being?
(Abstract #1148)

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On the 11th of March of 2004 the city of Madrid was the stage of a terrorist attack in Europe. The attack took the lives of 193 people and left 1858 injured. After this traumatic experience, psychological interventions have been focused on the treatment of trauma-related symptoms and its consequences. However, once trauma has been developed, victim seems to sink into a meaning-making and reconstruction process which has barely been addressed in research studies with victims of terrorism. There is not much literature on how psychological well-being and full recovery is perceived after a terrorist attack. For instance, little is known about whether affected individuals can return to their previous levels of well-being as well as on the factors that facilitate or impede
experiencing psychological well-being. The aim of this work was to study, using a focus group methodology, how survivors of the 11M 2004 attack perceive and conceptualize their psychological well-being twelve years after the events. The study was carried out in the 11M Victims of Terrorism Association. The focus groups were set up with direct victims of the attacks. This is a pilot study which is part of a larger project that aims to identify, and provide eventual interventions, survivors who, despite not exhibiting traumatic symptomatology, are not experiencing significant psychological well-being.

**THU 262**

**Postrauumatic Stress Symtomatology and Psychological Well-being in People Affected by the March 11 Attacks**  
(Abstract #1158)

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Twelve years after the 11th of March attacks in Madrid, and depending on some vulnerability and protective factors (psychological attention after the trauma, type of experience, family support, etc.) victims of the attack may still exhibit traumatic symptomatology and also psychological well-being to a variable degree. The present research was carried out in the Association 11M terrorism victims, and aimed to study the current psychological state of affected individuals and explore how well-being it is associated with postraustratic symptoms. We hypothesized that this association will be small, as reductions in symptoms not necessarily evolves into well-being increases. We also expected that the higher well-being exhibited by participants, the more they will identify themselves with images representing positive emotions. To do so, 30 victims of the attacks were evaluated. A postraustratic stress screening test (EGEP-5), a general symptoms questionnaire (LSB-50) and a psychological wellbeing one (PHI) were applied. Also, an exploratory task was carried out in which participants rated to what extent they identified themselves with previously validated images representing different positive and negative emotions. Implications of the results for a better understanding of the recovery process after a terrorist attack are discussed.

**THU 263**

**Bilingual Intensive Case Management Services for Hispanic Victims of Interpersonal Violence alongside Mental Health Programs**  
(Abstract #1312)

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Traumatic victimization can impact individuals in a number of negative ways, including impairments in psychological and behavioral functioning. Evidence-supported treatments (EST’s) demonstrated to ameliorate these issues can be challenging to access when fundamental necessities are unmet (Maslow’s hierarchy). Physiological and safety needs must be accommodated before higher order needs such as emotional well-being can be addressed. Victims may be unsure of next steps and benefit from guidance through various legal, medical, and social systems. Many Hispanic victims in the United States have unique challenges in locating and accessing resources, related to language and cultural barriers. Challenges include lack of transportation, fear of governmental programs, and absence of bilingual representatives at community organizations. Laws related to interpersonal violence are evolving in the United States, and may offer protections different from what an individual experienced in her country of origin. Using an empowerment model, bilingual intensive case management services were provided to help increase awareness and access to resources, such as obtaining orders of protection and safety planning, in addition to connecting victims with appropriate mental health care. Case examples will be provided in poster presentation to demonstrate strategies used and resources accessed.

**THU 264**

**Increasing Access to Mental Healthcare for Hispanic Victims of Interpersonal Violence**  
(Abstract #1347)

Eilers, Olivia1, Shealy, Kristen1, Gomez, Martha2, Davidson, Tatiana1, Rheingold, Alyssa1, de Arellano,
Hoyt, Tim1, Barry, David2, Edwards-Stewart, Amanda1
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2Madigan Army Medical Center, Tacoma, Washington, USA

Objective: Previous research indicates potential benefit from emotion regulation training prior to engaging in exposure-based treatment for PTSD. This study presents initial outcome data from a recently-established U.S. Army Intensive Outpatient Program for active duty service members, and evaluates whether or not enrollment in an additional module of emotion-regulation training improves treatment outcomes. Method: Active duty service member patients were enrolled in either a 6-week PTSD treatment program (n = 39) or an additional 4-week program that emphasized emotion regulation training prior the PTSD treatment program (n = 42). Patients completed measures of PTSD symptoms and general distress throughout program enrollment. Results: Patients in both groups showed significant reductions in PTSD symptoms over the course of enrollment. There were no differences in PTSD symptom endorsement between groups receiving versus not receiving additional emotion regulation training. The group receiving additional emotion regulation training showed significant changes in endorsed distress, with a significant increase during treatment and a subsequent return to baseline levels. Conclusions: These results show potential for treating PTSD among active duty service members using an intensive outpatient program, but suggest that additional emotion-regulation training is not necessary.

THU 266
The Influence of Trauma History and Transcendence on Motivation for Substance Use in Undergraduates
(Abstract #736)

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The relationship between adverse childhood experiences (ACEs) and increased risk for substance use in adulthood has been thoroughly studied. Personality risk factors affecting this relationship have also been identified, however there is less research on the influence of protective personality factors. This study investigates the effect of trait levels of transcendence on the relationship between ACEs and adult motivations for using substances in two samples: Midwestern college students ages 18-25 (n=225), and a separate sample collected from Mechanical Turk also of college students from around the United States ages 18-25 (n=233) Transcendence is broadly defined as an ability to detach from the self, view the world from a larger perspective, and become aware of an interconnectedness with nature and others. Overall transcendence score was significantly negatively correlated with total number of ACEs experienced (r=-.142, p=.035). Results of linear regression analysis show that in both samples, total number of ACEs and substance use severity both significantly predicted stronger overall motivation for using substances. Connectedness, a subscale of transcendence, significantly predicted social motivations for substance use. Personality variables were not a significant predictor of coping or enhancement.
motivations for substance use. Other exploratory analyses will be discussed.

THU 267
Seeking Safety Therapy: Implementation for People with SMI, PTSD, and Substance Use Disorders
(Abstract #1185)

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Seeking Safety (SS) is an evidence-based model for treating PTSD and/or Substance Use Disorders. A new guide on the model for people with serious mental illness was authored by the model developer, addressing 3 themes: (1) improving functioning and independence; (2) coping with major serious mental illness symptoms: hallucinations, delusions, paranoia, mania; and (3) adhering to medication. We also cover Seeking Safety (SS) studies for people with serious mental illness.

THU 268
Culturally-Tailored Treatment for Hispanic Victims of Interpersonal Violence Using Group Cognitive Processing Therapy in a Community-Based Setting
(Abstract #1297)

Shealy, Kristen1, Gomez, Martha2, Eilers, Olivia1, Davidson, Tatiana1, Rheingold, Alyssa1, de Arellano, Michael3
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2Medical University of South Carolina, North Charleston, South Carolina, USA
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Interpersonal violence (IPV) affects men and women worldwide, and includes domestic violence, stalking, and sexual assault. Consequences of IPV include poor physical and mental health (posttraumatic stress symptoms, anxiety, and depression), and impairments in vocational, relational, and behavioral functioning. Cognitive Processing Therapy is an evidence-supported treatment to reduce symptoms of Posttraumatic Stress Disorder (PTSD), anxiety, and depression, and can be offered individually or in groups. South Carolina has one of the fastest growing Hispanic populations in the US; however, demand for culturally- and linguistically-competent trauma-focused psychological services exceeds the supply of trained professionals. Two community-based CPT groups in Spanish were offered for adult Latina IPV victims. Each round included 12 weekly sessions of 90-120 minutes, and included pre- and post-treatment assessment of PTSD (Posttraumatic Stress Checklist-Civilian Version) and depression (Beck Depression Inventory- II). A modified Multiphasic Assessment of Cultural- Short Form assessed adherence to traditional Latino cultural values. CPT manual materials were translated into Spanish by bilingual clinicians, and sessions were framed to accommodate expressed cultural values. Poster describes preliminary results from groups and discussion of culturally-relevant treatment modifications.

THU 269
Young Children’s Acute Stress after Burn Injury: Disentangling the Role of Injury Severity and Parental Stress Reactions
(Abstract #109)

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Background: Although injury severity and parental stress are strong predictors of child posttraumatic adjustment in young children after burn injuries, little is known about the interplay of these variables. This study aimed at clarifying mediational processes between injury severity, mother’s respectively father’s and child’s acute stress. Methods: Parents of 103 burn injured children aged 1 - 4 were assessed 20.1 (SD = 13.6) days post-accident. Structural equation modeling was used to examine a mediation model. Results: Ten children (9.7%) met DSM-5 criteria for full posttraumatic stress disorder (PTSD; except time criterion), and 15 (14.6%) for subsyndromal PTSD. The model (WLSMV χ² (df) = 91.34 (98); p = .67; CFI = 1.00; RMSEA = .000, p = .98) revealed a significant mediation effect for maternal stress, i.e. the effect of injury severity on child stress was mediated by maternal stress (p = .02). Paternal stress did not serve as a mediating variable (p = .56). Conclusions: This study contributes to the understanding of mechanisms of posttraumatic stress in young injured children by confirming the crucial role of mothers. Implementation of early clinical interventions addressing maternal stress may reduce longterm PTSD in young children and therefore reduce health care costs.
Biological/Medical

THU 270
Blunted Psychophysiological Reactivity in Children with PTSD
(Abstract #661)

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Despite extensive literature examining psychophysiological changes in adults with posttraumatic stress disorder (PTSD), there is a dearth of research in pediatric populations. Findings in adults have shown both blunted reactivity and hyper-reactivity to trauma-related stimuli. Respiratory sinus arrhythmia (RSA) is a reliable measure of parasympathetic stress reactivity, and previous literature in children has not found differences in RSA reactivity to trauma-related stimuli dependent on PTSD diagnosis. The present study examined group differences in RSA reactivity between 249 preschool-aged children with PTSD (n=98), controls with a trauma history (n=112), and controls without a trauma history (n=39). RSA reactivity was measured in response to distressing, happy, and traumatic video clips. Results suggest that there were no group differences in response to the distressing or happy videos. However, the PTSD group showed less RSA withdrawal in response to the traumatic video compared to the control group, suggesting blunted reactivity (p=.05). The finding that children with PTSD may show blunted reactivity in response to trauma-related stimuli is in accordance with the adult literature.

THU 271
Evaluative Conditioning in the Long-term after Severe Accidental Injury
(Abstract #10)

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3University of Salzburg, Salzburg, Austria
4University of Fribourg, Fribourg, Switzerland

Impairments in classical fear conditioning and deficits in discriminative learning have been observed in posttraumatic stress disorder (PTSD). However, it is unknown whether similar impairments can be found in types of discriminative learning other than classical conditioning, such as evaluative conditioning (EC), in which the valence of a stimulus can be transferred to other stimuli. In this study, we investigated whether EC is altered by traumatic experiences independently of the presence of PTSD. We tested 14 accident survivors with remitted PTSD, 14 accident survivors without PTSD, and 16 individuals without any traumatic experiences, recording behavioral and psychophysiological measures and subjective ratings during an EC task. Trauma controls had slower reaction times (RTs) to the aversive conditioned stimulus compared to appetitive conditioned and neutral stimuli, as well as slower RTs and increased accuracy during conditioning than during extinction. Remitted PTSD showed opposite results, demonstrating decreased accuracy and slower RTs during conditioning as compared to during extinction. No discriminative effect was found in the non-trauma controls and the remitted PTSD. These results suggest that traumatic experiences influence EC, and that this influence differs between individuals who have and have not developed PTSD after traumatic exposure.

THU 272
Basal Dopamine Levels Associated with the Decrease in HIV-PTSD Symptoms
(Abstract #203)

Junglen, Angela. Delahanty, Douglas, Boarts, Jessica, Garcia, Monica, Wise, Anna
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Diagnosis with a life threatening illness like HIV serves as a potentially traumatic event that could lead to PTSD symptoms. The present study examined whether stress hormone (catecholamine) levels at baseline predicted change in HIV-related PTSD symptoms in a randomized trial of Prolonged Exposure Therapy (PE). Fifty-two participants were assigned to either 5 weeks of PE (PE group) or 5 weeks of weekly monitoring (control group). 24-hour urine samples collected at baseline were assayed for levels of norepinephrine, epinephrine and dopamine. Standardized residuals were computed as a measure of PTSD symptom (PTSS) change from baseline to post-treatment. Moderation analyses revealed that study group moderated the relationship between basal catecholamine levels and PTSS change (β=.0053, t48)=-2.7, p=.010), such that the interaction of group and dopamine accounted for 70% of the variance in HIV-PTSS change. For the control group only, higher dopamine levels at baseline were associated with a greater decrease in PTSS-HIV symptoms. Levels of PTSS change in individuals with
higher dopamine levels were comparable to the PE group residuals. Dopamine had no effect on symptom change for the PE group. Results suggest triaging individuals with lower levels of dopamine to active PTSD treatment while individuals with higher levels may respond to psychoeducation and symptom monitoring.

THU 273
Fifteen Years after 9/11: What Predicts Disrupted Inflammatory Functioning in World Trade Center Responders?
(Abstract #682)

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4 National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA
5 Yale University School of Medicine, National Center for PTSD, West Haven, Connecticut, USA
6 Mount Sinai School of Medicine, Dept of Psychiatry, New York, New York, USA

Following the 9/11 World Trade Center (WTC) attacks, thousands of individuals were involved in rescue/recovery efforts; no known study has evaluated correlates of disrupted inflammatory functioning in this population. This study examined the relation between trauma-related variables and PTSD symptoms and CRP levels in WTC responders presenting with the full spectrum of WTC-related PTSD symptoms. Plasma CRP levels were measured in 274 WTC responders. Multiple linear and binary logistic regression analyses were conducted to evaluate stress-related correlates of continuously-distributed and clinically elevated CRP levels, respectively. After adjustment for a range of covariates (e.g., BMI), childhood emotional neglect (β=0.31, odds ratio [OR]=1.28), post-9/11 stressful life events (β=0.27, OR=1.82), and WTC-related re-experiencing symptoms (β=0.32, OR=1.14) emerged as independent correlates of elevated CRP. Post-hoc analyses revealed that physiological reactivity to WTC-related trauma cues was independently associated with elevated CRP (β=0.26, OR=1.79). These results underscore the importance of lifespan developmental approaches to characterizing trauma-related variables associated with increased CRP in disaster responders. Assessment of childhood trauma, post-trauma stressors, and PTSD symptoms may inform risk for inflammation-related disorders (e.g., cardiovascular disease).

THU 275
Is a History of Interpersonal Violence Associated with Emotional Modulation of Pain?
(Abstract #588)

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Research suggests trauma exposure is highly comorbid with pain, but limited work has elucidated mechanisms for this relationship. Given that pain is influenced by emotional processes (e.g., negative emotions enhance pain), trauma exposure could amplify pain via emotion. A reliable paradigm used to assess emotional modulation of pain processing is titled Emotional Controls of Nociception (ECON). ECON involves viewing emotionally charged pictures (pleasant, neutral, unpleasant), during which suprathreshold electric stimuli are administered to evoke pain and the nociceptive flexion reflex (NFR; physiologic response indexing spinal cord pain processing). The Life Events Checklist was used to categorize persons with and without a history of interpersonal violence (IPV). 108 healthy, pain-free individuals completed the study and 54 had a history of IPV. A linear mixed model ANOVA with picture valence and IPV group as IVs indicated a significant effect of emotional modulation of pain [p<.001] and NFR [p<.001], but IPV did not moderate these effects [p>.05]. Nonetheless, there was a significant main effect of IPV history on pain [p<.05], indicating the IPV group rated stimuli as more painful, regardless of picture valence. These findings suggest survivors of IPV may be hypersensitive to painful stimuli, but this effect is not due to altered emotional pain modulation.

THU 277
The Relationship Between PTSD Symptom Severity and Cortical White Matter Integrity among Trauma Exposed War Veterans Utilising Diffusion Tensor Imaging (DTI).
(Abstract #1124)

Romaniuk, Madeline
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There have been limited investigations examining white matter integrity in relation to chronic PTSD among war veterans. The present study utilised DTI to examine the microstructural integrity of white matter tracts in relation to PTSD symptom severity in a sample of Vietnam Veterans (n = 69). PTSD was measured by the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and exclusion criteria included presence of psychosis, major depressive disorder, current antidepressant use, and alcohol/substance dependence. Those with PTSD versus trauma-exposed controls did not significantly differ in age, war service, history of head injury, current cognitive functioning or the presence of white matter lesions.

Volumetric analysis demonstrated significant reduction in the Superior frontal gyrus for the PTSD group (p = .03). DTI analysis indicated PTSD symptom severity was significantly correlated with Fractional Anisotropy (FA) within the right Heschl gyrus (p = .04) as well as Mean Diffusivity (MD) in the Inferior frontal gyrus (p = .001), Posterior cingulate gyrus (p = .01) and the Insula (p = .012). FA and MD are indicators of fibre and membrane density, axonal diameter, and myelination. These results indicate that PTSD symptom severity, in a sample of chronic sufferers, is related to reduced white matter integrity.

THU 278
Posttraumatic Stress Disorder (PTSD) Symptoms are Associated with Greater Negative Emotional Reactivity and Less Positive Emotional Reactivity.
(Abs tract #1167)

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Replicated findings in chronic PTSD show increased reactivity of the amygdala and insula, and decreased activation of the rostral anterior cingulate cortex (ACC) and hippocampus. Little research has prospectively linked brain activation in the peri-traumatic period with longitudinal symptom measures. Identified post-trauma risk factors may lead to novel interventions. This study used functional magnetic resonance imaging (fMRI) to investigate brain activation 1-month post-trauma, as a predictor for later PTSD symptoms. 33 participants (14 female, age M=31.2) were recruited from a level-I trauma center ≤24 hours of trauma. PTSD symptom severity was assessed at 1 and 3 months post-trauma using the PTSD Symptom Scale.

Neutral scenes during fMRI 1-2 weeks following the 1-month assessment. 3-month symptoms were positively correlated (p<.05) with activation of dorsal and rostral ACC and left insula for negative>neutral scenes, and negatively correlated (p<.05) with left dorsolateral prefrontal cortex, and right parahippocampal cortex for positive>neutral scenes. Similar associations were observed for 1-month symptoms. These findings link current and future PTSD symptom severity with enhanced reactivity to negative stimuli and decreased reactivity to positive stimuli. More research on positive emotion in PTSD is needed.

THU 279
The Neural Correlates of Loss of Consciousness during Vector Memory
(Abs tract #1333)

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Head injury has been called the “signature” injury of military combat personnel and can significantly affect life after deployment. Previous work suggests that loss of consciousness (LOC) compared to an alteration of consciousness may confer greater risk for neurocognitive sequelae. We used fMRI to examine the influence of LOC on working memory for spatiotemporal information (i.e., vector memory) in 21 combat Veterans with a history of LOC and 21 non-military control volunteers (mean age = 31). Subjects were instructed to track a moving object as it traveled across the screen (a) within view (vector tracking), or (b) out of view (vector memory) toward a visible target, and to press a button at the moment of anticipated impact. Linear mixed modeling revealed a group X condition X distance interaction in widespread brain regions (clusters > 2106 µL, p < .05) such that LOC relative to control individuals used greater neural resources to complete vector memory relative to tracking during longer periods of visual occlusion. Veterans with LOC demonstrated poorer accuracy on these trials, suggesting a failure to mount sufficient compensatory neural response. Results suggest that a history of LOC may have important implications for safe driving among other vital skills.
THU 280
Negative World Views in Trauma Survivors: Evidence from Event-Related Potentials
(Abstract #399)

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Negative views of the both the self and the world are commonly seen in individuals who have suffered psychological trauma. These negative cognitions are thought to be significant as they are likely to play a critical role in furthering, if not promoting, other symptoms and exacerbating the dysfunction sometimes seen after a traumatic event. While there is considerable self-report and behavioral evidence for negative biases after trauma, there is considerably less concurrent physiological data. In this study, thirty-nine trauma survivors filled out psychometric tests and completed an N400 event related potential task in which they read sentences that either ended positively or negatively. N400 amplitudes to negative sentence endings were significantly related to negative world views as measured by the Posttraumatic Cognitions Inventory. This suggests that negative world views after trauma have measurable physiological correlates and occur with relative automaticity.

THU 281
A Time to be Stressed? Time Perspectives and Cortisol Dynamics among Healthy Adults
(Abstract #1435)

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Objective: We assessed whether Time Perspective (TP) is associated with cortisol dynamics among healthy adults (N = 61, Ages = 18–35, M = 22.9, SD = 4.1) exposed to the Trier Social Stress Test (TSST). Methods: TP was measured according to two profiles: maladaptive Deviation from Balanced TP (DBTP) and adaptive Deviation from Negative TP (DNTP). Eight salivary cortisol samples were analyzed using area under the curve with respect to ground (AUCg) and to increase (AUCI). Statistic analyses involved partial correlations controlling for depressive symptoms. Results: Results for both sexes showed that while controlling for depressive symptoms, higher DBTP scores were associated with lower cortisol AUCg scores (r = -.272, p = .035) but not with cortisol AUCI scores (r = -.124, p = .344). In contrast to DBTP, higher DNTP scores were associated with higher cortisol AUCg scores (r = .258, p = .046) but not with cortisol AUCI scores (r = .210, p = .108), while controlling for depressive symptoms. Conclusions: These novel findings suggest that maladaptive TP profiles influence hypocortisolism, whereas adaptive TP profiles influence hypercortisolism. Thus, TP profiles may impact conditions characterized by altered cortisol concentrations, like PTSD.

THU 283
What Makes Us Paralyze? Tonic Immobility in Different Types of Traumatic Events in the General Population
(Abstract #452)

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Background: Tonic immobility (TI) is an involuntary motor inhibition in response to an inescapable threat. Despite the critical role of TI as a clinical marker of posttraumatic stress disorder, the association between different traumatic events and TI has been understudied. We analyzed data from a large representative sample of the general population to describe which types of traumatic events were more prone to evoke TI. Methods: 3,223 victims of traumatic events and TI has been understudied. We analyzed data from a large representative sample of the general population to describe which types of traumatic events were more prone to evoke TI. Methods: 3,223 victims of traumatic events aged 15–75 years in São Paulo and Rio de Janeiro responded to the Tonic Immobility Scale. Traumatic events were assessed using the Composite International Diagnostic Interview (CIDI 2.1). We calculated the means and the standard deviations of Tonic Immobility Scale scores stratified by different types of trauma. Results: Tonic immobility scores were significantly higher in childhood and adult sexual abuse, although occurred in different types of trauma. Limitations: The cross-sectional and retrospective design may have given rise to recall bias and the CIDI 2.1 can lead to a certain degree of misclassification. Conclusions: We have expanded the scope of previous investigations confirming
the occurrence of peritraumatic TI in different traumatic events and we recognized that sexual abuse were more related with TI that others traumas in an epidemiological sample.

THU 284
Heart Rate Variability: A Psychobiological Link between Stress Resilience and Attachment
(Abstract #1227)

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Relational attachment styles are associated with individual differences in stress resilience, which is the ability to maintain a stable physical and psychological equilibrium throughout times of stress. Higher perceptions of attachment security have been associated with stronger vagal activity, while attachment insecurity has been associated with weaker vagal activity. Heart rate variability (HRV) may therefore be a biological mechanism that governs attachment systems. Further, the measurement of HRV is a non-invasive way to evaluate autonomic flexibility, which is known to be essential for adaptive stress responses and may also contribute to resilience. Twenty-four male members of the Army National Guard Special Forces completed psychological measures related to attachment and facets of resilience. Their HRV was measured while they were undergoing virtual reality scenarios designed to induce stress responses. We found weak negative correlations between HRV and stress vulnerability and between HRV and attachment anxiety and avoidance. There was also a trend towards a positive association between HRV and resilience. Thus, HRV may provide an indication of one’s autonomic capacity for effective stress and emotional regulation. Interventions to develop attachment security may therefore strengthen the capacity to flexibly and adaptively manage environmental stressors.

Research Methodology

THU 285
Behavior of Physically Abused Children and its Effects on Parenting
(Abstract #912)

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The reciprocal effects model of socialization states that parenting behavior predictably elicits behavior in the child and vice versa (Bell & Chapman, 1986). Child internalizing (IB) and externalizing behavior (EB) problems are shown to be one of the most significant determinants of problematic parenting behaviors (Pardini, 2008). The present study examined how behavioral problems in abused children predict positive and negative parenting behaviors. Participants consisted of a subsample of parent-child dyads (n = 32) from a longitudinal study on abused children (Haskett et al., 2012). Child IB and EB were assessed in preschool using the Child Behavior Checklist Caregiver Teacher Report Form. Parenting behaviors were assessed when children were in kindergarten using self-report (Preschool Parenting Measure, PPM), child-report (Child Puppet Interview, CPI), and coded observation (Parent Child Interaction, PCI). Regression analyses indicated that EB significantly predicted negative regard towards the child as measured by the PCI, suggesting that EB may increase the frequency and intensity of negative affect directed towards the child. Abusive parents often attribute their actions to the abrasive behavior of the child, often characteristic of EB (Bell, 1979). Knowledge of the impact child behavioral problems can have upon the parent may potentially decrease the recurrence of abuse.

THU 286
A Qualitative Examination of Veterans’ Experiences Participating in Military Sexual Trauma Research: Similarities and Differences by Gender
(Abstract #414)

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Women disproportionately report military sexual trauma (MST) compared to men (25% versus 1.3%, respectively; Department of Veterans Affairs, 2015). While men and women share risk for many psychiatric conditions following MST, men report more stigma, shame, and masculinity concerns (Turchik et al., 2013). Given the gender differences in rates of MST and trauma sequelae, we sought to examine Veterans’ experiences participating in MST research and if such experiences differed by gender. Veterans with MST (N=50) completed a three-hour research appointment regarding MST, followed by a post-assessment debriefing to provide feedback about their experience participating. Responses were coded by two researchers, and consensus was obtained for five themes regarding their participation: 1) desire to help others, 2) positive reactions, 3) expressions of discomfort, 4) learning from participating, and 5) appreciation for the opportunity to share experiences. Similar themes emerged across genders. However, men more frequently described appreciating the opportunity to talk, whereas women more frequently expressed a desire to help others. Expressions of discomfort were rare and often coupled with positive statements. Findings suggest that participation in MST research is tolerable for both genders and may also deliver positive experiences in the form of cathartic and prosocial sentiment.

THU 287
Sexual Self-Schemas in a Childhood Sexual Abuse-Relevant Online Forum: A Validation of Previous Findings from a Laboratory Sample
(Abstract #1048)

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In a recent study, the meaning extraction method (Chung & Pennebaker, 2008), an advanced computerized text analysis technique, was used to analyse the sexual self-schemas of women with and without a history of childhood sexual abuse (Stanton, Boyd, Pulverman, & Meston, 2015). Participants completed open-ended essays about their personal feelings associated with sexuality in the laboratory. Seven unique themes relevant to sexual self-schemas were extracted from these essays: family and development, virginity, abuse, relationship, sexual activity, attraction, and existentialism. The present study validates and compares the themes extracted from the laboratory essays with themes that were extracted from posts on a childhood sexual abuse-related board of a large online forum. The seven original sexual self-schema themes were validated. As in the laboratory study, posters in a non-abuse specific forum were more likely than posters in the childhood sexual abuse-specific forum to invoke the virginity theme (F = 20.947, p < .000, η² = .003). Similarly, posters in the abuse forum were more likely than posters in the non-abuse forum to invoke the theme of abuse (F = 2833.272, p < .001, η² = .318) and the theme of attraction (F = 8.579, p = .003, η² = .001). To our knowledge, these results provide the first empirical examination of sexual self-schemas in a real-world, online sample.

THU 289
High-Fidelity Descriptions of the Brain Networks of Individual Veterans with and without Traumatic Brain Injury Using FMRI
(Abstract #357)

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The human brain is organized into a number of large, spatially-distributed networks of brain regions. Traumatic brain injury (TBI) is believed to damage the structural connections that underlie these networks, thus impairing communication between brain regions and leading to a variety of cognitive and behavioral symptoms. As such, investigating brain network function in patients with TBI could shed light on how such brain injuries influence behavioral symptoms. Recently, powerful techniques have been developed to examine these large-scale networks using functional connectivity magnetic resonance imaging (fcMRI). If enough fcMRI data is collected from a single individual, these techniques can be applied to precisely map individualized brain networks. Here we describe the application of this approach to two patients, one with extensive TBI history and one without. Over 200 minutes of fcMRI data were collected from each patient; this data was then processed and rigorously controlled for subject motion. Brain networks were then defined using previously validated techniques. With this quantity of data, network descriptions were found to be highly reliable; further, maps of networks were found to contain specific features unique to each individual. This work demonstrates the potential for research examining individualized brain networks in TBI patients.
THU 290
The Underlying Role of Anger in Posttraumatic Stress Disorder
(Abstract #497)

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This study examined the underlying role of anger in posttraumatic stress disorder (PTSD). Although anger is currently a symptom of PTSD, some researchers believe that anger is more than a diagnostic symptom of PTSD. We examined if anger is an underlying component of the disorder. The sample consisted of 375 trauma-exposed individuals completing the PTSD Checklist-5 and Dimensions of Anger Reactions Scale. Confirmatory factor analysis was used to assess PTSD’s factor structure based on the four-factor DSM-5 model. Subsequently, the model was re-tested, controlling for anger by regressing PTSD’s item on anger scores. Individual factor loading differences were then compared to determine anger’s underlying role. Results indicated that a significant amount of variance at PTSD’s item level was attributable to an underlying component of anger. Results indicate that anger underlies more of PTSD than the one diagnostic criterion. Second, if anger underlies PTSD at the item level, individuals presenting for treatment may be experiencing anger above and beyond the one symptom of PTSD. Finally, these results indicate that perhaps PTSD and anger may not be as distinguishable as previously thought.

THU 291
The Relationship between Posttraumatic Stress Disorder, Anger, and Dissociative Symptoms
(Abstract #499)

Durham, Tory¹, Byllesby, Brianna², Lv, Xin², Claycomb, Meredith¹, Charak, Ruby³, Elhai, Jon¹
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Dissociation is a common problem among individuals with posttraumatic stress disorder (PTSD). Based on prior research, DSM-5 now includes a dissociative subtype of PTSD that consists of symptoms of depersonalization and derealization. We examined anger as a moderator between PTSD’s symptom clusters and depersonalization/derealization. We hypothesized that anger would moderate relations between 1) reexperiencing and depersonalization/derealization, 2) avoidance and depersonalization/derealization, 3) negative alterations in cognitions and mood (NAMC) and depersonalization/derealization, 4) alterations in arousal and reactivity (AAR) and depersonalization/ derealization. Trauma-exposed subjects (n = 374) recruited via Amazon’s MTurk completed the PTSD Checklist-5, Dimensions of Anger Reactions, and Dissociative Experiences Scales. Significant results were found for hypotheses 1) β = .25, SE = .58, p < .001, 2) β = .23, SE = .65, p < .001, 3) β = .29, SE = .59, p < .001, and 4) β = .26, SE = .61, p < .001. In conjunction with PTSD symptoms, anger may leave one vulnerable to experiencing dissociative symptoms.

THU 292
Anger Moderates PTSD Symptom Clusters’ Relationships with Alcohol Consumption and Consequences
(Abstract #502)

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The relationship between posttraumatic stress disorder (PTSD), anger, and co-occurring problematic alcohol use is well established. However, no research to date has investigated anger’s moderating role between PTSD and alcohol use. The present study examined anger as a potential moderator between PTSD’s negative alterations in cognition and mood (NAMC) and arousal symptom clusters and alcohol consumption and consequences. A sample of 394 participants recruited from Amazon’s MTurk labor market completed the PTSD Checklist-5, Dimensions of Anger Reactions, and Alcohol Use Disorders Identification Test. Four linear regressions revealed the following: anger interacted with PTSD’s NAMC symptom cluster to predict alcohol consumption, β = .23, SE = .13, p < .001, and consequences, β = .32, SE = .23, p < .001; additionally, anger interacted with PTSD’s arousal symptom clusters to predict alcohol consumption, β = .27, SE = .13, p < .001, and consequences, β = .32, SE = .24, p < .001. These results demonstrate anger’s significant moderating effect on the relationship between PTSD and problematic alcohol use. Clinicians should continually assess for and implement
anger management strategies into treatment targeted at individuals with PTSD and co-occurring alcohol misuse.

THU 293
Psychometric Properties of the Posttraumatic Growth Inventory Brazilian Portuguese Version
(Abstract #1352)

Loreto, Thiago, Schäfer, Julia, Ramos, Victória, Kristensen, Christian
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Post-traumatic growth (PTG) refers to positive psychological changes after the experience of a traumatic event. It is a result of coping adaptively with life crisis or traumatic events through cognitive efforts to give meaning and reorganize beliefs and core assumptions shaken by the stressor. Because the main international scales used to assess this phenomenon are not yet available in Brazilian Portuguese, this study aimed to translate and adapt the Posttraumatic Growth Inventory (PTGI) to the Brazilian context, as well as analyze the psychometric properties of PTGI, including, factor structure, reliability, and construct and convergent validity in a sample of non-clinical, Brazilian university students. Adaptation procedures included translation, back-translation, evaluation by an expert, and pilot testing in the target population. The Brazilian PTGI (PTGI-B) validation study included 300 college students with a mean age of 23.9 (SD = 6.8) and 65.3% female. The PTGI-B total score showed good reliability (Chronbach Alpha of .91) as well as its subscales: Relationships with others (.84), New Possibilities (.83), Personal Strength (.70), Spiritual Changes (.85) and Appreciation of Life (.81). The PTGI-B showed the same five-factor structure as the original instrument. The PTGI-B is a promising tool for the psychological assessment of posttraumatic growth in the Brazilian context.

Vicarious Traumatization and Therapist Self-Care

THU 295
Implementing Schwartz Center Rounds to Reduce Compassion Fatigue and Improve Compassion Satisfaction
(Abstract #125)

Kimball Franck, Leslie, Al-Mateen, Cheryl, Friend-Kimble, To-Shera, Crewe, Crystal
Virginia Commonwealth University, Richmond, Virginia, USA

The Department of Psychiatry at the Virginia Commonwealth University Health System implemented the Schwartz Center Rounds (SCR) program in September 2015 to address concerns of burnout in clinical staff in working with patients with a high level of acuity and significant trauma histories. This program of the Schwartz Center for Compassionate Healthcare offers healthcare providers a regularly scheduled time during their fast-paced work to openly discuss the social and emotional issues faced in caring for patients and families. In contrast to traditional medical rounds, the focus is on the human dimension of medicine. The premise is that caregivers are better able to make personal connections with patients and colleagues when they have greater insight into their own responses. This poster will present results from the first year of implementation, including data on the Schwartz Rounds’ impact upon compassion fatigue and compassion satisfaction among clinical staff, as well as the experience of incorporating clinical staff from another department (the VCU Health System’s Emergency Department) into the Schwartz Rounds. Recommendations for implementation of a program such as the Schwartz Rounds will be provided.

THU 296
Pathways of Cognitive Integration and their Effect on Vicarious Posttraumatic Growth
(Abstract #737)

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1Chicago School for Professional Psychology, Chicago, Illinois, USA
2A Safe Place, Zion, Illinois, USA

The purpose of this study was to better understand how those indirectly exposed to trauma are able to process their experiences in a manner that leads to growth in order to improve the well-being and longevity of helping professionals. Specifically, this study sought to better understand how different methods of cognitive processing strategies were related with various aspects of posttraumatic growth. Staff and volunteers from three domestic violence organizations, one sexual assault agency, and a control group completed an online survey composed of the Cognitive Processing Of Trauma Scale and the Psychological Well-Being-Posttraumatic Changes
Disasters are a global public health problem associated with increased prevalence of psychiatric disorders, which are typically studied as independent constructs. Extent of exposure (EoE) is related to risk for psychopathology and the present study aimed to determine if peri-traumatic distress (PTD) mediates the relationship between EoE and psychopathology using latent modeling in two epidemiologic disaster studies. Exploratory aims were to examine the utility of a latent factor for “psychiatric functioning” and to determine if the latent structure of post-disaster psychiatric functioning is similar across samples. 1,452 participants in Florida and 798 participants in Vietnam responded to items regarding damages incurred as a result of natural disasters in addition to measures of PTD and psychopathology. A latent factor representing psychiatric functioning best fit the data but could not be constrained across samples. PTD served as a significant mediator in the relationship between EoE and psychiatric functioning in both samples (Florida 23.5%, Vietnam 18.7%, ps < .001). Additional measurement invariance analyses will be conducted to compare model fit between samples. These findings highlight the cross-cultural similarities in post-trauma reactions, the potential utility of a psychiatric functioning factor, and the relevance of PTD to psychiatric functioning post-disaster.
THU 299
Evidence-Based Trauma-Focused Treatment for Youth via Telehealth: Development and Implementation of the Telemental Health Outreach Program in Schools (TOPS)
(Abstract #1267)
Stewart, Regan1, Rheingold, Alyssa1, Cristaldi, Kathryn1, McElligot, James1, de Arellano, Michael2
1 Medical University of South Carolina, Charleston, South Carolina, USA
2 National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina, USA

Although evidence-based treatments for childhood PTSD have been available for some time, significant behavioral health care disparities exist, as many children and families experience significant barriers to accessing evidence-based trauma-focused treatment (TFT). Children and families from underserved communities, including ethnic/racial minorities, economically disadvantaged, and those living in rural areas, experience disproportionately poor access to expert mental health specialists and to evidence-based mental health treatment (Thomas & Holzer, 2006). Telemental health (i.e. treatment delivered via HIPPA compliant videoconferencing) has the potential to reduce these barriers and increase access to high-quality TFT for underserved youth. The Telemental health Outreach Program in Schools (TOPS) program was created to provide school-based telemental health treatment for children and adolescents, with the goal of reaching populations that have traditionally been underserved by office-based mental health care programs, especially rural populations and racial/ethnic minorities. The proposed poster will discuss program development, implementation, and outcomes from the first year of the TOPS program. Outcome data for patients’ PTSD symptoms and treatment retention will be presented. Clinical implications and directions for future programs and research will be discussed.

THU 300
Providing Culturally Modified Prolonged Exposure Therapy via Telehealth: Increasing Access to Trauma-focused Treatment for Hispanic Populations
(Abstract #1034)
Orengo-Aguayo, Rosaura1, Stewart, Regan1, Lopez, Cristina1, Andrews, Arthur1, de Arellano, Michael1

Hispanics are exposed to higher rates of violence and traumatic events than European Americans, are more likely to develop PTSD following trauma exposure, and are at greater risk of experiencing more severe symptoms of PTSD than non-Hispanics (Gamm, 2006). Despite there being empirically-supported trauma-focused treatments (TFT) such as Prolonged Exposure (PE), Hispanics often encounter barriers to accessing such services such as lack of transportation, distrust of government agencies, and unavailability of multilingual and culturally competent services the area. Telemedicine (i.e. videoconferencing) is a viable alternative to increasing access to TFT for traditionally underserved populations. This poster will focus on two case studies that illustrate the successful application of PE treatment through videoconferencing with a Hispanic man and woman. The clients’ presenting problems and barriers to accessing care will be presented followed by an illustration of how telemedicine was used to overcome these barriers. These case studies illustrate the successful use of telemedicine to deliver culturally modified PE which resulted in treatment engagement and completion, as well as in reductions in PTSD symptoms to non-clinical ranges. Implications for reducing disparities in access to TFT among traditionally underserved populations via the use of this technology will be discussed.

THU 301
The Mental Health and Psychosocial Needs of Central African Republic Refugees in Cameroon: Implications for Program Development and Service Provision
(Abstract #173)
Gupta, Sonali
International Medical Corps, Chicago, Illinois, USA

Central African Republic (CAR) has experienced intermittent political instability and violent conflict since 1993 resulting in approximately 800,000 people being displaced both inside and outside the country (UNHCR, 2015). The neighboring country of Cameroon hosts the largest number of CAR refugees. A desk review, four focus group discussions with CAR refugees residing in Borgop, Ngam and Gado I and II refugee camps in the East and Adamawa regions of Cameroon and 11 key informant interviews were carried out to better understand the mental health and psychosocial needs of this population and the resources available to respond to these needs. Results
indicate that stressors include a lack of meaningful and income generating activities and access to basic needs, quality education and health and mental health services. The presentation details the psychosocial impacts of these stressors on not only individuals, but also families and the larger refugee community. Implications for program development and service provision are discussed using as a framework the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, a set of internationally accepted guidelines that enable humanitarian actors to plan, establish and coordinate multi-sectoral responses to protect and improve people’s mental health and psychosocial well-being in humanitarian contexts.

THU 302
Mobile Health Applications for Addressing Post-Traumatic Stress Disorder (PTSD): A Literature Review
(Abstract #602)

Rodriguez Paras, Carolina 1, Sasangohar, Farzan1, Benzer, Justin2, Creech, Suzannnah3, Kum, Hye-Chung4, Lawley, Mark1
1Texas A&M University, College Station, Texas
2VA Boston Healthcare System, Bedford, Massachusetts
3VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas
4Texas A&M Health Science Center, College Station, Texas

Given the recent advancement of mobile technology and proliferation of mobile health (mHealth) applications, it is surprising to find that very few articles focus on analyzing or validating applications related to post-traumatic stress disorder (PTSD). This poster details a systematic literature review, with the inclusion criteria that consisted of: 1) review or validation of an existing PTSD applications, 2) development of mobile applications for the treatment or detection of PTSD symptoms, and 3) PTSD applications which are used as case studies for mHealth applications. Of the 28 selected papers, only 7 focus on validating existing applications, and most agree that while plenty of applications exist, validation is still largely required to seek the applications that are most beneficial in the prevention and treatment of PTSD symptoms. The most prevalent applications include PTSD Coach, PE Coach, and CPT Coach, developed by the Department of Defense and Veterans Affairs. While mobile phones offer many capabilities that can be implemented in mHealth applications, particularly those related to PTSD, there are still many limitations and challenges that prevent the existing and future applications from reaching their full potential including treatment adherence, compliance, and convenience.

Culture/Diversity

THU 303
Spanish Translation and Adaptation of the Posttraumatic Information Processing Survey
(Abstract #1253)

Valdez, Christine1, Shumway, Martha2, Fields, Laurie3, Barrantes, Milagritos4, Biasetto, Cristina5, Romo, Diana6
1California State University Monterey Bay, Seaside, California, USA
2University of California, San Francisco - San Francisco General Hospital, San Francisco, California, USA
3University of California, San Francisco, San Francisco, California, USA
4UCSF Department of Psychiatry, San Francisco, California, USA
5San Francisco Department of Public Health, San Francisco, California, USA
6Alameda County District Attorney’s Office, Oakland, California, USA

It is clinically important to assess trauma cognitions in those presenting for trauma-focused therapy, as cognitive restructuring is central to treatments for PTSD. A trauma cognitions measure can inform treatment planning and evaluate treatment effects. Currently available measures neither assess the full range of trauma cognitions nor link theoretically to trauma therapy goals, and none have been translated into Spanish and validated on Latino populations. Given that Latinos make up the largest ethnic minority population in the US, it is clinically necessary to have an assessment available and normed for Latinos, especially because of disparities in reported levels of posttraumatic symptoms between Latinos and non-Latinos. The Posttraumatic Information Processing Survey (PIPS) assesses positive and negative trauma cognitions linked to therapy goals. It is undergoing preliminary validation in English-speaking samples. This study had four bilingual translators in the trauma field translate and adapt the PIPS into Spanish using procedures developed by Beaton et al. Differences were found in idiomatic expressions, vocabulary among regional varieties of Spanish, and rules of language among the Spanish and English versions. Thus, items were revised to ensure concepts were equivalent. Challenges to and implications for cross-cultural adaptation of assessments will be discussed.
Sexual Assault Victimization Rates on Campus: Do Campus Characteristics Matter?

(Abstract #976)

Lanni, Daniel, Duong, Truc-Vi, Parkhill, Michele, Pickett, Scott, Burgess-Proctor, Amanda
Oakland University, Rochester Hills, Michigan, USA

Sexual assault (SA) has historically been a problem on college campuses (Fisher et al., 2000); however, traditional universities in which the majority of first year students live on campus and participate in student life are used as prototypical examples of the college experience. The current study set out to explore whether SA/domestic violence rates reported by students at a primarily commuter university (i.e., 59% of first year students live off campus) were similar to those reported by more traditional universities. Participants were 415 first-year students recruited from a larger sample of students who attended freshman orientation during the spring/summer of 2015. The survey was administered using online survey methodology during the end of their first semester. Overall, 30.6% of the sample reported experiencing some form of SA victimization, 20.7% experienced relationship violence victimization, and 34.9% of the sample experienced some form of stalking. Sex differences in rates will be presented. The current study observed higher rates of SA victimization in comparison to geographically similar, yet more traditional, universities. Additional research at nontraditional universities is necessary to determine if rates are similar and subsequently, if the unique needs of these students are being met.

Mental Health Care for Culturally Diverse Victims of Trauma and Violence: A Focus on a Community Based Model

(Abstract #76)

Garibay, Erika, Ghafoori, Bita
California State University, Long Beach, Long Beach, California, USA

Low-income, culturally diverse trauma survivors often underutilize mental healthcare relative to need. A lack of understanding about reactions to trauma, stigma, and other barriers to care may impact access and utilization of mental health services. Previous explorations of the required response to these challenges have identified the need for outreach and education as potential necessary aspects of engagement, particularly for ethnic and racial minorities. The Long Beach Trauma Recovery Center (LBTRC) is a program that aims to address the mental health needs of culturally diverse trauma survivors by providing outreach, education, screening, evidence-based trauma treatment, and case management services. Among participants, 27.9% reported experiencing more than one traumatic event during their lifetime. Roughly half of the participants (52%) reported that the LBTRC services were the only mental health services they were receiving for their traumatic event, and nearly all of these individuals (90%) stated that they had not sought any mental health services prior to coming to the LBTRC. Using data collected as part of an IRB approved study of characteristics and treatment effectiveness of LBTRC, this study describes the components of the program as well as the clinical profiles of the population in the first year of implementation.

A Latent Class Analysis of Trauma Exposure Profiles among Children and Adolescences

(Abstract #694)

Renz Smith, Mara¹, Suvak, Michael², Hodgdon, Hilary¹, Martin, Lia³, Liebman, Rachel³, Spinazzola, Joseph³
²Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA
³Justice Resource Institute, Boston, Massachusetts, USA

Quantifying and classifying trauma history remains a challenge for trauma researchers. Types of exposure tend to co-occur (e.g., Pynoos et al., 2014) and qualitatively distinct profiles of exposure can be identified (Grasso et al., 2013). We examined profiles of exposure in 618 children (ages 4-18, M = 14.14, 53% girls) enrolled in treatment programs in New England. 19 trauma types were evaluated by the Trauma History Profile (THP). Latent class analyses indicated that a three class model fit the data best. Class 1 (48%) was characterized by the highest probability of exposure across all trauma types. Class 3 (32%) was characterized by the lowest probability of exposure across all trauma types, with Class 2 (20%) exhibiting high probabilities of exposure, but not as consistently high as Class 1. Higher likelihood of exposure to psychological

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maltreatment, physical abuse, extreme interpersonal violence, and sexual abuse distinguished Class 1 from Class 2. A count of total number of traumas accounted for 8.6% of the variance in PTSD severity, while only the four traumas that distinguished Class 1 from Class 2 accounted for 21% of the variance in PTSD severity. Counting total number of traumas as an exposure history variable was associated with less predictive power of adaptation than a smaller subset of traumas that distinguish qualitatively distinct profiles of exposure.

THU 309
Collaborating with Underserved Veteran Couples to Promote Post-Deployment Resilience
(Abstract #196)

Nelson Goff, Brian, Oseland, Lauren
Kansas State University, Manhattan, Kansas, USA

Veterans are at high risk for impairment in mental health, yet many services available to them go unused. In fact, veterans have high treatment dropout rates, but report that they would be more willing to attend services if interventions were family-centered (Khaylis et al., 2011). Given this insight, a community-systems oriented retreat program was developed for veterans and their partners (Veteran Couple Retreats [VCR]). Developed by a team of researchers, military service members, families, clinicians, and community citizens, the VCR program uses a strengths-based, psychoeducational and skill training approach to reduce stigma associated with seeking services, empower participants, and provide healthy ways to cope with stress associated with past trauma. In addition to quantitative assessments, in-depth qualitative interviews of service providers and evaluations from retreat participants will be discussed to highlight the functionality of community-based programs and to understand participant involvement in creating their own change. Based on our analysis, participants feel enriched by group psychoeducation and find it empowering to be actively involved in their own treatment. Feeling a sense of belonging is important for psychological well-being and the community-based participatory components of this program may fulfill that need, while reducing feelings of isolation.

THU 310
Service Members’ Psychosocial Well-Being after Reporting Military Sexual Assault
(Abstract #361)

Smith, Janelle1, Loeffler, George2, Millegan, Jeffrey2, Ziajko, Lauretta2, Bowen, Michael2
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2Naval Medical Center San Diego, San Diego, California, USA

This study examined the effects of reporting military sexual assault in a sample of active duty Service Members (SMs). Campbell and Raja (2005) found post-assault victim blaming attitudes among legal and medical systems were correlated with increased posttraumatic stress symptomatology. Further, Bell et al. (2014) found that satisfaction with the reporting process, rather than reporting in and of itself, was most associated with well-being and functioning. This study examined how sexual assault reporting and perceived victim blaming influenced psychological and physical well-being in a sample of 34 active duty SMs. Well-being was assessed using measures of depression, PTSD, disability, physical symptoms, maladaptive beliefs and relationship satisfaction. Results indicated that negative reporting experiences with a SM’s Chain of Command, legal and mental health services were correlated with decreased well-being. Similar to findings by Campbell et al. (2005) and Ullman (2014), reporting sexual assault was negatively associated well-being. Finally, inconsistent with Betrayal Trauma Theory (Freyd, 1996), reporting was correlated with the closeness of the victim-perpetrator relationship. Clinical implications, such as the need and importance of sensitive and appropriate care, will be discussed.

THU 311
Perceived Family Benefits of Volunteering among Reintegrating Post-9/11 Veterans
(Abstract #674)

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2Veterans Health Administration, Saint Louis, Missouri, USA

Community and social support are protective factors for families during reintegration (Wiens & Boss, 2006).
Evidence in community volunteering elders indicates “spillover effects” into the family (Morrow-Howell, 2009). Our objective was to identify self-perceived family benefits of volunteering among reintegrating post-9/11 veterans (N = 346) who completed a 6-month volunteer program with The Mission Continues 501(c)(3). The pre-post design included an 11-item measure of perceived family benefit at post-only. At pre, 24% of participants screened positive for depression, 51% for PTSD, and 20% reported a TBI. At pre-intervention, 24% of participants screened positive for depression, 51% for PTSD, and 20% reported a TBI history. Rank-based nonparametric tests revealed significant differences (p<.05) between subgroups on at least one indicator within demographic categories including gender, age, race, partner status, children/no children, and employment status. Perceptions did not vary significantly between individuals who screened positive or negative for PTSD. Individuals with and without a TBI history differed on only one indicator. In contrast, individuals with probable depression differed from counterparts on three indicators. These findings provide insight into the perceived benefits of volunteering on the family.

Social Issues - Public Policy

THU 313
Transitioning from Combat to Campus: Impact of Warfare Exposure and Associated Mental Health Consequences on School Enrollment and Functioning
(Abstract #693)

(Social, Depr, Social, Sub/Abuse, Gender, Adult) I - N/A

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<th>Amoroso, Timothy</th>
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<td>1VA, Boston, Massachusetts, USA</td>
<td>2National Center for PTSD, VA Boston Healthcare System, Jamaica Plain, Massachusetts, USA</td>
<td>3VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA</td>
<td>4National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA</td>
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Although 1.2 million OEF/OIF service members have sought education upon transitioning out of the military, research on student veterans is limited. We assessed deployment experiences and mental health symptomatology in 519 student and non-student OEF/OIF veterans within two years postdeployment. School enrollment and functioning were assessed 3.5 years later. We used chi-square analyses, t-tests, and effect sizes to examine gender differences in the effects of deployment experiences (combat exposure, aftermath of battle) and mental health (PTSD, depression, alcohol misuse) on school enrollment and functioning. Neither deployment experiences nor mental health predicted school enrollment for male or female veterans. However, PTSD and depression predicted poorer school functioning for both men (d=0.67; d=-0.81) and women (d=1.18; d=-0.84). Alcohol misuse had the largest effect on school functional impairment for men (d=0.89) but inversely affected women’s school functioning (d=0.60). Greater combat exposure (d=-0.89) and aftermath of battle (d=0.60) negatively impacted school functioning in women but not men. Results suggest that while deployment experiences and mental health do not impact enrollment status, they may influence school functioning, with differential effects for men and women. More research is needed in order to better assist veterans transitioning into school.

THU 314
Mother Blame and Just World Hypothesis in Child Sexual Abuse Cases
(Abstract #850)

Social, CSA, Practice, Train/Ed/Dis, Gender, Grand Adult) I - Global

| Toews, Kelsi, Cummings, Jorden, Zagrodney, Jessica |
| University of Saskatchewan, Saskatoon, Saskatchewan, Canada |

Mothers are frequently attributed blame for a variety of negative experiences and negative outcomes of their children. This includes child sexual abuse, for which even nonoffending mothers are often held responsible for by other adults, professionals who work with children and mothers (e.g., teachers, counsellors), social service workers, and the legal system. According to Lerner’s just world hypothesis (JWH), people have a need to view the world as one where there is no such thing as an innocent victim; that is, the world is fair and just. These beliefs predict victim blaming in situations such as sexual abuse, physical abuse, and robbery. However, JWH has not been applied to the examination of mother blame, a situation in which the blame target did not directly experience the traumatic event. We conducted a thematic analysis of focus group discussions regarding mother blame and JWH. Our results indicate that participants justified the application of JWH to mother blame by identifying personal characteristics of the mother that either increased or decreased blame. Interestingly, when asked, most participants denied holding JWH, particularly as related to child sexual abuse. Our results indicate that methodological choices might impact results, and that
socially constructed views of “good mothers” influence mother blame. We discuss implications for future research.

**Multi-Media**

**THU 315**

**Trauma Contagions: The Implications of Mass Media Coverage and Social Media on Acute Stress and Vicarious Trauma**

(Abstract #145)

**Jain, Kshipra**

Friday, Amanda

**George Washington University, Washington, District of Columbia, USA**

Social media usage can be beneficial during a disaster or terrorist attack, such as Facebook’s “Safety Check” feature, where one can share with family and friends if they are safe. Social media can also be a great form of support; for example, research has shown that Twitter can have a positive influence on meaning making in a time of terror. However, numerous studies report that mass media tends to amplify the power of terrorism, and augments the spread of indirect collective trauma. In fact, repeated engagement with trauma-related media could lead to an increase in acute stress symptoms, resulting in a higher likelihood of secondary and vicarious traumatization. This vicarious trauma could potentially be related to emotional contagions, which is when an individual’s expression of emotional state via social media has a reproducing effect on the emotions and psychological state of other social contacts. Supporting evidence of emotional contagions, as well as the incidents of what the presenters call “trauma contagions,” is mounting. This poster presentation will explore the current state of literature on the impact of mass media coverage of traumatic events along with the influence of social media on vicarious trauma in relation to emotional contagions. Pros and cons of mass media and social media, clinical implications, and the need for future research will also be discussed.
People with PTSD symptoms (PTSS) often engage in alcohol use to self-medicate the distress resulting from their symptoms. However, research supporting this self-medication hypothesis has largely relied on retrospective reports of symptoms anchored to a remote trauma. We examined the proximal relationship between PTSS and alcohol craving, consumption, and negative alcohol-related consequences at three times each day (morning, afternoon, night) over 7 days in 68 injury victims at 6-weeks post-injury. Results revealed relationships between PTSS and alcohol craving (b=0.06, IRR=1.06, p=0.003) as well as with consequences (b=0.10, IRR=1.11, p=0.002) when these experiences were assessed concurrently at the same time of day, particularly at night. PTSS were marginally related to concurrent consumption (b=0.09, IRR=1.09, p=0.09). In prospective models in which PTSS predicted alcohol outcomes at the next signal (e.g., earlier PTSS predicting later outcomes), relationships with alcohol craving (b=0.04, IRR=1.04, p=0.06) and consequences (b=0.08, IRR=1.08, p=0.09) emerged at trend levels, while no relationship emerged for consumption (b= -0.01, IRR=1.00, p=0.85). These results support the self-medication hypothesis and suggest that interventions targeting PTSS in recent injury victims – particularly when delivered at night via mobile health technology– may prevent problematic alcohol use.

THU 318
The Association between Daily PTSD Symptoms and Headache Pain in Recent Traumatic Injury Victims
(abstract #1186)

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1Syracuse University, Syracuse, New York, USA
2University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, USA
3Kent State University, Kent, Ohio, USA

Headache pain is a common complaint following injury and is associated with significant functional impairment. Although PTSD symptoms (PTSS) are associated with chronic headache in injury victims, no study has considered whether daily fluctuations in PTSS are associated with acute daily headache pain. Such a consideration can provide greater insight into the nature of the relationship between these phenomena and inform the timing of interventions to prevent the transition from acute to persistent post-injury headache pain. At 6-weeks post-injury, we examined the proximal relationship between PTSS and headache pain at three times each day (morning, afternoon, night) over 7 days in 68 injury victims (39.7% female); 38.2% of the sample experienced a closed head injury (CHI) from their injury and 60.3% reported experiencing pre-injury headache pain. After controlling for factors related to persistent headache following injury (gender, CHI, and pre-injury headache), only daily PTSS was related to concurrent headache pain (b=0.07, IRR=1.07, p=0.007). Specifically, each unit increase in PTSS severity was associated with a 7% increase in headache pain. These results indicate that fluctuations in daily levels of PTSS are associated with daily fluctuations in headache pain; mobile interventions targeting PTSS may reduce the burden of acute headache pain in injury victims.

THU 319
“Sharing Things with People That I Don’t Even Know;” Perceptions of Help-seeking for Psychological and Emotional Distress in a Cohort of Black Injured Men in Philadelphia
(abstract #148)

Jacob, Sara1; Webster, Jessica1; Rich, John2; Robinson, Andrew1; Richmond, Therese1
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2Drexel University School of Public Health, Philadelphia, Pennsylvania, USA

Our aim was to identify facilitators and barriers to help-seeking for psychological and emotional distress, in a purposive subset of a cohort of 520 seriously injured urban Black men. We used qualitative descriptive analysis to analyze 3-month follow-up interviews from 35 participants. Interviews were coded in NVIVO and analyzed by 3 team members, from which emergent themes were identified iteratively to establish thematic description. At the time of interview, 51% (18) screened positive for PTSD and 69% (24) screened positive for depression. Of the 35 participants, 24 expressed that the psychological consequences of their injuries were severe enough to warrant professional care but the majority (19) perceived barriers to help-seeking. Barriers included: prohibitive circumstances (e.g. lack of financial resources), fear of being judged by care providers, and stigma associated with receiving help for emotional distress. Eleven participants expressed they did not require professional care because they: did not perceive significant distress, had sufficient support systems, prioritized more urgent physical and economic needs, and/or did not believe that professional psychological care would help. This in-depth understanding of attitudes toward help-seeking for psychological and emotional distress in injured men can inform strategies for
Although survivors of violent losses are most likely to utilize counseling and other community-based services in the first few weeks after the loss occurs (e.g., Horne, 2003), there are no gold standard, evidence-based early interventions for violently bereaved persons. One relevant intervention that may address the needs of these survivors during the first few weeks post-loss is Skills for Psychological Recovery (SPR; Berkowitz et al., 2010). SPR is a structured, manualized intervention developed by the National Center for PTSD and the National Child Traumatic Stress Network that utilizes skills-building components from cognitive-behavioral treatments for trauma-related mental health problems to help facilitate recovery and enhance functioning in the aftermath of a traumatic event. SPR aims to teach survivors five core skills intended to help reduce ongoing distress and manage post-loss stressors. These skills include: (1) building problem-solving skills, (2) promoting positive activities, (3) managing physical and emotional reactions to upsetting situations, (4) promoting helpful thinking, and (5) rebuilding healthy social connections. The authors will illustrate the use of SPR for violent loss by discussing two cases involving a suicide survivor and a homicide survivor who received SPR within six weeks post-loss. Implications for future research will be discussed.

### THU 322

**Prior Trauma Predicts Postconcussive Symptoms among Traumatic Injury Survivors**

(_abstract #662)

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<td>Guiney, Roxanne, Colosi, Patricia L., Darnell, Doyanne, Wang, Jin, Zatzick, Douglas</td>
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<td>University of Washington/ Harborview Medical Center, Seattle, Washington, USA</td>
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Postconcussive syndrome, a pattern of symptoms common after traumatic brain injury (TBI), is controversial as these symptoms may be better accounted for by other post-injury disorders such as PTSD and depression (Lagarde et al., 2014). This study includes 86 traumatic injury survivors randomized to usual care as part of a stepped collaborative care intervention trial (Zatzick et al., 2010). Mixed models used baseline TBI, injury severity, gender, trauma history, and post-injury posttraumatic stress and depressive symptoms to predict postconcussive symptoms at 1 and 3 months post-injury as measured by the Rivermead (King et al., 1995). Twenty-seven percent of patients suffered TBI. A greater number of types of prior trauma predicted postconcussive symptoms 1-3 months post-injury (b=1.83, SE=0.52, p<0.01). TBI, early posttraumatic stress, depressive, and cognitive impairment symptoms were not predictors of postconcussive symptoms (p>0.05). Efforts to

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**THU 321**

**Novel Application of Skills for Psychological Recovery as an Early Intervention for Violent Loss Survivors**

(abstract #1209)

<table>
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<td>Williams, Joah1, Rheingold, Alyssa2</td>
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<tr>
<td>1University of Missouri - Kansas City, Kansas City, Missouri, USA</td>
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<td>2Medical University of South Carolina, Charleston, South Carolina, USA</td>
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**THU 320**

**Predictors of Home Hazards for Latino Families: Points of Intervention for Home Visitation Providers**

(abstract #525)

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<tr>
<td>Espeleta, Hannah1, Bohora, Somi2, Slemaker, Alexandra3, Heidari, Zohal4, Silovsky, Jane2</td>
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<tr>
<td>1Oklahoma State University, Stillwater, Oklahoma, USA</td>
<td></td>
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<tr>
<td>2University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, USA</td>
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Immigrant families have demonstrated an increased risk for unintentional child injuries (Flores et al., 2005). To combat this risk, child abuse prevention programs have been culturally adapted for child injury reduction (Beasley et al., 2014). While programs have shown initial success, it is important to examine predictors for unintentional injuries to assist in prevention efforts. The current study examined predictors of home hazards within Latino families, including the number of children in the home, years in the U.S. marital status, social support, depression, acculturation (i.e., acquiring new beliefs of a host culture) and enculturation (i.e., the retention of beliefs and practices of a culture of origin). Participants (N=92) were part of a larger study evaluating the effectiveness of a culturally adapted home-based child maltreatment prevention program (SafeCare+). Providers utilized the Home Accident Prevention Inventory-Revised (HAPI-R; Mandel et al., 1998) to evaluate the number of hazards in the home. A negative binomial regression model revealed a significant effect only for enculturation (b=0.50, p<.05) on home hazards, such that higher enculturation predicted more home hazards. Findings highlight the impact of cultural values on the presence of home hazards and the need for individualized home safety programs for Latino families at high-risk.
prevent recurrent trauma may be most relevant in mitigating postconcussive symptoms. The lack of association between postconcussive and depressive or posttraumatic stress symptoms may be due to the use of early rather than long-standing symptoms. Orchestrated investigative policy efforts should further develop and modify screening and interventions to prevent recurrent trauma and other potential bases for postconcussive symptoms.

**THU 323**

**Kicking the Habit: The Development of a Mobile App to Address Substance Use Disorders (SUDs) among Veterans with Posttraumatic Stress Disorder (PTSD)**

(Abstract #716)

Morabito, Danielle¹, Feldner, Matthew², Tiet, Quyen³, Dutton, Courtney¹, Roth, Walter⁴, Bonn-Miller, Marcel³

¹VA Palo Alto Health Care System, National Center for PTSD, Menlo Park, California, USA
²University of Arkansas, Fayetteville, Arkansas, USA
³National Center for PTSD - Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA
⁴Inward Inc., Menlo Park, California, USA
⁵VA, Menlo Park, California, USA

Co-occurring PTSD and SUD (i.e., alcohol and other drugs) is exceedingly common among military veterans and is associated with extensive health care utilization, poor treatment outcomes, and heightened suicide risk (McCauley et al., 2013). While a number of treatments have been developed for this population, access to empirically-supported interventions is limited by insufficient patient knowledge of treatment options, limited therapist training, proximity of treatment facilities, and stigma. As such, increasing treatment access and utilization among this population is paramount. We sought to address this need by developing an easily accessible mobile app, tailored specifically to veterans with PTSD, which integrates the current knowledge-base of established and empirically-supported SUD treatments. “Kicking the Habit” consists of a 22-day SUD treatment curriculum that is tailored to the individual’s substance of choice and is comprised of two phases: (1) engaging in existing VA SUD care and, among those not interested in face-to-face care, (2) obtaining the resources and skills necessary to overcome SUD. Indeed, the app guides veterans through SUD treatment by providing the necessary tools to manage craving and withdrawal symptoms, as well as psychosocial changes post-cessation. The development of the mobile app and initial feasibility and use data will be presented.

**THU 324**

**Examination of the Potential Mediating Role of Negative Trauma Cognitions in the Relationship between Distress Tolerance and PTSD Symptom Severity in OEF/OIF/OND Combat Veterans**

(Abstract #931)

Chowdhury, Nadia¹, Lind, Mackenzie¹, Blanks, Angelica², Pickett, Treven², Thomas, Suzanne³, Amstadter, Ananda¹

¹Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA
²Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA
³Medical University of South Carolina, Charleston, South Carolina, USA

Distress tolerance (DT; the perceived or actual capacity to withstand negative physical or psychological states) is inversely related to posttraumatic stress disorder (PTSD), in trauma-exposed populations. However, few studies have investigated the putative associations between DT and other known predictors of PTSD (e.g., posttraumatic cognitions) that may account for this relationship among trauma-exposed samples. This study examined the potential mediating role of posttraumatic cognitions (i.e., negative cognitions of self[NW], negative cognitions of world[NW], and self-blame[SB]) in the relationship between DT and PTSD symptom severity among 108 combat-exposed OEF/OIF/OND veterans (Mage=30.0, SD=4.64). Participants completed the Clinician Administered PTSD Scale (CAPS: PTSD=37.0%) and self-report measures of DT (Distress Tolerance Scale; DTS) and posttraumatic cognitions (Posttraumatic Cognitions Inventory; PTCI). Bootstrapping analyses (10,000 re-samples) revealed partial mediation in all three models, such that NS explained 62.4% of the relationship between DT and PTSD symptom severity among 108 combat-exposed OEF/OIF/OND veterans (Mage=30.0, SD=4.64). Participants completed the Clinician Administered PTSD Scale (CAPS: PTSD=37.0%) and self-report measures of DT (Distress Tolerance Scale; DTS) and posttraumatic cognitions (Posttraumatic Cognitions Inventory; PTCI). Bootstrapping analyses (10,000 re-samples) revealed partial mediation in all three models, such that NS explained 62.4% of the relationship between DT and PTSD symptom severity, NW explained 27.9% and SB explained 12.3%. Results indicate that negative trauma cognitions, specifically regarding one’s self, may account for part of DT’s effect on PTSD symptoms among veterans. Addressing posttraumatic cognitions in individuals with low DT may help improve PTSD outcomes in this population.

**THU 325**

**Circumstances Preceding Suicide in US Soldiers: A Qualitative Analysis of Narrative Data**

(Abstract #1008)

(Prevent, Prevent, Pub Health, Res Meth, Mil/Vets, Adult) M - Industrialized
There has been an unprecedented level of communication between military personnel and their loved ones during wartime deployments. We examined the effect of in-theater communication, as reported by Soldiers during their deployment, on changes in relationship functioning and mental health symptoms from pre- to post-deployment. National Guard Soldiers who were deployed to Iraq and surrounding areas (N=254) completed measures of relationship functioning (DAS-7), and PTSD (PCL) before and after their deployment and a measure of in-theater communication (the Deployment Communication Inventory) and stressor exposure scales (from the DRRI) during their deployment. Regression models indicated that, after controlling for pre-deployment functioning and during deployment stressor exposure, frequency and method of communication (e.g., email, text messaging, video, letters) did not predict post-deployment functioning, while the type of communication did. Low levels of communication characterized as involving problem solving predicted post-deployment PTSD symptoms ($\beta = -0.17, p = .03$) and communication involving more assurance ($\beta = .19, p = .03$), problem solving ($\beta = .16, p = .04$), or less conflict ($\beta = -0.16, p = .01$) predicted better relationship functioning. Findings suggest that depending on how in-theater communication with family is used, it can help or hinder outcomes.

THU 327
The Place of Maternal Communication in the Transmission of Posttraumatic Symptoms across Generations among Israeli Families Exposed to Political Violence
(Abstract #1036)

Zamir, Osnat1, Gewirtz, Abigail1, Dekel, Rachel1, Lavi, Tamar2, Tangir, Gali3
1Hebrew University, Jerusalem, Israel
2University of Minnesota-Twin Cities Campus, St Paul, Minnesota, USA
3Bar-Ilan University, Ramat Gan, Israel

Erbes, Christopher1, Polusny, Melissa1, Arbisi, Paul2, Kramer, Mark3, Balderrama-Durbin, Christina4, Vogt, Dawne5
1Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, Minnesota, USA
2Minneapolis VA Health Care System, Minneapolis, Minnesota, USA
3Minnesota VA Health Care System, Minneapolis, Minnesota, USA
4Binghamton University (SUNY), Binghamton, New York, USA
5National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
Maternal communication has been identified as a key predictor of children’s adjustment in the context of stress, but has hardly been studied in the context of traumatic stress. We tested a family model assessing direct, indirect, and dyadic associations between parents’ (fathers and mothers) posttraumatic symptoms and parenting efficacy, mother-child communication and child’s adjustment. The sample included 121 Israeli families who were exposed to ongoing rocket attacks from the Gaza strip. Parents completed self-report questionnaires assessing exposure to traumatic events, posttraumatic symptoms, parenting efficacy, and their child’s internalizing and externalizing behaviors. Observations of mother-child interactions assessed maternal communication. The data indicated different patterns for fathers and mothers in the transmission of trauma across generations. Mothers’ posttraumatic symptoms were directly associated with more behavioral problems in children. Fathers’ and mothers’ posttraumatic symptoms and lower parenting efficacy were related to greater coercive parenting communication in mothers, which in turn was associated with more externalizing problems in children. The study points to the crucial role of maternal communication to children’s resilience in the context of family exposure to political violence.

THU 329
EUNAD - Recommendations Assisting Disabled in Case of Disaster
(Abstract #1371)

Bering, Robert1, Gerwinn, Florentine1, Richter, Lena1, Söhn, Jennifer2, Hobfoll, Stevan3
1Alexianer-Institute for Psychotraumatology, Krefeld, Germany
2Alexianer-Institute for Psychotraumatology, Krefeld, Germany
3Rush Medical College, Chicago, Illinois, USA

Background: EUNAD aims toward the implementation and preparation of EU human rights-related assistance programmes for disabled survivors of disasters. The objectives include a consensus process on recommendations for assisting deaf and blind in case of disaster. Method: Different sources were used for consensus process. 1. Evaluation: Networks of associations for disabled; analysis of literature on research about disabled in psychotraumatology. Research: Qualitative studies on blind and deaf in general psychotraumatology. Workshops: Extension of the European network for psychosocial crisis management via inclusion of associations for handicapped in one local and two international workshops. Pilot Training: Training of different vocational groups in EUNAD recommendations. Potential trainees are uniformed services, social workers and mental health. Results: Our recommendations are published on www.eunad-info.eu and may serve as precursor tool for the EU Civil Protection Mechanism – Common Emergency and Information System (CECIS). We conclude that the results of EUNAD contribute to the UN convention of rights assisting blind and deaf in case of disaster.

THU 330
Survey to experiences with disabled people in psychosocial acute support
(Abstract #1372)

Schedlich, Claudia
German Federal of Civil Protection and Disaster Assistance, Bonn, Northrhine Westphalia, Germany

Background: Within the project EUNAD the Federal Office of Civil Protection and Disaster Assistance, section Psychosocial Crisis Management, has conducted a study and addressed following questions: 1. To what extend do suppliers of psychosocial acute help get into contact with disabled survivors (sensory, mentally and physically disabled)? 2. To what extend are the special needs of people with disabilities part of their education? 3. To which extend do they feel prepared to fulfill their tasks with target groups with special needs? 4. Which demands do they formulate for further education and trainings? Method: After five initial qualitative interviews with coordinators of psychosocial acute help a questionnaire was developed. A main supplier of psychosocial acute help in Germany is the predominantly voluntary emergency spiritual care and the questionnaire was dispatched to almost all emergency priests in Germany over their coordinators in the federal states. Results: Our results show that contact occurs, preparedness is essential and should be part of educational programs. We conclude that awareness for target groups with special needs has to be part of emergency and disaster preparedness and response.

THU 331
Intimate Partner Violence Screening, Brief Intervention, and Referral for Services in a Pediatric Surgery Clinic
(Abstract #315)

Beebe, Rebecca1, DiVietro, Susan1, Grasso, Damion2, Lapidus, Garry1, Clough, Meghan1, Campbell, Brendan3
1Connecticut Children’s Medical Center, Hartford,
Connecticut, USA

University of Connecticut Health Center, Farmington, Connecticut, USA

Connecticut Children’s Medical Center, Hartford, Connecticut

The American Academy of Pediatrics recommends that pediatricians are responsive to child exposure to intimate partner violence (IPV) during well-child visits. Research suggests that maternal victims of IPV are more likely to pursue healthcare for their children than for themselves and are amenable to being screened for IPV in pediatric settings. Thus, pediatric healthcare settings may serve as a key point of access to services for IPV impacted families. Despite evidence of the high prevalence of IPV and its devastating impact on children, healthcare providers in Connecticut have not widely adopted best practices. To test the feasibility of screening for IPV within a pediatric setting, a sample of female caregivers of children being seen in a pediatric surgery clinic were screened using tablet computers equipped with the validated E-HITS tool. A total of 177 caregivers were screened, with 18.64% screening positive for IPV within the past year. This study demonstrates the feasibility of screening in this setting. We will present and discuss the results of this study, barriers to implementation, and future directions, including the development of an IPV screening, brief intervention, and referral for services (SBIRS) protocol for enhancing the pediatric healthcare response to IPV exposure in children.

THU 332
Self-Efficacy and Resilience in Humanitarian Aid Workers
(Abstract #601)

(Prevent, Clin Res, Commun, Health, Self-Care, Humanitarian Aid Workers) M - Global Hall

Turner, Christine1; Bosch, Donald2; Ock, Shin2; Nolty, Anne2
1 Fuller Graduate School of Psychology, Pasadena, California, USA
2 Headington Institute, Pasadena, California, USA

Humanitarian aid workers encounter untold trauma experiences. Yet, many humanitarians demonstrate resilience and overcome traumatic symptomatology, at least partially due to a sense of self-efficacy. Self-efficacy, the belief in one’s ability to cope, has been found to be a fluid and protective construct that empowers people to interpret situations as challenging rather than stressful. Prior to training workshops, 63 aid workers (39.7% female) from 27 countries with an average of 42.3 years of age (SD = 10.5) and up to 35 years of field experience (M = 11.1, SD = 2.1) completed questionnaires via Survey Monkey. We included a critical incident Coping Self-Efficacy measure, the Headington Institute Resilience Inventory (HIRI), and the PCL-5. Even controlling for the number of types of trauma, participants’ perception of self-efficacy with regard to potential critical incidents correlated significantly with HIRI levels, r(60) = .48, p < .0005, PCL-5 scores, r(60) = -.30, p = .02, and ratings of the impact of stress over the previous week, r(60) = -.38, p = .002. These findings suggest that interventions that bolster a sense of self-efficacy may provide a preventative mechanism to help aid workers become more resilient.

Ethics

THU 333
The Ethics of Trauma-Informed Research: Perceptions of Participation among Victims of Sexual Assault
(Abstract #359)

(Ethics, Rape, Adult) I - Industrialized Hall

Gagnon, Kerry, DePrince, Anne
University of Denver, Denver, Colorado, USA

Given high prevalence rates of sexual assault across the lifespan, rigorous research on the mental and physical health consequences of as well as interventions following sexual assault is urgently needed. As trauma-focused research on sexual assault and other forms of violence has expanded over the years, so has attention to the ethics of such research. The present study examined the perceived benefit-to-cost ratios related to participating in trauma-focused research among 227 ethnically-diverse women (ages 18-62, Mean = 35) who experienced a sexual assault within the past year (median time since sexual assault = 5 months). During the research interview, women were asked about their experiences in criminal justice and victim service systems as well as their own well-being following the sexual assault. At the end of the interview, participants completed the Response to Research Participation Questionnaire (RRPQ), which was used to monitor positive and negative perceptions of the research protocol. Participants’ RRPQ ratings documented a positive benefit-to-cost ratio, demonstrating that women’s perceptions of benefits of participating in research outweighed the costs. The findings indicate that detailed sexual assault information can be collected from women recently assaulted within a favorable benefit-to-cost ratio. Implications for research and practice will be described.
Public Health

THU 334
Rates of Physical Health Conditions among Children with PTSD Enrolled in Missouri Healthcare Homes
(Abstract #1369)

Wamser-Nanney, Rachel¹, Heaps-Woodruff, Jodi², Parks, Joseph²
¹University of Missouri St. Louis, St. Louis, Missouri, USA
²Missouri Department of Mental Health, Columbia, Missouri, USA

Childhood trauma exposure also has strong associations with numerous physical health disorders among adults (Anda et al., 2007; Felitti et al., 1998). Yet, the prevalence of physical health problems among trauma-exposed children with posttraumatic stress disorder (PTSD) remains unclear, particularly as compared to other psychiatric disorders. This is problematic as addressing both physical and psychological health is critical to improve clinical outcomes and quality of care. The aim of present study was to determine the relationship between PTSD and markers of physical health among children enrolled in Missouri Healthcare Homes with (n = 2309) and without PTSD (n = 4228) over the course of five years. Compared to other psychiatric disorders, children diagnosed with PTSD at enrollment were more likely to have diabetes, chronic obstructive pulmonary disease (COPD), hypertension, and arrhythmia (ps < .05). Children with PTSD also exhibited higher levels of cholesterol levels (i.e., LDL) and hemoglobin A1c (HA1c) at later years of the project compared to enrolled children without PTSD (ps < .05). Finally, the PTSD group was also more likely to be hospitalized at each subsequent year of the project (ps < .05). Clinical, research, and public health implications of these findings will be discussed.

THU 335
Development and Validation of the Health Care Costs Scale for the Victims of Violent Crime with PTSD: Preliminary Results
(Abstract #565)

Fortin, Christophe
Université de Montreal & Centre d’Etude du Trauma, Montréal, Quebec, Canada

OBJECTIVE: The cost for violence-related injuries is evaluated at $36 billion annually in the USA. Nonetheless, a research-oriented measure evaluating the health care costs for victims of violent crime with PTSD is yet to be validated. The present research aims to develop and validate the Health Care Costs scale (HCCS). METHODS: A 19-question semi-structured interview was developed to assess health services utilization and medication intake for assault-related motives. The interview included detailed questions about physician consultations (e.g.: type of practitioners, motive of the consultation), other healthcare professional consultations (e.g.: type of healthcare professional, motive of the consultation,) and pharmacological treatment (e.g.: dosage). A total of 151 individuals, aged between 18 and 65, having been exposed to a violent crime during the previous month were recruited to complete the HCCS. The outcome was the total direct health care costs covered by the national health system. RESULTS: Means and categorical classification of the costs will be discussed as well as construct and content validity. Relevant psychometrics properties (e.g.: Cronbach’s alpha, factorial structure) will also be presented. CONCLUSION: The relevance of HCCS to ensure fairer scrutiny of resource use and its application in a research-driven context will be addressed.

THU 336
Increased ER and Hospital Utilization in a Health Home Cohort with PTSD
(Abstract #1081)

Heaps-Woodruff, Jodi¹, Wamser-Nanney, Rachel¹, Parks, Joseph²
¹University of Missouri St. Louis, St. Louis, Missouri, USA
²Missouri Department of Mental Health, Columbia, Missouri, USA

The Affordable Care Act Health Homes (HH) provide for integrated care delivery for individuals with chronic disease, including mental illness, in both primary care and behavioral health settings. However, as seen in VA cohorts, individuals with PTSD may use healthcare services differently than other populations. Understanding how HH enrollees with PTSD compare to HH enrollees without PTSD can help inform targeted treatment for HH enrollees with PTSD. This study examines ER utilization and disease management in a cohort of adult Medicaid HH enrollees with PTSD (HH+PTSD; n=13,365), compared to those without PTSD (HHE; n=57,871). Over a period of 4 years, the average # of ER visits for HH+PTSD was 1.5 times greater (p<0.001) than HHE. Additionally, the
HH+PTSD group was significantly more likely to have a hospitalization in each year measured. In terms of diagnoses, HH+PTSD were more likely to have other mental health conditions, and higher rates of chronic disease such as Diabetes, Asthma, Cardiovascular Disease, and Substance Use Disorder as the HHE group (p<0.001). Medicare HH are designed to reduce ER utilization and improve chronic disease management. HH providers must consider trauma history in order to engage individuals with PTSD in services and effectively manage and treat their conditions.

THU 337
Childhood Adversity in Barbados Predicts Personality Pathology in the Next Generation
(Abstract #861)

Hock, Rebecca1, Bryce, Cyralene2, Fischer, Laura3, Fitzmaurice, Garrett4, Costa, J., Paul5, Galler, Janina1
1Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA
2Barbados Nutrition Study, Bridgetown, St Michael, Barbados
3Johns Hopkins University School of Medicine, Baltimore, Maryland, USA
4Harvard School of Public Health, Boston, Massachusetts, USA
5Duke University School of Medicine, Durham, North Carolina, USA

Evidence suggests a link between childhood adversity and personality profile and mental health problems in adulthood. However, studies on transgenerational effects of childhood adversity are limited. In the current study, we assessed the five factor personality scale (the NEO PI-R) in 110 adult offspring of Barbadian adults who were exposed to: maltreatment alone, malnutrition alone, both, or neither. In repeated measures mixed regression models, we found that parental malnutrition in the first year of life predicted lower Extraversion (p<0.05) and Conscientiousness (p<0.01) in offspring who were never exposed to malnutrition. There was a trend for childhood maltreatment effects on offspring Agreeableness (p<0.10) and Conscientiousness (p<0.10). When both adversities were present, significant associations were found for Extraversion (p<0.01), Openness (p<0.01), Agreeableness (p<0.01), and Conscientiousness (p<0.01). This study shows that parental exposure to childhood adversities appears to be passed on to the next generation. These effects are additive and most striking when more than one exposure is present. Further research on potential biological and psychosocial mechanisms may provide information useful for preventing transgenerational transmission of childhood adversity.

THU 339
Maternal Trauma Experience on Infant Cortisol Reactivity at 12 months
(Abstract #678)

Gilchrist, Michelle, Martinez-Torteya, Cecilia
DePaul University, Chicago, Illinois, USA

Intimate Partner Violence (IPV) during pregnancy puts women and their offspring at risk for adverse outcomes. Maternal prenatal experience has been linked to physiological changes in the infant’s stress response. However, the influence of prenatal IPV on infant HPA axis development remains understudied. The current study explores the influence of prenatal IPV exposure on the infant stress response and evaluates interactions between prenatal IPV and frequent co-occurring risk factors, including maternal childhood maltreatment, and maternal postpartum depressive and PTSD symptoms. 82 mother-infant dyads (11-14 mo.) recruited from the community, completed self-report measures. Infant cortisol was collected at baseline, prior to administration of the Strange Situation Procedure, and at 4 subsequent time points (10 minutes apart) following task completion. Results indicate pregnancy IPV, childhood maltreatment, and maternal postpartum depressive symptoms predict higher infant cortisol reactivity. In addition, a significant interaction between maternal prenatal IPV and maternal child maltreatment suggests the effect of prenatal IPV on infant cortisol reactivity was more evident in women with higher levels of childhood maltreatment (B=.430, p<.001). Findings clarify the influence of pregnancy IPV on early biobehavioral regulation and help inform intervention efforts during pregnancy.

THU 340
Intimate Partner Violence among Women Veterans by Sexual Orientation
(Abstract #679)

Dardis, Christina1, Shipherd, Jillian2, Iverson, Katherine3
1National Center for PTSD-Women’s Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
2National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA
National estimates suggest intimate partner violence (IPV) rates are equal or higher among lesbian, bisexual or questioning (LBQ)-identified women than heterosexual-identified women (e.g., Badenes-Ribera et al., 2015), and among women Veterans than civilian women (e.g., Dichter, Cerulli & Bossarte, 2011). However, the occurrence of IPV experiences by sexual orientation has not been examined among women Veterans. The present study represents the first examination of estimates of lifetime and past-year IPV among LBQ-identified and heterosexual-identified women Veterans. When controlling for age, LBQ-identified women veterans were significantly more likely to report lifetime sexual IPV (OR = 2.14), physical IPV (OR = 2.05), and lifetime intimate partner stalking (OR = 2.09) than heterosexual-identified women Veterans. In the past year, LBQ-identified veterans were twice as likely to endorse emotional mistreatment (OR = 2.09) and physical IPV (OR = 2.37), and were three times more likely to endorse sexual IPV (OR = 3.29), than were heterosexual-identified women veterans. However, sexual orientation was unrelated to IPV-related PTSD symptoms, when controlling for age, race and number IPV forms experienced. IPV is a serious public health issue that may disproportionately affect LBQ identified women Veterans. Implications for research and public health approaches will be discussed.

THU 341
Predictors of Engagement in Internet-based Intervention BADI for Stress-related Disorders
(Abstract #644)

Eimontas, Jonas, Kazlauskas, Evaldas, GegieKAITE, Goda, ZELVIENE, Paulina
Vilnius University, Vilnius, Lithuania

There is a growing awareness about the issues of drop-out and engagement in the field of internet-based interventions. We aimed to analyse predictors of engagement into internet-based self-help intervention for stress-related disorders. We analysed data from 1410 participants registered to the internet-based program via website in this study. Self-report data on exposure to life stressful events and level of stress was collected during initial assessment. Self-guided intervention for stress-related disorders (BADI) was developed by Vilnius University Trauma Research Group. BADI development was grounded on CBT and Mindfulness. The goal of the program is to help to develop coping skills. About one third of participants (34.4%) who registered used the program according to the instructions. Age and gender were significant predictors of participation in program. Pre-intervention self-reported motivation to actively participate in the program predicted higher engagement. Our results support the need to study drop-out and engagement in internet-based interventions.

THU 342
Trauma Exposure, PTSD Prevalence and the Use of Mental Health Services and Medication
(Abstract #831)

Mazulyte, Egle, Kazlauskas, Evaldas, Gailiene, Danute
Vilnius University, Vilnius, Lithuania

PTSD may be considered as less stigmatizing than other mental illnesses; however, many people with PTSD are reluctant to seek help and turn to self-medication. The aim of this study was to evaluate trauma prevalence, PTSD rates and the use of mental health services and medication in a representative Lithuanian sample. Methods. In total, 600 Lithuanian adults participated in this study. Trauma experience was assessed by the Lithuanian versions of Life Events Checklist (LEC) and Trauma Screening Questionnaire (TSQ), additionally participants were asked about their use of mental health services and the use of prescribed or over-the-counter medication (antidepressants, sedatives/hyperotics). Results. Up to 93% of study participants were exposed to at least one traumatic event in their lifetime, and approximately 8% experienced clinically significant PTSD symptoms. A significant relationship between PTSD symptoms and the use of mental health services and medication was found. Around 27% of participants with PTSD have used mental health services and up to 60% have used antidepressants or sedative/hypnotic medication, whereas these rates were 12% and 26% respectively among people with no-PTSD. Conclusion. Although, people with PTSD tend to use mental health services more often, self-medication is a common behavior among people with PTSD in Lithuanian population.

THU 343
The Use of Alcohol to Self-Medicate Symptoms of 9/11-Related PTSD among Adult World Trade Center Health Registry Enrollees, 2015-16
(Abstract #362)

Medicate Symptoms of 9/11 - Industrialized

Hall
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Persons with PTSD have been shown to be frequent and excessive users of alcohol and other drugs. We used data from the World Trade Center Health Registry’s most recent survey (2015-16) to explore the association between concurrent PTSD symptoms, high-frequency binge drinking, and self-medication with alcohol. Our analysis was limited to 30,072 adult enrollees who endorsed >=1 PTSD symptoms on the PTSD Checklist (PCL). Enrollees responding ‘yes’ when asked if they ‘drank alcohol to improve their mood or make themselves feel better when they experienced PTSD symptoms’ were considered to have self-medicated with alcohol. Self-medication was reported by 20.6% of enrollees endorsing 31 PTSD symptoms, 35.7% with probable PTSD (score >=44 on the PCL), and 71.5% reporting high-frequency binge drinking (>=5 episodes in the last month). After adjustment for gender, age, race, and education, the odds of self-medication were significantly elevated for high-frequency binge drinkers (OR=12.7; 95%CI: 11.3-14.1) and enrollees with PTSD (3.7; 3.4-4.0). Enrollees who self-medicated also reported poorer life satisfaction and poorer general and mental health. Given the high morbidity and mortality associated with excessive alcohol use, it is paramount that providers counsel persons exposed to traumatic events and reporting symptoms of PTSD about the risks of self-medication with alcohol.

THU 344
Differences in Engagement in VA Health Care among Veterans with and without Posttraumatic Stress Disorder
(Abstract #988)

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Patient engagement is an important predictor of outcomes among patients with mental health conditions. This mixed methods study examined how Veterans with PTSD may differ from other Veteran patients in their propensity to engage in healthcare. 25 Veterans with mental health or chronic medical conditions participated in semi-structured interviews at a large VA medical center. Participants completed two surveys post-interview: the Control Preferences Scale (CPS) and Perceived Efficacy in Patient-Physician Interactions (PEPPI-5) measure. Interviews were analyzed using thematic analysis to identify barriers and facilitators to engagement. A chart review identified 7 participants with PTSD as an active health problem. Participants with PTSD were more likely to discuss a) Veteran identity as a barrier and/or facilitator and b) stoicism as a barrier to engagement compared to other participants. T-tests revealed significantly lower scores on the PEPPI-5 among participants with PTSD (M = 32.4, SD = 10.7) than without (M = 41.9, SD = 7.0, t = 2.6, p = .016), indicating lower perceived efficacy in provider-patient interactions. No significant difference was found on the CPS. These results suggest several areas for further research, including the importance of the patient-provider relationship and aspects of Veteran identity for Veterans with PTSD.

THU 345
Veteran Perspectives on Primary Care Treatment Services for PTSD
(Abstract #249)

Johanson, Emily1, Possemato, Kyle2, Webster, Brad1, Greg, Beehler1, Wray, Laura3
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2Syracuse Veterans Affairs Medical Center, Syracuse, New York, USA
3Veterans Health Care System, Buffalo, New York, USA

PTSD in Veterans Affairs (VA) primary care patients is common, but few receive treatment. We identified presenting concerns and treatment barriers/facilitators among primary care Veterans with PTSD who were not receiving treatment. This study combines conventional content analysis of four 90min focus groups (n=48; ~12/group) from three VA facilities (a mid-sized medical center and two rural clinics) with quantitative analyses in a concurrent triangulation design. Veterans reported anger/aggression and family problems as primary presenting concerns. Negative perceptions/experiences with VA treatment were common barriers, particularly concerns about providers (e.g., difficulty connecting/trust) and treatments (e.g., non-preferred treatment, talking about trauma). Similarly, quantitative results indicate 54% avoid trauma reminders, 42% believe talking about problems will be too difficult, 37% do not want to talk about past trauma/current symptoms, and 37% do not trust mental health professionals. Facilitators include using technology for treatment, having Veterans on staff, involving family, and patients selecting treatment. Primary care treatment
focused on anger and/or family problems delivered by non-traditional providers might be of interest to Veterans. Further implications for public health services include considerations for treatment adaptations and peer support services.

THU 348
A Program Evaluation of Who Receives Evidence-Based Psychotherapy for PTSD
(Abstract #252)

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2Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, New York, USA

Clinical and research staff are partnering to conduct a program evaluation of a Veterans Affairs PTSD Clinic with the goal of understanding how different treatment pathways are related to patient outcomes. The clinic offers a variety of treatment options including Prolonged Exposure, Cognitive Processing Therapy, Dialectical Behavioral Therapy, Individual Supportive Psychotherapy and referrals for medication management and non-PTSD related psychotherapies. This presentation will focus on patient and provider preferences for treatment following intake, characteristics that predict these preferences, and how they are related to engagement in care. Thus far data from 211 patients has been gathered: 39% were offered evidence-based psychotherapy (EBP) following intake. Past suicide attempts, history of childhood trauma and patient preference for EBP significantly predicted whether the intake provider recommended EBP, while difficulties in emotional regulation did not. A past suicide attempt, history of military sexual trauma, and service in Iraq or Afghanistan predicted greater engagement in PTSD services. Amount of treatment engagement did not differ between those receiving EBP and those receiving other services. Our results indicate that decisions regarding who receives EBP take patient preferences, trauma history and safety risks into account.

THU 349
Psychological Distress Following a Global Health Crisis: A National Study of Americans’ Reactions to Ebola
(Abstract #181)

Thompson, Rebecca, Garfin, Dana Rose, Holman, E. Alison, Cohen Silver, Roxane
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We examined whether psychological reactions to the 2014 Ebola crisis can be predicted by responses to a prior collective trauma, prior mental health, and/or media exposure to the crisis. A national probability sample completed an online study of responses to the 2013 Boston Marathon bombing (BMB) 2-4 weeks post-bombing; 18 months later, the same panel participated in an online study of responses to the Ebola crisis (N=3,447). Prior mental health, BMB acute stress response, and Ebola-related media exposure were associated with increased psychological distress and functional impairment. BMB acute stress and Ebola-related media exposure were also associated with Ebola-related worry, such that individuals who reacted strongly to the BMB and also consumed more Ebola media were the most worried about the Ebola crisis. Media coverage of the Ebola public health crisis is associated with negative psychological outcomes, even in individuals at low risk for contracting the disease. These findings are particularly salient for those who responded negatively to a previous national collective trauma and individuals with a history of mental health difficulties. Responsible media reporting pre-, during, and post-stressful events should be considered an important public health issue to address before future crises arise.

THU 350
Broken Since it Happened: A Population Study of Trauma-Related Shame After Violence and Sexual Abuse
(Abstract #626)

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2University of Oslo, Oslo, Norway
3Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Noord-Holland, The Netherlands

Despite increasing interest in trauma-related shame, much remains unknown in terms of associations with type of event and mental health. We investigated shame in men and women following various types of severe violence, and explored mental health relations. Telephone interviews were conducted with an adult Norwegian general population sample (n=4,529; response rate=42.9%). Measures included child sexual abuse, child and adult rape, severe physical violence from/between parents,
severe violence from a partner and non-partners, less severe violence and non-violent trauma, the new Shame and Guilt After Trauma Scale, and the Hopkins Symptom Checklist. Analyses included t-tests and linear regressions. All types of severe violence were significantly associated with trauma-related shame (coefficients from .12 to .38, p-values <0.001). The number of violence types showed a graded relationship with shame. Shame was associated with mental health, and the association was more significant in women. Clinicians should be aware of shame after a variety of violent events, including non-sexual violence, and should particularly be aware of whether the individual has multiple violent experiences.

THU 351
Lifetime Trauma, Traumatic Distress and Healthcare Outcome and Utilization in a Community OB/Gyn Sample
(Abstract #657)

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A growing literature indicates exposure to multiple traumatic events (i.e., polyvictimization) is perhaps the most significant predictor of long-term psychological distress and physical health outcomes (Elliott et al., 2009; Hickman et al., 2013;) rather than the type, severity, chronicity or age at time of trauma. This study explored the relation between lifetime trauma exposure, traumatic distress (e.g., posttraumatic stress symptoms (PSS)) and physical health outcome in a diverse sample of OB/GYN community clinic patients. Respondents (N=206; M age = 39.5 years) completed measures of health status, (BRFSS & PILL), healthcare utilization (chart review), lifetime trauma (ITR-R; ACE questionnaire) and psychological distress symptoms (TSI). This ethnically diverse (25% non-Caucasian) sample of women experienced numerous traumas (77.7% with 1 or more, 47% with 2-6, 10.4% with 7 or more). Hierarchical regression analyses indicated that trauma exposure uniquely predicted somatic malaise but not healthcare utilization beyond that explained by salient demographic characteristics. However, traumatic distress (R2=.11) only partially mediated the prediction of somatic malaise following trauma exposure, as trauma exposure remained a significant predictor of somatic malaise (R2=.10). Implications for trauma screening and healthcare underutilization by OB/GYN patients are provided.
influenced by religious or ethnic belief systems.

**THU 353**
Cumulative Trauma: Implications for Reproduction Choices in a Sub-Saharan Sample
(Abstract #838)

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Recent studies have found people in communities that have experienced traumatic events (e.g. the 2006 tsunami in Indonesia) to have a reproduction hike (Johns, 2010; Nobles et al. 2014; Pepper, McAllister & Sear, 2016 etc.). One explanation is that traumatic events trigger increased awareness for mortality risk and consequently affect reproduction schedule. Here we aim to observe desired reproduction patterns across a ‘non-traumatised’ sample but with an eye on cumulative traumatic experiences. We explored in a survey of adolescents and early adults, how cumulative trauma from life experiences link to reproduction choices and patterns of desired offspring. From the traumatic experiences monitored (life threatening-LTT, sex-related-SRT, family-related-FRT, community-related-CRT, gender-based-GBT and loss-related traumas-LRT), all traumatic experiences were negatively related to desired age at marriage. Using structural equation modelling (SEM), LTT, CRT, LRT and SRT, as well as having higher negative appraisal for these traumatic events were linked to early reproduction choices and increased number of desired (male) offspring. We deduced that the impact of trauma linger in the lives of ‘normal’ people, impacting critical issues such as reproduction choices. The pathway to this pattern and cultural implications were discussed.

**THU 354**
High % of Posttraumatic Stress in South African College Students
(Abstract #1030)

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⁴National University Of Rwanda, Butare, Southern Province, Rwanda
⁵South African Depression and Anxiety Group, Johannesburg, Gauteng, South Africa

Violence in South Africa may have affected college-aged young adults. Three populations of college students totaling 608 persons were screened for symptoms of posttraumatic stress (PTS) using the Trauma History Questionnaire and the Post Traumatic Stress Disorder Checklist-Civilian (PCL-C). Using a cutoff score of 44 on the PCL, 148 of the 608 students tested positive for PTS symptoms, for a prevalence rate of 24.34%. Further research is warranted to determine prevalence rates of PTS in other populations throughout Africa.

**THU 355**
Leveraging Knowledge of Worklife Experiences to create Trauma Informed Systems Change
(Abstract #1454)

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For effective trauma informed care, public health systems must be able to recognize and respond to trauma not only in clients, but within organizations, which are susceptible to the effects of trauma (Bloom, 2013). Yet, in the absence of methods for recognizing and responding to organizational trauma, change is daunting. Centered on core trauma informed system principles, the San Francisco Department of Public Health developed a workforce survey, the Tool for a Trauma Informed Worklife (TTIW: Loomis, 2016) and embedded it within a structured change process. The TTIW uniquely focuses on the degree to which trauma informed principles are experienced in staff worklives and it is a foundational tool for a learning collaborative of agencies working to create trauma informed systems. Emerging data from the collaborative of behavioral health, primary care, and juvenile justice programs suggests that TTIW scales are associated with worklife happiness ($r(98) = .669, p < .001$) and the Stress Satisfaction Offset Score ($r(98) = .358, p < .001$; SSOS: Shain, 1999). TTIW results identify strengths and needs and guide improvement strategies. Findings from the full pilot (anticipated n=560) will be discussed in the context of the trauma informed system change model, including the common strengths and needs among agencies, staff responsiveness, and strategies for creating organizational change.
Creating a Trauma Informed Public Health Workforce: Workforce Attitudes and the Impact of Committing to Change (Abstract #1449)

Khan, Hadia, Loomis, Briana, Sistiva, Diana
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Efforts to address trauma within organizations largely rely on workforce training to decrease stigma and promote trauma informed practices; however, education may be insufficient. The San Francisco Department of Public Health is implementing an innovative Commitment to Change project that empowers individuals to change and is embedded within a universal trauma training. The current study directly examines the relation of posttraining attitudes toward becoming trauma informed with practice change. When examined by training date, attitudes were significantly and positively associated with initial commitment to implementing a trauma informed change ($r(47) = .36$, $p = .01$). At follow-up, nearly 70% of participants had successfully implemented that change. However, those with higher initial levels of commitment were significantly more likely to achieve complete success and to intend to continue implementing it ($X^2(9, N = 285) = 0.28$, $p < .01$). Results show that favorable attitudes toward being trauma informed are associated with commitment to change, which predicts the likelihood of successful change and an intention to continue it. The pairing of a stigma reducing curriculum with a catalyst for behavior change can be successful in promoting trauma informed practices and the culture of a trauma informed system.
Welcome Reception with SIG Endorsed Posters
Thursday, November 10, Dallas B/C
6:30 p.m. – 8:00 p.m.

Welcome Reception with SIG Endorsed Posters
Thursday, November 10
6:30 p.m. to 8:00 p.m.

Poster Organization
Each poster is scheduled for either Author Attended Poster Session One on Thursday, the Featured Poster Presentations at the Welcome Reception or Author Attended Poster Session Two on Friday and includes a time period when the presenting author is available to answer questions.

Posters are organized in the conference program by poster number on each day. The presenting author is bolded. A floor map showing the layout of posters is on the next page.

Key:
Poster # Number (Primary keyword, Secondary Keywords, Population type)
Presentation Level – Region Keyword type descriptions can be found on page 2.
Regions and Population Types can be found on page 3.
Presentation levels and descriptions can be found on page 3.

Welcome Reception with SIG Endorsed Posters
Thursday, November 10
Poster Setup: 5:30 p.m. – 6:30 p.m.
Author Attended Poster Session: 6:30 p.m. – 7:15 p.m.
Poster Dismantle: 8:00 p.m.

Poster Dismantle
Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time will be disposed of and are not the responsibility of ISTSS.
Welcome Reception with SIG
Endorsed Posters Distribution Map

Grand Hall

Dallas C

Dallas B

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Welcome Reception Poster Session
Thursday, November 10
6:30 PM to 8:00 PM
Aging, Trauma and the Life Course SIG

WR 101
Prevalence and Correlates of Elder Abuse Polyvictimization in a Nationally Representative Sample
(Abstract #982)

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2Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA
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Abuse and mistreatment of older adults is tragically commonplace, with data from nationally representative samples suggesting that as many as 10% of community-residing older adults experienced some form of abuse in the past year (Acierno et al., 2010; Laumann et al., 2008). Widely accepted categories of abuse include emotional, physical, and sexual abuse, financial exploitation, and neglect. It is not clear, however, how many of these older adult victims of abuse are polyvictims, or subject to multiple forms of abuse. This study aims to assess prevalence and correlates of polyvictimization among older adult victims of elder abuse in a nationally representative sample. Participants were 5,777 adults age 60 and older interviewed as part of the National Elder Mistreatment Study. In all, 9% (n = 513) of older adults reported experiencing one form of abuse in the past year. Approximately 1% (n = 60) reported experiencing two types of abuse, while 0.2% (n = 13) reported experiencing three types of abuse. A series of chi square analyses assessed differences between older adults experiencing single vs. multiple forms of abuse. Elder abuse polyvictims were more likely to report worse overall health [χ2(1,N=580)=4.61, p<.05] and identify as African American [χ2(1,N=586)=8.34, p<.01] compared to older adults experiencing one type of abuse. Research and policy implications will be discussed.

WR 102
An Examination of Post-Traumatic Growth and its Correlates in a Sample of Outpatients with Cardiac Disease
(Abstract #884)

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2University of Manitoba, Winnipeg, Manitoba, Canada
3Medical University of South Carolina, Charleston, South Carolina, USA

Background: There is growing interest in post-traumatic growth (PTG) following traumatic experiences and health populations may have particularly high rates of PTG. This study examined correlates of PTG in cardiac outpatients. Methods: Cardiac outpatients (N=80; mean age=65) were surveyed between 2014 and 2015. Surveys assessed demographic, cardiac health, psychological, and trauma-related (including PTG and DSM-5 post-traumatic stress disorder (PTSD)) factors. Bivariate or partial correlations examined the relationship between sociodemographics, psychological, and trauma-related factors with PTG scores. Hierarchical regressions tested linear and quadratic effects of trauma-related factors and PTG. Analyses of variance examined significant PTG differences across reported traumas and worst reported traumatic event. Results: Lifetime PTSD and duration of PTSD symptoms were associated with PTG (p<0.05), with suggestion of a curvilinear (parabolic) relationship between duration of symptoms and PTG. Experiencing a major health event including a cardiac event and indicating this as “worst reported trauma” were associated with the highest PTG scores. Conclusion: PTG was prevalent and may arise from negative trauma-related symptoms of a major health event. Findings are consistent with recent research while providing unique considerations for this cardiac population.
Complex Trauma SIG

WR 103
Cardiac Vagal Regulation in Complex PTSD
(Abstract #1210)

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Distinctions in physiological reactivity between Complex PTSD and PTSD diagnoses have yet to be examined. Dysregulation in the parasympathetic branch (i.e. vagus nerve) of the ANS, is implicated in emotion-regulation deficits. Dysregulation of these systems is presumed to be greater with the Complex symptom constellation, as these symptoms are characterized by dysregulation of many functional domains—affect, relationships, personalization and memory (dissociation), self-perception, meaning, and physiology (somatization). Vagal regulation was indexed via Respiratory Sinus Arrhythmia (RSA) and Heart Period (HP), the correlation of which indicates the level to which the vagus nerve is slowing cardiac activity (i.e., engaging the “vagal brake”). These cardiac indices were collected over baseline, stressor task, and recovery phases. Hypotheses were confirmed, indicating that vagal brake does not reengage during the recovery period in either the Complex PTSD (r = .48, ns) or PTSD (r = .007, ns) groups; whereas, vagal re-engagement was observed in the control group (r = .64, p = .03). During the recovery period, there was a main effect of group, F(2, 35) = 5.691, p = .007, η2partial = .25, obs. power = .832, such that RSA was lowest in the Complex PTSD group (M = 5.64, SD = 1.05), higher in PTSD (M = 6.21, SD = 1.33) group, and highest in the control group (M = 6.48, SD = 1.01).

WR 104
Reducing Barriers to Mental Health Care in Underserved Populations: A Primary Care Integration Model
(Abstract #1228)

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Exposure to traumatic events in youth is associated with development of mental health problems, poor academic and vocational functioning, and numerous deleterious consequences into adulthood, including health risk behavior and disease (e.g., Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards ... & Marks, 1998). Yet, only about 36% of adolescents who experience mental health problems receive mental health care (Merikangas, He, Burstein, Swendsen, Avenevoli, Case... & Olfson, 2011). In the present chart review study, we examine an innovative integrated primary care-behavioral health model, which was designed to engage high-risk and marginalized urban youth. In this model, primary care medical providers refer youth between the ages of 10 and 24 years old for immediate and no-cost comprehensive behavioral health services at a center serving primarily low income and minority youth (98% low income, 46% Latino, 43% African American). Furthermore, 70% report having experienced at least one traumatic event in their lifetime. In a six-month period, 329 patients were referred for integrated primary care-behavioral health services. Sixty-eight percent of patients who were given a follow-up appointment returned. The present model improves upon other models to reduce stigma and remove barriers to care that these youth otherwise face to receive much needed mental health care.
Validating a Cultural Sensitivity Effectiveness Evaluation Model for Risk Behavior Prevention Programs Designed for African American Adolescents with Trauma Exposure: Leveraging the “SiHLE” Program (Abstract #1032)

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African American youth face great risk for trauma exposure (Finkelhor et al., 2013), limited engagement in support after such exposure (Cunningham et al., 2000), and participation in risky behaviors including risky sex and alcohol use (Lalor & McElvaney, 2010). Prior research has identified the most ideal components of culturally sensitive interventions to target high-risk behaviors in this population; however, there is currently no known standardized model for evaluating these existing programs. The author begins to fill this gap through leveraging the Sistas Informing Healing Living and Empowering (SiHLE) Program. The poster will utilize standards set by previous work (Metzger et al., 2013) in order to validate the current model of comprehensive cultural sensitivity, Effectiveness Evaluation. Specifically, this model assesses cultural sensitivity as it pertains to sound theoretical frameworks, seeking cultural sensitivity on multiple levels, targeting youth across various settings, and decreasing the risk of negative outcomes by changing outcomes on multiple levels over time. We conclude that the current model is one which can be used to ensure that a developed program is effective in being comprehensive in terms of cultural sensitivity and methodology, thus resulting in a reduction of risk behavior participation for African American adolescents following trauma exposure.

Psychological Distress of Iraqi Refugees in the US: Trauma, Resiliency, and Sense of Community (Abstract #983)

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Given the unprecedented number of displaced persons around the world, there is a pressing need to better understand the psychological adaptation of refugees. In this study, we evaluated individual and community factors associated with psychological distress among a convenience sample of Iraqi refugees (N = 100) resettled in the US over the past decade. Degree of exposure to pre-migration traumatic and stressful events, individual resiliency, and post-migration sense of community were evaluated as predictors of culturally-based idioms of psychological distress and posttraumatic stress symptoms (PTSS) using path analysis. The model had a good fit ($\chi^2 = 1.69$, df = 1, p = .194; GFI = .99, CFI = .96, RMSEA = .08), and explained 34% of the variance in idioms of distress and 29% of the variance in PTSS. Degree of exposure to pre-migration trauma and stress, resiliency, and sense of community were significant predictors of idioms of distress, whereas only pre-migration exposure and resiliency were uniquely associated with PTSS. Results suggest that in addition to difficult life experiences, refugees’ ability to cope with life difficulties, and in some cases the degree of connection to their new communities, are important for understanding variability in psychological distress.
Early Interventions SiG

WR 107
Public Health Utilities of a Web-based Intervention for Trauma Survivors
(Abstract #1346)

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Web-based interventions provide opportunities for highly scalable mental health interventions to large populations. The My Trauma Recovery (MTR) website is a stand alone intervention that provides knowledge and specific skills to assist trauma recovery. Traumatic stress studies often focus on posttraumatic stress symptoms, neglecting to evaluate depressive symptomology. We hypothesized that information and skills provided by the website would increase adaptation, thereby reducing depressive symptoms alongside posttraumatic stress. As part of a larger study, 44 trauma survivors (92.6% female; M age = 32.38) completed the relaxation and triggers modules in MTR in first two sessions and two other randomly selected modules in session 3. The module order was randomized in session 1 and counterbalanced in session 2. Depressive and posttraumatic stress symptoms were collected during baseline and at 3 weeks. Results suggested a small significant overall effect of the MTR website on PCL-5 score, \( t(43) = 2.229, p = .031, d = 0.29 \), and a medium effect for CES-D scores \( t(43) = 3.247, p = .002, d = 0.54 \). These results demonstrate the utility of a stand alone web-based intervention for trauma survivors. The utility of stand alone trauma recovery sites as a public health resource will be discussed.

WR 108
The Impact of Social Support and Resilience on PTSD and Depression: The Mediating Role of Posttraumatic Cognitions
(Abstract #935)

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Studies have found that social support, unit cohesion, and resilience buffer against PTSD severity and depressive symptoms in military personnel, but it is unclear how they confer this protection. We examined how these positive factors relate to PTSD and depressive symptoms among treatment-seeking active duty military personnel. Specifically, we examined posttraumatic cognitions, which are strongly associated with PTSD and its treatment, as a potential mediator between support/resilience and PTSD and depressive symptoms. Participants (N=324) completed self-report measures of PTSD and depression, interpersonal support, unit cohesion, resilience, and posttraumatic cognitions as part of a baseline evaluation for a PTSD treatment trial. Structural equation modeling (SEM) was employed. The final SEM model had a satisfactory fit \( \chi^2 (6) = 5.796, p = .446, \text{RMSEA} < .001; \text{CFI} = 1 \). Interpersonal support, unit cohesion, and resilience were all indicators of a latent variable, named positive resources. Greater positive resources were associated with lower PTSD and depressive symptoms. Path analyses showed that posttraumatic cognitions fully mediated the associations between positive resources and PTSD and depressive symptoms. Hence, posttraumatic cognitions are contributing to PTSD severity and depressive symptoms above and beyond social support, unit cohesion, and resilience.
Family Systems SIG

WR 109
Couple Reports of Family Functioning following Combat-related Injuries: Association of Individual Psychiatric Symptoms with Family Function and within Couple Agreement
(Abstract #1184)

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Since the start of the conflicts in Iraq and Afghanistan, over 52,000 Service Members (SMs) have been physically injured in combat, many of whom also suffer from psychiatric disorders, such as PTSD and depression. Combat injury (CI) can also lead to family dysfunction. Few studies have examined how psychopathology impacts family functioning in CI families; those that have often rely on one informant’s report, when it may not be representative of other family members’ perceptions. This study of combat-injured couples (n=44 pairs) describes: 1) SM and spouse symptom self-reports (PTSD and overall distress); 2) SM and spouse reports of family functioning; and 3) within couple agreement. Associations between individual symptom report and time since injury with individual reports of family functioning and within couple agreement were examined. Results: 62% of SMs had clinical-range PTSD scores; 73% of SMs and 20% of spouses had clinical-range overall distress scores. 59% of couples reported unhealthy levels of family functioning. Time since injury (but not psychological symptoms) predicted unhealthy family functioning. Absolute agreement for couple family functioning reports was 44%. Time since injury and high SM distress (but not SP distress or SM PTSD symptoms) predicted disagreement. Implications for the findings are discussed.

WR 110
Family Functioning Mediates Effect of Severity of Tornado-Related Exposure on Adolescent PTSD
(Abstract #659)

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2Medical University of South Carolina, Charleston, South Carolina, USA
3Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA

Background: Existing studies have found reliable links between individuals’ experiences of the severity of trauma exposure (e.g. loss of home, concern for safety of self) and subsequent PTSD diagnosis among adolescents. However, less is known about the mechanisms by which severity of exposure exerts this influence. Because families tend to show increased withdrawal and conflict following a natural disaster, it may be that poorer family functioning mediates this relation. Methods: The current project (n=1803) prospectively examined relations among severity of tornado exposure (e.g., physical injury, losing home), family functioning (i.e., parent-adolescent conflict, parental warmth) four-months post-disaster, and PTSD diagnosis one-year post-disaster among adolescents (age 12-17). Results: Significant mediation was found (p<.05), such that family functioning mediated the effect of severity of tornado-related exposure on adolescent PTSD diagnosis, over and above a number of covariates including adolescent age, gender, race, and adolescent baseline PTSD diagnosis. Conclusion: These results suggest that families who experience the greatest disaster-related exposure are at risk for adverse family functioning. They also highlight the importance of bolstering family functioning in effort to prevent PTSD among adolescents post-natural disaster.
Gender and Trauma SIG

WR 111

Gender and Age at Trauma Exposure Interaction in the Development of Posttraumatic Stress Disorder Symptoms Following a Motor Vehicle Accident

(Associate #79)

Kobayashi, Ihori1, Sledjeski, Eve2, Delahanty, Douglas3
1Howard University College of Medicine, Washington, District of Columbia, USA
2Rowan University, Glassboro, New Jersey, USA
3Kent State University, Kent, Ohio, USA

Women have a greater overall risk for developing posttraumatic stress disorder (PTSD) than men after exposure to trauma. Although many sociodemographic factors have been identified as risk factors for PTSD, most research has examined these factors separately. Both linear and curvilinear relationships have been reported between age at trauma exposure and risk of developing PTSD; limited research has suggested that this relationship may vary depending on gender. This study prospectively examined gender by age at trauma exposure interactions in the development of PTSD symptoms in 287 (164 men, 123 women) motor vehicle accident (MVA) patients (aged 18–81) over one year. Hierarchical regression analyses including both linear and quadratic age as predictors revealed that in women, the relationship between age and PTSD symptom severity at 1-year post-MVA was curvilinear with greater symptom severity in middle-aged women compared with younger and older women (ΔR²=.048, p=.042). Neither linear nor quadratic age was associated with PTSD in men. Women aged 25-34 and 45-54 developed more severe PTSD symptoms compared with men in the same age groups at 6-week (F=7.93, p=.008; F=16.94, p<.001) and 6-month post-MVA (F=8.40, p=.008; F=8.50, p=.006). These findings suggest the existence of subgroups of women who are at elevated risk for PTSD following a traumatic injury.

WR 112

PTSD as a Mediator between Trauma Exposure and Attachment Behaviors in Married Adults: Uncovering Unique Gender Differences

(Associate #28)

Oseland, Lauren1, Schwerdtfeger Gallus, Kami2, Beck, Austin1, Nelson Goff, Briana1
1Kansas State University, Manhattan, Kansas, USA
2Oklahoma State University, Stillwater, Oklahoma, USA

There is a significant body of research that describes the negative impact of traumatic stress on marital relationships. However, few empirical studies have explored the pathways trauma takes to harm these important interpersonal bonds. Using a sample of 116 married adults, this study examined whether the effects of trauma exposure were associated with connecting behaviors (i.e., accessibility, responsiveness, engagement) found to promote secure attachments and if this association was mediated by any of the four PTSD symptom clusters (i.e., intrusion, avoidance, negative alterations in cognition, and arousal). Actor mediation models were run to assess symptom cluster mediation of trauma exposure and connecting behaviors. Results revealed that Total PTSD scores, as well as the avoidance, negative alterations in cognition, and arousal symptom clusters mediated the relationship between trauma exposure and connecting behaviors in males only. No indirect effects were found for females. Findings are significant because they shed light on potential gender-specific pathways trauma may take to threaten relationships instrumental to recovery. Identifying the mechanisms by which trauma impacts the marital relationship is of particular importance based on the existing research which highlights these bonds as a significant asset in the recovery process.
**Intergenerational Transmission of Trauma & Resilience SIG**

**WR 113**

Relationships between Maternal Complex Trauma and Child Dissociation

(Abstract #487)

West, Anna; Lee, Suellen; Wilson, Christina; Padron, Elena; Samuelson, Kristin

1 Alliant International University, San Francisco, California, USA
2 Westcoast Children’s Clinic, Oakland, California, USA
3 Atlanta VA Medical Center, Atlanta, Georgia, USA
4 California School of Professional Psychology at Alliant International University, San Francisco, California, USA
5 University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

Child dissociation has been found to be associated with a parental history of trauma (Chu & DePrince, 2006) but less is known about the contribution of parental complex PTSD/Disorders of Extreme Stress (DESNOS) on children’s functioning. We hypothesized that maternal DESNOS symptoms would predict children’s dissociation, after controlling for children's own trauma experience. Fifty ethnically diverse mothers with severe trauma histories and their children participated in the study. Mothers completed the Self-Report Instrument for Disorders of Extreme Stress (SIDES-SR), as well as the Child Dissociative Checklist about their children. Children were administered the Traumatic Events Screening Inventory for Children by interview. Regression analyses showed that DESNOS severity significantly predicted child dissociation when controlling for the child's own trauma experience (B = .073, t = 2.16, p = .036). Examining the individual domains within the SIDES-SR, only maternal affect regulation emerged as a trend (p = .056) predictor of child dissociation; surprisingly, maternal dissociation was not predictive. These findings have important implications for the treatment of intergenerational trauma, suggesting a systemic rather than identified patient approach.

**WR 114**

The Intergenerational Effects of Parental Trauma on Young Adult’s Interpersonal Functioning and Mental Health

(Abstract #130)

Spiel, Shira; Szymanski, Kate; Huselid, Rebecca

1 Adelphi University, Derner Institute, Garden City, New York, USA
2 Hunter College, CUNY, Manhattan, New York, USA

This study addresses the impact of parental trauma on the functioning of their young adult children. In the existing research there is no comprehensive study that explores the relationship between a wide range of known parental traumas, and children’s interpersonal relating and psychological adjustment. In the current study, we predicted that parents with a trauma history were more likely to have young adult children with unhealthy dependency and higher levels of pathology. Young adults’ trauma history was also assessed. Participants were 101 college students, who filled out self-report measures assessing known parental trauma history, their own trauma history, interpersonal dependency and mental well-being. Linear regression revealed that parental trauma predicted child trauma (β = .34, p = .001). Mediation model analyses demonstrated that the children’s traumas mediated the impact of parental trauma on children’s dysfunctional dependency (β = .084, p = .033), on their total PTSD symptoms (β = .096, p = .020) and on their mental impairment, as assessed by the Global Severity Index of the Brief Symptom Inventory (BSI) (β = .042, p = .016). These findings suggest that in the intergenerational transmission of parental trauma, the higher risk of children’s traumatization could be a possible mechanism behind children’s interpersonal and mental health difficulties.
Lesbian, Gay, Bisexual & Transgender (LGBT) SIG

WR 115
The Developmental Impact of Social Support Source on Mental Health in LGB Adolescents and Young Adults
(Abstract #764)

Wise, Anna¹; Smith, Brian¹; Armelie, Aaron²; Boarts, Jessica³; Delahanty, Douglas¹
¹Kent State University, Kent, Ohio, USA
²Tulane University, New Orleans, Louisiana, USA
³Kent State University, Kent, Ohio, USA

Lesbian, gay, and bisexual youth have higher rates of posttraumatic stress disorder (PTSD) and depression than their heterosexual peers. Social support has been identified as an important protective factor, but LGB youth are likely to have threats to their social support systems. Different sources of social support have differing buffering effects on psychological outcomes for LGB youth. The present paper explores the relationship between source of social support and mental health in a sample of previously traumatized, low SES, racial minority LGB adolescents and young adults and investigates age as a possible moderator of the relationship between source of social support and mental health outcomes. Social support from family ($\beta = -0.302 \ p = 0.03; \ \beta = -0.364, \ p = 0.008$), but not friends or significant others was significantly predictive of PTSD and depression symptoms. Age x support source interactions revealed that family social support was associated with significantly lower PTSD and depression symptoms when participants were between the ages of 16 and 19 but friend social support was associated with significantly lower PTSD and depression symptoms for participants in their early twenties. As social support sources change during the transition to young adulthood, interventions should consider developmentally-appropriate means of improving relevant social support provision.
## Psychodynamic Research and Practice SIG

### WR 116

**Do Trauma Survivors Experience Shame after Fear? An Experimental Examination**  
(Abstract #1293)

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<td>La Bash, Heidi¹, Papa, Anthony²</td>
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¹VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA  
²University of Nevada, Reno, Nevada, USA

While the experience of overwhelming fear is linked to the maintenance of PTSD, recent research suggests that other emotions, like shame, are important contributors to PTSD symptom profiles (Leskela et al., 2000). Early writings highlight the synergy between posttrauma shame and fear and suggest that dysregulated fear gives rise to shame (e.g., Frankl, 1962; Herman, 1992). We tested this assumption in an experimental study using a pre-post between group design. Participants (N=178) were randomized to receive either a fear or neutral emotion prime with postmanipulation state shame serving as the outcome measure, while controlling for pre-manipulation shame. Hierarchical linear regression results indicated that PTSD symptoms interact with a fear emotion prime to give rise to the emotion of shame for survivors of interpersonal but not non-interpersonal traumas. Consistent with research demonstrating an association of shame with interpersonal traumas, the findings suggest that some of their reported shame may be in response to day-to-day experiences of dysregulated fear. As such, assessment of underlying shame, including shame in response to day-to-day experiences of fear, may be warranted when working with interpersonal trauma survivors. Further research is warranted to identify other trauma-related factors that can give rise to shame and may serve as useful treatment targets.

### WR 117

**A Randomized Controlled Trial of Narrative Reconstruction (NR) for PTSD**  
(Abstract #939)

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<tr>
<td>Gofman, Mordechai, Kivity, Yogev, Vidan, Zohar, Peri, Tuvia Bar-Ilan University, Ramat Gan, Israel</td>
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Background: NR is an integrative therapy module for PTSD patients characterized by (a) retelling the trauma memory, (b) reconstructing an organized and coherent trauma narrative, (c) relating the trauma to the patient's life story and (c) addressing the personal significance of the trauma. This work presents a RCT to evaluate the efficacy of NR for PTSD. Method: 17 patients diagnosed by SCID as suffering of PTSD were treated with NR and compared to 13 PTSD patients in a waitlist control group (WL). CAPS and BDI were conducted pre- and post-treatment. Results: Using MLM we found a significant difference between groups (p<0.01). There was a reduction in the CAPS score in the NR group compared to a minor change in the WL group (Cohen's d=1.55). There was also a reduction on the BDI in the NR group compared to the WL group (Cohen's d=0.79). Only one patient dropped out before the end of therapy. Conclusions: This study demonstrated that NR is well tolerated by PTSD patients and is an effective intervention for PTSD. This study suggests a somewhat novel intervention for PTSD which may be better tolerated than other interventions.
WR 118
Changes in Trauma Narratives following Narrative Reconstruction Psychotherapy and their Relationship with Changes in PTSD Symptoms - A Controlled Trial
(Abstract #820)

Vidan, Zohar, Gofman, Mordechai, Tuval-Mashiach, Rivka, Peri, Tuvia
Bar-Ilan University, Ramat Gan, Israel

Background: Accumulating findings suggest that traumatic narratives of PTSD patients are fragmented, unorganized, incoherent, not integrated into the autobiographical memory and characterized by vivid sensory content (Brewin, 2011). Previous studies were inconclusive regarding the impact of exposure based interventions on trauma narratives (Jelinek et al., 2009). This study explores the changes in trauma narratives following Narrative Reconstruction Therapy (NR) (Peri & Gofman, 2013) and their relationships with symptomatic outcome.

Method: Trauma narratives of 20 patients before and after treatment with NR have been compared to narratives of 15 untreated patients, employing structural analysis of disorganization and fragmentation and an integration index of the trauma memory in the autobiographical memory.

Results: A significant increase in narrative organization and a decrease in fragmentation post-treatment was found (p<.05) as well as an increase in integration of trauma memory in the autobiographical memory (p<.05). Changes in memory disorganization and integration were significantly correlated with the reduction in PTSD symptoms evaluated by BDI, STAI and CAPS (p<.05). As predicted, control patients’ narratives did not show a significant change.

Discussion: These findings demonstrate the effect of NR on traumatic narratives and its relationship to symptomatic change.

WR 119
The Role of Cognitive Appraisals on the Effectiveness of a Trauma Recovery Web Intervention for Reducing Symptoms of Posttraumatic Distress
(Abstract #413)

Yeager, Carolyn, Benight, Charles
University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

There is growing concern among individuals exposed to trauma that those with more persistent mental health problems such as posttraumatic stress disorder (PTSD) are reluctant to seek treatment. Overcoming barriers to treatment has the potential to improve the well-being of those suffering from PTSD. One promising development is the use of technology to deliver empirically supported therapies. The current longitudinal study investigated the interaction between treatment self-efficacy (TSE) and changes in trauma coping self-efficacy (CSE) on the reduction of PTSD symptoms. For two weeks trauma survivors sampled from throughout the country used a theoretically based online trauma recovery website designed to increase CSE (N_T1 = 216, N_T2 = 55). Results indicated when TSE was high, an increase in CSE was related to a greater reduction in PTSD symptoms (t = 4.87, p < .001). However, when TSE was low, no significant differences between changes in CSE and changes in PTSD symptoms were found (t = 1.21, p = .23). These findings highlight important cognitive appraisal mechanisms related to reduction in PTSD symptoms following utilization of a web-based intervention for trauma recovery.
An estimated 34% of WTC responders continue to suffer from clinically significant WTC-related PTSD symptoms more than a decade after 9/11/2001. However, the vast majority (78%) are not currently receiving mental health treatment. The provision of cognitive behavioral therapy (CBT) with an exposure component, the most effective empirically supported PTSD treatment, is often limited by time, geographical distance, stigma, and limited availability of expertly trained therapists. This pilot study evaluated the implementation of Internet-based, therapist-assisted CBT in 5 NYC police officers who responded to the WTC attacks and had full or partial PTSD. Participants completed one to two 45-minute writing assignments per week (total=11), organized into three treatment phases: biographical reconstruction (4 essays), exposure sessions (4 essays) and cognitive reframing (3 essays), and received individualized written responses from their therapist. Treatment was associated with moderate, clinically meaningful pre- to post-treatment reduction in overall DSM-5 PTSD symptoms (Cohen’s d=0.59), particularly intrusions (d=0.75) and hyperarousal (d=0.57), as well as a large magnitude improvement in mental functioning (d=1.85). Initial findings suggest that Internet-based, therapist-assisted CBT is feasible, acceptable, and preliminarily efficacious in treating disaster-related PTSD symptoms.
The structure of Posttraumatic Stress Disorder has remained controversial despite undergoing several changes in the DSM-5. These structural changes have been investigated with increasingly complex latent variable configurations. Network analysis, typically depicted graphically, presents another approach to understanding and interpreting the complex nature of PTSD symptomatology by examining the most influential symptoms and the strength of relationships between symptoms. To date, network analysis has been used to examine a number of DSM-based disorders, including a prior study of PTSD (McNally et al., 2015). The current study consisted of a sample of 737 college students who met criterion A1 for Posttraumatic Stress Disorder who completed a battery including the PTSD Checklist. We examine the symptoms most central to PTSD and relationships among symptoms. Preliminary findings suggest the “cued distress” symptom (B4 in DSM-5) is the most central in PTSD, having the highest degree centrality. The strongest relationship (r=.817) was between items reflecting criteria C1 (avoidance of internal reminders) and C2, (avoidance of external reminders). This is consistent with many published confirmatory factor analysis studies. Presentation will include graphic display of the full network analysis.
### Trauma and Substance Use Disorders SIG

**WR 124**

**Applying an Ecological Framework to Understand the Mechanisms Underlying the Effects of the Intergenerational Transmission of Trauma on the Substance Using Behavior of Black Emerging Adults**

(Abstract #1255)

(CulDiv, Comm/Int, Cul Div, Sub/Abuse, Intergen, Lifespan) M - N/A

Dallas B/C

Pittman, Delishia, Kaur, Preet

George Washington University, Washington, District of Columbia, USA

Extant literature on the intergenerational transmission of trauma is most often associated with the experiences of war and conflict survivors. As such, there is paucity of research examining these effects in other at risk communities, namely those living in high-risk urban neighborhoods. Research indicates that living in high-risk urban neighborhoods increases risk for exposure to poverty, unemployment, and crime, in addition to elevating the risk for exposure to other forms of victimization. Blacks are disproportionately more likely to reside in these high-risk urban neighborhoods, which have been shown to result in poor behavioral health outcomes in later life. Given the higher risk for exposure to traumatic stressors that Blacks experience, there is associated risk for adoption of high-risk behaviors. As such, it is critical for trauma researchers and clinicians to develop an enhanced systemic understanding of the relationships between traumatic stressors and health risk behaviors, substance use in particular, among Black emerging adults in order to develop and provide culturally specific prevention and intervention strategies. Using data from the National Longitudinal Study of Adolescent to Adult Health, this study will model the intergenerational effects of trauma on the psychological, social, and cultural determinants of substance use behaviors in Black emerging adults.

**WR 125**

**Posttraumatic Stress Disorder Symptoms Improve After a Brief Alcohol Intervention for OEF/OIF/OND Veterans**

(Abstract #56)

(Clin Res, Sub/Abuse, Mil/Vets, Adult) I - Industrialized

Dallas B/C

Luciano, Matthew, McDevitt-Murphy, Meghan

The University of Memphis, Memphis, Tennessee, USA

Posttraumatic stress disorder (PTSD) and alcohol use disorders are highly comorbid among Veterans, and this comorbidity presents a serious treatment challenge for health care professionals. Not only are these Veterans more likely to drop out of conventional treatments than those with either condition alone, but they often exhibit a more severe pattern of symptoms. Brief alcohol interventions (BAIs) that incorporate personalized feedback are designed to be delivered in one session and have been shown to be beneficial in reducing alcohol quantity and frequency. However, no research to date has explored the influence of BAIs in reducing PTSD symptoms. To this end, 68 combat Veterans (8.8% female; 30.9% African American) who screened positive for hazardous drinking were recruited from a VA Medical Center. At the baseline appointment, Veterans were administered an assessment battery which included the Clinician-Administered PTSD Scale. Participants then received a brief intervention targeting alcohol use behavior and incorporating personalized PTSD feedback. A repeated measures ANOVA revealed that PTSD symptoms were significantly lower at the 6-week (M=41.57, SD=28.20) and 6-month (M=34.20, SD=26.00) follow up appointments, relative to baseline (M=50.31, SD=24.89). Results suggest that PTSD symptoms improved following a brief intervention that was primarily aimed at alcohol misuse.
In the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) the symptom profile of PTSD was expanded to include 20 symptoms. An alternative model of PTSD is outlined in the proposed 11th edition of the International Classification of Diseases (ICD-11) that includes just six symptoms. The objectives of the present study are to investigate the estimated PTSD prevalence rates and the fit of the ICD-11 model of PTSD, and three DSM-5 based models of PTSD, across seven different trauma samples (N = 3,746) using confirmatory factor analysis. The results showed that the ICD-11 model of PTSD provided excellent model fit in six of the seven trauma samples while tests of factorial invariance showed that the model performs equally well across sex. DSM-5 models provided poor fit of the data. Concurrent validity was established for both diagnostic systems. Diagnostic rates were significantly lower according to ICD-11 guidelines compared to the DSM-5 criteria. In conclusion, the proposed factor structure of the ICD-11 model of PTSD appears valid across multiple trauma types, possesses good concurrent validity, and is more stringent in terms of diagnosis compared to the DSM-5 criteria.
Variations in Engagement Coping Based on Type of Traumatic Experience

(Abstract #534)

Hasselle, Amanda, Howell, Kathryn, Schwartz, Laura, Dormois, Madeline

University of Memphis, Memphis, Tennessee, USA

Coping responses may be differentially adaptive depending on the type of trauma experienced. Understanding how and why coping differs can inform interventions that target individuals exposed to potentially traumatic events. This study grouped 507 young adults (Mage=19.63; SD=1.63) by self-determined most traumatic event (MTE) and examined variations in engagement coping styles employed in response to the MTE. MANCOVAs indicated a significant effect for MTE type on coping style, controlling for MTE severity and age at time of MTE, \( \lambda = .94, F(3, 1519)=2.13, p=.006 \). Pairwise comparisons revealed that individuals indicating extreme injury/illness as their MTE were significantly more likely to problem solve (M=12.58, SD=3.47), compared to individuals with sexual trauma (M=9.25, SD=4.31) or a major parental upheaval (M=9.16, SD=3.73). Individuals whose MTE was loss of a loved one were significantly more likely to express emotions (M=12.54, SD=4.63) and seek social contact (M=12.84, SD=5.11), compared to those who experienced a sexual trauma (M=10.64, SD=4.71; M=10.41, SD=5.51) or major parental upheaval (M=10.82, SD=4.38; M=10.39, SD=5.04). Findings may enhance treatment protocols, highlighting the opportunity to capitalize on natural strengths in coping responses to different types of trauma, while bolstering coping strategies less likely to spontaneously emerge after certain events.
Poster Session Two Presentations
Friday, November 11, Grand Hall
5:30 p.m. – 6:30 p.m.

Author Attended Poster Session Two
Friday, November 11
5:30 p.m. to 6:30 p.m.

Poster Organization
Each poster is scheduled for either Author Attended Poster Session One on Thursday, the Featured Poster Presentations at the Welcome Reception or Author Attended Poster Session Two on Friday and includes a time period when the presenting author is available to answer questions.

Posters are organized in the conference program by poster number on each day. The presenting author is bolded. A floor map showing the layout of posters is on the next page.

Key:
Poster # Number (Primary keyword, Secondary Keywords, Population type)
Presentation Level – Region Keyword type descriptions can be found on page 2.
Regions and Population Types can be found on page 3.
Presentation levels and descriptions can be found on page 3.

Session Two: Friday, November 11
Poster Setup: 8:00 a.m. – 10:30 a.m.
Poster Viewing: 10:30 a.m. – 5:30 p.m.
Author Attended Poster Session: 5:30 p.m. – 6:30 p.m.
Poster Dismantle: 6:30 p.m.

Poster Dismantle
Immediately following your scheduled poster session, display materials must be taken down and removed. Items not removed by the appointed poster dismantle time will be disposed of and are not the responsibility of ISTSS.
Friday Poster Session Two Distribution Map

Grand Hall

Friday Poster Distribution

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Clinical/Intervention Research

FRI 101
Attachment Styles as Mediators of the Association between Trauma Exposure and Angry versus Anxious Rejection Sensitivity for Youth in the Justice System
(Abstract #451)

**Mozley, Michaela**, Modrowski, Crosby, Kerig, Patricia, McGee, Andrew
**University of Utah, Salt Lake City, Utah, USA**

Trauma exposure (TE) is associated with heightened levels of rejection sensitivity (RS), defined as how anxious or angry a person feels when anticipating rejection (Downey et al., 1997). Heightened RS can result in problems in interpersonal relationships (Volz & Kerig, 2010). TE has also been found to lead to problems in interpersonal relationships through an insecure (anxious or avoidant) attachment style (Cloitre et al., 2008). Therefore, an important theoretical question to answer is how attachment is implicated in the development of RS. Previous studies that have examined the interrelations among attachment styles, TE, and RS have not differentiated between angry versus anxious RS. The current study investigated whether individuals’ anxious versus avoidant attachment style acted as a mechanism in the association between TE and either angry or anxious RS in a sample of traumatized youth. Self-report data were collected from 710 detained adolescents. After confirming there was no multicollinearity among study variables, results of two multiple mediation analyses demonstrated that anxious and avoidant attachment styles statistically mediated the relations between TE and both angry and anxious RS. Results suggest that interventions to strengthen attachment security may be beneficial in lessening both angry and anxious RS in traumatized detained youth.

FRI 102
“I Don’t Feel much Pity for Them”: Lower Empathic Concern Predicts Aggression against Peers in Traumatized Justice-involved Adolescents
(Abstract #446)

**McGee, Andrew**, Mozley, Michaela, Modrowski, Crosby, Kerig, Patricia
**University of Utah, Salt Lake City, Utah**

Childhood trauma has been linked to deficits in empathy development (Kerig & Becker, 2012). Given that caregivers play an important role in the development of empathy (Batanova & Loukas, 2012; Murphy & Laible, 2013) empathy development may be compromised when a child is victimized by his/her own caregiver, which is a form of betrayal trauma (Freyd et al., 2005). As development progresses, this impaired empathy may manifest in the form of aggression against others in adolescence (Batanova & Loukas, 2011; Freyd et al., 2005). However, no studies to date have directly tested the hypothesis that empathic concern for others affects the association between betrayal trauma and aggression in adolescence. Using validated self-report measures from 241 detained youth, this study investigated the association between betrayal trauma exposure, empathy, and perpetration against peers. Results of multiple regression analyses showed that the interaction between betrayal trauma and empathic concern predicted greater aggression against peers. For youth with high empathic concern, betrayal trauma did not predict aggression. However, for youth low in empathic concern, betrayal trauma exposure predicted aggression against peers. Results highlight that empathy promotion might be a target for interventions designed to prevent aggression and justice system involvement among youth traumatized in childhood.
Research suggests that emotion regulation has important implications for child development. The study aims to evaluate poor parental supervision as a mediator of the relationship between community violence exposure and an under-regulated emotion management style in children. The study sample consists of 52 predominantly low-income, African-American mother-child dyads, recruited from a local urban non-profit hospital and pediatric hospital. Data were obtained using self-report measures, including the Community Violence Exposure (CVE) scale, Children's Emotion Management Scale (CEMS), and Alabama Parenting Questionnaire (APQ). A bootstrap analysis examining poor parental supervision as mediator of the effect of community violence exposure on children's emotion under-regulation yielded a non-significant direct effect of community violence exposure, 95% CI [-.035, .274], and a significant indirect effect of poor parental supervision, 95% CI [.001, 1.70], suggesting a full mediation. In addition, community violence exposure was strongly correlated with poor parental supervision (r = 0.52, p ≤.01) and moderately correlated with an under-regulated emotion management style in the child (r = 0.30, p ≤.05). Our findings highlight the importance of parental involvement in children's development of emotion regulation, particularly in high-risk urban communities.

FRI 105
Children's Support Seeking Following Trauma in the Context of Extreme Adversity and High Risk
(Abstract #496)

Hiller, Rachel1; Halligan, Sarah2; Tomlinson, Mark2
1University of Bath, Bath, North East Somerset, United Kingdom
2Stellenbosch University, Stellenbosch, South Africa

In South Africa, there are numerous peri-urban settlements (“Townships”) where children are exposed to extremely high rates of trauma, compounded by chronically high levels of adversity. At the same time, formal psychological services are almost entirely lacking. Despite this, we know little about how children in these complex high-risk environments cope and seek support following trauma. Such information is essential for understanding the needs of both the children and wider community, as well as potential avenues for improving formal and informal support. Twenty children aged 12-17 years old, who had experienced a trauma and were living in the Khayelitsha Township, participated in 1:1 qualitative interviews on their use of coping strategies and support-seeking behaviour. Children also completed the Child PTSD Checklist. Results focus on children's own views on post-trauma support systems and strategies that were helpful and unhelpful, as
well their views on what would be considered optimal support. Results are particularly considered within the context of cultural beliefs and the impact of stigma. Findings form part of the essential framework for understanding the trauma-related needs of children in vulnerable communities, and thus how we can begin to engage support options to improve their post-trauma outcomes.

FRI 106
Organized Activities are Associated with Reduced Risk for Psychological, Physical, and Academic Problems among Violence-Exposed Youth: Findings from a Population-Based Cohort Study
(About #722)

Ridings, Leigh1, Oosterhoff, Benjamin2, Goldenthaler, Hayley1, Kaplow, Julie2
1Oklahoma State University, Stillwater, Oklahoma, USA
2University of Texas Health Science Center, Houston, Texas, USA

Violence-exposed youth (VEY) are at a greater risk for adverse outcomes (e.g., mental/physical health problems and academic achievement). Identification of candidate protective factors for these youth is a necessary first step to inform intervention. Youth involvement in organized activities is associated with enhanced social functioning among general population samples. Less is known regarding which activities are associated with better academic, health, and behavior outcomes among VEY. We tested these associations using data from 39 waves of the Monitoring the Future study. A total of 26,929 VE 12th graders reported on organized activities, academic engagement, problem behavior, and physical/psychological health. After controlling for sex, parent education, and race, greater involvement in all activities was associated with more academic engagement. Community service, religious, and athletic involvement was associated with better psychological and physical health. Community service, religious, and art/music involvement was associated with decreased problem behavior, and art/music/yearbook involvement was associated with decreased physical health. Findings demonstrate the importance of organized activities among VEY. If replicated longitudinally, clinicians/school personnel may consider helping youth become involved in organized activities to reduce risk for negative outcomes.

FRI 107
Adolescent Nocturnal Fears: A Psychometric Evaluation of the Fear of Sleep Inventory (FoSI)
(About #905)

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A psychometric evaluation of the Fear of Sleep Inventory (FoSI) was conducted to provide validation for use with adolescents. Teens (N = 147) from two urban public high schools participated in school-based screenings to assess unidentified mental health concerns. The screening battery included the 23-item FoSI, the Insomnia Severity Index, and the primary care posttraumatic stress disorder (PTSD) screen among other measures. Results indicated that the 23-item FoSI showed adequate convergent validity with measures of PTSD and insomnia, however, exploratory factor analysis (EFA) yielded an unclear factor structure similar to previous findings (Pruiksma et al. 2014). Given the similarities, EFA was conducted utilizing the 13 items from the short form version (FoSI-SF; Pruiksma et al., 2014), yielding a clearer 3-factor structure that accounted for 55% of the total variance. The three factors that emerged were 1) Fear of Sleep, 2) Fear of Loss of Vigilance, and 3) Fear of the Dark. Internal consistency for the total 13-item scale was .77 and ranged from .55-.76 for the three factors. Although all three factors were associated with insomnia only the “Fear of Sleep” factor was associated with PTSD. This study demonstrates that the FoSI-SF is a valid tool for assessing trauma related nocturnal fears in urban teens and that it is feasible to use in high school settings.

FRI 108
The Concurrent and Predictive Associations between Avoidant Coping Strategies and PTSD Symptoms in a Recently Traumatized Sample
(About #723)

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The use of avoidant coping strategies may impede natural recovery from a traumatic event. The bulk of research investigating coping strategies and PTSD to date have been cross-sectional in nature. Thus, the present study investigated the concurrent and predictive associations between avoidant coping strategies and PTSD symptoms in a sample of adults who recently experienced a traumatic injury. Participants (N=234) were recruited from a level-1 trauma center after experiencing a Criterion A trauma, and assessed at 3 and 6 months post-trauma using the PTSD Symptom Scale and the Coping Strategies Inventory. Three months post-trauma, all four specific avoidant coping strategies, including problem avoidance, wishful thinking, self-criticism, and social withdrawal, were associated with PTSD symptom severity (rs ranging from .38 to .65). Hierarchical regression results indicate that avoidant coping strategies at 3 months post-trauma were significantly associated with PTSD symptom severity at 6 months post-trauma even when controlling for baseline PTSD symptom severity (ΔR2=.04, B=.23, p<.01). Results suggest that the use of avoidant coping strategies appears to confer PTSD risk above and beyond baseline PTSD symptoms, and suggests that decreasing avoidance strategies could help facilitate recovery from PTSD over time for patients following traumatic injury.

FRI 110
African American Fathers’ PTSD Symptom Clusters and Family Interactions
(Abstract #1345)

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We aim to evaluate the relationship between African American fathers’ PTSD symptom clusters (intrusive, avoidant, cognitive alterations, alterations to arousal symptoms) and family interactions (coded based on a family drawing task of a happy time and sad time). The current sample consists of 70 African American fathers, mothers, and their 24-36 months-old toddlers. Results from multiple regression analyses indicate that only the intrusive symptom cluster is significantly associated with family interactions. Higher intrusive symptoms predict greater negativity (composite score of negativity, intrusiveness, and detachment) on the overall family level (R2=.29, β=.22, p<.05), maternal level (R2=.32, β=.32, p<.005), paternal level (R2=.31, β=.28, p<.005), and child level (R2=.27, β=.30, p<.005). Further, intrusive symptoms predict lower maternal positivity (composite score of child-centeredness, positivity, cohesiveness, facilitation of child’s understanding of the stories) (R2=.26, β=.22, p<.05). Analyses controlled for fathers’ marital and housing status, maternal depression, and paternal depression. Findings offer insight into intervention needs addressing specific PTSD symptoms (intrusiveness) in fathers in order to moderate...
negative family interactions, and consequently reduce or eliminate future problems as toddlers develop.

**FRI 111**

**Associations between Maternal PTSD, Trauma History, and Family Interactions amongst African American Families with Toddlers**  
(Abstract #1366)

Holoemo, Natalie\(^1\), Hose, Shari\(^2\), Dorman, Hillary\(^2\), Mufti, Fatima\(^3\), Ashtiani Raveau, Hasti\(^3\), Bocknek, Erika\(^3\)

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We hypothesize that African American mothers’ PTSD symptoms will be positively associated with negative family interactions, and that mothers with higher rates of exposure to interpersonal violence will be more likely to display negative behaviors during family interactions (coded based on a family drawing task of a happy time and sad time).

Current sample consists of 100 low-income African American mothers, secondary parents, and their toddlers (58% boys; Age in months M=29.5, SD=12.30). 82.4% of the sample reported a family income of less than $20,000 a year. Results from multiple regression analyses indicate that higher maternal PTSD symptoms is significantly associated with higher intrusiveness (R2=.14, β=.20, p<.05) and negativity (R2=.11, β=-.23, p<.05) observed in secondary parents, controlling for marital status and depression in mothers and secondary caregivers. Further, one-way ANOVA indicate that among women who identified interpersonal forms of trauma (eg. sexual assault), the secondary parents were significantly lower on child-centered behavior (F=2.61, p<.05) and emotional support (F=2.04, p<.05), and higher on negativity (F=2.47, p<.05). Overall, results indicate that maternal PTSD symptoms and trauma history are more strongly associated with the secondary parents' behavior during family interactions than the mothers’ own behavior.

**FRI 112**

**Depressive Symptoms in Victims of Crime: An Individual Growth Curve Analysis**  
(Abstract #1358)

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Criminal acts are the most common traumatic events to which the general population is exposed and victims are at risk of developing PTSD but also depressive symptoms. The aim of the current study was to assess the evolution of depressive symptoms and their predictors in a sample of 132 violent crime victims. In the original study, two thirds of participants had been randomly assigned to a trauma-focused short-term cognitive-behavioural therapy. Questionnaires were distributed at four intervals (T0=2 weeks, T1=2 months, T2=6 months, T3=12 months). Results from a linear mixed model analysis indicated that depressive symptoms, although generally high (BDI=23.04) tended to decline gradually over time with the largest decline occurring before T2. People who reported more social support had fewer symptoms (F(1., 405.72) = 46.67, p < .00) while people who were assaulted by a current or former partner were more depressed (F(1., 128,21) = 10.01, p < .002). These influences remained constant over time (i.e. no time interaction). The treatment condition was associated with a steeper decline over time as did the male sex, but neither were retained in the final model. Our findings underline the importance of assessing depressive symptoms longitudinally among victims of violent crimes.

**FRI 113**

**The Complication of Traumatic Exposure on Suicide Bereavement**  
(Abstract #632)

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In 2014, there were 42,773 completed suicides in the United States, leaving behind over 750,000 loss survivors, causing feelings of personal responsibility in the survivors (American Association of Suicidology, 2014). Suicide loss survivors (SLS) often experience traumatic exposure in discovering their loved ones’ body, and may experience intrusive recollections, avoidance and hyperarousal symptoms. Some research indicates that SLS are more likely to experience symptoms of complicated grief such as depression and suicidal ideation (Tal Young et al., 2012). This study explores whether this traumatic exposure makes them more vulnerable to not only PTSD, but also to unique grief experiences, including attenuated self-blame. The Posttraumatic Stress Disorder Checklist (PCL) was used to screen group members for trauma and 87% of the sample (N=8) reported clinically significant symptoms. Other self-
Across measures, personality traits and facets were personality traits and facets were able to understand the impact of traumatic exposure on SLS bereavement. Utilizing this research, psychologists will be better able to understand the unique experience of suicide loss survivors and can develop future interventions to help in their grieving process.

FRI 114
Personality Facets Unique to Post-traumatic Stress Disorder in World Trade Center (WTC) Responders: Evidence from Past Month and Ecological Momentary Assessment Measures
(Abstract #1189)

Maladaptive personality traits were measured in WTC first responders with PTSD symptoms using traditional self-report (i.e., past month) as well as self-report through ecological momentary assessment (EMA) for one week. Across measures, personality traits and facets were linked to PTSD, albeit mostly to general distress symptoms that are not unique to the disorder. Therefore, the present study next sought to identify which personality facets would be related to symptoms unique to PTSD (i.e., intrusions, avoidance) rather than to the syndrome as a whole. Only anxiousness, a facet of the Negative Affect (neuroticism) domain, was positively associated with avoidance across both measurement approaches. Anxiousness may represent a personality facet specific to PTSD, in contrast to other maladaptive personality facets that are related to distress broadly. This study is novel in that it examined the link between personality traits at the facet level, not just domains, and that it assessed their relationship to symptoms specific to PTSD, as opposed to those related to PTSD and other disorders in general (i.e., distress). Findings suggest a novel approach to understanding which personality facets may predict psychopathology broadly versus those specific to the development of PTSD.

FRI 115
Shame as a Possible Mediator between Symptoms of PTSD and Social Anxiety Disorder
(Abstract #345)

![Image](www.istss.org)

Lipinski, Alexandra, Pickover, Alison, Woodward, Matthew, Dodson, Thomas, Tran, Han, Beck, J Gayle University of Memphis, Memphis, Tennessee, USA

Posttraumatic Stress Disorder (PTSD) and Social Anxiety Disorder (SAD) co-occur frequently, yet few studies have examined psychological processes that underlie this comorbidity. Feelings of shame have been associated with poor psychological outcomes for both disorders, and shame in individuals with PTSD is associated with higher rates of comorbid SAD (Orsillo et al., 1996). To better understand processes that underlie symptoms of both PTSD and SAD, we examined shame as an intermediary variable. Participants included 228 women who had experienced intimate partner violence. Symptoms of PTSD and SAD were assessed on a continuous scale via clinical interview; shame was assessed using a self-report questionnaire. Higher levels of PTSD were associated with higher levels of SAD ($β = .19$, $p = .005$), and higher levels of shame ($β = .38$, $p < .001$). When SAD symptoms were simultaneously regressed on PTSD and shame, the main effect of shame was significant ($β = .28$, $p < .001$) and the predictive value of PTSD symptom severity became non-significant ($β = .08$, $p = .252$). Thus, shame fully mediated the relationship between PTSD and SAD symptoms. Bootstrapping analyses further supported the significance of the indirect path ($11, 95\% CI [.06, .17]$). These findings suggest shame may be an important consideration in interventions targeting comorbid PTSD and SAD.

FRI 116
Interactive Effects of PTSD Symptom Severity and Distress Tolerance on Anger Response to Script Driven Imagery
(Abstract #714)

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Research has documented an association between PTSD symptom severity and anxious responding (Badour et al., 2013; Shin et al., 2004), with recent work identifying third factors, such as distress tolerance (DT), that impact this relation (Vujanovic et al., 2013). Relatively less work has
examined this association among non-fear based emotions. This is concerning as anger, in particular, has been shown to be a key characteristic and treatment challenge among individuals with PTSD (McHugh et al., 2012; Olatunji et al., 2010). The purpose of the current study was to examine the interactive effects of PTSD symptom severity and DT on anger responding to personalized script-driven imagery among 125 trauma-exposed adults. We expected individuals with greater PTSD symptom severity and lower DT would exhibit stronger anger responses to a trauma script after accounting for their response to a neutral script. Results from a hierarchical linear regression demonstrated a main effect of PTSD symptom severity (β = .44, p = .00) and an interaction (β = .22, p = .01). Post hoc probing demonstrated that those with low PTSD symptoms and high DT had the lowest anger response, while those with elevated symptoms of PTSD and high DT had the greatest anger response.

FRI 117
I Lost Myself: Exposure to Childhood Trauma Predicts Loss of Sensation and Temperature Drops on the Rubber Hand Task
(Abstract #1398)

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The boundary between self and other delineates the self as separate and autonomous, which is important for emotional and interpersonal functioning. Interoceptive awareness is associated with boundaries of the body and body ownership, and is measured by tasks aimed at the ability to feel internal body states. People with a history of childhood trauma often report altered experiences of the body, including numbing, making it more difficult to feel their bodies. The present study used the rubber hand paradigm and the CTQ to examine self-other boundaries in childhood trauma survivors. Findings demonstrate that people who met criteria for mild to severe levels of childhood trauma N=24 had significantly different physiological response to the rubber hand paradigm than people with no childhood trauma N=23. Individuals in the mild-severe trauma category had a difference in temperature for the hand that was partitioned out of sight (M=86.25), t(45)=3.08, p<.001, than for people with no childhood trauma (M=82.76). Additionally, subjective ratings of experiencing the rubber hand as part of the body were higher in people with mild-severe childhood trauma (M=2.83), t(55)=3.08, p<.001, than people with no childhood trauma (M=2.16). These results suggest that self-other boundaries are more malleable for people with a history of childhood trauma.

FRI 118
The Association of Fear and Negative Self-view with PTSD Symptoms: The Role of Dissociation
(Abstract #1249)

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Fear and negative self-view (negative beliefs about the self, self-blame, shame, and guilt) have been linked to PTSD. In the cognitive model of PTSD, perceived internal threat (stemming from negative beliefs concerning the self) or external threat (stemming from appraisals about the dangerousness of the world/fear) can encourage maladaptive coping strategies such as dissociation that may then maintain PTSD. However, this path has not been empirically tested. Thus, structural equation modeling was used to examine a model in which fear and negative self-view were each predicted to shape dissociation, which was in turn predicted to shape PTSD. The sample included 282 female survivors of intimate partner violence. Fit indices showed acceptable model fit, χ2(49) = 93.29, p < .001; CFI = .96; TLI = .94; RMSEA = .06, [90% CI = .04 – .07]; SRMR = .10. Parameter estimates revealed that negative self-view was positively associated with dissociation (β = .51, p < .001), but fear was not (β = -.03, p = .756), and dissociation was positively associated with PTSD (β = .39, p < .001). Findings suggest that negative self-view but not fear influences the use of dissociation that in turn maintains PTSD, potentially because this coping strategy prevents the elaboration of the trauma memory and changes in dysfunctional cognitions and emotions.

FRI 119
Labeling it as Rape: Role of Peritraumatic Emotions and Type of Coercion
(Abstract #23)

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Results from a hierarchical linear regression demonstrated an interaction (β = .22, p = .01). Post hoc p-values revealed that those with low PTSD symptoms and high DT had the greatest anger response, while those with elevated symptoms of PTSD and high DT had the lowest anger response.
Most rape survivors do not label unwanted sexual experiences as rape (Kolivas & Gross, 2007). Numerous factors influence rape labeling, including method of coercion (e.g., force). Bovin and Marx (2011) proposed a model emphasizing the importance of peritraumatic responses when defining a traumatic stressor, although the role of peritraumatic emotions in labeling rape has been overlooked. The present study examined the relation between peritraumatic emotions and labeling among rape survivors drawn from a sample of 491 community women ages 18-25. Nearly 33% (n=161) reported rape; 29% reported rape due to force, 34% due to substance impairment, 17% due to incapacitation (i.e., unconscious), and 18% due to force and substances (i.e., combined). Analyses revealed distinct patterns of peritraumatic emotion predictors of labeling by type of rape. Fear positively predicted rape labeling in the force and impaired groups, and perpetrator-directed anger also predicted labeling in the impaired group. Disgust positively predicted labeling in the combined group. Feeling dirty positively predicted, but sexual arousal negatively predicted, labeling in the incapacitated group. Findings suggest that a wide range of negative emotional states are associated with labeling different types of rape and that peritraumatic emotion responses may influence meaning-making in rape survivors.

FRI 120
The Relationship between Emotional Intelligence and PTSD Symptoms in Firefighters and Emergency Medical Personnel
(Abstract #1082)

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The present study examines the correlation between emotional intelligence and symptoms of PTSD in a sample of firefighters and emergency medical personnel. 65 total participants responded to the request to participate in the surveys, with 55 completed protocols being included in the final data set. Responders completed demographic information, the Emotional Quotient Inventory: Short Version, a 51-item measure of trait emotional intelligence, and the PTSD Checklist for DSM-5, a 20-item assessment of PTSD symptoms that aligns with current DSM-5 criteria. The hypotheses considered was there would be a significant negative correlation between levels of emotional intelligence and PTSD symptoms. Additionally, subscale measure scores were compared to further assess for potential relationships between emotional intelligence and PTSD symptomology in this population. A statistically significant negative correlation was found between total score on the EQi-S and total PTSD symptoms, r(53) = -.56, p=.00. Additionally, all of the subscales for each measure were significantly negatively correlated with the total score on the other measure, except for the Adaptability EQi-S subscale score and PCL-5 total score. These results may guide future PTSD prevention and treatment suggestions for clinicians working with first responders, emphasize the importance of affective coping skills.

FRI 121
A Longitudinal Examination of Couples' PTSD Symptoms and Relationship Satisfaction
(Abstract #62)

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This study examined the longitudinal relationships between posttraumatic stress disorder (PTSD) symptoms and relationship satisfaction among a community sample of 83 couples. Both members of the couple completed a PTSD interview and relationship satisfaction questionnaire across 3 time points over approximately 12-months. Bivariate correlations revealed a number of significant associations both within and across constructs, time points, and partners. Results with a cross-lagged path model revealed one cross-lagged actor effect in which female PTSD symptoms at Time 2 predicted decreased female relationship satisfaction at Time 3. There was also a significant partner effect such that female relationship satisfaction at Time 1 predicted male relationship satisfaction at Time 2. Findings, although modest in the cross-lagged path model, were consistent with a conceptualization of PTSD as a cause of relationship distress and highlight the need for more dyadic longitudinal data on this topic.
Sleep Problems and Pain Strengthen the Relationship between PTSD Symptoms and Physical Aggression in Returning Veterans
(Abstract #63)

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This study investigated sleep problems and physical pain as moderators of the relationship between PTSD symptoms and aggression among returning veterans. Although prior research has demonstrated associations between PTSD symptoms and aggression, little work has sought to identify moderators of this relationship. Sleep problems and physical pain are both common clinical problems among veterans and have theoretical links to aggression. Participants were 103 returning service members and veterans. Aggression outcomes included physical and psychological intimate partner aggression (IPA), as well as physical and psychological general aggression (GA). Bivariate correlations revealed significant associations between PTSD symptoms, sleep problems, physical pain, and aggression outcomes. Both sleep problems and physical pain significantly moderated the relationship between PTSD symptoms and physical GA, such that this relationship became stronger at higher levels of these moderator variables. However, moderation was not found for the other aggression outcomes. Findings suggest that sleep problems and physical pain strengthen the relationship between veterans' PTSD symptoms and physical aggression toward others. While further replication and elucidation is needed, these factors may disinhibit aggression among those at higher risk due to their PTSD symptoms.

The Associations between Trauma, Posttraumatic Stress Disorder Symptoms, and Potentially Dissociative Experiences during Intimate Partner Violence Perpetration
(Abstract #346)

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Research with intimate partner violence (IPV) perpetrators has found that a subset of this population reports dissociative experiences during their violence (e.g., inability to remember the violence, despite admission that it had occurred). However, the literature examining this phenomenon has been primarily limited to clinical observations and case studies, and there is a need for more thorough empirical investigation of the prevalence and correlates of dissociative violence among individuals in IPV intervention programs. The large research base indicating a connection between trauma, posttraumatic stress disorder (PTSD) symptoms, and general dissociation suggests that these are relevant variables to examine in relation to dissociative IPV perpetration. This study investigated associations between these variables among 302 men presenting for services at a community-based IPV intervention program. Results indicated that 22.2% of participants reported one or more dissociative experiences during IPV perpetration. Dissociative IPV perpetration was significantly and positively correlated with trauma exposure and PTSD symptoms. PTSD symptoms significantly mediated the relationship between trauma exposure and dissociative IPV perpetration. Findings provide important preliminary information about dissociative IPV perpetration, and suggest a potential role of trauma and PTSD symptoms.

Childhood Trauma Severity and Impulsivity: The Mediating Role of Anger
(Abstract #675)

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Associations between childhood trauma history and impulsivity in adulthood are well-established. Less is known about the mechanisms underlying that association. Anger is
one mechanism with emergent empirical support for its potential mediating role in this association. In this study, it was hypothesized that anger/irritability would mediate the association between childhood trauma severity and impulsivity. Participants included 118 acute-care psychiatric inpatients (43.2% female, Mage=33.5) who completed the Childhood Trauma Questionnaire (CTQ-28), PTSD Checklist for DSM-5, and Barratt Impulsivity Scale as part of the study. Participants represent an understudied, socioeconomically disadvantaged, and racially/ethnically diverse population. Results indicated a significant indirect effect of childhood trauma severity via anger on impulsivity (β=.04, 95% CI [.004, .08]). Covariates included gender, number of psychiatric diagnoses, and number of reported substance classes used. Reverse models were rejected, adding confidence to the hypothesized models. Subscales of the CTQ-28 also were examined: emotional abuse and physical abuse severity showed significant indirect effects (via anger/irritability) on impulsivity, while other subscales yielded non-significant effects. Clinical implications will be discussed.

FRI 125
The Extent and Impact of Post-migration Stressors during Treatment of Trauma-affected Refugees
(Abstract #492)

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Trauma-affected refugees often experience post-migration stressors (PMS) which can compound conflict-related emotional distress. The extent to which PMS can interfere with treatment for trauma-related mental health problems has not been adequately examined. The aim of this study was to document the number and types of PMS interfering with treatment of refugees with post-traumatic stress disorder. Participants attended six months of multidisciplinary treatment during a randomised clinical trial. At each session with a medical doctor the clinician noted if there were any PMS spontaneously emerging from the patient to an extent where it interfered with treatment. 116 patients completed the trial. PMS interfered with 38.3% of the sessions, with work and financial factors and family issues being the most frequently identified stressors. PMS was significantly associated with a low observer rated functioning, (Global Assessment of Functioning scores (GAF-F and GAF-S)), high baseline social strain, attending more social counsellor sessions, and having social problems at the end of treatment. Predictors for PMS included male gender; living alone; and having children. This study has addressed an important issue showing that PMS interfering with treatment is a frequent problem. If stressors are detected and taken into consideration, the success of treatment will be likely to increase.

FRI 126
The Mediating Role of Sleep Quality and Anxiety Sensitivity in the Relationship between PTSD Symptoms and Physical Health Complaints
(Abstract #1257)

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Although it is well-established that PTSD symptoms (PTSS) are commonly comorbid with multiple physical health (PH) complaints (e.g., headaches, pain, cardiovascular complaints), our understanding of the mechanisms through which this occurs is limited. Research suggests there may be multiple indirect pathways through which PTSS impacts PH. Three common psychological and behavioral factors that may serve as mechanisms of this relationship include anxiety sensitivity (AS) (negative appraisal of PTSS), substance use (SU), and poor sleep quality (SQ). However, these factors have not been examined simultaneously to determine their unique roles in mediating the relationship between PTSS and PH. The current cross-sectional sample included 90 treatment-seeking adults (83% female) recruited from a trauma clinic. Preliminary analyses revealed that AS and SQ were related to PTSS and PH, but SU was not. As such, SU was eliminated from the mediation analysis. After controlling for relevant demographics, a multiple mediation analysis with bootstrapping indicated that AS and SQ mediated the relationship between PTSD and PH. Furthermore, the relationship between PTSD and PH was no longer significant with the inclusion of the mediators. These results suggest that treatments targeting AS and SQ may be an effective way to reduce PH complaints among adults with PTSS.
**FRI 127**
The Roles of Coping Self-Efficacy and Appraisals in the Relationship between Posttraumatic Stress Disorder Symptoms and Perception of Cognitive Problems (Abstract #933)

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PTSD is associated with mild neurocognitive deficits, yet patients often complain of cognitive problems that exceed what their objective performance demonstrates. In addition, PTSD is associated with posttraumatic cognitions, including negative self-appraisals, as well as poor coping self-efficacy. This study examined negative appraisals as a moderator and coping self-efficacy as a mediator of the relationship between PTSD symptoms and cognitive complaints. A sample of 266 trauma-exposed adults completed the PTSD Checklist, the Posttraumatic Cognitions Inventory, the Coping Self-Efficacy Scale, and the Cognitive Self-Report Questionnaire. Negative self-appraisals was a significant moderator in the relationship between PTSD symptoms and perception of cognitive problems (B = -.003, t = -3.47, p < .001). In participants with high levels of negative appraisals, perception of cognitive problems was high regardless of PTSD symptom level. In a mediator analysis, there was a significant indirect effect of coping self-efficacy (B = .13, Sobel’s z = 5.30, p < .001) on perception of cognitive problems. Finally, there was evidence of moderated mediation, such that self-efficacy was a mediator only when negative appraisals were low or average. Results indicate that posttraumatic appraisals and self-efficacy play significant roles in perception of cognitive problems following trauma.

**FRI 128**
The Impact of Posttraumatic Symptoms and of Comorbid Mental Disorders on the Health-Related Quality of Life Treatment-Seeking PTSD Patients (Abstract #458)

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Objectives: To investigate the influence of the severity of posttraumatic symptoms and of the presence of comorbid mental disorders on the HRQOL of outpatients with PTSD. Methods: 65 volunteers recruited in an outpatient clinic had their diagnoses established with the SCID-I. The severity of PTSD, depressive and anxiety symptoms was measured with the PCL-C, BDI and BAI. HRQOL was assessed by means of the SF-36. Multiple linear regression models were fitted to investigate the relationship between the severity of PTSD, mood, and anxiety symptoms; the presence of current comorbid disorders and of psychotic symptoms, and the number of current comorbid conditions for each of the eight domains of HRQOL, after adjusting for the effect of sociodemographic characteristics. Results: The severity of PTSD symptoms predicted the HRQOL in all domains of SF-36, even after controlling for the severity of depressive and anxiety symptoms and other confounding variables. The strongest negative association was found in the Social Functioning domain. The inclusion of the depressive symptoms in the models led to a reduction of the magnitude of the negative association but the severity of PTSD symptoms still accounted for most of the explained variance. Conclusions: Improvement of quality of life should be considered a therapeutic objective and an essential outcome measure in the treatment of PTSD.

**FRI 129**
Somatization as a Mediator in Relationships Between mTBI, PTSD, Chronic Pain, and Perception of Cognitive Problems (Abstract #363)

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PTSD, mild TBI (mTBI), and chronic pain have all been independently associated with neuropsychological deficits, but an emerging trend suggests that patients may report impairment more severely than objective tests reveal. We hypothesized that relationships between PTSD symptoms, mTBI, pain, and perception of cognitive impairment would be mediated by somatization, or the communication of psychological distress via physical symptoms. A national sample of 276 adults with a history of psychological trauma and/or mTBI were administered the Brief Pain Inventory-
Short Form, Somatic Symptom Scale-8, PTSD Symptom Checklist, and Cognitive Self Report Questionnaire. Somatization was a significant mediator in all three analyses, with mTBI, PTSD, and pain severity as independent variables. For example, mTBI status initially predicted perception of cognitive problems (B = 6.27, t = 7.25, p < .001). However, after controlling for somatization symptoms, there was not a direct effect of mTBI (B = .07, t = .06, p = .95), and there was a significant indirect effect for somatization symptoms (B = 3.41, Sobel’s z = 5.02, p < .001) on perception of cognitive problems. A similar pattern of findings emerged with PTSD and pain with somatization symptoms showing a significant indirect effect; however, in the mediator analysis with PTSD, PTSD symptoms continued to exert a direct effect.

FRI 130
Military Acculturation and Transition to the Civilian Setting
(Abstract #1361)

Mccaslin, Shannon1, Davenport-Becket, Colleen2, Chapin, Brad1, Dinh, J ulie2, Choucroun, Gerard2, Herbst, Ellen3
1National Center for PTSD - Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA
2San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA
3San Francisco VA Medical Center and UCSF, San Francisco, California, USA

The gap in cultural understanding between the civilian and military communities often extends to medical care settings. Distinguishing cultural transition from diagnostic symptomatology is a critical part of accurately assessing and addressing the concerns of veterans and active duty personnel. This presentation will focus on the development of a measure to assess military acculturation intended to address this gap in clinical care settings. 52 veterans completed measures assessing current diagnostic symptoms and affiliation with military culture and activities. Veterans then participated in semi-structured focus groups during which various components of military culture were discussed. An initial advisory panel meeting informed the development of a semi-structured focus group guide. Veteran participants were majority male (79%), of diverse military branches and eras, and endorsed a range of PTSD symptoms (m=32.8, SD=21.1). Most veterans reported being defined to some degree by their military experience (> 80%) and endorsed their experience as somewhat to extremely positive (67%). Focus group data was coded and analyzed to identify themes relevant to military cultural beliefs and behaviors, informing item development. Aspects of military acculturation that should be assessed and may impact clinical care will be discussed.

FRI 131
Relationships between Early Childhood Trauma and Trauma-Related Altered States of Consciousness
(Abstract #1246)

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The 4-D model is a framework for understanding trauma-related psychopathology that differentiates symptoms occurring during waking consciousness from dissociative symptoms, Trauma-Related Altered States of Consciousness (TRASC). To test the hypothesis that TRASC symptoms would be associated with greater childhood trauma exposure due to its impact on the development of reality testing, a sample of 795 adult participants completed 10 self-report TRASC items assessing depersonalization, derealization, identity confusion, numbing, multiple self-states, voice hearing, and time loss; the Childhood Trauma Questionnaire (CTQ), Childhood Trauma Scale (CTS), the Adverse Childhood Experiences (ACE) Questionnaire, and the Traumatic Events Screening Inventory (TESI). TRASC items showed strong internal consistency (alpha = .95). More intense TRASC symptoms in the past month were associated with greater childhood trauma severity on the CTQ and CTS (rs = .49-50, ps < .001), higher ACE scores (F[4,792]=15.78, p < .001), and earlier age of first trauma (TESI earliest trauma; r = -.15, p < .001). These data suggest that individuals with earlier and more severe childhood trauma, experience alterations in their sense of body, time, thought, memory, and emotion; highlighting the need to assess more severe symptom presentations and further advance the self-report TRASC items as a means of doing so.

FRI 132
The Relationship between Dissociative Experiences during Conflict and Subsequent Posttraumatic Growth
(Abstract #454)

Greene, Talya
University of Haifa, Haifa, Israel
It has been suggested that dissociative experiences during exposure to traumatic events can have adaptive benefit. This study used ambulatory assessment methods to investigate the relationship between dissociative experiences during conflict and subsequent posttraumatic growth (PTG) in 181 Israeli civilians exposed to rocket fire. During the 2014 Israel-Gaza conflict, summary reports were made twice daily for 30 days via mobile phone. PTG was assessed 2 and 4 months later. Hierarchical regression analyses found significant curvilinear associations between dissociative experiences during the conflict and subsequent PTG levels measured at both 2 and 4 months. Participants with low or high levels of dissociative experiences reported lower growth than those with intermediate levels of dissociative experiences. Interpretation of these findings depends on the conceptualisation of PTG. If PTG is conceptualised as a positive outcome, the findings could indicate that dissociation is adaptive up to a certain threshold, functioning as a coping mechanism that promotes subsequent growth. Alternatively PTG has been conceptualised as a self-deceptive illusory response; moderate levels of dissociative experiences could facilitate a denial or avoidance of traumatic events which enable an individual to construct a narrative of growth.

FRI 133
The Effect of Childhood Loss and Adulthood Loss on Trauma Exposure, Resilience, and Grief: A Developmental Perspective
(Abstract #457)

Schwartz, Laura, Howell, Kathryn, Jamison, Lacy
University of Memphis, Memphis, Tennessee, USA

Previous grief research has typically centered on one time point, without considering how loss may occur across developmental periods. Taking a lifespan approach, the current study divided 441 bereaved emerging adults (M_age=19.6 years, 57% White, 77% Female) into three groups: those who experienced death in childhood (0-17 years), in emerging adulthood (18-24 years), or during both developmental periods. Differences between the groups on trauma exposure, resilience, and grief symptomatology were examined. Significant group differences for trauma exposure (F(2, 431)=4.36; p=.01) and grief symptomatology (F(2, 438)=13.52; p<.001) were found, with those who experienced deaths during both developmental periods having significantly more trauma events (M=4.10) than the emerging adulthood loss group (M=3.02; p<.001) and childhood loss group (M=2.64; p<.001) groups. Those who experienced both losses also displayed more grief symptomatology (M=22.80) than the childhood loss group (M=18.09; p<.001), but not the emerging adulthood loss group (M=20.06; p=.05). No group differences were found on resilience. Findings underscore the value of considering both past and present losses when investigating death as a risk factor. Examining loss through this developmental lens highlights the importance of designing interventions for youth who have lost a loved one as a way to mitigate future negative outcomes.

FRI 134
Legacy of Childhood Victimization: Indirect Effects on Adult Mental Health through Re-victimization
(Abstract #1142)

Scruffard, Kathryn, Grein, Katherine, Miller-Graff, Laura
University of Notre Dame, Notre Dame, Indiana, USA

Research has documented the direct effects of childhood victimization on short and long term mental health, but less research exists on how childhood victimization indirectly affects children by placing them on risk pathways that may lead to revictimization into adulthood. The current study evaluated the effects of childhood victimization on adult mental health, focusing on adult revictimization as a mediator. Participants (n=296) reported on their experiences of childhood victimization, adulthood victimization, and current mental health in an online survey. Sixty percent of the sample reported at least one incident of revictimization in adulthood, with the most common type occurring in the community. Multivariate regressions indicated that total childhood victimization was a significant predictor of current anxiety, depression, and posttraumatic stress. For all models, adulthood revictimization was a significant mediator of the relationship between childhood victimization and current mental health. Although the effects of childhood victimization are long-lasting, their effects on mental health are at least in part explained by the high risk of chronic re-victimization into adulthood. Clinical work oriented toward prevention of violence exposure in adults with a history of victimization is a critical step in promoting positive mental health for these vulnerable individuals.

FRI 135
Association of PTSD, Depression and Anxiety Symptoms with Systemic Inflammation in the WTC Terrorist Attack Community Survivors with Severe Comorbid Medical Conditions
(Abstract #1303)

Tack Community Survivors with Severe Comorbid Medical Conditions
(Abstract #1303)

Graff, Laura
University of Notre Dame, Notre Dame, Indiana, USA

Research has documented the direct effects of childhood victimization on short and long term mental health, but less research exists on how childhood victimization indirectly affects children by placing them on risk pathways that may lead to revictimization into adulthood. The current study evaluated the effects of childhood victimization on adult mental health, focusing on adult revictimization as a mediator. Participants (n=296) reported on their experiences of childhood victimization, adulthood victimization, and current mental health in an online survey. Sixty percent of the sample reported at least one incident of revictimization in adulthood, with the most common type occurring in the community. Multivariate regressions indicated that total childhood victimization was a significant predictor of current anxiety, depression, and posttraumatic stress. For all models, adulthood revictimization was a significant mediator of the relationship between childhood victimization and current mental health. Although the effects of childhood victimization are long-lasting, their effects on mental health are at least in part explained by the high risk of chronic re-victimization into adulthood. Clinical work oriented toward prevention of violence exposure in adults with a history of victimization is a critical step in promoting positive mental health for these vulnerable individuals.
Rosen, Rebecca1, Ferri, Lucia1, Reibman, Joan2, Levy-Carrick, Nomi2, Xu, Ning2, Galatzer-Levy, Isaac2
1Bellevue Hospital Center, New York, New York, USA
2New York University Langone Medical Center, New York, New York, USA

The World Trade Center (WTC) Environmental Health Center is a treatment program established to treat community members with medical and mental health conditions related to the 9/11 terrorist attack. We previously reported an association of systemic inflammation with WTC-related pulmonary symptoms. We now report on the relationship between inflammation and mental health symptoms; specifically the relationship between PTSD, depression and anxiety symptoms (PCL, Hopkins Symptom Checklist) and C-reactive protein (CRP), demographic variables, medical symptoms and WTC dust exposure (multivariate linear regressions). CRP levels were examined for 641 patients (51% female). Many scored positive for PTSD (41%), depression (59%), and anxiety (49%). Elevated CRP was significantly associated with PTSD, but not with depression or anxiety. We examined the association between the four DSMV PTSD symptom clusters and inflammation (multivariate linear regressions). A significant association was found between elevated CRP and re-experiencing and avoidance clusters. These data suggest an interplay between systemic inflammation and PTSD symptoms in a civilian population exposed to an environmental traumatic experience. Further study of medical and mental health comorbidity with systemic inflammation of trauma-exposed victims can inform more targeted treatment and prevention efforts.

FRI 136
Comprehensive Mind-Body Treatment: Addressing Co-Occurring PTSD and Respiratory Symptoms in 9/11 Responders
(Abstract #1305)

Gonzalez, Adam1, Mahaffey, Brittain1, Park, Elyse2, Kotov, Roman1, Bromet, Evelyn1, Luft, Benjamin1
1Stony Brook University, Stony Brook, New York, USA
2Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA

More than 30% of responders to the 9/11 WTC disaster continue to experience significant psychiatric and/or medical problems. Two of the most common health sequelae of the disaster, post-traumatic stress disorder (PTSD) symptoms and respiratory illness are highly comorbid and persistent. This presentation addresses the rationale for utilizing the Relaxation Response Resiliency Program (3RP), a comprehensive mind-body treatment, to target comorbid PTSD and respiratory symptoms in WTC responders, the development of a structured comparison treatment – the Health Enhancement Program (HEP), and relevant bio-psycho-social assessment tools (i.e., immune markers, behavioral tests, and electronic monitoring) being used in our randomized clinical trial. Qualitative and empirical data from our pilot trial with male WTC responders (N=12) suggest that the 3RP and HEP treatments were well received and were effective in reducing 9/11-related PTSD symptom severity (d = 0.97 and d = .77, respectively), and improving physical activity (d = 1.15 and d = .76, respectively), nutrition (d = 1.76 and d = 1.21; respectively), and stress management (d = 1.32 and d = 1.28; respectively). Data collection from a full-scale randomized clinical trial is concluding and results from 154 WTC responders with elevated PTSD and respiratory symptoms will be discussed.

FRI 137
Examination of the Moderating and Mediating Effects of Social Support on the Association between Pre-College Sexual Assault and College-Onset Victimization
(Abstract #232)

Hawn, Sage1, Lind, Mackenzie1, Overstreet, Cassie2, Conley, Abigail2, Kendler, Kenneth1, Dick, Danielle1, Amstadter, Ananda1
1Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA
2Virginia Commonwealth University, Richmond, Virginia, USA

Previous exposure to sexual assault (SA) is associated with increased risk of future victimization, which is linked to higher rates of psychopathology. Furthermore, social support has been demonstrated to influence SA and SA revictimization. The present study aimed to examine moderating and mediating effects of perceived social support on the association between pre-college SA and college-onset victimization within a large sample of undergraduate students (N=6132). Approximately 20% of the sample endorsed college-onset SA. Pre-college SA significantly predicted college-onset SA in the present study (b=1.44, p<.001). Furthermore, social support significantly mediated the relationship between pre-college SA and college-onset SA (p<.001). However, social support was not a significant moderator (p=.19) of this relationship, which suggests that social support may serve more as a mediating mechanism through which pre-college SA predicts college-onset SA, as opposed to a moderating influence on the relationship between prior SA and college victimization. To our knowledge, this is the first study to
demonstrate that social support mediates the relation between pre-college SA and post-college SA. Given ubiquitous prevalence of SA among college populations, in addition to high rates of SA revictimization, identification of factors that influence repeated SA within this population is essential.

FRI 138
Examination of the Mediating Influence of PTSD on the Relation between Unit and Post-Deployment Social Support: A Comparative Approach
(Abstract #669)

Hawn, Sage1; Brown, Emily2; Overstreet, Cassie2; Brown, Ruth3; McDonald, Scott2; Amstadter, Ananda3
1Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA
2Virginia Commonwealth University, Richmond, Virginia, USA
3Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA

Meta-analytic studies have found that perceived low social support is among the strongest predictors of the later development of posttraumatic stress disorder (PTSD). In veterans, both increased unit and post-deployment social support have been associated with decreased likelihood of PTSD, as well as alcohol misuse, which are two highly comorbid conditions among veterans. The present study aimed to examine the mediating effect of PTSD on the relations between both unit and post-deployment social support and alcohol use. Preliminary bootstrapping analyses supported partial mediation of PTSD on the relation between post-deployment social support and average monthly alcohol use (CIs: -.0023 – -.0002, p=.05), but no significant mediating effect of PTSD for unit social support (CIs: .0000 – .0012, p=.18). Findings implicate a difference in the mediating mechanism of PTSD between peri-trauma versus post-trauma social support and alcohol consumption. Follow-up analyses to be included in the poster would investigate whether certain drinking motives (e.g., social drinking motives) moderate this relationship.

FRI 139
Collaborative Resiliency Training: A Culturally Versatile, Evidence-based Approach to Post-Traumatic Resilience in Individuals, Groups and Communities
(Abstract #782)

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An ongoing challenge in the field of cross-cultural therapy is to develop interventions that are culturally appropriate, evidence-based, and reproducible. Collaborative Resiliency Training (CRT) is a community-oriented intervention designed to elicit culturally indigenous language for the dynamics of trauma, resilience and healing, and to support development of skills for self-care and mutual support. A randomized, controlled pilot study of CRT was conducted with a population of college-aged genocide survivors in Rwanda. There were 12 participants in the CRT treatment group and 11 participants in the control group. Standardized questionnaires were used to measure mental health outcomes pre-intervention, post-intervention, and at eight-week follow-up. Semi-structured interviews of the treatment group were used to identify mechanisms by which the intervention had an effect. A repeated measures MANOVA showed statistically significant improvements in trauma symptoms as measure by the Harvard Trauma Questionnaire (P=.037, Eta square = .116) An eight-week follow-up suggested that the symptom reduction was maintained. Qualitative interviews indicated that participants developed a mental model of their own emotional functioning that they used to improve their self-regulation in social situations. This in turn led to increased self-confidence and an improved sense of efficacy

FRI 140
Negative Cognitions and Depression in Treatment-Seeking Recent Trauma Survivors
(Abstract #1156)

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Negative trauma-related cognitions are implicated in post-trauma adjustment difficulties. Maladaptive beliefs that are central in depression and negative cognitions about oneself, the world and blame for trauma are included in the DSM-5 diagnostic criteria for PTSD. However, limited research has focused on the differential relationship between certain kinds of negative cognitions and post-trauma depressive symptoms in early intervention setting. The current study assessed the relationship between posttraumatic cognitions and depression in recently traumatized civilian adults (N=83) seeking treatment at a university-based community trauma clinic. Participants were a mean age of 45.6 years, predominantly female (80.7%), and a mean of 6 months post-trauma. Pre-
FRI 141
The Impact of Trauma History on Stress Recovery Patterns Following a Music Intervention
(Abstract #1116)

Weaver, Terri, Kelton, Katherine, Santowski, Anna, Buchanan, Tony, Kaufman, David
Saint Louis University, Saint Louis, Missouri, USA

According to the American Psychological Association’s 2014 Stress in America Survey, one in five Americans state that they never engage in activities to help manage their stress. Prolonged stress alters the body’s homeostatic and allostatic processes by influencing biomarkers such as the hypothalamic-pituitary-adrenocortical (HPA) axis, and subsequent secretion of cortisol. Continuous secretion of cortisol can compromise one’s health. Traumatic events may change cognitive, emotional, and physiological responses to stressful situations. Moreover, trauma may prolong the stress response and compound daily stress. Binaural beats may be one translation of an experimental approach to be disseminated as a trauma-informed stress intervention. A “binaural beat” is a third sound generated by the brain from the product of two different frequencies received by opposite ears. EEG research has shown that binaural beats may manipulate brain wave activity and positively influence mood. This study will examine cortisol, heart rate, and subjective stress as patterns of recovery from the Trier Social Stress Test (TSST) following binaural beats exposure between undergraduates with trauma histories and without trauma histories, assessed by the Adverse Childhood Experiences Scale and Life Events Checklist. Additional implications for the TSST as a trauma-related cue will also be explored.

FRI 142
PTSD Treatment Modality Preference in an Online Sample: Stated Reasons for Choice of Pharmacotherapy, Prolonged Exposure Therapy, or Cognitive Processing Therapy
(Abstract #98)

Sharma, Shankari1, Roth, Maya2, Gifford, Shannon3, Monson, Candice1
1Ryerson University, Toronto, Ontario
2Ryerson University, Department of Psychology, London, Ontario
3St. Joseph’s Health Care London - Parkwood Hospital Operational Stress Injury Clinic, London, Ontario

Although efficacious treatments for PTSD are being disseminated worldwide, we currently know little about factors that moderate their effectiveness. In order to maximize the benefit of dissemination efforts, individuals’ preference for treatment modality is one factor worthy of consideration. To investigate individuals’ preferences for treatment, and their stated reasons for making their choices, participants were recruited (N = 177) from online trauma- and PTSD-related support groups and asked to: (1) choose between pharmacotherapy, Prolonged Exposure Therapy (PE), Cognitive Processing Therapy (CPT), and no therapy; and (2) state the reasons for their choice. This study aimed to assess the likelihood of individuals’ choices for treatment modality, and to investigate the stated qualitative factors that influenced treatment choice. CPT was participants’ first choice, followed by PE and pharmacotherapy. Preliminary analysis of qualitative data suggests that participants’ choices were affected by their previous experiences with treatment, fear of exposure therapies and medication side effects, and belief that medication is needed to stabilize symptoms before commencing psychotherapy. Comprehensive analyses of treatment modality preference and reasons for choice will be presented and discussed with respect to implications for treatment development and dissemination.

FRI 143
Religious and Spiritual Struggles In Veterans with PTSD
(Abstract #1250)

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1Michael E. DeBakey VA Medical Center, Houston,
2Center for完工, Care, Adult) I - N/A

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Texas, USA
2Baylor College of Medicine, Houston, Texas, USA
3Case Western Reserve University, Cleveland, Ohio, USA
4Bowling Green State University, Bowling Green, Ohio, USA

The experiences of Veterans who have been deployed to war zones often conflict with their personal morals and religious/spiritual (RS) beliefs. Studies indicate that RS struggles may result in increased PTSD symptoms, guilt, and depression in Veterans. However, there is a dearth of research investigating associations between RS struggles and PTSD in Veterans. The current study explored types of RS struggles reported by Veterans and the relationship of these struggles with PTSD. A total of 179 Veterans participated in a structured diagnostic interview and completed the Religious and Spiritual Struggles Scale. The most frequent domain of RS struggle reported by the total sample was in the moral conflict dimension. T-tests indicated that Veterans with PTSD endorsed significantly greater RS struggles in the domains of Demonic, Interpersonal, Morality, and Doubt than Veterans without PTSD (p < .05). A linear regression showed that RS struggles significantly predicted PTSD severity, β = .56, SE = .17, p < .001, explaining 13% of the overall model variance. Adjusted R² = .26, F(177) = 26.15, p < .001. Findings suggest that interventions for Veterans with PTSD may benefit from directly targeting RS struggles such as moral conflict.

FRI 144
Updating Non-Trauma Associative Memories in Posttraumatic Stress Disorder
(Abstract #1411)

Sachschal, Juliane, Woodward, Elizabeth, Ehlers, Anke
Oxford University, Oxford, United Kingdom

When re-experiencing memories of their trauma, people with posttraumatic stress disorder (PTSD) have problems accessing information that corrected their expectations during the worst moments of the trauma (e.g., ‘I did not die’). Updating trauma memories with such information is an important procedure in trauma-focused Cognitive Therapy for PTSD. It is unclear whether people with PTSD show a general deficit or bias in updating non-trauma memories, and how individual differences in memory updating might be related to PTSD treatment response. This talk will present data from a PTSD patient study that explores the role of updating associative non-trauma memories in the maintenance of PTSD symptoms, and its relationship to PTSD treatment. Patients with PTSD were assessed pre and post treatment, and compared to a traumatized and non-traumatized control group. Memory updating was measured with an adapted version of a picture-location memory updating task by Novak and Mather (2009). Results will present group differences in memory updating, and the relationship between memory updating and treatment outcome. Findings are hoped to contribute to the understanding of how memory updating might contribute to PTSD symptomatology and treatment response.

FRI 146
The Relationship between Increased Self-Worth and Posttraumatic Stress Disorder (PTSD) Symptom Improvement during Virtual Reality Exposure Therapy with a Cognitive Enhancer
(Abstract #1307)

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2Weill Cornell Medical College, New York, New York, USA

Recent studies suggest that reductions in negative cognitions lead to decreases in PTSD symptoms during prolonged exposure therapy for PTSD (McLean, Yeh et al., 2015; Zalta et al., 2014), while another study revealed a reciprocal relationship between cognitive changes and PTSD symptoms in comorbid PTSD and alcohol dependence (McLean et al., 2015). The present post-hoc analysis examined whether changes in world assumptions mediate PTSD improvement in a randomized double-blind trial of D-Cycloserine (DCS)-augmented virtual reality exposure for World Trade Center-related PTSD (Difede et al., 2014). Participants (N=25) completed the World Assumptions Scale (WAS; Janoff-Bulman, 1989) at 5 time-points to assess their beliefs about the world, others, and themselves. Both groups showed significant reduction in PTSD symptoms. The DCS-augmented and placebo groups did not differ in total WAS scores; however, the DCS group showed more significant improvement on the Self-Worth subscale than the placebo group. Implications of these findings will be discussed.
Suicidal bereavement appears different from other types of loss, yet little research can demonstrate this difference. Some research indicates that suicide loss survivors are more likely to experience symptoms of complicated grief such as depression and suicidal ideation (Tal Young et al., 2012). However, other research indicates that suicidal bereavement is most similar to traumatic grief, which is associated with features of trauma (such as intrusive thoughts) while also taking on elements of intense, prolonged grief (Barlé, Wortman, & Latack, 2015). The Long Island University Trauma Response Team (LIU TRT) formed a pilot group to assist survivors in processing feelings of grief. The Posttraumatic Stress Disorder Checklist (PCL) was used to screen group members for trauma and 87% of the sample (N=8) reported clinically significant symptoms. Other self-report measures, including the Cognitive Distortions Scale (CDS), were used to collect data assessing grief, measures of self-blame, and maladaptive cognitions. Consequently, investigators were able to understand the differences between suicidal bereavement and traumatic grief. Utilizing this research, psychologists will be better able to understand the unique experience of survivors of suicide and can develop future interventions to help in their grieving process.

Researchers have identified multiple proposed pathways that may help explain the maintenance of poor mental health following trauma exposure, including specific patterns of trauma-related cognitive distortions. Relatively little research, however, has examined the mediating role of trauma-related cognition across multiple domains of physical and mental health. The current study evaluates the indirect effect of lifetime trauma on physical and mental health via trauma-related belief cognitions (e.g. negative beliefs about the self or others). In a sample of n=43 pregnant women, multivariate regressions indicated that lifetime exposure to trauma was a significant predictor of physical and mental health problems, but not of depressive symptoms or pregnancy health problems. Trauma-related belief cognitions were a significant mediator only of the relationship between lifetime trauma exposure and posttraumatic stress symptoms (Sobel: z=2.12, p=.034, indirect effect size=1.21). These results suggest that different outcomes commonly associated with exposure to trauma may be affected through different pathways. This suggests that specific work on trauma-related cognitions may be a critical active agent of care for women with posttraumatic stress, but the remediation of these
cognitions may not lead to more generalized improvements in functioning.

FRI 152
Aspects of Social Support, Self-Blame, and PTSD: A Mediation Model in Female and Male Sexual Assault Survivors
(Abstract #379)

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The study examined relations between social support, posttraumatic cognitions (PTC), and posttraumatic stress disorder (PTSD), as well as the role of gender, in male and female sexual assault survivors. PTC may play a mediating role in the relationship between social support and PTSD. There are gender differences in the importance of support, as well as a dearth of research on adult male survivors. It was hypothesized that PTC would mediate the relationship between perceived support-- as well as negative social interactions-- and PTSD, with social support variables being more predictive of PTSD in women than men. A sample of undergraduates and Mechanical Turk workers who had experienced sexual assault since age 14 (N = 315; 58.7% women) were assessed on perceived support, negative interactions, PTC, and PTSD. Controlling for trauma exposure, childhood assault, and assault severity, path analysis indicated that perceived support and negative interactions had an indirect effect on PTSD via self-blame in the total sample. Examining results by gender yielded some differences. Perceived support appeared to be related to PTSD only in women; negative interactions appeared to be more predictive of PTSD for male survivors. Results suggest implications for targeting particular aspects of the social environment in survivors.

FRI 153
Intimate Partner Violence, Mental Health, and Occupational Functioning Among OEF/OIF Veterans: A Gender Comparison
(Abstract #301)

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Research on intimate partner violence (IPV) victimization among Veterans has focused primarily on females, limiting our understanding of any gender differences that may exist in mental health and functional outcomes associated with IPV. OEF/OIF Veterans are at high risk for IPV, which may increase their risk for mental health problems and occupational impairment. Using data from a national mail survey of 522 OEF/OIF Veterans (54% women), we examined the associations between past 6-month IPV with current mental health symptoms (PTSD and depression) and occupational functional impairment. For women, all types of IPV were associated with PTSD (physical: B=.98; psychological: B=.75; sexual: B=.73) and depression (physical: B=.62; psychological: B=.36; sexual: B=.54), and only sexual IPV (B=1.14) was associated with work impairment. For men, recent physical (B= .40) and psychological (B=.86) IPV were associated with PTSD, psychological IPV was associated with depression (B=.35), and psychological IPV was associated with work impairment (B=.83). IPV is clearly associated with poorer mental health and greater occupational impairment for female and male OEF/OIF Veterans. However, findings also highlight gender differences in the impact of IPV on mental health and work functioning that can inform gender-specific tailoring of trauma-informed interventions to address these outcomes.

FRI 156
Relationships between Sub-Types of Childhood Abuse and Functions of Self-Harm
(Abstract #1154)

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Individuals engage in Non-Suicidal Self-Injury (NSSI) for a variety of reasons including affect-regulation and anti-dissociation. Research indicates that childhood trauma is associated with NSSI later in life (Smith et al, 2014). However, little research has examined how these functions vary across trauma types. The present study examined the relationship between subtypes of childhood trauma and functions of NSSI. An online sample of 47 participants (Mage = 31, SD = 8.83), 55.6% female with histories of severe NSSI (i.e. cutting or burning) completed
questionnaires assessing childhood trauma (CTQ) and self-harm history/functions of self-harm (ISAS). Correlational analyses reveal that greater exposure to emotional abuse was associated with Autonomy (r = .31, p < .05), physical abuse with Interpersonal Boundaries (r = .37, p < .05) and sexual abuse with Anti-Dissociation (r = .34, p < .05) and Anti-Suicide (r = .49, p < .01). Emotional and physical neglect were positively correlated with Interpersonal Influences (r = .39, p < .01 and r = .35, p < .05, respectively) and physical neglect was positively correlated with Anti-Suicide (r = .36, p < .05). These data lend support to the hypothesis that self-harm serves different functions for individuals who have experienced different forms of trauma.

FRI 157
Interpersonal Trauma and Mental Health: How Harsh Discipline and Family Violence affects Adolescents in Tanzania (Abstract #591)

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Though with their Sustainable Development Goals 2015-2030 the United Nations aim to end all forms of violence against minors, numerous minors worldwide are frequently exposed to harsh discipline and family violence (Stoltenborgh et al., 2012; 2013). These interpersonal traumas within the family may have long-lasting detrimental consequences (e.g., Herrenkohl et al., 2013). However, particularly in low-income countries little is known about the prevalence of family violence and its consequences for psychological well-being. In a national representative sample of 700 students (48% boys; mean age: 15; SD=1.02) and their parents (N = 333; 47% males; mean age: 43 years; SD=9.02), we assessed harsh discipline (Conflict Tactic Scale) and students’ mental health problems (Strength & Difficulties Questionnaire) reported by students and parents. Additionally, students’ exposure to maltreatment (Maltreatment and Abuse Chronology of Exposure) and parental stress (Copenhagen Burnout Inventory) were measured. Results indicated high levels of physical and emotional violence (> 80%). Both violence types were associated with poor mental health and parental stress with the frequent use of harsh discipline. Our findings suggest that due to the high rates of family violence, adolescents’ mental health problems may manifest into a considerable cause for concern at the societal level (Straus, 2001).

FRI 158
The Role of Demand-withdraw Communication in Intimate Partner Violence Survivor Outcomes (Abstract #593)

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Traditional conceptualizations of intimate partner violence (IPV) survivors have often emphasized intrapersonal factors that increase risk for poor outcomes, with less attention to interpersonal processes that may mediate outcomes. One interpersonal process of interest is male demand/female withdraw (MD/FW) communication, in which the male chastises or makes demands of the female, while she avoids confrontation and withdraws from conflict. This pattern uniquely characterizes violent heterosexual couples (Babcock et al., 1993) and is associated with anxiety in nonclinical samples (Malis & Roloff, 2006). The current study explored MD/FW communication as an intervening process linking IPV and anxiety. Female IPV survivors no longer in abusive relationships (N = 175) completed self-report measures of demand/withdraw, physical, sexual, and psychological (two scales: emotional/verbal, dominance/isolation) IPV, the Beck Anxiety Inventory (BAI), and a clinician-administered assessment of generalized anxiety disorder (GAD). MD/FW communication mediated the relation between both forms of psychological IPV and GAD, and the relation between emotional/verbal IPV and BAI. No other indirect effects were significant. Findings indicate that MD/FW can lead to excessive anxiety in psychological IPV survivors. Remediating this pattern may decrease risk for poor outcomes and revictimization.

FRI 163
The Moderating Role of Self-Compassion on the Relationship between Shame and PTSD (Abstract #400)

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There is growing interest in self-compassion training in the treatment of Posttraumatic Stress Disorder (PTSD; e.g.,
Kearney et al., 2013). Lower levels of self-compassion (i.e., relating to one’s self in a loving, kind manner; Neff, 2003) are negatively correlated with PTSD severity (Hiraoka et al., 2015), especially avoidance symptoms (Thompson & Waltz, 2008). Thus, increasing self-compassion should reduce PTSD symptoms (Kearney et al., 2013). It may be particularly beneficial for trauma survivors experiencing high shame (Gilbert & Proctor, 2006). Shame is positively associated with PTSD (Beck et al., 2011; Harman & Lee, 2010) and is currently recognized as one of several possible negative emotional reactions to trauma (APA, 2013). Further research is needed to examine the relationship among self-compassion, PTSD-related shame, and PTSD symptoms. The present study examined self-compassion as a potential moderator between shame and PTSD symptom clusters in a sample of trauma-exposed women (N = 112). Preliminary analyses showed an interaction effect between self-compassion and shame on re-experiencing (β = .13, p < .05) and avoidance symptoms (β = .19, p < .01), such that women with high self-compassion reported increasing symptom severity as shame increased. These findings are contrary to expectation and warrants further investigation. Clinical implications will be discussed.

FRI 164
Clinical Utility of a Brief Self-Compassion Intervention for Reducing Risk among At-Risk College Women
(Abstract #1026)

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College women are at high risk for sexual violence, especially women with a history of childhood abuse (e.g., Fiorillo et al., 2013). It is concerning that rape prevention programs have been less effective for women with victimization histories (Blackwell et al., 2004) and further research is needed to explore other strategies for this population. Childhood trauma is associated with emotion regulation difficulties (e.g., Messman-Moore et al., 2010), which are related to greater use of experientially-avoidant coping strategies, such as sex to reduce negative affect (SRNA; Polusny & Follette, 1995). This, in turn, may lead to increased risky sexual behaviors (Orcutt et al., 2005). The present study examined whether a brief intervention to increase self-compassion (i.e., having a loving, kind attitude toward one’s self; Neff, 2003) also reduced experientially-avoidant coping (i.e., SRNA) in at-risk college women (N = 20). Preliminary analyses showed that the self-compassion group reported a greater increase in self-compassion (M = 0.39, SD = 0.73), but higher SRNA (M = 1.86, SD = 1.47), than the waitlist control group (M = 0.02, SD = 0.27; M = 1.27, SD = 0.41, respectively) post-intervention. Although differences were not significant, these findings suggest that the intervention may not produce immediate changes, although its long-term effects are still under investigation.

FRI 165
An Analysis of the Effectiveness of a Partial Hospitalization Program for Complex PTSD using a Non-Sequential Multifaceted, Prolonged Exposure-Based Approach
(Abstract #1047)

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A recent article by De Jongh et al. (2016) reviewed the guidelines of treating complex PTSD (cPTSD), suggesting more data is needed and evidence-based trauma work may be beneficial if introduced earlier in the treatment process. This presentation presents a brief overview and effectiveness data from a Partial Hospitalization Program for PTSD concurrently focusing half on symptom reduction (via primarily Prolonged Exposure and Behavioral Activation) and half on defining and pursuing meaning/values in life through Contextual Behavior Therapies and other components (e.g., ACT, Functional Analytic Psychotherapy, Compassion Focused Therapy, and Yoga). A majority of patients met criteria for cPTSD and all had comorbid conditions (assessed via the MINI) and participated in group, individual, and self-directed work. There are currently 50 completers with an estimated 20 more by October. Initial results of pre-post repeated measures MANOVAs indicate large effect size decreases in PTSD and Depression symptoms (via the PCL, CAPS, and QIDS), and medium to large effect size increases in life engagement (e.g., valued living, self-compassion, behavioral activation, interpersonal skills, and quality of life). Analyses of predictors of clinically significant gains will be shared and guidelines for future inclusion/exclusion criteria for this approach will be discussed.

FRI 166
Posttraumatic Maladaptive Beliefs Scale: Enhancing Prediction of PTSD in Adults following Adverse Childhood Events
(Abstract #882)
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The Adverse Childhood Experiences questionnaire (ACE; Felitti et al., 1997) was developed for brief screening to assess experiences of childhood maltreatment and household dysfunction. Further research implicated the endorsement of 4+ ACEs as a public health concern given its association with negative physical and mental health outcomes (e.g., depression, PTSD). This study assessed female undergraduate students (M age = 19.1) via an online survey for ACEs, PTSD symptoms (PCL-5; Weathers et al., 2013), and utilized a new, brief (20-item) measure of cognitive distortions, the Posttraumatic Maladaptive Beliefs Scale (PMBS; Vogt, Shipherd, & Resick, 2012). Results of hierarchical logistic regression indicated that after controlling for ACE exposure, 2 of the 3 subscales of the PMBS (Threat of Harm & Self-Worth and Judgment) were significantly associated with a 1.7 increase in likelihood of PTSD diagnosis. There was a good model fit (discrimination of PTSD symptoms), X²(5, N = 198) = 33.22, p < 0.001, Nagelkerke R² = .234. ACEs and PMBS subscales predicted classification of provisional PTSD diagnosis with 78.8% accuracy. Findings support the use of ACEs in health-related care settings and added value of using the PMBS measure of maladaptive cognitions in mental health settings to target specific cognitions associated with childhood traumas for individuals with PTSD symptoms.

FRI 167
Female Victims of Childhood Trauma, Sexual Motivations, and the Moderating Role of Shame
(Abstract #699)

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The link between childhood abuse and re-victimization has been well-established (Widom et al., 2008). College women with a history of childhood abuse are particularly at risk for increased sexual violence (e.g., Fiorillo et al., 2013). Varying motivations for sexual behavior have been shown as predictive of increased sexual risk taking (Cooper et al., 1998), and later victimization (Miron & Orcutt, 2014; Orcutt et al., 2005). Shame is a common emotional reaction among abuse victims and a strong predictor of posttraumatic stress symptoms (e.g., Andrews et al., 2000); it may also play an important role in the sexual motivations of childhood abuse survivors. Preliminary data were obtained from a subsample of college women from a larger longitudinal study who endorsed exposure to Criterion A trauma, including childhood abuse. Analyses supported that shame moderated the relationship between childhood abuse and sexual motivation. Specifically, maltreated children who reported high shame as adults were more likely to use sex for self-affirmation and to cope with negative affect. Clinical implications will be discussed.

FRI 168
Childhood Trauma Severity and Alcohol Use in Acute-Care Psychiatric Inpatients: The Mediating Role of Emotion Regulation Difficulties
(Abstract #95)

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Despite the established association between childhood trauma and alcohol misuse, the mechanisms that may account for this association are in need of further investigation. Emotion regulation difficulties are a potentially key mechanism underlying the association between childhood trauma and alcohol use in adulthood. The current study hypothesized that emotion regulation difficulties would play a mediating role between childhood trauma severity and severity of past-month alcohol use, indexed via six alcohol-related outcomes. Participants included 111 acute-care psychiatric inpatients (45.0% female; Mage=33.5, SD=10.6), who reported at least one DSM-5 PTSD Criterion A traumatic event. Participants completed questionnaires regarding childhood trauma, emotion regulation, and alcohol use. Results revealed significant indirect effects of childhood trauma via emotion regulation in relation to current ratings of alcohol treatment importance as well as past-month ratings of alcohol use and related problems (β’s between .04-.12; all 95% bootstrapped CIs with 10,000 resampling did not include 0). A composite outcome was constructed, consisting of all six alcohol-related outcomes; there was a significant indirect effect in predicting this composite outcome (β=.07, SE=.04, 95% CI [.02, .17]). Clinical and research implications will be discussed.
FRI 169
Maternal Exposure to Childhood and Adulthood Victimization and Prenatal Risk in a Sample of Pregnant Women
(Abstract #963)
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This study examined the association between maternal lifetime poly-victimization and perceived stress and psychopathology during pregnancy, and whether childhood and adulthood victimization differentially predicts these prenatal risk factors. Women recruited from a prenatal healthcare clinic were enrolled during their 3rd trimester of pregnancy and completed a battery of tablet-administered assessments, including measures of victimization history, perceived stress, depression, anxiety, and posttraumatic stress. More than 93% of women endorsed exposure to at least one type of victimization, with an average of 4.7 domains (SD = 2.8). 35% of the sample met criteria for probable PTSD. Results demonstrate a significant association between total lifetime victimization domains and indicators of perceived stress (r = .47) and maternal depression, anxiety, and posttraumatic stress (rs from .36 to .59), with some evidence for a greater association between prenatal stress and adulthood victimization relative to childhood victimization (r = .34, p = .002 and r = .18, p = .113, respectively). Considering victimization history of pregnant women may be important in assessing prenatal risk and may inform interventions for addressing increased prenatal stress and depressive, anxiety, and posttraumatic stress symptoms during pregnancy, thereby reducing potential risk to the unborn child.

FRI 171
Different Attachment Type and Grief Response in Bereaved Parents of the Sewol Ferry Accident: An Attachment Path Model of Grief
(Abstract #614)
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Objectives: To examine the impact of different attachment type on grief response of bereaved parents in response to the loss of their child due to the accident, and the mediating role of coping strategies. Methods: Bereaved parents (n=84) completed self-reporting questionnaire evaluating grief response, attachment, coping strategies and trauma-related emotion. Results were analyzed with correlation analysis and structural equation modeling (SEM). Results: Anxious attachment dimension was significantly related with the severity of complicated grief, which was fully mediated by approach and avoidant coping strategies. On the other hands, avoidant attachment dimension were correlated with decline of the severity of complicated grief, mediated by approach coping strategies, but not by avoidant coping strategies. In aspect of emotion response, moderating effect of approach coping strategies was significant in relationship between avoidant attachment dimension and emotion response such as shame and guilt. However, such moderating effect was not significant in anxious attachment type. Conclusion: Bereaved parents adopt different grief coping pattern according to their attachment representations, interacting with their trauma-related emotion response such as shame and guilt. Grief intervention may be organized considering individual differences in attachment representations.
suicide, homicide) was not associated with the presence or absence of SI (p > .45). A logistic regression analysis revealed that depression (OR = 1.16) and avoidance symptoms on the IES-R (OR = 2.22) were significantly associated with SI. Clinical and research implications will be discussed.

FRI 173
Who Reports Rape to the Police? The Impact of Race and Violent Rape Experiences
(Abstract #932)

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Previous research has shown that women are more likely to report rape that is horrifically violent, leading to serious injury (i.e., Bachman, 1998). This research, conducted in the '90s, is outdated because of changes in policy and culture. In addition, even at the height of rape reporting research, studies neglected to examine racial differences, despite the fact that women of color are disproportionately raped (RAINN, 2009). In a sample of female sexual assault survivors (N=133), we examined whether racial status and specific violent features of the rape incident (e.g., being shot or cut) predicted the likelihood of reporting rape to the police. Results from logistic regression analyses indicated that racial status, \( \chi^2(1) = 8.64, p = .003 \), assailant displaying a weapon, \( \chi^2(1) = 7.77, p = .005 \), and being shot or cut during the incident, \( \chi^2(1) = 6.83, p = .009 \), significantly predicted the likelihood of reporting the rape incident to the police. Notably, white women were 4.11 times more likely than women of color to report their rape. Being hit with a fist or object and being choked did not significantly influence the likelihood of reporting. These results suggest that public health efforts should be devoted to increasing police reporting among rape survivors of color and survivors of rape where weapons were not involved.

FRI 174
Characterizing Partner Sleep Functioning Over the Course of Military Deployment
(Abstract #25)

Despite studies indicating negative influences of deployment on military spouses’ health, the research on disruptions to sleep is preliminary and cross-sectional, precluding examination of the course of sleep change over time and prospective predictors of these changes. This study investigates trajectories of change in partner sleep over the course of deployment in a cohort of at-home partners. Data were drawn from the Readiness and Resilience in National Guard Soldiers (RINGS-2) project, a prospective, longitudinal study of National Guard Brigade Combat Team soldiers deployed to Iraq/Kuwait (2011-2012) and their partners. Spouses or cohabitating partners (N = 686) of soldiers completed assessments of risk/protective factors within 3-6 months of their partners’ deployment to Iraq, 3 months and 8 months into the deployment, and 3-6 months following the soldiers’ return. Results of latent class growth analyses (LCGA) reveal quadratic change in partners’ sleep over the deployment cycle, with four distinct trajectories: good, stable sleep (61%), elevated sleep complaints over the deployment (22%), initially elevated sleep complaints that improve (10%), and chronic sleep problems (7%) groups. Predictors of these classes will be discussed. Understanding the course of sleep complaints among at-home partners during deployment may be useful for prevention and targeted intervention.
This research project aimed to compare responses to an acute social stressor such as the Trier Social Stress Test (TSST) in marijuana (MJ) users with and without trauma exposure, hypothesizing that a group with more trauma exposure (high post-traumatic stress; H-PTS) would have more dysregulated stress responding compared to the group with less trauma exposure (L-PTS), and those with no trauma exposure (NT). Daily MJ smokers completed Trauma Assessment for Adults (TAA) and TSST. Stress response was assessed with heart rate, salivary cortisol, and subjective anxiety (STAI). Participants reported baseline depressive symptoms (BDI), emotion dysregulation (DERS) and impulsivity (BIS). Participants were divided into three groups: H-PTS group reporting = 3 trauma (N = 35), L-PTS group reporting = 1 and < 3 trauma (N = 57), and NT (N = 33). Results: H-PTS group had higher baseline BDI, DERS and BIS scores than L-PTS and NT. Also, H-PTS group had most elevated anxiety levels throughout TSST and increased heart rate compared to L-PTS and NT groups, with no significant differences in cortisol levels. These initial data indicate that higher levels of trauma exposure were associated with greater dysregulation of stress responses, which implies that marijuana smokers with trauma-exposure are more sensitive to relapse and marijuana use.

FRI 176
Dysfunctional Beliefs about Sleep Mediates the Relationship between Posttraumatic Stress and Insomnia Severity in Gulf Coast Veterans
(Abstract #521)

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The interplay between PTSD and insomnia has been well-documented. Like PTSD, contemporary models of insomnia emphasize cognitive dimensions of symptoms. Dysfunctional beliefs about sleep (DBAS) represent a factor that might be especially relevant for understanding insomnia among Veterans. This study investigated whether DBAS might mediate between PTSD symptoms and insomnia in this population. The sample focused on 160 Veterans enrolled at a Gulf Coast university (M = 33.04 years, SD = 9.14). Participants completed an online survey including the PCL-S, Insomnia Severity Index, and the DBAS questionnaire. Correlation analyses demonstrated that PTSD symptoms were positively associated with both insomnia (r = .68, p < .001) and DBAS (r = .44, p < .001). In addition, participants who endorsed greater DBAS also had greater insomnia severity (r = .63, p < .001). Drawing on Hayes’ (2013) approach, results of a mediation analysis indicated a significant positive direct pathway between PTSD symptom severity and insomnia (F(2, 157) = 115.83, p < .001, R² = .7720). However, PTSD also had a significant positive effect on insomnia in the model (β = .1488, t(157) = 8.8278, p < .001), suggesting the need to examine other factors as well. Results provide preliminary evidence for the crucial role of DBAS in perpetuating insomnia among Veterans with PTSD symptoms.

FRI 177
Relationships between Trauma, Sleep Disturbances, PTSD, and Symptoms of Alcohol Use Disorder in a Young Adult Sample
(Abstract #233)

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Traumatic events are associated with many co-occurring sequelae, including sleep disturbances, PTSD, and alcohol use disorders (AUD). However, the associations between these phenotypes have not been explored among college students. Thus, we aimed to examine relationships between trauma type and sleep disturbances, as well as the mediating effects of PTSD and AUD symptoms on these relationships, in a large undergraduate sample (total N=185, 62.9% female). Within the sample, 33.9% endorsed at least one interpersonal trauma, while 64.5% endorsed at least one non-assaultive trauma. Although both trauma types were associated with disturbed sleep in univariate models, only interpersonal trauma was a significant predictor (β = 0.448, p = 0.000) when combined into a hierarchical model. Both PTSD and AUD symptoms significantly mediated (all p values <0.001) the relationship between interpersonal trauma and sleep, with their indirect effects accounting for 55% and 17% of the total effects, respectively. These results suggest that although disturbed sleep is associated with traumatic event exposure, interpersonal traumas are more potent predictors of sleep problems. Further, trauma exposure psychiatric sequelae account for part of the relationship between interpersonal trauma and disturbed sleep, suggesting that addressing PTSD and AUD symptoms in college students may also improve sleep.
viron the Pittsburgh-Lind, Mackenzie PTSD Symptom Severity Joseph Philadelphia, Pennsylvania, USA

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Anthony DeViva, Jason Richmond, Virginia, USA

Treatment The Effects of Group Cognitive PTSD intervention efforts that target disturbed sleep. This offers additional support for sleep PTSD symptoms. This suggests that disturbed sleep may explain part of the demonstrated relationship. Overall, these results suggest that disturbed sleep, it is important to identify possible mechanisms of risk. Post-trauma cognitions are related to PTSD risk, but their association with disturbed sleep is not well understood. We examined relationships between post-trauma cognitions (via the Posttraumatic Cognitions Inventory; PTCI) and disturbed sleep (via the Pittsburgh Sleep Quality Index global score) using linear regressions in a preliminary sample of trauma-exposed OEF/OIF veterans (N=101, 38% with PTSD; mean [SD] age=30.2 [4.7]). Although PTCI composite score (std. β=0.439, p=0.000) was related to disturbed sleep, only the Negative Cognitions About Self (NS) subscale was a unique predictor of disturbed sleep (std. β=0.339, p=0.008). As both sleep and NS were associated with PTSD in prior analyses of this sample, we examined sleep as a potential mediator of the relationship between NS and non-sleep PTSD symptoms. There was a significant indirect effect (14% of total effect, p<0.05) of sleep disturbances on this relationship. Overall, these results suggest that disturbed sleep may explain part of the demonstrated relationship between post-trauma cognitions (in this case, NS) and non-sleep PTSD symptoms. This offers additional support for PTSD intervention efforts that target disturbed sleep.

The Effects of Group Cognitive-Behavioral Therapy for Insomnia in Veterans with PTSD Receiving Residential Treatment (Abstract #221)

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Disturbed sleep is one of the most commonly reported symptoms after trauma. This chart review examined the effects of weekly six-session group cognitive behavioral therapy for insomnia (CBTI) in a sample of veterans diagnosed with posttraumatic stress disorder (PTSD) and insomnia in a residential treatment program. Self-report sleep data from the earliest CBTI group were compared to data from the final CBTI group. Cases for whom pre-CBTI and post-CBTI PTSD Checklist scores were available were coded as having had a significant (10 points or more) decrease in PTSD symptoms or no significant change (9 points or less). Among the 47 group completers, repeated-measures ANOVAs indicated significant improvements in time awake after sleep onset, F(1,46)=4.17, p<0.05, time in bed, F(1,46)=4.06, p<0.05, sleep efficiency, F(1,46)=4.71, p<0.05, and Insomnia Severity Index score, F(1,46)=38.8, p<0.001. There were no significant changes in sleep onset latency or total sleep time. Among the 39 cases for whom PCL scores were available, there were no interactions between PTSD symptom change and any improvements in sleep. These results add to the findings that CBTI is effective with veterans diagnosed with PTSD, and data indicate that improvement in sleep was independent of improvements in overall PTSD symptoms. Results suggest CBTI fits well in residential treatment settings.
online survey methodology was used to assess PTSD symptom severity, PTSD-related sleep disturbances, poor sleep quality, and emotion regulation difficulties. After controlling for PTSD symptom severity, PTSD-related sleep disturbance and poor sleep quality were related to overall difficulties in emotion regulation, F(4,179) = 23.279, p = .000. The findings suggest that sleep disturbance and emotion regulation difficulties associated with PTSD, may not be a mere extension of the clinical picture of PTSD. Sleep disturbances following trauma exposure may contribute to emotion regulation difficulties and exacerbate negative consequences. Limitations and future research directions will be discussed.

FRI 181
Can Psychosocial Support Work Virtually? Evaluation of an Online Tool for Chronic Pain Patients
(Abstract #739)

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Being diagnosed with a life lasting chronic pain disease is a traumatic event of “biographical disruption”. It interrupts the basic structures of patients’ everyday life, biography and self-concept (Bury, 1982). Similarly to psychological trauma, chronic pain patients go through different stages of denial, helplessness and emotional arousal until accepting the losses and the limitations imposed by the chronic pain (Kostova et al., 2015). This paper reports on an experimental study examining whether and how psychosocial support for rheumatoid arthritis patients can be provided on-line. A web-based support tool was designed to provide patients with both tailored information and opportunities to interact with various therapists and fellow sufferers. In the paper, we assess both qualitatively and quantitatively the impact of this intervention on patients’ acceptance and management of the traumatic implications of their diagnosis and condition. Overall, we conclude that virtual support can foster outcomes denoting the practical management of trauma, such as reduced stress and increased self-efficacy, but it was less successful in changing deeper mindsets as acceptance and psychological empowerment.

FRI 182
Patients’ Experiences Making PTSD Treatment Decisions
(Abstract #972)

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Prior studies show that most PTSD patients prefer psychotherapy, but receive medications more often. To design patient-centered methods for linking patients with preferred care, it is important to understand how patients learn about treatment options and make care decisions. We surveyed 49 adults previously treated for PTSD about their experiences making PTSD treatment decisions. Participants were recruited from a nationally representative research panel as part of a larger study on treatment decision-making. Seventy-eight percent were veterans and 47% had been deployed at least once. Participants identified themselves (42%) or their doctor (29%) as the most influential in deciding their readiness for treatment and which treatment to select. Participants spent an average of 10.40 (14.03) minutes discussing their options with a provider and learned about an average of 2.54 (2.33) options. Participants reported learning about SSRIs/SNRIs (92.5%), Cognitive Behavioral Therapy (68.3%), and Anger Management Training (70.7%) most frequently. Evidence-based psychotherapies, including Cognitive Processing Therapy (39.0%), Prolonged Exposure (24.4%), Eye-Movement Desensitization and Reprocessing (24.4%), and Stress Inoculation Training (34.1%) were discussed less often. These findings highlight the importance of disseminating information about evidence based psychotherapies to patients.

FRI 183
Suicide Behavior and PTSD in Students from Seven College Institutions in Northeastern Brazil
(Abstract #1065)

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Previous literature suggests an association between impulsivity and suicide attempt. However, there are no consensus about impulsivity definition and measures, and how this trait impact in suicide behavior. This census study aimed to assess suicide attempt and its relationship with impulsivity and others clinical factors through a hierarchical
conceptual model. The population was 2213 students from seven college institutions in Northeastern Brazil, assessed by a socio-demographic questionnaire, the Trauma History Questionnaire (THQ), the PCL-C, the Barratt Impulsiveness Scale (BIS-11), surveys on drug use, suicide behavior and psychological neglect. The study presented two major findings: impulsivity is best understood as a distal determinant of suicide attempts and PTSD diagnosis appeared as the most important determinant factor after impulsivity. In a total of 298 (14%) subjects showing PTSD diagnosis, 21.8% of them attempted suicide, compared to 5.6% of students not having PTSD. Furthermore, PTSD showed an odds ratio of 2.69 to suicide attempt. These data indicate a relevant prevalence of suicide behavior in PTSD subjects, supporting other studies even in a non-clinical population. Thus, PTSD diagnosis in college students must be investigated vigorously and may be understood as an alert of suicide risk.

**FRI 184**
**Effects of Internalized Stigma of Mental Illness among Female Survivors of Interpersonal Violence**  
(Abstract #940)

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There is a dearth of literature examining the presence of internalized stigma of mental illness (ISMI) in individuals with symptoms of posttraumatic stress disorder (PTSD). Furthermore, there is no published research investigating ISMI in female survivors of interpersonal violence. The current study will examine ISMI in female survivors of interpersonal violence and its relationship to PTSD symptom severity, trauma-related guilt, and quality of life. Two primary hypotheses will be investigated: 1) ISMI will uniquely predict PTSD symptom severity when trauma-related guilt is taken into account, and 2) ISMI will mediate the relationship between PTSD and quality of life. Two hierarchical regressions will be conducted to examine the above hypotheses. ISMI, trauma-related guilt, and quality of life are being measured through self-report questionnaires, while PTSD symptoms are being assessed through the Clinician-Administered PTSD Scale (CAPS). Data from 36 participants has already been collected. Data collection will continue throughout the summer and early fall. Results will be available by October 2016. Findings from this study could result in significant theoretical and clinical implications for the treatment of PTSD.

**FRI 185**
**Peritraumatic Fear, Injury, and Rape Acknowledgment Mediate the Relation between Rape Type and PTSD: A Focus on Substance-Involved Rape**  
(Abstract #511)

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Although the majority of extant research conceptualizes substance-involved rapes as homogeneous experiences, evidence suggests there may be distinct subtypes of substance-involved rape: combined (Zinzow et al., 2012) and incapacitated type rapes (Littleton et al., 2009), which are differentially associated with PTSD symptoms. However, no studies have investigated whether differences in the characteristics or consequences of such assaults can account for such differences in PTSD. The current study tested whether peritraumatic fear, peritraumatic injury, or rape acknowledgment mediated the association between rape type and PTSD symptoms among women who reported a forcible-only rape (FR; n = 48), impaired rape (IR; n = 56), combined rape (CR; n = 29) or incapacitated rape (ICR; n = 28) in adulthood. A diverse sample of community women (M_age = 22, 69.4% Caucasian) completed a modified version of the Sexual Experiences Survey (Koss et al., 1987) and the PTSD Checklist (PCL-C; Weathers et al., 1994). Mediation analyses indicated significant indirect effects for peritraumatic injury, peritraumatic fear, and rape acknowledgment on the relation between rape type and PTSD, with strong effects for CR. These results point to specific targets of intervention for women with varying rape histories and support a more nuanced conceptualization of substance-involved rape.

**FRI 186**
**Trauma Exposure and Non-Medical Use of Prescription Drugs among College Students**  
(Abstract #231)

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Non-medical use of prescription drugs (NMUPD) is a significant public health concern particularly among young adults. Exposure to interpersonal violence (IPV) is associated with greater odds of endorsing NMUPD, yet longitudinal investigation is lacking, prohibiting our ability to evaluate temporal associations between these phenotypes. The present study aimed to investigate the longitudinal relationship between IPV and NMUPD among undergraduate students participating in Spit for Science (N = 7,227, 61.5% female). Propensity score analysis was used to adjust for factors previously associated with increased risk of experiencing IPV. Marginal structural models were used to examine whether new-onset IPV occurring during college mediated the association between IPV prior to college and college-onset NMUPD as assessed via three time points (freshman fall, freshman spring, sophomore spring). IPV occurring prior to college predicted new-onset NMUPD during freshman and sophomore spring semesters (B = .23, .43; 95% CI: .02-.44, .04-.93; ps < .001, .03). Freshman-onset IPV was weakly associated with new onset NMUPD at sophomore spring (B = .47, CI = -.0006-.93, p = .05). These findings highlight the potential utility of pre-college IPV as a risk marker for college-onset NMUPD. Future studies evaluating possible mechanisms underlying the observed associations are warranted.

**FRI 187**

**Spirituality as a Moderator between Mass Violence and Coping**

(Open Access) (Abstract #1087)

Felix, Erika1, Meskunas, Haley2

1University of California, Santa Barbara, Santa Barbara, California, USA
2University of Miami, Miami, Florida, USA

Spirituality is important in many people’s lives, yet its role in post-trauma adjustment is understudied. Students participating in a study of college adjustment the year prior to the mass murder at UCSB were recontacted after the tragedy (N = 119) and provided information on their psychosocial adjustment and level of spirituality. Post-tragedy, 17% of the sample reported that religious or spiritual beliefs are very important in their daily lives, and 13% reported attending religious services one or more times per week. For those saying spirituality was not at all/not very important in daily life, traumatic exposure (TE) significantly correlated with alcohol use, binge drinking, posttraumatic growth (PTG), and PTSD symptoms (rs .range 25-.36, p<.05). For those reporting spirituality as somewhat/very important in daily life, TE only significantly correlated with PTG (r = 0.34, p = .03); all other correlations became non-significant. For those attending 0-3 services per month, TE significantly correlated with alcohol use, binge drinking, PTG, core beliefs, and PTSD symptoms (rs .range 25-.36, p<.05). For those attending services one/more times per week, there were no significant correlations. This suggests that spirituality may be protective among students exposed to mass violence. Implications concerning spirituality and problematic drinking following tragedy will be discussed.

**FRI 188**

**Mindfulness Based Stress Reduction (MBSR) Mobile App: A Comparative Validation Study of a Test of a Minimal Viable Product (MVP)**

(Open Access) (Abstract #756)

Montera, Nicole, Stuart, Andrew, Infante, Leandra, Gau, Alyssa, Agosto, Jazlyne, Javier, Gabriela

SUNY College at Oswego, Oswego, New York, USA

A Mindfulness Based Stress Reduction (MBSR) mobile app was developed based on an online 6-week MBSR intervention for Posttraumatic stress designed by a team of Veterans and non-Veterans. The app was funded by an NSF ICorps grant and was designed to assist a broad population with anxiety and stress management. MBSR has been shown to be effective with anxiety, stress and chronic pain among other conditions. Few empirical studies have been conducted on how well MBSR or Mindfulness mobile apps can deliver the same results. Volunteer participants from a comprehensive college in the northeast were randomly assigned to 4-weeks of the MBSR app (N=50) or Mindfulness Coach (c) (N=50). The study’s objectives were twofold: to assess the comparative efficacy of both apps and to assess participant adherence to daily MBSR practice. The outcome measure was scores on the Perceived Stress Scale (PSS) 10-item form. Participants completed a pre-test of the PSS, weekly PSS 4-item form, and a four week post-test of the PSS 10-item form. Participants were also queried regarding adherence to daily MBSR practice. Results will be presented and discussed and compared with current findings in this area.
FRI 189  
Posttraumatic Stress Disorder in Veterans is Associated with Increased Vestibular Impairment Symptoms  
(Abstract #1295)

Haber, Yaa¹, Chandler, Helena², Serrador, Jorge³  
¹Rutgers Graduate School of Biomedical Sciences, Newark, New Jersey, USA  
²VA, East Orange, New Jersey, USA

Posttraumatic stress disorder (PTSD) is a chronic and disabling anxiety disorder that results from exposure to a terrifying event. Incidence of PTSD is 3X higher among Veterans than the general US population. Complaints of dizziness, disorientation and or postural imbalance are common among Veterans with PTSD, yet the causes remain unclear. Persistence of these symptoms following treatment highlights that a knowledge gap exists. Despite the neuroanatomical connections between the brain areas of anxiety and the vestibular system, vestibular function has not been characterized in veterans with PTSD. We seek to describe the nature of vestibular related symptoms in veterans with and without PTSD. We measured PTSD using the Posttraumatic Stress Disorder Checklist Civilian (PCLC) and evaluated the association with responses on the dizziness handicap inventory, the vertigo symptom scale, the mobility inventory, the defense and brain injury center’s tool and the neurobehavioral scale inventory. We identified that veterans with increased PTSD symptoms report increased vestibular impairment symptoms, not entirely due to a history of traumatic brain injury. Increased PTSD symptoms were associated with more functional, emotional and physical handicap resulting from dizziness. This suggests that there is evidence for possible underlying vestibular impairment in veterans with PTSD.

FRI 190  
Meaningful Engagement with Military Work as a Protective Factor following Deployment-Related Stressors  
(Abstract #485)

Finkelstein-Fox, Lucy¹, George, Login¹, Park, Crystal¹, Hoff, Rani²  
¹University of Connecticut, Storrs, Connecticut, USA  
²Yale University School of Medicine, National Center for PTSD, West Haven, Connecticut, USA

In military populations, some research suggests that having more meaningful identification with work may buffer against exposure to deployment-related stressors (e.g., Britt & Blesse, 2003). However, differential effects for different types of stressors have yet to be elucidated. The present study examined relations between stressor type and meaningful military engagement (MME) in a cross-sectional sample of 729 OEF/OIF/OND veterans (Mage=34.9, 33% female). Results indicated that MME was negatively correlated with military sexual trauma (MST) (r=-.08, p<.05) and general within-unit harassment (r=-.18, p<.01), but positively correlated with combat exposure (r=.16, p<.01) and adult pre-deployment trauma (r=.10, p<.01). When examining MME’s moderation of the impact of these traumas on three different outcomes (depression, anxiety, post-traumatic stress symptoms), different patterns emerged. For within-unit harassment, MME favorably moderated the impact such that harassment was associated with lower distress for all three domains (βs= -.09, -.13, -.10; ps<.01). In comparison, for MST, MME showed a significant favorable moderation only for anxiety (β=-.09, p<.01). No moderation effects were found for combat exposure or pre-deployment trauma. Results suggest that greater engagement may buffer the impact of stressors, however, such protective effects may vary based on stressor type.

FRI 191  
What Characterizes Danish Formerly Combat-Deployed Military Personnel Seeking Treatment at the Danish Department of Military Psychology? Assessment, Treatment Model, and Treatment Response  
(Abstract #1133)

Hjortkjaer, Dorte¹, Eskelund, Kasper¹, Norgaard, Ole², Nielsen, Anni²  
¹Danish Veteran Centre, Kbh O, Denmark  
²Danish Veteran Centre, Ringsted, Denmark

Deployment to war zones increases risk of developing PTSD, depression and other mental illnesses. In the period 1992-2014, more than 30,000 individuals have been internationally deployed (e.g. to the Balkans, Iraq, Afghanistan) with the Danish defense. More than 800 individuals annually seek treatment at the Department of Military Psychology (DMP) at the Danish Veteran Center. DMP offers a range of evidence-based therapies, e.g. cognitive behavioral, prolonged exposure, and cognitive processing therapy. From 2016 DMP uses innovative technologies to support treatment. Apps are used to monitor symptoms and neuro-feedback treatment is offered to those with dominant hyperarousal symptoms. To guide our treatment efforts and monitor the mental health status...
of our patients, an ongoing follow-up study has been conducted since 2014 with measurements of patients’ symptoms before treatment, and two weeks and six months after treatment termination. Until now 267 patients have been enrolled in the study: 46.5% with severe PTSD-symptom and 54.6% with moderate/severe symptoms of depression. Preliminary results indicate significant improvements at two weeks follow-up: 27.9% had severe PTSD-symptoms and 22% had moderate/severe symptoms of depression.

In this presentation we will characterize the treatment-seeking population and our treatment model, and present treatment response data.

**FRI 192**

**Examining the Profile of Combat-Related Posttraumatic Stress Disorder in Veterans: Self-Reported Executive Function Problems and Alterations in Eye Movement**

(Abstract #486)

Nguyen, Dorothy1, Meltzer, Christine2, Srnka, Kyle2, Ciccone, Danielle1, Bair, John1

1Lovell Federal Health Care Center, North Chicago, Illinois, USA
2Rosalind Franklin University of Medicine and Science, North Chicago, Illinois, USA

Among combat veterans with posttraumatic stress disorder (PTSD), general findings have shown significantly impaired executive functioning and alterations in eye movement. Executive functioning is not only pivotal in daily functioning, but also for participation in therapeutic interventions and pharmacological treatment. Recent studies utilizing eye tracking technology have indicated promising results of eye movement as a physiological marker for identifying PTSD. Together, in the proposed investigation, these factors are evaluated and compared to identify individuals with combat-related PTSD and those without. The study utilizes a self-report of everyday executive functioning, the Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A), and specific eye movement measures of scan path and fixation duration. Knowledge gained from the study may increase insight into the nature of PTSD relative to self-reported executive functioning and eye movement, further clarify the association between deficits in executive functioning and PTSD, and substantiate earlier results of eye movement as a biomarker of PTSD. Additionally, findings of the study are expected to be in accord with a growing body of evidence that veterans with combat-related PTSD sustain deficits in executive functioning and display marked changes in eye movement.

**FRI 193**

**The Regretted Actions/Inactions of Military Veterans and Their Psychological Consequences**

(Abstract #337)

Williams, Christian, Berenbaum, Howard
University of Illinois, Champaign, Illinois, USA

This study focused on the regretted actions/inactions of military veterans. We examined whether such actions/inactions resulted in alterations in one’s conceptualization of oneself and/or others and/or the world (axiological disruption). We also examined whether reported actions/inactions and axiological disruption were associated with psychological maladaptation. 75 Iraq/Afghanistan military veterans (11% female) were recruited through a variety of local veterans’ groups/organizations. They completed a questionnaire measure of regretted actions/inactions and the meanings and feelings attached to those actions/inactions. PTSD symptoms were measured using the PCL-5, depression was measured using the MASQ, and suicidality was measured using the SBQ. Combat and post-combat experience was measured using the DDRI-2. Two-thirds of the sample reported acts of commission and/or omission. Higher levels of actions and inactions were associated with higher levels of axiological disruption, guilt/shame, and psychological maladaptation. Guilt/shame was associated with intrusion/avoidance even after taking into account age/gender, regretted actions/inactions, and combat/post-combat experiences. Axiological disruption was associated with internalizing psychopathology even after taking into account age/gender, regretted actions/inactions, combat/post-combat experiences, and guilt/shame.

**FRI 194**

**Moral Injury as a Mediator between Combat and Facets of Hazardous Drinking among U.S. Military Personnel and Veterans**

(Abstract #488)

Robbins, Allison1, Yilmaz, Bilge1, Hollis, Brittany2, Bravo, Adrian2, Kelley, Michelle2

1Virginia Consortium Program in Clinical Psychology, Norfolk, Virginia, USA
2Old Dominion University, Norfolk, Virginia, USA

This study focused on the regretted actions/inactions of military veterans. We examined whether such actions/inactions resulted in alterations in one’s conceptualization of oneself and/or others and/or the world (axiological disruption). We also examined whether reported actions/inactions and axiological disruption were associated with psychological maladaptation. 75 Iraq/Afghanistan military veterans (11% female) were recruited through a variety of local veterans’ groups/organizations. They completed a questionnaire measure of regretted actions/inactions and the meanings and feelings attached to those actions/inactions. PTSD symptoms were measured using the PCL-5, depression was measured using the MASQ, and suicidality was measured using the SBQ. Combat and post-combat experience was measured using the DDRI-2. Two-thirds of the sample reported acts of commission and/or omission. Higher levels of actions and inactions were associated with higher levels of axiological disruption, guilt/shame, and psychological maladaptation. Guilt/shame was associated with intrusion/avoidance even after taking into account age/gender, regretted actions/inactions, and combat/post-combat experiences. Axiological disruption was associated with internalizing psychopathology even after taking into account age/gender, regretted actions/inactions, combat/post-combat experiences, and guilt/shame.
Combat theater presents situations in which morally appropriate behaviors (i.e., consistent with rules of engagement) may conflict with service members' moral belief systems and could result in moral injury. Although moral injury is a new construct, preliminary conceptualization and results suggest moral injury may contribute to mental health impairments and negative behaviors. Previous research has shown that combat exposure is related to alcohol abuse and alcohol-related problems; however, whether moral injury mediates the link between combat experiences, alcohol abuse, dependence, and related problems is unknown. The present study, examined whether moral injury mediates the association between combat experiences and hazardous drinking facets. A community sample of active duty personnel and veterans (237 men, 106 women) who had experienced one or more deployments completed an online survey on combat experience, moral injury and alcohol outcomes. Mediation analyses revealed that moral injury mediated the relationships between combat exposure and all three hazardous drinking facets (i.e., alcohol consumption, alcohol dependence, and alcohol-related problems). Findings lend support for the deleterious impact of moral injury on alcohol use and related problems and underscore the need for additional research investigating the impact of moral injury on military member functioning.

**FRI 195**
**Suppression of Salivary Cortisol with a Glucocorticoid during a Novel Intervention for Male Veterans with Combat-related PTSD**
(Abstract #1269)

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<td>Holliday, Ryan1, Holder, Nicholas1, Suris, Alina1, Adinoff, Bryon2</td>
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</table>
1. Veterans Affairs North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas, USA
2. University of Texas Southwestern, Dallas, Texas, USA

Novel pharmacotherapy interventions for posttraumatic stress disorder (PTSD) aim to increase response and decrease time of treatment relative to standard treatment. The administration of glucocorticoids is a novel treatment approach which can facilitate the extinction of fear-based memories. Salivary cortisol (a stress-related hormone) is often elevated following an exposure task, providing an objective measure of treatment effect. Our study examined the effectiveness of dexamethasone (a glucocorticoid) in attenuating cortisol during and after a trauma exposure task. Male veterans with combat-related PTSD (n=54) were randomized to receive oral .15 mg/kg dexamethasone or placebo prior to trauma exposure. Salivary cortisol was obtained 15 minutes (min) pre-drug administration, 30 min post-administration, 15 min post-task, and twice the following day (0800 hr morning and 1700 hr evening). As expected, dexamethasone suppressed 0800 hr basal cortisol concentrations; however, cortisol concentrations immediately following trauma exposure were higher in participants administered dexamethasone than those administered placebo. Despite apparently successful HPA axis suppression the following morning, veterans administered dexamethasone showed an increase in post-trauma exposure salivary cortisol. This result is contrary to our hypothesis and is in need of further investigation.

**FRI 196**
**Trauma-Related Self-Forgiveness: A Novel Group Intervention for Moral Injury in Combat Veterans**
(Abstract #1416)

| (Clin Res, Clin Res, Practice, Grief, Mil/Vets, Grand Adult) M - N/A Hall |
|-----------------------------|------------------|
| Malott, Jesse1, Smigelsky, Melissa2 |
1. Memphis VA Medical Center, Memphis, Tennessee, USA
2. University of Memphis, Memphis, Tennessee, USA

Moral injury in combat Veterans has been understood as an array of trauma-related symptoms involving anger, guilt, demoralization, shame, and self-harm (Maguen et al., 2011) that result from violation of core beliefs or values (Litz et al., 2009). This violation may result in changes in spiritual or religious beliefs, loss of purpose or identity, and relational challenges that are often driven by (Drescher et al., 2011). Although strongly correlated with PTSD (Gray et al., 2012), the spiritual and existential challenges unique to moral injury may not fully respond to current EBPs designed to target PTSD. Self-forgiveness has been proposed as one mechanism toward resolving moral injury (Worthington & Langberg, 2012). We designed a 12 session group therapy, in collaboration with VA Chaplaincy to develop self-forgiveness. Eligible Veterans will have previously completed CPT or PE and still endorse significant shame/guilt. Outcomes to be examined will include trait- and state-forgiveness, posttraumatic and depressive symptomatology, trauma-related guilt, factors of spirituality and religiousness, and relevant demographic variables. Implications will be discussed.
FRI 197
Theory of Mind and Memory Deficits in Post-9/11 Veterans with mTBI
(Abstract #889)

Perlick, Deborah1; Drapalski, Amy2; Grier, Savannah1; Schultz, Danielle1; Schladen, Manon1; Libin, Alexander3
1J.J. Peters Veterans Affairs Medical Center; Mount Sinai School of Medicine, Bronx, New York, USA
2VA Maryland Healthcare System, Baltimore, Maryland, USA
3Washington DC VA Medical Center, Washington, District of Columbia, USA

Objective: Evaluate theory of mind (ToM) deficits in post-9/11 veterans with mild traumatic brain injury (mTBI).

Methods: 45 post-9/11 veterans completed the Movie for Assessment of Social Cognition (MASC) assessing ToM and the California Verbal Learning Test (CVLT). Veterans met criteria for mTBI on the Vanderploeg interview; exclusions were pre-existing/concurrent neurologic condition, psychosis, current substance abuse or suicide risk.

Results: Veterans were age 35.8 ± 9.1, 89% male, and 58% non-White. They correctly responded to 27±10.1 of 45 items evaluating understanding of MASC social interaction. MASC scores for comparably-aged adults with Asperger’s and borderline personality were 24.4±6 and 29.9±8 (Dziobek 2006); controls scored 35.6±3.9, -1.5/-2 SD’s above our mTBI veterans. Errors included overinterpretation of intent (overmentalizing) and misidentification of intent/emotion undermentalizing. On the CVLT veterans performed WNL on list learning but were impaired on delayed recall and forced-choice recognition. ToM overmentalizing errors were negatively associated with list learning recall (Pearson’s r=-.497, p<.01). Forced choice recognition was negatively associated with both overmentalizing (r=-.702) and undermentalizing (r=-.527; p’s<.001). Conclusion: ToM errors among Veterans with mTBI are associated with memory deficits.

FRI 198
Perceived Combat Threat Relates to Higher PTSD Stigma from Family in OEF/OIF Military Veterans
(Abstract #1280)

Kugler, Jordan; Blais, Rebecca
Utah State University, Logan, Utah, USA

Research shows that Veterans perceive stigma for having PTSD from family but not fellow unit members. The assumption that civilians do not fully understand military culture or expectations may lead the Veteran to perceive higher stigma from non-military individuals. One mechanism underlying the association of stigma for PTSD and family may be high levels of perceived combat threat. That is, perceived threat might be highest among those who feel ill-prepared for combat. Veterans (n=163) completed perceived combat threat, PTSD, and stigma from family measures. Stigma was positively correlated with PTSD severity (r=.25, p<.05) and combat threat (r=.20, p<.05). Combat threat was positively associated with stigma (partial r=.21, p<.01) even after accounting for PTSD severity. Post-hoc analyses replacing global perceived threat scores with the 15 perceived threat items revealed that the association of combat threat and stigma was specifically due to concerns of being killed or wounded (partial r=.17, p<.05). If Veterans believe that civilians assume being wounded or killed is a natural combat expectation, this may result in perceiving more negative attitudes about their fitness for service (i.e., stigma). Results suggest that further understanding the Veterans’ perceptions of their family’s beliefs about their service may be helpful when studying post-deployment functioning.

FRI 199
The Role of Cognitively Flexible Coping, Social Support, and Optimism in Posttraumatic Growth: A Post-Deployment Examination among Iraq and Afghanistan Combat Veterans
(Abstract #67)

Heinz, Adrienne1; Cohen, Nicole2; Ortigo, Kile3; Herbst, Ellen4; Bosch, Jeane5; McCasin, Shannon6
1VA Palo Alto Health Care System, Menlo Park, California, USA
2Palo Alto VA Medical Center, Menlo Park, California, USA
3National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA
4San Francisco VA Medical Center and UCSF, San Francisco, California, USA
5Saint Louis University, Saint Louis, Missouri, USA
6National Center for PTSD - Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA

The negative mental health consequences of war-time trauma are well documented, yet many combat veterans also report positive personal changes that result from their struggles with trauma. Posttraumatic Growth (PTG) is a process by which individuals experience positive...
psychological, interpersonal, or spiritual change as a consequence of exposure to highly stressful or traumatic experiences. The objective of the current study was to identify clinically malleable factors associated with PTG among a sample of 251 Iraq and Afghanistan combat veterans (Mean Age = 34.1, SD = 9.7; 62% Caucasian; 84% male) with subsyndromal or greater levels of Posttraumatic Stress Disorder (PTSD) symptoms. Participants completed measures of PTG (Posttraumatic Growth Inventory), coping, post-deployment social support, and optimism. Multiple regression analyses examining the facets of PTG generally indicated that positive reframing, post-deployment social support, and optimism were positively associated with PTG. Of note, PTG was not related with PTSD symptom severity suggesting that growth is not necessarily limited by the presence of PTSD psychopathology. Results indicate that cognitively flexible coping, social support, and optimism represent potential high-yield targets for intervention among clinicians who aim to facilitate PTG in the context of a therapeutic relationship.

FRI 200
Prospective Cohort Study of Danish OEF Personnel Deployed to Afghanistan in 2013: From Prior to Deployment through 2.5 Years after Home Coming
(Abstract #684)

Nielsen, Anni1, Andersen, Søren2, Karstoft, Karen-Inge2
1Danish Veteran Centre, Ringsted, Denmark
2Research and Knowledge Center, The Danish Veteran Center, Ringsted, Denmark

Danish personnel deployed to Afghanistan in 2013 with the International Security Assistance Force, (ISAF15, N=659) completed a range of questionnaires assessing their mental health before deployment, 2-3 and 7-8 months after home coming. The prevalence of severe PTSD-symptoms (PCL-C>43) was <1% before deployment and 2-3 months after home coming. It increased to 2.8% 7-8 months after home coming. We compared the rate of severe PTSD-symptoms 7-8 months after home coming to that of ISAF7, who deployed to Afghanistan in 2009, and found no significant difference (ISAF7=5.1%). For ISAF7, we found that around 9.7% had severe PTS-symptoms 2.5 years after home coming, and that many showed delayed symptom onset (Andersen et al., 2014). The latter shows the relevance of conducting a follow-up study on ISAF15. From March-May 2016, 2.5 years after home coming, ISAF15 is again invited to fill out questionnaires, investigating levels of PTS-symptoms (PCL), depression symptoms (DASS21), social support, alcohol consumption, and additional traumatic life events after deployment (TLEQ). This presentation will highlight the findings from before deployment through 2.5 years after home coming, here amongst the prevalence and trajectories of PTS-symptoms (derived by application of latent growth mixture modeling), and predictors of trajectory membership.

FRI 201
Unique Associations between Spirituality and Posttraumatic Stress Symptoms
(Abstract #941)

Raines, Amanda1, Currier, Joseph2, McManus, Eliza3, Walton, Jessica3, Franklin, C3
1Florida State University, Tallahassee, Florida, USA
2University of South Alabama, Mobile, Alabama, USA
3Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA

Religion and/or spirituality can provide a meaningful framework for coping with the consequences of trauma. However, research indicates that trauma can precipitate a loss of faith and struggles in the spiritual domain, leading to increased Posttraumatic Stress Disorder (PTSD) symptoms. The current study examined the associations between various types of spiritual struggles and PTSD symptom severity. Twenty-two veterans (Mage = 40.64; 91% male) presenting to an outpatient VA clinic for a PTSD intake assessment completed an unstructured clinical interview and self-report questionnaires (i.e., PTSD Checklist for DSM-5 and Religious and Spiritual Struggles Scale) to assist with diagnostic clarification and treatment planning. Results revealed unique associations between the two of the five spiritual domains and increased trauma symptoms. In particular, regression analyses revealed that increased PTSD symptoms were associated with struggles with God/Divine ($\beta = .45, p = .04$) and interpersonal difficulties with other spiritual people ($\beta = .60, p = .01$) but not with morality ($\beta = .35, p = .12$), ultimate meaning/purpose of life ($\beta = .37, p = .11$), or doubts about religious beliefs ($\beta = .39, p = .08$). Findings will be discussed in light of previous research, and with regard to future research and treatment options.

FRI 202
Service Utilization Before and After Treatment in Female Veterans with PTSD
(Abstract #1149)

Raines, Amanda, Currier, Joseph, McManus, Eliza, Walton, Jessica, Franklin, C
Past research has shown that PTSD is associated with increased utilization of mental and physical health services. Several studies have found that reductions in mental health care utilization of Veterans following PTSD treatment. The purpose of the current study was to compare self-reported utilization of psychotherapy and outpatient services before and after treatment for PTSD in a treatment-seeking sample of 284 female Veterans and active duty personnel with current PTSD enrolled in a clinical trial of PTSD treatment. Participants were randomly assigned to receive 10 weeks of either Prolonged Exposure therapy or Present-Centered Therapy. Utilization of individual psychotherapy, group psychotherapy, and number of outpatient visits during the past three months was measured before treatment and at 3 and 6 months after treatment. In the three months prior to treatment, 58% of the sample had participated in individual and/or group psychotherapy. After treatment, there were reductions in utilization of individual and group psychotherapy, but not in the number of outpatient visits for medical services. Exploratory analyses suggest the two treatments may have differential effects on changes in utilization of individual psychotherapy. Understanding how PTSD treatment affects subsequent service utilization is important, given the personal and public health burden of PTSD.

FRI 204
Changes in Distress Tolerance Predict PTSD Symptom Severity Post-Treatment across Two Samples of Veterans in Residential PTSD Treatment
(Abstract #1218)

Banducci, Anne1, Connolly, Kevin2, Vujanovic, Anka3, Alvarez, Jennifer4, Bonn-Miller, Marcel5
1VA Palo Alto Health Care System, Palo Alto, California, USA
2VA Medical Center, Jackson, Mississippi, USA
3University of Houston, Houston, Texas, USA
4VA Palo Alto Health Care System, Menlo Park, California, USA
5VA, Menlo Park, California, USA

Given increasing rates of PTSD, particularly among military populations, it is critical to gain a better understanding of factors associated with treatment response and non-response. Low distress tolerance (DT), conceptualized as the perceived or actual inability to tolerate negative emotional states, may serve to confer risk for treatment non-response. Low DT has been cross-sectionally associated with more severe PTSD symptoms in non-clinical samples; however, it has yet to be examined longitudinally within a clinical PTSD sample. We examined the impact of changes in DT, from intake to discharge, on post-treatment PTSD symptom severity within two samples of veterans recruited from VA residential PTSD treatment facilities in the northwest and southern United States (Total N = 86; 87% male; 46% White, 39% Black, 9% Latino, 6% Other). Veterans completed the Distress Tolerance Scale and PTSD Checklist (PCL) at intake and discharge from residential PTSD treatment. Regression analyses revealed...
that, within each veteran sample, those with the greatest improvements in DT had the lowest PCL total and subscale scores (e.g., Avoidance, Hyperarousal) at discharge after controlling for respective intake PCL scores (all p’s <.05). DT appears to be a unique risk factor that, if targeted within the context of PTSD treatment, could lead to lower rates of treatment non-response.

FRI 205
Who Can’t Get No Satisfaction? Satisfaction with VA and non-VA Mental Health Care among OIF/OEF Veterans with PTSD
(Abstract #80)

Moshier, Samantha1, Klein, Alexandra1, Harwell, Aaron1, Trachtenberg, Felicia2, Keane, Terence1, Marx, Brian4
1VA - National Center for PTSD, Boston, Massachusetts, USA
2New England Research Institutes, Inc., Watertown, Massachusetts, USA
3VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA
4National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

Amid recent controversy regarding access to care within the Department of Veterans Affairs (VA), one proposed solution is to allow veterans to receive care from private sector providers. In this study, we examined satisfaction ratings for VA and non-VA mental healthcare in a national sample of 670 OIF/OEF veterans with PTSD who reported receiving psychotherapy within the previous year. In addition to completing a clinical interview and self-report measures, veterans rated their satisfaction with psychotherapy received in the past year in Vet Centers, VA Medical Centers, and non-VA settings. An effect of treatment setting on satisfaction was found (F = 5.77, p = .003), with significantly higher ratings for non-VA care (51.7% completely or very satisfied) compared to Vet Centers (44.0%) and VA Medical Centers (44.9%). In multivariate analyses, non-VA treatment settings, lower depressive symptoms, higher social support, and female gender significantly predicted treatment satisfaction (all ps < .01). PTSD symptom severity and combat exposure did not contribute uniquely to satisfaction, and in contrast to previous studies, military sexual trauma and race were not related to satisfaction ratings. Results show that there is room for improvement in psychotherapy satisfaction within the VA, particularly for male veterans or those with low social support or greater depressive symptoms.

FRI 206
Less Symptomatic but More Impaired: Correlates of Early Treatment Termination among Returning Veterans with PTSD
(Abstract #961)

Moshier, Samantha1, Erb, Sarah2, Parker-Guilbert, Kelly3, Trachtenberg, Felicia4, Keane, Terence4, Marx, Brian6
1VA - National Center for PTSD, Boston, Massachusetts, USA
2National Center for PTSD and VA Boston Healthcare System, Boston, Massachusetts
3VA Boston Healthcare System, Boston, Massachusetts, USA
4New England Research Institutes, Inc., Watertown, Massachusetts, USA
5VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA
6National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

A recent review (Goetter et al., 2015) found an average dropout rate of 36% for PTSD treatments among returning veterans. Despite the magnitude of this problem, little is known about the characteristics associated with PTSD treatment dropout, particularly in routine care settings. In this study, we examined factors associated with treatment dropout in 751 OIF/OEF veterans participating in an ongoing longitudinal study. Participants were included in the analysis if they met criteria for PTSD within the previous two years (assessed via clinical interview) and reported current enrollment in mental health treatment (n=627) or early termination of treatment (n=124). Compared with those in treatment, early terminators reported significantly lower levels of PTSD (p=.021) and depressive symptoms (p=.047), but significantly higher levels of psychosocial impairment (p<.01) and alcohol use problems (p<.01). Early terminators were significantly younger than those who stayed in treatment (p<.01); no other demographic differences were found. Despite relatively less severe PTSD and depressive symptoms among the early terminators, many continued to be diagnosed with PTSD (85%) and Major Depression (32%). We will present additional data on veterans’ reported reasons for early termination and will discuss results with a focus on future efforts to improve PTSD treatment retention in veterans.
Veterans returning from military deployment often confront unemployment and PTSD which impedes their recovery and reintegration. This poster describes the baseline demographics and clinical characteristics of 541 unemployed Veterans with PTSD who were randomized into a multisite, randomized controlled trial comparing the effectiveness of Individual Placement and Support supported employment (IPS; n=271) to Transitional Work Program (TWP; n=270). As expected by randomization, there were no between-group differences. Participants were 42±11yrs old; 18.3% female; 50% White; 42% Black; 17% Hispanic; 32% married, 30% divorced, 25% never married; 14% homeless; 50% on VA service-connected disability; unemployed for 2.8±4yrs; longest job held 8.5±6 yrs; 60% OIF/OEF; 20% Persian Gulf; 75% served in combat zone. Traumas were nonsexual combat-related (60%), military sexual trauma (17%), other military-related trauma (13%), childhood trauma (11%). Average length of PTSD 13.3±11yrs; CAPS 84.5±18.6; PCL 54.2±10; 94% received recent treatment for PTSD; concurrent major depression (66%), panic (24%), alcohol use (24%), substance use (16%) disorders; mild TBI (32%); moderate TBI (12%). Self-esteem, functioning, and quality of life averaged in low ranges. The study provides a deeper understanding of the Veterans who struggle with unemployment and require vocational rehabilitation interventions.
The Veterans Health Administration (VHA) assesses treatment satisfaction as an indicator of the quality of care. Yet, little is known about how mental health treatment satisfaction may impact veterans’ clinical outcomes. We utilized data from a longitudinal registry of OIF/OEF veterans with PTSD to examine the influence of psychotherapy satisfaction on mental health treatment enrollment and symptom change. Participants were 565 veterans with PTSD who reported receiving psychotherapy at a VHA facility or Vet Center within the past year. In multivariate analyses, we examined the effect of treatment satisfaction ratings on treatment enrollment and change in PTSD and depressive symptoms one year later, controlling for baseline correlates of treatment satisfaction: gender, depressive symptoms, and social support. Greater treatment satisfaction significantly predicted veteran enrollment in mental health care one year later. Treatment satisfaction was not a significant predictor of change in PTSD or depressive symptoms. However, gender, depressive symptoms and social support significantly predicted change in PTSD symptoms, and baseline depressive symptom and social support predicted a change in depressive symptoms. Results suggest that psychotherapy satisfaction plays a role in the continuation of care, but may not be indicative of symptom improvement.

FRI 210
Exploring Military Sexual Trauma among Male Veterans
(Abstract #17)

Veterans Health Administration (VHA) chaplains increasingly provide mental health care for combat veterans presenting complex distress (e.g., Nieuwsma et al., 2013). Additionally, chaplains’ specialized backgrounds in addressing spiritual and/or existential concerns in veterans may particularly equip them to treat moral injury. As such, this study examined a nationally representative sample of 272 VHA chaplains’ responses to two open ended questions about their understanding and strategies for treating moral injury. Utilizing a content analytic approach with two independent coders, three superordinate categories (i.e., morally injurious events, mechanisms of moral injury, and symptoms of moral injury) emerged from 31 distinct themes for chaplains’ definitions of moral injury. Additionally, three superordinate categories (i.e., presence centered approach, procedural interventions, and process oriented), consisting of 46 distinct themes, were reported for how chaplains addressed moral injury. Given initiatives to more fully integrate chaplaincy in VHA mental health services, these

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Veterans Health Administration (VHA) chaplains can be particularly well-equipped to treat moral injury because of their specialized training and role in providing spiritual and/or existential care. However, little is known about how VHA chaplains define and address moral injury. As such, this study examined a nationally representative sample of 272 VHA chaplains’ responses to two open ended questions about their understanding and strategies for treating moral injury. Utilizing a content analytic approach with two independent coders, three superordinate categories (i.e., morally injurious events, mechanisms of moral injury, and symptoms of moral injury) emerged from 31 distinct themes for chaplains’ definitions of moral injury. Additionally, three superordinate categories (i.e., presence centered approach, procedural interventions, and process oriented), consisting of 46 distinct themes, were reported for how chaplains addressed moral injury. Given initiatives to more fully integrate chaplaincy in VHA mental health services, these
results provide a unique perspective on how chaplains are currently conceptualizing and treating moral injury in veterans. The presentation will provide frequencies for the themes and discuss how the VHA chaplains’ perspectives extend our understanding of moral injury.

**FRI 212**
Parental Abuse History and Child Psychopathology among Sexually Abused Youth: Examining the Contributions of Parent Psychological Symptoms and Parenting Stress (Abstract #318)

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Growing evidence suggests children of parents with an abuse history are more likely to experience psychopathology. Yet further work is needed to elucidate mechanisms underlying this association. A large literature suggests parent psychopathology is central to the development of child symptoms, in part due to its downstream effects on parenting stress. The current cross-sectional study expands upon previous work by examining whether parent psychopathology and parenting stress sequentially mediate relations between past parent abuse history and current child psychopathology, using a sample of sexually abused children and their nonoffending caregivers. Caregivers (N = 209) completed the Child Trauma Questionnaire, the Symptom Checklist-90-R, the Parenting Stress Index, and the Child Behavior Checklist. OLS regression was used to compute direct and indirect effects of parent abuse history on child global symptoms, with parent psychopathology and parenting stress as sequential mediators. Results indicated that parent abuse history was related to current child symptoms indirectly through parent symptoms and parenting stress (indirect effect = .023 [95% CI=.007, .056], Total R-sq = 16%). Findings lend support to a growing body of literature demonstrating that prior parent abuse history may have far-reaching effects on child psychopathology, via disrupted parenting practices.

**FRI 213**
Child Maltreatment Status and Child Attachment Classification as Predictors of Parenting Behaviors (Abstract #124)

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In the United States, 2-3 million are victims of child maltreatment (CM) each year. CM is associated with a variety of negative developmental outcomes. While research has shown an association between CM and child attachment styles, the contributions of child attachment and CM to parenting behaviors is unclear. This study aims to examine the simultaneous contributions of child attachment and CM status in predicting parenting. The sample consists of 144 mother-child dyads in which children were 3-5 and 67% of mothers were documented CM perpetrators. Parenting was analyzed using the Structural Analysis of Social Behavior, a dyadic micro-coding system which produces composite codes of affiliation, autonomy, attack, control, and conflict. Attachment was assessed using the preschool strange situation procedure. Analysis collapsed across attachment and CM types, creating secure/insecure and maltreating/non-maltreating categories. Attachment did not directly correspond with CM (26% Non-Maltreating/Secure, 18% Maltreating/Secure, 27% Non-Maltreating/Insecure, 28% Maltreating/Insecure). When simultaneously entered in a regression, there were few associations found between attachment and parenting, while CM was found to be predictive of attack, autonomy, affiliation, and conflict. These results suggest that when CM is a factor, it is of primary importance in predicting parenting.
ameliorating symptoms of posttraumatic stress disorder (PTSD), there is little information regarding the impact of gold-standard PTSD interventions on these constructs. We examined the impact of prolonged exposure (PE) and relaxation (RT) on mindfulness and acceptance in a group of older male veterans (age > 60 years) with combat-related PTSD. All participants were assessed at pre- and post-treatment and 6-month follow-up. Acceptance was measured using a subscale of the Kentucky Inventory of Mindfulness Skills and mindfulness was measured using the Mindful Attention Awareness Scale. There was a significant group x time interaction for mindfulness (F (2,37)=4.53; p=.02; η2=.20), with post-hoc analyses indicating that gains were significantly larger in PE at post-treatment and follow-up. The group x time interaction was at trend level for acceptance (F (2,39)=3.23; p=.51; η2=.15) with a significant difference at post-treatment only, with higher acceptance scores in the PE condition. Although individuals who received PE experienced improvements in mindfulness and acceptance over time, it remains to be seen how this compares with more targeted mindfulness treatments. Results will be discussed in the context of our limited knowledge of PTSD in older adult samples.

FRI 217
Adaptation of a Mind-Body Intervention to Prevent Complicated Grief in Widowed Older Adults: A Focus Group Study in Patients and Community Providers (Abstract #1392)

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Although Complicated Grief affects about 5% of older adults, to date, universal prevention interventions for recently bereaved individuals have failed to demonstrate clear efficacy (Wittouck et al. 2011). The SMART Program, an 8-week multi-modal mind-body program including relaxation response techniques, cognitive and behavioral skills, and elements of positive psychology, was developed to target stress (Park et al. 2013). The present study aims to maximize relevance, credibility, and feasibility of the intervention in the community by conducting focus groups among both older widowed adults, and providers who support them in the community (e.g., chaplains, hospice bereavement coordinators). Qualitative data from the focus groups among n=9 adults with spousal-loss related distress (44% women; Mean (SD) age = 68.9(9.1); Mean (SD) Inventory of Complicated Grief = 29.0 (10.1)) revealed a general convergence between the needs of recently widowed older adults identified in the literature, those identified in our focus groups, and the components of SMART that may target them (e.g., social support, stress awareness, coping skills). Further, participants reported that the SMART program was logical (89%); would be helpful (100%) and successful in reducing symptoms (78%); and that they would be willing to participate (100%). Data from community provider focus groups will also be presented.

Technology

FRI 220
Changes in Peritraumatic Dissociation and PTSD Symptoms in a Web-Based Recovery System (Abstract #1365)

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Peritraumatic dissociation (PD) is dissociation during and/or immediately after a traumatic event and is a strong predictor for subsequent posttraumatic stress symptoms (PTSS). The present study investigated whether changes in PD (ΔPD) while working on a web-intervention for trauma predicted changes in PTSS (ΔPTSS). Forty-three trauma exposed individuals (past 24 months) completed the relaxation and triggers modules in first two sessions and two other randomly selected modules in session 3. The module order was randomized in session 1 and counterbalanced in session 2. Participants completed the PCL-5 at the beginning and end of the protocol and the Peritraumatic Dissociative Questionnaire at the beginning of the study and at the end of each module. Results of regression analyses showed that ΔPD for the relaxation module in session 2 (β = -.54) and a first module in session 3 (β = .65) significantly predicted ΔPTSS when the module order was relaxation-triggers-triggers-relaxation. These findings suggest that a higher ΔPD during the relaxation module after the triggers module results in greater PTSS reduction. However, greater use of PD led to greater PTSS in the following module. These results suggest peritraumatic dissociation while using a trauma recovery website may be important for changes in PTSS.
Fractal Properties of Heart Rate Variability in a Web-Intervention for Trauma Survivors

(Abstract #1377)

(FRI 221)

**Shoji, Kotaro**, Benight, Charles, Devane, Amanda, Stearns, Shaun, Boult, Terrance

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The present study examined whether the types of modules (relaxation module and triggers module) a web-intervention module for trauma survivors affected non-linear changes in heart rate variability (HRV). Non-linear fluctuations of HRV reflect fractal patterns calculated from electrocardiogram (ECG) data. Fractal properties (DFAα1) of HRV have been found to be more sensitive to changes in affective states than time domain HRV. Thirty-five trauma exposed females completed the relaxation and triggers modules of the web-intervention in a randomized order in two sessions while ECG was measured. The module order was counterbalanced. A two (relaxation, triggers) by two (sessions 1, 2) repeated ANCOVA was performed on DFAα1 with initial PTSD as a covariate. Results showed participants had higher DFAα1 during the relaxation module than during the triggers module. This difference is greater in session 1 compared to session 2. These findings suggest that fractal properties of HRV are sensitive to the type of online material. DFAα1 was positively correlated with the low frequency domain HRV in our sample, indicating that participants have greater aggregated modulation of both vagus and sympathetic responses in the relaxation module than the triggers module. Breathing and relaxation exercises in the module might contribute to the parasympathetic component.
Background: Learning Collaboratives (LCs) are one way to train the workforce and increase capacity to improve the reach of Evidence Based Treatments (EBTs) to trauma-exposed populations. Given common comorbid conditions of these populations, implementing transdiagnostic treatments can target multiple comorbidities, simultaneously enhancing reach. Methods: An evaluation was conducted of two LCs of the Common Elements Treatment Approach (CETA), a modularized CBT, in Washington State public mental health agencies. The LC includes two days of training followed by six months of consultation calls. We examined training and implementation outcomes using self-report provider surveys collected pre- and post-training and post-consultation. Results: Providers (N = 89) significantly improved in self-reported skill of delivering CETA post-workshop (t(88) = -9.24, p < .001) while attitudes toward agency support and readiness remained stagnant (t(88) = - .478, p = .634). Likewise, views of support from the organization’s leadership did not change and stayed at a Likert score of 3.6 out of 5. Conclusions: Our findings support the utility of the LCs in the training of public mental health providers and are encouraging for the feasibility of implementing CETA within a public mental health setting. Data collection is ongoing and findings will incorporate data from five statewide LCs implemented in 2016.

FRI 227
Sleep On This: Changing Prescribing, Access and Attitudes through Rural Provider Education
(Abstract #272)

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Sleep disturbance is the most frequently reported symptom of PTSD and is often a presenting complaint of those with the disorder. Sleep problems occur in 70-91% of Veterans with PTSD and are correlated with PTSD severity, relationship stress and negative health outcomes. Research suggests guideline-discordant treatment is driven by focus on symptom relief and lack of knowledge of first-line psychotherapies and medications. Cognitive behavioral therapy for insomnia (CBT-I) is an efficacious and durable treatment of insomnia and has been shown to be effective in patients with PTSD. However, access to CBT-I is limited, especially in rural areas, by a lack of trained providers. If non-pharmacologic options like CBT-I are not available and/or the treating provider lacks awareness of effective first-line therapies, benzodiazepines may be prescribed for sleep problems. Benzodiazepines are not recommended in PTSD by clinical practice guidelines. To reduce inappropriate prescribing and to improve utilization of evidence-based psychotherapies, CBT-I training was provided to 12 providers at a Department of Veterans Affairs medical center in rural Northern New England. Qualitative interviews were conducted with the trained therapists and the primary care providers at their practice sites about CBT-I awareness, utilization, effectiveness, barriers and the effect on prescribing habits.

FRI 228
Trauma Informed Care at The Family Place: A Baseline of Staff Knowledge, Attitudes, and Beliefs Towards an Esteemed Organizational Model
(Abstract #335)

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The Family Place is the largest provider of domestic violence shelter services and community based support for survivors of family violence in the Dallas/Fort Worth metro area. This project’s investigation of the organizational framework known as trauma informed care (TIC) as it exists at The Family Place yields insight into organizational shifts from theory to practice in how to best approach domestic violence survivors during their healing process. Through focus groups with purposive sampling and use of theoretical thematic analysis, this project aimed to determine the knowledge, attitudes, and beliefs of staff at The Family Place towards trauma informed care to establish a baseline for future trainings and organizational strategic planning. This project concluded that front line, client facing staff exemplify principles of TIC through their work with clients, and future training can improve understanding of TIC as an organizational framework (instead of only a staff-to-client experience). Staff are an excellent source of future TIC strategies at TFP, and along with utilizing their ideas for future expansion, the agency needs to prioritize staff self care.
Assessment/Diagnosis

FRI 229
Cross-cultural Evaluation of the Child and Adolescent Trauma Screen
(Abstract #276)

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5Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway
6Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway
7University Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Baden-Wuerttemberg, Germany

Based on the English-language original the Child- and Adolescent Trauma Screen (CATS) has been translated into several languages. This presentation addresses psychometric differences and commonalities in the English, German and Norwegian language versions. Furthermore it explores first feedback on translations into Arabic, Dari/Farsi, Tigringa, Somali. Data from 255 children and adolescents (age 7-17) from the US, were compared with 117 young people from Germany and 30 from Norway concerning internal reliability and external validity. Furthermore 277 caregiver reports from the US, 95 from Germany and 30 from Norway were available. Pilot versions were tested with 2 patients each from Afghanistan, Eritrea and Syria. Overall, Cronbach’s alpha ranges between .92 (US) and .98 (Germany), and for the caregiver versions between .94 (US) and .88 (Germany). Concordant and discriminant validity (depression, anxiety and general symptom measures) are adequate across different language versions. Differences between the countries only emerge in correlations with anxiety scores. US-American anxiety scores correlate slightly lower with posttraumatic symptoms (r=.48) than the German scores (r=.68). Refugees reported difficulties concerning the time perspectives mentioned in the items and making choices. Overall the CATS the psychometric evaluation corresponds well between the compared languages.

FRI 230
The Role of Anxiety Control Beliefs among Youth with Posttraumatic Stress Disorder
(Abstract #1012)

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Anxiety control beliefs have emerged as a diagnostic risk factor for anxiety disorders and a potential mechanism of change in cognitive behavioral therapy. We test a developmental hypothesis about the associations between anxiety control beliefs and posttraumatic stress disorder (PTSD) symptoms following exposure to traumatic events in youth. A clinical sample of (N = 139) youth with a history of exposure to trauma were assessed for symptoms (PTSD and anxiety symptoms), trauma exposure, and also completed the short form of the Anxiety Control Questionnaire – Child (ACQ-C). Preliminary analyses show that ACQ-C scores were associated with PTSD and anxiety symptoms beyond level of exposure, but age moderated the strength of the association (b = - 0.85, p < .01). Modeling the interaction suggested that the ACQ-C had incremental validity beyond exposure levels 12 years and older. Findings extend previous work to a clinical sample and add to the developmental understanding of the role of anxiety control beliefs in youth with exposure to trauma and PTSD symptoms. The poster will discuss how the identified developmental differences in the linkages between anxiety control and symptoms have implications for theory and practice.

FRI 231
Trauma in Early Childhood Predicts Pain-related Functional Disability in Youth with Amplified Musculoskeletal Pain
(Abstract #672)

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Functional Disability in Youth with Amplified Musculoskeletal Pain
Exposure to potentially traumatic events (PTEs) during childhood is associated with various negative health consequences over the life course, including chronic pain. However, most investigations have focused on the impact of traumatic stressors in isolation, and the role of developmental timing of PTEs has yet to be examined in the context of chronic pain. This study examined relationships between quantity and timing of a broad range of PTEs and pain-related disability among youth with amplified musculoskeletal pain syndromes (AMPS). 54 children ages 8-17 years (M=13.88 ± 2.12) presenting for an initial consultation visit at a multidisciplinary pain clinic and their parents completed measures of trauma history and pain-related functional impairment. Total number of PTEs in childhood was not significantly associated with pain-related disability. However, greater number of PTEs during early (0-5 years) and middle childhood (6-11 years) were associated with increased self- and parent-reported functional disability (r=.23-.32, p=.02-.04). Multiple linear regressions revealed that only PTEs during middle childhood significantly predicted functional impairment when controlling for child age at enrollment (b=1.63, SE=0.16, p=.05, R^2=.13). Findings suggest that middle childhood may be a sensitive period for the effects of PTEs on risk for functional impairment in youth with AMPS.

FRI 233
Alcohol Use and Suicidal Ideation among People with PTSD and Depression
(Abstract #353)

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Alcohol use (AU) and suicidal ideation (SI) are common among people with PTSD and depression. This study recruited 372 participants from Amazon’s Mechanical Turk labor-market to examine if comorbid PTSD-depression was associated with differences in AU and SI. Trauma-exposed participants completed measures of PTSD (PCL-5), depression (PHQ-9), AU (AUDIT-10), and SI (Suicidal Behaviors Questionnaire-Revised). 38 was used as the cut-off score to screen for PTSD, while 10 was used as the cut-off score for depression. Differences were assessed among four groups: comorbid PTSD-depression, only-PTSD, only-depression, and neither PTSD nor depression. The PTSD-depression group had significantly higher SI than other groups. Depression-only subjects have significantly higher SI than PTSD-only and no-PTSD nor depression subjects. SI did not differ between people with PTSD-only and neither (M = 5.32, SD = 2.36). Only PTSD-depression subjects were found to use more alcohol than people with neither and depression-only subjects.

FRI 234
Relationship between Trauma Number and Dissociation Symptoms Controlling for Demographics
(Abstract #463)

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Dissociation is frequently studied among people with history of trauma exposure. This study examined the relationship between number of trauma types endorsed and dissociative symptoms while accounting for demographic variables. A sample of 372 participants from Amazon’s Mechanical Turk labor market completed measures of prior trauma exposure, PTSD (PCL-5), dissociation (Dissociative Experiences Scale), and demographic questions. Female gender, younger age, race (Caucasian, Asian, Native American, Hawaii/Pacific Islander), and ethnicity (non-Hispanic) all significantly predicted symptoms of dissociative amnesia, depersonalization/derealization, and absorption. After controlling for demographics, more trauma types significantly predicted the dissociative amnesia (R^2 Δ = .161), depersonalization/derealization (R^2 Δ = .156), and absorption (R^2 Δ = .156) subscales of the DES. These results suggest that although demographic variables are significantly related to all three subscales of dissociation, multiple trauma exposures accounted for variance above and beyond demographics. Therefore, clinicians and researchers need to take into account demographics and complete trauma history when assessing for dissociation.
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University of Toledo, Toledo, Ohio, USA

Few studies have examined the Looming Cognitive Style (LCS), or a person's tendency to over-generalize and overestimate the possibility of threat across situations, in PTSD. We investigated LCS as a total score and its subscales as moderators between PTSD symptom clusters (Reexperiencing, Avoidance, Negative Alterations in Cognition and Mood (NACM), Hyperarousal) and depression in 124 trauma-exposed college students. Participants completed the following measures: PTSD Checklist-5, Patient Health Questionnaire-9, and Looming Cognitive Style Questionnaire. Moderation analyses revealed LCS as a total score moderated the relationship between all PTSD symptom clusters and depression at all levels of the moderator at p < .01 (one SD below the mean, at the mean, and one SD above the mean). We found the LCS-Social subscale moderated the relationship between NACM and depression at all levels of the moderator. LCS-Physical moderated the relationship between NACM and depression at all levels, and between Hyperarousal and depression at all levels. Clinically, this study implies individuals with co-occurring PTSD and depression could be cognitively primed to look for danger and threat in their immediate and future environment. This is a cognitive bias that should be addressed in the treatment of individuals with one or both of these disorders.

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2California State University Monterey Bay, Seaside, California, USA

This study examined anxiety sensitivity and rumination as separate moderators of PTSD symptoms and problematic alcohol use in a sample of 372 participants recruited from Amazon's Mechanical Turk labor market. Participants reporting a history of trauma exposure completed the following measures: PTSD Checklist-5, Alcohol Use Disorders Identification Test, Anxiety Sensitivity Index-18, and Ruminative Thought Style Questionnaire. Moderation analyses were completed using the PROCESS module (Hayes & Matthes, 2009). Results revealed rumination moderated the relationship between PTSD symptoms and alcohol use at one standard deviation (SD) below the mean (β = .09, p < .001), at the mean (β = .16, p < .001) and above the mean (β = .24, p < .001). Anxiety sensitivity moderated the relationship at the mean (β = .08, p < .001) and one SD above the mean (β = .19, p < .001).

Regardless of PTSD symptom levels, individuals engaging in increased rumination will report increased alcohol use. Individuals at average and higher levels of anxiety sensitivity reporting PTSD symptoms also report increasing problematic alcohol use. Treatment aimed at individuals with co-occurring problematic alcohol use and PTSD should address anxiety sensitivity and rumination in order to improve overall treatment outcome.
However, had stronger ability in self-reassurance. Moreover, while individuals with PTSD had significantly lower shame about the psychological problems they have, the two groups shared a similarly high amount of shame about who they are as a person. These results highlight the diverse pictures of self-attitudes among individuals with histories of trauma who have either PTSD or HD. The associations of these self-attitudes with the development of PTSD and HD will be discussed.

FRI 238
Development of the Posttraumatic Information Processing Survey: A Multidimensional Assessment of Trauma-Related Cognitions
(Abstract #1385)

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The Posttraumatic Information Processing Survey was designed to provide a comprehensive assessment of information processing styles involved in the development and maintenance of post-trauma pathology that are targeted in cognitive-behavioral interventions for PTSD. Initial development included 134 items. An exploratory factor analysis with 840 participants with varying levels of trauma exposure generated 4 factors represented by 69 items related to information processing theory (overaccommodation, assimilation, accommodation, positive thinking). A confirmatory factor analysis (CFA) conducted on a second sample of 651 participants did not fit the data (RMSEA=.08, CFI=.68, TLI=.67, SRMR=.13). Therefore, we aimed to identify a reduced set of items that would provide a good fit to the data using a SAS PROC VARCLUS procedure. Item selection was data-driven and based on an iterative process that allowed for regrouping of items around changing latent variables. For a 12-cluster, 4-factor model that was identified by the iterative process, a CFA showed good fit (RMSEA=.06, CFI=.94, TLI=.92, SRMR=.05). The final PIPS survey consists of 12 items comprising 4 subscales. The 4 subscales correlate in expected directions with measures of trauma, resilience, trauma beliefs, posttraumatic stress symptoms, and depression. Implications for theory, research, and practice will be discussed.

FRI 239
An Evaluation of the ICD-11 Trauma Interview Schedule Compared to the Clinician Administered PTSD Scale and WHODAS 2.0
(Abstract #794)

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Uppsala University, Uppsala, Sweden

The 11th revision of the International Classification of Diseases (ICD) proposes two related diagnoses for posttraumatic symptomatology: posttraumatic stress disorder (PTSD) and complex PTSD (C-PTSD).1 The ICD-11 task force has developed a structured clinical interview, the ICD-11 Trauma Interview Schedule, to assess the presence of the disorders. The ICD-11 proposal differ from the DSM-5 PTSD diagnosis2 and the divergence between the two may have important consequences for diagnostic assessments. In an ongoing study, 100 participants who have experienced a potentially traumatic event during the past 5 years are recruited via adverts in local media, primary care facilities and outpatient psychiatric care facilities. Participants are interviewed using the ICD-11 Trauma Interview Schedule, the Clinician-Administered PTSD scale (CAPS-5)3 and the WHODAS 2.04. The aim of this presentation is to evaluate the user experience of the ICD-11 trauma interview schedule. Furthermore, the DSM-5 and ICD-11 criteria will be compared regarding rates of PTSD, symptom profiles, functional disability, demographics, and type of trauma. Relevance: Increasing the knowledge about the differences between the DSM-5 and ICD-11 diagnosis of PTSD regarding disease rate and predictive ability will facilitate the transition from ICD-10 to ICD-11 for clinicians and researchers.

FRI 240
Psychometric Properties of the Swedish PTSD Checklist for the DSM 5
(Abstract #796)

Bondjers, Kristina, Amberg, Filip, Willebrand, Mimmie
Uppsala University, Uppsala, Sweden

Recent changes in the criteria of posttraumatic stress disorder call for new evaluations of tools to assess posttraumatic symptomatology. The aim of this study is to evaluate the psychometric properties of the Swedish PTSD Checklist (PCL-5)1, which was recently revised in...
accordance to the Diagnostic and statistical manual of mental disorders, 5th ed2. This poster will present data from an ongoing study with approximately 150 participants who were assessed with rating scales of posttraumatic stress and clinical interviews (CAPS-55 and MINI 6.04). The focus will be on the psychometric properties of the PCL-5 and its relationship to the CAPS-5, the Impact of Event Scale-Revised3, and the MINI. Preliminary results will detail screening and psychometric properties of the PCL-5, including internal consistency, test-retest reliability, convergent and discriminant validity as well as sensitivity and specificity for PTSD according to CAPS-5. Relevance: Information about the psychometric properties of the PCL-5 is timely and relevant for clinicians. Performance assessments in different countries also provide a basis for future evaluations of cultural invariance of a measure.

PTSD poses an on-going and increasing burden on society and documented methods of detection is key to identify individuals in need of further services.

FRI 241
A Path Analysis of Known PTSD Risk Factors and a Predictive Screen of PTSD Risk among Single-incident Trauma Survivors Admitted to a Level 1 Trauma Center (Abstract #1271)

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Approximately 2.3 million people in the U.S. are involved in a single-incident traumatic experience resulting in injuries requiring hospitalization at a trauma center annually (National Trauma Institute, 2015). This study tested the hypothesis that a screen (ITSS) created to predict risk for PTSD among individuals admitted to a level 1 trauma center would mediate the relationship between two common risk factors and PTSD diagnosis following injury. Data were collected from two level 1 trauma centers. One-month post trauma, participants were given the Clinician Administered PTSD Scale (CAPS-5). Structural equation modeling was used to evaluate the mediational relationship of ITSS score between minority heritage and previous trauma on PTSD diagnosis. Ethnic minority heritage (β = -.556, SE = .063, p > .001), and having experienced a previous traumatic event (β = .259, SE = .075, p > .001) independently significantly predicted PTSD diagnosis. However, when participant score on the ITSS (β = .755, SE = .075, p > .001) was controlled for, ethnic minority heritage (β = -.164, SE = .098, p = .093) and having experienced a previous traumatic event (β = .045, SE = .090, p = .613) were no longer significant. The ITSS fully mediated the relationship between minority status and previous trauma on PTSD diagnosis.

FRI 242
The Importance of Screening for Suicidal Ideation among Male and Female MST Survivors (Abstract #990)

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Standardized screening for military sexual trauma (MST) in the Veterans Health Administration (VHA) has been a vital step in understanding the rates and sequela of MST, including suicidal self-directed violence (Kimerling et al., 2007; 2015). However, whether VHA MST screening results are associated with suicidal ideation among VHA users, adjusting for prior suicide attempt(s), is unknown. The role of gender in this association is also unclear. The present study investigated: 1) whether MST screening results were associated with suicidal ideation among 354 Veterans in VHA care, and 2) whether gender moderated this association. MST, suicidal ideation, suicide attempt, and psychiatric diagnoses data was obtained from validated self-report measures and electronic medical records. Adjusting for age, gender, combat exposure, posttraumatic stress disorder, depressive disorders, negative affect, and prior suicide attempt, Veterans with a positive MST screen were significantly more likely to have current suicidal ideation compared to those with a negative MST screen. The effect of MST on suicidal ideation was significantly stronger for men relative to women. These results stress the importance of screening for MST, and indicate that screening for suicidal ideation in the presence of a positive MST screen should occur, a consideration relevant for both genders, but especially for men.

FRI 243
Trauma and Psychophysiological Reactivity: Menstrual Phase, Posttraumatic Stress Disorder, and Performance on a Loud Tones Task (Abstract #293)

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The current study examines the effects of Posttraumatic Stress Disorder (PTSD) and menstrual cycle phase on psychophysiological reactivity to a loud tones task in a population of female trauma survivors. Participants who qualified for one of two groups, PTSD or trauma control performed the task at two points in the menstrual cycle, the mid-luteal phase and the early follicular phase. The task involved fifteen 96 dB pure tones being played over headphones worn by the participants while physiologic measures of arousal (heart rate, skin conductance, and left orbicularis electromyogram) were recorded. We hypothesized greater reactivity for participants with PTSD, and that menstrual cycle would moderate the effects of PTSD and performance on the loud tones task. Several results were surprising. For example, participants with PTSD exhibited less startle reactivity on the loud tones task than participants in the trauma control group. In addition, there was evidence that menstrual cycle phase affects reactivity, though opposing patterns of results for heart rate and skin conductance indicate differential effects for sympathetic versus parasympathetic reactivity. Further research needs to be done to better understand the moderating relationship of menstrual cycle on PTSD and psychophysiological reactivity.

FRI 245
Posttraumatic Stress Symptoms and Psychological Impairment: The Mediating Role of Detachment.
(Abstract #922)

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Posttraumatic stress disorder (PTSD) demonstrates a direct relationship with social, physical, and psychological distress (Pittman, Goldsmith, Lemmer, Kilmer, & Baker, 2012). However, research indicates that other variables may explain these relationships (Zen, Whooley, Zhao, & Cohen, 2012). One factor that may partially explain these associations is detachment, which is characterized by withdrawal, anhedonia, depressivity, and avoidance (Krueger, Derringer, Markon, Watson, & Skodol, 2012), discriminates between individuals with PTSD and healthy controls and is hierarchically associated with the internalizing spectrum of the disorder (James et al., 2015). Moreover, anhedonia and low energy characteristic of detachment predict psychological impairment (Pittman et al., 2011). Therefore, we examined detachment as a mediator in the relationship between PTSD and psychological distress. One-hundred forty-nine participants (66% female, mean age = 31.6 years, mean education = 14.48 years) completed the questionnaires as part of a larger study. Data were analyzed according to procedures outlined by Preacher, Rucker, & Hayes (2007). As hypothesized, detachment partially mediated the relationship between PTSD and psychological distress. These results suggest that detachment plays a significant role in the deterioration of psychological health among those with PTSD symptoms.

FRI 246
Wartime Atrocity Exposure Type, PTSD Diagnosis and Symptom Severity Prediction among OEF/OIF Veterans
(Abstract #1270)

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An estimated 17 percent of Iraq and Afghanistan combat veterans are exposed to combat-related abusive violence (i.e., atrocities). Prior research has found that exposure to such experiences is related to subsequent posttraumatic stress disorder (PTSD). However, little is known about the types of atrocities returning veterans are being exposed to while deployed overseas and how these various experiences may differentially relate to PTSD. In this ongoing, longitudinal study of 1155 returning veterans (46% men), participants completed questionnaires and interviews regarding their combat experiences and related psychiatric symptoms. The three most frequently endorsed atrocities (either witnessed or participated in) were killing animals (24.4% n = 403), injuring civilians (16.3% n = 269), and looting (13.3% n = 219). Most veterans were only exposed to one type of atrocity (M = 1.09, SD = 1.74). Of the ten atrocity types queried, five (mutilating enemy dead, not taking prisoners, injuring civilians, killing prisoners, and killing non-combatants) were significantly related to PTSD.
diagnosis. Odds ratios ranged from .660 to .286 (all p < .05), even after controlling for age, education, gender, and combat exposure. Increases in the number of atrocity types to which participants were exposed predicted increases in PTSD symptom severity, $b = 0.14$, $t(1150) = 4.48$, $p < .001$.

FRI 247
Latent Classes of Juvenile Poly-victimization and Their Association with Suicide Behavior among Adults with Lifetime Traumatic Experiences: The Moderating Role of Anger Reactivity
(Abstract #459)

(Charak, Ruby1, Brylesby, Brianna2, Durham, Tory3, Claycomb, Meredith3, Armour, Cherie4, Elhai, Jon3
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3University of Toledo, Toledo, Ohio, USA
4University of Ulster, Coleraine, Northern Ireland, United Kingdom)

Participants included 346 respondents in the age range of 18-74 years ($M = 35.0$, $SD = 11.84$) who had endorsed at least one lifetime traumatic event. Participants completed the Juvenile victimization questionnaire, the Dimensions of anger reactivity, and the suicide behavior questionnaire-revised. Nearly 94% of the respondents reported at least one type of juvenile victimization. Among these, 10.8% experienced two, 12.5% reported three, and 24.4% experienced four, and 39.5% reported all five types of juvenile victimization experiences. Latent class analyses indicated a three class solution based on LMR test and high entropy value. The three victimization classes were: Predominantly victimization (Class 4; $N = 40$), Predominantly depression (Class 2; $N = 41$), Moderate victimization (Class 3; 64.7%). Two separate 3-stage hierarchical regressions indicated that in contrast to the Poly-victimization class, the other two classes were lower on suicide behavior, after controlling the effect of age, gender, and worst trauma. Anger reactivity moderated the association between Predominantly crime and sibling/peer victimization (vs. Poly-victimization class) and suicide behavior.

FRI 248
Latent Profiles of Posttraumatic Stress, Depression, and Anxiety Symptoms in Indian Army Personnel Deployed in the Conflict Zones of Jammu Region
(Abstract #460)

(Assess Dx, Assess Dx, Global, Health, Mil/Vets, Adult) M - S Asia
(Grand Hall)

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Participants included 200 active duty army personnel residing in four camps of the Indian Army in the conflict zone of Jammu and Kashmir. All personnel were male in the age range of 20-54 years ($M = 32.6$, $SD = 6.7$) and had combat exposure. Self reports measures of posttraumatic stress disorder (PCL-5), depression (BDI-II), anxiety (HAM), and suicide ideation (BSS) were collected. Results indicated that 46% of personnel met the diagnostic criteria for DSM-5 PTSD. Latent profile analyses based on PTSD, depression, and anxiety scores indicated a four class solution based on LMR test and high entropy value. The four classes were: Low symptoms (Class 1; $N = 60$), Predominantly depression (Class 2; $N = 41$), Moderate PTSD symptoms (Class 3; $N = 59$), and High PTSD symptoms (Class 4; $N = 40$). These classes differed on PTSD symptoms (Class 4 being the most at risk, followed by Classes 3, 2, and 1. Those with high PTSD symptoms were more at risk of suicide ideation.

FRI 249
The Development of the Brief Posttraumatic Cognitions Inventory (PTCI-9)
(Abstract #700)

(Assess Dx, Assess Dx, Practice, Cog/Int, Adult) - Industrialized
(Grand Hall)

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The Deployment Communication Inventory (DCI) is a widely used 33-item measure to assess negative posttraumatic cognitions. However, there is a need for brief and pragmatic measures to decrease provider, researcher, client, and organizational burden. The current study is a two-part study that developed a brief 9-item version of the DCI (DCI-9) using baseline data from two previously completed randomized controlled trials for PTSD (Morland et al., 2014; Morland et al., 2015). Study 1 served as the development sample for the DCI-9 and included 223 female and male veterans. Study 2 served as the replication sample and included 117 female civilians. Confirmatory factor analyses from both studies yielded excellent model fits: Study 1 = [n = 223; χ2(24) = 35.85, p > .05; RMSEA = .05; SRMR = .03; CFI = .99]; Study 2 = [n = 117; χ2(24) = 36.01, p = .05; RMSEA = .07; SRMR = .04; CFI = .97]. The DCI-9 moderately and positively correlated with the Clinician Administered PTSD Scale for DSM-IV (CAPS-IV), the PTSD Checklist for DSM-IV (PCL-S), and the Beck Depression Inventory-II (BDI-II) and moderately and negatively correlated with overall quality of life in both samples. The DCI-9 could be used to monitor symptom change and better understand mechanisms of change in PTSD research while reducing burden for stakeholders.

FRI 250
Factor Structure of the Posttraumatic Stress Disorder Checklist (PCL) with Veterans Residing in Hawaii (Abstract #701)

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The PTSD Checklist (PCL) is a self-report questionnaire designed to assess the presence and severity of PTSD symptoms. There is a lack of research investigating the use of the PCL for the measurement of PTSD among Veterans across diverse ethnic backgrounds. A confirmatory factor analysis of two well-supported models of PTSD symptomatology was conducted to investigate the factor structure of the PCL in a sample of male Veterans, including Veterans of Native Hawaiian/Pacific Islander and Asian ethnic descent, with combat-related PTSD (N = 282) residing in Hawai‘i. A 3-factor model based on DSM-IV criteria for PTSD (re-experiencing, avoidance-numbing, and hyperarousal symptoms) and 4-factor model emphasizing emotional numbing (numbing, avoidance, re-experiencing, and hyperarousal symptoms; King, Leskin, King, & Weathers, 1998) were evaluated in this study. The PCL was administered during a baseline assessment for two randomized clinical trials of telemental health interventions. Adequacy of fit was assessed and factor loadings and covariance among items of the PCL were calculated for both models. The models both evidenced adequate model fit (3-factor c2 = 295.993 and 4-factor c2 = 211.90), with 4-factor numbing model demonstrating better fit. This study provides valuable information on the factor structure of the PCL with diverse ethnoral groups.

FRI 251
Military Couple Communication during Deployment: The Development and Psychometric Evaluation of the Deployment Communication Inventory (Abstract #702)

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Intimate partners maintain frequent contact while in a war zone, which may result in a multitude of potential relational and individual benefits as well as potential adverse consequences (Carter & Renshaw, 2015; Cigrang et al., 2014). However, there is a scarcity of research examining the implications of communication during deployment, likely due in part to the lack of existing measures of deployment communication. The current study examined the psychometric characteristics of a newly developed, multidimensional tool for assessing communication during deployment in a sample of 391 recently deployed male Army National Guard Soldiers and their female intimate partners. The Deployment Communication Inventory (DCI)
contains six Soldier and six partner scales that assess (a) frequency of communication; (b) nature of communication (Assurance/Support, Problem-solving/Disclosure, and Conflict); and (c) perceived consequences of communication (Benefits and Costs). Scales demonstrated evidence of good reliability, as well as convergent and discriminant validity, as evidenced by associations with measures of relationship and family functioning, social support, and individual mental health for military couples. The DCI may serve as a useful assessment tool for researchers and clinicians interested in examining the impact of deployment communication on military families.

FRI 252
An Examination of Competing Latent Models of the Dissociative Experiences Scale-II and the Relationship to PTSD
(Abstract #703)

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Dissociation is a commonly reported experience among trauma-exposed individuals. A sample of 363 community adults were administered the Dissociative Experiences Scale-II (DES) and the PTSD Checklist for DSM-5 (PCL-5) to determine the underlying factor structure of the DES and its relationship to PTSD. Four competing models for the DES were tested using confirmatory factor analysis (CFA) - (1) a 1-factor model using all 28 items, (2) a 1-factor model using 19 items, (3) a 2-factor model (absorption and amnesia/depersonalization) using 19 items, as proposed by Olsen et al., (2013), and (4) a 3-factor model (amnesia, depersonalization/ derealization, and absorption) using all 28 items. Model testing showed the two-factor model best fit the data. The two factors of the DES were then validated against the 4 factors of DSM-5 PTSD (intrusions, avoidance, negative alterations in cognition/mood (NACM), and arousal), by conducting Wald tests of parameter constraints. Absorption was significantly more related to arousal and NACM than it was to intrusions and avoidance. Amnesia/depersonalization was significantly less related to avoidance than intrusions, NACM, and arousal. Results suggest dissociation is multidimensional and the factors of dissociation are differentially related to PTSD, which could impact diagnosis and treatment.

FRI 253
What Lies Beneath: Understanding the Latent Classes of PTSD with a Veteran Sample
(Abstract #1251)

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Posttraumatic Stress Disorder (PTSD) is characterized by a constellation of symptoms: intrusion, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity. These clusters and subsequent symptoms create a heterogeneous diagnostic profile; causing some discord in the field regarding the demonstrative markers of PTSD. With the adoption of the DSM-5 symptoms of PTSD, there has been no research to examine the current latent classes within the new criteria. The proposed study conducts a latent class analysis to explore PTSD within a sample of veterans (N =300) diagnosed with using the Clinician Administered PTSD Scale for DSM-5 at two Veteran’s Health Care Systems. A preliminary Latent Class Analysis was conducted, with three, four, and five class models emerging. Data collection will continue until August 2015, with projected final sample of 500. Findings and future directions will be focused on clinical applicability.

FRI 254
Effects of PTSD Diagnosis on Results of Polysomnography in a VA Sleep Clinic
(Abstract #1263)

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Though veterans with PTSD screen positive for sleep-disordered breathing at high rates, few studies have compared sleep parameters of veterans with PTSD and sleep apnea (SA) to veterans with SA and no PTSD. This chart review study examined the outcomes of 200 consecutive polysomnography evaluations (PSGs) in a Veterans Affairs sleep clinic. Of the 200 veterans, 49 (24.5%) carried diagnoses of PTSD. Of the 200 studies, 38
were for equipment adjustment and 24 were ambulatory studies; none of these were used in analyses. Among the remaining 138 PSGs, there were 98 diagnoses of SA. Cases with PTSD were not more likely to be diagnosed with SA than cases with other mental health diagnoses (MH) or cases with no psychiatric diagnoses (NO). There were no differences among the three groups in body-mass index or hypertension, indicating these factors are not related to SA diagnosis in the PTSD sample. Both PTSD cases (x=55.8, sd=14.6) and MH cases (x=55.8, sd=14.7) were younger than NO cases (x=63.7, sd=13.6), F(2,145)=5.6, p<.01. Among cases diagnosed with SA, PTSD cases exhibited significantly more respiratory-related arousals (x=26.1, sd=18.3) than NO cases (x=10.5, sd=6.9) but not MH cases (x=21.0, sd=16.4), F(2,40)=4.4, p<.05. There were no differences in apneas or hypopneas among the groups. Implications for mental health providers and sleep clinic staff will be discussed.

FRI 255
Moving Beyond Self-Report: Construct Validation of DSM-5 PTSD Symptom Clusters Using the CAPS-5
(Abstract #257)

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The DSM-5 criteria for PTSD include four symptom clusters: intrusions, avoidance, negative alterations in cognition and mood (NACM), and hyperarousal. Although there is some support for these clusters as distinct constructs, to date construct validity evidence has relied primarily on self-report data. Thus, the purpose of the present study was to examine the construct validity of these clusters using data (N = 72) from the Clinician-Administered PTSD Scale (CAPS-5; Weathers et al., 2013). Following Westen and Rosenthal (2003), theoretically derived convergent and discriminant associations with various PAI clinical scales (Morey, 2007) were evaluated for CAPS-5 total score and each of the four clusters. High \( r_{\text{alerting}} \) (.90) and \( r_{\text{contrast}} \) (.78) values were observed for CAPS-5 total score, indicating good fit with the hypothesized pattern of correlations. The four clusters all had similarly high \( r_{\text{alerting}} \), but differed substantially on the more rigorous \( r_{\text{contrast}} \); the intrusions cluster most closely matched CAPS-5 total score on \( r_{\text{contrast}} \) (.80), following by NACM (.72), avoidance (.61), and hyperarousal (.47). These differential patterns of associations with external correlates provide evidence that the DSM-5 PTSD symptom clusters represent overlapping but distinct constructs. Limitations for the current study include a cross-sectional design and a non-clinical sample.

Clinical Practice

FRI 257
Trauma Exposure and Undetected Post-Traumatic Stress Disorder (PTSD) among Adults with a Mental Disorder
(Abstract #862)

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Background: Trauma exposure and post-traumatic stress disorder (PTSD) are common among individuals with a mental disorder, but symptoms often go undetected and untreated. Aims: To determine the prevalence of PTSD among a large sample of adults with psychiatric diagnoses and to establish factors associated with undetected PTSD. Method: Participants were 2001 adults recruited by the National Centre for Mental Health (NCMH). A cross-sectional, epidemiological design incorporating structured interviews and validated self-report questionnaires was used to ascertain clinical and demographic information. Results: The prevalence of undetected PTSD was 14% [12.5%-15.6%, 95%CI]. Undetected PTSD was most commonly associated with personality and depressive disorders. Factors associated with undetected PTSD were female gender; younger age of first contact with psychiatric services; and lower household income. Poor rates of detection were observed after child abuse and sexual assault. Conclusions: There is a need for routine assessment of trauma histories and PTSD among individuals with a mental disorder.

FRI 258
Understanding Heterogeneity in PTSD Symptoms and Treatment Response in Female Veterans
(Abstract #991)

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PTSD is a psychiatric condition marked by significant heterogeneity and frequently diagnosed in the veteran
Interpersonal Problems on the Therapeutic Alliance

**FRI 259**

**Impact of Dissociation, Retraumatization, and Interpersonal Problems on the Therapeutic Alliance among Women with Traumatic Stress Related to Childhood Abuse**

(Abstract #170)

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The therapeutic alliance is a critical factor in working with childhood abuse-related trauma (Cloitre et al., 2002), yet little research has examined the finer-grain elements of the alliance. Objective: This study investigated the degree to which early phase dissociation, interpersonal problems, and retraumatization predicted tasks, goals, and bonds of the alliance, at early, middle, and later phases of treatment. Methods: Data was collected from 74 adult females in treatment for childhood abuse. A canonical correlation analysis was conducted for each phase of treatment. Results: Only the middle phase analysis was significant, with functions 1 and 2 being significant. Function 1 indicated that women with histories of child abuse who have fewer interpersonal problems and dissociative symptoms, but more trauma exposure, were associated with more agreement on tasks, goals and a higher bond with their therapists. The bond was particularly noteworthy ($R^2 = .96$). Function 2 indicated that more interpersonal problems and dissociation symptoms were associated with less agreement on tasks and goals. Conclusions: In addition to developing emotional regulation skills, it is important to develop, maintain, and repair the alliance within the context of dissociative symptoms, which may be especially triggered by trauma processing in the middle phase of treatment.

**FRI 261**

**“It’s worth it”: Veterans’ Experiences in Prolonged Exposure and Cognitive Processing Therapy**

(Abstract #3)

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Despite the efficacy of evidence-based psychotherapies (EBP) for posttraumatic stress disorder (PTSD) and efforts to disseminate them, only 6-13% of Veterans seeking care through the Veterans Affairs healthcare system receive these treatments. EBPs such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are exposure-based treatments. Provider and patient fears regarding the tolerability of exposure-based treatments likely impede their delivery and completion. The present study utilized qualitative interviews with 23 Veterans who completed at least 8 sessions of either PE or CPT to elicit first-hand accounts of Veterans’ experiences in these EBPs. Results suggest that while a minority of Veterans reported initial symptom worsening, the majority of Veterans reported positive experiences and felt that, despite being stressful, these EBPs were “worth it.” Most Veterans discussed thoughts of discontinuing treatment prematurely, but stated that adherence was encouraged by working alliance, commitment to finishing, desperation for relief, and family support. Veterans believed exposure made an important contribution to symptom improvement, as did greater self-understanding and changing negative or unhelpful beliefs. These findings indicate Veteran satisfaction with PE and CPT, and may assist providers to develop strategies to increase adherence and treatment completion.
FRI 262
The Moderating Role of Trauma Type in Soldiers and their Spouses
(Abstract #785)

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Using a sample of 50 couples, this study examined the potential moderating effect of trauma typology on the association between trauma symptoms and relationship adjustment (RA) in a sample of military couples. Multiple group actor-partner interdependence models were used to analyze the actor and partner effects of husband and wives’ PTSD symptoms, relationship quality, and the moderating effect of trauma type. Results suggest that PTSD symptoms were negatively associated with RA in wives who have experienced interpersonal trauma as well as those who found their husbands’ deployment traumatic. Further, wives’ PTSD symptoms were negatively associated with their husbands’ RA when she experienced interpersonal trauma or found her husbands’ deployment traumatic. Husbands’ PTSD symptoms were negatively associated with their RA only when husbands experienced non-interpersonal trauma. Finally, husbands’ PTSD symptoms were negatively associated with wives’ RA only when husbands experienced non-interpersonal trauma. Findings invite a more dynamic conceptualization of the recursive relationship between trauma exposure and interpersonal relationships that may better explain the impact of traumatic stress on couples.

FRI 263
Culturally Congruent Strategies for the Successful Delivery of Massed PE with Active Duty Military Personnel
(Abstract #927)

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2Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA
3University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA

The objective of this presentation is to describe clinical aspects of success and challenges in delivery of intensive Prolonged Exposure (PE) Therapy with active duty military personnel. Dr. Brittany Hall-Clark, recognized as a master PE clinician with extensive experience in treating combat-related PTSD, will share her expertise and experience as a therapist working on a randomized clinical trial of massed PE. Aspects of military culture, such as emphasis on vigilance in military training and the installation of military values, may complicate the presentation of PTSD in military populations. Culturally congruent strategies for assessment, treatment, and overcoming barriers will be discussed. Common military themes in trauma-processing, tips for overcoming safety behaviors and hypervigilance, and therapist-assisted exposures will be described.

FRI 264
A Prolonged Exposure Intensive Outpatient Program for PTSD in Active Duty Service Members
(Abstract #928)

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Prolonged Exposure (PE) is one of the most efficacious treatments for PTSD, garnering over 30 years of empirical support. Previous PE studies document significant posttreatment decreases in PTSD symptoms and comorbid depression in civilian and veteran populations (e.g., Bisson et al., 2007; Institute of Medicine, 2008), with up to 80% of civilians losing their PTSD diagnosis. Unfortunately, while initial findings indicate that PE is an effective treatment for active duty service members, the results have not been as robust as those found with civilian samples. Given the long term psychosocial and socioeconomic costs associated with deployment-related PTSD (e.g., Foran et al., 2013; Hoge et al., 2007), there is a clear need to enhance the efficacy of PE for active duty service members returning from post-911 deployments. An intensive outpatient program (IOP) format has the potential to enhance the potency of PE, while reducing military-specific treatment barriers (Blount et al., 2014). This presentation will highlight the unique challenges faced by service members with deployment-related PTSD, provide an overview and rationale of PE IOP, and review the use of PE IOP in two active duty service members. Clinical implications and future research directions will be discussed.
**FRI 265**
Cumulative Trauma, Cognitive Flexibility, and Posttraumatic Stress Outcomes in a Veteran Population
(Abstract #180)

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Repeated trauma exposure is related to elevated stress and psychiatric dysfunction (Smith et al. 2015). One related factor could be cognitive flexibility (Martin & Rubin, 2005), defined as one’s awareness of alternatives and willingness to adapt. It has been linked to posttraumatic growth (PTG), defined as positive psychological change resulting from struggles to deal with the effects of trauma (Tedeschi & Calhoun, 2004). The current study will explore the link between cognitive flexibility, PTG, and posttraumatic outcomes following cumulative trauma exposure. Authors used a de-identified database of 280 Veterans seeking treatment for PTSD resulting from combat and sexual trauma. Participants were approximately 80% male, 61% white, with a mean age of 47.7 years (SD=14.1). A Traumatic Experiences self-report measure and Combat Experiences Scale assessed cumulative trauma, cognitive flexibility was measured using the Cognitive Flexibility Scale, and PTG was measured using the Posttraumatic Growth Inventory. Posttraumatic stress was assessed using the PTSD Checklist and the Traumatic Symptom Inventory. Data will be analyzed using SEM with cumulative trauma as a predictor, cognitive flexibility as a mediator, and PTG and posttraumatic stress as outcomes. Conclusions regarding the impact of cumulative trauma and cognitive flexibility on mental health will be discussed.

**FRI 267**
Acceptance and Commitment Therapy (ACT) for Trauma-Exposed Substance Users: A Local Application to Expand Programming among Veterans
(Abstract #1327)

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Despite high comorbidity between trauma exposure and problematic substance use, few treatments target processes underlying maladaptive responses to trauma exposure and substance use. ACT is a transdiagnostic intervention that is capable of improving psychological and response flexibility valued living, and psychological distress, and these benefits have extended to patients with co-morbid psychological presentations. The present pilot project assessed the extent to which an adapted ACT protocol increases psychological flexibility and engagement in valued living in Veterans with a history of trauma exposure and substance use disorder. Quantitative and qualitative measures were obtained for 4 treatment completers at sessions 1 and 12 (1-month follow-up data to be gathered). Measures captured patient satisfaction and treatment progress, including changes in overall psychological flexibility, core ACT-processes, substance use, and PTSD, depression, and anxiety symptoms. Qualitative results indicate that the treatment yielded robust and notable experiential learning among treatment completers. Quantitative measures revealed improvements in psychological and response flexibility and psychological distress. Overall, local-level pilot findings suggest this intervention provides a highly acceptable, flexible, functional model for treating trauma-exposed Veterans with substance use.

**FRI 268**
Supporting Adherence to Clinical Practice Guidelines through Provider Training and a Decision Support Tool
(Abstract #897)

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Providers have limited adherence to clinical practice guidelines. PTSD guidelines recommend SSRIs/SNRIs as first-line treatments but prescription rates remain low, particularly in primary care clinics. Because most Veterans with PTSD receive VA primary care, primary care clinics are an ideal setting to expand access to treatment and to
boost guideline adherence. This guideline implementation study at 11 community-based outpatient clinics across 3 VA medical centers implemented PTSD pharmacotherapy training and a corresponding provider decision support tool embedded in the electronic medical record. Forty primary care staff (MDs, APNs, RNs and other staff) participated in the training. Prior to the training, 48.6% of providers reported confidence in skills needed to provide pharmacotherapy for PTSD (e.g., select a medication, identify common adjunctive therapies, understand how to taper, switch and terminate medications). Following the training, >70% reported confidence in these skills. Preliminary results show that following training, 4 primary care teams that were not providing PTSD pharmacotherapy began to do so. For one of those teams, only the RN participated in the training. These preliminary findings suggest that providing training to the entire treatment team and making guideline information available at the point of care can help support guideline adherence.

**Biological/Medical**

**FRI 271**

**Effect of Smoking and Alcohol Use on 24-Hour Urinary Catecholamines, Dopamine, and Cortisol in Veterans with Posttraumatic Stress Disorder**

(01226)

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Alterations in the sympathetic nervous system (SNS) and hypothalamic-pituitary-adrenal (HPA) axis in PTSD are associated with increased risk for many chronic illnesses. Cigarette smoking and chronic alcohol use can also alter activity and functioning of the HPA axis and SNS leading to adverse physiological and behavioral outcomes. Using linear mixed-modeling, we examined the interaction between cigarette smoking, unhealthy alcohol use, and PTSD on 24-h urinary norepinephrine, epinephrine, dopamine and cortisol levels measured by mass spectrometry. Out of 624 veteran participants, 304 (49%) were current cigarette smokers, and 255 (42%) had unhealthy alcohol use (Alcohol Use Disorders Identification Test). Similar to previous studies, veterans with either current or lifetime PTSD had significantly lower cortisol values than those without PTSD. Additionally, cortisol values and norepinephrine secretion were significantly reduced in smokers compared to non-smokers. Cortisol and dopamine values were also reduced in those with vs. without unhealthy alcohol use. No interactions were observed between PTSD, smoking and unhealthy alcohol use. Correlations between variables were explored. These results indicate that substance use may impact functioning of neurohormonal systems in veterans with PTSD.
FRI 272
Sleep Factors Underpinning Posttraumatic Nightmares of PTSD: An ambulatory PSG Study
(Abstract #578)

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Posttraumatic nightmares are a highly prevalent and distressing symptom of PTSD. Improved understanding of these nightmares is required for more targeted treatment but before the advent of ambulatory polysomnography (PSG) they were hard to investigate as they tend not to occur in the sleep laboratory. In this study, 42 Veterans with PTSD underwent ambulatory PSG sleep studies during an inpatient stay. When a nightmare occurred, participants pressed an event button so that the corresponding sleep stage, proximal sleep events and heart rate could be determined, and wrote a brief description of their nightmare. The following morning they answered questions on similarity to trauma, realism, distress, vividness of images and other sensory details, and physical sensations in the dream. Of the 42 participants, 25 reported nightmares during the sleep study. Between them, there were 32 nightmare reports; 12 arising from REM sleep and 20 arising from NREM. Stronger physical sensations were reported in nightmares from NREM, compared to REM sleep, but heart rate increases were only observed following waking. Hypopneas and limb movements were frequently recorded in the sleep immediately preceding awakening, regardless of sleep stage. Mild to severe obstructive sleep apnoea was observed in 15 of the 25 participants. Implications of these findings for further research will be discussed.

FRI 273
Clustering Patients with PTSD via Time-Frequency Decomposition of Evoked Response Potentials
(Abstract #689)

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Background: Skin conductance (SC) is a reliable index of sympathetic activity and has been well studied in posttraumatic stress disorder (PTSD). The current study used mobile technology to assess SC in individuals with chronic PTSD. Participants (n=50) were enrolled from a level-1 trauma center after having experienced an event that met criterion A for PTSD. Participants were assessed for PTSD symptoms and diagnosis at one year post-trauma. The PhenX Toolkit Baseline and Trauma Challenge Physiology protocol was followed, collecting SC
on an iPad with eSense technology. Results: In all subjects, SC levels increased significantly from baseline to trauma interview F(1,49)=18.83, p=0.001. Of the 50 participants, 11 met DSM-5 criteria for PTSD, while 39 did not. Those with PTSD had much higher peak SC levels during the trauma challenge compared to non-PTSD individuals, F(1,49)=9.24, p=0.004. After controlling for demographics and trauma severity, peak SC levels during trauma were significantly associated with PTSD symptom severity, p=0.001. Conclusion: This is the first demonstration that the PhenX Toolkit Baseline and Trauma Challenge Physiology protocol can be used to show significantly greater skin conductance response in individuals with more severe PTSD symptoms, indicating that this is a powerful and useful measure for assessing chronic PTSD.

FRI 275
Exploration of the Relationship between Maternal Exposure to Trauma and Infant Birth Factors
(Abstract #748)

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Premature birth and low birth weight have long been considered public health concerns, as they predict significant infant health problems and mortality (Seng et al., 2011). Recent research has found increased risk for premature birth and low birth weight is associated with maternal exposure to trauma (Morland et al., 2007). To explore the role of different types of traumatic events, we will evaluate the effect of maternal childhood maltreatment and pregnancy intimate partner violence on offspring gestational age and weight at birth. Self-reports on the Maternal Perinatal Scale, the Childhood Trauma Questionnaire, and the Conflict Tactics scale were obtained from 100 female participants, predominately from low income, urban communities. Preliminary correlations show significant associations between premature birth and low birth weight and pregnancy physical IPV, but there were no associations between childhood maltreatment and birth outcomes. Regression showed that physical IPV during pregnancy predicted gestational age at birth, $B = -0.264$, p = .015, and birth weight, $B = -0.425$, p = .000, after controlling for related factors. Findings can be used to inform medical professionals on the importance of screening for specific types of trauma exposure, to engage patients in preventative measures in the early stages of their pregnancy.

FRI 277
Early Life Stress and Glutamate Neurotransmission in Major Depressive Disorder
(Abstract #542)

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Early life stress (ELS) and glutamate neurotransmission have been implicated in the pathophysiology of major depressive disorder (MDD). In non-human primates, ELS was positively correlated with cortical Glx (i.e. glutamate + glutamine). However, the relationship between ELS and cortical glutamate in adult patients with MDD is not fully known. Using 1H Magnetic Resonance Spectroscopy (MRS), we measured occipital cortical glutamate and glutamine levels in 36 medication-free patients with MDD. In a subsample (n=11), we measured dynamic glutamate/glutamine cycling (Vcycle) using advanced 13C MRS methods. ELS history was assessed using Early-life Trauma Inventory (ETI). We found a significant positive correlation between ETI scores and occipital glutamine (rs=0.39, p=0.017), but not glutamate. Post-hoc analyses showed that the association with glutamine was driven by ETI emotional abuse (ETI-EA) subscale (rs=0.39, p=0.02). Vcycle was not significantly correlated with ETI (rs=0.55, p=0.087), but positively correlated with ETI-EA (rs=0.67, p=0.03). Patients with childhood emotional abuse appear to have increased occipital glutamate neurotransmission as reflected by increased Vcycle and glutamine level. Future studies are needed to confirm this pilot evidence and to examine whether ELS effects on glutamate neurotransmission underlie the relationship between ELS and psychopathology.
FRI 278
Susceptible and Resilient Maltreated Individuals Have Comparable Abnormalities in Global Network Architecture but Differ in Amygdala Centrality
(Abstract #583)

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Childhood maltreatment (CM) affects brain development and is a major risk factor for psychopathology. A key question is whether resilient maltreated individual show the same constellation of brain changes as susceptible individuals. We investigated the effects of CM on global and regional brain network architecture (90 nodes) using DTI, tractography and graph theory in 263 unmedicated subjects (73% female, 18-25 years) selected from the community. Subjects with moderate to high exposure to CM differed from subjects with low exposure in number of interconnected regions (p<0.01), global efficiency (p<0.03) and small-worldness (p<0.005). This difference from controls was even more apparent in asymptomatic maltreated subjects (resilient) than in maltreated subject with clinically significant scores (susceptible) on Kellner’s Symptom Questionnaire. Susceptible and resilient subjects did however differ in centrality of their right amygdala (degree: p<0.03; closeness: p<0.05), which was more interconnected in susceptible individuals. Reduced centrality of the right amygdala (relative to both controls and susceptible subjects) may be a compensatory adaptation that enables some maltreated individuals to maintain mental well-being despite marked changes in global network architecture. Compensatory mechanisms may provide novel therapeutic insights.

FRI 279
Higher Translocator Protein (TSPO) Availability, a Marker of Neuroinflammation, in Posttraumatic Stress Disorder
(Abstract #1020)

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The goal of the current study was to determine whether individuals with PTSD have higher levels of activated microglia, a marker of neuroinflammation compared to matched controls. Six individuals with PTSD and 6 age-, sex-, race/ethnicity- and TSPO genotype-matched, trauma-exposed healthy controls (HC) participated in one MRI and one PET scan with the radiotracer [11C]PBR28, which binds to translocator protein (TSPO), a marker of microglial activation. Results revealed that, relative to the HC group, the PTSD group had markedly higher global (30.4% higher) and regional (16.2% to 50.3% higher) [11C]PBR28 VT values (Figure). The magnitude of the global difference was large (Cohen d=0.9) and was most pronounced in the amygdala (50.3% higher; d=1.4), hippocampus (35.7% higher; d=1.1), and thalamus (39.7% higher; d=1.1). Results of this preliminary study suggest that PTSD is associated with higher levels of activated microglia than is found in controls, indicated by higher levels of TSPO binding measured with [11C]PBR28. The most pronounced elevations in TSPO availability were evident in brain regions implicated in the pathophysiology of PTSD, specifically the amygdala, hippocampus, and thalamus. Taken together, these initial findings suggest that pharmacotherapies targeting the neuroimmune system may have a role in treating PTSD.

FRI 280
Regional Cortical Gyrification is Reduced in Chronic Severe PTSD
(Abstract #1000)

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The primate cortex is heavily folded, with the process beginning in utero. Regional gyration can be estimated from 3-D reconstructions using algorithms developed by one of us (M.S.) and incorporated into FreeSurfer. The local gyration index (IGI) is the ratio of the pial surface to the underlying cortical surface for a given ROI. Though cortical folding may respond to multiple influences, one driver may operate to shorten axons between functionally
interconnected regions of cortex, improving efficiency. In support of this possibility, Goutam et al (2015) found that greater medial frontal lGI was associated with better digit span and trials performances in a large normal sample. We compared lGI vertex-wise across 50 Veterans with chronic severe PTSD and 48 combat controls employing sliding threshold clustering to control for multiple comparisons and a summary significance threshold of 0.01. IGI was observed to be reduced in PTSD+ participants vs PTSD− in four regions: 1) right peri-uncinate, 2) right posterior fusiform/anterior lingual gyrus, 3) left anterior cingulate/medial prefrontal cortex in impaired emotion regulation, and opercular/insular cortex in dysregulated interoceptive awareness.

FRI 281
Developmental Stage Moderates the Effect of Early Life Interpersonal Violence on Resting-State Network Connectivity: An Exploratory Study
(Abstract #455)

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Current neurocircuitry models of PTSD and trauma exposure do not account for development as a possible moderator of the mediating neural mechanisms. We tested the hypothesis that developmental stage moderates the effect of early life interpersonal violence exposure on resting-state functional connectivity of the amygdala, midcingulate cortex, dorsal anterior cingulate cortex (dACC), and rostral ACC (rACC) among adult women (n=25) and adolescent girls (n=36) with and without histories of physical or sexual assault prior to age 16. Beyond the predicted main effects of development and trauma exposure, significant interactions between these factors were observed in several regions of interest. Left amygdala connectivity with the ventromedial prefrontal cortex (vmPFC) and the dorsomedial PFC was weaker among trauma-exposed compared to control adolescents, but stronger among trauma-exposed compared to control adults. This pattern of results was the same for functional connectivity between the dACC and the anterior medial PFC, posterior cingulate cortex (PCC), and right parietal cortex, as well as between the rACC and the vmPFC and PCC. Of note, PTSD symptom severity did not better explain the aforementioned findings. Taken together, results suggest that developmental stage may be an important contextual factor that contributes to posttraumatic outcomes.

FRI 282
A Longitudinal Analysis of Early Life Trauma and Neurocognitive Functioning Associated with Risky Alcohol Use
(Abstract #161)

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Trauma exposure may alter neurobiologic and behavioral systems, thereby influencing subsequent stress responses and increasing the risk for alcohol problems. This study investigated the association of trauma exposure on neurocognitive function using data from the Collaborative Study of the Genetics of Alcoholism prospective cohort, comprising of offspring from high-risk and comparison families (ages 12-22 at baseline), who have been interviewed every 2 years since 2004. We examined the influence of assaultive (e.g., stabbed), non-assaultive (e.g., disaster), and sexual (e.g., rape) traumatic exposures on the total theta power of oscillatory brain signals during the “Go/NoGo” task, a commonly used marker of risk for problem drinking, across ages 13-32. Individuals who had experienced any assaultive trauma prior to age 13 showed significant decreases in theta power across ages 13-32; the largest effects were observed between ages 16-20, the peak period of onset of alcohol use problems. The magnitude of associations varied by self-reported race/ethnicity in this sample, such that the negative association between trauma and theta power across development was greater among those who identified as Black/African-American as compared with Whites. Results suggest that early life trauma may lead to neurocognitive changes, which in turn could increase risk for alcohol problems.
FRI 283
Childhood Trauma, Early Alcohol Use Initiation, and Alcohol Use Disorder in African-American and White Women: A Genetically-informative Approach
(Abstract #162)
(CulDiv, Sub/Abuse, Genetic, Lifespan) - Industrialized
Grand Hall

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The greater likelihood of experiencing potentially traumatic events (PTEs) during childhood but older age at first drink and lower rate of alcohol use disorder (AUD) in African Americans (AAs) vs. Whites is at odds with the well-documented association of childhood trauma with early and problem alcohol use. Drawing data from an all-female twin study, we assessed for distinctions between AA and White women (n=3,787; 14.6% AA; mean age=21.6) in heritable, family-level environmental, and individual-specific environmental influences on childhood (≤age 15) PTE exposure, age at first drink, and AUD and the links between them. Compared to Whites, AAs had higher childhood PTE exposure (54.4% vs. 28.8%), later alcohol use initiation (mean age=17.2 vs. 16.1), and lower AUD prevalence (17.1% vs. 31.2% of drinkers). Childhood PTEs were associated with earlier alcohol use initiation in both groups but AUD only in Whites. Twin modeling revealed racial/ethnic differences in the magnitude and overlap of heritable and both types of environmental influences on the three phenotypes, with heritable factors playing a larger role for AAs. The lower rates of early alcohol use and AUD despite higher exposure to childhood PTEs in AAs vs. Whites may be attributed to distinctions in the underlying risk mechanisms.

FRI 284
Neighborhood Disadvantage, Childhood Trauma Exposure, and Alcohol Involvement in African American and White Women
(Abstract #163)
(Pub Health, CPA, CSA, Ethnic, Sub/Abuse, Lifespan) - Industrialized
Grand Hall

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Neighborhood disadvantage (ND) has been associated with childhood traumatic exposures and increased risk of substance problems (Fagan et al., 2015). We examined the associations between ND [computed based on birth and census records], childhood sexual abuse (CSA) and childhood physical abuse (CPA), and alcohol involvement [early alcohol use, problem use, and alcohol use disorder (AUD)] in African American (AA) versus White female emerging adults. Data were drawn from the longitudinal Missouri Adolescent Female Twins Study [(N =3787); 14.6% AA; mean age = 24.5 (SD 2.8) at last interview]. The ND distribution was highly skewed in AAs – 83% of AAs were born into the most disadvantaged neighborhood (lowest quartile) compared to 13% of Whites – therefore racial comparisons were limited to the lowest ND quartile and data were stratified by race for other analyses. In the most disadvantaged areas, AAs were at higher risk of CPA and lower risk of early alcohol use, problem use, and AUD compared to Whites. In Whites only, ND was associated with increased risk of CSA and CPA and decreased risk of problem alcohol use and AUD. These findings indicate racial differences reported in the literature may reflect unbalanced and insufficient variability in ND across racial groups.
Research Methodology

FRI 285
When Does Time Heal? Perceived Stressfulness as a Moderator of Time and Posttraumatic Growth
(Abstract #938)

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Retrospective recall months or years after a highly stressful or traumatic event is required to report posttraumatic growth (PTG). According to the PTG theoretical model, cognitive processes that facilitate PTG may take time. It is not surprising that mixed results regarding the relationship between time since the event and PTG have been reported. The purpose of this study was to examine whether perceived stressfulness of the event would moderate the relationship between PTG and time. Adolescents (N = 98) who experienced a traumatic event reported how long ago the event occurred, stressfulness at the time of the event, and completed the posttraumatic growth inventory. In a hierarchical regression analysis, the overall model and an interaction between time since event and perceived stressfulness on PTG was significant (beta = .38, p = .01). Simple slopes analyses indicated that at low levels of stress, time does not affect PTG (beta = -.17, p = .49), however, at high levels of stress, time was positively associated with PTG (beta = .79, p = .001). Our results demonstrate the importance of allowing time to cognitively process and recognize opportunity for growth, but only when people perceive high level of stressfulness after the event.

FRI 286
Individual Images of Personal Growth and Posttraumatic Growth in American Youth
(Abstract #1086)

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Experience of posttraumatic growth (PTG) is likely to be influenced by individual differences in the meaning of personal growth. Those recognizing more than surface level changes may be more able to experience growth in different PTG domains. In this study, American high school students who have experienced highly stressful/traumatic events such as abuse, bullying, and illness (N=192) completed the 21-item PTG Inventory and wrote three words indicating personal growth. A total 443 words were generated, then categorized into 20 themes by five researchers. A series of one-way ANOVA found those who reported “self-worth” representing personal growth predicted Relating to Others [F(1.19) = 4.61, p = .034], “knowledge” predicted Personal Strength [F(1.19) =124.04, p = .019], and “physical changes” predicted Spiritual Change [F(1.19) = 5.95, p=.016] PTG domains. These results indicate that those viewing confidence as a sign of growth may better appreciate others’ support, those equating growth with knowledge may feel more capable, and those seeing growth as surface-level may look to higher beings for help, leading to spiritual growth. Focus on expanding perceptions of growth may result in more psychological growth overall. Future studies should examine whether the experience of growth similarly impacts the perception of growth.

FRI 287
Ranking Traumatic Event Types According to Their Importance in Predicting PTSD Risk
(Abstract #509)

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Although the number of traumatic event types experienced increases the risk for PTSD in a dose-dependent manner, some event types might have a stronger impact on PTSD risk than others. This study investigated which event types are the strongest predictors for PTSD in a sample of Ugandan rebel war survivors comparing two statistical methods: a Random Forest using conditional interference (RF-CI) and a Least Absolute Shrinkage and Selection Operator (LASSO). Lifetime PTSD diagnoses and traumatic event types experienced were assessed in two independent samples (N1 = 441, N2 = 211 validation sample). Predictions of both models were compared with predictions by the number of different traumatic event types experienced (traumatic load). Results indicate that RF-CI and LASSO allow for a ranking of traumatic events.
According to their importance as predictors for lifetime PTSD with RF-CI showing slightly better prediction accuracy in the validation sample than LASSO. There was a high similarity in the ranking of event types by both approaches which consistently identified witness of killing or murder as the most important predictor of PTSD. Although the sum of traumatic event types experienced is a reliable and validated measure of the environmental factor traumaic load, considering the importance of specific traumatic event types by RF-CI further enhance PTSD prediction accuracy.

FRI 288
Anxiety Sensitivity and Distress Tolerance Profiles and Relations to PTSD: A Cluster Analytic Approach
(Abstract #670)

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Both high anxiety sensitivity (AS) and low distress tolerance (DT) have been independently associated with risk for posttraumatic stress disorder (PTSD), yet specific profiles of joint risk have not been examined. The aims of this study are to establish empirically derived profiles from response patterns on measures assessing AS and DT and to examine each profile’s relevance to PTSD symptoms among a sample of combat exposed veterans (N=255). A cluster analytic approach was utilized to identify AS/DT profiles. Results indicate a three-cluster profile solution: high AS/low DT “at risk”, average AS/DT “intermediate”, and low AS/high DT “resilient”. A series of ANOVAs were conducted to determine if PTSD total symptom severity and cluster severity differed by AS/DT profile. ANOVAs yielded significant differences between PTSD symptom severity and each symptom cluster (ps<.05) based on AS/DT profiles. Post hoc analyses revealed that PTSD severity differed by profile with the highest PTSD symptoms endorsed by the “at-risk” profile, followed by the “intermediate” while the “resilient” profile endorsed the least number of PTSD symptoms among all profiles. These findings extend previous literature by identifying a high AS/low DT profile and its association with PTSD symptoms, underscoring the potential utility in targeting these constructs for intervention.

FRI 289
Is the Relationship between Lifetime Stressful Events and Past-year Depression Mediated by Unit Social Support during Deployment among National Guard Members?
(Abstract #724)

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It is established that stressful events such as job loss or divorce are associated with both strained social support networks and depression. Further, social support can lower risk for depression. Using a cohort of soldiers drawn from the Ohio Army National Guard, we tested our hypothesis of a causal path from lifetime civilian stressors to current depression through low social support during deployment. Lifetime stressors were measured at baseline; social support was asked in relation to the unit the soldier most recently deployed with; and past-year depression was measured using the Patient Health Questionnaire 1-4 years after deployment in order to establish temporality. Among 415 soldiers, the median number of baseline lifetime stressors was four; 44.4% reported low unit support during their most recent deployment; and 12.3% had past-year depression at the time of follow-up. Having 4+ lifetime stressors was significantly associated with 46.3% increased odds of low unit support, and 291% increased odds of past-year depression. However, we found no significant mediation and no natural indirect effect of low unit support. We conclude that the observed effect from stressors to depression is direct, which supports previous research that early-life civilian exposures are predictive of post-deployment mental health.
FRI 290
An Analog Test of the Peritraumatic Encoding Disruption Hypothesis: Introducing Event Segmentation as a Marker for Moment-to-Moment Processing
(Abstract #1088)

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Several PTSD theories (Brewin et al., 2010; Ehlers & Clark, 2000) assume memory disturbance (intrusions and fragmented voluntary memory) result from peritraumatic alterations in affect and dissociation that disrupt standard encoding processes, namely with a bias toward bottom-up perceptual processing. This theoretical assumption, called the peritraumatic encoding disruption hypothesis, has limited and inconsistent empirical support (Bedard-Gilligan & Zoellner, 2012; Brewin, 2014). The current study used a novel trauma analog paradigm in which healthy undergraduate participants (N = 73) viewed a stressful film while engaging in the event segmentation task (Newton, 1973; Sargent et al., 2013). Event segmentation is a cognitive system that allows one to efficiently chunk streams of continuous spatiotemporal information into discrete units (Zacks et al., 2007). Self-reported state anxiety and dissociation were measured before and after the stressful film, followed by assessments of recall and recognition. Results indicate a significant mediating effect of event segmentation on the relationship between stress and memory. Specifically, increases in state anxiety and dissociation impacted event segmentation, which then resulted in diminished recall and recognition. Findings converge with the peritraumatic encoding disruption hypothesis. Theoretical implications will be discussed.

FRI 291
(Abstract #205)

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Objective: We explored the strategies to detect interactions between gene and traumatic experience for post-traumatic stress disorder (PTSD), which is an exposure-defined phenotype with a prerequisite of trauma experience.

Methods: We simulated the traumatic experience to have various ordered levels and used simulated and real genome-wide genotype data. We compared the power and type 1 error of 4 different tests that are commonly used in interaction analysis: 1) gene effect test (G); 2) conventional gene-environment interaction test (GE); 3) case-only gene-environment interaction test (CO); 4) joint test of the gene main effect and GxE (GGE). Results: When only main genetic effects were present with no interaction effect, the G test showed higher power than the GGE test. When main and interaction effects were present, the CO test showed higher power than the GE test. We note that the power of GE test reduced dramatically when restricting to trauma-exposed controls only. For exposure-defined phenotype, the G test showed higher power than the GGE test. Restriction to exposed controls only improved the power of the G test and the GGE test. Conclusion: Based on these results, we recommend the CO test for investigating interaction, with a caveat on inflated type 1 error due to gene-environment correlation, and restriction to the exposed controls for detecting genetic effects on PTSD.

FRI 292
Assessment of Skin Conductance in African American and Non-African American Participants in Fear Conditioning Research: Implications for PTSD Research
(Abstract #333)

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Fear conditioning is an increasingly used method for exploring the etiology and treatment of PTSD. Skin conductance (SC) is a psychophysiological measure commonly used to assess conditioned fear. A portion of individuals display very small or unmeasurable SC levels/responses during conditioning, precluding
Dysfunctional parenting has a negative impact on child behavioral outcomes. Observational research of parent and child behaviors has been largely conducted with Caucasian, middle-class families. This study assessed the reliability of an interaction task among African American families with high trauma exposure. Mother-child dyads (n=124) completed an Etch-A-Sketch observational paradigm created by the Child Anxiety Prevention Study at Johns Hopkins University School of Medicine. Behavioral categories coded for were previously established to be associated with anxiety (11 parent dimensions, 9 child dimensions, and overall quality of relationship). Two randomly selected raters performed reliability checks on 25% (n=31) of the originally coded interactions. Inter-rater reliability was evaluated with intraclass correlation (ICC), using Shrout and Fleiss’ two-way random model. The ICCs were high, ranging from 0.724 – 0.947 across all 20 dimensions, with the exception of maternal warmth (ICC=0.571). The overall quality of relationship ICC was 0.887. These results indicate that the Etch-A-Sketch observational paradigm is reliable in assessing parent and child behaviors of highly-traumatized, low-income, African-American families. Future research will look at construct validity of this observational paradigm and its use in predicting specific adverse child outcomes.

Global Issues

FRI 297
A Qualitative Analysis of Factors Impacting Resilience among Youth in Post-Conflict Liberia
(Abstract #992)

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Between 1989 and 2003, Liberia experienced a brutal civil war; five years later there were an estimated 340,000 orphans in Liberia, 18% of the total child population of the country. Given that children make up half the population and that these children experienced significant trauma and loss through exposure to the war and then to the Ebola epidemic, the recovery of these children is essential to the recovery of the nation. The goal of this research was to identify factors contributing to resilience in this population. In-depth interviews were conducted with 75 children. Emotion regulation, cognitive flexibility, agency, social intelligence and meaning were found to interact to promote resilience. Cognitive flexibility and emotion regulation together facilitate distress tolerance by preserving children’s sense of agency in the face of stress or trauma. From this, children derive self-esteem and a sense of hope for the future. Social intelligence allows children to develop supportive relationships, which is particularly important if their parents are not available. Finally, a belief system can promote a sense of agency, or it can reinforce a sense of helplessness. Children not attending school demonstrated less adaptive functioning and should be the focus of further study and intervention targeting substance use and community reintegration.
FRI 300
Aftercare Successful Outcomes Form, Measurement of Restoration for Survivors of Violent Crimes
(Abstract #44)

(Global, Health, Rights, Lifespan) I - Global Grand Hall

Lee, Michele, Sierra, Ana, Hayden Sharpe, Christa, Knapp, Ann, Slavovsky, Lisa
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International Justice Mission (IJM), a global human rights organization, developed the Aftercare Successful Outcomes (ASO) form, an innovative tool that measures the restoration of survivors of violent crimes such as commercial sexual exploitation, online sexual exploitation of children, sexual abuse, forced labor, property grabbing and police abuse. IJM defines restoration as a measurable improvement in the condition of a survivor from the time of initial assessment until the completion of treatment plan, such that the survivor has the ability to function satisfactorily in society at reduced vulnerability to violence. The tool measures the survivor’s current level of functioning based on domains that are proven critical to restoration: protection, mental wellbeing and trauma recovery, economic empowerment and education, support system, housing and health. Each domain is scored on a scale from 1 (not restored) to 4 (restored), and weighted based on level of importance for restoration. An overall score of 3.0 or above on the ASO form indicates that the survivor is at low risk of re-victimization and is functioning satisfactorily in society. In 2015, IJM conducted an extensive validation study to test internal consistency and statistical reliability on the ASO form in 10 global offices, and the findings indicate good reliability and internal consistency of the tool.

FRI 301
The Psychological and Occupational Impacts of the 2015 MERS-CoV Outbreak in South Korean Teaching Hospitals
(Abstract #100)

(Global, Complex, Health, Health-care Professionals) M - E Asia & Pac Grand Hall

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This study aimed to assess psychological distress among health-care workers during the Middle East respiratory syndrome coronavirus (MERS-CoV) epidemic, which struck South Korea in 2015. The psychological and occupational impacts of that event were assessed among 171 healthcare workers using the Patient Health Questionnaire (PHQ-9), Impact of Event Scale–Revised (IES-R), and Oldenburg Burnout Inventory (OLBI). Past history of traumatic experiences and new infectious disease at the work place, and Positive Resource Test (POERST) score were evaluated. Eighty-seven (50.1%) experienced mild to severe depression, while 31 (18.1%) reported acute stress reaction. Rate of depression was higher among workers who were single, living alone, caring for MERS patients, or suffering from physical illnesses, and among those who reported previous traumatic experiences. Experience of MERS–like symptoms was a risk factor for post-traumatic stress disorder (PTSD), and being a single was a risk factor for depression. Positive resources (POREST score) constituted a protective factor against psychiatric morbidity and burnout. The outbreak of MERS provoked an acute episode of a disaster resulting into a significantly high rate of psychiatric morbidity. Positive resources such as optimism, self-control, purpose, hope, social support may be helpful in preventing psychological distress and burnout.
Culture/Diversity

FRI 302
Racial Differences in the Effect of Perception of Neighborhood Condition on Post-Trauma Symptoms: The Preceding Role of Hyperarousal
(Abtract #1031)

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Perception of threat after community violence exposure is associated with the development of posttraumatic stress symptoms (PTSS) (Gapen et al., 2011). Based on previous studies highlighting the prominence of hyperarousal (e.g., Schell et al., 2004), we expected to find a preceding role of hyperarousal in association with neighbourhood perception of threat and other symptoms clusters (e.g., avoidance and re-experiencing symptoms). The current study used a latent growth curve mediation model to examine the relationship between perceptions of neighborhood threat and PTSS, with hyperarousal as a mediator, in a sample of African American and European American adolescents, and at three time points. Results revealed that perceptions of neighborhood threat was significantly higher for African Americans than European Americans. For European Americans, the indirect effects of change in hyperarousal symptoms on change in re-experiencing and avoidance symptoms were significant. For African Americans, although we were unable to test the mediating role of change in hyperarousal symptoms on other symptom clusters, due to model non-convergence, Time 1 hyperarousal did not mediate changes. Thus, it is concluded that African Americans and European Americans may perceive neighborhood threat differently and hyperarousal may serve a preceding role for European Americans but not African Americans.

FRI 303
Effects of Gender and Sexual Orientation in the Context of Intimate Partner Violence
(Abtract #1011)

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Evidence suggests that individuals make judgements about others based on outward appearance. Alterations of an individual's appearance (i.e., with marks or scars) may affect interpersonal perceptions. These altered perceptions may not only be affected by the aesthetics of the appearance change but also by the layered meanings attached to it. Broad-based beliefs, including the Just World Belief and stigma are two potential contextual layers. Other layers include the appearance alteration itself, the context of intimate partner violence (IPV), and the individual's gender and sexual orientation. This study used a sample of 420 college-aged students and audio scripts informed by actual victims' experiences with IPV to examine how knowledge of gender and sexual orientation within the context of IPV affects subjective and objective perceptions of resulting scars, photographs of which were standardized across conditions. Results of a 2 (Victim's Sexual orientation) x 2 (Victim's Sex) ANOVA for subjective scar ratings provided some evidence that scars resulting from female-on-male violence (FMV) were seen as the least severe, followed by FFV, followed by MMV, and finally MFV (F (1, 410) = 3.65, p = .057). Results showed no evidence of differences for objective scar ratings. Implications of the findings and future directions are discussed.

FRI 304
Sexual Violence is a Public Health Problem: Considerations for International Students
(Abtract #96)

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Sexual violence is a serious public health concern with research suggesting 20% of women and 6% of men will experience a sexual assault during college. Researchers have identified factors associated with increased risk for victimization, such as identification as a sexual, racial and/or ethnic minority. International students comprise a significant proportion of the United States university student body, but have largely been neglected from the sexual violence literature. The current study explored prevalence and incidence rates of various forms of intimate partner violence, drawing comparisons between domestic and international students. Differences were examined between groups on important variables related to sexual violence prevention as determined by The White House Report on Campus Sexual Assault. In a sample of 479...
students, international students reported lower rates of violence than their domestic counterparts. International students reported more confidence in intervening in risky situations and endorsed fewer rape myths compared to domestic students. This is one of the first studies to explore the experience of interpersonal violence in international students, and suggests that tailored programmatic efforts may be needed to reduce the experience and impact of sexual violence within this population across college campuses.

FRI 305
Zika in the Americas: Media Potrayal of Female Trauma
(Abstract #920)

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Since its first transmission in May 2015, incidences of the Zika virus across the Americas have drastically increased (CDC, 2016). As with previous health epidemics, the seriousness of the effects of the virus on women and pregnancy has sparked widespread fear and panic, amplified by pervasive media coverage (Gonsalves, G. & Staley, P., 2014). Research has found that even indirect exposure to mass trauma through the media can lead to increases in PTSD (Neria, Y. & Sullivan, G. M., 2011). Recent media coverage has focused on the relationship between the Zika virus and birth defects as well as the appropriateness of abortions in different faith based communities. The focus of this study is to investigate the differences in media coverage across the Americas: Columbia, El Salvador, and the United States. Headlines from major news organizations in each country across a six-month period were examined for their use of fear, statistics, and sympathy. Exploratory hypotheses were examined regarding faith-based implications and regional location. Results will be presented and implications for understanding the media's effect on this epidemic with regard to women will be discussed.

FRI 306
Types of Trauma Exposure and Symptoms among Racially and Ethnically Diverse US Born and Non-US Born Young Adults: Implications for Public Health Efforts
(Abstract #1421)

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Immigrant and non-immigrant youth from similar heritage (e.g., Latino/a) may experience different types of traumas (Bridges et al., 2014). Traumas, such as political conflict, violence exposure, and weather-related disasters vary internationally and regionally, therefore, trauma experiences are expected to vary across immigrant groups as well as across racial/ethnocultural groups. However, few studies have contemporaneously examined trauma exposure among youth from nationally, racially, and ethnically diverse groups. Thus, an examination of trauma differences among U.S. born and non-U.S. born youth can help inform public health initiatives. Furthermore, although studies consistently find that PTSD is not culture-bound, it remains unclear whether specific symptoms of the syndrome vary by group. This study examined the prevalence of trauma exposure and symptoms among US and Non-US born college students (N>700) and whether there is variation across groups. Preliminary findings among this diverse sample in which over 35% are foreign born (e.g., Asia, Caribbean, Eastern Europe), indicate that students born in the U.S. report significantly higher community violence exposure than students who identify as immigrants. However, there are no significant differences in overall PTSD symptoms. Findings focus on specific symptoms, including anxiety, and depression as well as on gender.
Community-Based Programs

FRI 307
Improving Child Welfare Outcomes and Mental Health with Trauma-Informed Care: A Longitudinal Research Project
(Abstract #7)

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In 2013 SaintA began a longitudinal, process-focused research project which set out to create a standardized method for trauma-informed case management practice within our agency's public child welfare program. Would practicing in this manner ultimately lead to better outcomes for our children and families (such as quicker time to permanence, less disruptions in placement, and improvement in trauma symptomology)? Using the framework of SaintA’s Seven Essential Ingredients for Trauma Informed Care as well as expert consultation from Dr. Robert Anda and Dr. Bruce Perry, two teams were chosen to implement the interventions including specialized training, consultation and coaching, staffings, assessments, and trauma-informed services. Two additional teams acted as a comparison group. We partnered with our local university for guidance on research methods and statistical analysis. Though two years into the endeavor positive results have been heard (anecdotal) and seen (e.g. statistically significant improvements in trauma symptomology) the process has not been without valuable and humbling lessons not anticipated in the original design. It is anticipated that these lessons may be the most valuable information gained within this process. The project is scheduled to conclude in the summer of 2016 with final analysis and reports to follow.

FRI 308
Initial Barriers to Implementing Services for Youth with Problematic Sexual Behavior: A Senior Leaders and Therapists’ Perspective
(Abstract #64)

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In approximately one-third of child sexual abuse cases, the individual who initiated the acts is another youth. Despite the availability of efficacious treatments for youth with problematic sexual behavior (PSB), evidence based practices (EBP) are not provided to most youth with PSB. Identifying factors that influence service engagement can facilitate the reduced future trauma of children. Treatment providers and agency-personnel (N=48) from eight treatment programs were interviewed using a semi-structured interview. Interviews were entered into QSR N+Vivo 10 software for qualitative analysis and inter-rater reliability greater than 80% was established. Consistent with Aarons Conceptual Model of Implementation Phases and Factors, results revealed both providers and personnel reported barriers to implementation at the outer and inner context factor levels including difficulties engaging caregivers in treatment, limited funding, stigma on population, and limited referrals. Further, personnel experienced difficulty developing community recognition and employee turnover as significant barriers. Despite these barriers, supports for family engagement included collaboration with outside agencies and community stakeholder buy-in. This study highlights that supports and barriers to implementation of EBP are multifaceted and found at individual, community, systems, and policy levels.

FRI 309
Community Therapists’ Perspective of TF-CBT in Singapore
(Abstract #586)

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2University of Colorado at Boulder, Boulder, Colorado, USA

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) is a well-supported, evidence-based treatment for child trauma, and has been implemented internationally (Cohen & Mannarino, 2008). In Singapore, TF-CBT has primarily been used in tertiary settings (e.g., hospitals). However, children may not present at such settings after experiencing trauma. In order to close the current treatment gap and develop capacity for evidence-based trauma intervention in the community, the Temasek Cares Kids in Tough Situations (TC-KITS) project was
established. Community and school therapists received in-person basic and advanced TF-CBT training from an accredited trainer, and continued supervision and consultation throughout their practice. 31 therapists who had been practicing for at least a year were then placed into eight focus groups, and interviewed for their perspectives on the helpfulness and challenges of practicing TF-CBT in Singapore. Thematic analysis was conducted. Results showed that therapists found TF-CBT to be helpful in reducing trauma-related difficulties. It was also suggested that TF-CBT's core components remained relevant, with some cultural modifications required for certain components such as engagement of parents, parenting techniques, and affect identification and expression.

FRI 310
A Psychiatric Profile of Survivors of Intimate Partner Violence and Sex Trafficking: Findings from a Pilot Co-Located Model of Psychiatric Care in the South Bronx (Abstract #549)

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Since April 2014, Columbia University Medical Center’s Women’s Program in the Department of Psychiatry has partnered with the Mayor’s Office to Combat Domestic Violence with the support of the Chapman Perelman Foundation to provide free psychiatric services at the Bronx Family Justice Center for survivors of intimate partner violence and sex trafficking. Nationally, Family Justice Centers provide co-located social, legal, and counseling services; this South Bronx-based center is the first to provide on-site psychiatric services. Objective: describe this unique clinical population in a chart review. 168 patients were referred over 35 months; 106 were evaluated, revealing high rates of psychiatric morbidity, with the most frequent diagnoses Post-Traumatic Stress Disorder (44.3%, N=47), Major Depression (45.5%, N=46), Mood Disorder NOS (36.8%, N=39), Anxiety Disorder NOS (31.1%, N=33), and Substance Use Disorder (10.4%, N=11). High rates of comorbidity were observed, with a median of 2 diagnoses. Our highest risk patients, the 39.6% (N=42) with a prior suicide attempt, report a paucity of care: 35.7% (N=15) report never receiving mental health care; another 7% (N=5) report abbreviated care. An additional 4.8% (N=2) received psychiatric care only after multiple suicide attempts. Conclusion: expanding resources and education around mental health sequelae of trauma is imperative.

FRI 311
Prevention of Trauma-Related Disorders Stigma through the Analysis of the Labelling Processes’ and Cultural Assumptions’ Effects on Diagnosis, Treatment, Healing, and Patients’ Compliance (Abstract #1083)

Manocchi, Michele
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There are different types of traumatic experiences: natural disasters, warfare, ethnic cleansing, childhood abuse, domestic violence, terrorism, which contain specific physical and psychological stressors. They challenge human coping resources and personality dynamics, and the capacity for normal developmental growth. In terms of mental health, the injuries generated by trauma include posttraumatic adaptations as posttraumatic stress disorder (PTSD), mood disorders, anxiety disorders, dissociative phenomena, and substance use disorders. Traumatic experiences demand a response from culture in terms of healing, treatment, interventions, counseling, and medical care. Shamans, medicine men and women, traditional healers, culture-specific rituals, conventional medical practices, and community-based practices, are all potential cultural alternative pathways to healing and integration of extreme stress experiences, which can offer forms of social and emotional support for the person suffering the maladaptive aspects of a trauma. Identify the common elements that characterize each healing subculture is crucial in order to define a necessary conceptual matrix for examining how different cultures handle psychopathology, behavioral disorders, and complex posttraumatic syndromes.
Social Issues - Public Policy

FRI 313
Lawyers and Laypeople: Posttraumatic Stress Disorder and the Insanity Defense
(Abstract #171)

(Social, Assess Dx, Social, Adult) I - N/A  Grand Hall

Camins, Joshua1, Tomei, Jenna
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In the U.S. Justice System defenses such as insanity are integral to the legal system. While the base rate for a successful defense is low, it has saturated the media. The initial definition does not speak to the diagnoses required. However, as a result of case law, disorders such as Posttraumatic Stress Disorder (PTSD; Garrison, 1998) have been integrated into sanity proceedings. Forsythe & Miller (2014) examined the use of various defenses in an unspecified legal case. They found that college students believed PTSD was a highly credible and recommendable defense. While encompassing case law, the present study replicated this methodology in a sample considered to be more representative of the general population. Participants recruited from Amazon’s Mechanical Turk system (N = 402) completed an opinion poll similar to those in Forsythe & Miller. Results demonstrated significant gender differences in credibility and acceptability of PTSD, with females believing in the existence more frequently than males (t = -2.9, p = .004). There were no differences based on age, education level or prior jury service. This study has implications for trial consultants including desirable demographic characteristics for jury selection. Although the use of trauma-focused defenses in courtroom proceedings has a legal standard, there is minimal research to support their use.

FRI 314
Blame and Responsibility Associated with Non-offending Parents of Child Sexual Abuse Victims
(Abstract #1108)

(Social, CSA, Cog/Int, Comm/Int, Gender, Adult) I - N/A  Grand Hall

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According to socially constructed images of motherhood, a ‘good’ mother is caring, nurturing, and selfless. When these standards are not met, mother blaming occurs. Mothers of CSA victims, even non-perpetrating ones, are seen as violating these expectations and blamed for their child’s CSA. It is unclear, however, whether similar blame and scrutiny is applied to (non-perpetrating) fathers in CSA, as little research on fathers exists. We collected 400 responses comparing mother and father blaming in a CSA scenario. Thematic analysis revealed that both parents were blamed, although mothers were blamed more consistently. Interestingly, participants’ self-reported reasons for blame differed by parent gender. Whereas both mothers and fathers were blamed because they were expected to intuitively discern the CSA or because they trusted the perpetrator, only fathers were blamed for failing to educate children about CSA. Our results suggest that while both parents receive blame for CSA, participants’ reasons for applying this blame might differ by parent raising, raising points about expected parental role in CSA prevention. Blaming parents for CSA may reduce reporting of CSA and help seeking, due to fear of being blamed. By understanding the reasons behind parent blaming attitudes, future research can work to improve these attitudes.

FRI 315
“But Once Again - A Woman in a Man's World”: An Analysis of Emergent Themes from Interviews with Women Veterans Who Had Deployed to Iraq or Afghanistan
(Abstract #147)

(Social, Rape, Mil/Vets, Gender, Adult) I - Industrialized  Grand Hall

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3Providence VA Medical Center, Providence, Rhode Island, USA

Women Veterans face unique challenges to military life/post-deployment readjustment, including gender-based scrutiny of performance and sexual harassment/assault. 22 women Veterans who had deployed to the US conflicts in Iraq and Afghanistan completed an in-depth semi-structured interview. Queries were developed through an extensive review of the literature. Interview agenda topics comprised an initial coding structure; an iterative coding process generated additional themes identified in the data. Codes regarding gender-based scrutiny and sexual harassment/assault were reviewed for thematic analysis, as these topics were initiated by the Veterans (i.e., unprompted by interviewers). Effects of gender-based scrutiny and sexual harassment/assault ranged
from disruptions in work performance, perceptions of inadequate prevention, protection, or response by the military regarding sexual harassment/assault, barriers to resources, and subsequent long-term stress. Many women described improvised methods for protecting themselves. Finally, many expressed desire for more resources for women Veterans. Data indicated that gender-based scrutiny and sexual harassment/assault are critical concerns for women Veterans well after deployment. Improvements to services could reduce negative health and mental health outcomes in women Veterans, potentiating a healthier, more resilient defense system.

**Prevention/Early Intervention**

**FRI 317**  
Stress Inoculation: Preliminary Evidence that Exposure to Low-Levels of Early Adversity Protect against the Psychiatric Consequences of Teenage Exposure to Maltreatment  
(Abstract #966)

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Stress inoculation hypothesizes that manageable levels of stress during early development may protect against the effects of high levels of stress at a later time. Rodent and primate studies provide considerable support. However, according to Liu (2015), no study has directly assessed its relevance to clinically significant outcomes. We assessed in an online sample (n=1420, 66% female, 23.1 ± 1.6 years) whether a subject's impression of their degree of exposure to childhood maltreatment (CM) during the first three years of life, when stress-response system are highly susceptible to programming, moderated the relationship between CM during teenage years and symptom scores. Exposure to 10 types of CM across each year of childhood was assessed using the MACE. Early exposure significantly moderated the association between teenage CM and ratings of anxiety, suicidal ideation, anger-hostility and dissociation. Teenage CM accounted for 7.3% (p < 10-8, n=579), 2.2% (p ns, n=303), 8.3% (p=0.002, n=260) and 6.5% (p < 0.005, n=279) of the variance in anxiety ratings in subjects indicating no, low, moderate or high early exposure, respectively. Similarly, there were significant associations between teenage CM and suicidal ideation in all but the low early exposure group. These findings provide initial support for a protective role of exposure to low-levels of early stress.

**FRI 318**  
One Scar, Many Origins: Poly-victimization, Caregiver Impairment and Children’s Mental Health Outcomes among Children and Families Involved with Child Protective Services  
(Abstract #1101)

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Children involved with child protective services (CPS) face high risk for significant mental health impairment and poor outcomes, which recent work suggests is exacerbated by poly-victimization, or exposure to multiple forms of victimization (e.g., Grasso et al., 2013). In the current chart review study, we randomly selected 100 families from all Connecticut families referred to CPS during a 12-month period. Primary aims were to examine victimization patterns and associations between poly-victimization and maltreatment severity, child mental health problems, caregiver characteristics, and family service utilization. Data from CPS records was extracted and coded to quantify the types and severity of victimization for each child. Preliminary analyses reveal significant victimization, with a range of 1 to 6 types (M = 2.51, SD = 2), with 42% of families experiencing 3 or more types of victimization within CPS allegations. Families with 3 or more types of child victimization were more likely to have caregivers with childhood CPS involvement (60.9% vs. 32.6%), c² = 5.03, p = .025, mental health problems (54.5% vs. 35.6%), c² = 4.07, p = .044, and substance abuse (57.9% vs. 22.6%), c² = 8.74, p < .01. Implications for improving outcomes for CPS involved children will be discussed.

**FRI 319**  
Early Childhood Adversity and Adult Health: Using Longitudinal Research to Expand Translation of the ACE Survey for Children 0-2  
(Abstract #1300)

Grand Hall
Despite an abundance of research linking childhood adversity to long-term adult health outcomes, no research has addressed the particular risk of children 0-2, who experience maltreatment at disproportionate rates. The current study examined the relationship between specific indices of early childhood adversity and adult health outcomes using a longitudinal data set. The study included children enrolled at age 0-2 from the Midwest site of the LONGSCAN study with follow-up health measures at age 18 (n = 140). Preliminary results from logistic regression analyses indicate that one of the indices of Adverse Childhood Experiences, exposure to household substance abuse, made a unique statistically significant contribution to adult health outcomes. The full model containing control variables of child race/ethnicity, gender, and caregiver attitudes, was statistically significant X^2 (7, N = 140) = 14.69, p < .04, explaining 10% to 16% of the variance in self-reports of health. An odds ratio of 8.8 indicates that respondents who were exposed to substance use from age 0-2 were almost nine times more likely to report poor/fair health, a predictor of mortality risk. Future epidemiological research may consider the experience of specific ACE categories within developmental epochs as critical for translation of research following childhood adversity.

FRI 320
Lifetime Rates and Current Interest in Receiving HIV and Mental Health Services among High-Risk Acute Physical Injury Survivors
(Abstract #896)

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Despite substantial overlap among PTSD symptoms (PTSS) and HIV risk in urban trauma-exposed adults, an exceedingly low number (7%) of trauma centers screen for PTSS or conduct HIV testing. Our study examined lifetime service utilization rates and interest in receiving HIV and mental health services after physical injury. We recruited 64 high-risk adults (all endorsed PTSS and engaged in at least 1 risky sexual behavior within 3-months pre-injury) from a Level 1 urban trauma center 12-days post-injury. Surveys were completed within 6-weeks (n = 52) and at 3-months post-trauma (n = 39). Participants were primarily male (83%), young (29 years), Black (73%), low income survivors of assaultive injury (78%). Both lifetime HIV testing (80%) and current interest in receiving HIV testing (at both time-points) was high (84-88%); 43% were tested within 3-months post-injury. Although lifetime mental health service use was low (27%), between 44-52% reported interest in a one-on-one trauma-focused intervention. Notably, the likelihood of attending such intervention decreased over time: 47% vs. 26% reported that they would either be “likely”/“extremely likely” to attend within 6-weeks vs. 3-months post-trauma, respectively. These findings support acute HIV testing, and highlight the importance of introducing acute mental health services in high-risk injured adults treated at trauma centers.
FRI 322
Predicting PTSD Measure Identifies Patients at Risk for Chronic PTSD in both Interpersonal and Non-Interpersonal Trauma
(Abstract #1410)

(Rothbaum, Alex1, Michopoulos, Vasiliki2, Post, Loren2, Fiorillo, Devika2, Ressler, Kerry3, Rothbaum, Barbara2
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3Harvard Medical School, Belmont, Massachusetts, USA)

A majority of people will be exposed to trauma, however only a significant minority will develop posttraumatic stress disorder (PTSD). Risk factors for PTSD have been identified retrospectively, such as trauma that is interpersonal in nature. The current study investigated the use of a five-question measure administered to patients in the immediate aftermath of trauma in hopes of prospectively identifying those patients likely to develop PTSD. Given the difference between interpersonal and non-interpersonal trauma, the data were split to examine the effects in both types of trauma independently. As a result of the inherent risk for both PTSD and interpersonal violence exposure, gender was controlled for in order to remove any variance associated with this. Patients were assessed bedside within a Level-I trauma center within hours of trauma exposure using the Predicting PTSD Questionnaire (PPQ). PTSD was assessed at 3-months post-trauma using the PTSD Symptom Scale (PSS). Patients with predicted risk who had experienced interpersonal (F(1,33) = 4.37, p = .044) as well as non-interpersonal trauma (F(1,153) = 4.25, p = .041) showed elevated PTSD symptoms at 3-months post-trauma. Thus, a simple 5-item measure shows promise in identifying individuals at risk for PTSD following trauma exposure, regardless of trauma type.

FRI 323
Heart Rate Reactivity and Locus of Control Predict PTSD Symptoms at One Month Post Trauma
(Abstract #1180)

(Griffin, Michael, Preston, Brittany, Delgado, Rebecca, Harris, Sydney
University of Missouri St. Louis, Saint Louis, Missouri, USA)

Previous literature suggests that locus of control (LOC) and heart rate reactivity (HRR) are linked to elevated PTSD symptoms in trauma survivors. These three components have yet to be studied simultaneously. Female interpersonal violence survivors (N = 58) were evaluated one-month post trauma. PTSD symptoms were measured by the CAPS-IV, and LOC was measured using the Adult Nowicki-Strickland Internal-External control scale (ANS-IE). HRR was assessed during a script-driven imagery paradigm. A multiple regression was run with LOC and HRR significantly predicting total PTSD symptoms one-month post trauma (p = .014, R² = .14). Both LOC (p = .020) and HRR (p = .044) were significant predictors; with an internal LOC and increased HRR predicting increased PTSD symptoms. Further analyses of PTSD symptom clusters indicated an overall significant regression (p = .011) for avoidance symptoms, with 39% of the variance explained by both predictors. In this model, both LOC (b = -.642, p = .026) and HRR (b = .652, p = .024) were significant predictors. Trauma survivors with an internal LOC and higher HRR may benefit most from treatment targeting perceived control, or physiological responses (such as biofeedback) to help regulate their HR during stressful situations.

FRI 324
Developing a Risk Model to Target High-risk Preventive Interventions for Sexual Assault Victimization among Female U.S. Army Soldiers
(Abstract #1247)

(Street, Amy3, Rosselini, Anthony2, Ursano, Robert3, Stein, Murray4, Zaslavsky, Alan4, Kessler, Ronald2
1National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
2Harvard Medical School, Boston, Massachusetts, USA
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4University of California, San Diego, La Jolla, California, USA)

Sexual violence victimization is a significant problem among female U.S. military personnel. Preventive interventions for high-risk individuals might reduce prevalence, but would require a model for accurate targeting. We attempted to develop such a model for female Regular U.S. Army soldiers based on theoretically-guided predictors abstracted from administrative data. Given that administrative reports are known to be
Suicide Capability and Self-Stigma for Seeking Help in Firefighters

(Prevent, Train/Ed/Dis, Adult) M - N/A

Streeb, Nicole, Benight, Charles, Shoji, Kotaro
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The present study was a cross-sectional analysis of the interpersonal theory of suicide (ITS) suicide, self-efficacy theory (SET), and self-stigma for seeking help (SSOSH) for firefighter suicide potential. ITS is based on three distinct constructs: thwarted belongingness, perceived burdensomeness, and acquired capability for suicidal actions. SET provides a framework to augment ITS in explaining suicidal behavior. Stigma of seeking professional help is believed to be a barrier to seeking treatment for suicide ideation. The sample included 221 firefighters from 19 states, mostly male (89%), non-Hispanic (84%), and Caucasian (91%). Most participants were career firefighters (87%) with mean age of 41 (SD = 9.49; range = 44). Bivariate correlations showed that SSOSH was significantly positively correlated with thwarted belongingness (r = .31) and perceived burdensomeness (r = .18). SSOSH was significantly negatively correlated with firefighter coping self-efficacy (r = -.236) and coping self-efficacy for trauma (r = -.236) as well as perceived social support (r = -.266). In a hierarchical regression, SSOSH was a significant predictor for thwarted belongingness (β = .173). Results have important implications for ITS, SET, and SSOSH in firefighter suicide potential and interventions.
FRI 327
The Differential Role of Outcome Expectancy in Reducing Intrusive Thoughts after Brief Postdeployment Training
(Abstract #526)

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Expectancies contribute to symptom reduction in some psychological interventions. We examined the role of expectancy in intrusive thought reduction among Army soldiers who were randomly assigned to receive one of two intrusive thought trainings. RESET is grounded in mindfulness and teaches acceptance-based coping skills while CONTROL teaches strategies for controlling or suppressing intrusive thoughts. Soldiers were given self-report questionnaires including the PTSD Checklist (PCL), a modified Expectancy of Therapeutic Outcome Scale (ETO), and the Experience of Intrusions Scale (EIS) at baseline and immediately post-training. The current study includes soldiers who met criteria for probable PTSD based on PCL scores at baseline. Eighty-five soldiers (RESET (n=45), CONTROL (n=40)) were assessed. Among RESET soldiers, a repeated measures ANOVA showed a main effect of time on EIS scores (F(1,43)=7.123, p=.011), such that EIS scores significantly decreased from baseline to post-RESET, and a time X expectancy interaction (F(1,43)=7.483, p=.009) showing that soldiers with low expectancy experienced less symptom reduction than those with high expectancy. Among CONTROL soldiers, there was a main effect of time (F(1,38)=13.281, p=.001), but no interaction (F(1,38)=.299, p=.588). These results suggest that expectancy may have a differential effect in different trainings.

FRI 328
A Register-based Study of the Use of Mental Health Care System following Deployment to Balkan, Iraq and Afghanistan
(Abstract #630)

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Deployment to war zones may cause challenges that affect physical and mental health adversely. Different wars and missions might affect mental health differently; however, this has not been systematically investigated. Here we investigate the toll of different wars using health care utilization following deployment as a proxy for mental health. The objective was to determine the relationship between deployment to Balkan, Iraq and Afghanistan and mental health care utilization during the four first years after return. By means of the thorough Danish health care registries, we assessed utilization of mental health care services among 13 246 Danish soldiers and civilians’ first-time deployment with the Danish Defence from 1992 to 2009 to Balkan, Iraq or Afghanistan. We furthermore compared the deployed to a group of matched civilian controls. Among 13 246 first time deployments to Balkan, Iraq or Afghanistan, 9154 (69 %) were military-personnel and 4092 (31 %) were non-military-personnel. 879 (6.6 %) were either admitted to or had an outpatient visit at a psychiatric hospital, or a prescript for psychiatric medicine. Duty in Afghanistan (HR:2.09, CI:1.79-2.43) or Iraq (HR:1.47, CI:1.22-1.78) was associated with higher utilization of mental health care system compared to Balkan (reference). Further analyses will be presented.

FRI 329
Increased Risk of Lifetime Trauma Exposures in Combat Veteran versus Civilian Hospitalized Physical Injury Survivors
(Abstract #1089)

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Combat Veterans have a demonstrated increased risk of physical injury and poorer health status relative to civilians (1,2). This study used the Trauma History Screen from the National Co-Morbidity Survey (3) and the PTSD Checklist (4) to compare lifetime trauma histories and PTSD symptom development among Combat Veteran and civilian injury survivors (N=699). Combat Veterans (n=98) were younger than civilians (n=601). Combat Veterans had a significantly increased risk of lifetime trauma exposures (Veteran M=5.5, SD=2.4; civilian M=4.2, SD=2.5). In age adjusted Poisson Regressions Combat Veterans demonstrated an increased risk of toxic chemical
exposures (RR=1.9; 95% CI=1.6, 2.3), having a child with a life-threatening illness or injury (RR=1.9; 95% CI=1.3, 1.4) being held up, or threatened with a weapon (RR=1.4 95%; CI=1.3, 1.6), and experiencing a traumatic event that the individual did not want to disclose (RR=1.5; 95% CI=1.0, 2.4). While Combat Veteran injury survivors have unique trauma history profiles relative to civilian patients, injured Combat Veterans were no more likely to experience high immediate post-injury PTSD symptoms. Orchestrated research and policy efforts could integrate the unique experiences of Combat Veteran patients into US trauma center practice guidelines.

FRI 331
Effects of Preventive Psychoeducation on Self-efficacy for Coping with Traumatic Memory Recall and Supporting Traumatized People in Japanese Undergraduates: A Controlled Trial
(abstract #1229)

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This study investigated the effects of preventive psychoeduction on self-efficacy for coping with traumatic memory recall and supporting traumatized people by setting a control group. Eighty-two Japanese undergraduates (mean ages = 19.91, SD = .96) were assigned either to an intervention group (N = 55) or a control group (N = 27). The intervention group participated in two psychoeducation sessions and rated the degree of fear of recall (0–100), the degree of probability of coping with recall (0–100), and the degree of probability of supporting traumatized people (0–100) at pre-sessions, post-sessions and during a one-month follow-up. The control group participated only in the questionnaires. The repeated measures ANOVA results showed that there was a significant group×time interaction in the degree of fear of recall (F (2, 160) = 5.00, p < .01, η² = .15), the degree of probability of coping with recall (F (2, 160) = 3.94, p < .01, η² = .13), and the degree of probability of supporting traumatized people (F (1.67, 133.72) = 10.35, p < .001, η² = .29). These results revealed that the psychoeducation may have had the short-term effects of decreasing the fear of recall and promoting self-efficacy for coping with recall and supporting traumatized people. However, the results of this study also suggest that the effects of the psychoeducation may not maintain for a long term.

FRI 332
Meta-analysis of the Effectiveness of Sexual Assault Bystander Interventions
(abstract #1335)

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One in five US women will experience a rape in her lifetime (Kilpatrick et al., 2007). Rape prevention programs have begun focusing on encouraging bystanders to intervene in risky sexual situations (Banyard et al., 2004). These interventions have been associated with promising reductions in rape myths acceptance as well as increased efficacy and willingness to intervene to prevent sexual assault (e.g., Gidycz et al., 2011). However, only one preliminary evaluation of bystander intervention programs exists (Katz & Moore, 2013). The current study represents an up-to-date meta-analysis of bystander intervention programs on sexual assault attitudes and bystander behaviors. Data from 27 studies (22 peer-reviewed articles and 5 unpublished dissertations) published between 2004 and 2016 were used to calculate 24 effect sizes. Preliminary results indicate that bystander interventions are associated with large effect sizes for increases in bystander efficacy (d= .49) and willingness to intervene (d = .58) and medium effect sizes for reductions in rape myths (d= -.28) and intent to commit rape (-.17). Bystander interventions appear to offer some promise for changing social norms and attitudes around sexual assault. However, effects on actual incidence of sexual assault are unclear as many studies have short follow-up periods and do not report data for sexual assault incidence.

Ethics

FRI 333
Trauma Research in a Japanese Sample: The Impact of Disclosure amongst Interpersonal Trauma Participants
(abstract #1025)

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Concerns regarding the potential harm of participating in trauma research have given rise to empirical study of this subject. Although studies have shown that interpersonal trauma survivors report distress immediately after participating (Black et al., 2006), they also commonly respond positively about participating (Jaffe et al., 2015). This research is largely limited to Western culture samples and there may be cultural values and beliefs that predict different responses to participating in interpersonal trauma research. The current study evaluated these reactions in a sample of 79 college students in Japan where interdependence and interpersonal harmony are strongly held values that are believed to increase the likelihood of experiencing dissonance and distress from disclosing interpersonal trauma. Participants rated their involvement in trauma research as neutral to positive based on six items. A paired samples t-test confirmed that distress ratings were significantly lower than ratings regarding the importance of asking about trauma in research. Lastly, the mean ratings were correlated, indicating that the more distressed an individual was in response to the items, the more important they thought it was to ask such questions. These results support the acceptability and benefit of trauma research in Japan. Further study in diverse populations is warranted.

Public Health

FRI 335
Resource Loss and Psychiatric Symptoms Following the Umbrella Movement in Hong Kong
(Abstract #213)

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The Umbrella Movement occurred in Hong Kong in 2014 after the Chinese government’s decision to reserve the right to pre-approve the candidates for Chief Executive Election in 2017. Despite the possibility of creating resource passageways (democracy/universal suffrage), social protests/political upheavals have the power of depleting personal, social, and material resources, impacting the citizens’ psychological well-being (Hall et al., 2015; Hobfoll, 2012; Westerhof & Keyes, 2006). The present study examined the prevalence of psychiatric symptoms and the associations of resource loss with the symptoms two months after the conclusions of the Movement. Among 1,208 population-representative Chinese Hong Kong citizens, over 47% and 14% reported moderate/severe anxiety and depressive symptoms, respectively. Multivariable regressions revealed that personal and social resource loss was associated with higher anxiety and depressive symptoms (adjusted odds/incidence rate ratios = 5%–102%), independent of lower education level and income and being unmarried. Specifically, the positive association between social resource loss on social media and depressive symptoms was significant only among middle-aged (39–55 years) and older (≥ 56 years) adults but not younger (18–38 years) adults. Clinical implications of resource loss as well as resource gain in social upheaval will be discussed.

FRI 337
Treating Trauma Survivors: Physicians’ Perspectives
(Abstract #550)

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The epidemiology of trauma is complex; trauma survivors may develop multiple medical and psychological problems. Past research has shown that trauma survivors are reluctant to seek services for issues related to psychological concerns, but many seek medical attention for their physical symptoms precipitating from their traumatic experiences (Bonomi et al., 2009). Research on physicians’ perspectives has demonstrated that physicians do not feel comfortable addressing their patients’ traumatic past because of the complexity of trauma, inadequate training and insufficient resources (Beynon et al., 2012). The current study examined professional experiences of physicians who have treated trauma survivors by individually interviewing 18 physicians in Canada. Results showed physicians have both positive and negative experiences with patients who have a history of trauma. The main themes related to positive experiences were their ability to help their patients, the importance of developing a trusting relationship with their patients, and having enough time. The main themes related to negative experiences were patients’ lack of help-seeking behaviors, compliance and trust, and insufficient time and resources. Findings from this study have implications for policy changes in patient care and healthcare administration.
We examined whether factors associated with individual psychotherapy receipt differed between female and male veterans with PTSD. Using data from a prospective national cohort study of veterans recently diagnosed with PTSD (N = 7,645), we explored gender differences in rates and predictors of individual psychotherapy (IP) initiation and engagement. Predictors were drawn from a survey administered shortly after PTSD diagnosis; the outcomes of IP initiation and engagement in an adequate IP trial (eight sessions) in the subsequent six months were drawn from VA administrative data. Women were more likely to initiate and receive an adequate trial of IP. Controlling for illness severity, the impact of anticipated treatment access barriers were greater for men than for women – men's IP initiation and retention were affected by only one barrier whereas for women at least 2 were needed to affect treatment receipt. Additionally, beliefs about therapy effectiveness were only associated with male veterans' IP engagement; perceived self-efficacy to follow treatment recommendations only affected women's IP engagement. Understanding factors unique to men's and women's treatment-related behaviors will enable the development of targeted interventions, which are likely to be more effective than a one-size-fits-all approach.

FRI 340
Comparison of Stigma and Barriers to Care in a Prospective Study of Civilians and Police Officers Exposed to Community Violence in Ferguson, MO

We examined whether factors associated with individual psychotherapy receipt differed between female and male veterans with PTSD. Using data from a prospective national cohort study of veterans recently diagnosed with PTSD (N = 7,645), we explored gender differences in rates and predictors of individual psychotherapy (IP) initiation and engagement. Predictors were drawn from a survey administered shortly after PTSD diagnosis; the outcomes of IP initiation and engagement in an adequate IP trial (eight sessions) in the subsequent six months were drawn from VA administrative data. Women were more likely to initiate and receive an adequate trial of IP. Controlling for illness severity, the impact of anticipated treatment access barriers were greater for men than for women – men's IP initiation and retention were affected by only one barrier whereas for women at least 2 were needed to affect treatment receipt. Additionally, beliefs about therapy effectiveness were only associated with male veterans' IP engagement; perceived self-efficacy to follow treatment recommendations only affected women's IP engagement. Understanding factors unique to men's and women's treatment-related behaviors will enable the development of targeted interventions, which are likely to be more effective than a one-size-fits-all approach.

FRI 339
Gender Differences in Rates and Predictors of Individual Psychotherapy Initiation and Engagement among Veterans Newly Diagnosed with PTSD

We examined whether factors associated with individual psychotherapy receipt differed between female and male veterans with PTSD. Using data from a prospective national cohort study of veterans recently diagnosed with PTSD (N = 7,645), we explored gender differences in rates and predictors of individual psychotherapy (IP) initiation and engagement. Predictors were drawn from a survey administered shortly after PTSD diagnosis; the outcomes of IP initiation and engagement in an adequate IP trial (eight sessions) in the subsequent six months were drawn from VA administrative data. Women were more likely to initiate and receive an adequate trial of IP. Controlling for illness severity, the impact of anticipated treatment access barriers were greater for men than for women – men's IP initiation and retention were affected by only one barrier whereas for women at least 2 were needed to affect treatment receipt. Additionally, beliefs about therapy effectiveness were only associated with male veterans' IP engagement; perceived self-efficacy to follow treatment recommendations only affected women's IP engagement. Understanding factors unique to men's and women's treatment-related behaviors will enable the development of targeted interventions, which are likely to be more effective than a one-size-fits-all approach.

FRI 338
Provider Perspectives on Barriers to Implementing Cognitive Processing Therapy in the VA Healthcare System

We examined whether factors associated with individual psychotherapy receipt differed between female and male veterans with PTSD. Using data from a prospective national cohort study of veterans recently diagnosed with PTSD (N = 7,645), we explored gender differences in rates and predictors of individual psychotherapy (IP) initiation and engagement. Predictors were drawn from a survey administered shortly after PTSD diagnosis; the outcomes of IP initiation and engagement in an adequate IP trial (eight sessions) in the subsequent six months were drawn from VA administrative data. Women were more likely to initiate and receive an adequate trial of IP. Controlling for illness severity, the impact of anticipated treatment access barriers were greater for men than for women – men's IP initiation and retention were affected by only one barrier whereas for women at least 2 were needed to affect treatment receipt. Additionally, beliefs about therapy effectiveness were only associated with male veterans' IP engagement; perceived self-efficacy to follow treatment recommendations only affected women's IP engagement. Understanding factors unique to men's and women's treatment-related behaviors will enable the development of targeted interventions, which are likely to be more effective than a one-size-fits-all approach.
mental health services, compared to 71% of 63 civilians who reported distress (p<.001). Despite wanting service, only 9% of LE and 28% of civilians were receiving services. Differences across groups on types of services being received, logistical barriers to care, and perceptions of public and private stigma will be compared with consideration of important variables such as SES, race, and gender. Implications for barriers to mental health treatment in high-risk communities trying to heal after violence will be discussed.

FRI 341
VA Health Care System Employees' Perceptions of Vulnerability to Workplace Violence
(Abtract #751)

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The present study assessed factors associated with VA employee perceptions of vulnerability to workplace violence and aggression. All employees at one VA Health Care System were invited to participate in an electronic workplace violence assessment survey. Participants included 331 employees from the VA Medical Center and its associated Community Based Outpatient Clinics (CBOCs), and represented a range of services, clinics, and occupational groups. Participants completed a survey that included established measures of exposure to workplace violence and aggression (i.e. frequency of exposure to physical violence and threatening verbal aggression), perceived vulnerability to workplace violence and aggression, and individual knowledge of safety protocols. A series of regression analyses demonstrated that: 1) more frequent exposure to workplace violence and aggression results in more perceived vulnerability and less perceived safety among employees; and 2) employees who know more about safety protocols perceive themselves to be safer and less vulnerable than those who know less (b = .27, t(325) = 5.02, p < .001), even after controlling for actual exposure to workplace violence and aggression. Implications and recommendations for future VA-wide workplace violence prevention and management programming will be discussed.
college students and to explore the relationship of demographic variables with the AMMSA. Using a sample (N = 400) from a large mid-western university, the correlation between the IRMA and the AMMSA was found to be .686, a moderate correlation that indicates there is a substantial difference in what each measure is capturing. Age, year in school, ethnicity, athletic participation, knowing someone who has been assaulted, and having been sexually assaulted have been examined; with a significant difference in AMMSA scores found for those that participate in athletics. Analyses are ongoing. These findings and other future research on subtle beliefs about sexual violence can serve to better understand this public health issue, combat the stigma associated with being a victim, and assist development of sexual violence prevention training.

**FRI 344**

**Adverse Childhood Experiences and Oral Health: Findings from the Behavioral Risk Factor Surveillance System**

(Abstract #349)

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It is well established that adverse childhood experiences (ACEs) increases engagement in health-risk behaviors such as alcohol abuse and smoking and risk for negative health outcomes in adulthood. However, less research has examined the link between ACE’s, smoking and oral health. Given that oral health is integral to overall health, examining this relationship is important in reducing morbidity in this population. Utilizing data from the 2010 Behavioral Risk Factor Surveillance System (BRFSS) (N=7,880), this study explored the relationship between ACEs, dental care engagement, and tooth loss as a proxy for oral health. Given gender differences in smoking behavior and ACE experiences, this study focused on women. Logistic regression analyses (controlling for demographics and health plan) demonstrated that ACE history was significantly associated with the loss/removal of multiple teeth (≥ 6 more permanent teeth removed). Exposure to ≥ 4 ACEs was significantly associated with smoking and significant tooth loss (OR=1.89; 95% CI=1.23-2.79). Furthermore, women who were current smokers with a history of ≥ 4 ACE were 2 times more likely to have significant tooth loss than current smokers without a history of ACEs (OR=2.41; 95% CI=1.52-3.84). Implications of these findings and directions for future research will be discussed.

**FRI 345**

**Firefighters, Trauma, and Social Support: Public Health Implications from a Network Analysis**

(Abstract #1038)

**Sullivan, Connor\(^1\), Lewis, Michael\(^2\), Wusik, Michael\(^1\), Jones, Russell\(^1\)**

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\(^2\)Virginia Tech, Blacksburg, Virginia, USA

Firefighters are exposed to many traumatic events as a part of their profession. Along with the physical risks associated with firefighting, there is also an associated risk of developing posttraumatic stress disorder (PTSD) and trauma-related sequelae (e.g., dissociation) as a result of repeated exposure to stressful and traumatic events (Berninger et al., 2010; Bryant & Harvey, 1996). Additionally, firefighters are often key community role models and embedded in a strong social support network of fellow firefighters. Our cross-sectional survey investigated 253 Georgia Public Safety Training Center firefighters’ experiences of trauma-related sequelae and social support. Psychometrically sound measures included the PTSD Checklist, the Dissociative Experiences Scale, the Multidimensional Scale of Perceived Social Support, and the Social Provisions Scale. A network analysis was conducted on a matrix of cross-sectional linear regressions. Results indicated that forming close attachments was directly protective, whereas other social support variables showed more indirect paths. For example, increased support from a significant other is associated with increases in PTSD symptoms. Specific public health implications and policy suggestions will be discussed.

**FRI 346**

**Firefighters and PTSD: Population Impact of Support, Motivation, and Stress**

(Abstract #1039)

**Lewis, Michael\(^1\), Sullivan, Connor\(^2\), Jones, Russell\(^1\), Wusik, Michael\(^2\)**

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Firefighters often have distinct motivations to stay in their profession, and also experience multiple positive events
through their profession, both of which may impact the development or severity of posttraumatic stress disorder (PTSD). Hence, this study examined 253 firefighters from the Georgia Public Safety Training Center (GPSTC) who completed open-ended prompts relating to motivation and positive events; responses were then coded into categorical variables. PTSD symptom severity was assessed with the PTSD Checklist (PCL). Multiple regression analyses indicated those who were motivated to remain as firefighters by a sense of having “no other option” experienced elevated PTSD symptoms ($t = 3.805, p < .001$) while those who were motivated by a “love of the job” experienced decreased symptoms ($t = 2.55, p = .01$) when controlling for other motivations and demographics. Regarding positive experiences, “bonding” was associated with lower PTSD symptom severity ($t = 2.306, p < .022$). These results represent significant protective and risk factors and may inform effective public health interventions. For example, firefighters who feel stuck in their job scored, on average, 13.9 points higher on the PCL. Thus, interventions designed to target this at-risk subgroup may lower the prevalence of PTSD among firefighters.

**FRI 347**

*Teaching Firefighters AMIT: Effective Methods of Peer Training*  
(Abstract #1040)

Gulliver, Suzy; Pennington, Michelle; Kimbrel, Nathan; Zimering, Rose

1Texas A&M Health Science Center, Waco, Texas, USA  
2Baylor Scott & White Health, Temple, Texas, USA  
3Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISH)  
4Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA  
Meth, Adult) I - Grand Hall

The original study (c.f. Gulliver et al., 2015) evaluated the relative efficacy of Adapted Motivational Interviewing Training (AMIT) compared to a time-equated control condition and determined the most efficacious method of AMIT delivery (peer- and counselor-led vs. video-based). Participants included 172 career firefighters who reported an interest in learning behavioral health intervention skills. Participants were randomly assigned to a peer- and counselor-led AMIT condition, a computer-based AMIT condition, or a computer-based behavioral health awareness control condition. Measures assessing AMIT skills, frequency of interventions and behavioral health knowledge were administered before and after the trainings and at 3-month follow-up. Both AMIT conditions were superior to knowledge only. The video delivered AMIT proved most effective, based on frequency and effectiveness of interventions carried out by trainees. Video methods have several advantages over the traditional group format used in the peer- and counselor-led AMIT, including lower cost and greater ease in dissemination compared to live training groups. New analyses from the assessment data are presented, and the public health impact of peer training is briefly discussed.

**FRI 348**

*Curvilinear Predictors of PTSD Symptom Change among Emergency Responders*  
(Abstract #1153)

Mercer, Mary Catherine, Lilly, Michelle  
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Research on the mental health of emergency responders has yielded startling results. Prevalence of PTSD among police officers and EMTs typically doubles and triples estimates found in the general population. Yet, few studies have examined symptomatology longitudinally. This is particularly true for 9-1-1 telecommunicators, a population that has received scant empirical attention in comparison to other public safety personnel. This study examined PTSD symptoms over a period of one year in a sample of 246 9-1-1 telecommunicators from across the study. At baseline, 25% of the sample met cut-off for probable PTSD. Over one year, 4.9% of participants gained and 11.4% dropped a probable diagnosis of PTSD. Three clinical groups were identified through cluster analysis: participants whose PTSD remained the same over one year (A), participants whose PTSD worsened (B), and participants whose PTSD were attenuated (C). Predictors of symptom change were examined with several remarkable results. Notably, intolerance of uncertainty and troubles with memory at six months demonstrated a curvilinear relationship with PTSD symptom change. Participants whose symptoms were attenuated (C) or worsened (B) had the greatest intolerance of uncertainty and memory difficulties. These results will be discussed within the context of traumatology research and practice.

**FRI 349**

*Functional Impairment in Posttraumatic Stress Disorder: a Systematic Review and Meta-Analysis*  
(Abstract #612)

(Mental Health, Adult) I - Grand Hall

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PTSD is often associated with substantial impairment in daily functioning. Empirically derived estimations for the magnitude of functional impairment in PTSD in distinct domains are essential e.g., for forensic evaluations in insurance medicine. A systematic literature search was conducted. Random effects meta-analyses were conducted for the different functional areas according to the WHO International Classification of Functioning, Disability and Health (ICF), and standardized mean difference statistic (d) were calculated. Forty-two studies were included. PTSD subjects, compared to healthy subjects, had higher impairment in the areas of general tasks and demands (d = 1.99), domestic life (d = 1.90), interpersonal interactions and relationships (d = 1.45), major life areas (d = 1.66), and community, social, and civic life (d = 1.70). PTSD subjects, compared to subjects with mental disorders other than PTSD, had higher impairment in self-care (d = 0.29), interpersonal interactions and relationships (d = 0.27), community, social, and civic life (d = 0.31). No differences between groups were found regarding impairment in mobility. Modest to large effect sizes were found for impairment in PTSD in many areas of daily functioning as conceptualized in the ICF of the WHO. These results suggest a significant impact of PTSD on public health and social insurance systems.

FRI 350
Do PTSD Symptoms Contribute to HIV Care Disengagement?
(Abstract #629)

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Effective HIV management involves regular HIV care appointments and adherence to antiretroviral medication. Unfortunately, many people living with HIV (PLWH) stop attending HIV primary care appointments. Posttraumatic stress disorder (PTSD) is more prevalent in PLWH and may represent a barrier to care. To investigate the relationship between PTSD, other psychiatric disorders and barriers to HIV care, we recruited PLWH who were both retained in care (RIC, N=21) and lost to care (LTC, N=21). Participants completed a psychological assessment (MINI, PSSI-5), a barriers to care interview, self-report measures, and a 40mL blood draw. Results showed no significant differences between LTC [M=10.81(14.74)] and RIC [M=8.14(10.46)] in PTSD severity, but LTC participants did have significantly higher rates of comorbid psychiatric [F(1,40)=6.81, p=.013], mood [X2(1)=4.73, p=.030], and anxiety disorders [X2(1)=4.20, p=.041] than RIC. PTSD severity was significantly correlated with the number of reported barriers to attending HIV care appointments in the full sample [r(1,42)=.40, p=.01]. This cross-sectional study provides preliminary evidence that PTSD is associated with more barriers to care, but not necessarily HIV care status.

FRI 351
Weill Cornell 9/11 Mental Health Screening Program - a Disaster Response Case Study
(Abstract #1306)

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Several recent studies have evaluated key monitoring and treatment efforts undertaken to address the physical and mental health consequences of exposure to the World Trade Center (WTC) disaster of 2001 (Crane et al., 2015, Thorpe et al., 2015). The purpose of this case study is to describe the Weill Cornell 9/11 Mental Health Screening Program that was established to monitor psychiatric health and provide psychological treatment and referrals to a large group of non-rescue disaster workers who had been deployed to work at the WTC site as part of their occupational duties. We will describe the key elements of the program set-up and operations, including the establishment of screening sites, assessment scheduling and coordination, personnel training, measurement of the WTC exposure and psychiatric symptomatology, data collection and management, worker confidentiality as well as treatment options and referral systems. Methodological approaches for screening symptomatic and non-symptomatic workers over an extended period of time (2002-2008) will be discussed. Recommendations for future environmental disaster preparedness that can be drawn from this case study will be summarized.
Background: Local public health departments (LPHDs) are well-positioned to address trauma as a public health issue given their focus on population-based, as opposed to clinical, interventions. The purpose of this qualitative study was to understand LPHD officials’ knowledge and perceptions of traumatic stress and trauma-informed practice. Methods: Semi-structured interviews were conducted with 30 LPHD officials. Interviews were audio recorded, transcribed, and analyzed using thematic content analysis. Kappa statistics of inter-rater reliability were calculated and categories with kappa ≥.60 were retained. Results: Respondents perceived traumatic stress as a major public health problem and many cited the adverse childhood experiences (ACE) study as the reason. Respondents had heard of, and were enthusiastic about, the concept of trauma-informed practice, but most were uncertain about how to integrate trauma-informed principles into their work. Many respondents were hesitant to address traumatic stress because such actions could be perceived as infringing upon the territory of local behavioral health agencies. Conclusions: Integrating trauma-informed principles into LPHD practice is promising and feasible strategy to address trauma as a public health issue. Collaboration between traumatologists and LPHD officials is needed to transform this opportunity into a reality.

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Adverse childhood experiences (ACEs) have been associated with increased risk of diabetes, a major public health problem. Less is known about the extent to which having experienced ACEs affects receipt of diabetes preventive care. We hypothesized the following: 1. ACE count would be associated with a higher prevalence of self-reported diabetes and associated diseases (MI, stroke) in a graded fashion. 2. Those with higher ACE burden would report being diagnosed with diabetes at a younger age on average. 3. ACEs would be associated with lower receipt of Healthy People 2020 Recommended Preventive Care Practices. We used the Behavioral Risk Factor Surveillance System (BRFSS) 2009 – 2012 Adverse Childhood Experiences (ACEs) Module Data (n = 179, 898) to evaluate the association between ACEs and self-reported diabetes and ACEs and associated conditions. A subset of the states administered the Diabetes Module (along with the ACE module) and we used this data to determine reported prevalence of recommended diabetic care by ACE status (n = 13, 503) and age at diagnosis. Results: Our hypotheses 1 and 2 were supported, but hypothesis 3 was only partially supported. Conclusions: ACEs are associated with diabetes in a graded fashion and diagnosis of diabetes at an earlier age. The relationship between ACEs and preventive care practices is less clear and requires further investigation.

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Objective: Evidence suggests that civilians may have considerable ambivalence to returning veterans. While civilians are frequently grateful for the service of military personnel, they can often be wary of the mental health and stability of returning veterans. If civilians do hold such negative biases towards veterans, whether implicit or explicit, this may have a significant impact on the ability of military personnel to integrate back into society. The goal of the study was to test whether participants held an implicit bias of mental instability towards veterans. Method: In this study, forty-eight participants took an adapted version of the Implicit Association Test (IAT: Greenwald et al., 1998). Pictures of veterans and civilians were paired with words that either reflected mental stability (safe, sane, reliable, responsible) or instability (crazy, dangerous, unstable, unpredictable). Results: The results demonstrated a finding of moderate effect size for an association between veterans and instability.
Conclusions: The data suggest that many of the reintegration issues that veterans face may be due, at least in part, to the negative implicit bias they face upon their return. Internalization of the perceptions by veterans themselves, may also lead to or exacerbate any existing mental health issues.

FRI 355
Mobile Health Applications for Addressing Post-Traumatic Stress Disorder (PTSD): A Literature Review (Abstract #1099)

Given the recent advancement of mobile technology and proliferation of mobile health (mHealth) applications, it is surprising to find that very few articles focus on analyzing or validating applications related to post-traumatic stress disorder (PTSD). This poster details a systematic literature review, with the inclusion criteria that consisted of: 1) review or validation of an existing PTSD applications, 2) development of mobile applications for the treatment or detection of PTSD symptoms, and 3) PTSD applications which are used as case studies for mHealth applications. Of the 28 selected papers, only 7 focus on validating existing applications, and most agree that while plenty of applications exist, validation is still largely required to seek the applications that are most beneficial in the prevention and treatment of PTSD symptoms. The most prevalent applications include PTSD Coach, PE Coach, and CPT Coach, developed by the Department of Defense and Veterans Affairs. While mobile phones offer many capabilities that can be implemented in mHealth applications, particularly those related to PTSD, there are still many limitations and challenges that prevent the existing and future applications from reaching their full potential including treatment adherence, compliance, and convenience.

FRI 356
Exploring Patterns in Referrals to Combat Stress for UK Veterans with PTSD between 1994 and 2014 (Abstract #33)

Background: Little is known about the patterns of help-seeking in UK veterans with PTSD. Methods: Data was extracted from an electronic patient database system that included information on referrals to a national mental health charity between 1994 and 2014. Results: A fourfold increase in the number of referrals received each year over the duration of the study period was observed. Ex-service personnel who had served in Northern Ireland made up the largest proportion of help-seekers. In recent years significant increases in referrals from veterans from Iraq and Afghanistan were noted. Over the study period the time it took for participants to seek help after they left the services reduced by a half. There has been a recent sharp increase in veterans seeking support for PTSD. This may reflect a period effect with individuals more willing to seek help sooner now than in the past. For example, veterans from Iraq and Afghanistan are seeking help more quickly than veterans from previous conflicts. Conclusions: The data presented within this paper suggests that there will continue to be an increase in the numbers of veterans seeking support for mental health difficulties over the coming years.