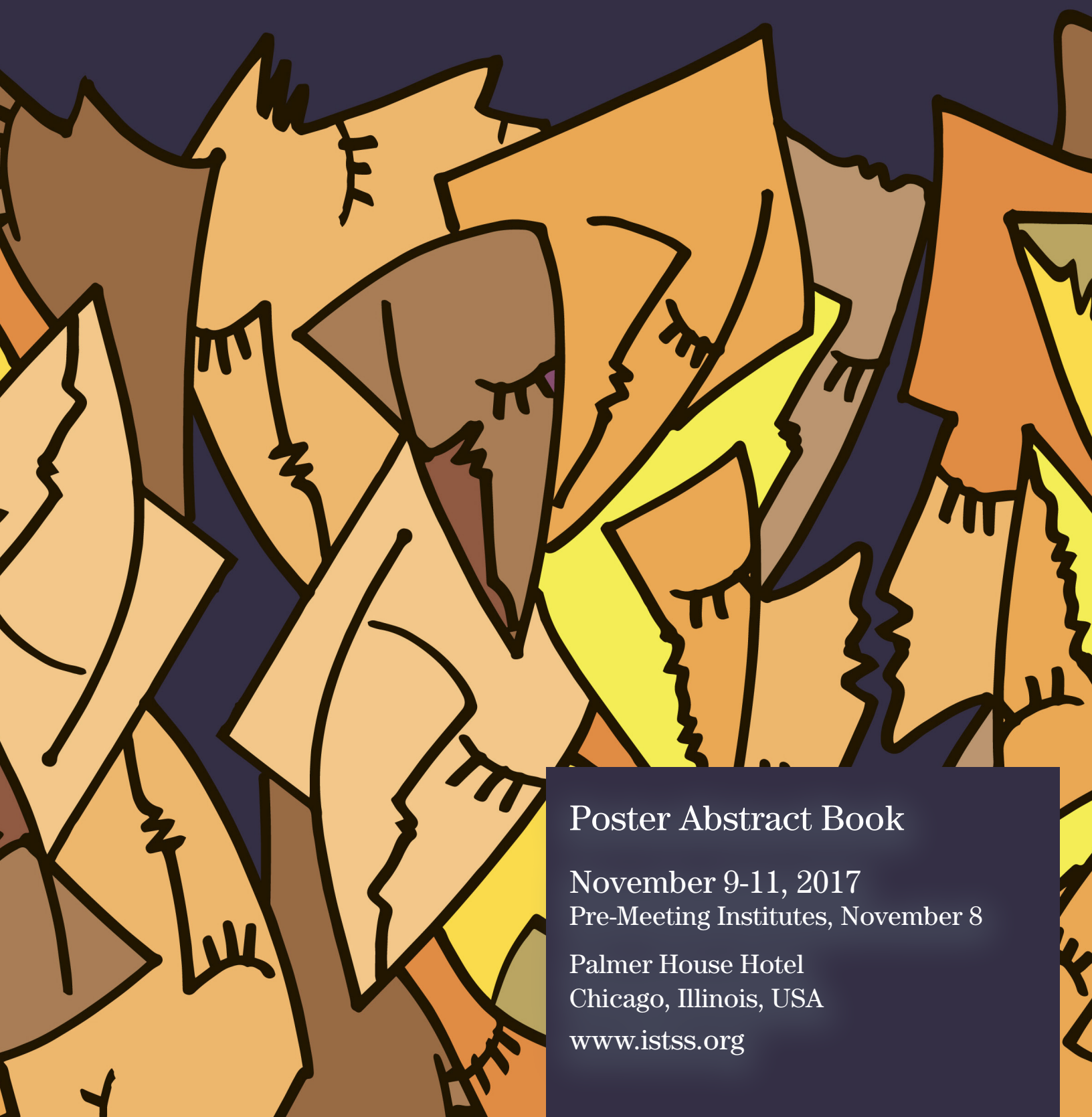




International Society
for Traumatic Stress Studies

33rd Annual Meeting

Trauma and Complexity: From Self to Cells



Poster Abstract Book

November 9-11, 2017

Pre-Meeting Institutes, November 8

Palmer House Hotel
Chicago, Illinois, USA

www.istss.org

Table of Contents	Pages
Guides to Information in the Schedule	2-3

Poster Session One

Session One Poster Map	5
Poster Session One Information	6
Assessment and Diagnosis Posters	6-20
Training/Education/Dissemination Posters	20-22
Clinical Practice Posters	22-29
Culture/Diversity Posters	29-31
Community-Based Programs Posters	31-33
Social Issues & Public Policy Posters	33-34
Global Issues Posters	34-36
Research Methodology Posters	36-40
Public Health Posters	40-46
Vicarious Traumatization and Therapist	
Self-Care Posters	47-48
Technology Posters	48-50
Prevention/Early Intervention Posters	50-56
Biological/Medical Posters	56-60
Clinical/Intervention Research Posters	60-98
Late Breaking Posters	99-121

Poster Session Two

Thursday Poster Map	122
Poster Session Two Information	123
Student Poster Award Finalists	123-129
Assessment and Diagnosis Posters	130-138
Training/Education/Dissemination Posters	139-140
Clinical Practice Posters	140-150
Social Issues & Public Policy Posters	150-153
Community-Based Programs Posters	153-156
Biological/Medical Posters	156-159
Public Health Posters	159-166
Prevention/Early Intervention Posters	167-172
Culture/Diversity Posters	172-174
Global Issues Posters	174-175
Vicarious Traumatization and Therapist	
Self-Care Posters	175-176
Research Methodology Posters	177-179
Technology	179-180
Clinical/Intervention Research Posters	180-243

Welcome Reception Poster Session

Welcome Reception Poster Floor Plan	244
Welcome Reception Poster Session Information	245
Aging, Trauma and the Life Course SIG Posters	246
Complex Trauma SIG Posters	247
Diversity and Cultural Competence SIG Posters	249
Early Interventions SIG Posters	250
Family Systems SIG Posters	251
Genomics and Trauma SIG Posters	252
Intergenerational Transmission of Trauma & Resilience SIG Posters	253
Internet & Technology SIG Posters	254-255
Military SIG	256
Psychodynamic Research and Practice SIG Posters	257-258
Research Methodology SIG Posters	259
Trauma and Substance Use Disorders SIG Posters	260
Trauma Assessment and Diagnosis SIG Posters	261
Traumatic Loss and Grief SIG Posters	262-263
Lesbian, Gay, Bisexual & Transgender (LGBT) SIG Posters	263
Trauma, Health and Primary Care SIG Posters	264-265

Poster Session Three

Friday Poster Map	266
Friday Poster Session Two Information	267
Case Study Posters	267-271
Assessment and Diagnosis Posters	271-277
Training/Education/Dissemination Posters	277-278
Clinical Practice Posters	278-287
Culture/Diversity Posters	288-289
Community-Based Programs Posters	289-293
Social Issues & Public Policy Posters	293-295
Global Issues Posters	295-297
Research Methodology Posters	297-300
Public Health Posters	301-309
Technology	309-310
Vicarious Traumatization and Therapist	
Self-Care Posters	310-311
Prevention/Early Intervention Posters	311-317
Biological/Medical Posters	317-321
Clinical/Intervention Research Posters	321-356
Late Breaking Posters	357-380



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/Aggressive 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)Biological Processes/Interventions (Bio/Int)
- 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 (Surv/Hist)
- 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.

Guide to understanding presentation listings:

Presenters' names are in **bold**.

Discussants' names are underlined.

Moderators' names are in **bold and underlined**.

Guides to keyword abbreviations located on pages 6 & 7.

(Primary Keyword, Secondary Keywords, Population Type, Presentation Level, Region)



Presentation Type Descriptions*

• 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 as “Flash Talks”

An exciting new series of talks, presenters will be required to describe their study goals, methods, and results succinctly, somewhat similar to the format of “TED talks”, keeping to a 5-minute time length and a 10-slide maximum.

• 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 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.*

Topical Tracks

The Program Chairs have grouped presentations on similar themes together into tracks so it is easier for you to find the programs in your area. However, please note that not everything would fit into the tracks so there are more presentations outside the tracks that may be related or of interest and you should check your schedule.

Look for these throughout the meeting schedule in the left column

Assessment and Diagnosis Track

Presentations on assessing trauma

Biological/Medical Track

Presentations on biological and physical aspects of trauma

Child Trauma Track

Presentations on various aspects of trauma in children and adolescents

Military Track

Presentations on trauma in military populations

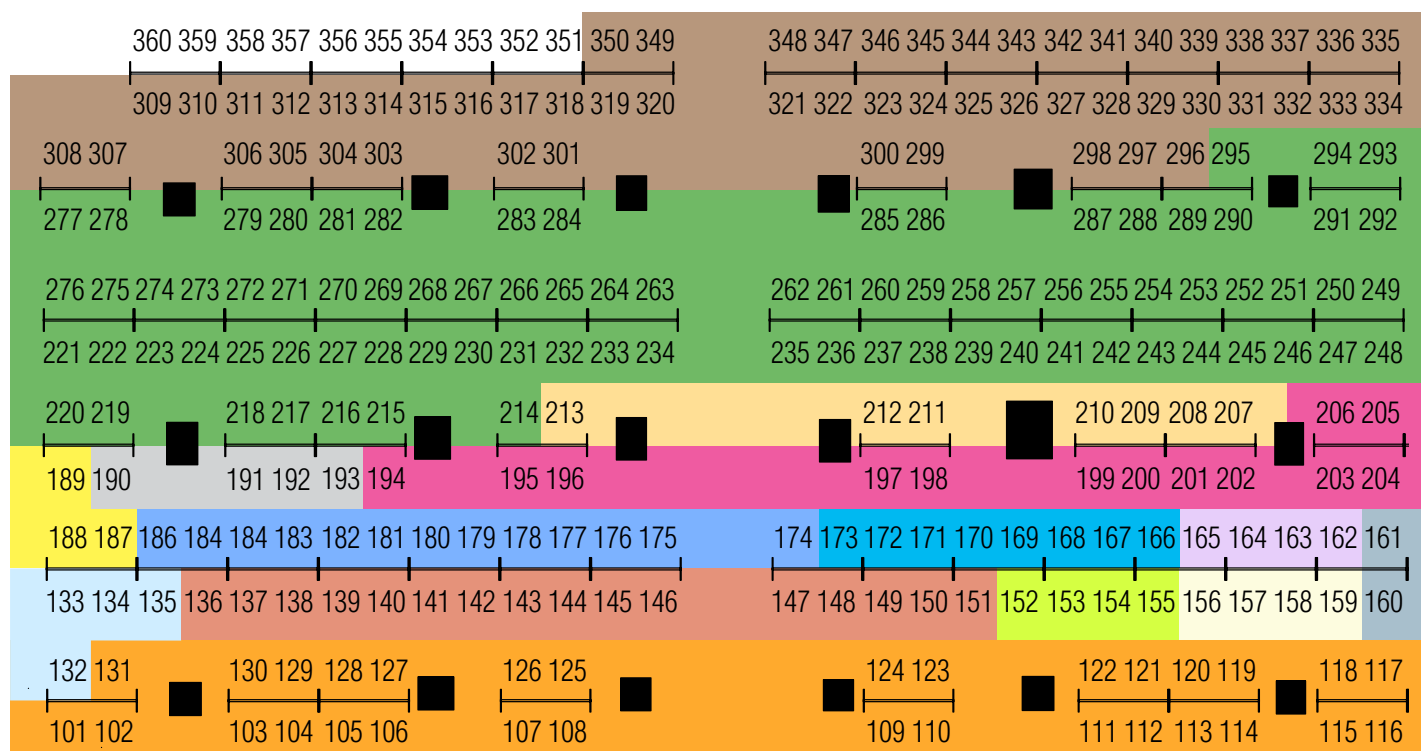
Refugee Track

Presentations on trauma in refugee populations

Treatment Track

Presentations on the treatment of trauma

Thursday Poster Session One Distribution Map



Poster Session One, Thursday Noon – 1:15 p.m.

Assessment & Diagnosis (Assess Dx)	101 – 131
Training/Education/Dissemination (Train/Ed/Dis)	132 – 135
Clinical Practice (Practice)	136 – 151
Culture & Diversity (CulDiv)	152 – 155
Community-Based Projects (Commun)	156 – 159
Social Issues - Public Policy (Social)	160 – 161
Global Issues (Global)	162 – 165
Research Methodology (Res Meth)	166 – 173

Public Health (Pub Health)	174 – 186
Vicarious Trauma & Therapist Self Care (Self Care)	187 – 189
Technology (Tech)	190 – 193
Prevention/Early Intervention (Prevent)	194 – 206
Biological/Medical (Bio/Med)	207 – 213
Clinical/Intervention Research (Clin Res)	214 – 295
Late Breaking	296 – 350

Poster Session One Thursday, November 9 12:00 PM to 01:15 PM

Poster Session One Presentations

Thursday, November 9, Exhibit Hall
Poster viewing: 9:30 a.m. – Noon
Presentations: Noon – 1:15 p.m..
Author Attended Poster Session One
Thursday, November 9
Noon – 1:15 p.m.

Poster Organization

Each poster is scheduled for either Author Attended Poster Session One, Thursday Noon, Author attended Poster Session Two, Thursday Evening, the Featured Poster Presentations at the Welcome Reception, or Author Attended Poster Session Three, Friday Evening, 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 page 5.

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 4.

Session One: Thursday, November 9

Poster Setup: 8:00 a.m. – 9:30 a.m.
Poster Viewing: 9:30 a.m. – Noon
Author Attended Poster Session: Noon – 1:15 p.m.
Poster Dismantle: 1:15 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.

ASSESSMENT/DIAGNOSIS

LUN 101

Gamma-glutamyl Transferase Predicts Internalizing Psychopathology in Trauma-Exposed OEF/OIF Veterans
(Abstract #1019)

LUN 101 (Bio Med, Assess Dx, Health, Bio/Int, Adult) I - Industrialized

Maniates, Hannah¹, Wolf, Erika², Milberg, William³, McGlinchey, Regina¹, Miller, Mark²

¹**VA Boston Healthcare System, Boston, Massachusetts**

²**National Center for PTSD at VA Boston Healthcare System & BUSM, Boston, Massachusetts**

³**Harvard Medical School & VA Boston Healthcare System, Boston, Massachusetts**

Increased oxidative stress has been associated with a number of psychological disorders, including anxiety and depression. Although the casual direction in this relationship is unclear, growing evidence points to the role of oxidative stress in the pathogenesis of these disorders. In this analysis, we examined associations between serum gamma-glutamyl transferase (GGT), a marker of oxidative stress, and psychopathology in a two-year longitudinal sample of 179 OEF/OIF veterans (M=32.84 years; 88.3% male; 74.9% white). We found that baseline GGT levels predicted follow-up self-report depression severity (when controlling for age, sex, time between assessments, and baseline depression severity; $\beta = .136, p = .046$). Similarly, baseline GGT levels also predicted subsequent clinician-rated internalizing psychopathology ($\beta = .146, p = .046$), indexed by the number of positive diagnoses across PTSD, major depressive disorder, and generalized anxiety disorder. No effects were observed for predicting clinician-rated externalizing disorders or PTSD alone and there were no significant reciprocal associations. These results suggest that oxidative stress may play an etiological role in the development of the broad dimension of internalizing psychopathology.

LUN 102

MMPI-2-RF Predictors of DSM-5 PTSD Severity and Dissociative Subtype Features
(Abstract #404)

LUN 102 (Assess Dx, Clin Res, Adult) I - Industrialized

Wilcox, Elizabeth¹, Stoop, Tawni¹, Maniates, Hannah¹, Miller, Mark², Wolf, Erika²

¹*VA Boston Healthcare System, Boston, Massachusetts*

²*National Center for PTSD at VA Boston Healthcare System & BUSM, Boston, Massachusetts*

We evaluated associations between Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) scales and DSM-5-defined PTSD severity and dissociative subtype features in a sample of 214 veterans (M = 54 years; 64% white; 80% male; 56% with PTSD). 59 were excluded due to invalid responding on the MMPI-2-RF. Multiple regression analyses revealed that, among the MMPI-2-RF Higher Order scales, Emotional/Internalizing Dysfunction and Thought Dysfunction were significantly associated with PTSD severity ($r = .35-.49$, $p < .001$), and among the Restructured Clinical scales, Somatic Complaints, Ideas of Persecution, Dysfunctional Negative Emotions, and Aberrant Experiences were associated with PTSD severity ($r = .18-.24$, $p < .05$). Associations between MMPI-2-RF and PTSD symptom clusters will also be reported. With respect to the dissociative subtype features, among the MMPI-2-RF Higher Order scales, Thought Dysfunction was significantly associated with Derealization/Depersonalization ($r = .36$, $p < .001$) and, among the Restructured Clinical scales, Low Positive Emotions and Aberrant Experiences were associated with Derealization/Depersonalization ($r = .31-.42$, $p < .05$). Results highlight the clinical utility of the MMPI-2-RF in DSM-5 PTSD assessment and provide new insight into the relationship between personality and dissociation.

LUN 103

Functional Posttraumatic Cognitions in Children and their Parents after Accidental Trauma
(Abstract #826)

LUN 103 (Clin Res, Acc/Inj, Acute, Assess Dx, Cog/Int, Child/Adol) - Industrialized

de Haan, Anke, Landolt, Markus

University of Zurich, Zurich, Switzerland

Cognitive trauma models suggest that posttraumatic cognitions (PTC) play an important role in developing and maintaining posttraumatic stress (PTSS). While there is research on dysfunctional PTC, little is known about the impact of functional PTC. Our study therefore aimed at examining the role of child and parental functional PTC in the acute phase after accidental trauma. 60 children (36 males; 7-15 years) and their parents were assessed within the first month after a road traffic accident or a burn injury. Child and parental functional PTC were assessed with the newly developed "Functional Posttraumatic Cognitions Questionnaire (FPTCQ)". 11 of the 14 items showed good psychometric properties, in the child ($N = 60$, Cronbach's $\alpha = .77$), the mother ($N = 47$, $\alpha = .78$), and the father sample ($N = 40$, $\alpha = .76$). Child functional PTC were significantly correlated with dysfunctional PTC (Spearman's $Rho = -.51$, $p < .001$) and acute self-reported child PTSS ($r = -.30$, $p = .023$). Additionally, there was a trend for the association with maternal dysfunctional PTC ($r = -.29$, $p = .056$). Maternal and paternal functional PTC were strongly associated ($r = .56$, $p = .001$). Functional PTC might be a promising new concept to extend the current cognitive models of posttraumatic adjustment in families.

LUN 104

The Utility of Appraisals in Predicting Posttraumatic Stress in Children with Injuries
(Abstract #827)

LUN 104 (Assess Dx, Acc/Inj, Acute, Assess Dx, Child/Adol) - Industrialized

Marsac, Meghan¹, Weiss, Danielle², Barakat, Lamia², Kassam-Adams, Nancy³

¹*University of Kentucky, Lexington, Kentucky*

²*Children's Hospital of Philadelphia, Philadelphia,*

Pennsylvania

³University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania

Appraisals / cognitions (how an individual interprets events) have been identified as potential mechanisms in the development of posttraumatic stress symptoms (PTSS) following exposure to a potentially traumatic event such as pediatric injury. The assessment of appraisals varies greatly, and there is not a gold standard of how to best assess this construct in children. As such, the current study aimed to compare appraisal assessment tools within a single study to contribute to our knowledge regarding what types of assessments may be most useful in predicting concurrent and subsequent PTSS in child post-injury. 96 children (ages 8-13 years) completed an assessment of self-reported global appraisals, self-reported trauma-specific appraisals, and an observational task which yielded scores of appraisals based on open-ended responses as well as forced choice responses. In addition, children completed PTSS assessments at T1 (within 2 weeks of injury), T2 (6 weeks later), and T3 (12 weeks later). In sum, results suggested that both global and trauma-specific appraisals were significantly related to concurrent PTSS but were not predictive of future PTSS (when controlling for baseline PTSS). Initial analyses regarding observed appraisal scores were not predictive of PTSS. More research is needed to determine the utility of each type of appraisal measure in predicting PTSS.

LUN 105

The Manifestation of Post-Traumatic Stress in School-Aged Children and Young Persons and its Implication for the PTSD Diagnosis
(Abstract #1117)

LUN 105 (Assess Dx, Acute, Assess Dx, Dev/Int, Child/Adol) M - Industrialized

Vibhakar, Viktoria¹, Le Brocque, Robyne², Kenardy, Justin¹

¹University of Queensland, Herston, Queensland, Australia

²University of Queensland, Brisbane, Queensland, Australia

The DSM 5 has introduced substantial changes to the PTSD diagnosis that apply to children age 7 years and older. This includes a new four-factor structure

and the requirement to endorse at least one effortful avoidance symptom to meet the diagnostic threshold. The majority of these changes have not been tested with children aged 7-14 years. Consequently, it is uncertain whether these changes improve the validity of the diagnosis in this age group. We used an international archive of prospective research studies of children exposed to an acute, potentially traumatic event to examine the underlying structure of symptoms and impairment in children aged 7-14 years. We examined the following questions:

What are the underlying structure of these symptoms in this age group?

What are the implications for diagnosing children aged 7-14 years?

Latent class analysis resulted in a three-class structure for both children 7-11 and 12-14 years, showing some differences with the current iteration of the DSM-5. Further information on the variation of individual symptoms in children aged 7-14 will be presented. Increasing evidence shows that the diagnostic classification of PTSD in children aged 7-14 years varies throughout childhood and may be different to the presentation in adults.

LUN 106

Assessing Risk of Abuse: The ASK-P for Children with Autism and Developmental Disabilities
(Abstract #897)

LUN 106 (Assess Dx, CPA, CSA, Prevent, Child/Adol) M - Industrialized

Rogers, Karen¹, Kim, Lydia², Olague, Jesse²

¹University of Southern California Keck School of Medicine, Los Angeles, California

²Children's Hospital Los Angeles, Los Angeles, California

Worldwide, an estimated 93 million children under the age of 14 have moderate to severe disabilities (World Health Organization, 2011). Children and adolescents with developmental disabilities are at markedly increased risk of maltreatment. This abuse is often more severe, more chronic, and more likely to recur with different perpetrators than that faced by typically developing youth. While the literature consistently identified a number of individual and family risk factors that may contribute to this risk, there has been no research on prevalence of risk factors among youth with and without developmental

disabilities. To date, no objective tool to measure these risk factors has been available. The Assessment of Safety Skills and Knowledge – Parent Report (ASK-P) is a 53 item behaviorally-anchored parent report questionnaire that assesses four specific domains of safety skills: communication, social skills, body rights and privacy, and family communication. The ASK-P was given to a sample of parents of 50 children with and without developmental disabilities, who spoke either English or Spanish. Results from this study and suggestions for future research will be reviewed.

LUN 107

The Impact of Early Social Factors on Trajectories of Internalizing Behavior Problems within Maltreated Foster Care Youth
(Abstract #1358)

LUN 107 (Assess Dx, CPA, CSA, Fam/Int, Res Meth, Child/Adol) M - Industrialized

Paschall, Ethan, Lauterbach, Dean
Eastern Michigan University, Ypsilanti, Michigan

Children who experience maltreatment at a young age are at an increased risk for developing behavior problems later in life. Maltreated youth who are removed from their family environment and placed in foster care comprise a particularly vulnerable population but little known about their long-term symptom trajectory. This study addresses this limitation using contemporary growth mixture modeling techniques. Participants were 330 youth from the Southwest site of the Consortium for Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) who were placed in foster care due to substantiations of maltreatment before age 4. Behavioral trajectories were assessed using caregiver reports of internalizing symptoms on the Child Behavior Checklist (CBCL) at ages 6, 8, 10, 12, 14, and 16. Preliminary findings support a 2-class solution with one group exhibiting moderate symptoms that increase slightly and a second group with elevated symptoms that decrease slightly. Additionally, findings on the impact of early social experiences, environmental factors, and cognitive ability on internalizing symptom trajectories will be presented. It is essential to understand the role the social milieu may have on subsequent behavioral trajectories of maltreated foster care youth.

LUN 108

Emotional and Behavioral Problems in Orphan and Non-orphan Adolescents
(Abstract #304)

LUN 108 (Assess Dx, Aggress, Fam/Int, Train/Ed/Dis, Grief, Child/Adol) M - N/A

Sharif, Shazia, Saleem, Sadia
Department Psychology, Lahore, Punjab, Pakistan

This study was aimed to explore relationship between Emotional and Behavioral problems in orphan and non-orphan adolescents. A cross sectional design (correlational study) was used for this study. The total sample obtained 373 participants with the age range of 12-19 years, the mean age 15.06 (SD =1.59). The School Children Problems Scale (SCPS) was the measure for emotional and behavioral problems (Saleem & Mahmood, 2011) and age, gender, number of sibling, class, and school were included in demographic Performa. The results indicated there was almost equal proposition of participants, non-orphan participants are 51% and orphans are 49%. The findings of t-test represented that orphan participants have more emotional and behavioral problems than non-orphans (EBPs). The Hierarchal Regression Analysis revealed that being orphan, male participants (boys) of 10th class found to be positive predictor of EBPs. Nevertheless, overall gender wise boys are more predictor of EBPs than girls.

Key words: Emotional Problems, Behavioral Problems, Orphan Children

LUN 109

Negative Affect's Role in the Relationship between PTSD and Depression
(Abstract #1104)

LUN 109 (Assess Dx, Depr, Adult) I - Industrialized

Lv, Xin¹, Byllesby, Brianna¹, Christ, Nicole², Claycomb, Meredith², Elhai, Jon²
¹University of Toledo, Department of Psychology, Toledo, Ohio
²University of Toledo, Toledo, Ohio

Negative affect is frequently studied among people with posttraumatic stress disorder (PTSD) and

depression. The purpose of this study was to explore the role of negative affect on the relationship between PTSD and depression. A sample of 348 participants from Amazon's Mechanical Turk labor-market reporting a history of trauma exposure based on the Stressful Life Events Screening Questionnaire (SLESQ) were included. Participants completed measures of PTSD (PTSD Checklist for DSM-5), negative affect (The Positive and Negative Affect Schedule), and depression (Patient Health Questionnaire-9). Path analysis was conducted using total scores for PTSD, depression, and negative affect. Results revealed that PTSD and depression was directly ($\beta = .41, p < .001$) and indirectly ($\beta = .28, p < .001$) related through negative affect. The result indicated that negative affect has a mediation effect on the relationship between PTSD and depression.

LUN 110
The Potential Effects of Alcohol Use Disorder and Major Depressive Disorder Symptoms on the Relationship between Posttraumatic Stress Disorder and Suicidal Ideation
 (Abstract #532)

LUN 110 (Assess Dx, Clin Res, Depr, Sub/Abuse, Adult) M - Industrialized

Ly, Xin¹, Byllesby, Brianna¹, Elhai, Jon²
¹*University of Toledo, Department of Psychology, Toledo, Ohio*
²*University of Toledo, Toledo, Ohio*

Alcohol use disorder and major depressive disorder are variables that are common among people who have concurrent posttraumatic stress disorder (PTSD) and suicidal ideation (SI). This study aimed at examining the effect of depression and alcohol use symptoms can on the relationship between PTSD and SI. A sample of 347 participants from Amazon's Mechanical Turk labor-market reporting previous trauma exposure were included in the study. Both direct and indirect relationships were assessed using PTSD total scores and cluster scores based on the DSM-5 four-factor model. Path analysis results revealed that PTSD and SI was both directly ($\beta = .26, p < .001$) and indirectly ($\beta = .08, p < .01$) related through alcohol use. PTSD's negative alterations in cognitive and moods (NACM) cluster was directly ($\beta = .32, p < .01$) and indirectly ($\beta = .04, p < .05$) related to SI through alcohol use. In addition, the alterations

in arousal and reactivity (AAR) cluster was also found indirectly related to SI through alcohol use ($\beta = .04, p < .05$). Significant indirect relationships were also found between PTSD's NACM cluster ($\beta = .20, p < .001$), PTSD AAR cluster ($\beta = .19, p < .001$) and SI through depression.

LUN 111
From Infidelity to Posttraumatic Stress: The Psychological Correlates of Relationship Infidelity in Young Adults
 (Abstract #887)

LUN 111 (Assess Dx, Acute, Cog/Int, Depr, Adult) I - N/A

Roos, Lydia, Willetts, Victoria, Canevello, Amy, Bennett, Jeanette
University of North Carolina at Charlotte, Charlotte, North Carolina

Clinical observations have led to a conceptualization of infidelity as a traumatic event in the counseling literature, as betrayed clients report trauma-like symptoms, including intrusive thoughts, hyperarousal, and flashbacks. Despite infidelity's high prevalence, no known studies have yet investigated whether posttraumatic stress symptoms (PTSS) follow infidelity, nor compared betrayed individuals with those who have not experienced these relationship stressors (i.e., breakup, infidelity; NRS) on psychological health outcomes. The present study examined infidelity's correlation with self-reported depressive symptoms, perceived stress, and anxiety in 384 individuals (average age 19.56 yrs \pm 4.48) as well as PTSS in a subset (N=76) who experienced infidelity within the last five years. Those who experienced infidelity had greater depressive symptoms than NRS individuals ($R^2 = .11, p < .05$). Among those who experienced infidelity, individuals who have a score suggesting probable PTSD (47%) reported significantly elevated depressive symptoms ($R^2 = .29, p < .00$), perceived stress ($R^2 = .13, p < .05$), and anxiety ($R^2 = .13, p < .05$) compared to NRS, even when controlling for DSM Criterion A1 traumas. Further, PTSS appears to be mediated by posttraumatic cognitions. Findings provide empirical evidence suggesting that infidelity can cast a long shadow on psychological well-being. Future work should investigate whether the infidelity-PTSS effect carries over into physical health outcomes.

LUN 112

Psychometric Validation of Brief Self-Report Screening Measures for Depression in Veterans with Military-Related PTSD

(Abstract #403)

LUN 112 (Assess Dx, Clinical Practice, Depr, Mil/Vets, Adult) M - Industrialized

Holder, Nicholas, Holliday, Ryan, Suris, Alina
Veterans Affairs North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas

Major depressive disorder (MDD) is one of the most common mental health diagnoses among veterans. Brief screening measures have been developed to screen for MDD as well as monitor symptoms over time. Military veterans with MDD often present with comorbid posttraumatic stress disorder (PTSD). Some symptoms of MDD directly overlap PTSD symptoms and veterans with multiple psychiatric conditions tend to report higher symptom severity compared to veterans with a single psychiatric diagnosis. Therefore, MDD-PTSD comorbidity has potential to affect the reliability and validity of brief screening measures. Despite this, few research studies have examined the role of PTSD comorbidity on these measures' psychometric properties. The current study assessed the reliability and validity of two MDD screening measures, the Beck Depression Inventory-II (BDI-II) and the Quick Inventory of Depressive Symptomatology, Self-Report Version (QIDS-SR16) in veterans with military-related PTSD. The BDI-II was assessed in veterans with military sexual trauma (MST)-related PTSD (n=126) and the QIDS-SR16 was assessed in veterans with both MST- and combat-related PTSD (n=240). Both measures were compared to a gold-standard structured diagnostic interview to assess criterion validity. Reliability was assessed by determining internal consistency. Both measures were found to have good reliability and fair validity for veterans with military-related PTSD; however, cut off scores for a positive MDD screen were found to be higher in this population than in the general population. Providers should be aware of how comorbid PTSD influences veterans' scores on commonly administered self-report screening measures for MDD.

LUN 113

Post-Traumatic Stress among Evacuees from the 2016 Fort McMurray Wildfires

(Abstract #765)

LUN 113 (Assess Dx, Nat/Dis, Adult) I - Industrialized

Belleville, Geneviève, Ouellet, Marie-Christine, Morin, Charles
Laval University, Québec, Quebec, Canada

The wildfires on May 1, 2016 in Fort McMurray (Alberta) destroyed approximately 2,400 homes and buildings and led to massive displacement of approximately 80 000-90 000 people. Many individuals faced direct or potential threat to their life or health, or significant losses, and families are still living through ongoing adversity and uncertainty as they adapt to new or temporary homes, schools and workplaces. The objective of this preliminary research was to rapidly document post-traumatic stress symptoms, cognitions and coping strategies in a sample of evacuees in the immediate aftermath of the wildfires and to examine the factors associated with post-traumatic stress symptom severity. A convenience sample of 379 evacuees aged 18 or older completed an online questionnaire in July-August 2016. The online questionnaire included the PTSD Symptoms Checklist (PCL-5), the Patient Health Questionnaire, the Insomnia Severity Index, the Pittsburgh Sleep Quality Index and its Addendum for PTSD, the Post-Traumatic Cognitions Inventory and the Ways of Coping Questionnaire. Participants were mostly female (77%). Mean age was 40.10 years old (SD = 12.20). Nearly one in four (23%) reported a change in work status since the fires. Roughly 60% suffered from significant post-traumatic stress, i.e. they had a PCL-5 score of 33 or higher. Results from stepwise multiple regression analyses indicated that depressive and insomnia symptoms, trauma-related sleep disturbances, post-traumatic cognitions concerning the others or the world as untrustworthy or dangerous, avoidance-based coping strategies and problem-solving/reappraisal coping strategies explained 77% of the variance associated with post-traumatic stress symptoms ($F(8,340) = 146.722, p < .001$). These preliminary findings suggested high rates of PTSD in the aftermath of a disaster. PTSD was associated with sleep disturbances and depressive symptoms, as well as with negative cognitions concerning the others and avoidance-based coping strategies. Although informative, these

findings are to be interpreted with caution, as they were assessed very early, i.e. three months after the fires and the evacuation. Some of the respondents had not even returned to their homes. Individuals feeling distress could have been more motivated to participate compared to persons with no particular mental health symptoms. State-of-the-art epidemiological studies should document the daily functioning and the prevalence of psychopathology in the long-term, and examine the impact of sociodemographic characteristics (e.g., sex/gender, age, ethnicity, neighbourhood, income and membership in a First Nation) on prevalence rates.

LUN 114
Traumatic Stress in Syrian Refugees in Ankara
(Abstract #1506)

LUN 114 (Assess Dx, Assess Dx, Health, Refugee, Civil/War, Adult) M - Industrialized

Kılıç, Cengiz, Kaya, Edip, Karadag Caman, Özge, Uner, Sarp
Hacettepe University Medical School, Ankara, Turkey

There are currently around 60.000 Syrian refugees living in Ankara, who migrated after the war started in 2011. 420 civilian Syrian refugees living in Ankara were assessed using a battery that included measures of traumatic stress, depression and services use. They were also asked questions on war-related traumas while they were in Syria. This was a population that was predominantly sunni muslims. Most of the respondents reported multiple and significant war-related traumas, and consequently reported high traumatic stress symptom levels. Although the government set up health units for the needs of the refugee population, all reported difficulty in getting access to health care, mainly due to language barrier. I will discuss the additive effects of social network disruption on civilian war trauma in creating post-war psychopathology.

LUN 115
Measurement of Moral Injury: A Comparison of Two Scales
(Abstract #911)

LUN 115 (Assess Dx, Mil/Vets, Adult) I - Industrialized

Lancaster, Steven¹, Harris, J. Irene²
¹Bethel University, St Paul, Minnesota
²Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, Minnesota

Combat-related morally injurious experiences have quickly become a focus for researchers, clinicians, and lay professionals who work with military veterans. However, the conceptualization of this construct has changed over time and assessment remains an important area of study. To date, two measures of morally injurious experiences have been published; yet, no studies have compared these assessments. This presentation will compare the nine-item Moral Injury Experiences Scale and 19-item Moral Injury Questionnaire in relationship to a wide range of outcomes. We collected data from 182 military veterans using Amazon's MTurk platform and assessed moral injury and related outcomes such as guilt/shame, anger, symptoms of PTSD, depression, and substance use as well as indicators of the Big 5. In general, the two measures of moral injury showed strikingly similar relationships to both the outcome variables and measures of personality. This is particularly notable as the scales contain different conceptualizations of this important construct. These results will be used to inform a discussion on the limitations of these measures, the extent to which they may tap generic emotional distress as opposed to morally injurious experiences, implications for our understanding of moral injury, and suggestions for future scale development.

LUN 116

Describing the Profile of a Population of Treatment-seeking UK Veterans for Traumatic Stress

(Abstract #11)

LUN 116 (Assess Dx, Clinical Practice, Health, Pub Health, Mil/Vets, Adult) I - Industrialized

Murphy, Dominic

Combat Stress & King's College London, Leatherhead, Surrey, United Kingdom

Objective: Little is known about the needs of veterans with mental health difficulties in the UK. Evidence suggests that veterans with mental health issues have poorer treatment outcomes than civilian counterparts. Improving understanding of the difficulties faced by veterans can help focus treatments and improve outcomes for a better quality of life. **Methods:** A random sample of UK veterans who had engaged with a national mental health charity in the UK was drawn. Individuals were asked to complete a questionnaire about their health, military experiences and pre-enlistment vulnerabilities. **Results:** 403/600 (67.2%) participants returned completed questionnaires. PTSD was the most commonly endorsed mental health difficulty (82%), followed by problems with anger (74%), common mental health difficulties (72%) and alcohol misuse (43%). Comorbidity was frequent; with 32% of those with PTSD meeting criteria for three other health outcomes versus only 5% with PTSD alone. PTSD and problems with anger appeared to be the health outcomes that were most frequently comorbid with each other.

Conclusions: Results indicate the complexity of presentations within treatment seeking veterans. These difficulties may partly explain the poorer treatment outcomes reported in veterans in comparison to the general public. As such, it would be prudent for interventions targeted at veterans with mental health difficulties to attempt to address the range of issues faced by this population rather than focus on a particular presenting problem.

LUN 117

The Impact of Traumatic Brain Injury and Posttraumatic Stress Disorder on Cognitive Function

(Abstract #244)

LUN 117 (Assess Dx, Acc/Inj, Complex, Depr, Mil/Vets, Adult) M - Industrialized

Roy, Michael¹, Walker, Doren², Taylor, Patricia¹, Raboy, Annabel², Kirby, Zena³, Dunbar, kerri²

¹Uniformed Services University, Bethesda, Maryland

²Uniformed Services University School of Medicine, Bethesda, Maryland

³Universidad Nacional de Córdoba, Bethesda, Maryland

PTSD and traumatic brain injury (TBI) are closely intertwined, frequently comorbid, and can each impair cognition, but the relationship between them requires elucidation. We analyzed data collected from a military cohort (n=219, mean age 39, 73% male), using ANOVA to compare composite scores on the NIH Toolbox Cognition Battery (NIH-TB, 7 assessments measuring critical cognitive domains) between those with TBI alone (determined by the OSU-TBI, 55% of cohort), TBI+PTSD (score >50 on the PCL, 20%), and healthy controls (25%). For both males and females, mean NIH-TB composite scores were significantly lower in those with TBI+PTSD than in controls or TBI alone. Separate analyses in males deployed to Iraq or Afghanistan confirmed cognitive impairment with TBI+PTSD (mean score 88.2; 95%CI 78.6,94.7) compared to TBI alone (105.2; 101.1,111.5) and controls (111.9; 103.4,120.4). Further analysis indicates that those with 1 or 2 TBIs have cognition comparable to controls, but those with >3 TBIs had significant impairment, a 2-fold increase in PCL score, and a 3-fold increase in depression symptom severity. In conclusion, having >3 TBIs is associated with impaired cognition as well as PTSD and depression, while having both TBI and PTSD is associated with impaired cognition regardless of number of TBIs.

LUN 118

Reasons for Non-suicidal Self-Injury in Veterans Diagnosed with PTSD: The Role of Emotion Regulation

(Abstract #1091)

LUN 118 (Assess Dx, Mil/Vets, Adult) I - N/A

Kimbrel, Nathan¹, Meyer, Eric², Kittel, Julie³, Morissette, Sandra⁴, DeBeer, Bryann², Longcor, Lauren²

¹*Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina*

²*VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas*

³*University of Rochester, Rochester, New York*

⁴*The University of Texas at San Antonio, San Antonio, Texas*

Introduction: An accumulating literature indicates that non-social self-injury (NSSI) is common in veterans diagnosed with post-traumatic stress disorder (PTSD; Kimbrel et al., 2015). Little is known about the reasons for engaging in NSSI in this population. In other populations, the initiation of NSSI is associated with communicating with others (Muehlenkamp et al., 2012) and emotion regulation (Turner et al., 2012). This study examines the association between reasons for engagement and NSSI behaviors. It was predicted that reasons associated with interpersonal factors and emotion regulation would be associated with NSSI behavior. **Method:** Veterans (n = 100) diagnosed with PTSD completed the clinician administered Self-Injurious Thoughts and Behaviors Questionnaire (Nock et al., 2007). **Results:** Results indicated that 15% of veterans (n = 15) diagnosed with PTSD engaged in lifetime NSSI behavior. NSSI behavior was associated with engaging in NSSI related to emotion regulation, $r = .50$, $p = .002$, $R^2 = .26$, but not with communicating with others. The final model explained 30% of the variance in NSSI behaviors. **Discussion:** Emotion regulation was associated with NSSI behaviors. These findings suggest the need for the development and validation of treatments for NSSI that incorporate emotion regulation skills for Veterans diagnosed with PTSD.

LUN 119

Symptom Presentation of Moral Injury in Military Combat Veterans

(Abstract #1344)

LUN 119 (Assess Dx, Mil/Vets, Other) I - N/A

Hostetler, Breanna¹, Bair, John²

¹*Adler School of Professional Psychology, Chicago, Illinois*

²*Lovell Federal Health Care Center, North Chicago, Illinois*

Purpose: The proposed study will explore the symptom presentation of trauma and Moral Injury (MI), which is a relatively new construct of trauma-based distress. The proposed study seeks to better understand the unique impact that MI has on Veterans with Post-Traumatic Stress Disorder (PTSD). This will occur at a federal health care center and will involve questionnaire analysis of 20 Combat Veterans Interviews who self-assess as having PTSD and MI and 20 without self-assessment as having MI. All subjects will also complete the Moral Injury Event Scale (MIES). All subjects will have diagnosis of PTSD verified by licensed clinicians. The aim of this quantitative study will be to use the MIES assessment measure evaluating occurrence and frequency of experienced moral injury and symptoms of trauma in order to evaluate differences in symptom presentation between PTSD-diagnosed combat Veterans with and without MI. Of specific interest is significant symptoms discrepancies between PTSD-diagnosed Veterans with and without MI, frequency of co-occurrence of MI and PTSD in Veterans, and accuracy of Veteran self-assessment of MI. **Significance:** In today's war-saturated society, an underserved population's mental healthcare needs continue to grow at an alarming rate: U.S. Military Veterans. Particular to the Veteran population is PTSD, one of the most prevalent military service-related mental health diagnoses of military veterans. However, as PTSD is a formal diagnosis, MI and other trauma-based distress is often overlooked because it does not meet the full criteria threshold of the disorder, which in turn makes it more difficult to fight stigmas as well as locate suffering veterans and provide treatment. Therefore, it is important to try to understand how PTSD diagnoses adequately conceptualizes MI among Veterans. **Definition:** Moral Injury is understood as internal conflict due to doing or witnessing acts in

conflict with one's morals. Moral injury may provide the foundation for PTSD, but may also play an interdependent or independent role in veterans' posttraumatic distress. Symptoms of MI may include spiritual/existential problems, interpersonal difficulties, guilt and shame, substance abuse and self-harming behaviors. While PTSD is often considered to be a unified construct, acting as a single label regardless of the index trauma(s) that precipitated the disorder, research suggests that different index trauma types specifically relate to manifestation of particular symptoms. The focus of this study is on the concept that a wide variety index traumas result in particular symptom presentations and, while PTSD spotlights combat trauma as the precipitating trauma, we need to measure and understand MI as a condition often co-occurring with PTSD.

LUN 120
Electrophysiological and Psychophysiological
Correlates of Emotional Dysregulation in PTSD
 (Abstract #1176)

**LUN 120 (Assess Dx, Affect/Int, Bio Med,
 Bio/Int, Mil/Vets, Other) A - Industrialized**

Eskelund, Kasper¹, Karstoft, Karen-Inge², Andersen, Søren²

¹*Danish Veteran Centre, Kbh O, Kbh P, Denmark*

²*Research and Knowledge Center, The Danish Veteran Center, Ringsted, Zealand, Denmark*

Alterations in emotion processing are a frequent outcome of exposure to trauma. This may produce symptoms of emotional dysregulation, such as emotional numbing or different symptoms of emotional hyperreactivity, impeding the ability to adapt to different contexts of emotional information and to process relevant and suppress irrelevant emotional information. Such dysregulation may impact lives of trauma-exposed severely. Emotion regulation can be assessed in behavioral and neural responses to emotional information in contexts supporting or distracting extraction of task-relevant emotional information. The emotional faces Stroop task (EFST, Etkin et al. 2006) registers emotion identification performance in the context of different emotional conflict levels. The EFST has proven sensitive to differences in emotion regulation across symptoms such as anxiety and depression (Etkin & Schatzberg 2011). Here, we present data from

trauma-exposed, treatment-seeking Danish veterans (N=83), recording emotion regulation behavior and EEG data in an EFST paradigm. These data are compared with self-reported PTSD measures, as well as self-reported emotion regulation capability, as to link trauma-evoked symptomatology with alterations in emotion regulation performance in the EFST.

LUN 121
Attachment and Attentional Biases following
Interpersonal Trauma versus Impersonal Trauma
in Taiwan
 (Abstract #1221)

LUN 121 (Assess Dx, Affect/Int, Adult) I - N/A

Huang, Yu-Lien¹, Kung, Yi-Wen¹, Su, Yi-Jen², Pan, Yuan-Chien³, Chen, Sue-Huei³

¹*Fo Guang University, Yilan, Taiwan*

²*Chang Gang University, Taoyuan City, Taiwan*

³*National Taiwan University, Taipei, Taiwan*

Objective: Exposure to trauma is an important risk factor for the development of posttraumatic symptomatology. Based on a social-cognitive model of posttraumatic stress disorder (PTSD), early trauma (in particular interpersonal trauma) produce anxious or avoidant attachment schemas that negatively distort social cognition such as attentional biases, which may increase risk for PTSD. The current study aimed to investigate the influence of interpersonal trauma (n = 46), relative to impersonal trauma (n = 46), on attentional processing of facial emotions. Methods: All participants were assessed their traumatic event, attachment insecurity, and attention biases that vary over time at durations of 100, 200, and 2,000 ms in a cross-sectional design. Results: Interpersonal trauma survivors displayed avoidance away from happy faces at 100 ms in neutral priming condition, which was correlated with avoidant attachment. In contrast, they showed vigilance towards angry faces at 2,000 ms in threatening priming condition, which was associated with anxious attachment. Conclusion: The finding indicated that interpersonal trauma has prominent impact on social cognition, which manifested as attentional biases, with its roots in insecure attachment history. In terms of clinical practice, cognitive bias modification targeting attentional biases may be a helpful direction for PTSD.

LUN 122

Dimensionality of the PCL-5 in a Large Representative General Population Sample from Germany

(Abstract #744)

LUN 122 (Assess Dx, Res Meth, Theory, Adult) I - Industrialized

Jäckle, David¹, Romppel, Matthias², Glaesmer, Heide¹

¹*University of Leipzig, Leipzig, Germany*

²*University of Bremen, Bremen, Germany*

Rationale: The PCL-5 is a new self-report instrument to assess symptoms of PTSD according to DSM-5 criteria. Recent psychometric analyses proposed different factor solutions ranging from a 4-factor-model representing the symptom clusters of PTSD according to DSM-5 to a 7-factor hybrid model. Five different models from the literature are tested in a large general population sample in Germany to derive the superior factor solution. **Methods:** The PCL-5 was used within a sample of the German general population (N = 1634) and tested for psychometric properties and latent factorial structure, using confirmatory factor analysis. **Results:** Every model shows adequate fit with superiority of the 7-factor hybrid model over the four factor DSM-5 model. Internal consistencies (Cronbach's alpha) of the overall scale are high ($\alpha = .94$) with diverging consistencies in the subscales of both models ranging from .82 to .90 (4-factor model) and .59 to .90 (7-factor model). **Conclusion:** While the 7-factor model better represents the diversity of PTSD symptom clusters and is therefore valuable for research, the DSM-5 model with four factors representing the four symptom clusters has a more practical implication for clinical work and diagnostics. The results support the application of the PCL-5 in non-clinical samples.

LUN 123

(De)Constructing Trauma: Development of Idiosyncratic Structural and Dynamic Organizations of Posttraumatic Symptoms to Examine Mechanisms of Symptom Maintenance
(Abstract #829)

LUN 123 (Assess Dx, Res Meth, Adult) M - N/A

Szkodny, Lauren¹, Newman, Michelle²

¹*Dartmouth/Hitchcock Medical Center, Lebanon, New Hampshire*

²*Penn State University, University Park, Pennsylvania*

The dynamic nature of PTSD inherent in the interplay between trauma-related thoughts, emotions, sensations, and behavioral strategies is central to models of PTSD (e.g., Ehlers & Clark, 2000; Foa & Rothbaum, 1998), which implicate avoidance of internal and external trauma-related stimuli in the maintenance of posttraumatic symptomatology. To further elucidate the causal role of avoidance in maintaining PTSD, the present study used intensive longitudinal data to examine idiosyncratic structural and dynamic organizations of PTSD. Twenty participants with trauma histories, 13 with clinically diagnosed PTSD and seven without, completed surveys of PTSD symptomatology for seven consecutive days, eight times per day at regular time intervals using Smartphone technology. The latent structure of daily posttraumatic symptoms was revealed through a series of person-specific exploratory and confirmatory factor analyses, whereas dynamic factor models yielded correlational and predictive relationships between states in time. Avoidance functioned in three significant dynamic roles across models: (1) causal agent in continued distress; (2) coping strategy maintained through negative reinforcement; and (3) co-regulation process. The heterogeneity observed in both structural and dynamic organizations underscores significant limitations in the current diagnostic system for PTSD.

LUN 124

The Effect of Posttraumatic Stress Disorder Symptom Change on Functional Impairment in Female Interpersonal Violence Survivors
(Abstract #1471)

LUN 124 (Assess Dx, DV, Rape, Adult) I - Industrialized

Chesher, Rebecca, Griffin, Michael

University of Missouri St. Louis, St Louis, Missouri

Trauma survivors often suffer from symptoms of PTSD and can have functional impairment associated with their traumatic event throughout the development of the disorder. The aim of the present study is to assess whether or not a change in PTSD

overall symptom severity scores and changes in symptom cluster scores, as measured by the CAPS, affect changes in social, occupational, and physical functional impairment in female interpersonal trauma survivors (N = 54) from one month to eight months post trauma. Regression analyses indicate that changes in avoidance and numbing symptoms predicted an overall change in the functional impairment model ($F(2, 47) = 3.24, p = .04$); however, additional analyses suggest these changes only predict social and occupational functioning ($F(1,53) = 6.60, p = 0.01$), compared to changes in physical functioning ($F(1,53) = 0.72, p = 0.79$). Further analyses show the greater predictive ability for PTSD symptom changes than depression symptom changes on functional impairment. Findings suggest that reduction of PTSD symptoms will increase daily functioning abilities over and above reduction of depressive symptoms alone.

LUN 125

Parental Rejection Mediates the Relation between Cumulative Trauma and PTSD Severity
(Abstract #1451)

**LUN 125 (Assess Dx, Chronic, Fam/Int, Adult)
M - Industrialized**

Kelley, John¹, Jacoby, Vanessa², Scotti, Joseph³

¹*University of Texas Health Science Center at San Antonio, San Antonio, Texas*

²*University of Texas Health Science Center at San Antonio, Ft Hood, Texas*

³*WHOLE Veterans, PLLC, Morgantown, West Virginia*

Perceived rejection from caregivers can have a significant impact psychological distress into adulthood (Krause, Mendelson, & Lynch, 2003) and it has been implicated as a key risk factor for the development of Borderline Personality Disorder (Linehan, 1993). Parental invalidation has also been shown to be related to emotional inhibition (Krause, Mendelson, & Lynch, 2003) and avoidant coping (Hagan et al, 2017), which are key components of posttraumatic stress disorder (PTSD). Yet parental rejection, separate from child maltreatment, has not been investigated with respect to PTSD. The current study examined parental rejection and its relation to cumulative trauma and PTSD severity in a sample of 599 college students. Similar to previous research

(e.g., Karam et al., 2014), cumulative trauma was related to PTSD severity ($r = .30$). PTSD severity was also significantly related to maternal ($r = .28$) and paternal ($r = .36$) rejection, with parental rejection mediating the relation between cumulative trauma and PTSD severity ($R^2 = .18$). These results highlight the clinical importance of assessing for parental rejection and invalidation experiences when conceptualizing an individual's PTSD and other trauma-related symptoms, as opposed to focusing on DSM 5 Criterion A (APA, 2013) traumatic events alone.

LUN 126

Variability in Unique PTSD Symptom Patterns Compared Across Clinical and Non-clinical Samples: The Myriad Manifestations of PTSD
(Abstract #1519)

LUN 126 (Assess Dx, Assess Dx, Adult) I - N/A

Knight, Jeffrey¹, Berlingeri, Angela², Fox, Aaron³

¹*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts*

²*National Center for PTSD and VA Boston Healthcare System, Boston, Massachusetts*

³*Independent Consultant, Boston, Massachusetts*

PTSD's clinical presentation is heterogeneous, reflecting both the phenomenon and DSM diagnostic criteria. The 17 individual DSM-IV and 20 DSM-5 criteria yield 79,794 and 636,120 possible symptom combinations, respectively, that qualify for the PTSD diagnosis. The present study examined these theoretical limits using CAPS and PCL data from actual clinical samples totaling 1119 participants. The goal was to characterize variability in unique symptom pattern sequences (UPS) based on all 17 PTSD criteria. PTSD heterogeneity was reflected in wide-ranging clinical symptom pattern variability for both PTSD and nPTSD cases. Significant overlapped occurred at the diagnostic threshold cutpoint. The UPS generated from CAPS IV and PCL data were discordant, with the PCL generating 2 to 10 times more UPS than the CAPS. The variability in observed UPS was also associated with overall PTSD symptom load. Shifts in pre-post treatment UPS in clinical samples reflected the positive treatment outcomes. Overall, these findings: 1) revealed consistently high numbers of UPS within each sample, with all UPS qualifying diagnostically as

either PTSD or nPTSD, and 2) illustrate the problem with referring to PTSD monolithically. Implications and impact on clinical treatment planning, sampling strategies for population studies, and fine-grained analyses of PTSD outcomes will be discussed.

LUN 127

Comparing Posttraumatic Symptoms between Individuals Exposed and Unexposed to Ongoing Political Conflict: Results from a Population Based Case-Control Study
(Abstract #910)

LUN 127 (Assess Dx, Chronic, Terror, Adult) I - Industrialized

Goral, Aviva¹, Lahad, Mooli², Aharonson-Daniel, Limor¹
¹*Ben Gurion University of the Negev, Beer Sheva, Israel*
²*Tel-Hai College, Upper Galilee, Israel*

Background: Ongoing exposure to political conflict is associated with adverse responses beyond those specified in DSM-5 for PTSD. Currently used PTSD assessment practices are not sensitive to these differences and are limited for use in these situations. **Aims:** We aimed at comparing the prevalence and severity of various posttraumatic symptoms between individuals exposed and unexposed to ongoing political conflict. **Methods:** The study questionnaire was distributed among individuals residing in settlements bordering the Gaza Strip (exposed cases) and individuals residing in central Israel (un-exposed controls). The data collected included the responders' trauma exposure history as well as the occurrence and severity of 45 posttraumatic symptoms. These included 20 PTSD symptoms (Criteria B-E in DSM-5) and 25 supplementary symptoms (not explicitly assessed in the DSM-5). Statistical analyses were performed using Chi square tests and multinomial logistic regression models. **Results:** The study sample consisted of 315 responses; 46% (n=145) exposed participants. The following supplementary posttraumatic symptoms were significantly associated with ongoing exposure to political conflict: 'Feeling that life has no meaning'; 'Sense of danger'; 'Changes in appetite'; 'Loss of energy or motivation'; 'Rage outbursts'; and 'Depressed mood'. **Conclusions:** Our findings highlight some of the posttraumatic symptoms salient to ongoing exposure to political conflict. Specifically addressing these

symptoms during the diagnosis process will lead to a more efficient treatment and alleviate unnecessary suffering.

LUN 128

Does Ongoing Exposure to Political Conflict Need a Different Diagnosis for PTSD? Comparing Posttraumatic Characteristics by Type of Trauma
(Abstract #1251)

LUN 128 (Assess Dx, Chronic, Terror, Civil/War, Prof) I - Industrialized

Goral, Aviva¹, Lahad, Mooli², Aharonson-Daniel, Limor¹
¹*Ben Gurion University of the Negev, Beer Sheva, Israel*
²*Tel-Hai College, Upper Galilee, Israel*

Background: Current post-traumatic stress assessment practices are not theoretically or specifically geared to the symptomatic characteristics salient to ongoing exposure to political conflict and are therefore limited for use in these situations. Developing standardized, reliable diagnostic criteria for assessing the post-traumatic stress reactions in these situations is an important priority. **Aims:** The current survey aimed to identify the posttraumatic characteristics most salient to ongoing exposure to terror or military conflict. **Methods:** A survey questionnaire was disseminated to therapists treating trauma victims throughout Israel addressing various aspects of the differences in posttraumatic characteristics associated with ongoing exposure to terror or military conflict and those associated with a single exposure to trauma. Participants were presented with a list of about 75 posttraumatic symptoms and were asked to rate each symptom with regards to its frequency and severity and by trauma type. The final study sample consisted of 66 responses valid for analysis. **Results:** Our findings highlight the complexity of the posttraumatic picture associated with ongoing exposure to political conflict and show some of the differences in the posttraumatic characteristics associated with such an exposure compared with those associated with a single exposure to trauma. **Conclusions:** Our findings contribute to the overall understanding of the posttraumatic effects of ongoing exposure to political conflict. As violence and hostility directed at civilian populations is now apparent in many regions around

the world, these findings have important global implications for diagnosis and care.

LUN 129

A Network Analysis Approach to Anger Symptoms in DSM-5 PTSD and Proposed ICD-11 PTSD and Complex PTSD
(Abstract #435)

LUN 129 (Assess Dx, Assess Dx, CPA, Complex, Adult) M - Industrialized

Lueger-Schuster, Brigitte, Knefel, Matthias, Glueck, Tobias
University of Vienna, Vienna, Austria

Objective: Posttraumatic stress disorder (PTSD) and anger symptoms often covary. Yet, their interplay on symptom-level has not been sufficiently addressed in research. Considering the new version of PTSD in DSM-5 and the proposed definitions of PTSD and Complex PTSD in ICD-11, there is a need to illuminate these interactions. **Method:** In 220 adult survivors of childhood abuse in foster care settings, we used the PTSD checklist for DSM-5 and the ICD-Trauma Questionnaire to assess posttraumatic symptoms and the State Trait Anger Expression Inventory and the Displaced Aggression Questionnaire to assess symptoms of anger. We applied network analytical methods - undirected graphical lasso networks and directed relative importance networks - to clarify the interaction of anger and PTSD in both diagnostic systems. **Results:** The undirected networks indicated that posttraumatic and anger symptoms form networks of mutually interacting elements, however, the anger symptoms grouped together in distinguishable communities in both (DSM-5 and ICD-11) networks. The directed networks revealed the importance of the capacity to regulate emotional states as bridge to both, anger and closely trauma-related symptoms (intrusions/re-experiencing and avoidance). **Conclusion:** Our results substantiate the direct interaction of posttraumatic and anger symptoms, although these constructs form distinguishable subgroups within their psychopathological networks.

LUN 130

Development of the Subclinical Dissociation Scale by Comparing Healthy Controls and Patients with Post Traumatic Stress Disorder or Dissociative Disorder
(Abstract #92)

LUN 130 (Assess Dx, Assess Dx, Clin Res, Prevent, Care, Lifespan) I - N/A

Masuda, Ryota¹, Oe, Misari², Kakuma, Tatuyuki³, Uchimura, Naohisa²

¹Department of Psychology, Sugiyama Jogakuen University, Nisshin, Aichi, Japan

²Department of Neuropsychiatry, Kurume University School of Medicine, Kurume, Fukuoka, Japan

³Biostatistics Center, Kurume University, Kurume, Fukuoka, Japan

Objective: Dissociative disorders are characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory identity, emotion, perception, body representation, motion control, and behavior (American Psychiatric Association, 2013). Prior research suggests that many healthy individuals experience fantasy involvement, absorption, mild amnesia, and depersonalization (Ludwig, 1983; Putnam, 1997). Here, we aimed to construct a discriminative model of normal and pathological dissociation by comparing Healthy Controls and Patients with Post Traumatic Stress Disorder or Dissociative Disorder by using the subclinical Dissociation Scale. **Method:** Questionnaires were completed by 441 Japanese adolescents (mean age 19.94 years) and 23 psychiatric inpatients diagnosed with PTSD or dissociative disorder. Questionnaires included the DES, Subclinical Dissociation Scale, and General Health Questionnaire. **Results:** Results of Factor analysis and correlation analysis for healthy controls indicated that the Subclinical Dissociation Scale was identified five factors composed of 52 items with adequate reliability and validity. Results of ROC curve analysis by comparing Healthy Controls and patients group, final version of the Subclinical Dissociation Scale was composed three factor with 37 items. **Conclusions:** This study provides evidence for adequate test-retest reliability and concurrent validity of the Subclinical Dissociation Scale.

LUN 131

Intergenerational Trauma Exposure and Trauma Sequelae in Youth

(Abstract #1241)

LUN 131 (Assess Dx, CPA, CSA, Intergen, Gender, Lifespan) M - Industrialized

Dewey, Lauren¹, Holbrook, Hannah¹, O'Loughlin, Kerry¹, Kaufman, Joan², Hudziak, James¹

¹University of Vermont College of Medicine, Burlington, Vermont

²Kennedy Krieger Institute, Baltimore, Maryland

Objective: This study aims to examine the prevalence of and associations among parent and child exposure to trauma and the common trauma sequelae (symptoms of PTSD, depression, conduct problems) in youth from a rural state in New England. *Methods:* This presentation focuses on 206 dyads of youths and non-abusive parents who completed detailed psychosocial assessments of parent and child exposure to trauma and child symptoms of PTSD, depression and externalizing behaviors as part of a larger study of e epigenetic modifiers of depression and other stress-related psychiatric disorders among youth (n=310; mean age=11; 56% female; 50% involved with Child Protective Services). *Results:* Parents reported experiencing trauma themselves at rates and patterns similar to youth. For example, around 33% of both youth and parents reported a sexual abuse history. Parents of youth with significant symptoms of PTSD and depression reported higher rates of their own trauma exposure. Associations among trauma types and symptoms are examined. The role of gender, shared trauma types within dyads, and other factors that may increase likelihood of clinically significant symptomatology among youth will be discussed. *Conclusions:* Assessing intergenerational exposure to trauma is both possible and prudent. Implications for engaging parents in family-based assessment and treatment will be discussed.

**TRAINING/EDUCATION/
DISSEMINATION**

LUN 132

Assessment of Practitioner Attitudes, Behaviors and Wellbeing in the PTSD Practitioner Exchange
(Abstract #933)

LUN 132 (Train/Ed/Dis, Clinical Practice, Prof) - Industrialized

Wilk, Joshua¹, Clarke-Walper, Kristina¹, Magnavita, Ashley², Simon, Erica³, Ruzek, Josef⁴, Rosen, Raymond²

¹Walter Reed Army Institute of Research (WRAIR), Silver Spring, Maryland

²New England Research Institutes, Inc., Watertown, Massachusetts

³National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California

⁴VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California

The PTSD Clinicians Exchange is designed to increase clinician familiarity, perceived benefit, implementation, and referral behaviors related to the use of evidenced base practices (EBP) in the treatment of PTSD. The PTSD Provider Survey is the primary survey instrument designed to assess the success of the Exchange in meeting these goals. This presentation will describe the development of this data collection instrument, including its conceptual underpinning and process of item construction. The frequency of survey administration and the primary outcomes assessed will also be presented. The survey measures clinician awareness, receptivity and use of twenty-six EBPs and cutting-edge practices for the treatment of PTSD over a one year period of enrollment in the study. Additionally, associated provider and practice variables thought to be associated with the implementation of EBPs, as well as secondary outcomes are measured. Organizational factors that serve as barriers or facilitators of adoption and the potential role of stress and burnout as potential barriers to implementation of EBPs are assessed. The use of both validated and newly developed measures selected to provide a clinically-relevant and conceptually-based means of assessing

key areas of provider function during the course of the registry will be presented.

Veterans Health Affairs, Department of Defense, and Community.

LUN 133

Rationale, Design and Implementation of the PTSD Practitioner Exchange: A Novel Method for Measuring Dissemination and Uptake of Clinical Practice Guidelines for PTSD Management
(Abstract #934)

LUN 133 (Train/Ed/Dis, Clin Res, Clinical Practice, Cog/Int, Prof) - Industrialized

Ruzek, Josef¹, Wilk, Joshua², Simon, Erica³, Magnavita, Ashley⁴, Rosen, Raymond⁴
VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California
²Walter Reed Army Institute of Research (WRAIR), Silver Spring, Maryland
³National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California
⁴New England Research Institutes, Inc., Watertown, Massachusetts

To improve quality of care for Warriors and Veterans, it is imperative to ensure that practitioners are adequately informed, trained, and supported in the delivery of best practices, as specified in definitive clinical practice guidelines such as the VA-DoD Clinical Practice Guideline for Management of Posttraumatic Stress (CPGs). The PTSD Practitioner Exchange was designed to meet this goal by promoting best practices for PTSD as defined in the CPGs, and monitoring adoption and implementation of these practices over time, as well as providing resources for managing personal stress or secondary trauma related to clinical work. The rationale and development of this web-based resource for dissemination and support will be presented, including results from 54 qualitative interviews with providers, which guided the development of the Exchange. Design, implementation, and evaluation of the Exchange will be discussed, particularly with regard to the primary aim of increasing positive changes over time in attitudes, receptivity, and use of 26 key practices for PTSD and common co-occurring problems. Additionally, we will discuss the design and progress of the randomized controlled trial (RCT) evaluating the Exchange, which has enrolled a large cohort of providers in three service sectors:

LUN 134

Design, Development and Dissemination of a Clinical Practice Guidelines Internet Resource for Clinicians: The PTSD Clinicians Exchange
(Abstract #935)

LUN 134 (Train/Ed/Dis, Clin Res, Clinical Practice, Media, Tech, Prof) - Industrialized

Magnavita, Ashley¹, Rosen, Raymond¹, Simon, Erica², Wilk, Joshua³, Ruzek, Josef⁴
¹New England Research Institutes, Inc., Watertown, Massachusetts
²National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California
³Walter Reed Army Institute of Research (WRAIR), Silver Spring, Maryland
⁴VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California

To assess clinician's needs and interests in a web-based resource for the dissemination of evidence-based practices, 54 qualitative interviews were conducted with PTSD providers across three service sectors (VHA, DoD, community clinicians). Findings from these interviews provided insight and informed the development of the PTSD Clinicians Exchange website which includes three main components: Engage, Connect and Inspire. "Engage" provides access to a wide range of resources for 26 evidence-based and cutting edge practices for the treatment of PTSD. "Connect" provides clinicians with avenues for connecting with other clinicians. "Inspire" provides clinicians with self-care opportunities. Of the 605 clinicians randomized into the PTSD Practitioner Registry, three-fourths (N = 452) received access to the developed PTSD Clinicians Exchange website and a bi-monthly trauma focused and one-fourth received the trauma-focused newsletter only. Following randomization, clinicians with access to the Exchange website have 12 months to utilize the website. We will discuss how the feedback provided by clinicians in the qualitative interviews shaped the development of the Exchange. The strengths and weaknesses of this Exchange website will be considered, in addition to its utility and feasibility for use in future clinician trainings.

LUN 135

Clinician Awareness and Use of Best Practices across Three Service Sectors (Abstract #936)

LUN 135 (Train/Ed/Dis, Clinical Practice, Media, Tech, Prof) - Industrialized

Simon, Erica¹, Ortigo, Kile², Clarke-Walper, Kristina³, Regala, Samantha⁴, Magnavita, Ashley⁵, Coleman, Julia⁵, Penix, Elizabeth³, Marceau, Lisa⁵, Wilk, Joshua³, Rosen, Raymond⁵, Ruzek, Josef⁶

¹*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California*

²*National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California*

³*Walter Reed Army Institute of Research (WRAIR), Silver Spring, Maryland*

⁴*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California*

⁵*New England Research Institutes, Inc., Watertown, Massachusetts*

⁶*VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California*

Uptake of best practices as outlined in the VA/DoD Clinical Practice Guidelines (CPGs) is predicated on clinicians' basic awareness of and receptivity to the guideline's content. Toward this end, we created the PTSD Clinicians Exchange—a clinician-centered community of practice aimed at providing a user-friendly, online CPG dissemination resource for busy clinicians who treat Veterans or Active Duty Military Personnel. We are evaluating the Exchange in a randomized controlled trial assessing clinician familiarity, receptivity, and utilization of a set of 26 key best practices for PTSD and common co-occurring concerns. This presentation will include preliminary data from two time points – baseline and the 6-month mid-point – for a sample (N=605) of mental health providers across three sectors (263 VA; 234 Community; 108 DoD). We will present data on changes in familiarity, receptivity, use, and referral of the 26 practices within each service sector. We will also consider factors thought to be associated with the implementation of CPGs, including clinician demographics, professional discipline, and level of training. Associations between receptivity to best practices and work satisfaction, burnout, and

perceived organizational support for adoption of best practices will also be presented.

CLINICAL PRACTICE

LUN 136

Examining the Relationship between Trauma History, Person Characteristics, and Children's Neuropsychological, Academic, Emotional, and Behavioral Functioning (Abstract #1443)

LUN 136 (Practice, Assess Dx, Clinical Practice, Ethnic, Gender, Child/Adol) I - Industrialized

*Herting, Nicola, Petros, Thomas, Yeager, Catherine
University of North Dakota, Grand Forks, North Dakota*

The specific impact of trauma exposure on cognitive, emotional, and social development and functioning has become an important area of inquiry. Much research has been conducted to examine the impact of trauma exposure on neuropsychological and educational achievement with adults and strong evidence of the resulting deficits exists (Horner & Hammer, 2002; Golier & Yehuda, 2002). However, the impact of trauma on the neuropsychological and academic functioning of children has not been as extensively researched as with adults. Therefore, much of what is known about the impact of trauma exposure on neuropsychological and academic functioning is from studies with adults. The surge in developmental research on trauma strongly suggests that what is learned from research involving adults may not necessarily be applicable to children and adolescents since the brain is not yet fully developed in childhood (Beers & Bellis, 2002). As a result, research in this area has been expanding over the last two decades, however there continues to be a need for further research on the impact of trauma on neuropsychological, academic, emotional, and behavioral functioning of children. This study aimed to examine the association between trauma history and the neuropsychological, academic, emotional, and behavioral impairment in children and adolescents. Data from comprehensive psychological evaluations of 287 eligible outpatients at a psychological clinic within a rural state were analyzed. The results show how children with and without trauma history differ in neuropsychological,

academic, emotional, and behavioral functioning. The interactions between gender and ethnicity and these variables are also demonstrated. Results, limitations, and implications for clinical practice and further research are discussed.

LUN 137

In the Trenches: Mental Health and Psychobiological Stress in South Sudanese Paraprofessionals
(Abstract #1411)

LUN 137 (Practice, Chronic, Clin Res, Comm/Vio, Health, Adult) M - M East & N Africa

Gregory, Wesley¹, Yacevich, Ilya², Joachim, Brandon¹, Shankar, Anita², Lee, Kellie¹, D'Andrea, Wendy¹

¹*New School for Social Research, New York, New York*

²*Global Trauma Project, Nairobi, Kenya*

South Sudan has been embroiled in ongoing violence since 1955, and daily trauma, violence, and displacement have become the norm. Emerging reports document that half the population has posttraumatic stress symptoms (PTSS), and a vulnerable group may be paraprofessionals (e.g., tribal chiefs, police) who encounter trauma in their work—at risk to personal wellbeing as well as impacting those they serve. The goal of this presentation is to provide data on the wellbeing of South Sudanese paraprofessionals, moving beyond PTSD to incorporate psychobiological regulatory flexibility (measured by heart rate variability [HRV] which also indexes cardiovascular risk in sympathetic and parasympathetic nervous system domains), broad affect dysregulation, and empowerment. Baseline assessments revealed that participants had significant PTSS, with over half the sample meeting screening criteria for PTSD; all participants had HRV within a catastrophic risk range, on average two standard deviations below age-related norms. High affect dysregulation was marginally inversely related to parasympathetic components of HRV ($r = -.25$, $p = .099$), and high empowerment was marginally related to parasympathetic components of HRV ($r = .25$, $p = .107$). Possibly due to restricted range, HRV and PTSS were not related, though PTSS was related to affect dysregulation ($r = .57$, $p = .00$). These pilot results demonstrate multidimensional need in South

Sudan, extending to physical stress and beyond PTSD. Future work will examine the effects of paraprofessional training on the broader community.

LUN 138

Co-occurring PTSD and Substance Use: Implications and Recommendations for Level of Care
(Abstract #391)

LUN 138 (Practice, Clin Res, Sub/Abuse, Mil/Vets, Adult) - Industrialized

Yamokoski, Cynthia¹, Lamoureux, Brittain¹, Wilkes, Chelsey²

¹*Louis Stokes Cleveland VA Medical Center, Cleveland, Ohio*

²*Cleveland Veteran's Administration Hospital, Cleveland, Ohio*

The present study examines the feasibility and effectiveness of offering two evidence-based psychotherapies for PTSD (cognitive processing therapy and prolonged exposure therapy) with patients with co-occurring substance use disorders in both outpatient and residential levels of care. Expert treatment consensus/guidelines have established that EBPs are appropriate for those with co-occurring disorders, but there is no specific guidance on the most appropriate level of care to deliver these treatments (i.e., outpatient PTSD clinic or residential level of care). Data will be presented from clients diagnosed with both PTSD and active substance use disorders involved across multiple levels of care within a Veterans Affairs PTSD program. Completion rates of EBPs and symptom reduction (measured by PCL-5) were calculated through a chart review of Veterans who started an EBP for PTSD over a six month period. Veterans with PTSD and an active substance use disorder were less likely to complete an EBP as an outpatient (9% completed) than those without a current SUD and those with SUD in remission (60% completed). In contrast, 62.5% of Veterans with PTSD and an active SUD who participated in an EBP while in a residential PTSD/SUD program completed the EBPs with an average of 12.4 point decrease in PCL5 scores. Implications and recommendations for treatment and future research will be discussed, along with details of current efforts to improve outcomes and completion rates for those actively using substances.

LUN 139

Optimizing Residential Treatment for PTSD from Military Service
(Abstract #392)

LUN 139 (Clin Res, Mil/Vets, Adult) - N/A

Wahlberg, Larry, Rabenhorst, Mandy
Department of Veterans Affairs, Eastern Colorado
Healthcare System, Denver, Colorado

PTSD from military service can usually be treated effectively in outpatient settings. However, the additional structure and support of residential treatment is often helpful for veterans with complex challenges. Complexity among veterans may involve the transition from active duty, access issues in rural settings, or the nature of military stressors (e.g., military sexual trauma, moral injury, taking lives). The residential setting is ideal for delivery of evidence-based treatments and for comprehensive care. Pre and post-treatment self-report data will be presented from the Denver VA residential program for veterans and active duty service members with PTSD. On average, 95 consecutively admitted veterans experienced substantial, statistically significant reductions in symptoms of PTSD, depression, and anxiety. The program's short wait time, high bed occupancy and cost effectiveness will also be reviewed. The presentation will include a discussion of selection factors for residential care, including co-morbidity, treatment history, access issues, and other factors which may impact recovery.

LUN 140

Morally Injurious Events and Suicidal Behavioral in a Community Sample of U.S. Veterans
(Abstract #1479)

LUN 140 (Practice, Mil/Vets, Adult) I - Industrialized

Carroll, Timothy, McCormick, Wesley, Currier, Joseph
University of South Alabama, Mobile, Alabama

There have been substantive advances in assessing moral injury over the past decade. For instance, the Moral Injury Events Scale (MIES) seeks to identify potentially morally injurious events in that may occur in the context of military service. Recent studies have

revealed the MIES to be comprised of two- (Nash et al., 2013; perceived transgressions, perceived betrayals) and three-factor model solutions (Bryan et al., 2016; transgressions-self, transgressions-other, betrayals). Drawing on a community sample of 221 veterans in the U.S. south with at least one deployment with the Suicidal Behavior Questionnaire-Revised (SBQ-R; Osman et al., 2001) as the outcome variable, this study sought to extend the research by examining the goodness-of-fit via Structural Equation Modeling (SEM) for each model as a predictor of suicidal behavior. Preliminary findings indicate significant bivariate correlations among all variables and provide support for further examination of possible significant pathways by which moral injury influences suicidal behaviors. Limitations as well as clinical implications for assessing perceived betrayals and/or transgressions will be discussed in the context of suicidality in veteran populations.

LUN 141

Distress Tolerance and PTSD: Understanding the Association between Distress and Post Trauma Reactions
(Abstract #1255)

LUN 141 (Practice, Assess Dx, Clinical Practice, Mil/Vets, Adult) M - N/A

Cuccurullo, Lisa-Ann, Raines, Amanda, Walton, Jessica, Franklin, C
Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana

Distress tolerance (DT), the ability to tolerate aversive emotional or physical states, has received increasing empirical attention as a cognitive-affective variable implicated in the development and maintenance of Posttraumatic Stress Disorder (PTSD). Indeed, from a theoretical perspective an inability to withstand negative affective states may increase avoidance behaviors among individuals with PTSD. Despite these suggested associations, little research has examined the relations among DT and PTSD symptom severity and/or clusters, and none has done so in the context of the newly revised Diagnostic and Statistical Manual of Mental Disorders, 5th edition or within a veteran sample. Thus, the current study examined the relations among DT and overall PTSD symptom severity and clusters utilizing trauma-exposed veterans (N = 63). Patients

(Mage = 44.24; 81% male) presenting to two outpatient VA clinics were administered self-report assessments to assist with diagnostics and treatment planning. Consistent with prior research, results revealed an association between DT and PTSD symptom severity ($r = .29, p = .012$). Furthermore, results revealed unique associations between DT and intrusion ($r = .36, p = .010$) and arousal/reactivity PTSD symptoms ($r = .32, p = .006$). Results will be discussed in light of clinical implications and future directions.

LUN 142

The Role of Mindfulness on Quality of Life for Trauma Exposed Treatment Seeking Veterans
(Abstract #1260)

LUN 142 (Practice, Clin Res, Mil/Vets, Adult) M - N/A

Cuccurullo, Lisa-Ann¹, McManus, Eliza¹, Raines, Amanda², Walton, Jessica¹, Uddo, Madeline¹, Franklin, C¹

¹*Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana*

²*Florida State University, Tallahassee, Florida*

Despite the rise of mindfulness based treatment within the Veterans HealthCare System, there is little research investigating mindfulness with a trauma exposed veteran sample (e.g. Polusney, 2015). 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). This limited literature examines mindfulness as a mechanism to reduce symptoms severity, rather than utilizing mindfulness as mechanism to increase quality of life despite symptom presence, a perspective consistent with theoretical underpinnings of mindfulness. This project aims to understand the role of mindfulness, to improve quality of life. Specifically, veterans (current N= 50; projected N = 80) were administered the Five Facet Mindfulness Questionnaire (FFMQ) and Quality of Life Inventory (QOLI). Multiple logistical regression analyses will be conducted to elucidate the relationship between the aspects of mindfulness and quality of life domains. Results from these findings will be discussed in light of clinical implications and future directions.

LUN 143

Feedback and Results from the Providence VA Trauma Recovery Services Intensive Outpatient Program for PTSD

(Abstract #1266)

LUN 143 (Practice, Clin Res, Complex, Mil/Vets, Adult) - Industrialized

Cameron, Amy¹, Capone, Christy²

¹*Department of Veteran Affairs, Providence, Rhode Island*

²*Brown University Center for Alcohol and Addiction Studies, Providence, Rhode Island*

Quantitative and qualitative data from the first three cohorts that attended the Providence VA Trauma Recovery Services PTSD IOP will be presented. Twenty-two combat veterans with PTSD have completed the IOP to date. Quantitative results include the McGuire Adaptive PTSD Scale, the Posttraumatic Symptom Checklist-5 (PCL-5), and the Acceptance and Action Questionnaire, and the Adult State Hope Scale. Qualitative results include participants' feedback on the program, feedback from individual therapists on the quality of therapy post-IOP completion, and the number of Veterans who subsequently engaged in an empirically supported treatment for PTSD in individual treatment. Pre and Post-IOP results indicate a clinically significant symptom reduction change in self-reported PTSD symptoms on both the MAPS-R and PCL-5 scales, decreases in experiential avoidance, and an increase in hope. Qualitative results indicated improvements in quality of interpersonal relationships, disclosure of trauma to individual therapist and completion of empirically supported treatments for PTSD. Challenges to implementing the program and ongoing improvements will be discussed.

LUN 144

Serotonin Transporter Promoter Genotype and not DNA Methylation Moderates PTSD Symptom Severity's Association with Community Reintegration Ratings.

(Abstract #132)

LUN 144 (Practice, Comm/Int, Mil/Vets, Genetic, Adult) M - Industrialized

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

Background: The relationship between 5-HTTLPR genotype and PTSD is not straightforward. The number of traumatic events has been shown to be associated with the risk for developing PTSD, but only at low 5-HTT methylation levels. The goal of this project was to compare the association of 5-HTTLPR genotype versus promotor methylation as moderators for PTSD's association with community reintegration. **Methods:** We gathered data from 64 OEF/OIF Veterans. Genomic DNA was genotyped for the 5-HTTLPR (variant rs25531) and analyzed for levels of DNA methylation at the 5-HTT promotor using pyrosequencing. 5-HTTLPR genotype, 5-HTT promotor methylation, and PTSD symptom severity were evaluated using hierarchical linear regression. **Results:** Five CpG sites were correlated with PTSD severity ($p < .05$). Factor analysis resulted in two 5-HTT promotor CpG factors explaining 51.9% of the percent methylation variation. Regression identified that 5-HTTLPR genotype moderated the association of PTSD severity with community integration ($p = .040$) while the methylation of the CpG factors did not ($p > .22$). **Conclusion:** Findings suggest that the use of 5-HTTLPR genotype, presence of an S allele, may be more useful as a marker of an individual with PTSD for their potential community reintegration status than the 5-HTT promotor DNA percent methylation.

LUN 145

Relationships Regarding Different Types of Traumatic Experiences, PTSD Symptoms, and Posttraumatic Growth for Police Officers: A Path Analysis

(Abstract #5)

LUN 145 (Practice, Chronic, Complex, Health, Self-Care, Adult) M - Industrialized

*Chopko, Brian¹, Palmieri, Patrick², Adams, Richard³
¹Kent State University at Stark, North Canton, Ohio
²Center for the Treatment and Study of Traumatic Stress, Summa Health System, Akron, Ohio
³Kent State University, Kent, Ohio*

Police officers are routinely exposed to potentially traumatic incidents. A dichotomous distinction among these events involves the witnessing of harm to others (Other-Trauma) and the experiencing of threat or harm directly to oneself (Self-Trauma). Each trauma type has the potential to produce varying levels of PTSD symptoms and posttraumatic growth (PTG). This study tested a proposed model involving a pathway from trauma type to PTG that is mediated by PTSD symptoms among law enforcement officers ($N = 193$). Differences among cognitive PTG and behavioral PTG as our dependent variables, with age, marital status, and relationship stress as control variables were assessed. Findings indicate that events involving threat to self are more closely related to PTG, via an indirect pathway through PTSD symptoms. Additionally, personal relationship stress was directly associated with PTSD symptoms and behavioral, but not cognitive, PTG. Overall, the results of this study provide initial evidence that trauma exposure type (i.e., Self vs. Other) plays a significant role in the level of PTG. Lastly, the results allow for the possibility of positive changes in behaviors facilitated by cognitive avoidance, in contrast to the common notion that deliberate cognitive engagement is required for growth to occur. Clinical implications are discussed.

LUN 146

Trauma-Related Sleep Problems and Associated Health Outcomes in Police Officers: A Path Analysis

(Abstract #230)

LUN 146 (Practice, Chronic, Depr, Health, Sleep, Other) M - Industrialized

Chopko, Brian¹, Palmieri, Patrick², Adams, Richard³

¹*Kent State University at Stark, North Canton, Ohio*

²*Center for the Treatment and Study of Traumatic Stress, Summa Health System, Akron, Ohio*

³*Kent State University, Kent, Ohio*

Police officers are frequently exposed to two different types of potentially traumatic events, one dealing with threat of harm or death to self (Self-Trauma), and the other involving the witnessing of harm to others (Other-Trauma). Different types of traumatic experiences are thought to produce various posttraumatic reactions. Sleep problems are commonly reported symptoms of posttraumatic stress disorder (PTSD). Researchers report that sleep problems may mediate the relationships between other posttraumatic stress symptoms and health outcomes, especially physical health and depression, among officers from large urban agencies. The purpose of the present study was to test a model involving a pathway from trauma type and PTSD symptoms to physical health and depression that is mediated by sleep quality in officers (N = 193) from small to mid-size police agencies. Results revealed that sleep problems mediated the relationship between PTSD hyperarousal and avoidance (but not reexperiencing) symptoms and the health outcomes. In addition, Self-Trauma was related to PTSD hyperarousal and reexperiencing symptoms, whereas Other-Trauma was related to PTSD avoidance symptoms. Suggestions for improving officer health and performance in the field are provided.

LUN 147

Race Moderates the Relationship between Social Support and Posttraumatic Growth

(Abstract #708)

LUN 147 (Practice, Cul Div, Ethnic, Adult) I - Industrialized

Challa, Saankari, Graziano, Robert, Strasshofer, David, Bruce, Steven

University of Missouri St. Louis, Saint Louis, Missouri

Posttraumatic growth (PTG) has been consistently shown to be higher in racial minorities than Caucasian individuals. Additionally, studies have found an association between PTG and social support, with higher social support predicting higher PTG. The relationship between PTG, social support, and race is not well understood, and the majority of studies involving these variables have focused on cancer survivors. In a sample of 287 trauma-exposed students at a large Midwestern university, the effect of race on the relationship between social support and PTG was explored. Preliminary analyses revealed social support and race accounting for a significant amount of variance in PTG ($R^2 = .09$, $p < .001$). Though not statistically significant, African Americans reported higher levels of PTG compared to Caucasians ($t(127.68) = 1.67$, $p = .10$), consistent with current literature. Further, race moderated the relationship between social support and PTG, such that for Caucasians, but not African Americans, there was a significant relationship between social support and PTG ($b = .57$, $t(283) = 4.86$, $p < .001$). Results suggest potential differential mechanisms involved in PTG for Caucasians and African Americans, with increased social support accounting for some PTG gains in Caucasians. Clinical implications will be discussed.

LUN 148

Trauma Type Differentially Influences the Formation of Posttraumatic Cognitions and Coping Self-Efficacy

(Abstract #156)

LUN 148 (Practice, CPA, Cog/Int, Rape, Adult) I - Industrialized

Engle, Krista, Bartel, Alisa, Valadez, Racquel, Samuelson, Kristin

University of Colorado at Colorado Springs, Colorado Springs, Colorado

Posttraumatic cognitions (PTCs) and coping self-efficacy (CSE) play important roles in the development and maintenance of PTSD symptoms, but little is known about whether the type of trauma experienced by an individual influences their

formation. Most research examining PTCs or CSE utilizes homogenous trauma samples, which does not allow for examination of the differential impact of trauma types. Utilizing a large, hybrid undergraduate/Mechanical Turk sample of trauma-exposed adults, we surveyed 629 participants on their trauma histories (Brief Trauma Questionnaire), PTSD symptoms (PTSD Symptom Checklist), CSE (Trauma Coping Self-Efficacy Scale) and PTCs (Posttraumatic Cognitions Inventory; PTCI). We classified self-identified worst trauma types into five categories: child maltreatment, adult interpersonal violence, accidents and disasters, combat, and other. After controlling for PTSD symptoms, trauma types were significantly different on PTCI total scores, $F(4, 593) = 10.62, p < .001$. Participants who experienced child maltreatment or adult interpersonal violence had significantly higher PTCI total scores than participants who reported other types of trauma. The same pattern emerged for CSE; individuals who had interpersonal traumas reported lower trauma CSE. Results suggest that trauma type may influence treatment approach; for clients with interpersonal traumas, techniques involving cognitive restructuring and bolstering self-efficacy are especially warranted.

LUN 149

Operationalizing Complex Trauma-Related Clinical Presentations among a Veteran Sample
(Abstract #702)

LUN 149 (Practice, Complex, Adult) M - Industrialized

Colangelo, Kathleen, Basmenji, Maryam, Maieritsch, Kelly
Edward Hines, Jr. VA Hospital, Hines, Illinois

The current literature lacks a consensus in defining “complex” in the context of trauma-related sequelae, and further there remains disagreement as to whether a separate and unique disorder (i.e., Complex PTSD) exists or if complexity can be conceptualized on a spectrum of trauma-related disorders (Cloitre et al., 2011; Resick et al., 2012). In an effort to synthesize the definition of “complex”, a systematic review of the literature identified themes across current definitions of Complex PTSD. A clinical presentation survey was developed to include the following themes: Self-regulatory disturbances, trauma exposure, psychiatric comorbidities, psychosocial experiences, and experiences in treatment. A sample

of 18 VA outpatient trauma clinicians completed surveys for 35 Veterans ($n = 12$ women, $n = 23$ men) whom they assessed and treated and would have independently defined as “complex”. Results indicated 50% of women had multiple trauma exposures compared to only 13% of men; 91% had a co-morbid diagnosis, 54% struggled with housing problems, and 91% had employment/school difficulties. A majority (89%) were identified as having at least three self-regulatory disturbances. This pilot data supports further evaluation of a spectrum of self-regulatory disturbances in determining complexity. Additional conclusions and implications for clinical challenges associated with treatment will be discussed.

LUN 150

The Promise Initiative: A Community Partnership to Evaluate and Address Untested Sexual Assault Kits in Mobile, AL
(Abstract #642)

LUN 150 (Practice, Comm/Vio, Rape, Social, Gender, Lifespan) M - Industrialized

Duncan, Jessica, Lathan, Emma, Langhinrichsen-Rohling, Jennifer, Stefurak, James
University of South Alabama, Mobile, Alabama

Mobile, Alabama is one of many U.S. cities facing a substantial backlog of untested sexual assault kits. A dedicated police officer became aware of these kits when he began inventorying Mobile Police Department’s evidence room. A multidisciplinary team was created to tackle the immediate problem of testing these untested sexual assault kits, while simultaneously developing long-term solutions to prevent this problem from re-occurring. Multiple components of the workflow around sexual assault charges are involved including initial response, victim interviews taking place at the hospital or in a crowded office within the police department, understanding of trauma informed interviewing, eventual victim notification of test results and potential cold-case prosecution. The police department secured federal funding from the Department of Justice to conduct this effort; a subsequent grant is facilitating renovation of the evidence room. The multi-disciplinary team tackling the work is comprised of law enforcement personnel (officer, detective, lieutenant, captain, and chief), prosecutors, forensic scientists, psychologists, and

victim advocates from the local rape crisis center. The psychologists have assisted law enforcement with developing a plan for kit testing, as well by designing an overall evaluation strategy. Work, to date, includes creating a victim notification protocol that is both trauma-informed and evidence-based; law enforcement training efforts are also being developed. One of the long-term goals of the plan is to create a Special Victims Unit in Mobile. The presentation will highlight a) community-engaged research collaboration best practices (including why include researchers on this type of grant), b) mixed methods program evaluation approaches in the context of an Action Research Project, and c) initial findings from inventory certification, workflow analysis, and on-going implementation phases of this project. Preliminary findings, in the context of program evaluation "findings" would refer to project outputs that drive it forward, not summative findings.

- 1) Number of untested kits, by year, and by race of victim.
- 2) Initial workflow process and controversies.
- 3) Victim notification procedures that were developed.

LUN 151
Moral Injury, Empathy, and Symptoms of Substance Abuse and PTSD in Journalists Covering the Syrian War
 (Abstract #101)

LUN 151 (Practice, Anx, Depr, Journalism, Sub/Abuse, Other) I - M East & N Africa

Dadouch, Zena, Hodges, Mikhaella, Lilly, Michelle
Northern Illinois University, DeKalb, Illinois

Most journalists will experience a work-related traumatic event. War journalists are more likely to experience and witness traumatic events. Despite these statistics, studies examining the mental health of journalists are very minimal and mostly anecdotal. Studies examining journalists who cover the war in Syria are minimal, and this project aims to compare non-war journalists with war journalists specifically covering the war in Syria. The objective of the present study was to examine the effects of empathy, moral injury, and substance abuse on the rates of Posttraumatic Stress Disorder (PTSD) symptomology in journalists. We hypothesize that journalists who cover the war in Syria are going to show more pathology compared to non-war journalists. We

hypothesize gender differences in symptomology as well, with female journalists displaying more psychopathology symptoms across both groups. Further, we hypothesize that journalists with higher levels of empathy will present higher levels of psychopathology across the groups. Finally, we hypothesize that war-journalists use more substances compared to non-war journalists. Results will expand the literature on protective and risk factors that influence the development of symptomology in an at-risk group. Data collection from 150 war journalists and 150 non-war journalists is ongoing and slated for completion in May 2017.

CULTURE/DIVERSITY

LUN 152
The Role of Minority Stress and General Risk Factors in Bisexual Women's Risk for Rape
 (Abstract #117)

LUN 152 (CulDiv, Clin Res, Rape, Orient, Adult) I - Industrialized

McConnell, Amy, Messman-Moore, Terri
Miami University, Oxford, Ohio

Bisexual women are at increased risk for experiencing rape in adulthood relative to heterosexual and lesbian women (Balsam, Rothblum, & Beauchaine, 2005). One recent study examined minority stress (Meyer, 2003) as a risk factor for sexual assault risk among lesbian, gay, and bisexual undergraduate students (Murchison, Boyd, & Pachankis, 2016), but this construct has not been tested among bisexual women specifically. The current study used hierarchical logistic regression to investigate risk factors for adult rape among a sample of 350 bisexual community women who completed questionnaires online. In step 1, demographic characteristics were entered as predictors. In step 2, general risk factors including a history of childhood sexual abuse, emotion dysregulation, and alcohol use were considered, and in the final step, minority stress variables, including internalized biphobia, anti-bisexual experiences, heterosexist discrimination, outness, stigma consciousness, and in-group identity were entered. The final model was significant, $\chi^2 = 65.08$, $p < .001$, Nagelkerke R Square = .255. The odds ratios for history of childhood sexual abuse (OR=2.78), alcohol use (OR=1.08), anti-bisexual

experiences (OR=1.55), and internalized biphobia (OR=1.50) were significant. The importance of conceptualizing bisexual women's rape risk in terms of minority stress and general risk factors will be discussed.

LUN 153

Does Social Affiliation Protect Women against Symptoms of PTSD? A Study of Latina and non-Latina Women

(Abstract #845)

LUN 153 (CulDiv, CSA, Cul Div, Ethnic, Rape, Adult) I - Industrialized

Ramirez-Coombs, Evelyn, Castillo, Betzabe, Nikulina, Valentina
Queens College, City University of New York, Flushing, New York

Previous research suggests ethnic identity (a sense of belonging to a particular cultural group) may be protective against symptoms of post-traumatic stress disorder (PTSD). However, the role of ethnic identity and social affiliation (an individual's preference for interactions with members of their own ethnic group) as protective factors for PTSD has not been studied in Latinas with a history of sexual trauma. In this study, ethnic identity and social affiliation were assessed via self-report on the Scale of Ethnic Experience in a sample of undergraduate Latina women ($N = 132$) and non-Latina women ($N = 58$) who had been sexually victimized. PTSD was assessed with the PTSD Symptom Scale. Data were analyzed with hierarchical ordinary least squares regression with controls for age, race, and immigration status. A significant interaction was observed ($b = -.51, p = .03$): social affiliation was *negatively associated* with PTSD symptoms in Non-Latina women and *marginally positively associated* with PTSD in Latinas. Ethnic identity was not associated with PTSD. Affiliation with members of the same background may be protective against symptoms of PTSD in non-Latina women. This protective relationship is absent in Latinas, perhaps due to the negative stigma associated with sexual victimization in this community.

LUN 154

Acceptance of Social Changes and Posttraumatic Stress: Findings from Lithuania

(Abstract #1179)

LUN 154 (CulDiv, Cul Div, Adult) M - Industrialized

Zelviene, Paulina, Kazlauskas, Evaldas
Vilnius University, Vilnius, Lithuania

The relevance of social factors for posttraumatic stress disorder (PTSD) became evident along with research exploring the links between PTSD and social support, social acknowledgment and disclosure of trauma. This study expands this field of research by introducing the measure of acceptance of social changes and evaluation of possible links between PTSD and acceptance of social changes. Participants aged from 18 to 89 years from general Lithuanian population ($N = 778$) participated in the study, 68% of them reported exposure to at least one or more traumatic events. PTSD was measured with the Impact of Event Scale - Revised (IES-R), trauma exposure was measured by Brief Trauma Questionnaire (BTQ), acceptance of social changes was measured with the Acceptance of Social Changes Instrument (SOCHI) developed by authors of this study. Results showed that about 8 % of the sample had potential PTSD diagnosis. PTSD was related with lower acceptance of social changes. Structural equation model (SEM) analysis also revealed the mediating role of PTSD for acceptance of social changes after trauma exposure. We conclude that acceptance of social changes might be an important social factor of PTSD.

LUN 155

The Relationship among Anxiety Attachment, RCSE, Rape Myth, Dating Violence and Sexual Assertiveness of Female University Students in Korea

(Abstract #637)

LUN 155 (CulDiv, Comm/Vio, Cul Div, Rape, Gender, Adult) I - E Asia & Pac

Kim, Jeeun

Ewha Womans University, Seoul, Republic of Korea

According to former researches about dating violence, sexual assertiveness has key role to sexual violence prevention in dating relationship. This study is conducted to examine relationship among anxiety attachment, relationship contingent self-esteem, acceptance of rape myth, former dating violence experience and sexual assertiveness of female university students in South Korea. A sample of 223 female undergraduates completed a questionnaire, which consisted of items from Korean version of the experience in close relationship scale (ECRS-K), relationship-contingent self-esteem scale (RCSES), dating violence behavior scale, rape myths scale and sexual assertiveness scale(SAS). The research model postulated that high anxiety attachment, high acceptance of rape myths and many experiences of dating violence are related low sexual assertiveness. As a result, the final research model's goodness of fit was $\chi^2=4.762$, $df=2$; RMSEA=.079; CFI=.974; TLI=.872. The result of this study indicated that a) relationship contingent self-esteem positively mediated between anxiety attachment and sexual assertiveness, contrary to the first expectation that high relationship contingent self-esteem would be related low sexual assertiveness. b) Dating violence experiences and acceptance of rape myths negatively related to sexual assertiveness, same as former studies. Implications and limitations of this study and intervention for female undergraduates in South Korea are discussed.

COMMUNITY-BASED PROGRAMS

LUN 156

Impact of Family Member Engagement on Retention of Veterans in Individual Psychotherapy Treatment
(Abstract #437)

LUN 156 (Practice, Clinical Practice, Fam/Int, Mil/Vets, Adult) - Industrialized

Goetter, Elizabeth¹, Cohen, Shiri², Bui, Eric¹, Ohye, Bonnie¹, Simon, Naomi¹

¹Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts

²Massachusetts General Hospital, Boston, Massachusetts

Introduction: Since 9/11, over two million U.S. service members have been deployed in support of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND), with many returning with deployment-related conditions including posttraumatic stress disorder (PTSD). These deployment-related psychological problems have been shown to negatively impact family functioning and relationships with loved ones (Milliken et al., 2007). Unfortunately, many veterans do not receive the treatment they need for these conditions (e.g., Seal et al., 2010). Prior research suggests that one of the reasons for inadequate treatment utilization is that veterans perceive barriers to seeking treatment, with stigma being chief among them (Zinzow et al., 2012). A growing body of evidence argues for the inclusion of partners and/or family members in the treatment of deployment-related mental health problems (Meis et al., 2012), with veterans even showing preference for this (e.g., Batten, Drapalski, Decker, DeViva, Morris, Mann, & Dixon, 2009). The benefit of including family members in a veteran's treatment thus has the potential of improving family functioning and enhancing engagement in care. The purpose of this study was to examine the relationship between couple and/or family involvement and a veteran's engagement in treatment, defined as number of treatment visits and retention in care at 3 months following treatment initiation. **Method:** The current data came from an IRB-approved data repository sample of prospective veteran referrals for individual psychotherapy at an outpatient clinic affiliated with

an academic medical setting that serves OEF/OIF/OND veterans. We examined whether participants had family members engaged in care. Family member engagement was varied and included phone contact with a clinician, informal participation in a veteran's individual therapy, dyadic therapy, or family therapy. We assessed number of psychotherapy sessions attended by the veteran and dropout status at 3-months after the first treatment visit. **Results:** Participants were prospective individual therapy referrals ($n = 178$). Among this sample, 46 (25.8%) had a family member engaged in care. At 3-months, veterans with family members engaged in care had received an average of 10.32 ($SD = 6.59$) treatment sessions compared to 5.50 ($SD = 5.31$) treatment sessions among veterans without family members involved. The dropout rate was higher among veterans without family members involved in care (38%) compared to veterans with family members involved (18%), Fisher's exact $p = .008$. **Conclusions:** Initially, there appears to be a correlation between family involvement and greater veteran engagement in overall treatment.

LUN 157

Change in Parental and Child Symptoms in Treatment-Seeking Veterans: A 3-Month Longitudinal Examination
(Abstract #438)

LUN 157 (Commun, Clin Res, Clinical Practice, Mil/Vets, Lifespan) - Industrialized

Ohye, Bonnie¹, Laifer, Lauren², Goetter, Elizabeth¹, Bui, Eric¹

¹*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts*

²*Massachusetts General Hospital, Boston, Massachusetts*

Two million children have experienced the deployment of a parent in support of the post-9/11 conflicts. Although growing evidence supports the association between parental deployment-related concerns, and pediatric problems in military families (Sheppard, Malatras, & Israel, 2010), little is known about the temporal relationship of these symptoms. This study aims to examine whether change in parental mental health symptoms is associated with changes in pediatric problems in military families. Treatment-seeking post-9/11 veterans with a child aged 4 to 16 ($N = 57$; age $M = 39.3$, $SD = 6.8$; 4%

women), completed as part of their initial and follow-up evaluations, the PTSD Checklist (PCL; Weathers, Litz, Herman, Huska & Keane, 1993); the Depression, Anxiety, and Stress Scale (DASS; Lovibond & Lovibond, 1995); and the 17-item Pediatric Symptom Checklist (Jellinek et al., 1988). Utilizing an IRB-approved de-identified data repository, we examined the association between changes in symptoms between baseline and follow up assessments ($M = 68.2$ days, $SD = 21$). Change in child symptoms were associated with change in parental symptoms ($r = 0.32$ for PCL, $p < 0.05$, and $r = 0.35$ for DASS, $p < 0.05$). Our data suggest that improving veteran's psychiatric symptoms might benefit their offspring symptoms.

LUN 158

Posttraumatic Stress, Posttraumatic Growth and Religious Coping among Survivors of the 2013 Super Typhoon Haiyan
(Abstract #362)

LUN 158 (Commun, Health, Nat/Dis, Pub Health, Adult) I - E Asia & Pac

Labarda, Charlie, Chan, Christian

University of Hong Kong, Hong Kong SAR, China

Objective: Haiyan was the strongest typhoon on record to make landfall and led to a massive humanitarian disaster in the Philippines in its aftermath. Long-term mental health outcomes and their association with religious coping was examined among survivors in this study. **Method:** The study surveyed 361 respondents in a 12-month period, 2 years after the disaster using self-report measures to assess levels of posttraumatic stress symptoms (PTS), general psychological distress (GPD), posttraumatic growth (PTG), and religious coping styles, both positive (PRC) and negative (NRC). **Results:** Results from structural regression modeling indicated that PRC was positively associated with PTG while NRC was negatively associated with PTG. NRC was found to be positively associated with GPD while PRC was negatively associated with GPD. Only NRC was positively associated with PTS while PRC was not found to be significantly associated with PTS.

Conclusion: Findings underscore the association of positive religious coping to better mental health outcomes, and conversely the association between negative religious coping to poorer mental health outcomes, two years after a major disaster.

Implications to public mental health interventions in disaster settings, especially in religious contexts where mental health resources are largely unavailable, are discussed.

LUN 159

Mental Health Consequences and Sleep Problems among Survivors of the 2013 Super Typhoon Haiyan

(Abstract #285)

LUN 159 (Commun, Health, Nat/Dis, Pub Health, Sleep, Adult) I - E Asia & Pac

Labarda, Charlie, Chan, Christian

University of Hong Kong, Hong Kong SAR, China

We examined sleep disturbances and their relation with posttraumatic stress (PTS) and general psychological distress (GPD) among a group of survivors of Super Typhoon Haiyan, which made landfall in the Philippines in 2013. Sleep disturbances were hypothesized to be associated with PTS and GPD in two studies conducted on separate samples of respondents. Study 1 (N = 223) surveyed survivors for insomnia 18 months after the storm; Study 2 (N = 138) assessed sleep quality of survivors 30 months after the storm. Results from structural regression modeling indicated that insomnia was associated with both PTS and GPD (Study 1). Poor sleep quality was associated with PTS but not with GPD (Study 2). These findings underscore the longer-term relationship between sleep disturbances and overall sleep quality to PTS in the context of a natural disaster and highlights the need for public health interventions in the context of low resource settings.

SOCIAL ISSUES – PUBLIC POLICY

LUN 160

“Dually-Involved Youth” and the Crossing of Two Systems: Identifying Protective Factors among Youth and Caregivers in the Child Welfare System to Prevent Justice System Involvement

(Abstract #394)

LUN 160 (Social, Fam/Int, Child/Adol) M - N/A

Summersett, Faith, Sax, Rachel, Bibbs, Deidra, Riley, Tracey, McClelland, Gary
Northwestern University Feinberg School of Medicine, Chicago, Illinois

Background: Over 65% of youth involved with the juvenile justice system report a history of child welfare system involvement. Children in the child welfare system with some level of involvement with the juvenile justice system are called “dually-involved” as they are simultaneously receiving services from both the child welfare and juvenile justice systems. Abused youth often carry the pain of trauma, which can influence delinquent behavior leading to contact with the juvenile justice system. Despite their challenges, the picture for dually-involved youth is not without hope. Early intervention and the development of protective factors and resilience can help to prevent these negative outcomes. Research is not often devoted to investigating the protective factors of these youth because of the negative perception stemming from the stigma associated with being in the child welfare system. Thus, professionals working with disadvantaged youth are missing an opportunity to discover the factors to promote in these youth that can circumvent justice system involvement. Thus, this project provides the vital opportunity to address this omission by examining caregiver and youth protective factors during their time in the child welfare system that prevent justice system involvement. To accomplish this goal, the differences in the type and number of specific youth and caregiver protective factors will be examined. **Methods:** This study assessed 4,825 adolescents entering into the Illinois child welfare system between July 2005 and April 2016 with no history of involvement in the juvenile or adult justice systems. Using child welfare administrative and clinical data, this study determined the proportion of youth in the child welfare system who achieved one of two outcomes: child welfare case closing or justice system involvement. The prevalence of specific youth and caregiver protective factors at entry into the child welfare system between youth who achieved a child welfare case closing and youth who became justice system involved were examined. **Results:** Chi-square tests of association and odds ratios demonstrated that youth with a child welfare case closing had a higher proportion of useable protective factors at entry into the child welfare system compared to youth who became involved with the justice system. Youth with caregivers endorsing a

higher proportion of positive parenting skills were more likely to have a child welfare case closing than those who became involved with the justice system.

Conclusions: These findings suggest that early identification and development of youth protective factors can address the needs of youth in the child welfare system to prevent future delinquency and involvement in the justice system.

LUN 161

"Miscommunication" and Women's Conceptualizations of Rape: A Qualitative Analysis

(Abstract #1092)

LUN 161 (Practice, Cog/Int, Rape, Adult) - N/A

Dardis, Christina¹, Kraft, Kathryn², Gidycz, Christine²

¹*National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts*

²*Ohio University, Athens, Ohio*

Approximately 60% of legally-defined rape victims do not label their experiences as rape, and these perceptions have implications for informal and formal help-seeking (Wilson & Miller, 2015; Zinzow et al., 2012). While some research has assessed correlates of labeling, no research has directly asked women who experienced rape what factors led to their labeling decisions. Among 123 undergraduate women who experienced rape since age 14, the present study qualitatively examined women's stated reasons for choosing labels of rape (42.3%, $n=52$), "serious miscommunication" (46.3%, $n=57$), or "I was not victimized" (11.4%, $n=14$). Whereas quantitative analysis did not distinguish all three groups, qualitative content analyses revealed varying reasons for each label. Women reported choosing the label of rape because of high degrees of force, resistance, and clarity in their non-consent. By contrast, women stated that they chose the non-victimization label because they believed they "gave in" to the perpetrator or saw him as a "good guy." Finally, women reported choosing the miscommunication label because of mutual alcohol use, prior sexual activity with the perpetrator, lack of resistance, or because they believed the perpetrator did not understand it was non-consensual. Extended quotes and clinical implications for work with survivors will be discussed.

GLOBAL ISSUES

LUN 162

Longitudinal Association between Perceived Discrimination and Posttraumatic Stress Disorder (PTSD) in Chilean Disaster Survivors

(Abstract #43)

LUN 162 (Global, Cul Div, Ethnic, Nat/Dis, Res Meth, Adult) M - Latin Amer & Carib

Fernandez, Cristina¹, Vicente, Benjamin², Saldivia, Sandra², Kohn, Robert³, Buka, Stephen⁴, Koenen, Karestan¹

¹*Harvard School of Public Health, Boston, Massachusetts*

²*Universidad de Concepción, Concepción, 160-C, Concepción*

³*Brown University Warren Alpert Medical School, Providence, Rhode Island*

⁴*Brown University, Providence, Rhode Island*

Objective: To prospectively examine if a history of perceived discrimination increases the risk of subsequently developing posttraumatic stress disorder (PTSD) after experiencing a natural disaster.

Methods: Data were from a prospective cohort of Chilean adults ($N=724$) with no history of psychiatric disorders (as measured by the Composite International Diagnostic Interview [CIDI] Spanish version 2.1). At baseline (2003), participants were asked about history of perceived discrimination (i.e., by race, gender, age, appearance, disability, economic status, and/or sexual, political, or religious orientation). In 2010, a massive earthquake/tsunami struck Chile. In 2011, the CIDI was administered to assess post-disaster PTSD. **Results:** Marginal structural logistic regressions indicated that individuals with any history of perceived discrimination prior to the disaster (versus no history) had significantly higher odds of developing post-disaster PTSD ($OR=2.89$; 95% $CI=1.37-6.11$). Results also suggested a significant positive dose-response relationship between the number of perceived discrimination experiences and the odds of post-disaster PTSD. **Conclusions:** This study highlights the importance of considering a history of perceived discrimination as a potential contributing factor to the increased risk of developing natural disaster-related PTSD in Latin America.

LUN 163

Impacts of Imprisonment in a Prison Camp on PTSD, Anxiety, and Depression among North Korean Defectors

(Abstract #1040)

LUN 163 (Global, Refugee, Torture, Adult) I - E Asia & Pac

Kim, Minsu¹, Sun, Kristen², Brown, Lisa¹

¹*Palo Alto University, Palo Alto, California*

²*University of California, Berkeley, Berkeley, California*

Objective: This research examines the impacts of imprisonment experiences in a prison camp in North Korea on posttraumatic stress disorder (PTSD), anxiety, and depression symptoms among North Korean defectors.

Subjects: 43 defectors (33 female; 10 male) were recruited through the North Korean Refugees Human Rights Association of Korea. **Procedure:** North Korean defectors were asked to complete the Hopkins Symptom Checklist-25, the Impact of Event Scale-Revised-Korean, and the Harvard Trauma Questionnaires. Significant differences in symptoms of posttraumatic stress disorder, anxiety, and depression among North Korean defectors were identified, using independent (two) sample t-tests and binary logistic regression analysis by SPSS. **Results:** North Korean defectors who reported being tortured in a prison camp had statistically significantly higher levels of anxiety ($2.27 \pm .70$), depression ($2.54 \pm .66$), and PTSD ($2.10 \pm .52$) than those who did not report torture ($(1.64 \pm .45)$, $t(39) = 3.186$, $p = 0.003$; $(1.87 \pm .58)$, $t(39) = 2.845$, $p = 0.007$; $(1.65 \pm .46)$, $t(39) = 2.420$, $p = 0.020$ respectively). North Korean defectors who witnessed physical violence in a prison camp had a statistically significantly higher level of PTSD ($2.01 \pm .57$) than those who did not report witnessing physical violence ($1.63 \pm .46$), $t(39) = 2.332$, $p = 0.025$. North Korean defectors who reported experiences of deprivation of medical resources had statistically significantly higher level of anxiety ($1.95 \pm .62$) and depression ($2.27 \pm .64$) than those who did not report the deprivation experiences ($(1.60 \pm .49)$, $t(40) = 2.040$, $p = 0.048$; $(1.78 \pm .60)$, $t(40) = 2.519$, $p = 0.016$ respectively).

Conclusions: This research found that general torture-related experiences are significantly associated with not only posttraumatic stress disorder (PTSD) but also anxiety and depression, while experiences directly related to physical harm or

witnessing physical violence of others are only significantly associated with PTSD. Deprivation of resources in a prison camp is associated with anxiety and depression rather than PTSD. Therefore, it can be inferred that physical torture is likely to be associated with PTSD while psychologically traumatic experiences, such as psychological torture and deprivation, in a prison camp are more significantly associated with anxiety and depression.

LUN 164

Investigation of Trauma and Stress-related Disorders in the National Health Care in Lithuania

(Abstract #1350)

LUN 164 (Global, Assess Dx, Pub Health, Adult) M - Industrialized

Kazlauskas, Evaldas, Zelviene, Paulina Vilnius University, Vilnius, Lithuania

The treatment gap of mental disorders is worldwide. However, little is known about the treatment gap of trauma and stress-related disorders based on a health care utilization. We aimed to analyze the prevalence of trauma and stress-related disorders in the Lithuanian National Health Care. Lithuanian National Health Insurance database was used to extract the data on the ICD diagnosis of PTSD, and other stress-related disorders for the years 2014 and 2015. Analysis revealed surprisingly low levels of PTSD in the National Health Care. PTSD is diagnosed only for the 0.01-0.02% of the total population in Lithuania. The estimated treatment gap based on the available epidemiological data, and health care utilization data is huge, with less than one percent of potential PTSD diagnosed each year. The lack of recognition of PTSD is a major barrier for treatment of PTSD in the country.

LUN 165

Unique Association between Childhood Emotional Abuse and Conduct Problems among Adolescents from India: Role of Difficulties in Emotion Regulation

(Abstract #1349)

**LUN 165 (Global, Assess Dx, CPA, Child/Adol)
M - S Asia**

Charak, Ruby¹, Byllesby, Brianna², Claycomb, Meredith³, Roley-Roberts, Michelle⁴, Koot, Hans⁵, Elhai, Jon³

¹*The University of Texas Rio Grande Valley, Edinburg, Texas*

²*University of Toledo, Department of Psychology, Toledo, Ohio*

³*University of Toledo, Toledo, Ohio*

⁴*The Ohio State University, College of Medicine, Columbus, Ohio*

⁵*VU University, Amsterdam, North Holland, Netherlands*

Though less often studied than other forms of maltreatment, childhood emotional abuse (CEA) has been linked to serious negative consequences, including long-term emotion dysregulation (ER; Burns et al., 2010) and conduct problems (You & Lim, 2015). This link may be due in part to a failure among emotionally abusive caregivers to teach their children effective strategies for managing their emotions, as well as poor modeling of behavioral/emotional control by these parents. The present study aimed to examine the association between CEA, difficulties in emotion regulation, and conduct problems among 702 (13-17 years, 41.5% female) school going adolescents from Jammu, India. It was expected that after controlling for the effect of sexual and physical abuse and emotional and physical neglect, CEA would be associated with an increase in conduct problems via difficulties in emotion regulation. Participants were recruited from 4-public schools of Jammu who completed the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998), which assesses experiences of abuse and neglect during childhood, the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) which assess emotion dysregulation, and Conduct problems were assessed via the Dimensional Assessment of Personality Pathology-short form for adolescents (Tromp & Koot, 2015). Analyses were conducted in two steps: (i) Correlation coefficients; (ii) mediation analysis. Nearly 45.7% of the

adolescents reported experiencing some level of CEA with 15.7% reporting moderate to severe levels of CEA. All study variables were significantly correlated in the range of .024-.52 ($p < .001$). After controlling for the effects of other types of abuse and neglect, CEA was significantly associated with ER ($B = 1.27$, $p < .001$), and conduct problems ($B = .05$, $p < .01$), ER was significantly associated with conduct problems ($B = .06$, $p < .001$), and CEA was associated with conduct problems ($B = .05$, $p < .01$). The indirect effect between CEA and conduct problems via ER was ($B = .07$, $p < .01$), and ER partially mediated the association between CEA and conduct problems. These findings suggest that adolescents exposed to CEA report difficulties in emotion regulation that in turn can lead to problem behavior. As such, it may be beneficial to aid adolescents with a history of CEA in developing strategies for effectively managing regulation of emotions (e.g., through Dialectical Behavioral Therapy; Linehan, 1993). Such interventions may help reduce the risk of behavioral problems (e.g., risk taking behavior, aggression) among adolescents with a history of emotional abuse.

RESEARCH METHODOLOGY

LUN 166

Observational Methods to Understand the Impact of Parent-Child Interactions on Child Peri-trauma Appraisals and Coping

(Abstract #624)

LUN 166 (Res Meth, Acute, Fam/Int, Child/Adol) - Industrialized

Kassam-Adams, Nancy¹, Marsac, Meghan²

¹*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania*

²*University of Kentucky, Lexington, Kentucky*

A growing body of research implicates parent responses as key to child outcomes after acute trauma. One way that parents may impact child recovery is via their influence on child appraisals and coping strategies. To date, our understanding of this process has come primarily from self-report methods, limiting our ability to examine specific interactional processes that may be important in children's trauma recovery. The Trauma-related Ambiguous Situation Task (TAST) allows direct observation of parent-

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

child interactions with regard to the child's threat appraisals and coping strategies. During inpatient hospital admission, in 96 recently injured children, we examined children's initial appraisals, parent-child interactions, and whether these interactions were associated with changes in children's appraisals. We coded parent-child discussions regarding two ambiguous trauma-relevant situations to indicate child appraisals and parent strategies. This presentation will describe this novel method and initial results. Direct observation of parent-child interaction in the early post-trauma period can complement self-report methods, offering a different lens on parents' role in children's acute trauma recovery. Understanding mechanisms through which parents influence children's appraisals and coping can guide development of preventive interventions to support trauma-exposed families.

LUN 167
How Foster Carers Understand and Support the Trauma-related needs of Children in Care: A Qualitative Study
 (Abstract #625)

LUN 167 (Clin Res, CPA, Fam/Int, Child/Adol) - Industrialized

Hiller, Rachel, Halligan, Sarah, Elliot, Elizabeth
University of Bath, Bath, North East Somerset, United Kingdom

In the UK children placed in out-of-home care are most commonly removed after the age of 5 years old and due to the experience of significant abuse or neglect, meaning many have experienced ongoing interpersonal trauma. Following removal from their biological home, children are commonly placed in foster carer, and their foster carer is then tasked with providing day-to-day care, including support with complex mental health and behavioural issues. Despite the important, yet complex, role of the carer, there has been little systematic exploration of how foster carers understand, and provide support for, the trauma-related needs of the young people in their care. To explore this, we engaged a qualitative focus-group method, interviewing 30 foster carers from Local Authorities in the South West of England. Interviews focussed on their (i) understanding of post-trauma mental health, (ii) challenges and needs of young people in care, (iii) the impact of these needs on the carer, and (iv) how they currently

support these young people. Results highlight the complexity of the child-carer relationship against the backdrop of a complex social care system. Key themes showed the warmth and commitment of many carers, but also the lack of preparation and training on trauma-specific presentations. Results will be discussed in terms of how such information could be translated to improve carer training around understanding and supporting the young person's trauma-related needs.

LUN 168
Parent-Child Conversations in the Aftermath of Injury
 (Abstract #626)

LUN 168 (Res Meth, Acc/Inj, Acute, Fam/Int, Res Meth, Child/Adol) - Industrialized

Alisic, Eva¹, Conroy, Rowena², Gunaratnam, Shaminka¹, Barrett, Anna¹, Jowett, Helen², Babl, Franz², McClure, Rod¹, Bressan, Silvia², Anderson, Vicki², Mehl, Matthias³
¹*Monash University, Melbourne, Australia*
²*Royal Children's Hospital, Melbourne, Australia*
³*University of Arizona, Tucson, Arizona*

Although conversations are considered central to psychological recovery from traumatic events, little is known about how these unfold in daily life. In this presentation we focus on everyday parent-child conversations about a child's serious injury, after discharge from hospital, and investigate associations between parental distress and aspects of these interactions. We used the Electronically Activated Recorder (EAR) in a prospective observational study among 71 injured children (3-16y.o.) and their families. During 2 consecutive days, we collected audio samples of families' daily life (30-second snippets every 5 minutes). These were transcribed and double-coded using a standardized coding scheme, according to topic, tone, and interaction partner. Parents completed the Acute Stress Disorder Scale. Preliminary analyses suggest that children and parents talked about the injury (directly or indirectly) in, on average, 11% of their interactions. Injury conversations had a more positive tone than non-injury conversations ($p < .01$). Interaction patterns differed between families with high, and those with low, parental acute stress levels. The EAR appears to be a feasible method for naturalistic observation of daily family environments and interactions after

traumatic events such as injury. It provides new opportunities to inform the development of psychosocial interventions grounded in families' day-to-day lives.

LUN 169

PTSD and Depression Co-occurrence and their Association with lifestyle, War Trauma, Social Support, Life Events and Abuse

(Abstract #1530)

LUN 169 (Res Meth, Commun, Health, Civil/War, Gender, Adult) M - M East & N Africa

Farhood, Laila

American University of Beirut Medical Center, Beirut, Lebanon

Background: Armed conflict, occupation, and political and economic instability are frequently experienced by the civilian Lebanese population of South Lebanon. Identifying predictors of co-occurring mental disorders is paramount to sound assessment and intervention planning. **Objective:** To determine the prevalence and predictors of co-occurring Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) in a post-war population from South Lebanon. **Method:** 991 citizens from 10 villages were interviewed using a cross-sectional design through random sampling. To identify predictors of co-occurrence, multinomial logistic regression was used. Participants were divided into four groups (participants with no PTSD or depression, participants with PTSD only, participants with depression only, and participants with PTSD-depression comorbidity). **Results:** Among the significant predictors of PTSD-depression co-occurrence, female gender, health problems, social life events, and witnessed traumatic events were most consistently found. Employment, educational status, and social support also significantly predicted co-occurrence. **Conclusions:** Results reveal the distinct risk and protective factors that characterize the PTSD-depression profile. These findings could assist in the development of interventions that are sensitive to individuals' psychosocial milieu.

LUN 170

An Investigation of War Trauma Types, Symptom Clusters, and Risk-Factors Associated with Post-Traumatic Stress Disorder: Where Does Gender Fit?

(Abstract #1529)

LUN 170 (Res Meth, Commun, Complex, Health, Civil/War, Adult) M - M East & N Africa

Farhood, Laila

American University of Beirut Medical Center, Beirut, Lebanon

Background: The female-male ratio in the prevalence of post-traumatic stress disorder (PTSD) is approximately 2:1. Gender differences in experienced trauma types, accompanying clusters of PTSD symptoms, and risk factors associated with PTSD are less clear. We aimed to address this gap in the literature in a sample of civilians from South Lebanon. **Method:** A sample of 991 civilians (522 women and 469 men) from South Lebanon was randomly selected, using a cross-sectional design. Trauma types were grouped into five categories: disaster and accident, loss, chronic disease, non-malignant disease, and violence; PTSD symptoms were grouped into three clusters: re-experiencing, avoidance, negative cognitions and mood, and arousal. These were assessed using parts I and IV of the Arabic version of the Harvard Trauma Questionnaire (HTQ). Risk factors associated with PTSD were assessed using a questionnaire that measured social support and life event changes. **Results:** The proportion of females scoring above PTSD threshold was approximately twice that of males (24.3% vs 10.4%, $p = 0.001$). Total scores on all trauma types were similar across gender. Females scored significantly higher on all symptom clusters compared to males ($p < 0.001$). Social support, social life events, experienced traumas, and domestic violence significantly predicted PTSD in both genders, with social support being the strongest predictor. Reported health problems and tranquilizer and cigarette use were also predictors, but they were significant in either females or males, respectively. **Conclusions:** Gender-specific profiles for experienced traumas, symptom clusters, and risk factors associated with PTSD provide evidence for the need to alternatively employ a gender-specific assessment and treatment approach for trauma victims.

LUN 171

Comparing Medical Students Adherence to Child Sexual Abuse Myths in South Africa and the USA
(Abstract #213)

LUN 171 (Res Meth, CSA, Clinical Practice, Global, Train/Ed/Dis, Other) M - E & S Africa

DiDonato, Stephen

The Chicago School of Professional Psychology, Chicago, Illinois

The purpose of this study is to compare medical student's adherence to child sexual abuse myths in South Africa and the United States of America using the Child Sexual Abuse Myth Scale (CSAMS). The CSAMS was originally developed in South Africa and has been used to understand CSA myth adherence in the general population (Collings, 1997), psychology students and licensed psychologists (Collings, 2003), and undergraduate and secondary education students. In addition to being used in South Africa, the measure was also used in Sweden and South Korea (Collings, Lindblom, Madu & Park, 2009). This study will add a fourth national cohort to the research, the United States of America. This construct comparability study aims to increase the understanding of child sexual abuse myth adherence in a population not previously studied, medical students. An aim of this study is to confirm previous results that found that gender and level of training or education influences myths toward CSA. This study will also aim to understand if there are differences in the general level of CSA myths adhered to between South Africa and the United States medical students. It is expected that the data will confirm previous results, showing that the overall CSAMS scale is applicable with medical students, and that the gender and educational level of the students will impact the outcome. Although it is expected that the full-scale will prove valid with medical students, it is also expected that the individual sub-scales of the CSAMS will need modification to be appropriate in the United States, similar modifications were needed in Sweden and South Korea (Colling et al., 2009).

LUN 172

Implications of Emotional Reactions to Witnessing Community Violence Exposure
(Abstract #521)

FRI 221 (Commun, Chronic, Comm/Vio, Cul Div, Child/Adol) - Industrialized

Burnside, Amanda, Gaylord-Harden, Noni

Loyola University Chicago, Chicago, Illinois

The current study sought to examine the way the mood states of youth immediately after witnessing a violent event and how this relates to future behavior. Participants were 123 males ages 14-19 ($M = 15.77$ $SD = 1.51$) who had witnessed at least one violent event in the community. Youth were asked open-ended questions in a semi-structured interview format and their responses were then transcribed and coded. When asked about how the event made them feel, 24.8% of youth reported feeling sad, 17.8% mad, 19.1% anxious/scared, 24.2% reported feeling nothing, and 14.0% reported mixed emotions for different events. Results revealed that there was a significant difference in aggression one year later [$F(4, 123) = 2.808, p = .028$] based on mood state such that the youth who reported feeling nothing reported significantly more aggressive behavior than anxious/scared youth ($MD = 0.41, p = .019$). Reported mood state did not have any relationship to current or future perceived effectiveness to cope with life stressors. Further analyses will examine how these feelings relate to the specific type of coping strategies utilized by youth.

LUN 173

Combat Experience and PTSD among Military-Serving Parents: A Meta-Analytic Examination of Associated Offspring and Family Outcomes
(Abstract #1005)

LUN 173 (Res Meth, Fam/Int, Mil/Vets, Intergen, Lifespan) M - N/A

Kritikos, Tessa¹, Comer, Jonathan², DeVoe, Ellen³, Thompson, Martha¹

¹Boston University, Boston, Massachusetts

²Florida International University, Miami, Florida

³Boston University School of Social Work, Boston, Massachusetts

There is evidence that PTSD presents challenges, not only to the diagnosed individual, but also to the family system. In this presentation, I review meta-analytic findings on the relationships between parental combat exposure/PTSD in military-serving families and (1) parenting problems, (2) family maladjustment, and (3) offspring symptoms and problems. We systematically searched for relevant studies in PsycInfo, PsychArticles, Psychology and Behavior Sciences Collection, Published International Literature on Traumatic Stress (PILOTS), and PubMed/Medline as well as conducted manual searches. We identified 22 eligible studies, including 19 studies examining relationships between parental PTSD and parenting, family, and/or child outcomes and 9 studies examining relationships between parental combat exposure and parenting, family, and/or child outcomes. Random effects meta-analytic models estimated omnibus associations between parental combat exposure/PTSD and pooled family difficulties, as well as between parental combat exposure/PTSD and parenting, family adjustment, and child outcomes individually. Small-to-moderate effect sizes were observed in the omnibus meta-analysis examining relationships between parental PTSD and pooled family difficulties. The summary estimate of the correlation between PTSD and negative family outcomes was 0.293 (95% CI: 0.236 to 0.348). Similarly sized effects were found for the relationships between parental PTSD and parenting problems, between parental PTSD and poor family functioning, and between parental PTSD and offspring symptoms. Associations between parental combat exposure and pooled family problems, as well as between parental combat exposure and parenting problems were smaller in magnitude. Results highlight that PTSD among military-serving parents is associated with increased problems in the family environment, including parenting problems, family maladjustment, and offspring symptoms and problems, whereas combat exposure alone is not as strongly associated with such family difficulties. In addition to targeting specific PTSD concerns, when military-serving parents show psychological symptoms, our limited resources should be allocated to target broader family issues (such as parenting, family interactions, and child symptomatology).

PUBLIC HEALTH

LUN 174

The Impact of Caregiver Exposure to Community Violence on Child Violence Exposure (Abstract #1305)

LUN 174 (Pub Health, Chronic, Comm/Vio, Fam/Int, Pub Health, Child/Adol) - Industrialized

Burnside, Amanda, Bai, Grace, Bart-Plange, Emma-Lorraine, Gaylord-Harden, Noni
Loyola University Chicago, Chicago, Illinois

This study examined how community violence exposure (ECV) experienced by caregivers relates to levels of ECV experienced by their child. Participants were 85 African American girls age 13-18 ($M = 14.95$, $SD = 1.39$) and their female caregivers (ages 27-69; $M = 41.4$, $SD = 9.04$). Results indicated that the amount of caregiver-reported ECV significantly predicted the amount of child-reported ECV ($B = .315$, $p = .001$). Further, the child's perception of how close they were to their caregiver significantly moderated this relationship, representing a protective stabilizing effect. Specifically, for girls that reported low caregiver care/closeness, the amount of ECV that their caregiver had experienced significantly predicted their own level of violence exposure ($B = .444$, $p < .001$). However, for girls who perceived a high level of caregiver closeness and caring, the relationship between caregiver ECV and child ECV was not significant ($B = .096$, $p = .457$). Caregiver-reported harsh/violent parenting practices did not significantly moderate this relationship, nor did levels of parental monitoring (as reported by the child). However, Results have important implications for interventions for families exposed to community violence.

LUN 175

The Prevalence of Sexual Assault in Low-SES Men and Women Living in an Urban Environment

(Abstract #1089)

LUN 175 (Pub Health, Acute, CSA, Chronic, Rape, Adult) I - Industrialized

Rothbaum, Alex¹, Michopoulos, Vasiliki², Maples-Keller, Jessica², Ressler, Kerry³, Feeny, Norah¹, Jovanovic, Tanja²

¹*Case Western Reserve University, Cleveland, Ohio*

²*Emory University School of Medicine, Atlanta, Georgia*

³*Harvard Medical School, Belmont, Massachusetts*

Sexual assault is a common form of interpersonal violence that confers considerable risk for negative psychological and physical outcomes. Prevalence of sexual assault is understudied in key at risk groups, such as inner city and low-income population. Using a large epidemiological sample of 8,533 highly traumatized, low-income African American men and women living in an urban environment, the current study examines the prevalence of sexual assault in this understudied population. 87.6% reported trauma exposure, including 39.9% reporting some form of sexual assault. The mean age of first sexual assault was 10.68 years of age, with 97.3% of sexual assault occurring before age 30, with a majority in childhood. Females reported significantly higher prevalence of sexual assault when compared to men (45.4% vs. 22.1%; $X^2(1, n = 7920) = 327.125, p < .001$). Both men and women report a high prevalence of childhood sexual assault, with 21.5% of men and 42.3% of females ($X^2(1, n = 7920) = 267.345, p < .001$). These results indicate that sexual assault is extremely high in this population. To our knowledge, this is the first epidemiological examination of the prevalence of sexual assault in low-income African American men and women living in an urban environment.

LUN 176

Posttraumatic Stress and Help-Seeking Behavior among Foreign Domestic Workers in Singapore

(Abstract #817)

LUN 176 (Pub Health, Cul Div, Health, Refugee, Adult) M - Industrialized

Henn-Haase, Clare¹, Hoong, Celestine²

¹*New York University Langone Medical Center, Department of Psychiatry, New York, New York*

²*National University of Singapore, Singapore, Singapore*

Foreign Domestic Workers (FDWs) are a highly vulnerable population for maltreatment and yet underserved due to barriers to health care. A survey (N=664) conducted in Singapore by the Humanitarian Organization for Migration Economics found over 50% of FDWs reported psychological, physical, or sexual abuse from their employer (Seow, 2015). Although the 225,000 FDWs migrating to Singapore make up 16% of the foreign workforce population (Ministry of Manpower, 2015), research on PTSD prevalence is scant. The aim is to identify prevalence of PTSD symptoms as well as barriers to help-seeking among female FDWs in a sample of 55 sheltered abused FDWs compared to 55 community-based non-abused FDWs aged 23-41, of Indonesian, Burmese, and Filipino ethnicity in Singapore. Abused FDW's reported psychological (81%), physical (72%) and sexual abuse (21%). Results indicated abused women were 4 times more likely to report posttraumatic stress (PTS) than non-abused FDWs and 16% of the abused FDWs met screening criteria for PTS symptoms (PCL-5), compared to 3.77% of the non-abused FDWs, $t(70)=5.4, p<.001$. Based on Grigsby and Hartman's (1997) models of barriers to care, perceived barriers and PTS correlations suggested social expectation barriers most strongly associated with PTS ($r=.074$), followed by psychological barriers ($r=.072$). Social expectations inhibit seeking care due to cultural demands for FDW's societal role as subordinate and inferior, resulting in avoidance of help-seeking to fulfill their societal role and avoid being returned to their home country. The psychological barriers are akin to the negative appraisals as a result of the abuse, resulting in exacerbation of hyperarousal and alterations in cognition and mood. PTSD symptoms fully mediated the relationship between exposure to abuse and barriers to help-seeking ($b=-0.48, t=-.061, p>0.05$) suggesting perceived barriers to care are impacted by PTS symptoms rather than exposure to the abuse itself. The results suggest a need to educate FDWs on their rights, resources, and risks for developing PTSD. Implications for early intervention will be discussed.

LUN 177

Interpersonal Needs: A Mediation Model of the Association between Moral Injury and Depression Symptoms

(Abstract #1225)

LUN 177 (Pub Health, Depr, Health, Adult) M - Industrialized

Ray, Travis, *Nagy, Samantha, Hunsanger, Jillian, Pickett, Scott*
Oakland University, Rochester, Michigan

Previous research has found support for the association between moral injury and posttraumatic stress disorder (Maguen & Litz, 2012). However, less is known about the relationship between moral injury and other mental health outcomes, such as depression. The current study examined the association between moral injury and depressive symptoms, and examined a consistent predictor of depression and suicide following trauma exposure as a mediator: interpersonal needs. Individuals who have experienced a traumatic event ($N = 174$) completed a cross-sectional, online survey containing measures of moral injury, interpersonal needs, posttraumatic stress symptomology, and depressive symptomology. A hierarchical multiple regression analysis found moral injury predicted depressive symptomology after controlling for posttraumatic stress symptomology ($\beta = .177, t = 2.29, p = .03$). Further, a simple mediation analysis revealed significant direct ($c' = .296, p < .001$) and indirect ($ab = .23, \text{BootLLCI} = .145, \text{BootULCI} = .342$) effects between moral injury and depressive symptomology, with interpersonal needs mediating the relationship. Although results provide some support for a causal chain between moral injury and depressive symptomology, future research utilizing a longitudinal design is necessary to better understand this relationship. Implication and future directions will be discussed.

LUN 178

Organizational and Incident Stressors' Association with Mental Health Outcomes in Navy Corpsmen

(Abstract #53)

LUN 178 (Pub Health, Anx, Chronic, Depr, Mil/Vets, Other) M - Industrialized

Ray, Travis¹, *Thomsen, Cynthia*², *Altarejos, Isabel*²
¹**Oakland University, Rochester, Michigan**
²**Naval Health Research Center, San Diego, California**

Health care providers frequently encounter organizational and incident stressors, which have been linked to symptoms of anxiety, depression, and posttraumatic stress (Bennett et al., 2005; Donnelly, 2012). Among health care providers, Navy corpsmen may encounter a unique combination of these stressors, putting them at even greater risk of developing mental health problems. The current study examines Navy corpsmen's exposure to organizational and incident stressors and their associated psychological symptoms. Navy corpsmen ($N = 40$) completed a cross-sectional survey of organizational and incident stressors, psychological symptoms, and demographic and military characteristics. A series of hierarchical multiple regression analyses examined associations of organizational and incident stressors with each outcome variable while controlling for demographic characteristics. Results indicated that organizational stressors predicted depressive symptomology ($p = .012$), while incident stressors predicted posttraumatic stress symptomology ($p = .029$). Neither type of stressor was a significant predictor of anxiety symptoms. Results provide insight into the types of stressors encountered by Navy corpsmen as well as the impact these stressors have on their mental health. Findings suggest that distinct types of stressors may differentially affect mental health and also help to inform interventions aimed at mitigating the effects of stressors on corpsmen's mental health symptoms.

LUN 179

Impact of Peacekeeping Operation Deployment on the Mental Health of Japan Self-Defense Force Personnel and Their Spouses

(Abstract #681)

LUN 179 (Pub Health, Mil/Vets, Other) I - Industrialized

Tanichi, Masaaki, Nagamine, Masanori, Shigemura, Jun, Toda, Hiroyuki, Yoshino, Aihide, Shimizu, Kunio
National Defense Medical College, Tokorozawa, Saitama, Japan

Within military organizations, the importance of family care during international deployment has been emphasized. However, no prior empirical research regarding the interactions between deployed personnel's, and their spouses, mental health has been assessed. The present study investigated mental health among 324 spousal dyads from Japan Self-Defense Forces (JSDF) personnel dispatched to the United Nations Disengagement Observer Force (UNDOF). We distributed a mental health survey four times, from one-month pre-deployment to immediately after homecoming. The General Health Questionnaire (GHQ-30) was used for evaluating general psychological distress (GPD); those who scored ≥ 7 were defined as high-GPD. Throughout the survey period, spouses' GPD was significantly higher compared to the personnel members ($p < .001$). Multivariate analyses revealed that high-GPD among personnel was significantly related to spouses' high-GPD (OR = 2.24, 95% CI [1.32, 3.80]) and vice versa (OR = 2.38, 95% CI [1.39, 4.08]). The present findings suggest that when providing mental health care to deployed personnel, spousal care should also be addressed.

LUN 180

Combat Exposure and PTSD: Does Sex Matter?

(Abstract #208)

LUN 180 (Pub Health, Mil/Vets, Gender, Adult) I - Industrialized

Frank, Christine¹, Lee, Jennifer¹, Zamorski, Mark¹, Colman, Ian²
¹Department of National Defence, Ottawa, Ontario, Canada
²University of Ottawa, Ottawa, Ontario, Canada

Objective: Military research has attempted to identify whether women have an increased vulnerability to mental health issues following deployment-related trauma, but findings have been mixed. Most studies have controlled for childhood abuse, but not other non-deployment trauma (e.g., life-threatening illness), which may partially explain mixed results. This study assessed gender differences in the association between deployment-related trauma and PTSD while controlling for non-deployment trauma. **Methods:** Data came from the 2013 Canadian Forces Mental Health Survey. Regular or Reserve personnel who had been deployed at least once were included in this study ($n = 5980$). Logistic regression was used to examine the interaction between gender and deployment-related trauma in predicting PTSD. **Results:** After controlling for non-deployment trauma, the association of gender with PTSD went from being significant to being marginally significant. The interaction between gender and deployment-related trauma was not significant. **Conclusion:** Though controlling for non-deployment trauma did not completely dissipate gender differences in PTSD, such differences were greatly reduced, indicating that these may be partially related to traumatic experiences outside deployment. As gender did not moderate the link between deployment-related trauma and PTSD, findings suggest trauma experienced while on deployment does not disproportionately affect women compared to their male counterparts.

LUN 181

Risk and Protective Factors for Suicide among Formerly Deployed U.S. Service Members: Results from the Veterans' Health Study

(Abstract #222)

LUN 181 (Pub Health, Commun, Depr, Mil/Vets, Adult) A - Industrialized

Boscarino, Joseph¹, Hoffman, Stuart¹, Urosevich, Thomas¹, Hyacinthe, Johanna¹, Boscarino, Joseph², Figley, Charles³
¹Gesinger Clinic, Danville, Pennsylvania
²Mass School of Professional Psychology, Newton, Massachusetts
³Tulane University, New Orleans, Louisiana

Study Objective: Since reports have suggested that suicide is a serious problem among U.S. military

personnel, our objective was to assess the risk and protective factors for suicidal behavior among formerly deployed service members. Currently, research indicates that suicide risk may be greater among recent veterans. In light of this, our study assessed suicide risks among veterans from different service eras, including the Vietnam War, Gulf War, and Global War on Terrorism veterans, as well as others. **Methods:** We surveyed a random sample of ~1,800 veterans who were outpatients in the largest multi-hospital system located in Central and Northeastern Pennsylvania to investigate mental health and suicide risk status. All veterans served in one or more warzone deployments. **Results:** Of the veterans surveyed (response rate ~ 60%), 55% were from the Vietnam era, 95.0% were male, their mean age was 59 years old, 96% were white race, and 24% were National Guard or Reserve veterans. Altogether, 24% of veterans had a history of high combat exposure. The prevalence of current PTSD among veterans was 7.7%, and the rate of current depression was 8.3%. The lifetime prevalence of suicidal thoughts was 11%, and 12% had seriously thought about suicide, developed a plan, or had attempted suicide. In multivariable logistic regression, the best predictors of suicidal thoughts were having a history of depression (OR=6.0, $p<0.001$) and receiving mental health treatments (OR=4.0, $p<0.001$). The best predictors of high risk for suicidality (i.e., seriously thought about, had a plan, or attempted suicide) were history of depression (OR=4.2, $p<0.001$), mental health treatment (OR=3.4), and history of neglect/abuse (OR=2.1, $p<0.001$). Analyses also revealed that having positive personality traits, such as openness and agreeableness, were protective for suicide risks. Finally, after controlling for potential confounding variables, there was no difference in suicide risk for veterans from different service eras. **Conclusion:** We found both risk and protective factors for suicidality among a large multi-generational cohort of deployed veterans. Our analyses suggest that there are common risk and protective factors for suicide risks among different generations of veterans. Contrary to some reports, our study revealed that combat exposure was not a risk factor for suicidality, but that a history of neglect/abuse was a predictor of suicide risk among veterans. Further research is planned. **Funding:** U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND, PRINCIPAL INVESTIGATOR: Joseph A. Boscarino, PhD, MPH, Award # W81XWH-15-1-0506.

LUN 182

Quality of Life across the Trauma Spectrum: A Longitudinal Analysis

(Abstract #1380)

LUN 182 (Pub Health, QoL, Adult) M - N/A

Monson, Eva, Caron, Jean, Lonergan, Michelle, Brunet, Alain

McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada

This study aims to provide an essential longitudinal examination of the effects of trauma and PTSD diagnosis on global as well as specific domains of quality of life in a Canadian sample in order to better understand the diagnosis and unveil possible routes of research and successful treatment methods for the future. **Methods:** Data was drawn from the initial two waves of Zone d'étude en épidémiologie sociale et psychiatrique du sud-ouest de Montréal (ZEPSOM), an epidemiological catchment area study based in southwest Montreal (N = 2,433 and 1,823). PTSD diagnosis, and global and subscale scores of quality of life outcomes were established by face-to-face structured interviews using standardized instruments. Outcomes were compared between three trauma/PTSD categories and healthy controls.

Results: Findings extended previous cross-sectional findings within the catchment area by demonstrating that the effects of current PTSD diagnosis on quality of life endure with time. Specifically, the negative impact of current diagnosis of PTSD on Wave 2 quality of life is expressed through its influence on Wave 1 quality of life. Subscale findings are discussed. **Conclusion:** Research needs to focus on understanding more than just global indices when it comes to the trauma spectrum. Additional research remains necessary to fully understand these complex relationships over time.

LUN 183

Effect of the Sewol Ferry Disaster on the Prescribing Pattern of Psychotropic Medications in Ansan, South Korea

(Abstract #1186)

LUN 183 (Pub Health, Health, Lifespan) A - E Asia & Pac

Han, Kyu-Man¹, Kim, Kyoung-Hoon², Lee, Mikyung³, Paik, Jong-Woo⁴

¹*Korea University, Seoul, Republic of Korea*

²*Health Insurance Review and Assessment Service of Korea, Wonju, Republic of Korea*

³*Kyung Hee University Hospital, Seoul, Republic of Korea*

⁴*Kyung Hee University, Seoul, Republic of Korea*

Background: Previous pharmaco-epidemiological studies have reported increase in prescriptions of psychotropic medications after the disasters which reflects the post-disaster changes in psychiatric conditions or mental health service utilization. We investigated the changes in the prescription rate of psychotropic medication in Danwon district in Ansan city (Ansan Danwon) after the Sewol Ferry disaster (16 April 2014) and compared them to the control community. **Methods:** The database of the Korean Health Insurance Review and Assessment Service was used for the quantitative analysis of prescription rate of psychotropic medication including antidepressants, anxiolytics, and sedatives/hypnotics. We investigated whether the time-series pattern of monthly prescriptions of psychotropic medications per 100,000 people in Ansan Danwon following the disaster was different from those in Cheonan city using a difference in differences regression analysis.

Results: We found that Ansan Danwon showed significantly greater increase (5.6%) in prescription rate of antidepressants compared to Cheonan city following the Sewol Ferry disaster. However, no significant difference of changes in prescription rate after the disaster between Ansan Danwon and Cheonan city in regards with the anxiolytics and sedatives/hypnotics. **Limitations:** We could not exclude the possibility that other events may influence on the changes in prescription rate of psychotropic medications. **Conclusions:** A pharmaco-epidemiological study on the disaster and prescription of psychotropic medication can provide an indirect evaluation of the traumatic disaster in a population level. Our result implicates that the disaster may exert a harmful effect on the mental

health status of the affected community. **Key words:** disaster, Sewol Ferry disaster, prescription, antidepressant, anxiolytics, mental health.

LUN 184

Characteristics of the Different Types of Childhood Violence and the Risk of Revictimization

(Abstract #785)

LUN 184 (Pub Health, CPA, CSA, Neglect, Rape, Lifespan) A - Industrialized

Strøm, Ida, Aakvaag, Helene

Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

Most research on repeated victimization has focused on the characteristics of childhood sexual abuse and sexual revictimization. This prospective study investigates the relationship between the characteristics of different types of violence and repeat victimization. Two waves of data (N=1011, 16-33 years) from a community telephone survey (T1) with a follow-up time of 12-18 months (T2) was used. Logistic regression analyses showed that all types of childhood violence had significantly higher odds of T2 victimization compared with those not abused in childhood. The risk of revictimization was not restricted to the same violence type experienced in childhood. Individuals exposed to three types of violence had the highest odds for T2 victimization. Age of onset, age of last abuse experience and physical injury were significantly associated with revictimization univariately, but none were associated with revictimization when adjusted for each other. Finally, individuals who had experienced both childhood abuse and violence after 18 years at T1 had higher odds for T2 victimization compared to individuals who had not experienced this. Our findings emphasize the importance of assessing multiple forms of violence when studying revictimization. Practitioners working with children and young adults may want to be attentive to the number of victimization types and recency of abuse.

LUN 185

A Community-Based Participatory Approach to Disaster Preparedness among Resettled Bosnian Refugees in the US

(Abstract #147)

LUN 185 (Pub Health, Commun, Nat/Dis, Pub Health, Lifespan) M - Industrialized

Xin, Huaibo

Southern Illinois University Edwardsville, Edwardsville, Illinois

Researchers and practitioners have been urged to give attention to vulnerable populations, including refugees, who can be culturally, socially, economically, and linguistically disadvantaged during times of risk communication in public health emergencies. The project is to adopt a Community-Based Participatory Research (CBPR) approach to prepare resettled Bosnian refugees for natural disasters in the U.S. An interdisciplinary team will collaboratively conduct the following activities during a 2-year project period: (1) conduct intensive focus group discussions to identify the strengths and limitations of risk communication among Bosnian refugees regarding the preparedness of a natural disaster through the lens of Theory of Planned Behavior and Socio-Ecological Model; develop a culturally and linguistically tailored educational handbook for disaster preparedness by modifying existing disaster preparedness materials; conduct social vulnerability mapping using participatory Geographic Information Systems (GIS); establish community risk communication channels using both social and mass media, social networking, and community organizations; (2) conduct a Randomized Controlled Trial to examine the effectiveness of three different types of risk communication strategies, including a tailored educational handbook for disaster preparedness, social vulnerability mapping, and community risk communication channels; (3) examine the reliability and validity of Natural Disaster Preparedness Survey for Resettled Bosnian Refugees. The project hypothesizes that culturally and linguistically tailored educational materials developed by using CBPR, social vulnerability mapping using participatory GIS, and application of community risk communication channels established by using CBPR, will increase levels of Bosnian refugees' preparedness for natural disasters and decrease levels of Bosnian refugees' mental distress during a public disaster. It integrates

multidisciplinary approaches into public health preparedness for natural disasters among resettled refugee populations in the US.

LUN 186

Mental Health in Local Public Employees who Affected by the Great East Japan Earthquake
(Abstract #198)

LUN 186 (Pub Health, Health, Nat/Dis, Pub Health, Other) M - Industrialized

Takahashi, Naoya, Furuya, Takeshi, Sakata, Shigeki
Rissho University, Shinagawa, Tokyo, Japan

In the Great East Japan Earthquake, local public employees working in the afflicted municipalities are engaged in disaster relief and reconstruction although they are also victims. 672 local public employees who affected by the tsunami disaster and the nuclear power plant accident in this earthquake participated in panel survey about mental health in 2015 and 2016. The high-risk rate of IES-R was 11.9% in the tsunami-disaster group and 31.4% in the nuclear-accident group at Time1, and 8.9% in the tsunami-disaster group and 27.2% in the nuclear-accident group at Time2. These high-risk rates decreased significantly from Time1 to Time2, but the high-risk rate in the nuclear-accident group was still high. Additionally, discriminant analysis was conducted for each group in order to analyze the factors that regulate the change in risk rates between two waves for IES-R. In the tsunami-disaster group, the high-risk rate at Time1 was prescribed by the degree of impoverishment at the workplace, and the high-risk rate at Time2 was prescribed by depersonalization score of burnout. In the nuclear-accident group, the high-risk rates at Time1 and Time2 were prescribed by depersonalization score of burnout. It was discussed about the group difference in the factors predicting IES-R.

VICARIOUS TRAUMATIZATION AND THERAPIST SELF-CARE

LUN 187

Reliability, Validity and Factor Structure of the Vicarious Trauma Organizational Readiness Guide (VT-ORG)
(Abstract #1256)

LUN 187 (Self-Care, Assess Dx, Chronic, Pub Health, Self-Care, Other) I - Industrialized

Hallinan, Sean, Molnar, Beth
Northeastern University, Boston, Massachusetts

Vicarious Trauma (VT) is exposure to traumatic experiences of another. Employees of first response agencies (e.g., police, fire, EMS) and victim assistance providers, including mental health treatment providers, experience VT as a regular occupational challenge. Negative effects of VT can include increased risk for PTSD, depression, behavioral consequences and others. Organizations employing these workers are impacted through turnover, reduced efficiency and affected work environments. The Vicarious Trauma Organizational Readiness Guide (VT-ORG) is a new tool developed by the Vicarious Trauma Toolkit Project (<https://vtt.ovc.ojp.gov/>) to help agencies assess how prepared they are to prevent negative consequences of VT. Assessing needs is the first step in organizational change. Knowing gaps leads to action plans for how organizations can become more VT-informed. First-hand experiences from these fields and theories from Industrial/Organizational Psychology informed development of the VT-ORG. This study is examining factor structure, reliability and concurrent validity of the VT-ORG using (1) previously validated measures of VT-associated conditions and (2) organizational health measures. Data are currently being collected from first responder and victim services workers (target N=800 by July 2017) nested within organizations. Confirmatory Factor Analysis and Structural Equation Modeling will be used and reliability, validity and recommended scales will be discussed.

LUN 188

An Analysis of Attitudes and Beliefs of Third-Generation Holocaust Survivors Using the Trauma Attachment and Beliefs Scale
(Abstract #365)

LUN 188 (Self-Care, Fam/Int, QoL, Self-Care, Intergen, Adult) I - N/A

Henning, Janna, Millman, Bradley
Adler School of Professional Psychology, Chicago, Illinois

The study examined beliefs about safety, trust, control, intimacy, and esteem in 125 individuals (3Gs) who reported having grandparents who identified as survivors of the Holocaust to shed light on the potential role transgenerational trauma may play in forming their attitudes about their daily interactions with others. Study inclusion criteria were having at least one grandparent who identified as a Holocaust survivor, being 18 years of age or older, and having a third grade reading level. The study utilized the Trauma Attachment and Beliefs Scale (TABS), and its five facets: safety, trust, control, intimacy, and esteem. Participants completed the full TABS questionnaire and a demographic questionnaire querying about age, gender, ethnicity, and number of grandparents who identify as Holocaust survivors, number of times the grandchild heard the Holocaust narrative, and perceived closeness with each grandparent. The study's results showed an elevation on all TABS scales in study participants compared with the TABS clinical sample, which seemed to suggest some level of disturbance in daily functioning with respect to safety, control, intimacy, esteem, and trust when compared with the clinical sample. Study results suggested that 3Gs with two Holocaust survivor grandparents reported a greater level of difficulty in their interpersonal relationships and sense of ability to control relationships when compared with 3Gs with three Holocaust survivor grandparents. Gender differences were not found in 3Gs with respect to elevations on TABS scale scores. Lastly, no significant relationship was observed in the Trust, Intimacy, and Esteem subscales with respect to the reported number of times that 3Gs heard their 1G family member (s) Holocaust narrative. Limitations of the study included its lack of a control group, the sample selection coming from a convenience sample, geographic limitations with respect to the sample, use of a measure that was not

designed to assess Holocaust-related intergenerational trauma, and the lack of a qualitative component in the study. Future studies should include an in-depth interview with subjects, and the use of a comparison group of other Jewish individuals whose grandparents were not in the Holocaust. A qualitative study in a similar population could also shed more light on the effects of the relationship 3Gs report having with their second generation parents and first generation grandparents. Nevertheless, the results of this study offer a starting point for research with a population that has not been extensively studied with respect to their beliefs about others and the world.

LUN 189

Mindfulness for Therapist Trainees: Managing Burnout, Secondary Traumatic Stress, and Vicarious Traumatization

(Abstract #334)

LUN 189 (Self-Care, Clinical Practice, Prevent, Prof) I - Industrialized

*Riley, Jessica, Henning, Janna
Adler School of Professional Psychology, Chicago, Illinois*

When providing treatment to trauma survivors, therapists face two primary occupational hazards: 1) compassion fatigue (burnout combined with secondary traumatic stress) and 2) vicarious traumatization. While previous research has examined protective and risk factors, the majority of the research focused on either compassion fatigue or vicarious traumatization. Researching the two syndromes separately has prevented us from creating a comprehensive management plan for trauma therapists. Therefore, the purpose of the present study was to explore the protective and risk factors of both compassion fatigue and vicarious traumatization amongst therapist trainees. Based on prior research, the hypothesized protective factors of this study were mindfulness, compassion satisfaction, and frequency of self-care behaviors. The hypothesized risk factors were younger age and fewer years of graduate training. Self-report surveys were administered to 120 therapist trainees in doctoral level graduate training programs throughout the United States. While results did not support the hypothesized risk factors, all of the hypothesized protective factors were supported. When present together, mindfulness,

compassion satisfaction, and self-care behaviors predicted lower scores of burnout (adjusted $R^2 = .17$; $F(3,96) = 7.633$; $p = .000$), secondary traumatic stress (adjusted $R^2 = .15$; $F(3,96) = 6.817$; $p = .000$), and vicarious traumatization (adjusted $R^2 = .16$; $F(3,96) = 7.224$; $p = .000$). Of the three protective factors in the model, mindfulness was shown to be the strongest predictor of lower scores of secondary traumatic stress ($\beta = -.323$; $p = .003$) and vicarious traumatization ($\beta = -.297$; $p = .005$). The results of this study suggest that there are multiple protective factors against compassion fatigue and vicarious traumatization; however, mindfulness was the strongest protective factor. Researching the impact of protective factors for both syndromes produced results with salient clinical applications for therapist trainees, supervisors, and graduate programs. While the primary recommendation in the literature is to practice self-care, these findings demonstrate that the incorporation of mindfulness into clinical practice in addition to self-care behaviors could significantly improve management of compassion fatigue and vicarious traumatization. Future investigation is warranted, particularly with licensed therapists to determine the generalizability of these results.

TECHNOLOGY

LUN 190

Social Networking Sites as a Method for Trauma Relief, Public Communication and Health Advocacy

(Abstract #855)

LUN 190 (Tech, Nat/Dis, Tech/Dis, Terror, Train/Ed/Dis, Lifespan) M - Global

*Osofsky, Howard, Hansel, Tonya, Osofsky, Joy, Tokarz, Stephanie, Craft, Timothy
LSU Health Sciences Center, New Orleans, Louisiana*

Social networking sites (SNS), such as Twitter and Facebook, are becoming popular methods of public communication following traumatic events. Data from over 25 billion tweets revealed that the top five trending topics in 2010 were disasters—number one was the Gulf Oil Spill and number four the Haiti Earthquake. The popularity of these topics and Twitter's (300+ million) users points to a need for increased social media presence for trauma and

disaster education. The Terrorism and Disaster Coalition for Child and Family Resilience (TDC4CFR), a National Child Traumatic Stress Network Center, began a social media campaign to disseminate trauma-informed products and foster interactions between survivors and experts to build resilience. This presentation will focus on social media methods following mass events to disseminate trauma informed products. Data will be presented and mapped on the high volume of TDC4CFR posts regarding the Louisiana Flood of 2016 and the New Orleans East Tornado of 2017. Additionally, posts included culturally competent trauma-informed information such as use of Safe Space, Psychological First Aid, and available services. Opportunities for using SNS to promote understanding and assist with recovery and resilience following trauma and disasters are great and can increase national and community awareness.

LUN 191
Who Views Graphic Media and Why? A Mixed-methods Study of the ISIS Beheading Videos
 (Abstract #468)

LUN 191 (Tech, Terror, Adult) I - N/A

Redmond, Sarah, Jones, Nickolas, Holman, E.
Alison, Cohen Silver, Roxane
University of California, Irvine, Irvine, California

In the wake of collective traumas, many individuals consume graphic news coverage of the event which, when experienced in large amounts, has been associated with greater acute stress than direct exposure to the event itself (Holman, Garfin, & Silver, 2014). However, limited research has sought to understand who these individuals are, and what motivates them to engage with graphic media so extensively. We used a mixed-methods design to identify who views graphic images, the correlates of watching this coverage, and motivations for doing so by examining individuals who watched a beheading video created by the terrorist group ISIS (Islamic State of Iraq and Syria). As part of a 4 wave longitudinal study that began shortly after the Boston Marathon bombings, a representative national sample (N=3,294) reported whether or not they viewed a beheading video and why (or why not); almost 3000 individuals also provided, in open-ended fashion, motivations for their behavior that were coded and analyzed qualitatively. Over 25% of the sample

reported viewing at least part of a beheading video and 5% watched an entire video. Increased odds of viewing a beheading video was found for certain demographics (e.g., being male, older age, being unemployed, being Christian), previously-reported fear of terrorism (OR= 1.12, 95% CI [1.03, 1.21], $p < .05$) and prior exposure to violent life events (OR= 1.13, 95% CI [1.02, 1.26], $p < .05$). In turn, viewing the video was also associated with increased global distress ($b = 0.61$, 95% CI [0.11, 1.12], $p < .05$) and fear of future negative events, including terrorism ($b = 0.17$, 95% CI [0.09, 0.24], $p < .001$), respectively. In the open-ended data, the most common motivations reported for watching a beheading video were to “gain information” and “curiosity”; individuals who did not watch a video indicated no desire to do so or reported that they expected it would be emotionally upsetting. Knowing who watches graphic coverage and why adds to our understanding of the relationship between graphic media and psychological symptoms after collective trauma. Our finding that over one-quarter of a representative national sample watched some portion of a beheading video suggests that many individuals across the United States attend to extremely graphic coverage and may be putting themselves at risk for global distress. Further, since watching this video was associated with greater fear of future negative events, including terrorism, individuals may be playing into the hands of terrorists who create and disseminate these videos with the goal of making people feel afraid.

LUN 193
Increasing Access to Trauma-Focused Treatment for Racial and Ethnic Minority Youth through the Use of Telemedicine
 (Abstract #841)

LUN 193 (Tech, Cul Div, Child/Adol) I - Industrialized

McBrady, Erin¹, Stewart, Regan², Orengo-Aguayo, Rosaura²
¹**College of Charleston, Charleston, South Carolina**
²**Medical University of South Carolina, Charleston, South Carolina**

Research has shown that exposure to trauma heightens the risk of developing various mental health problems, externalizing problems, and substance use disorders (Danielson et al., 2005;

Hanson et al., in press). There is a high prevalence of child maltreatment in the United States, with a prevailing disparity amongst racial and ethnic minority youths experiencing trauma and maltreatment (U.S Department of Health and Human Services, 2012). Although evidence-based trauma-focused treatment for children exists, there remains a myriad of obstacles (e.g., language, cultural competency, service location, transportation) inhibiting access to quality mental health treatment (Davidson & de Arellano, 2014). To address these barriers, the Mental Health Disparities and Diversity program at the Medical University of South Carolina, in collaboration with the MUSC Center for Telehealth, developed the Telemental health Outreach Program (TOP). By eliminating language barriers and the need for transportation, the TOP program aims to increase quality of treatment to ethnic and minority youth. The proposed poster will discuss program development, implementation, and outcomes from the first two years of the TOP 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.

PREVENTION/EARLY INTERVENTION

LUN 194

The Impact of Childhood Abuse on Trajectories of Cannabis Use
(Abstract #227)

LUN 194 (Prevent, CPA, Dev/Int, Sub/Abuse, Gender, Child/Adol) M - Industrialized

Banducci, Anne N¹, Bonn-Miller, Marcel², Felton, Julia³

¹National Center for PTSD, VA Palo Alto Health Care System/Stanford University School of Medicine, Stanford, California

²VA, Menlo Park, California

³University of Maryland, College Park, Maryland

Cannabis is the most frequently used illicit substance among youth, with rates of cannabis use escalating across adolescence. One potential factor predicting cannabis use among youth is childhood emotional abuse (CEA), which has been associated with substance use behaviors more broadly. Although

CEA may be associated with increased cannabis use in general, it is likely that sex may have an impact on these relations, given that girls are more likely to use substances following abuse experiences than boys. The purpose of the current study was to examine longitudinal relations between CEA and gender on cannabis use during adolescence. The current study included a sample of 206 9th grade community youth (120 boys; Mage = 14.10, 55% European-American) followed annually through the 12th grade. CEA was assessed with the Childhood Trauma Questionnaire and cannabis use was assessed with the Youth Risk Behavior Survey. A latent growth curve model was utilized to examine cannabis use trajectories from grades 9-12. Within our model, elevated baseline cannabis use was associated with male gender (std. est. = 0.32 p = .004) and more severe CEA (std. est. = 0.25, p = .038). The only significant predictor of changes in cannabis use over time was the interaction between gender and CEA (std. est. = -.87, p = .011); post hoc analyses demonstrated that girls with the most severe CEA had the greatest increases in cannabis use over time. These results suggest the importance of addressing CEA among adolescent girls. Given that cannabis use during adolescence is associated with a host of negative outcomes, targeted efforts to reduce use, through prevention and intervention efforts, is critical.

LUN 195

Attentional Bias, Trauma, and Psychopathology: Direct and Indirect Relationships in Ethnic Minority Preschoolers
(Abstract #1356)

LUN 195 (Prevent, Cul Div, Dev/Int, Prevent, Child/Adol) I - Industrialized

Kosson, David¹, Martinez-Torteya, Cecilia², Gorin, Hillary¹

¹Rosalind Franklin University of Medicine and Science, Chicago, Illinois

²DePaul University, Chicago, Illinois

Few studies have addressed whether attentional biases account for links between early trauma and psychopathology. Based on relationships between psychopathology and attentional biases regarding emotion, we examined attentional bias among 73 predominantly ethnic minority preschoolers. Principal analyses were based on 63 preschoolers at least 3.5 years old. Following exposure to a (toy)

jumping spider, we assessed attentional bias toward/away from emotional faces in an affective dot probe task and examined whether such biases were associated with trauma exposure and childhood internalizing and externalizing problems as reported by primary caregivers. In this task, children were asked to indicate whether a star was on the top or bottom of a computer screen. The star appeared in the location of one of two photos of a child exhibiting neutral and affective (happy, sad, or angry) facial expressions. Attentional bias toward emotion was indicated by faster responses to stars in the location of emotional than the location of neutral faces. Bias toward sad faces was associated with externalizing and internalizing symptoms and exposure to trauma, after controlling for child age. Bias-corrected bootstrap analyses revealed indirect relationships between trauma exposure and internalizing and externalizing symptoms through attention to sad faces, providing evidence for atemporal mediation.

LUN 196

Posttraumatic Stress after Pediatric Injury: The Role of Acute Pain, Child Coping, and Parent Coping Assistance

(Abstract #760)

LUN 196 (Prevent, Acc/Inj, Fam/Int, Illness, Child/Adol) I - Industrialized

Hildenbrand, Aimee¹, Kassam-Adams, Nancy², Barakat, Lamia³, Kohser, Kristen³, Marsac, Meghan⁴

¹*Drexel University, Philadelphia, Pennsylvania*

²*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania*

³*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania*

⁴*University of Kentucky, Lexington, Kentucky*

Emerging evidence suggests that pain after injury increases risk for posttraumatic stress symptoms (PTSS) in youth. However, little is known regarding psychosocial processes that may interact with or buffer the impact of pain on PTSS. This study examined relationships between peri-trauma pain, child coping and ways in which parents help children cope (i.e., parent coping assistance), and child and parent PTSS. Children ages 8-17 years hospitalized for unintentional injury (N=96) completed assessments at baseline (T1) and 6 (T2) and 12 weeks later (T3). Pain ratings were obtained via chart review. Worst pain during hospitalization was

positively associated with T1 parent encouragement of cognitive restructuring ($r=.28, p=.01$) and subsequent (T2, T3) child use of social support ($r=.24-.35, p=.003-.04$). Pain was related to child PTSS at all time points ($r=.23-.34, p=.005-.05$) and parent PTSS at T2 and T3 ($r=.26, p=.02-.03$). Child coping and parent coping assistance did not moderate the relationship between pain and PTSS in children. Findings suggest that pain is associated with concurrent and later PTSS in both children and parents, underlining the importance of effective acute pain management. Additionally, pain may influence child coping after injury. Further research is needed to identify factors that buffer effects of pain on post-injury emotional recovery.

LUN 197

Screening for PTSD and Depression in Trauma Centers: A Follow-up Study of the Injured Trauma Survivor Screen

(Abstract #837)

LUN 197 (Prevent, Acc/Inj, Acute, Assess Dx, Clin Res, Adult) A - Industrialized

Hunt, Josh, deRoos-Cassini, Terri
Medical College of Wisconsin, Milwaukee, Wisconsin

The Injured Trauma Survivor Screen (ITSS) has been shown to predict one-month PTSD and depression risk in hospitalized trauma patients and further validation is needed to predict chronic distress. In this six-month follow-up study, all participants (n = 202) were administered the ITSS and the PTSD Checklist for DSM-5 (PCL-5) during their hospitalization. The Clinician Administered PTSD Scale (DSM-5) and the Center for Epidemiological Studies Depression Scale-Revised were administered by graduate level professionals six months after injury. ROC curve analyses were then conducted for the ITSS, as well as for the PCL-5. Overall, the 9-item ITSS is a stable screening tool for predicting those most at risk for PTSD (Sensitivity = 85.42%, Specificity = 67.35%) and depression (Sensitivity = 72.50%, Specificity = 70.29%) following admission to a level 1 trauma center. Findings examining a combined PTSD risk group using both the ITSS PTSD risk subscale and the PCL-5, provide evidence that symptom evaluation after positive screen would improve specificity in identifying those likely to develop posttraumatic psychological distress

(Specificity = 81.63%). These results help to further inform the recommendation of the American College of Surgeons Committee on Trauma regarding best practice for PTSD and depression screening in trauma centers.

LUN 198

Social Support as a Mediator of Post-traumatic Embitterment Disorder and Meaning in Life among Danwon Survivors in Sewol Ferry Disaster
(Abstract #587)

LUN 198 (Prevent, Acute, Prevent, Surv/Hist, Tech/Dis, Adult) M - Global

Chae, Jeong-Ho¹, Lee, So Hee²

¹*The Catholic University of Korea, Seoul, Republic of Korea*

²*National Medical Center, Seoul, Republic of Korea*

OBJECTIVE: Of the Sewol ferry disaster survivors, there was a special group who were students from same high school at the time of the accident, known as the Danwon survivors. This study examines whether social support mediates the relationship between Post-traumatic embitterment disorders (PTED) and meaning in life in the follow-up study on the Danwon survivors. **METHODS:** At 28 months after the Sewol ferry disaster, a total of 48 Danwon survivors (24 males, 24 females) completed questionnaires; The PTED self-rating scale, the Functional Social Support Questionnaire (FSSQ) and Meaning in Life Questionnaire (MLQ). **RESULTS:** The prevalence rates of PTED were one-fifth of the participants. PTED were negatively correlated with the FSSQ and the Presence of Meaning (MLQ-P), $r = -0.43, -0.40$, respectively. As hypothesized, hierarchical regression analysis showed that FSSQ may fully mediate the effects of PTED on MLQ-P because the indirect effect was significant, but the direct effect was not significant. Moreover, bootstrap analysis found the indirect effect was statistically significant (95% confidence Interval = - 0.5912 to - 0.0365). **CONCLUSION:** These findings imply that a clinical intervention for reduction of post-traumatic embitterment may help ensure disaster survivor's meaning in life through increasing their perceived social support.

LUN 199

Psychopathology and Risk for Perpetration of Child Physical Abuse in a Diverse Undergraduate Sample

(Abstract #1297)

LUN 199 (Prevent, Anx, CPA, Depr, Intergen, Adult) I - Industrialized

Zwilling, Amanda¹, Nikulina, Valentina²

¹*CUNY-The City College of New York, Queens, New York*

²*Queens College, City University of New York, Flushing, New York*

Extant research has consistently demonstrated intergenerational transmission of child physical abuse (CPA), but many questions remain about the differences between abuse victims who perpetrate CPA and those who do not. Research has also suggested high rates of psychopathology in victims of CPA. The present study seeks to investigate the relative contributions of psychopathology and history of victimization in the potential of perpetration of CPA in a sample of diverse undergraduate students ($N = 381$; 33% male; 44% Caucasian, 33% Asian, 23% other; 22.5% Hispanic, $Mage = 21$), using the Child Abuse Potential Inventory (CAP). Hierarchical ordinary least squares regression was conducted to investigate the relative predictive effect of history of CPA victimization and adult psychopathology (current symptoms of depression, alcohol use, post-traumatic stress, and anxiety) on CAP. The model as a whole was significant, indicating that psychopathology and history of CPA victimization were predictive of CAP score [$F(5,2376)=94.965, p < .001$]. However, adult psychopathology accounted for 55% of the variance in CAP score, while history of CPA victimization did not contribute significantly to the model above and beyond psychopathology. The findings suggest that the presence of psychopathology may predict risk of perpetration of CPA better than history of CPA victimization.

LUN 200

Lifetime Trauma Exposure and Resilience Predict Depression but Not PTSD Symptoms in a High-Risk Sample of Women 12 months Postpartum
(Abstract #1311)

LUN 200 (Prevent, Chronic, Depr, Adult) I - Industrialized

Gilchrist, Michelle, O'Brien, Kate, Martinez-Torteya, Cecilia
DePaul University, Chicago, Illinois

Maternal mental health symptoms during and after pregnancy put women and their offspring at risk for long-term adverse outcomes. Recent research has linked lifetime trauma exposure to increased depression symptoms in women up 8 months following childbirth (Records & Rice, 2009). However, the influence of risk and resiliency factors on mental health symptomatology in childbearing women remains understudied. The current study explores the influence of lifetime trauma and resilience on maternal psychopathology (i.e. depression and PTSD) at 12 months postpartum. A community sample of 80 mother-infant dyads was recruited as part of a larger study exploring the role of prenatal intimate partner violence on infant outcomes. Self-report on the Life Stressor Checklist, Center for Epidemiologic Studies of Depression Scale, PTSD Checklist, and Connor-Davidson Resilience Scale were obtained at 12 months postpartum. Regression analyses indicate lifetime trauma ($B=1.95$, $p=.06$) and resilience ($B=-.270$, $p=.04$) contributed to depressive symptoms at 12 months postpartum. However, neither predicted self-reported PTSD symptoms. Findings suggest different risk and resilience factors contribute to the sequelae of mental health symptoms in women of childbearing age. Additional exploration of resilience among this vulnerable population is warranted and can inform medical and mental health efforts to address postpartum psychopathology.

LUN 201

The Main and Interactive Effects of PTSD Symptoms and Anxiety Sensitivity on Depression Symptoms
(Abstract #927)

LUN 201 (Prevent, Cog/Int, Depr, Rape, Theory, Adult) I - N/A

Calicho-Mamani, Claudia¹, Kevorkian, Salpi², Berenz, Erin¹, Coffey, Scott³
¹University of Virginia, Charlottesville, Virginia
²Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia
³University of Mississippi Medical Center, Jackson, Mississippi

Posttraumatic stress disorder (PTSD) and major depression frequently co-occur; however, further research is needed to better understand the mechanisms linking these conditions. It may be the case that individuals who are more fearful of their PTSD symptoms (i.e., high in anxiety sensitivity; AS) are at greater risk for depression. The current study examined the main and interactive effects of PTSD symptoms and AS on depressive symptoms in a sample of 107 college students exposed to physical or sexual assault (62.6% women). Participants completed the Clinician Administered PTSD Scale for DSM-5 (CAPS) and self-report measures of trauma exposure, AS, and depression symptoms. Results of hierarchical linear regression analyses indicated that the main effects of PTSD symptom severity ($\beta=.0370$) and AS ($\beta=.251$) accounted for 26.4% of variance in depression symptoms ($p<.001$), above and beyond the covariate of trauma load. Greater levels of PTSD symptoms and AS were associated with greater depression symptoms. However, AS did not moderate the association between PTSD and depression symptoms ($p=.699$). PTSD and AS appear to be robust correlates of depression symptoms in young adults with a history of interpersonal trauma exposure. Further research is needed to understand the mechanisms linking PTSD and depression in high-risk samples.

LUN 202

A Review of Bystander Intervention Programs on College Campuses
(Abstract #657)

LUN 202 (Prevent, Comm/Int, Rape, Adult) I - Industrialized

Baruch, Steffanie, Sanghvi, Rayna, Welch, Katlyn, Peterson, Laura, Cordova, Matt
Palo Alto University, Palo Alto, California

One in five women will be sexually assaulted during the time they are in college (Senn & Forest, 2016). Although bystanders are often present during situations that could lead to sexual assault, many students do not intervene (Senn et al., 2016). Bystander intervention training has been effective in reducing victim blaming attitudes, increasing knowledge regarding intervention, and willingness to intervene (McMahon & Farmer, 2009). Existing bystander intervention research has not compared the efficacy of different bystander intervention programs in changing bystander attitudes and behavior. The purpose of the study was to review and compare bystander intervention programs in use on college campuses, including their commonalities, limitations, and clinical implications. Six bystander programs currently being implemented on college campuses were identified through a review of the literature. All six programs utilized a combination of victim empathy-building and bystander training skills. They have been found to be effective in lowering rape myth acceptance and increasing participants' willingness to intervene. Research on these programs has been limited by a lack of diversity in study participants and by limited follow-up data. Further research should compare programs head-to-head, include more culturally diverse participants, and explore if attitudinal changes are long-lasting.

LUN 203

Examining the Victim-Offender Cycle: Hypermasculinity Mediates the Relationship between Child Sexual Abuse and Adult Perpetration Using Methods of Physical Force or Threat
(Abstract #481)

LUN 203 (Prevent, Aggress, CSA, Dev/Int, Rape, Adult) I - N/A

Beagley, Marin, Richmond, Kaylee, Peterson, Zoe
University of Missouri St. Louis, St. Louis, Missouri

Research has suggested that experiences of child sexual abuse (CSA) in boys may serve as a risk factor for later perpetration of adult sexual assault (ASA). Further, hypermasculinity among men has been shown to contribute to sexually aggressive behaviors. This study sought to explore the mediating role of hypermasculinity in the relationship between CSA victimization and ASA perpetration among 286 men who had (n=75) and had not (n=211) perpetrated ASA. Specifically, we hypothesized that, when broken down by perpetration method (e.g., verbal coercion, intoxication, physical force/threat), hypermasculinity would mediate the relationship between CSA history and use of physical force/threat, but not for verbal coercion or intoxication. This is because use of physical force/threat would represent an emotional/reactive response to rejection—something that might be particularly likely among those high in hypermasculinity. CSA and hypermasculinity were related to ASA perpetration generally as well as to perpetration of each type of ASA. Hypermasculinity partially mediated the relationship between CSA and ASA ($p=.04$). Follow-up analyses confirmed that hypermasculinity partially mediated the relationship between CSA and use of physical force/threat ($p=.02$), but not verbal coercion ($p=.05$) or intoxication ($p=.08$). Implications of these findings with regard to intervention and perpetration prevention will be discussed.

LUN 204

Coping as a Mediator of the Association between Personality and PTSD Symptoms: Directing Trauma Survivors to the most Effective Coping Response Given their Personality
(Abstract #419)

LUN 204 (Prevent, Assess Dx, Chronic, Clin Res, Cog/Int, Adult) I - Industrialized

Doggett, Hannah, Hambrick, Erin
University of Missouri - Kansas City, Kansas City, Missouri

This project improves the understanding of the association between factors of personality operationalized in the Five Factor Model of

personality (Soto & Jackson 2015) and the likelihood of developing PTSD. Moreover, it explores the association between personality, type of coping one uses to cope with trauma, and symptoms of PTSD. Personality may influence the degree to which one is likely to select adaptive coping responses in the aftermath of trauma (Contractor et al., 2016). Conscientiousness, one of the five factors, is associated with guilt when one feels they are at fault for, or altered, the event in some way (Faynard, Roberts, Robins & Watson, 2012). Thus, we propose that those high in conscientiousness will experience severe PTSD symptoms. We also propose that the association between conscientiousness and PTSD may be explained by a conscientious person's feelings of guilt leading them to engage in problem-focused coping – a coping strategy unlikely to be highly useful in coping with trauma. Moreover, we anticipate the coping style will mediate the association between personality and PTSD symptoms. Data from 120 psychology college students at the University of Missouri – Kansas City are being collected via an online survey through mid-May 2017. The survey consists of several measures in the following order: The M5-50 Questionnaire (McCord, 2002), a measure of the FFM of personality; The Trauma History Questionnaire (Hooper, Stockton, Krupnick, & Green 2011), a measure of traumatic event exposure that measures type of events experienced as well as frequency and severity of exposure and age at which a child was exposed; and the PTSD checklist for DSM-5 (Weathers, Litz, Keane, Palmieri, Marx, & Schnurr, 2013), a measure of severity of PTSD symptoms. Lastly, the Situational Brief COPE (Carver 1997) inventory will be used to measure coping style. The measures have been ordered in such a way as to prime the participant to answer the Situational Brief COPE while keeping their most traumatic experience on the forefront of their mind. Specifically, participants spend a few moments prior to completing the COPE calling their most traumatic event to mind, and then respond to the COPE regarding how they coped with the trauma in the immediate aftermath, and then how they are coping with their experience now. Regression analyses will be used to determine if there is an association between conscientiousness and symptoms of PTSD in individuals who have experienced at least a moderately stressful traumatic event, and whether problem-focused coping mediates this association. The goal is to help determine which people are most at-risk for experiencing PTSD

following trauma exposure, and to identify potential intervention targets, such as improved coping.

LUN 205

Pain Catastrophizing Mediates the Relationship between Childhood Maltreatment and Drug Use
(Abstract #1280)

LUN 205 (Prevent, CPA, Sub/Abuse, Adult) I - Industrialized

Garcia, Monica¹, Junglen, Angela¹, Wise, Anna¹, Jensen, Tammy², Boros, Alec², Delahanty, Douglas¹
¹**Kent State University, Kent, Ohio**
²**Oriana House, Akron, Ohio**

High pain catastrophizers were associated with a greater use of opioids after surgery compared to those who were not catastrophizers, perhaps because high catastrophizers report lower analgesic effects from opioids (Garland, Froelinger, Zeidan, Partin & Howard, 2013; Valdes, Warner, Harvey, Fernandes, Doherty, Jenkins, Wheeler & Doherty, 2015). Therefore, high pain catastrophizers are increasingly susceptible to developing, tolerance, abuse, and addiction. Childhood maltreatment has been associated with subsequent pain catastrophizing independent of actual experienced pain (Sansome, Watts & Wiederman, 2013). Thus, it was hypothesized that pain catastrophizing may significantly influence the relationship between childhood maltreatment and drug use. One hundred and seven opiate abusers/addicts were recruited from a drug detoxification center in northeastern OH. The sample was 70% male, with an average age of 36 years (SD=12 years). A mediation analysis was conducted utilizing the macro PROCESS, with 5000 bootstrap iterations (Hayes, 2012). The direct effect between childhood trauma and substance use was significant ($b=.4406$, $SE = .1850$, $p = .019$, $CI [.0738, .8074]$). However, when pain catastrophizing was added to the model as a mediator, it attenuated the relationship ($b=.2148$, $SE = .1971$, $p = .2784$, $CI [-.1761, .6056]$). Therefore, pain catastrophizing was a significant mediator in the model with an indirect effect of .2258, $CI [.0627, .5521]$. Pain catastrophizing should be a target for intervention after childhood maltreatment and in the context of drug treatment.

LUN 206

DRIVEN: A Dating Violence Preventive Group Intervention for Latino College Students
(Abstract #1230)

LUN 206 (Prevent, Cul Div, DV, Ethnic, Gender, Adult) M - Industrialized

Garcia, Ediza, Terrazas-Carrillo, Elizabeth
Texas A&M International University, Laredo, Texas

Latinos comprise 18% of the U.S. population aged 16 to 25 (Hispanic Outlook, 2015). Within this age group, dating violence victimization by an intimate partner occurs at significantly higher rates as compared to other age groups (Black et al., 2011). Studies indicate that the stress of leaving an abusive partner and violating gender norms may result in more intense negative outcomes for Latinas, including experiencing greater trauma-related symptomology (Edelson et al., 2007). There are no existing prevention groups for college students that incorporate Latino cultural factors (e.g., familism, marianismo, machismo). **DRIVEN** (Dating Relationships Involving Violence End Now), an eight-session psychoeducational group, was developed to address this gap in culturally-relevant prevention services. **DRIVEN** relies on social learning theory to decrease gender stereotyping and tolerant dating violence attitudes, and increase help-seeking behaviors. Prior to campus-wide implementation and study for ecological validation, seven focus groups were conducted with 22 Latino undergraduate students. Qualitative analysis revealed curriculum refinement in these areas: incorporating rapport-building activities congruent with the session topic, including audio-visual aids featuring first person accounts of dating violence, and infusing culturally diverse perspectives throughout the curriculum. This presentation will review the focus group data to develop a framework for preventing dating violence and describe implications for practice.

BIOLOGICAL/MEDICAL

LUN 207

The Headache of Gun Violence: Migraine and Tension-Type Headache among Adolescents Exposed to a Mass-Shooting and Controls (the Utøya and the HUNT Study)
(Abstract #1273)

LUN 207 (Bio Med, CPA, CSA, Health, Terror, Child/Adol) M - Industrialized

Stensland, Synne, Dyb, Grete, Wentzel-Larsen, ToRe, Zwart, John-Anker
Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

Background: Witnessing gun violence could increase risk of headache. Prior physical violence and sexual abuse could make things worse. **Methods:** All 362 adolescent survivors of the mass-shooting at the Utøya Island, 2011, were invited to participate in the Utøya interview study, 4-5 months after the terror. Mean age of the 213 (60%) responders was 17.7 years, and 49% were male. The study included a validated headache interview, which served as outcome, in addition to a comprehensive range of background variables. Controls were drawn from the population-based young-HUNT3 study (2006-2008); participation rate of 73%. **Results:** Multivariable logistic regression models, including sociodemographics, injury, prior physical violence, sexual abuse, and current psychological distress, revealed strong, consistent and significant relationships between exposure the mass-shooting and headache, OR=3.26 (2.22, 7.51), with an OR=4.27 (2.54, 7.17) for migraine, OR=3.39 (2.22, 5.18) for TTH, and OR=3.39 (2.41, 4.77) for higher frequency of complaints. Prior physical violence, OR=1.42 (1.00, 2.02), and sexual abuse, OR=1.56 (1.03, 2.36), were positively and significantly related to headache complaints in the full multivariable model. **Conclusion:** Exposure to violence increase risk of headache in adolescents over and beyond the impact of psychological distress. Interventions need to address the pain to hinder chronification.

LUN 208

Female Military Veterans' Risk and Protective Factors in Predicting Overall Functioning: A Biomedical Sample of Outpatients from Geisinger Clinic

(Abstract #153)

LUN 208 (Bio Med, Health, Mil/Vets, Gender, Adult) A - Industrialized

Boscarino, Joseph¹, Figley, Charles², Adams, Richard³, Urosevich, Thomas¹, Hoffman, Stuart¹, Kirchner, H.¹

¹*Geisinger Clinic, Danville, Pennsylvania*

²*Tulane University, New Orleans, Louisiana*

³*Kent State University, Kent, Ohio*

Throughout US history servicewomen have been a valuable asset to the military mission, most notably in the fields of health and mental health care. Recently the USMC removed all barriers to women who wish to serve in combat. Although women comprise only 17 percent of active duty forces, they play a proportionately larger role in military health care than men. Female war veterans made up 5% (N=80) of our Department of Defense study sample of 1,580 war veterans from the Vietnam, Gulf War, Global War of Terrorism and other conflicts. All veterans studied were Geisinger outpatients and received both their health and mental health services through the Geisinger Health System, the largest multi-hospital organization located in Central and Northeastern Pennsylvania. Our findings suggest that, compared to men, women are younger (43 vs. 60 years old), more often not married (49% vs. 21%), more often college graduates (48% vs. 24%), less likely to have high combat exposures (3% vs. 25%), but more likely to have a history of lifetime PTSD (31% vs. 12%), a history of lifetime depression (48% vs. 21%), and have higher rates of mental health service use (69% vs. 47%). In a multivariate logistic regression that controlled for age, education, marital status, deployment history, and combat exposure, women had a 2.5 times greater risk for major depression (OR=2.5, p=0.008), and a 3 times greater risk for PTSD compared to men (OR=3.0, p=0.006). Female veterans were also twice as likely to have low psychological resilience (OR=2.2, p=0.017), but less likely to have a history of concussion (OR=0.4, p=0.025) and heavy drinking (OR=0.2, p=0.035). Thus, female veterans tend to be considerably different than male veterans, including being younger not married, and having a higher

education level. Nevertheless, female veterans appear to be at greater risk for major depression and PTSD, post deployment. The final section of the paper discusses the importance of gender-specific training about and attention to the risk and protective factors identified in this study.

Funding for this research was provided by Department of Defense (Contract No. W81XWH-15-1-0506) to Dr. Joseph A. Boscarino

LUN 209

Hippocampus and Amygdala Morphometric Changes in PTSD

(Abstract #719)

LUN 209 (Bio Med, Res Meth, Mil/Vets, Neuro, Adult) M - N/A

Akiki, Teddy¹, Averill, Christopher¹, Wrocklage, Kristen¹, Scott, James², Schweinsburg, Brian¹, Abdallah, Chadi¹

¹*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut*

²*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania*

Background: The hippocampus and amygdala have been repeatedly implicated in the psychopathology of posttraumatic stress disorder (PTSD). While numerous structural neuroimaging studies examined these two structures in PTSD, these analyses have largely been limited to volumetric measures. Recent advances in vertex-based neuroimaging methods have made it possible to identify specific locations of subtle morphometric changes within a structure of interest. **Methods:** In this cross-sectional study, we used high-resolution magnetic resonance imaging to examine the relationship between PTSD

symptomatology, as measured using the Clinician Administered PTSD Scale for the DSM-IV (CAPS), and structural shape of the hippocampus and amygdala using vertex-wise shape analyses in a group of combat-exposed US Veterans (N = 69).

Results: Following correction for multiple comparisons and controlling for age and cranial volume, we found that participants with more severe PTSD symptoms showed atrophy in the anterior half of the right hippocampus and atrophy in the dorsal region of the right amygdala (corresponding to the centromedial amygdala). Both abnormalities remained significant after controlling for gender,

comorbid psychiatric diagnosis, combat exposure severity, estimated intelligence, education, substance/alcohol abuse, medication status, and traumatic brain injury. Post hoc analysis using hierarchical regression showed that PTSD numbing and avoidance symptoms accounted for 5-7% of the variance of the atrophy, with arousal and re-experiencing symptoms explaining an additional 5% of the variance. **Conclusion:** The results provide evidence of localized atrophy in the anterior hippocampus and centromedial amygdala in combat-exposed US Veterans suffering from PTSD symptoms. This novel finding provides a more fine-grained analysis of structural abnormalities in PTSD and may be informative for understanding the neurobiology of the disorder.

LUN 210
PTSD and Depression Symptom Severities Are Differentially Associated with Hippocampal Subfield Volume Loss in Combat Veterans
 (Abstract #454)

LUN 210 (Bio Med, Depr, Res Meth, Mil/Vets, Neuro, Adult) M - Industrialized

Averill, Christopher¹, Satodiya, Ritvij², Scott, James³, Wrocklage, Kristen¹, Krystal, John⁴, Abdallah, Chadi¹

¹*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut*

²*Yale School of Medicine, Department of Psychiatry, New Haven, Connecticut*

³*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania*

⁴*Yale School of Medicine, New Haven, Connecticut*

Background: Two decades of human neuroimaging research associate volume reductions in the hippocampus with posttraumatic stress disorder (PTSD). However, little is known about the distribution of volume loss across hippocampal subfields associated with this disorder. Recent advances in neuroimaging methods have made it possible to accurately delineate 10 gray matter hippocampal subfields. Here we apply a volumetric analysis of hippocampal subfields to data from a group of combat-exposed US Veterans. **Method:** Veterans (total n=68, PTSD, n=36; combat control, n=32) completed high-resolution structural magnetic resonance imaging. Based on previously validated

methods, hippocampal subfield volume measurements were conducted using FreeSurfer 6.0. The Clinician-Administered PTSD Scale (CAPS) assessed PTSD symptom severity; Beck Depression Inventory (BDI) assessed depressive symptom severity. Controlling for age and intracranial volume, partial correlation analysis examined the relationship between hippocampal subfields and symptom severity. Correction for multiple comparisons was performed using FDR. Age, education, intelligence, substance or alcohol use, traumatic brain injury, and medication status were investigated as potential confounds. **Results:** In the whole sample, *total hippocampal volume* negatively correlated ($p = 0.01$) with CAPS ($r = -0.32$) and BDI scores ($r = -0.32$). Of the 10 hippocampal subfields, CAPS negatively correlated with the *hippocampus-amygdala-transition-area* (HATA; $r = -0.34$; *corrected-p* = 0.05). BDI scores negatively correlated (*corrected-p* = 0.05) with dentate gyrus (DG; $r = -0.33$), cornu ammonis 4 (CA4; $r = -0.32$), HATA ($r = -0.30$), CA3 ($r = -0.30$), molecular layer (ML; $r = -0.29$), and CA1 ($r = -0.27$). Post-hoc analyses in the PTSD group showed a negative correlation ($p = 0.05$) between CAPS and each of HATA ($r = -0.41$), CA3 ($r = -0.40$), ML ($r = -0.35$), and CA4 ($r = -0.34$). **Conclusion:** This study provides the first evidence relating PTSD and depression symptoms to abnormalities in the HATA, an anterior hippocampal region highly connected to prefrontal-amygdala circuitry. Notably, DG abnormalities were associated with depression severity but not PTSD symptoms. Future confirmatory studies should determine the extent to which DG volume can differentiate between PTSD- and depression-related pathophysiology.

LUN 211
Race Differences in Inner-City Women's Depression and Post-Traumatic Stress Disorder: The Role of Pain Catastrophizing
 (Abstract #1216)

LUN 211 (Bio Med, Clin Res, Comm/Int, Adult) M - Industrialized

Gaffey, Allison¹, Aranda, Frances¹, Burns, John¹, Purim Shem Tov, Yanina¹, Hobfoll, Stevan²
¹*Rush University Medical Center, Chicago, Illinois*
²*Rush Medical College, Chicago, Illinois*

Pain catastrophizing (PC) reflects the appraisal and experience of stress and physical pain and related post-traumatic stress disorder (PTSD), and greater catastrophizing is connected with more severe depression and anxiety (Martin et al., 1996). Epidemiologic research indicates Black women report similar or lower depression levels compared to White women (Jackson, 2002). It is unclear if comparable associations exist between women's race and PTSD. We examined race differences in depression, PTSD, PC, and trauma in 212 inner-city women (M Age = 28.58, Black: 64.9%) from an ongoing, longitudinal study examining pain and trauma. Women provided baseline ratings of PC (Pain Catastrophizing Scale), PTSD (CAPS-5) and depression (PROMIS-Short Form). Bootstrapped models examined whether PC mediated associations between race, trauma, and trauma-related psychopathology. Across race, PC was significantly correlated with PTSD and depression (all p 's < .001). Significant effects were observed for race on PTSD ($a1b = -.248$) and PCS on PTSD ($a2b = .287$) for Black women relative to non-Black women but not for depression. Results substantiate previous findings regarding race and depression and offer new evidence that Black women exhibit lower PTSD despite comparable traumatic stress. PC may partially explain racial differences in psychopathology and warrants further investigation in populations with greater racial and socioeconomic heterogeneity.

LUN 212

Higher Cortisol Awakening Response in the First Month Following Workplace Violence Exposure Buffers the Association between Acute Stress Disorder Symptoms and PTSD Symptoms
(Abstract #1223)

LUN 212 (Bio Med, Acute, Bio/Int, Prevent, Adult) M - Industrialized

Marin, Marie-France¹, Geoffrion, Steve², Juster, Robert³, Boyer, Richard⁴, Guay, Stéphane⁴

¹Centre de recherche de l'Institut universitaire en santé mentale de Montréal, Université de Montréal, Montréal, Quebec, Quebec, Canada

²Université de Montreal, Montreal, Quebec, Canada

³Columbia University and New York State Psychiatric Institute, New York, New York

⁴Université de Montreal & Centre d'Etude du Trauma, Montreal, Quebec, Canada

Cortisol, a major stress hormone, has been studied as a biological substrate of trauma exposure and posttraumatic stress disorder (PTSD) over the last decades. The increase in cortisol levels following awakening has been referred to as 'cortisol awakening response' (CAR). Multiple studies have demonstrated blunted CAR in PTSD samples relative to trauma-exposed non-PTSD and non-trauma exposed control groups. However, this measure has rarely been explored in a longitudinal experimental design, which would allow a better understanding of its contribution in the development of the psychopathology. The goal of this study was therefore to assess whether CAR had any effect on the known relationship between acute stress disorder symptoms (ASDS) and PTSD symptoms. To answer our research question, we recruited 50 workers from mental health facilities who were exposed to a violent experience at work. Both acute stress disorders symptoms as assessed by the Acute Stress Disorder Scale and salivary cortisol samples were collected within the first month of the violent event, whereas PTSD symptoms as assessed by the PTSD Checklist-Civilian version (PCL-C) were collected within the second month following the violent event. CAR was calculated by using the salivary cortisol sample collected at the time of awakening as well as the sample collected 30 minutes following awakening. Negative binomial regression showed a negative interaction between ASDS scores and CAR on the total score of PTSD symptoms, $2(1) = 4.286$, $p = 0.038$. Post-hoc analyses showed that participants with low CAR exhibited a positive association between acute stress disorder symptoms and PTSD symptoms whereas the relationship between these two variables was not significant in individuals exhibiting higher CAR. Further analyses looking at clusters of symptoms showed that this relationship was particularly pronounced for avoidance symptoms, with higher CAR buffering the association between acute stress disorder symptoms and avoidance symptoms the following month. Taken together, these results suggest that higher CAR might be a protective factor against the risk of developing PTSD following exposure to a potentially traumatic event. These results highlight the importance of further investigating the role of this biomarker in trauma-exposed individuals shortly after trauma exposure.

LUN 213

Roles of Sleep and the Estrous Cycle in Sex Differences in Fear Memory Consolidation
(Abstract #264)

**LUN 213 (Bio Med, Acute, Sleep, Gender, N/A)
M - Industrialized**

Kobayashi, Ihori¹, Wilson, Camille², Poindexter, Milan², Hatcher, Mark¹, Boadi, Linda¹, Polston, Eva¹
¹*Howard University College of Medicine, Washington, District of Columbia*
²*Howard University, Washington, District of Columbia*

Women are more likely to develop posttraumatic stress disorder (PTSD) than men after trauma exposure. Sleep has been implicated in fear memory consolidation; however, sleep's contribution to the increased risk in women has not been explained. We examined roles of sleep and the estrous cycle in fear memory consolidation using an animal model. C57BL/6 mice (to date, 4 males' and 9 females' data are processed) received 15 footshocks after a 10-minute acclimatization period in a footshock chamber. Five females were footshocked on metestrus, when ovarian hormones are low, and 4 on early proestrus, when estradiol is high. Electroencephalogram was recorded before and after footshocks. Mice were returned to the chamber 9 - 12 days later for 10 minutes without footshocks. Percentage of freezing (freezing%) increased from the acclimatization to the context reexposure session in females ($z = -2.52, p = .01$), but not in males ($z = -1.60, p = .11$). Increase in freezing% was positively correlated with post-shock percentage of sleep and non-rapid-eye-movement sleep (non-REM) and the number of REM episodes during light periods ($r = .65 - .91$). Metestrous females tended to have higher scores on these sleep parameters than males (Hedges' $g = 0.39 - 0.61$). Results suggest that interactions between ovarian hormones and post-shock sleep contribute to sex differences in fear memory consolidation.

CLINICAL/INTERVENTION RESEARCH

LUN 214

Better Learning in Gaza: Addressing Posttraumatic Nightmares and Sleep Problems to Improve School Functioning
(Abstract #872)

LUN 214 (Clin Res, Chronic, Clin Res, Sleep, Civil/War, Child/Adol) I - M East & N Africa

Harb, Gerlinde¹, Schultz, Jon-Håkon²
¹*Philadelphia VA Medical Center, Philadelphia, Pennsylvania*
²*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

Nightmares and sleep disturbance are a hallmark feature of posttraumatic stress and are impairing to daily functioning. The Norwegian Refugee Council developed an intervention for school children in conflict zones affected by trauma, to decrease the interference of posttraumatic sleep problems in school functioning. Students were identified for the program by their teachers based on sleep disturbance (nightmares), trauma history, decreased school functioning. Participants were 64 Palestinian students (average age 14) in Gaza City. They completed a PTSD screen (CRIES-13), self-report of nightmares and sleep and daytime school functioning. Teachers also reported on school functioning. The 5 week group intervention included writing a script of a recurrent nightmare, relaxation training, psychoeducation about nightmares/trauma and cognitive strategies. On average, students reported 5 nightmares per week, with fear/horror, helplessness and grief as most salient emotions. Average nightmare duration was 3 years, most nightmares replayed actual events (69%), were recurrent (80%), and resulted in disturbed sleep (80%) and fear of sleep (81%). After the intervention, students completed a post assessment and a subset of students completed a 8 months follow-up. This presentation will describe the outcome data for the intervention and a detailed analysis of students' nightmares. Clinical implications will be discussed.

LUN 215

Identifying Challenges and Opportunities for Success: Feasibility of Narrative Exposure Therapy Implementation in a Community Setting Serving At-Risk Adolescents in the United States
(Abstract #1330)

LUN 215 (Clin Res, Chronic, Clin Res, Commun, Res Meth, Child/Adol) M - Industrialized

Volpe, Ellen¹, Rodriguez, Lauren¹, Read, Jennifer¹, Jenzer, Tiffany²

¹*SUNY Buffalo, Buffalo, New York*

²*State University of New York/Antares Foundation, Buffalo, New York*

Background: Low-income, urban adolescents experience high rates of lifetime trauma. However, evidence-based interventions are not accessible for this population. The purpose of this paper is to present: a) the feasibility of implementing Narrative Exposure Therapy (NET) in a community agency, and b) the estimated effect sizes of NET on PTSD. **Methods:** We conducted a quasi-experimental, pilot study (N=24) in a community agency that serves at-risk adolescents. Inclusion criteria were the following: 1) ages 16-21, 2) community agency involvement, 3) PTSD diagnosis (PCL-5 criteria). **Results.** Preliminary analyses indicated that of adolescents surveyed (N=87), 21% (N=18) met inclusion criteria, all indicated an interest to participate, and 11 adolescents have been assigned a therapist. Seven participants have completed at least one NET session; one of these has fully completed treatment and five are engaged in ongoing therapy. Thus far, one participant discontinued therapy, but participated in follow-up data collection. On average, PTSD symptoms (PCL-5) have decreased over time. Study conclusion expected Sept 2017. **Discussion:** Initial results indicate although NET is feasible and acceptable, retention efforts must be intensified. Strategies to consider include adding motivation to treatment engagement module, increased therapist availability, childcare, enhancing communication, and condense sessions.

LUN 216

Treating PTSD, Anxiety, Depression and Behavioral Problems in Youth Offenders: An Analysis of Current Research on Trauma Interventions
(Abstract #1215)

LUN 216 (Clin Res, Cog/Int, Res Meth, Train/Ed/Dis, Child/Adol) I - Industrialized

Rhoden, Michelle-Ann

Florida International University, Miami, Florida

Youth offenders are diagnosed with Post-Traumatic Stress Disorder (PTSD) three to ten times more than youth in the community (Ford, 2012). Typically, PTSD co-occurs with other mental health and/or externalizing behavior problems, and therefore increases the risk of repeat offending (Underwood & Washington, 2016). In essence, offenders with PTSD or psychological trauma symptoms are more likely to develop impulsivity, aggression and affect dysregulation, and therefore, are more likely to continue experiencing negative outcomes. This study is a systematic review of 14 psychological trauma interventions for juvenile offenders including Prolonged Exposure (PE), Trauma Focused Cognitive Behavior Therapy (TF-CBT), and Eye Movement Desensitization and Reprocessing (EMDR). Of the 14 studies, 11 evaluated depression and/or anxiety and five evaluated behavioral problems. Using the Cohen's (1988) d effect size, eight studies reported medium to large effects on PTSD symptoms, six studies reported medium to large effects on depression and/or anxiety, and two studies reported medium effects on behavioral problems. TF-CBT and EMDR demonstrated the highest methodological rigor according to the Risk of Bias Tool. Most of the intervention studies were effective in treating PTSD, depression, anxiety and behavioral problems. However, they lacked follow-up evaluations making it difficult to assess their long term effects.

LUN 217

Mental Health Treatment for Vulnerable Children in Sub-Saharan Africa: A Meta-Analytic Review

(Abstract #1122)

LUN 217 (Clin Res, Clin Res, Cog/Int, Comm/Int, Cul Div, Child/Adol) M - Global

Katsonga-Phiri, Tiamo

DePaul University, Chicago, Illinois

Sub-Saharan Africa is a part of the world that is highly affected by a large number of atrocities that cause a myriad of financial, physical, health and mental health consequences. Yet unfortunately, according to the World Health Organization (WHO), this is also a part of the world that is least served by mental health services. In response, the WHO has created mandates to increase mental health resources and capacity in all countries. As a result, research on mental health trauma is quickly growing in many parts of the world. Not much is known about how far mental health has expanded in sub-Saharan Africa or how quickly it is growing. Even less is known about the progress of treatment and research specifically with children and more specifically, vulnerable and traumatized children. In a context where the western concept of psychological treatment is still foreign, researchers have taken on the work of introducing and adapting treatments in various African countries with an aim to create sustainable, evidence-based treatment in a part of the world with high need. The current meta-analytic review of the literature looks at articles that report on intervention research done in sub-Saharan African countries with children who are orphaned, or vulnerable or have suffered different types of traumas. This review answers questions regarding the effectiveness of these treatments and the variations concerning the types of treatments used, the people administering the treatments, the measures they take to adapt these treatments and the differences in outcomes that are seen. We find that the majority of treatments being used are shown to be effective with the associated populations.

LUN 218

Mindfulness, Posttraumatic Stress Symptoms, Depression, and Social Functioning Impairment in Chinese Adolescents following a Tornado:

Mediation of Posttraumatic Cognitive Change

(Abstract #1137)

LUN 218 (Clin Res, Affect/Int, Cog/Int, Depr, Nat/Dis, Child/Adol) M - E Asia & Pac

Xu, Wei

Nanjing Normal University, Nanjing, China

Previous studies have shown that mindfulness is associated with less negative traumatic outcomes in people who experienced traumatic events. The present study investigated how mindfulness is related to posttraumatic stress disorders (PTSD) symptoms, depression and social functioning impairment in Chinese traumatized adolescents by considering the role of posttraumatic cognitive change (PCC). A total of 247 Chinese adolescents, who had experienced a severe tornado six months prior to this study, were recruited to complete a series of questionnaires. Results showed that the proposed model fitted the data very well ($\chi^2 = 16.200$, $df = 8$, $\chi^2/df = 2.025$, $GFI = 0.983$, $CFI = 0.991$, $TLI = 0.976$, $RMSEA = 0.063$). Further analyses revealed that PCC mediated the relation between dispositional mindfulness and all negative posttraumatic outcomes (including PTSD symptoms, depression and social functioning impairment). Limitations, clinical implications, and directions for future research were discussed.

LUN 219

Integrated Pediatric Trauma Informed Services: Decreased Symptoms and Parental Stress

(Abstract #1361)

LUN 219 (Clin Res, Health, Care, Child/Adol) M - Industrialized

Osofsky, Joy, Hansel, Tonya, Osofsky, Howard, Tokarz, Stephanie, Sacco, Victoria, Speier, Anthony
LSU Health Sciences Center, New Orleans, Louisiana

Children living on the Gulf Coast often experience multiple traumatic experiences during their lifetime including those due to disasters and subsequent recovery related traumas. In addition, the Gulf South

has marked health disparities and limited access to trauma-informed services. The Mental and Behavioral Health Capacity Project in Louisiana (MBCHP-LA) is designed to increase access to behavioral health care in rural communities. One aspect of MBCHP-LA is integrating trauma-informed behavioral health services into primary care clinics. This presentation will focus on brief trauma-informed treatment in primary care clinics for 177 children following traumatic exposure. The mean number of traumas experienced was $M=2.6$ ($SD=1.6$). Statistically significant decreases in behavioral problems and parenting stress were shown from intake to follow-up ($p < .05$). Importantly posttraumatic stress, significantly decreased ($p < .05$) only for children reporting 1 or more traumas, suggesting that identifying and targeting trauma specific symptoms can be accomplished with brief integrated trauma-informed services. Findings demonstrate the effectiveness of this treatment in primary care clinics with early and long-term benefits related to trauma recovery and resilience.

LUN 220

Systematic Review of Interventions Addressing Biological Outcomes of Children and Adolescents Exposed to Adversity

(Abstract #58)

LUN 220 (Clin Res, CPA, Gen/Int, Health, Bio/Int, Child/Adol) M - Global

*Purewal, Sukhdip, Bucci, Monica, Koita, Kadiatou, Oh, Debora, **Briner, Susan**, Burke Harris, Nadine*
Center for Youth Wellness, San Francisco, California

Children and adolescents who experience adversity are at risk of developing an array of poor outcomes. Intervention research on this population has largely targeted mental and behavioral health for improvement. The purpose of this review is to present and evaluate interventions that address biological and physical health outcomes of children and adolescents been exposed to adversity. PubMed, CINAHL, PsychInfo, Sociological Abstracts databases and additional sources rendered 1281 studies published between 2005 and 2015. Approximately 29 articles met inclusion criteria and were analyzed. Sixteen studies evaluated cortisol outcomes exclusively. The remaining studies evaluated additional outcomes such as physical

growth, inflammatory biomarkers, neurological outcomes, cardiac health measures, and telomere length. Results were mixed but demonstrate consistency in improving or stabilizing morning and diurnal cortisol, and show promise for improving brain development and telomere length. Excessive adversity, earlier timing of intervention, greater nurturant and less avoidant parenting style, and greater intervention engagement played a role in intervention success. In the future, researchers should address study methodological issues, replicate findings in larger samples, and explore mediators and long-term health implications of intervention outcomes. Child-serving practitioners should integrate lessons from the intervention sciences when designing programs to address the health impacts of childhood adversity.

LUN 221

Alchemy of a Theater-Based Intervention for Residential Youth: HF-HRV, Executive Function, and Dissociation

(Abstract #1088)

LUN 221 (Clin Res, CPA, Clin Res, Complex, Neglect, Child/Adol) M - Industrialized

Sullivan, Mimi¹, Spinazzola, Joseph², Young, Thomas¹

¹*Widener University, Chester, Pennsylvania*

²*Trauma Center at Justice Resource Institute, Brookline, Massachusetts*

Over the millennia, theater has been used to process trauma naturally (Boyd, 2001; McConachie, 2008; Shay, 1995). Trauma Drama (TD; Spinazzola et al., 2013) is a phased, theater-based, manualized intervention for complex trauma. This mixed-method study of TD, as applied to youth in residential treatment (treatment group [$n=27$] and a semi-matched comparison group [$n=20$]), probed physiological (HRV) data, questionnaire (BRIEF-P, executive function) data, and phenomenological data for variables of interest that might simplify future field research. Previous studies indicated that TD was a promising intervention (Kisiel, et al., 2007) and that it was generalizable to new troupes (Zucker, et al., 2010). In the current study, HF-HRV longitudinal pattern analysis indicated the presence of three subgroups/typologies across the treatment and comparison groups, and a distinctive longitudinal pattern for each of the three HF-HRV subgroups on

all 11 sub-scales of the BRIEF-P, which implied a treatment effect differentiated by subtype. Study data suggest that dissociation may moderate subtype. Links are made to network-analysis research that suggests the high centrality of dissociative symptoms in trauma disorders (Knefel, et al., 2016), as well as to recent literature that explores neurobiological mechanisms that may underlie the association between dissociation and cognitive dysfunction (McKinnon, et al., 2016). Variables of interest, as identified by this study, are examined for potential relevance to future studies of creative-arts interventions for complex trauma.

LUN 222

A Meta-Analysis on Shame and Posttraumatic Stress Disorder in Trauma-Exposed Adults
(Abstract #951)

LUN 222 (Res Meth, Affect/Int, Assess Dx, Clin Res, Adult) - N/A

Saraiya, Tanya¹, Zumberg, Kathryn², Dambreville, Naomi³, Lopez-Castro, Teresa³

¹*Adelphi University, Derner Institute, Garden City, New York*

²*Columbia University/NY State Psychiatric Institute, New York, New York*

³*City College of New York, New York, New York*

Recent empirical research has supported clinical and theoretical knowledge of the unique role shame plays in the development of and recovery from posttraumatic stress disorder (PTSD). Despite this growing consensus, shame's contribution to trauma-related distress remains unclear. This is partially due to its historical pairing and, at times, conflation with guilt, another potentially relevant self-conscious emotion. A quantitative synthesis of the strength of the distinct association between shame and PTSD stands as a critical next step. We conducted a meta-analysis to summarize available data on the relationship between shame and posttraumatic stress symptoms. We used the following search terms: shame, embarrass*, OR humiliate* AND traumatic *stress, post traumatic stress disorders, post-traumatic stress disorder, PTSD, posttraumatic stress reactions, posttraumatic stress, OR PTSS. A comprehensive search yielded 309 articles which were reviewed for inclusion using a double-coder system. A total of 4355 participants from 30 studies met study inclusion criteria. Presentation includes results from a random-

effects model, analysis of publication bias, and key moderator variables such as trauma type and gender. Understanding the influence of shame on traumatic stress and what moderates this critical relationship are essential to the advancement of diagnostic and treatment efforts.

LUN 223

Individuals with PTSD are Not Always Aware of their Intrusions: A Study of Meta-Awareness.
(Abstract #750)

LUN 223 (Clin Res, Acc/Inj, Chronic, Cog/Int, Rape, Adult) - Industrialized

*Nixon, Reginald, Takarangi, Melanie
Flinders University, School of Psychology,
Adelaide, South Australia, Australia*

Although counter-intuitive, is it possible that on some occasions PTSD sufferers have thoughts about their trauma without being overtly aware of it? Our work indicates, yes. Data collection is ongoing, with a sample of 50 trauma-exposed adults (non-PTSD) and 11 with PTSD collected to date. Participants complete a meta-awareness monitoring task in which they read neutral material on a computer screen. They also record (via a keyboard press) any spontaneous intrusion of their trauma (labelled 'self-caught'). Pseudo-random probes also appear on the screen throughout the task to determine whether at that moment, participants are (a) still thinking about a previously reported intrusion, (b) were thinking about their trauma but until that moment were unaware of the fact (i.e., representing a meta-awareness failure ['unaware']), or (c) were thinking of something else. Participants complete established symptom measures (e.g., PTSD Checklist, Depression Anxiety & Stress Scale); PTSD status is assessed with the Clinician-Administered PTSD Scale. Attention and working memory is also assessed. Preliminary analysis shows that meta-awareness failures occur in both groups. For non-PTSD: 27% of probes identified intrusions that participants were unaware of (range 0-70%); for PTSD: 14% (range 0-64%). The theoretical and clinical implications of these intriguing findings will be discussed.

LUN 224

Does Trauma Load Influence the Modification of Intrusive Memories by Trauma-Focused Psychotherapy?

(Abstract #753)

LUN 224 (Clin Res, Chronic, Complex, Refugee, Civil/War, Adult) - E & S Africa

Schneider, Anna¹, Wilker, Sarah¹, Pfeiffer, Anett², Conrad, Daniela³, Kolassa, Iris¹

¹*Ulm University, Ulm, Germany*

²*University of Konstanz & Vivo International, Reichenau, Germany*

³*University of Konstanz, Department of Psychology; Clinical and Neuropsychology, Konstanz, Germany*

Intrusive memories represent the hallmark symptom of posttraumatic stress disorder (PTSD), a disorder resulting from the formation of pathological fear memories of the encountered traumatic experiences. With an increasing number of traumatic experiences (trauma load), the fear memory network grows, and the likelihood to develop intrusive memory symptoms increases in a dose-dependent manner. Even though exposure-based psychotherapy represents the state-of-the-art to treat intrusive memories in PTSD, approximately one third of trauma survivors does not benefit from this treatment. In a sample of rebel war survivors from Northern Uganda (N > 280), we investigated whether trauma load would also influence therapy success with Narrative Exposure Therapy (NET), an exposure-based short term therapy for PTSD which aims at chronologically reconstructing traumatic memories. Our results indicate that individuals with a high level of trauma load showed more severe PTSD symptoms before therapy as well as four and ten months following the end of treatment. This effect was mirrored by an association between trauma load and all PTSD symptom clusters, with particular strong relationships with intrusive memory symptoms and avoidance. Accordingly, effective treatments for pathological fear memories for survivors of extreme traumatization might require a higher number of therapy sessions or additional therapy modules.

LUN 225

A Randomized Controlled Trial of Treatment for Trauma Related Anger in OEF/OIF/OND Veterans

(Abstract #1055)

LUN 225 (Clin Res, Aggress, Clin Res, Mil/Vets, Adult) - Industrialized

Shea, M. Tracie¹, Lambert, Jennifer², Reddy, Madhavi³

¹*Alpert Medical School of Brown University, Providence, Rhode Island*

²*Department of Veteran Affairs, Providence, Rhode Island*

³*The University of Texas Health Science Center at Houston, Houston, Texas*

Intense and poorly controlled anger is a common problem with often devastating effects in Veterans who have served in a warzone. Serious consequences include increased risk for divorce, domestic violence, job loss and instability (e.g. Kulka et al., 1990). Among OEF/OIF Veteran receiving VA medical care, 57% reported increased problems in controlling anger (Sayer et al., 2010) and 39% reported at least one act of aggression (Jakupcak et al., 2007). Despite the prevalence and consequences of anger, research on treatments for anger in Veterans is relatively scarce. Following an overview of published findings from treatment studies specific to anger in Veterans, this presentation will describe a randomized trial currently in progress to test the effectiveness of a cognitive behavioral intervention (CBI) for anger adapted for OEF/OIF/OND Veterans. The study aims to randomize 90 male and female OEF/OIF Veterans with a history of trauma during a deployment and endorsing problems with anger and at least two additional symptoms of hyperarousal, to receive CBI or a supportive therapy active control (SI). Sixty-one participants have been randomized to date. Data on sample characteristics and retention rates will be presented, and issues encountered during the study implementation will be discussed.

LUN 226

Impact of Evidence-Based PTSD Treatments on Anger Symptom Reduction
(Abstract #1056)

LUN 226 (Clin Res, Aggress, Clinical Practice, Adult) - Industrialized

Morland, Leslie¹, Mackintosh, Margaret-Anne², Willis, Emy³, Glassman, Lisa⁴, Sohn, Min Ji⁵, Wickramasinghe, Induni⁶, Savage, Ulysses⁷, Chatfield, Miranda⁵, Wells, Stephanie⁸, Greene, Carolyn⁹

¹National Center for PTSD, San Diego, California

²National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California

³University of Central Florida, Orlando, Florida

⁴San Diego VA/University of San Diego, San Diego, California

⁵Veterans Medical Research Foundation, San Diego, California

⁶Veterans Medical Research Foundation, La Jolla, California

⁷VA Health Care System, La Jolla, California

⁸UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California

⁹Office of Mental Health Services, Department of Veterans Affairs, Menlo Park, California

Evidence based treatments (EBT) for PTSD have been broadly disseminated, additional treatment options that directly targets anger among Veterans with PTSD is warranted. The present study is a secondary data analysis of three PTSD trials examining how PTSD treatments (Cognitive Processing Therapy; CPT and Prolonged Exposure, PE) reduce clinically relevant anger symptoms. Participants met criteria for PTSD as part of trials studying the use of telehealth to provide CPT (125 male veterans; 126 female veterans and civilians) and an ongoing study of PE for PTSD (n = 168). In the Men's CPT study, 70% reported clinically relevant anger at baseline and 69-72% still reported at that level immediately post-treatment. Among those who reported dysregulated anger, mean reductions on the STAXI were d = .48, .45, and .27, at post-treatment and follow-up. In the Women's CPT study, 45% reported clinically important levels of anger at baseline and at follow-up 35-37% continued to have anger problems. Among those with dysregulated anger, mean reductions on the STAXI were d = .07, .17 and .42 at post-treatment and follow-up. These

findings highlight that significant proportions of individuals with PTSD report significant levels of anger, which may not be addressed by our best-practice PTSD interventions.

LUN 227

A Pilot RCT of Group Therapy for Male and Female Combat Veterans with PTSD
(Abstract #1057)

LUN 227 (Clin Res, Mil/Vets, Gender, Adult) - Industrialized

Van Voorhees, Elizabeth¹, Neal, Lydia², Elbogen, Eric³, Calhoun, Patrick¹, Beckham, Jean⁴

¹Durham VAMC, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina

²Institute for Medical Research, Durham, North Carolina

³Duke University Medical Center & Durham Veterans Affairs Medical Center, Durham, North Carolina

⁴Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina

Male and female veterans with PTSD struggle with anger at similar high rates, yet there is almost no research on the effectiveness of anger treatment for women veterans with PTSD. Twenty-five male and 11 female combat veterans were pseudo-randomized into 2 treatment arms: 3 male and 1 female cognitive-behavioral therapy (CBT) groups; and 2 male and 1 female present-centered therapy (PCT) groups. While dropout rates were low for males in the CBT arm (14%) and for both males (9%) and females (17%) in the PCT arm, all of the females dropped out of the CBT arm. Post-treatment interviews suggested that women in the CBT arm felt that their legitimate anger over chronic disempowerment in the military was not acknowledged in CBT; whereas the women in the PCT arm valued the opportunity to explore commonalities and validate each other's experiences. Dimensions of Anger Reactions scores dropped in both of the male treatment arms (d=.53 (p<.05) for CBT; d=.48 (p<.05) for PCT), but scores did not change in either of the female treatment arms. However, the majority of the women who completed the PCT treatment arm pursued empirically-supported treatment at the end of group. Results suggest that male and female veterans with PTSD may have different anger treatment needs.

LUN 228

Using Technology to Enhance and Extend Treatment of Dysregulated Anger among Traumatized Individuals

(Abstract #1058)

LUN 228 (Tech, Affect/Int, Aggress, Clin Res, Cog/Int, Adult) - Industrialized

Mackintosh, Margaret-Anne¹, Greene, Carolyn², Willis, Emy³, Grubbs, Kathleen⁴, Morland, Leslie⁵

¹*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California*

²*University of Arkansas for Medical Sciences, Little Rock, Arkansas*

³*University of Central Florida, Orlando, Florida*

⁴*San Diego VA/University of San Diego, San Diego, California*

⁵*National Center for PTSD, San Diego, California*

Dysregulated anger – anger experienced too often, too intensely or for too long – is one of the most frequently reported issues among U.S. military veterans with PTSD and their spouses (Rosen et al. 2013, Mansfield et al., 2014). A growing literature base exists on how dysregulated anger negatively affects functioning among those with PTSD as well as how it can interfere with trauma-focused therapy (Forbes et al., 2003; Lloyd et al., 2013, Mackintosh et al., 2015). However, clinical resources to address dysregulated anger are limited (Love et al., 2015). This presentation will highlight findings from our completed work on the use of technologies in anger management treatment (AMT) and integrate our findings with key principles from the broader field of digitally-mediated mental health interventions (Kuhn et al., 2015; Morland et al., 2016). Our work includes the use of several technologies, including telehealth, a mobile app supported group intervention, and web-based AMT, to increase access, efficiency and outcomes across the continuum of care. Starting with the most mature technology (telehealth services), based on results from a randomized clinical trial we show the progression of service provision from demonstrating the equivalence of telehealth treatment outcomes with those of face-to-face care (Morland et al. 2009) while maintaining key clinical processes such as developing therapeutic alliance and maintaining treatment fidelity (Greene et al., 2010; Morland et al., 2011) to progressing to current trials of home-based telehealth interventions. Also, mobile app and web-based interventions have a growing

place in the psychological intervention marketplace (Luxton et al., 2011; Torous et al., 2016) and our most recent work demonstrates how these technologies can be used to support and extend the research of AMT interventions. We found that a mobile-app enhanced AMT intervention increased the efficiency of skills development compared to AMT treatment without the mobile app. Finally, a recent proof-of-concept study found promising anger reduction outcomes using the web-based Anger and Irritability Management Skills intervention (AIMS) (Greene et al., 2015) supplemented with phone-based coaching calls to support skill development. The self-directed AIMS course is a live and publicly available resource. Finally, we will explore different models to integrate clinician-administered care with self-directed interventions in proposed research. With limited resources and increasing demand for AMT services, hybrid models for providing effective interventions to reduce anger and aggression and to promote healthy emotion regulation and interpersonal skills are challenges we believe well suited for technology-mediated forms of clinical intervention.

LUN 229

Following Sexual Assault: Testing Theory-Driven Predictors of Revictimization among Diverse Women

(Abstract #1123)

LUN 229 (Clin Res, Complex, Rape, Theory, Gender, Adult) - Industrialized

DePrince, Anne, Gagnon, Kerry, Srinivas, Tejas
University of Denver, Denver, Colorado

Following sexual assault, women are at high risk for revictimization. Drawing on ecological as well as betrayal trauma theories, we prospectively tested predictors of sexual and physical revictimization in a diverse community sample of women (N=228; ages 18-63; 19% lesbian/bisexual; 44% ethnic minority). Women who experienced a sexual assault in the previous year that was disclosed to a formal support (e.g., counselor, medical provider, law enforcement) were recruited. For 78% of women, the sexual assault in the last year was rape; 28% attempted rape; 40% sexual coercion; 13% attempted sexual coercion; and 68% sexual contact (women could report more than one type of sexual victimization). Women were interviewed again 3-, 6-, and 9-months later. Over the follow-up period, approximately 35% of women

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guide to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

reported a new incident of sexual assault, and approximately 15% physical violence. Predictors of sexual revictimization, particularly those derived from betrayal trauma theory, differ from physical victimization. For example, perceiving less betrayal in the original sexual assault as well as higher levels of dissociation predicted sexual revictimization, but not physical revictimization. Implications of findings will be discussed in terms of revictimization theory/research (including differences in risk factors for sexual versus physical revictimization) as well as interventions.

LUN 230

Relationships between Military Sexual Trauma Perpetrator Characteristics and Repeat Victimization Histories and PTSD Symptom Profiles among Treatment-Seeking Survivors (Abstract #1124)

LUN 230 (Clin Res, Chronic, Rape, Adult) - N/A

Bennett, Diana¹, Thomas, Edward¹, Porter, Katherine², Broman, Rachel¹, Rauch, Sheila³, Sexton, Minden⁴

¹*VA Ann Arbor Health Care System, Ann Arbor, Michigan*

²*VA Ann Arbor Healthcare System/ University of Michigan, Ann Arbor, Michigan*

³*Emory University School of Medicine/Atlanta Veteran's Administration, Atlanta, Georgia*

⁴*U.S. Department of Veterans Affairs, Ann Arbor, Michigan*

Previous research has identified the context in which military sexual trauma (MST) occurs (i.e. within a combat zone) can be associated with greater posttraumatic stress disorder (PTSD) symptom severity. However, whether MST-specific characteristics and dual exposure to MST and other types of trauma such as interpersonal traumas are differentially associated with specific clusters of PTSD has not been researched. We present findings based on a two-part assessment used in a VA PTSD specialty clinic. Veterans referred for MST care completed a semi-structured interview (Mini International Neuropsychiatric Interview; MINI). Veterans screening positive for PTSD returned to complete the Clinician-Administered PTSD Scale for DSM-IV (CAPS) to confirm the diagnosis prior to enrolling in trauma-focused care. We evaluated whether MST-specific characteristics

(MST reported during service, single vs. multiple perpetrators, single vs. repeated events of MST) or history of MST accompanied by exposure to other interpersonal traumas (childhood sexual trauma, adult non-sexual intimate partner violence [IPV], adult exposure to non-military sexual trauma) were associated with elevated PTSD symptom clusters. Veterans (N = 100) with completed CAPS had contextual variables documented within their chart. Between-group analyses based on DSM-IV-TR PTSD criteria indicated intrusion symptoms were significantly associated with reporting MST during the service ($p = .024$) and exposure to IPV ($p = .023$). MST events involving multiple perpetrators ($p = .03$) and history of IPV ($p = .027$) were associated with higher avoidance symptoms. MST involving multiple perpetrators ($p = .011$) was related to greater hyperarousal. Histories of repeat instances of MST, histories of childhood sexual trauma, and histories of non-military sexual trauma were not associated with symptom profiles. Our findings suggest survivors of MST events with multiple perpetrators and those with concurrent histories of MST and IPV have augmented risk for increased symptoms, but that the particular symptom clusters most associated with these experiences differ. Implications will be discussed.

LUN 231

Revictimization and Associated Symptoms among Treatment-Seeking Male and Female Veterans Exposed to Childhood Sexual Trauma and/or Military Sexual Trauma (Abstract #1125)

LUN 231 (Clin Res, Chronic, Rape, Adult) - N/A

Baca, Selena¹, Crawford, Jennifer², Allard, Carolyn¹

¹*UC San Diego / VA San Diego Health Care System, San Diego, California*

²*VA San Diego Healthcare System / UCSD, San Diego, California*

Revictimization has been associated with a higher risk of anxiety and affective disorders in the general population (Classen et al., 2005); this study examined psychological correlates of revictimization among Veterans. We hypothesized that Veterans who have experienced sexual revictimization (i.e., both childhood sexual trauma [CST] and military sexual trauma [MST]) will present with more severe PTSD, depression, and suicidality than Veterans who have

experienced CST alone. 296 treatment-seeking male and female Veterans in an outpatient specialty trauma clinic consented to provide clinical data as part of ongoing research, including baseline symptoms and treatment outcomes. 173 patients completed the baseline self-report symptom severity measures for post-traumatic stress (PCL-5), depression (PHQ-9), and suicidality (TSI-2 Suicidality Clinical Scale). Of the patients, 46% reported experiencing both CST and MST. The revictimized group had significantly higher PTSD symptom severity than the CST only group. Gender differences across victimization categories and symptoms are also presented. The findings illustrate the importance of screening for childhood sexual trauma when assessing military sexual trauma, in order to more accurately detect potential contributing factors to clinical concerns and therefore improve treatment planning.

LUN 232
Sexual Victimization and Mental Illness
Prevalence Rates in Samples of Incarcerated
Women: Findings from a Systematic Review of
the Literature
 (Abstract #1071)

LUN 232 (Clin Res, Assess Dx, Rape,
Sub/Abuse, Gender, Adult) M - Industrialized

Karlsson, Marie¹, Zielinski, Melissa²
¹*Murray State University, Murray, Kentucky*
²*University of Arkansas for Medical Sciences, Little Rock, Arkansas*

Overall, research with incarcerated women shows high rates of sexual victimization, especially childhood sexual abuse, as well as high rates of mental illness. To aggregate these results, we conducted a systematic literature review on peer-reviewed empirical studies assessing sexual victimization (n = 31) and/or mental illness (n = 8) prevalence rates in samples of 100+ incarcerated women in the US. Lifetime sexual victimization prevalence rates varied from 22% (Clark et al., 2012) to 82% (Byrd & Davis, 2009) with high rates across the lifespan (e.g., childhood, adolescence, adulthood). Compared to women in the National Comorbidity Survey (NCS-R; Kessler et al., 2007), incarcerated women report higher rates for most of the mental illnesses assessed, especially substance use disorders, depressive disorders, and PTSD. Four studies that investigated the overlap between sexual victimization

and mental illness, found that incarcerated women with sexual abuse histories were disproportionately affected by mental illness (Clark et al., 2012; McClanahan et al., 1999; Mullings et al., 2004; Nowotny et al., 2014). This presentation will elaborate upon our findings, including a critical review of prevalence rates in light of methodological decisions, and discuss future directions for the study of trauma among incarcerated women.

LUN 233
Preliminary Findings and Reliability for the
Sexual Assault Inventory of Disclosure (SAID)
 (Abstract #166)

LUN 233 (Clin Res, Comm/Int, Fam/Int, Rape,
Gender, Adult) M - Industrialized

Pinciotti, Caitlin, Allen, Christy, Milliken, Jennifer,
Sasson, Sapir, Orcutt, Holly
Northern Illinois University, DeKalb, Illinois

In comparison to the depth of research examining the impact of sexual assault disclosure and related responses from others (e.g., Ullman, 2010), very little is known about the content shared during disclosures. Categorizing survivors as simply disclosers or nondisclosers disregards the nuanced and complex nature of sexual assault disclosure experiences. To address this gap, the current study examined the preliminary findings reliability for the Sexual Assault Inventory of Disclosure (SAID), an inventory that gathers information about specific content shared with survivors' most positive and most negative disclosure experience, as well as the context in which the disclosure occurred. The SAID proved to be reliable over a one-month follow-up, including reliability coefficients of .83 and .86 for total content scores of positive and negative disclosure experiences, respectively ($p < .001$). Compared to negative disclosure experiences, positive experiences were related to significantly more content shared (i.e., details, emotions, cognitions, beliefs, social experiences), greater perception of recipient understanding, greater perception of control, and more endorsement of intentional, desired disclosures. In addition, the results indicate that support sources most commonly selected as positive disclosure recipients (e.g., friends, significant others, family) are equivalently selected as negative disclosure recipients. Additional findings and implications will be discussed.

LUN 234
Institutional Betrayal Exacerbates PTSD Post-Assault
 (Abstract #139)

LUN 234 (Clin Res, Comm/Int, Rape, Social, Adult) M - Industrialized

Pinciotti, Caitlin, Reffi, Anthony, Gustafson, Holly, Orcutt, Holly
Northern Illinois University, DeKalb, Illinois

Institutional betrayal exacerbates negative outcomes among sexual assault survivors, including dissociation, anxiety, and sexual dysfunction (Smith & Freyd, 2013). The current study considered the impact of these experiences individually and whether survivors' identification with the betraying institution further increases posttraumatic stress symptoms (PTSS). A sample of 210 MTurk participants endorsing a history of adult sexual victimization answered questions assessing PTSS and institutional betrayal experiences (IBQ; Smith & Freyd, 2013). Participants were aged 18 to 74 ($M = 36.38$, $SD = 12.28$), 61% female, and 77% Caucasian. Regression analysis examined the predictive ability of 12 discrete institutional betrayal experiences on PTSS. The overall model accounted for a significant portion of variance in PTSS, $R^2 = .26$, $p < .001$. Specifically, not taking proactive steps to prevent the experience ($B = .25$; $p < .05$); denying the experience ($B = .40$, $p < .001$); and being punished for reporting the experience ($B = -.34$, $p < .01$) predicted PTSS. Contrary to predictions, moderation analysis revealed that identification with the institution prior to betrayal did not moderate the relationship between institutional betrayal and PTSS, suggesting that institutional betrayal experiences may be equally harmful regardless of prior identification with the offending institution.

LUN 235
Predictors of High-Functioning in Veterans with PTSD: Results from the Mind Your Heart Study
 (Abstract #613)

LUN 235 (Clin Res, QoL, Mil/Vets, Adult) I - Industrialized

Arenson, Melanie¹, McCaslin, Shannon², Neylan, Thomas³, Cohen, Beth¹

¹UCSF/SFVAMC, San Francisco, California
²National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California
³San Francisco VA Medical Center and UCSF, San Francisco, California

It has been well-documented that Veterans with PTSD have lower levels of functioning, overall. However, there are many Veterans with clinically significant PTSD who also remain high functioning. We examine 257 Veterans, using the CAPS to assess PTSD and the SF-12, employment and volunteer work status, and questions regarding health interference and quality of life to assess different aspects of functioning. In age, sex, and depression-adjusted regression models: Those with lower depression ($p < .001$), higher optimism ($p = .02$) and lower inflammatory markers ($p < .001$ to $p = .02$) had higher levels of physical functioning. Lower depression ($p = .009$) predicted greater employment. Lower depression ($p < .001$), higher optimism ($p < .001$), and greater perceived social support ($p < .001$) predicted lower levels of health interference with social activities. Finally, lower depression ($p < .001$), higher optimism ($p < .001$), and greater levels of both perceived social support ($p < .001$) and social network size ($p = .002$) predicted greater quality of life. These findings highlight particular psychosocial aspects of Veteran lives that could be targeted in order to increase functioning.

LUN 236
Predictors of Cognitive Flexibility in a PTSD-Residential Rehabilitation Treatment Program: Mindfulness, Avoidance, and Posttraumatic Growth
 (Abstract #527)

LUN 236 (Clin Res, Affect/Int, Cog/Int, Mil/Vets, Adult) I - Industrialized

Borges, Lauren¹, Rodriguez, Jessica², Rose-Freeman, Nichole², Sage-Germain, Chelsea³
¹Rocky Mountain MIRECC, Denver, Colorado
²Battle Creek VA Medical Center, Battle Creek, Michigan
³Western Michigan University, Kalamazoo, Michigan

Cognitive flexibility can be conceptualized as a crucial component of psychotherapy for

Posttraumatic Stress Disorder (PTSD). To understand how cognitive flexibility influences psychotherapy, it is important to investigate variables that potentially underlie this construct. To examine these variables, 144 Veterans completed the Cognitive Flexibility Questionnaire (CFS), Posttraumatic Growth Inventory (PTGI), Five Facet Mindfulness Questionnaire (FFMQ), and Cognitive and Behavioral Avoidance Scale (CBAS) as part of standard care in a PTSD-Residential Rehabilitation Treatment Program. Based on extant literature, facets of mindfulness and cognitive and behavioral avoidance were hypothesized as predictive of cognitive flexibility above and beyond posttraumatic growth. A hierarchical multiple regression with PTGI in step one (significantly accounting for 9% in the model's variance), and CBAS and FFMQ facets in step two (significantly accounting for an additional 39% of the model's variance), predicted 49% of the variance in cognitive flexibility. Facets of mindfulness including describing ($r = .16$), awareness ($r = .18$), and nonreactivity ($r = .18$) were associated with greater cognitive flexibility whereas the avoidance of social thoughts on the CBAS ($r = -.28$) predicted less cognitive flexibility. Based on these findings, mindfulness and avoidance of thoughts play a significant role in cognitive flexibility among Veterans in a PTSD-RRTP.

LUN 237

The Unique Roles of Emotional Numbing and Arousal Symptoms in Relation to Social Connectedness among Military Veterans in Residential Treatment for PTSD
(Abstract #1014)

LUN 237 (Clin Res, Affect/Int, Comm/Int, Mil/Vets, Adult) - Industrialized

Sippel, Lauren¹, Watkins, Laura², Pietrzak, Robert², Hoff, Rani³, Harpaz-Rotem, Ilan²

¹National Center for PTSD Executive Division, Geisel School of Medicine at Dartmouth, White River Junction, Vermont

²National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut

³Northeast Program Evaluation Center / Evaluation Division, National Center for PTSD /Department of Psychiatry, Yale University School of Medicine, West Haven, Connecticut

While poor social connectedness is often a consequence of living with posttraumatic stress disorder (PTSD) symptoms, little is known about whether PTSD symptom clusters may be uniquely related to different aspects of social connectedness, information that could inform case conceptualization and treatment planning. We examined associations among a nuanced five-factor model of PTSD and two aspects of social connectedness—distress related to problems getting along with others and days of contact with supportive loved ones—in a sample of 2,600 U.S. military veterans seeking residential treatment for PTSD. A large proportion of veterans reported experiencing problems getting along with others (66.2%) and low levels of daily contact with supportive people (43.5%). Regression models controlling for intercorrelations among PTSD symptom clusters and demographic characteristics revealed that emotional numbing symptoms were independently associated with problems getting along with others ($b=0.08$, $p<0.001$) and fewer days of contact with loved ones ($b=-0.09$, $p<0.001$); dysphoric arousal symptoms were associated with problems getting along ($b=0.24$, $p<0.001$), while anxious arousal was associated with more days of contact ($b=0.10$, $p<0.01$). Results suggest that veterans with more severe emotional numbing and dysphoric arousal symptoms may benefit from psychosocial interventions that improve interpersonal functioning, which may support sustained trauma recovery.

LUN 238

Combining Psychotherapy and Craniosacral Therapy in the Treatment of British Military Veterans: An IPA Study
(Abstract #1481)

LUN 238 (Clin Res, Affect/Int, Bio/Int, Mil/Vets, Adult) M - N/A

Copeland, Charlotte, Kiyimba, Dr Nikki
University of Chester, Chester, Cheshire, United Kingdom

Introduction: Research into the effects of psychological trauma on the body is broadening understanding about inter-relational dynamics of physiology and psychology. Whilst it is accepted psychological trauma involves changes in cognitive functioning, emotional state and physiological behaviour; treatment generally focuses on

psychological recovery or, through pharmacology, managing the physiological impact. This study investigates how a treatment intervention that simultaneously addresses the physical and psychological features of psychological trauma, is experienced by participants. **Method:** The study adopted a qualitative, phenomenological methodology. Interpretative phenomenological analysis was carried out on naturally occurring data, collected via audio-recording, of a treatment sign-off session. Participants were four British military veterans, who had been diagnosed with PTSD prior to attending a treatment programme involving twelve sessions over seven weeks. The intervention involved psychotherapy and the physical therapy craniosacral therapy, integrated within the same session. **Results:** From IPA analysis emerged seven master themes related to the combined treatment experience; security, therapeutic alliance, combined therapy experience, use of reflection, memory processing, outside influence of others and the effect of treatment. From five of the seven master themes emerged fifteen sub-ordinate categories; with key relationships identified between themes. The results were considered in the context of significant improvement recorded in primary and co-morbid symptoms. **Conclusion:** The study suggested combined treatment was experienced as facilitating facets of memory processing that were significant in improving psychopathology in military veterans with PTSD. Integration of psychological and physiological protocols was reported as encouraging client retention and providing treatment validation, through improvement in physical wellbeing and psycho-social factors. Several aspects of the therapy experience were identified as potentially transferable to other interventions, suggesting a framework for trauma-focused therapy.

LUN 239

Trauma-Related Cognitions and Institutional Betrayal: Associations with Interpersonal-Psychological Risk Factors for Suicide in Veteran Survivors of Military Sexual Trauma
(Abstract #116)

LUN 239 (Clin Res, Rape, Mil/Vets, Adult) I - Industrialized

Holliday, Ryan, Monteith, Lindsey
Rocky Mountain MIRECC, Denver, Colorado

Survivors of military sexual trauma (MST) are at elevated risk for suicide (Kimerling et al., 2016). From the lens of the Interpersonal-Psychological Theory of Suicide, a leading, empirically-supported theory of suicide, perceived burdensomeness (PB) and thwarted belongingness (TB) are significant predictors of suicidal ideation in this population (Joiner, 2005). Identifying processes which contribute to Veterans' perceptions of PB and TB following MST is essential. The present study examined whether trauma-related cognitions (about oneself, the world, and self-blame) and perceptions of institutional betrayal were associated with TB and PB among veteran survivors of MST. Eighty-one male and female survivors of MST completed the Interpersonal Needs Questionnaire, Posttraumatic Cognitions Inventory, Institutional Betrayal Questionnaire, PTSD Checklist for DSM-5, and Patient Health Questionnaire-9. After accounting for PTSD and depressive symptoms, perceptions of institutional betrayal were significantly associated with TB, while trauma-related cognitions about oneself and the world were significantly associated with PB. These preliminary results suggest that the paths to TB and PB likely differ, with perceptions of the institutional response to MST more germane to feeling disconnected from others; in contrast, trauma-related cognitions about oneself and the world appear to be more pertinent to beliefs that one's existence is burdensome to others.

LUN 240

Impacts of War on Servicewomen's Children and Marriage
(Abstract #1485)

LUN 240 (Clin Res, Chronic, Rape, Mil/Vets, Gender, Adult) M - N/A

Sadler, Anne¹, Booth, Brenda², Torner, James³, Mengeling, Michelle⁴

¹*Iowa City VAMC--CADRE, Iowa City, Iowa*

²*University of Arkansas, Little Rock, Arkansas*

³*University of Iowa, Iowa City, Iowa*

⁴*CADRE, Iowa City VA Health Care System, Iowa City, Iowa*

This mixed methods research studied active component and Reserve/National Guard servicewomen's perceptions of the consequences of their deployment to war on their children and marriages. Focus groups (N=65 participants) and

telephone interviews (N=1337) were performed in a community sample of OEF/OIF servicewomen, with 75% returning from deployment in the prior 3 years. Qualitative findings described PTSD symptoms and immediate emersion home influence on women's readjustment to mother and wife roles.

Quantitatively, of the 41% of women who were parents, 50% believed their deployment negatively impacted their child's well-being and school performance. One-third had to move their child from the family home while deployed with > half of these children changing schools as a result. 18% of participants were divorced. 76% had military spouses, of which 50% had deployed to Iraq/Afghanistan. 57% of women believed their deployment was the major reason for their divorce and 46% believed their spouses' deployment was. Over a third (39%) had experienced lifespan violence, 18% reporting sexual assault in military. Servicewomen's combat and sexual trauma exposures influenced their readjustment interfaces with family. Recommendations for clinical interventions and future research will be presented.

LUN 241

Cumulative Trauma Predicts the Attachment Styles of Emerging Adults: The Impact of Attachment on Psychopathology, Resilience, Emotional Intelligence, and Optimism
(Abstract #429)

LUN 241 (Clin Res, Anx, Chronic, Depr, Fam/Int, Adult) I - Industrialized

Schwartz, Laura, Howell, Kathryn
University of Memphis, Memphis, Tennessee

Trauma exposure may create insecure attachment, which could impact mental health and resilience, as well as optimism and emotion recognition. A path analysis including 717 emerging adults (Mage=19.7 years, 54% White, 77% Female) examined how number of traumas relates to current anxious or avoidant attachment styles with mothers, fathers, significant others, and best friends, and how these attachment styles predict depression, anxiety, resilience, optimism, and emotional intelligence. More frequent trauma predicted more avoidant and anxious attachment with mothers ($p<.001$; $p<.001$) and fathers ($p=.009$; $p=.001$), as well as more anxious attachment with significant others ($p=.002$). Avoidant attachment with mothers predicted more depressive

symptoms ($p=.001$) and less resilience ($p<.001$), optimism ($p<.001$), and emotional intelligence ($p<.001$), while avoidant attachment with fathers predicted less optimism ($p=.03$) and emotional intelligence ($p=.01$). Anxious attachment with mothers predicted higher anxiety symptoms ($p=.01$). Anxious attachment with significant others predicted higher depressive ($p<.001$) and anxiety ($p<.001$) symptoms, and less optimism ($p=.008$). Results suggest that the number of adversities one experiences impacts how they relate to their attachment figures, which in turn affects positive and negative outcomes. Interventions that focus on improving insecure attachment may enhance functioning in emerging adults who have experienced multiple traumas.

LUN 242

Neural Indices of Cognitive Emotion Regulation and Course of PTSD Symptom Severity in OEF/OIF/OND Veterans
(Abstract #319)

LUN 242 (Clin Res, Bio/Int, Adult) M - N/A

Fitzgerald, Jacklynn¹, Gorka, Stephanie¹, Aase, Darrin², Greenstein, Justin³, Proescher, Eric⁴, Phan, Luan¹

¹University of Illinois Chicago, Chicago, Illinois

²VA Medical Center, Chicago, Illinois

³VA Health Care System, Chicago, Illinois

⁴Department of Veteran Affairs, Chicago, Illinois

Background: Among combat-exposed veterans who develop posttraumatic stress disorder (PTSD) following deployment, there is substantial variability in the natural course of illness. Emotion dysregulation is a core feature of PTSD, and cross-sectional work has shown that abnormal neural response during volitional regulation—measured using the late positive potential (LPP)—correlates with symptom severity. Whether abnormal response during regulation of emotion predicts PTSD symptoms over time is unknown. The current longitudinal study examined the LPP during emotional responding and regulation as predictors of PTSD symptoms over a one year period. Methods: Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) who experienced combat completed an Emotion Regulation Task (ERT) during electroencephalogram recording, along with the

Clinician Administered PTSD Scale (CAPS) at that time (N=91), 6 months (N=52) and 1 year (N=42) later. During ERT, participants viewed negative pictures (7s); partway through they were asked to “reappraise” (i.e., reduce negative affect) or “look” (i.e., passively experience). The LPP was examined as a neural measure of emotional arousal; change in LPP (LPP) was calculated using a Look-Reappraise difference wave. Multilevel mixed modeling was used to predict CAPS over time using LPP and LPP.

Results: PTSD symptom severity as measured by the CAPS declined over time ($b=-4.21$, $t(122.69)=-3.56$, $p=0.001$) and greater combat exposure predicted higher CAPS total score ($b=0.44$, $t(74.43)=3.07$, $p=0.003$). Controlling for these effects and anxiety/depression severity, smaller LPP during reappraisal—indicative of ineffective emotion regulation—predicted greater symptoms across time ($b=-0.64$, $t(84.54)=-2.64$, $p=0.010$). Conclusions: These findings reveal that deficiency in down-regulating emotional arousal—measured neurally by change in the LPP—may be a useful predictor of PTSD symptoms in combat-exposed veterans over time.

LUN 243

Drinking to Cope Moderates the Relationship between PTSD and Binge Drinking

(Abstract #1109)

LUN 243 (Clin Res, Assess Dx, Sub/Abuse, Mil/Vets, Adult) I - N/A

McNett, Sage¹, Rappaport, Lance², Berenz, Erin³, Hawn, Sage¹, McDonald, Scott⁴, Amstadter, Ananda¹

¹*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia*

²*Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia*

³*University of Virginia, Charlottesville, Virginia*

⁴*Hunter Holmes McGuire VA Medical Center, Richmond, Virginia*

Problematic alcohol use and posttraumatic stress disorder (PTSD) often co-occur, and may be related through self-medication. We aimed to determine if drinking to cope (Drinking Motives Questionnaire; DMQ-cope) moderates the relationship between PTSD (Clinician-Administered PTSD Scale; CAPS) and binge drinking (Timeline Follow Back) in a sample of combat veterans (N=169, 38% with PTSD;

mean [SD] age=30.7[4.9]). A series of negative binomial regressions were conducted to evaluate the main and interactive effects of PTSD symptoms (total score and symptom clusters) and DMQ-cope on number of past-month binge drinking days and whether or not an individual binge drinks. The interaction between each PTSD variable and DMQ-cope was significant across all models indicating increased likelihood of additional binge episodes (all $ps < .05$): re-experiencing (OR=1.01[1.00-1.03]), avoidance (OR= 1.01[1.00-1.01]), arousal (OR=1.01[1.01-1.02]), and total symptom score (OR=1.00[1.00-1.01]). Only DMQ-cope had a main effect in the re-experiencing cluster model (OR=0.26[.08-.91], $p=0.034$) on whether-or-not participants engaged in binge drinking, however, the total score, cluster scores, and interactions did not. Across all models the joint effect of higher symptom severity and greater scores on drinking to cope produced an increased risk for a greater number of binge drinking days, consistent with the self-medication model.

LUN 244

Sex Differences in the Association between Age of Alcohol Use Initiation and Internalizing Symptoms in Trauma-Exposed Young Adults

(Abstract #1090)

LUN 244 (Clin Res, Anx, Depr, Sub/Abuse, Gender, Adult) I - N/A

McNett, Sage¹, Vujanovic, Anka², Viana, Andres³, Dick, Danielle¹, Kendler, Kenneth¹, Berenz, Erin⁴

¹*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia*

²*University of Texas Medical School at Houston, Houston, Texas*

³*University of Houston, Houston, Texas*

⁴*University of Virginia, Charlottesville, Virginia*

Preliminary research indicates that early age of alcohol use initiation may be more strongly associated with risk for psychopathology in women compared to men. The current study evaluated sex differences in associations between age of initiation of regular alcohol use and symptoms of anxiety, depression (Symptom Checklist-90; SCL-90), and posttraumatic stress disorder (PTSD; PTSD Checklist for DSM-5; PCL-5) in a sample of young adults endorsing interpersonal trauma exposure and regular alcohol use (N=269, 74% women). Hierarchical

linear regression models were run separately by sex to evaluate associations between age of alcohol use initiation and current psychiatric symptoms, above and beyond the covariates of trauma load and family history of alcohol use disorder, anxiety and depression. In women, younger age of alcohol use initiation was significantly associated with higher anxiety ($B = -0.42, p < .05$), depression ($B = -0.38, p < .05$), and PTSD symptoms ($B = -1.62, p < .05$). In men, age of alcohol initiation was not significantly associated with psychiatric symptoms. These findings support emerging work indicating that early onset of alcohol use may be a salient transdiagnostic risk marker, primarily for trauma-exposed women. Pending further study, evaluation of early prevention programs geared towards delaying initiation of alcohol use in high-risk adolescent girls may be warranted.

LUN 245
What Tips the Scale?: The Moderating Effect of Psychological Inflexibility on Event Centrality Relative to Positive and Negative Trauma Outcomes
 (Abstract #340)

LUN 245 (Clin Res, Anx, Cog/Int, Adult) M - N/A

Boykin, Derrecka, Calvin, Krystle, Anyanwu, Jacinta, Orcutt, Holly
Northern Illinois University, DeKalb, Illinois

Emerging research has been investigating the impact of traumatic events deemed as central to one's identity (e.g., Berntsen & Rubin, 2006, 2007; Berntsen et al., 2011). Several studies show that events with high centrality are associated with both positive (e.g., posttraumatic growth [PTG]) and negative outcomes (e.g., posttraumatic stress symptoms [PTSS]) (Boals & Schuettler, 2011; Groleau et al., 2013; Schuettler & Boals, 2011). However, little is known about which variables influence the course of adjustment to traumatic events viewed as self-defining. This study examined psychological inflexibility as a potential moderator since individuals who attempt to control aversive private events (e.g., intrusive thoughts, negative emotions) engage in avoidant coping, which is more predictive of PTSS than PTG (Schuettler & Boals, 2011). Among 125 traumatized adults, preliminary results supported that high event centrality predicted

elevated PTSS, especially at higher levels of inflexibility ($\beta = 0.19, p = 0.033$). The interaction effect approached significance as a predictor of PTG ($\beta = -0.14, p = 0.071$), although follow-up simple slopes analyses were not significant at three levels of the moderator (-1 SD, mean, +1 SD). This suggests that differences in psychological flexibility may dictate PTSS severity following a self-defining trauma, but it is less indicative of subsequent growth.

LUN 246
Barriers to Self-Compassion for Female Survivors of Childhood Maltreatment: The Role of Fear of Self-Compassion and Psychological Inflexibility
 (Abstract #342)

LUN 246 (Clin Res, Affect/Int, CPA, CSA, Cog/Int, Adult) M - N/A

Boykin, Derrecka¹, Himmerich, Sara¹, Pinciotti, Caitlin¹, Miller, Lindsay¹, Miron, Lynsey², Orcutt, Holly¹
¹*Northern Illinois University, DeKalb, Illinois*
²*Edward Hines, Jr. VA Hospital, Hines, Illinois*

Growing evidence has shown the benefits of targeting self-compassion in treating posttraumatic stress symptoms (PTSS; Au et al., in press; Kearney et al., 2013). However, the effectiveness of these treatments may be reduced for childhood maltreatment survivors who may exhibit an active resistance to self-compassionate aims (i.e., fear of self-compassion; Gilbert et al., 2011). Moreover, this therapy-interfering behavior may be less malleable among people who attempt to control difficult internal experiences (i.e., psychological inflexibility; Miron et al., 2015). In this study, the indirect effect of childhood maltreatment on PTSS severity via fear of self-compassion was examined in 288 women with varying levels of maltreatment. Moreover, this indirect effect was assumed to vary based on differences in psychological flexibility. As expected, a significant indirect effect was observed ($B = 1.51, p = 0.013$), although this indirect effect was not conditional on changes in psychological flexibility. A post hoc analysis revealed an indirect path between childhood maltreatment and PTSS severity via psychological inflexibility ($B = 1.38, p = 0.012$), but not fear of self-compassion ($B = 0.60, p = 0.328$). These findings highlight the importance of addressing fear of self-compassion and psychological

inflexibility as treatment barriers for female survivors of childhood maltreatment.

LUN 247

Treating Sleep Problems and PTSD: Does Integrating Treatments Help?

(Abstract #1334)

LUN 247 (Clin Res, Clin Res, Clinical Practice, Sleep, Adult) - Industrialized

Micol, Rachel, Davis, Joanne
University of Tulsa, Tulsa, Oklahoma

Sleep disturbances and nightmares are among the most frequently reported and chronic symptoms of posttraumatic stress disorder (PTSD) and are often refractory to broad based treatment approaches, but not to direct intervention. The present study compared the efficacy of a Cognitive Processing Therapy (CPT) with and without a treatment for nightmares and sleep problems, Exposure, Relaxation, and Rescripting Therapy (ERRT). Participants were randomly assigned to CPT alone, ERRT + CPT, or CPT + ERRT. Preliminary results suggest that while all participants (N = 13) improve over time, those in the integrated treatment report lower means on PTSD ($p = .11$) and depressive symptoms ($p = .18$), sleep quality ($p = .60$), nightmare frequency ($p = .15$), and nightmare severity ($p = .15$) upon treatment completion. At completion, participants in the integrated groups reported a reduction to moderate PTSD symptoms ($M = 25.33$) and reduction in nightmare frequency ($M = 4.56$ to $M = 2.78$), whereas those in CPT-alone remained at severe PTSD symptom levels ($M = 40.00$) and reported an increase in nightmare frequency ($M = 3.50$ to $M = 5.50$). These initial findings suggest the importance of examining integrated treatment protocols to address multiple post-trauma symptom complaints.

LUN 248

Suicidal Ideation and Nightmares: Does a brief Psychotherapy for Post-trauma Nightmares Reduce Suicidal Ideation?

(Abstract #1333)

LUN 248 (Clin Res, Clinical Practice, Health, Sleep, Adult) - Industrialized

Cogan, Chelsea¹, Lee, Jenny¹, Cranston, Christopher², Pruiksma, Kristi³, Rhudy, Jamie¹, Davis, Joanne¹

¹University of Tulsa, Tulsa, Oklahoma

²Johns Hopkins University School of Medicine, Baltimore, Maryland

³University of Texas Health Science Center at San Antonio, Fort Hood, Texas

Around the world, suicide accounts for approximately one million deaths annually. According to a study from 2014, over 13 million adults endorsed having either suicidal thoughts, a plan, or an attempt. Presently, there is a great deal of research suggesting a link between suicidality and sleep disturbances, particularly chronic nightmares. To this end, we examined the impact of treating sleep problems and nightmares on suicidal ideation. Exposure, Relaxation, and Rescripting Therapy (ERRT) is a brief cognitive behavioral therapy that has shown efficacy in reducing nightmares, PTSD, and depression, and improving sleep quality and quantity. The present study examined the ability of ERRT to reduce suicidal ideation within two trials ($n=75$). A series of logistic regressions and 2 analyses were conducted to determine if nightmare frequency, nightmare severity, and sleep quality impacted suicidal ideation, as well as if suicidal ideation decreased over treatment. The results suggested that nightmare frequency and sleep quality were related to pretreatment suicidal ideation. Additionally, results showed that suicidal ideation significantly decreased from pretreatment to one week post-treatment and to the last follow-up time point. Findings suggest that targeting modifiable risk factors, specifically nightmares and sleep problems, significantly reduces suicidal ideation.

LUN 249

Examining the Impact of Session Frequency on Treatment Outcomes in Exposure, Relaxation, and Rescripting Therapy (ERRT) for Post-trauma Nightmares

(Abstract #148)

LUN 249 (Clin Res, Clinical Practice, Sleep, Adult) I - Industrialized

Cogan, Chelsea¹, Davis, Joanne¹, Cranston, Christopher², Pruiksma, Kristi³

¹*University of Tulsa, Tulsa, Oklahoma*

²*Johns Hopkins University School of Medicine, Baltimore, Maryland*

³*University of Texas Health Science Center at San Antonio, Fort Hood, Texas*

Post-trauma nightmares are frequently experienced by individuals following a trauma and often persist despite treatment targeting posttraumatic stress disorder (PTSD). Due to the myriad of issues associated with experiencing nightmares it is imperative that treatments begin targeting nightmares directly. ERRT was created for individuals with and without PTSD who experience post-trauma nightmares. ERRT was designed to be implemented on a weekly basis in 90 minute sessions over the course of three weeks, however there is presently no research to indicate that weekly sessions yields the best treatment outcomes. Dose-response theory posits that each session of psychotherapy is equivalent to one dose of medication, and stringent medical research is conducted to examine the timing of doses to create the best responses. The present study aimed to examine the dose-response of ERRT by comparing individuals who attended session weekly ($n=26$) to individuals who did not attend sessions weekly ($n=14$). These groups were compared on treatment outcome variables (PTSD, depression, sleep quality, nightmare severity and frequency, and insomnia) from baseline to follow-ups. The findings suggest that individuals improve over the course of treatment, but that these improvements do not differ between the groups. The clinical implications of these findings will be discussed in depth.

LUN 250

Six Months After a PTSD Diagnosis – Are Veterans any Better?

(Abstract #513)

LUN 250 (Clin Res, Clinical Practice, Cul Div, Ethnic, Adult) A - Industrialized

Spoont, Michele¹, Sayer, Nina², Rosen, Craig³, Nelson, Dave⁴, Murdoch, Maureen⁴, Kehle-Forbes, Shannon²

¹*National Center for PTSD, U.S.*

Department/Veterans Affairs, Minneapolis, Minnesota

²*Minneapolis VA Health Care System, Minneapolis, Minnesota*

³*VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California*

⁴*Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minneapolis, Minnesota*

Despite substantial resources allocated to the dissemination and implementation of evidence based psychotherapies in VA, many Veterans receive treatments of unknown benefit. To determine whether Veterans benefit from the services they receive, we conducted a secondary analysis of a prospective national cohort study of Veterans diagnosed with PTSD by a VA clinician. Veterans who had no mental health care in the prior year were surveyed immediately following a PTSD diagnostic appointment and again 6 months later. Hierarchical multinomial models of clinical improvement, no change or worsening were adjusted for stratified sampling and non-response biases using survey weights, multiple imputation and propensity scores. In 5,070 Veterans, we observed that clinically significant change occurred more in PTSD symptoms than in mental health quality of life, and that the odds of clinical change were associated with initial severity. Depending on the outcome measure and effect size used, between half to three-quarters of Veterans showed little significant change. Non-Latino White Veterans were more likely than Latino and African American Veterans to evidence clinically significant improvements in PTSD at 6 months (OR's=1.49 and 1.47). Sensitivity analyses controlling for type of treatment received found no impact on observed estimates of improvement or worsening.

LUN 251

The Moderating Impact of Internalized Heterosexism on Trauma-Related Shame and Hazardous Drinking among Trauma-Exposed Sexual Minority Women

(Abstract #225)

LUN 251 (Clin Res, Cul Div, Orient, Sub/Abuse, Gender, Adult) I - Industrialized

Eshelman, Lee, McConnell, Amy, Messman-Moore, Terri

Miami University, Oxford, Ohio

Among sexual-minority women, increased global shame-proneness (“*I am bad*”) and internalized heterosexism are associated with more hazardous drinking (Hequembourg & Dearing, 2013). However, it is unclear if this relationship holds for trauma-exposed samples, as trauma-related shame (“*I am ashamed of myself because of what happened to me*”) is distinct from global shame-proneness (Semb et al., 2011). Further, trauma-related shame has not been examined among sexual minority women, a population at increased risk for experiencing traumatic events (Roberts et al., 2011). The current study examined if internalized heterosexism, a stressor unique to sexual minority populations, may moderate the relation between trauma-related shame and hazardous drinking among 366 trauma-exposed lesbian- ($n=106$) and bisexual-identified ($n=260$) women ($Mage=30.0$). Data were collected through online surveys on Amazon Mechanical Turk. Participants were highly traumatized, reporting an average exposure to 5.3 traumatic events. Results demonstrated increased trauma-related shame predicted more hazardous drinking at high (but not low) levels of internalized heterosexism. Interventions for trauma-exposed sexual minority women should target internalized heterosexism to potentially negate the impact of trauma-related shame on hazardous drinking, a coping behavior which may place women at increased risk for experiencing future trauma (Ullman et al., 2009). Implications for future research and further intervention will be discussed.

LUN 252

Trauma History and Change in Residence as Predictors of Social Support among American Indian or Alaska Native and non-Native Survivors of Intimate Partner Violence

(Abstract #1444)

LUN 252 (Clin Res, Commun, DV, Ethnic, Gender, Adult) I - Industrialized

Burrage, Rachel¹, Graham-Bermann, Sandra¹, Gagnon, MaryBeth²

¹University of Michigan, Ann Arbor, Michigan

²State of Alaska Department of Public Safety, Juneau, Alaska

Social support (SS) is a crucial factor in protecting against the deleterious effects of trauma exposure on mental health, but few studies have looked at predictors of SS among trauma-exposed populations. This study examines predictors of SS from friends, family, and other significant individuals in an ethnically diverse group of 55 women residing in Alaskan shelters for women who have experienced intimate partner violence (IPV). Results from bivariate tests indicated that identification as American Indian or Alaska Native significantly predicted higher social support from family, and having a violently jealous partner predicted lower family SS. Income was related to higher SS from friends. Lifetime trauma history, specifically having experienced a natural disaster or sexual contact as a minor, and having left a violent partner in the past year were related to lower SS across multiple domains. When income, trauma history, and change in residence were entered into a multiple regression, this model predicted 31% of the variance in overall SS and 20%, 24%, and 24% of SS from family, friends, and other significant individuals, respectively. Taken together, results indicate that lifetime trauma history and recent housing changes are important predictors of SS among women IPV survivors residing in shelters.

LUN 253

Examination of the Predictive Efficacy of the PC-PTSD Brief Screener on PTSD Diagnosis and Symptom Severity

(Abstract #523)

LUN 253 (Clin Res, Assess Dx, Clin Res, Care, Gender, Adult) I - Industrialized

Hawn, Sage¹, Sheerin, Christina², Brown, Ruth¹, Kendler, Kenneth¹, Dick, Danielle¹, Amstadter, Ananda¹

¹*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia*

²*Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia*

Brief psychological screening allows for more broad-reaching and efficacious assessment, contributing to the identification of individuals in need of targeted treatment efforts. Although brief screeners are useful for the assessment of large numbers of people, or in medical settings when time is limited, the validity of shortened instruments is often questioned. The Primary Care—Posttraumatic Stress Disorder Screen (PC-PTSD) is a brief screening instrument for PTSD. It has four “Yes/No” items that represent the four major symptom clusters of PTSD as described in the DSM-IV: re-experiencing, numbing, avoidance, hyperarousal. The present study aimed to examine the efficacy of the PC-PTSD in predicting PTSD provisional diagnostic status and symptom severity using the more comprehensive Posttraumatic Stress Disorder Check List-5 (PCL-5), a psychometrically sound measure of PTSD, in a large longitudinal sample of trauma-exposed students (N=682). Results indicated that endorsement of any item on the PC-PTSD significantly predicted both provisional PTSD diagnosis ($r = .22$, $t(680) = 5.88$, $p < .001$) and symptom severity ($r = .30$, $t(645) = 7.86$, $p < .001$) on the PCL-5. Similarly, PC-PTSD total score was found to significantly predict both provisional PTSD diagnosis ($r = .24$, $t(644) = 6.13$, $p < .001$) and symptom severity ($r = .33$, $t(611) = 8.54$, $p < .001$) on the PCL-5. Sensitivity analyses will be conducted, and follow-up analyses to be included in the poster will investigate whether the predictive efficacy of the PC-PTSD differs according to sex and as to whether PC-PTSD items significantly predict specific symptom clusters in the PCL-5.

LUN 254

The Interaction of Emotional Intelligence and a History of Adverse Childhood Events on Adult Psychological Distress

(Abstract #163)

LUN 254 (Clin Res, CPA, CSA, Aging, Psych, Adult) M - Industrialized

Rudenstine, Sasha¹, Espinosa, Adriana²

¹*City College of New York, New York, New York*

²*CUNY-The City College of New York, New York, New York*

This study examines the interaction of emotional intelligence (EI) and a history of adverse childhood experiences (ACE) on adult psychological distress (PD). We present data from an ongoing program evaluation at an urban community based mental health clinic in New York City. Participants (N = 116, 76% low trauma, 24 % high trauma) completed a comprehensive questionnaire as clients at the clinic. Preliminary analyses show EI is protective against PD, but the benefit is limited to individuals with low ACEs. Specifically, PD is higher among individuals with low EI (M = 71.90, SD = 41.61) relative to their high EI counterparts (M = 36.75, SD = 22.68) and the effect is large [$t(111) = -4.97$, $p = 0.000$, $d = 1.05$]. Furthermore, among low trauma patients, PD is lower for individuals with high EI (M = 31.5, SD = 23.3) relative to those with low EI (M = 75.31, SD = 43.1) [$F(3,100) = 4.759$, $p = 0.004$, $\eta^2 = .13$]. No differences in PD were found between low and high EI participants with high childhood trauma. Study results suggest that EI is protective against PD among individuals with low ACE scores, and hence, may be an important construct to target in psychological interventions.

LUN 255

Positive Childhood Experiences as Buffers in the Intergenerational Transmission of Maternal PTSD Symptoms and Child Traumatic Event Exposure

(Abstract #258)

LUN 255 (Clin Res, CPA, Cul Div, Dev/Int, Intergen, Adult) I - Global

Narayan, Angela¹, Ghosh Ippen, Chandra², Harris, William³, Lieberman, Alicia²

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

¹*University of Denver, Denver, Colorado*

²*University of California, San Francisco - San Francisco General Hospital, San Francisco, California*

³*Children's Research and Education Institute, New York, New York*

Childhood adversity affects lifespan physical and mental health problems (Felitti et al., 1998), yet there is little understanding of how positive childhood experiences promote healthy lifespan development. The present study examined the protective role of memories of positive childhood experiences, previously found to buffer PTSD symptoms in 54 high-risk mothers with maltreatment histories (Narayan et al., in press). In a larger replication sample of ethnically-diverse families, the current study tested whether positive memories buffer (moderate) the link between mothers' childhood maltreatment and a) their adulthood PTSD symptoms, and b) subsequent offspring traumatic event exposure in the next generation. Participants were 185 multi-ethnic mothers and children (ages 0-5) who completed the Angels in the Nursery Interview (Van Horn et al., 2008), coded for quality of positive childhood memories, and assessments of maternal maltreatment history and current PTSD symptoms, and offspring trauma exposure. Hierarchical regressions showed that for mothers with lower-quality positive memories, higher levels of childhood maltreatment were significantly associated with more maternal PTSD symptoms and offspring trauma exposure. However, for mothers with higher-quality positive memories, neither association was significant. Positive childhood memories have lifespan and intergenerational protective effects by buffering the transmission of maternal trauma symptomatology and offspring trauma exposure.

LUN 256

Predictors of Change in Cognitive Processing Therapy for Veterans in a Residential PTSD Treatment Program

(Abstract #1085)

LUN 256 (Clin Res, Clin Res, Depr, Adult) M - Industrialized

Hale, Andrew¹, Rodriguez, Jessica², Wright, Theodore², Driesenga, Scott², Spates, C. Richard³

¹*VA Ann Arbor Healthcare System/ University of Michigan, Ann Arbor, Michigan*

²*Battle Creek VA Medical Center, Battle Creek, Michigan*

³*Western Michigan University, Kalamazoo, Michigan*

Cognitive Processing Therapy (CPT) is an evidence-based treatment for posttraumatic stress disorder (PTSD). However, many participants in treatment outcome studies are classified as non-responders, and there is ambiguity in the literature regarding predictors of treatment response. The present study examined predictors of change in PTSD symptoms for 155 Veterans in a residential treatment program during following completion of group-based CPT at a Midwest VA. Using Hierarchical Linear Modeling (HLM), change was modeled on the PTSD Checklist, as a function of selected demographic and clinical variables. Results suggest that Veterans who entered treatment reporting high levels of depression and insomnia also tended to report higher initial symptoms of PTSD, as did Veterans with MMPI-2 (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) response styles that have higher scores on the infrequency (F) scale. Elevations on the antisocial scale were associated with steeper slopes resulting in greater change than the average patient, while elevations on the somatic complaints scale were associated with lesser treatment response. Treatment implications include enhanced decision-making when matching Veterans with effective treatments. In sum, these results provide insight into characteristics of Veterans that may influence degree of benefit of received from engaging in CPT treatment for PTSD.

LUN 257

Treatment Adequacy among VA Patients Receiving Evidence-based Psychotherapy for PTSD

(Abstract #1050)

LUN 257 (Clin Res, Clin Res, Clinical Practice, Mil/Vets, Adult) M - Industrialized

Sripada, Rebecca¹, Hale, Andrew², Ganoczy, Dara¹, Bohnert, Kipling¹

¹*VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan*

²*VA Ann Arbor Healthcare System/ University of Michigan, Ann Arbor, Michigan*

Objective: The VA has invested significant effort and resources into the dissemination and implementation of evidence-based psychotherapies (EBPs) for PTSD. However, it is unknown how many patients successfully engage in EBPs. The current study was designed to examine rates and predictors of treatment adequacy among patients who receive EBPs. **Methods:** The sample included all VA patients who received an EBP template for PTSD in a PTSD clinic in FY2015 (N=7,758). Generalized estimating equations clustered by facility were used to estimate the associations between sociodemographic characteristics and the odds of receiving a minimally adequate dose of psychotherapy (at least 8 visits within 14 weeks). **Results:** The mean number of EBP visits was 5 (SD=3.5). Patients who received Cognitive Processing Therapy were more likely to receive minimally adequate treatment than those who received Prolonged Exposure (29% versus 25%). Greater age was associated with higher odds of receiving adequate treatment (OR=1.01, CI=1.01-1.02). Hispanic ethnicity (OR=.76, CI=.59-.98) and greater number of missed mental health appointments in the past year (OR=.89, CI=.86-.93) were associated with lower odds of receiving adequate treatment. **Conclusions:** These findings indicate that treatment adequacy is low among EBP recipients. Efforts are needed to improve retention, particularly among younger and minority veterans.

LUN 258
Who Gets Evidence-Based Treatment? Factors Associated with the Receipt of Evidence-based Psychotherapy for PTSD in VA
 (Abstract #1048)

LUN 258 (Clin Res, Mil/Vets, Adult) M - Industrialized

Sripada, Rebecca, Pfeiffer, Paul, Ganoczy, Dara, Bohnert, Kipling
VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan

Objective: VA has mandated that evidence-based psychotherapies (EBPs) be offered to VA patients with PTSD, but only a small minority of PTSD psychotherapy visits are EBP visits. It is unknown what factors are associated with receiving an EBP versus a non-EBP psychotherapy. **Methods:** A nested

case-control design categorized patients who received an EBP in FY2015 as cases (N=5,583). Controls were patients at the same facility who received a non-EBP. Adjusted conditional logistic regression models examined differences in sociodemographic, mental health, and service utilization factors between cases and controls. **Results:** Cases were more likely to have comorbid depression (OR=1.14, CI=1.06-1.22) or anxiety (OR=1.37, CI=1.28-1.46) and had significantly fewer mental health visits in the year prior to the EBP (OR=0.99, CI=0.99-0.99). Cases were less likely to be older (OR=0.80, CI=0.74-0.87), service-connected for PTSD (OR=0.63, CI=0.59-0.67), or have a benzodiazepine (OR=0.82, CI=0.75-0.89) or antipsychotic fill (OR=0.90, CI=0.82-0.99). Cases also had a lower average percent service connection for non-PTSD conditions (OR=0.99, CI=0.99-0.995). **Conclusions:** Recipients of EBPs differ from those who do not receive EBPs on several sociodemographic factors. Future research is needed to determine ways to improve access to EBPs for high-need veterans with PTSD.

LUN 259
Short-term Efficacy of an Internet-based Intervention for Suicide Survivors: a Randomized-controlled Trial
 (Abstract #108)

LUN 259 (Clin Res, Clin Res, Death, Depr, Grief, Adult) M - Industrialized

Nagl, Michaela, Treml, Julia, Kündiger, Christine, Peterhänsel, Carolin, Linde, Katja, Kersting, Anette
University of Leipzig, Leipzig, Germany

Suicide is a leading cause of death worldwide, particularly among young people. Suicide survivors face the challenge to cope with the loss of a loved one and are at particular risk of developing mental health problems and prolonged grief (PG). We aimed to adapt an evidence-based Internet-based intervention directed at PG according to the special needs of suicide survivors and to evaluate its efficacy. Until February 2017, 50 patients meeting the proposed diagnostic criteria for prolonged grief disorder (PG-13) were randomized to the intervention (IG, n=27) or a waitlist condition (WC, n=23). The treatment lasted 5 weeks and contained two weekly 45-min writing assignments. The main outcome was the severity of PG (ICG-R); secondary outcomes were the frequency of different grief reactions (GEQ,

e.g. feelings of rejection), depression (BDI-II), and anxiety (BSI). ITT analyses revealed that at the end of treatment, the IG had significantly reduced the severity of PG relative to the WC ($F(1,44.5)=34.8$, $p<0.001$) with a large effect size ($d=1.17$). Similar results were found for depression ($F(1,46.2)=11.6$, $p=0.001$, $d=0.93$) and most subscales of the GEQ. At the end of treatment, 65% of patients in the IG versus 23% of patients in the WC scored under the cutoff of 25 on the ICG-R. No effects were found for anxiety. Our results provide first evidence of the efficacy of the Internet-based treatment among suicide survivors. Future analyses will examine the stability of treatment effects.

LUN 260

Profiles of Post-Trauma Adaptation after the 2013 Boston Marathon Bombings: A Latent Profile Analysis
(Abstract #329)

LUN 260 (Clin Res, Res Meth, Terror, Adult) M - Industrialized

Brickman, Sophie¹, Saltzman, Leia²

¹*McLean Hospital, Belmont, Massachusetts*

²*Boston College, Chestnuthill, Massachusetts*

In an effort to explore the seemingly ambiguous relationship between large categories of reactions to trauma, the current study explored the heterogeneity of post-trauma adaptation profiles in a sample of individuals exposed to the 2013 Boston Marathon bombings. The study differentiated between multiple profiles of adaptation and identified demographic, event-specific and psychological indicators to predict and further characterize latent profile membership. Unobservable profiles in the data were identified using latent profile analysis (LPA). Profile indicators included post-traumatic growth, maladaptive emotion regulation, and post-traumatic distress. Once profiles were identified, respondents were allocated to their most likely latent class using posterior probabilities. The second phase analysis utilized multinomial logistic regression modeling to identify predictors of latent class membership. Results indicated that the best fitting model contained four latent profiles: Resistant; Struggling; Resilient; and Symptomatic. The effects of age, race, trauma history, event proximity, role (first responder v. civilian), coping flexibility and positive emotion regulation as predictors of profile membership were examined. The

emergent relationship between growth, distress and their subsequent predictors, as well as the similarities with other relevant LPAs, will be discussed.

LUN 261

PTSD Symptoms, Reward Deprivation, and Alcohol Use and Misuse
(Abstract #1376)

LUN 261 (Clin Res, Clin Res, Sub/Abuse, Theory, Adult) M - Industrialized

Acuff, Samuel, McDevitt-Murphy, Meghan, Luciano, Matthew, Murphy, James

The University of Memphis, Memphis, Tennessee

Increased risk of substance using behavior often accompanies traumatic stress and subsequent PTSD (Gaher et al., 2014; Jacobson et al., 2008). Behavioral economics, or the study of environmental constraints and their influence on decision making, suggests that avoidance of trauma-related stimuli may be associated with decreases in access to reward in the environment, effectively increasing the value of substances and leading to greater substance use or problems. PTSD may also limit one's ability to experience substance-free reward (anhedonia), which may also lead to greater relative valuation of drug-related reward. To date, however, these relations have not been explicitly explored. The present study examines environmental reward deprivation as a mechanism in the relation between PTSD symptoms and alcohol consumption, craving, and problems. 224 college student drinkers (79.5% female, 56.7% white) from an ethnically diverse urban public university who had experienced a traumatic event completed a survey about alcohol misuse and trauma exposure. Access to reward in one's environment mediated the relation between PTSD symptomatology and alcohol-related problems and craving, but not alcohol consumption. Experience of reward did not mediate any outcome. Results support interventions that expand reward availability for those who experienced a traumatic event.

LUN 262

Post-conflict and Trauma Recovery in Colombia: Faith Leaders' Trauma Exposure and Symptoms and Work among Internally Displaced Persons
(Abstract #1370)

LUN 262 (Clin Res, Chronic, Clin Res, Comm/Int, Global, Adult) M - Latin Amer & Carib

Rojas-Flores, Lisseth¹, Currier, Joseph², Koo, Josephine¹, Mechure, Maria³, Rivera, Byron³, McCormick, Wesley²

¹*Fuller Theological Seminary, Graduate School of Psychology, Pasadena, California*

²*University of South Alabama, Mobile, Alabama*

³*Fuller Graduate School of Psychology, Pasadena, California*

Colombia is the country with the most internally displacement persons (IDPs) in the world; its 53-year-long internal armed conflict has displaced nearly 7 million people (ACNUR, 2015). Substantial evidence documents the key role of faith leaders play in facilitating the emotional recovery and integration of IDPs. As Colombia is a predominantly Christian country (PEW, 2014), it is important to examine how faith leaders might promote the health and well-being of IDPs. However, there is little systematic inquiry regarding faith leaders' exposure to potentially traumatic events during the armed conflict, and their understanding of mental health and trauma. This study examined associations between lifetime community violence exposure, posttraumatic stress disorder (PTSD) symptomatology, and attitudes about trauma-indicated that many faith leaders were exposed to multiple violent events over their lifetimes and a substantial number, endorsed moderate PTSD symptoms. Overall, their knowledge about trauma care and basic mental health was relatively minimal. Findings underscore the need to develop strategies for training and support of faith leaders in Colombia as well as other faith leaders working in high violence, post-conflict urban settings. Particular focus on trauma training is recommended.

LUN 263

Understanding and Addressing the Needs and Strengths of Transition-Aged Youth: A Snapshot from Illinois Child Welfare
(Abstract #273)

LUN 263 (Clin Res, Chronic, Complex, Train/Ed/Dis, Gender, Lifespan) I - Industrialized

Kisiel, Cassandra, Spinelli, Tawny, Ellis, Jessica, Riley, Tracey, McClelland, Gary, Hjertquist, Robert
Northwestern University Feinberg School of Medicine, Chicago, Illinois

Across the United States, transition-aged youth (TAY) comprise approximately 17.9% of the child welfare population and nearly 20,000 youth age out of foster care each year. Many studies show that this population demonstrates poor outcomes in adulthood across several domains including housing, employment, legal, and education. Due to these negative outcomes, there is a growing need to develop trauma-informed services and resources to effectively meet the needs of this subpopulation. Yet, local or national data are not consistently available on TAY trauma experiences or symptoms. Knowing that these youth have a high exposure to trauma, a better understanding of transition-aged youth's experiences, needs, and strengths is critical to applying trauma-informed practices and ultimately, improving outcomes. This research aims to provide a descriptive overview of the interaction between traumatic events and clinical and demographic characteristics of TAY, focusing on trauma exposure, mental health and functional needs, and strengths. Data from approximately 4,500 Illinois child welfare TAY are analyzed for needs and strengths. Those are operationalized using data from the Child and Adolescent Needs and Strengths (CANS), an assessment and information integration tool completed with youth and caregivers upon entry into care and over the course of services. Demographics like gender and other qualifiers such as length of time in care are assessed. Preliminary results suggest that TAY have been exposed to many types of traumas. The most prevalent types include neglect, witness to family violence, and physical abuse. The greatest functional needs fall in these areas: judgement, school achievement, independent living skills, educational attainment, and running away. In addition, youth have significant emotional/behavioral needs with anger control, depression, oppositional

behavior, attention deficit/impulse control, and affect regulation. Top usable strengths for this population include educational setting, optimism, and family. Using a trauma-informed approach with these strengths is valuable to understanding and addressing the specific needs of this transitioning population. These results have potentially important implications for trauma-informed practice and resources targeted for TAY. Results can inform the development of effective trauma-informed education and training materials as well as resources for providers, staff, and youth themselves. Implications suggest that an enhanced focus on the trauma-related needs and strengths TAY in the context of assessment, treatment/service planning and service delivery can likely result in improved outcomes, not only for youth but for their families and communities as well.

LUN 264

Modification of Attentional Bias in PTSD by Canine Companionship
(Abstract #939)

LUN 264 (Clin Res, Affect/Int, Anx, Clin Res, Mil/Vets, Lifespan) M - Industrialized

Woodward, Steven¹, Jamison, Andrea², Gala, Sasha²
¹*National Center for PTSD-Dissemination and Training Division, Palo Alto, California*
²*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Palo Alto, California*

Attentional bias modification has been proposed as a candidate treatment in the anxiety disorders and in posttraumatic stress disorder. This study employed eye-tracking to rigorously assess the spontaneous allocation of attention towards aversive and pleasant visual imagery across test sessions with and without a familiar service canine in the room. The sample consisted of 23 male veterans with chronic military-related posttraumatic stress disorder. Two tasks were employed, one assessing attention to scenes, and one assessing attention to facial emotion. In each task, an emotive image was paired with a neutral image on each trial. The excess visual attention captured by the emotive image was analyzed as a function of the valence contrast (aversive/neutral vs pleasant/neutral) and presence/absence of the canine. In both tasks, the presence of a familiar service canine attenuated attentional bias towards aversive images. In the facial task, presence of the service canine was specifically

associated with reduced attention toward angry faces. In that task, as well, accumulated days with the service canine was also associated with reduced attention towards anger. These results suggest that canine companionship is associated with attenuation of the normative attentional bias to aversive stimuli in chronic military-service-related posttraumatic stress disorder. Questions remain regarding the generalization of such effects to other populations, their dependence on characteristics of the canine, and on social context.

LUN 265

Subjective and Objective Traumatic Death: Distinct Roles in Developing Complicated Grief and Depression among Older Adults in Hong Kong
(Abstract #1172)

LUN 265 (Clin Res, Death, Depr, Grief, Older) M - E Asia & Pac

Tang, Suqin, Chow, Amy
The University of Hong Kong, Hong Kong, China

Background: Although traumatic death has been associated with more severe symptoms of complicated grief, little is known about the role of subjective traumatic level of the death in developing complicated grief. This study investigated the relationship between objective traumatic and subjective traumatic death and their respective impacts on complicated grief and depressive symptoms following bereavement among older adults in Hong Kong. **Methods:** Overall, 187 Hong Kong adults aged 65 or above who lost a family member during the past five years participated and were assessed with demographic information, the Inventory of Complicated Grief (ICG), the Geriatric Depression Scale (GDS), and the anxiety subscale of the Hospital Anxiety and Depression Scale (HADS). **Results:** The subjective traumatic level of death did not differ between objective traumatic and non-traumatic death as defined by nature of death ($t = -1.554$, $p = .122$). Higher subjective traumatic level and younger age of the deceased were positively related to the complicated grief symptoms, $F(10, 161) = 14.222$, $p < .001$, $R^2 = .469$. Higher subjective traumatic level and older age of the bereaved were positively associated with the symptoms of depression, $F(10, 160) = 2.855$, $p = .003$, $R^2 = .151$. However, objective traumatic death was found to

have no relation to either complicated grief or depressive symptoms. **Conclusions:** Subjective and objective traumatic death may be two distinct concepts, and subjective traumatic death may be a more important factor that contributes to complicated grief and depressive symptoms.

LUN 266

How Do Risk Factors Affect Bereavement Outcomes in Later Life? An Exploration of the Mediating Role of Dual Process Coping
(Abstract #1171)

**LUN 266 (Clin Res, Death, Depr, Grief, Older)
M - E Asia & Pac**

Tang, Suqin, Chow, Amy
The University of Hong Kong, Hong Kong, China

This study is an exploratory study that aims to examine the mediating role of dual process coping in the relationship between risk factors and bereavement outcomes. A total of 178 Hong Kong Chinese bereaved older adults reported their bereavement-related information, dual process coping (Dual Coping Inventory, DCI), complicated grief (Inventory of Complicated Grief; ICG), depression (Geriatric Depression Scale, GDS) and loneliness (De Jong Gierveld Loneliness Scale, DJG) in face-to-face structured interviews. Results suggested that subjective traumatic death predicted complicated grief, depression, and loneliness via loss-orientated (LO) coping, whereas having lost a spouse rather than having lost a parent predicted loneliness via restoration-orientated (RO) coping. Future interventions may reconsider the use of LO coping and explore alternatives for traumatized bereaved older adults, and encourage RO coping for those experiencing spousal loss.

LUN 267

The Impact of Childhood Maltreatment and Cognitive Distortions on Traumatic Stress Symptoms in Female Survivors of Intimate Partner Violence (IPV)
(Abstract #1446)

LUN 267 (Clin Res, CPA, Chronic, Complex, DV, Lifespan) M - Industrialized

Berman, Ilana, Petretic, Patricia
University of Arkansas, Fayetteville, Fayetteville, Arkansas

The purpose of the study was to examine how lifetime interpersonal traumas influence posttraumatic stress symptoms and to evaluate if Intimate partner violence (IPV) and maladaptive cognitions mediate the relation between child maltreatment and current posttraumatic symptoms. A national community sample (N=244) of adult women (M age = 37.6 years) reported on exposure to lifetime maltreatment experiences. Respondents, recruited through a variety of local, regional, and national solicitation sources and forums, completed the CTS-2, modified CMIS-SF, CDS, TSI-2 and PCL-C as part of an online survey soliciting female respondents who had experienced any interpersonal traumas. For both child maltreatment (.37 - .74) and IPV (.34 - .73) concurrent interpersonal trauma experiences were highly correlated, consistent with prior research. Regression analysis indicated a significant mediation effect [$F(3, 240) = 227.8, p < .001, R^2 = 73.7\%$]. Removal of maladaptive cognitions yielded a weaker, but still significant model [$F(3, 241) = 39.6, p < .001, R^2 = 24.7\%$], highlighting a partial mediation effect of IPV victimization on the relation between childhood maltreatment experiences and posttraumatic symptomatology, contrary to findings of Gobin et al., (2013) in which an acute IPV sample was assessed. The value of taking a lifetime interpersonal trauma perspective is discussed as is the salience of cognitions in predicting classic behavioral posttraumatic symptomatology.

LUN 268

The Effects of Psychotherapies for PTSD on Quality of Life: Insights from a Meta-analysis
(Abstract #204)

LUN 268 (Clin Res, Clin Res, Clinical Practice, QoL, Adult) M - Industrialized

Fortin, Maxime¹, El-Baalbaki, Ghassan², Savard-Kelly, Patrick³, Leclerc, Marie-Ève², Fortin, Christophe⁴

¹*Quebec University of Montreal, Montréal, Quebec, Canada*

²*Université du Québec à Montréal (UQAM), Montreal, Quebec, Canada*

³*Université de Montreal, Montreal, Quebec, Canada*

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guide to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

⁴*Universite de Montreal & Centre d'Etude du Trauma, Montréal, Quebec, Canada*

Introduction: Post-traumatic stress disorder (PTSD) has a negative impact on quality of life (QoL). Many definitions of QoL coexist, including « The individuals' perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns » (The WHOQOL Group, 1995). This meta-analysis describes the effects of the different psychotherapies for PTSD on QoL in the civilian population. **Methodology:** Articles have been systematically extracted from the scientific literature using specific keywords and nine databases. Two independent investigators evaluated eligibility and completed data extraction. The AMSTAR and PRISMA guidelines were applied for quality standards. Meta-analytic analyses will be performed using the Comprehensive Meta-Analysis software. **Results:** Of the 932 articles evaluated, 17 studied the effect of at least one psychotherapy for PTSD on QoL between pre- and post- treatment. The total effect size of the psychotherapies for PTSD on QoL as well as the specific effect size of each psychotherapy on QoL will be described. The respective effect sizes on PTSD symptoms will also be described for comparison. **Discussion:** Clinical implications of the results, the actual state of the scientific literature on the subject as well as the possible research avenues will be discussed.

LUN 269

Early Scars are Forever: Child Abuse in Patients with Adult-Onset PTSD Predicts Increased Hyperarousal, Panic Disorder and Psychotic Symptoms
(Abstract #552)

LUN 269 (Clin Res, Assess Dx, Clin Res, Clinical Practice, QoL, Adult) M - Latin Amer & Carib

Mendlowicz, Mauro¹, Figueira, Ivan², Luz, Mariana², Berger, William², Marques-Portella, Carla², Coutinho, Evandro³
¹*Universidade Federal Fluminense, Niteroi, Rio de Janeiro, Brazil*
²*Universidade Federal do Rio de Janeiro, Rio de Janeiro, Rio de Janeiro, Brazil*
³*Escola Nacional de Saude Publica (ENSP-FIOCRUZ), Rio de Janeiro, Rio de Janeiro, Brazil*

Background: While several putative risk factors have been investigated as possibly affecting psychiatric comorbidity among individuals with PTSD, the potential role of child abuse has not been systematically probed yet. We hypothesize that among patients with PTSD triggered by traumatic events in adult life, a history of child abuse would be associated with more severe levels of psychiatric comorbidity. **Methods:** Participants were 113 adults treatment-seeking patients with adult-onset PTSD sequentially admitted to a specialized outpatient clinic, of whom 21.2% had a history of childhood sexual, physical or emotional abuse. The socio-demographic characteristics and the comorbidity profile of PTSD patients with and without history of child abuse were compared using the two tailed t-test for the continuous variables and the chi-square test for categorical variables. **Results:** PTSD patients with a history of child abuse had higher average PCL-C hyperarousal cluster and BDI scores, an increased mean number of comorbid disorders (lifetime and current), and a greater prevalence of panic disorder/agoraphobia (lifetime and current) and of psychotic symptoms. Additionally, a statistical trend toward a higher lifetime (but not current) prevalence of alcohol and other drugs disorders was found. **Conclusions:** PTSD patients with a history of child abuse may represent a distinct subgroup with a more severe form of the disorder that could be associated with a more serious clinical course and poorer outcome.

LUN 270

PTSD Treatment Modality Preference in an Online Sample: Stated Reasons for Choice of Pharmacotherapy, Prolonged Exposure Therapy, or Cognitive Processing Therapy
(Abstract #762)

LUN 270 (Clin Res, Clin Res, Clinical Practice, Adult) I - Industrialized

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

PTSD treatment seekers vary on many characteristics, including preference for treatment modality. We currently know little about factors that might moderate treatment outcome, and treatment modality preference is a 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. They were asked to read descriptions of Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and pharmacotherapy and asked to: (1) choose between CPT, PE, pharmacotherapy, and no therapy; and (2) state the reasons for their choice. This study aimed to investigate the stated reasons that influenced treatment choice. CPT was preferred significantly more by online participants when compared with other options. PE was participants' second choice, followed by pharmacotherapy. Preliminary analysis of qualitative data suggests that participants' choices were affected by previous treatment experiences, fear of exposure therapy and medication side effects, and belief that medication is needed to stabilize symptoms before commencing psychotherapy. Results of analysis of treatment modality preference and reasons for choice will be discussed with respect to implications for maximizing treatment, reducing dropout, and increasing efficacy.

LUN 271

The Relationship between Race, Posttraumatic Stress, and Posttraumatic Growth in Recently Traumatized Treatment-Seeking Adults
(Abstract #1106)

LUN 271 (Clin Res, Acute, Clinical Practice, Commun, Prevent, Adult) I - Industrialized

Welch, Katlyn¹, Ward, Nicole¹, Sanghvi, Rayna¹, Baruch, Steffanie¹, Agin-Liebes, Gabrielle¹, Ruzek, Josef²

¹*Palo Alto University, Palo Alto, California*

²*VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California*

Although minority race is an identified risk factor for Posttraumatic Stress Disorder (PTSD), the relationship between race and Posttraumatic Growth (PTG) is not well-understood. This study evaluated the relationship between race and both PTSD, and

PTG in recently (mean days post-trauma = 197 days) traumatized, treatment-seeking adults ($N = 74$; mean age 44.4 years; 50 white, 24 non-white). Pre-treatment baseline measures included the PTSD Checklist-Civilian Version for DSM-IV, the Posttraumatic Growth Inventory, and demographics. Seventy-seven percent ($n = 57$) of participants were likely to meet diagnostic criteria for PTSD. Controlling for age, non-White race was associated with greater total PTSD symptoms ($\beta = -.26$, $t(71) = -2.17$, $p = .03$). Non-White participants showed a trend for greater overall growth ($\beta = -.21$, $t(71) = -1.70$, $p = .09$), a trend for greater growth with regard to personal strength ($\beta = -.22$, $t(71) = -1.87$, $p = .07$), and significantly greater growth with regard to spiritual change ($\beta = -.26$, $t(71) = -2.14$, $p = .04$). Non-White race was linked with greater distress and greater personal growth in treatment-seeking adult survivors of recent trauma. Future research is warranted to evaluate PTG across specific racial groups.

LUN 272

Influences of Post-Traumatic Growth among University Students Following the Isla Vista Mass Murder
(Abstract #570)

LUN 272 (Clin Res, Comm/Vio, Death, Prevent, Grief, Adult) I - N/A

Jaramillo, Natalia¹, Felix, Erika¹, Meskun, Haley²

¹*University of California, Santa Barbara, Santa Barbara, California*

²*University of Miami, Miami, Florida*

In the immediate aftermath of trauma, survivors may engage in several types of activities to grieve, remember, cope, and feel a sense of control, and this may affect posttraumatic growth. Following a mass murder that affected a university community, this prospective study explored the factors that may influence posttraumatic growth, including pre-tragedy experiences and adjustment, objective exposure, core beliefs, and the types of post-trauma activities in which students engaged during the immediate post-tragedy aftermath. Students participating in a study of college adjustment the year prior to the mass murder were re-contacted post-tragedy to complete online surveys ($N = 140$). The post-trauma activities assessed included: seeking informational support, grieving and remembrance

activities, taking actions, and other coping activities. Hierarchical regression analyses assessed the relative influences of sex, ethnicity, childhood trauma exposure, pre-tragedy mental health, objective exposure core beliefs, and post-trauma activities on the total and subscales of posttraumatic growth. Core beliefs ($B = 0.45$, $p < .001$) and engagement in taking action events were significantly associated with overall posttraumatic growth ($B = 0.31$, $p < .001$), and were consistent across the posttraumatic growth sub-domains. Better understanding of how involvement in post-trauma activities can impact adjustment is needed.

LUN 273

Recurrence of Heart Rate and Skin Conductance during a Web-Based Intervention for Trauma Survivors

(Abstract #316)

LUN 273 (Clin Res, Prevent, Tech, Adult) M - Industrialized

Shoji, Kotaro, Devane, Amanda, Dhamija, Svati, Boulton, Terrance, Benight, Charles
University of Colorado at Colorado Springs, Colorado Springs, Colorado

Attrition rates have been problematic for web-based interventions for traumatized populations. Development of a web-based intervention with computer-learning can be beneficial to help users engage into the web-based intervention. The present study was part of a larger investigation developing such a web-intervention based on physiological arousal (e.g., Electrocardiography (ECG), skin conductance [SC]), engagement, and self-efficacy. To feed these data into the computer-learning, we examined the recurrence of heart rate (HR) derived from ECG and SC and the correlation between the recurrence and PTSD among people with trauma exposure. The baseline PTSD was measured at the beginning of the study. HR and SC were measured while participants ($N = 57$, 84.5% female, M age = 33.7) were working on the website. We performed a cross-recurrence quantification analysis between HR and SC for the triggers module of the website to calculate a recurrence rate (RR; very high $RR > 10\%$). The mean RR was 3.40%. The RR was significantly correlated with PTSD ($r = -.27$, $p = .047$), suggesting that HR and SC were less frequently consistent as baseline PTSD increased.

These results can be helpful for the treatment of physiological signals in the development of computer-learning algorithms for an individualized web-intervention.

LUN 274

Peritraumatic Distress and Post-traumatic Stress Disorder in Intubated and Conscious Patient Intensive Care Unit – Preliminary Results of a Quasi-experimental Pilot Study

(Abstract #266)

LUN 274 (Clin Res, Acute, Prevent, Adult) I - N/A

Gosselin, Émilie¹, Bourgon-Labelle, Jonathan¹, Gélinas, Céline², Bourgault, Patricia¹, Lavoie, Stéphan¹

¹Université de Sherbrooke, Sherbrooke, Quebec, Canada

²McGill University, Montreal, Quebec, Canada

Background: Keeping intubated patients conscious and alert in the intensive care unit (ICU) has been shown beneficial, but some adverse psychological effects may appear. **Aim:** To describe the presence of peritraumatic distress (PTD), stressful events (stressors), and post-traumatic stress disorder (PTSD) in intubated and conscious ICU patients. **Methods:** Results of the control group of a quasi-experimental pilot study will be presented. Patients ($n=9$) were assessed with the validated Peritraumatic Distress Inventory questionnaire (PDI) and the ICU Stressful Experiences Questionnaire (ICUSE) 24 to 48 hours post-extubation. A month later, they will be asked to complete the validated Impact of Events Scale – Revised questionnaire (IES-R) (data collection in progress). **Results:** The PDI median score was 16 and six patients (66.6%) were positive to PTD symptoms (score ≥ 15). Seven patients (77.8%) remembered being intubated. According to the ICUSE, patients experienced frequent and intense stressors such as “not being able to talk” ($n=8$, 88.9%), “anxiety” and “pain” related to the presence of the tube ($n=7$, 77.8%). PTSD results will be available soon. **Conclusion:** Intubated and conscious patients are exposed to many stressors during their ICU stay. An intervention will be tested to prevent the occurrence of PTD and PTSD in this patient group.

LUN 275

Phenomenology and Correlates of Flashbacks in Individuals with Posttraumatic Stress Symptoms
(Abstract #154)

LUN 275 (Clin Res, Acute, Assess Dx, Cog/Int, Theory, Adult) M - N/A

***Malaktaris, Anne, Lynn, Steven**
Binghamton University (SUNY), Binghamton, New York*

Posttraumatic flashbacks (intrusive re-experiencing of traumatic experiences) are considered a hallmark feature of PTSD (Bryant et al., 2011; Duke et al., 2008), and yet relatively little research into flashbacks has been conducted (Brewin et al., 2014). Understanding flashbacks may aid in their treatment and/or prevention (Bourne et al., 2013). Accordingly, the present study explored the frequency and severity, sensory, and experiential properties of flashbacks and the relation of flashback experiences with other characteristics (e.g., mindfulness) and psychological symptoms (e.g., dissociation, sleep disorders). Additionally, we examined a variety of predictors of the development of posttraumatic stress symptoms (PTSS) and flashbacks (FB). Trained evaluators administered the SCID-I (First et al., 2010) to assess for PTSS in undergraduate students (N=142). Participants were assigned to one of four groups based on their responses: Group 1 (PTSS with FB; n=44), Group 2 (PTSS without FB; n=30), Group 3 (PTE, no PTSS; n=36), and Group 4 (no PTE, no PTSS; n=32). Participants completed measures of psychological symptoms and traits and a structured flashback interview regarding the frequency, severity, and phenomenological qualities of the experience of flashbacks. During the flashback interview, Group 1 was asked to provide a genuine flashback narrative. Groups 2-4 were asked to role play a flashback narrative and responses to the interview questions, portraying the experience of flashbacks as realistically as possible. As predicted, individuals with PTSS (Groups 1 & 2) reported significantly more psychological symptoms including general distress and important related phenomena such as sleep problems than those without PTSS (Groups 3 & 4). Furthermore, individuals with PTSS (Groups 1 & 2) scored lower on measures of trait mindfulness and higher on measures of experiential avoidance than those without PTSS (Groups 3 & 4). Individuals rating genuine flashback experiences (Group 1) reported significantly greater frequency of flashbacks

and greater levels of distress associated with flashbacks compared with simulated flashbacks (Groups 2, 3, & 4). Finally, Group 1 reported significantly lower levels of trait mindfulness, significantly higher levels of psychological inflexibility, and more sleep complaints than Group 2. In conclusion, PTSS were positively associated with increased psychopathology and experiential avoidance. In general, simulated flashbacks were similar in quality and characteristics compared with genuine flashbacks. However, participants who had never personally experienced a flashback tended to underestimate the functional and emotional impact of flashbacks. Results were discussed in terms of theoretical and clinical implications.

LUN 276

Attentional Capture to and Difficulty Disengaging from Pain-Related and Threatening Stimuli in Chronic Pain and Mixed Clinical Anxiety/PTSD Populations
(Abstract #33)

LUN 276 (Clin Res, Acc/Inj, Anx, Cog/Int, Adult) M - N/A

***Malaktaris, Anne, Lynn, Steven**
Binghamton University (SUNY), Binghamton, New York*

Individuals with co-morbid chronic pain (CP) and anxiety disorder(s) and/or PTSD experience greater distress and functional impairment than those with one condition, and treatment is particularly challenging. The Mutual Maintenance (Sharpe & Harvey, 2001) and Shared Vulnerability (Asmundson et al., 2002) models of co-morbid chronic pain and PTSD emphasize attentional biases to pain-related and threatening cues. These models have been expanded to consider co-morbid chronic pain and anxiety more broadly, and comprehensive tests of these models remain unfinished. To this end, we examined attentional capture to and difficulty disengaging from pain-related and threatening stimuli in individuals with CP conditions with and without anxiety disorder(s) and/or PTSD. Four participant groups were recruited: 1) current chronic musculoskeletal pain (CP; n=20); 2) current co-morbid chronic musculoskeletal pain and anxiety/PTSD group (CP/ANX; n=27); 3) clinical anxiety/PTSD group (ANX; n=24); 4) control group (CON; n=24). Consistent with previous

epidemiological research (Demyttenaere et al., 2007), the most common anxiety disorders in our CP/ANX group were panic disorder, PTSD, and GAD. Participants (N=95) completed an emotional attentional blink task (EAB-T2) and an emotional exogenous cueing task (EECT). In the EAB-T2 task participants across groups displayed attentional capture to emotional relative to neutral stimuli. Individuals with CP (CP & CP/ANX) displayed greater attentional capture to pain-related stimuli compared to individuals without CP (ANX & CON). In the EECT, we found that all participants displayed difficulty disengaging from emotional relative to neutral stimuli. To summarize, we found consistent evidence of population-wide biased attentional processing of emotionally salient relative to neutral stimuli. We also found evidence of disorder-specific attentional capture to pain-related stimuli in individuals with CP. However, we failed to replicate previous studies that have demonstrated anxiety- or trauma-specific biased processing of threatening information. Our ability to detect disorder-specific biased attention was likely limited by our relatively small sample size and our heterogeneous clinical groups, and the study design did not allow for the use of idiosyncratic stimuli, which are typically associated with larger effect sizes. This study partially supports theories of co-morbidity that emphasize the relevance of preferential attentional processing of disorder-salient stimuli. Future work should continue to expand our understanding of the precise nature of attentional deficits in individuals with co-occurring chronic pain and anxiety/PTSD and the possible applications to treatment of this complex clinical co-morbidity.

LUN 277
Counterfactual Thinking Component of Rumination Mediates the Relationship between Posttraumatic Stress Symptoms and Health-Related Quality of Life
 (Abstract #528)

LUN 277 (Clin Res, Cog/Int, Health, QoL, Prevent, Adult) M - Industrialized

Strasshofer, David¹, Bruce, Steven¹, White, Kamila¹, Sayuk, Gregory²

¹*University of Missouri St. Louis, St. Louis, Missouri*

²*Washington University in Saint Louis School of Medicine, St. Louis, Missouri*

Ruminative thought processes are a common complaint of individuals with posttraumatic stress disorder (PTSD). In turn, PTSD symptoms (PTSS) and rumination contribute to decrements in health-related quality of life (HRQOL). The current study examined cross-sectional relationships PTSS, rumination, and HRQOL in a sample of 347 students from a large Midwestern university. Specifically, this study sought to examine the mediating role of four separate factors of rumination (i.e., problem-focused thoughts, counterfactual thinking, repetitive thoughts, and anticipatory thoughts) as they relate to PTSS and HRQOL. PTSS predicted global rumination ($b = 0.85, p < .001$) and HRQOL ($b = -0.78, p < .001$). The relationship between global rumination and HRQOL was significant ($b = -0.23, p < .001$). Global rumination was found to mediate the relationship between PTSS and HRQOL ($R^2 = .47, b = -.20, p < .001$). The counterfactual thinking component of rumination was the only specific mediator of the relationship between PTSS and HRQOL ($R^2 = .43, b = -.11, p < .001$), suggesting that PTSS impact HRQOL primarily through counterfactual thinking strategies. These results highlight the importance of modifying ineffective thought patterns in order to reduce PTSS and potentially improve associated reductions in HRQOL following trauma exposure. Clinical implications will be discussed.

LUN 278
Strike a Power Pose: The Physiological Effects of High and Low Power Poses on Traumatized Individuals
 (Abstract #852)

LUN 278 (Clin Res, Chronic, Clin Res, Cog/Int, Complex, Adult) I - Global

Fidelman, Jacqueline, Nieves, Nadia, Joachim, Brandon, Barzilai, Eran, Fortunato, Andrea, D'Andrea, Wendy
New School for Social Research, New York, New York

There has been a recent shift towards incorporating the body into therapy based on research that certain body poses affect physiology (Cuddy, 2010). However, there is little empirical research that has assessed the effects of power poses on trauma exposed individuals. The current studies attempt to broaden conceptions of subjective and physiological

responses to power poses by examining Respiratory Sinus Arrhythmia (RSA) and skin conductance (SCL) on participants with and without trauma. Study 1 establishes that visual presentation of power poses elicited perceived empowerment in participants ($r=.104$, $p=.035$). Study 2 shows that childhood trauma is related to 1) low perception of power ($r=-.466$, $p=.002$), 2) high dissociation ($r=-.352$, $p=.026$), and 3) more emotional numbing during low power poses ($r=.349$, $p=.029$). Among traumatized participants, SCL increased in the high-power positions compared to the low-power positions ($M_{diff}=1.511\mu S$, $p<.001$), and was accompanied by lower self-reported fear, $t(38)=2.41$ ($M_{diff}=1.077$, $p=.021$). Study 3 investigated whether idiographic high and low power poses could generate the same physiological effects. For high and low power pose conditions, RSA and SCL were significantly higher when participants created their own power poses than Cuddy's power poses ($M_{diff}=.259$, $p=.020$); ($M_{diff}=1.464$, $p=.000$); ($M_{diff}=.224$, $p=.010$); ($M_{diff}=5.021$, $p<.000$), respectively. These findings suggest that power poses can be a useful tool in treatment among trauma exposed individuals in providing an embodied sense of self-agency particularly when self directed.

LUN 279

Wall/Object Punching: An Important, but Underrecognized Form of Nonsuicidal Self-injury
(Abstract #524)

LUN 279 (Clin Res, Clin Res, Cog/Int, Prevent, Care, Adult) I - Industrialized

Kimbrel, Nathan¹, Hicks, Terrell², Thomas, Shaun³, Gross, Georgina⁴, Calhoun, Patrick⁵, Beckham, Jean⁶

¹*Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina*

²*Duke University Medical Center & Durham Veterans Affairs Medical Center, Durham, North Carolina*

³*Duke University & Durham VA Medical Centers, Durham, North Carolina*

⁴*Durham VA Medical Center, Durham, North Carolina*

⁵*Durham VA Medical Center, VISN 6 MIRECC, Duke University School of Medicine, Durham, North Carolina*

⁶Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina

Introduction: Nonsuicidal self-injury (NSSI) refers to the act of intentionally destroying one's own body tissue for nonsuicidal purposes that are not socially sanctioned. Much is currently unknown regarding the form, function, and functional outcomes of NSSI. Several recent studies demonstrate that a history of NSSI is more strongly associated with a history of suicide attempts than depression, anxiety, impulsivity, and borderline personality disorder, and may be a stronger prospective predictor of suicide attempts than prior history of suicide attempts. The objective of the present research was to investigate the construct validity of wall/object punching as a form of nonsuicidal self-injury among male and female veterans seeking treatment for PTSD.

Methods: Participants included 1,143 veterans seeking treatment for PTSD at the Durham Veterans Affairs (VA) Medical Center PTSD Clinic who were assessed for NSSI, combat exposure, and depression as part of the clinic's intake procedures. Approval to examine the clinical data obtained from the clinical intake procedure of the PTSD Clinic for research purposes was provided by the Durham VA Medical Center Institutional Review Board prior to data analysis. **Results:** Wall/object punching was remarkably common (43% rate of endorsement during the past two weeks) within this sample. Inclusion of wall/object punching in the definition of NSSI increased the estimate of veterans who had recently engaged in NSSI by 14% (i.e., from 50% to 64%). As expected, wall/object punching was robustly associated with traditional forms of NSSI as well as PTSD diagnosis and male sex. Wall/object punching was also strongly associated with post-NSSI episode relief. In fact, participants who engaged in wall/object punching-only during their most recent NSSI episode were significantly more likely to report post-NSSI episode relief than participants who had engaged in traditional forms of NSSI only. Wall/object punching was also the strongest overall predictor of suicidal ideation identified, outperforming age, gender, combat exposure, PTSD diagnosis, and recent engagement in traditional forms of NSSI. **Conclusions:** Support for the incremental validity of wall/object punching comes from our finding that wall/object punching was the strongest overall predictor of suicidal ideation identified, outperforming age, gender, combat exposure, PTSD diagnosis, and recent engagement in traditional forms of NSSI. Taken

together, these findings provide strong support for the construct validity of wall/object punching and indicate that more attention needs to be paid to this important, but underrecognized form of NSSI.

LUN 280

Anxiety Buffer Disruption: Effects of Existential Threat and Posttraumatic Stress on Self-Regard
(Abstract #947)

LUN 280 (Clin Res, Anx, Cog/Int, QoL, Theory, Adult) M - Industrialized

Lockett, McKenzie, Pyszczynski, Tom
University of Colorado at Colorado Springs, Colorado Springs, Colorado

Anxiety Buffer Disruption Theory (ABDT) posits that PTSD symptoms result from disruptions in the anxiety buffer, comprised of self-esteem, personal relationships, and cultural worldviews. Whereas most individuals show increased striving for these structures after mortality reminders (mortality salience; MS), ABDT research has shown that traumatized individuals do not increase investment in their cultural worldview after MS. Yet, little research has investigated how traumatic stress and MS interact to impact other aspects of the anxiety buffer, such as self-regard. Participants (N = 133) completed various questionnaires, including the Posttraumatic Stress Checklist (PCL), the MS manipulation (MS versus Control), and a self-regard measure. A regression analysis revealed an interaction between PTSD scores and MS on self-regard, $F(1,124) = 5.49$, $p = .02$, $r^2 = .04$. Whereas there was no relationship between PCL scores and self-regard in the control condition, there was a significant, negative relationship between PTSD scores and self-regard for those reminded of death ($b = -.47$, $p < .001$). These findings suggest that traumatized individuals do not defend against existential threats by increasing in self-regard after mortality reminders. Findings could be utilized to understand the mechanisms that contribute to negative views of oneself and help improve PTSD treatment techniques.

LUN 281

Examination of the Relation between Depression, Anxiety, PTSD and Behavioral Inhibition in those with Significant Trauma Histories
(Abstract #214)

LUN 281 (Clin Res, Anx, Cog/Int, Depr, Adult) M - Industrialized

Legrand, Alison, Allen, Holley, Mirhashem, Rebecca, Price, Matthew
University of Vermont, Burlington, Vermont

PTSD is associated with an impairment in the response to threatening stimuli. This inability to withhold a response is thought to reflect a broader deficit in impulsivity associated with PTSD. In contrast, work with those with depression has shown that depression may be associated with improved inhibition towards emotional stimuli. Much of this work, however, has focused on depression in those without a significant trauma history. It is unclear how trauma exposure may influence inhibitory processing associated with depression and PTSD. The present study hypothesized that among a trauma-exposed sample, greater depression, anxiety, and PTSD symptoms would be associated with poorer inhibition towards emotional stimuli relative to neutral stimuli. A sample of 73 trauma-exposed adults with PTSD (70%), and depression (40%) completed a behavioral task of inhibition, the stop-signal task. The task included three conditions - threatening faces, happy faces, and neutral faces. Results suggested that depression (PHQ9: $t(72) = 1.94$, $p = .05$, $d = .49$) and anxiety (BAI: $t(72) = 2.18$, $p = .03$, $d = .55$) were associated with improved inhibition towards emotional faces (angry, happy) relative to calm faces. PTSD symptoms, however, were unrelated to inhibition. These results suggest that depression and anxiety may be more strongly related to response inhibition than PTSD symptoms.

LUN 282

Treating the Hidden Barriers to Supported Employment using Integrated Cognitive Behavioral Therapy for PTSD

(Abstract #415)

LUN 282 (Clin Res, Acute, Assess Dx, Cog/Int, Adult) I - Industrialized

Lu, Weili

UMDNJ, Scotch Plains, New Jersey

Individuals with severe mental illness have unusually high rates of exposure to trauma. In addition, high rates of exposure to traumatic events are correlated with PTSD. Our research indicates that individuals with PTSD may have problems with obtaining and maintaining employment due to symptoms related to their trauma, such as flashbacks and nightmares. Our study proposes that untreated and undiagnosed PTSD is a hidden barrier to employment for persons with severe mental illness. Findings from our study illustrates how PTSD symptoms may negatively impact the supported employment process. Through the use of CBT techniques, we have been able to combat negative core beliefs individuals develop after experiencing a trauma so that they may have positive employment outcomes. We utilize relaxation techniques, psychoeducation, and cognitive restructuring in efforts to alleviate symptoms of PTSD.

LUN 283

PTSD Symptomatology and Intimate Partner Aggression: The Moderating Effects of Hostile Attributions and Alcohol Consumption

(Abstract #1247)

LUN 283 (Clin Res, Aggress, Cog/Int, DV, Sub/Abuse, Adult) M - Industrialized

Massa, Andrea, Eckhardt, Christopher

Purdue University, West Lafayette, Indiana

The link between PTSD symptoms and intimate partner aggression (IPA) perpetration has been well established in past research. However, clarification of potential moderators of this effect is necessary to determine critical intervention targets. Based on social information processing (SIP) and I³ theories, we examined the cumulative effect of PTSD

symptoms and two potential moderators (i.e., hostile attribution bias as an impeller and alcohol consumption as a disinhibitor) on IPA. We predicted that PTSD symptomatology would predict IPA more strongly for individuals high rather than low in hostile attribution bias and alcohol consumption. Participants included 172 undergraduates who completed self-report measures as part of a larger study of trauma and IPA. Analyses revealed a significant three-way interaction among PTSD symptomatology, hostile attributions, and alcohol consumption, such that the effect of PTSD symptoms on IPA was strongest among individuals with high levels of PTSD symptoms, hostile attributions, and alcohol consumption. These results replicate and extend past research and suggest that the cumulative effect of PTSD symptoms, SIP deficits (i.e., hostile attribution bias), and alcohol consumption may be more predictive of IPA than any one factor alone. These findings provide support for targeting SIP deficits and alcohol consumption in trauma-informed IPA interventions.

LUN 284

Facets of Trait Mindfulness by PTSD Cluster

(Abstract #1111)

LUN 284 (Clin Res, Cog/Int, Theory, Adult) M - Industrialized

Reffi, Anthony, Pinciotti, Caitlin, Darnell, Benjamin, Orcutt, Holly

Northern Illinois University, DeKalb, Illinois

Research suggests that mindfulness promotes acceptance of trauma-related thoughts, memories, and feelings, thereby reducing posttraumatic stress symptoms (PTSS). Nonetheless, there remains a need to identify the mechanisms by which mindfulness improves PTSS. Following ongoing data collection, the current study will examine the relationship between five facets of trait mindfulness (describing, observing, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience) and the DSM-5 symptom clusters of PTSD, controlling for emotion dysregulation, in a sample of approximately 224 undergraduate students at a large Midwestern university. It is hypothesized that nonjudging would be most strongly negatively related to the Avoidance cluster of PTSD, and strongly negatively related with the Negative Alterations in Cognition and Mood cluster. We

further hypothesized that nonreactivity would be most strongly negatively related to the Alterations in Arousal and Reactivity cluster, and strongly negatively related to the Intrusion cluster. Lastly, we expect describing to strongly negatively relate to the Alterations in Arousal and Reactivity cluster. No predictions were made regarding the observing or acting with awareness facets. Path analyses will be used to examine the relationship between trait mindfulness and PTSD symptom clusters while accounting for emotion dysregulation.

LUN 285

Multi-session Training of Attentional Bias Modification on Facial Emotions in Survivors with Interpersonal Traumas

(Abstract #1339)

LUN 285 (Clin Res, Cog/Int, Adult) M - N/A

Chen, Sue-Huei, Pan, Yuan-Chien
National Taiwan University, Taipei, Taiwan

Objective: Attentional bias for trauma-related materials has been evidenced as a potential maintaining factor for posttraumatic stress disorder (PTSD). Multi-session training of attentional bias modification (ABM) has also demonstrated to reduce attentional bias in high anxious individuals. The current study aimed to explore the utility of multi-session ABM using facial emotions for posttraumatic stress symptoms in interpersonal trauma survivors. **Methods:** Participants were physical or sexual assault survivors, randomly assigned to the ABM group (N = 21) and the control group (N = 22). Six sessions of attention training modified from dot-probe task with facial emotions were administered twice a week during three weeks. **Results:** A two-way ANOVA (Group × Time) was conducted to evaluate the efficacy of ABM. Results reveal that the ABM group showed decreased attentional bias for angry faces but no reduction for posttraumatic symptoms after training. **Conclusion:** The findings suggest of a link between interpersonal trauma and attentional bias for angry faces. Multi-session ABM training may be effective to reduce attentional bias, but not the long-term PTSD symptoms. Future researches to explore the potential efficacy of ABM for posttraumatic stress symptoms are urgently needed.

LUN 286

Correlates of Suicidality among U.S. Military Veterans with Histories of Posttraumatic Stress Disorder and Major Depressive Disorder: Results from the National Health and Resilience in Veterans Study

(Abstract #467)

LUN 286 (Clin Res, Depr, Adult) I - Industrialized

Kachadourian, Lorig, Harpaz-Rotem, Ilan, Southwick, Steven, Pietrzak, Robert
National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut

Suicide is a significant public health problem in U.S. military veterans. While posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are two of the most prevalent psychiatric disorders in Veterans and are associated with increased risk of suicide, little is known about risk and protective factors associated with suicidality in this population. We examined risk and resilience factors associated with current suicidal ideation (SI) and lifetime suicide attempt (SA) among 577 Veterans with histories of PTSD and/or MDD who participated in the National Health and Resilience in Veterans Study, which includes a nationally representative sample of U.S. veterans. Results revealed that 29% of Veterans with histories of PTSD and/or MDD reported SI and 28% reported SA. Hierarchical logistic regression analyses revealed that current depressive and PTSD symptoms were positively related to SI (odds ratio (OR) = 2.38 and 1.04, $p < .001$, respectively), while dispositional curiosity was negatively related to this outcome (OR = 0.68, $p < .01$). Greater cumulative trauma burden was associated with an increased likelihood of SA (OR=1.15, $p < .001$); while higher scores on a measure of protective psychosocial characteristics were negatively related to this outcome (OR= 0.61, $p < .001$). Results of this study underscore the burden of suicidality in Veterans with histories of PTSD and MDD, and suggest possible targets for prevention and intervention efforts.

LUN 287

Help-Seeking Intentions in a Community Sample of Veterans with Probable Need for Treatment
(Abstract #1301)

LUN 287 (Clin Res, Depr, Adult) M - Industrialized

Slagel, Brett, McCormick, Wesley, Carroll, Timothy, Sims, Brook, Currier, Joseph
University of South Alabama, Mobile, Alabama

Understanding help seeking behaviors of veterans who endorse psychological problems is of particular importance for providers. Despite hesitancy to seek mental health treatment, due to factors such as stigma or mistrust (Cornish et al., 2014), veterans reported higher rates of perceived need for treatment than non-veterans who screened positive for psychopathology (Fortney et al., 2016). Recent studies show that veterans are more likely than non-veterans to seek help from religious sources, and less likely to seek help from family or friends (Currier et al., 2016). This current study seeks to replicate and expand findings within a community sample of veterans. A total of 615 community veterans completed the Posttraumatic Checklist (PCL-C; Weathers et al., 1993), the Patient Health Questionnaire (PHQ-8; Kroenke & Spitzer, 2002) and the General Help Seeking Questionnaire (GHSQ; Wilson et al., 2005). The sample was split based on cut scores above ($n = 386$) and below ($n = 229$) clinical thresholds for PTSD and depression. A series of independent samples t-tests were calculated on each item of the GHSQ. Results indicated significant differences between veterans with and without probable need for treatment regarding their help seeking behaviors. Further implications will be discussed during presentation.

LUN 288

Impact of Posttraumatic Stress Symptom Dimensions on Psychophysiological Reactivity to Threat and Reward
(Abstract #1308)

LUN 288 (Clin Res, Anx, Bio Med, Depr, Adult) M - N/A

Lieberman, Lynne, Gorka, Stephanie, Shankman, Stewart, Phan, Luan

University of Illinois Chicago, Chicago, Illinois

Posttraumatic stress symptoms (PTSS) are associated with significant distress and impairment. Research has therefore focused on identifying neurobehavioral deficits that contribute to the pathophysiology of PTSS. One issue that has contributed to difficulty in identifying these deficits is the highly heterogeneous nature of PTSS. PTSS is comprised of four, factor analytically distinct dimensions of symptoms – re-experiencing, avoidance, hyperarousal, and negative cognitions and mood. It is therefore unlikely that there is one single mechanism that accounts for all of PTSS and elucidating neurobehavioral deficits associated with specific PTSS symptom dimensions may better inform clinical prevention and intervention efforts. Within the broader internalizing disorder literature, two key constructs that contribute to psychopathology are aberrant neural reactivity to threat and reward. However, the literature linking PTSS to these deficits is mixed, suggesting that aberrant neural reactivity to threat or reward may be specific to certain PTSS dimensions. In a sample of 51 trauma-exposed adults with a range PTSS, the present study therefore examined how the four dimensions of PTSS uniquely relate to two well-validated event-related potential (ERP) neural indices of threat and reward reactivity – the error-related negativity (ERN) and reward-related positivity (RewP), respectively. Results indicated that hyperarousal symptoms were associated with enhanced (more negative) ERN, $r = -.41$, $t(45) = -2.26$, $p < .05$, and enhanced RewP, $r = .56$, $t(45) = 3.32$, $p < .05$. In contrast, negative cognitions and mood symptoms were uniquely associated with a more blunted RewP, $r = -.53$, $t(45) = -2.68$, $p < .05$. These results indicate that certain PTSS symptom dimensions have unique relations with neural indicators of threat and reward reactivity and may therefore have distinct pathophysologies.

LUN 289

Heart Rate as a Predictor of Change in Trauma Coping Self-efficacy in an online Intervention
(Abstract #1509)

LUN 289 (Clin Res, Bio Med, Clin Res, Adult) I - Industrialized

Devane, Amanda, Shoji, Kotaro, Boulton, Terrance, Benight, Charles

**University of Colorado at Colorado Springs,
Colorado Springs, Colorado**

My Trauma Recovery is an online intervention consisting of six modules (e.g., relaxation, triggers). This study evaluated the effect on heart rate (HR) during the first session on changes in trauma coping self-efficacy (CSE-T) from baseline to the end of the second session. Seventy-four trauma exposed participants completed the first and second sessions with each session consisting of two modules: triggers and relaxation. Participants were randomly assigned to complete triggers first, then relaxation in the first session or relaxation first then triggers. The reverse order was used for session two. Electrocardiogram was measured throughout the sessions. An average HR per module was calculated for the first session by calculating the mean from HR per second during each module. Residual change scores were calculated between baseline CSE-T and CSE-T post-session 1 as

CSE-T. The model was significant with HR predicting CSE-T at $F(3,70) = 4.67, p < .01$. Results showed that greater HR during module 2 of session 1 significantly predicted lower CSE-T scores at the end of session 2, $r = -.54, t(73) = -3.62, p < .01$. This finding suggests that HR may be an objective predictor of changes in CSE-T over time.

LUN 290

Insecure Attachments and Traumatic Stress Responses

(Abstract #1049)

LUN 290 (Clin Res, Clin Res, Theory, Adult) I - Industrialized

Doolan, Emma, Bryant, Richard
University of New South Wales, Sydney, NSW, Australia

According to Bowlby's attachment theory, when faced with threat, individuals are motivated to seek actual or symbolic proximity to an attachment figure. This proximity enhances emotion regulation strategies that help the individual cope with stress. Attachment priming (e.g., presenting name of attachment figure) can also enhance emotion regulation strategies and reduce stress responses in the face of threat. Recent research suggests this effect is moderated by attachment style (i.e., secure and insecure attachment). Avoidantly attached individuals do not appear to activate their attachment system,

even when primed with attachment. Despite this finding, little research has examined the coping mechanisms of insecurely attached individuals. Using an experiential analysis technique, the proposed study aimed to investigate insecurely attached individuals' coping strategies when distressed, and their utilization of an attachment prime. Participants ($n=82$) were filmed whilst engaging in an attachment or neutral priming task, before watching a distressing film. At the conclusion of the film, participants viewed the video recording of themselves and subjectively commented on their experiences. Participants first spontaneously reported on their thoughts and feelings, before being asked specific questions. Data collection is currently being finalized. Results will be discussed with particular focus on understanding the coping mechanisms of insecurely attached individuals, and their capacity to manage traumatic stress.

LUN 291

Resettled Refugee Families' Needs, Strengths, and Challenges: A Qualitative Analysis of the Perspectives of Refugee Service Providers

(Abstract #1401)

LUN 291 (Clin Res, Cul Div, Fam/Int, Refugee, Adult) I - Industrialized

Guler, Jessy¹, Hambrick, Erin², Owen, Baylee¹, Vernberg, Eric¹

¹**University of Kansas, Lawrence, Kansas**

²**University of Missouri - Kansas City, Kansas City, Missouri**

This study examines the perspectives of refugee service providers relevant to the needs, strengths, and challenges experienced by refugee families resettled to the United States. Focus groups and interviews were conducted with 13 social workers, educators, medical professionals, and community leaders that provide services to refugees post-resettlement in a major Midwestern metropolitan city. Data were transcribed and analyzed using NVivo to assist in content analysis and the identification of emerging themes. Results indicated that refugee service providers view many refugee families as resilient despite their trauma histories of exposure to war, conflict, and life-threatening persecution. Refugee children were noted as frequently serving as bicultural liaisons and the embodiment of hope for their families upon resettlement. Refugees are

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

perceived to have heightened risk for depression, anxiety, chronic pain, and somatic complaints. Providers identified limited access to health services that are linguistically and culturally appropriate as a major challenge for refugee families. Service providers reported that refugee families often face serious challenges within their family systems. These often involve disruptions that interfere with multigenerational cohesion, social support processes, and traditional family structures and roles. Implications for alleviating systemic familial and mental health issues influencing the highly trauma-exposed resettled refugee community are discussed.

LUN 292
Investigating the Revised Reinforcement Sensitivity Theory and Distress Tolerance in a Trauma Sample
 (Abstract #1084)

LUN 292 (Clin Res, Clin Res, Bio/Int, Psych, Adult) I - N/A

Gustafson, Holly, Boykin, Derrecka, Orcutt, Holly Northern Illinois University, DeKalb, Illinois

Revised Reinforcement Sensitivity Theory (r-RST) posits that three neuropsychological systems regulate behavior – the Behavior Approach System (BAS) mediates reactions to appetitive stimuli; the Behavior Inhibition System (BIS) mediates anxiety and resolves goal conflict; the Fight/Flight/Freezing System (FFFS) mediates fear and reactions to aversive stimuli (Corr, 2008). A neurobehavioral model of distress tolerance (DT), the ability to withstand negative psychological states, states that DT is a result of behavioral inhibition and mediation of response to reward opportunities (Trafton & Gifford, 2011). Both r-RST and DT are associated with maladaptive coping methods, such as alcohol misuse (Keough & Connor, 2014; Shipley, 2014); however, DT has not been examined relative to the r-RST framework. The current study examined the interaction between DT and r-RST in a trauma-exposed adult sample (N = 631). Results showed a significant 3-way interaction between BIS, BAS, and trauma exposure on DT ($t = -3.06$, $p = .002$), such that decreases in BIS were related to decreases in DT at higher levels of BAS for individuals reporting more trauma exposure. Findings are consistent with the joint subsystems hypothesis (Corr, 2002) and have implications for better understanding the DT-

alcohol misuse link as it pertains to BAS-mediated behaviors among trauma survivors.

LUN 293
The Potential Benefits of Targeting Self-Compassion to Enhance College-Based Interventions for Trauma Survivors with Problematic Alcohol Use
 (Abstract #904)

LUN 293 (Clin Res, Sub/Abuse, Adult) I - Industrialized

Himmerich, Sara, Boykin, Derrecka, Orcutt, Holly Northern Illinois University, DeKalb, Illinois

Young adults who have experienced a traumatic event use alcohol at high rates to regulate negative affect (Brady, Back, & Coffey, 2004; Ham & Hope, 2003; Kaysen et al., 2007). This is particularly evident for young women, as research suggests that women experience more aversive outcomes (e.g. sexual assault) secondary to excessive alcohol consumption than men (Messman-Moore, Ward, & Brown, 2009). Current intervention programs for those with co-occurring posttraumatic stress symptoms (PTSS) and alcohol use are limited in their effectiveness, but may be improved by incorporating principles related to self-compassion, such as increasing self-efficacy, adaptive coping, and emotional awareness. The present study examined interrelationships among self-compassion, PTSS, alcohol to reduce negative affect (ARNA), and alcohol-related consequences in college women with varying levels of trauma exposure (N = 184). ARNA mediated the relationship between self-compassion and alcohol-related problems for trauma-exposed college women ($B = -.11$, 95% CIs [-0.186, -0.040]). Additionally, higher self-compassion was indirectly related to fewer alcohol-related problems through low ARNA ($B = .02$, $p = .001$, 95% CIs [0.008, 0.028]). In light of these findings, the effectiveness of college-based drinking intervention programs may be enhanced for trauma-exposed college students by implementing self-compassion skills training.

LUN 294

A Randomized Trial at the Spine Center of Southern Denmark: Low Back Pain and Post Traumatic Stress. Physiotherapy with or without Psychotherapeutic Interventions
(Abstract #631)

LUN 294 (Clin Res, Acc/Inj, Adult) M - Industrialized

Manniche, Claus, Ellegaard, Hanne, Schiøttz-Christensen, Berit, Andersen, Tonny
University Of Southern Denmark, Middelfart, Denmark

Background and aims: Patients with back pain often demonstrate symptoms of Post Traumatic Stress Disorder (PTSD) following unpleasant incidents such as traffic accidents or violence, measured by the Harvard Trauma Questionnaire Scale (HTQ). Moreover, PTSD and pain may maintain each other. In this study chronic low back pain (LBP) patients are randomized to treatment including physiotherapy with or without Psychotherapy. **Methods:** Consecutive patients with LBP referred to the Spine Center are screened for clinical or subclinical PTSD within last decade. 130 patients who meet the inclusion criteria are randomized to 4-8 physiotherapy sessions or to physiotherapy plus 6-12 psychotherapeutic sessions, based on the shock-trauma method Somatic Experiencing. The inclusion criteria are 18-65 years, clinical or subclinical PTSD, pain > 4/10 scale, and having experienced a traumatic event within the last ten years. Effect parameters are: pain, daily function, EuroQOL and Harvard Trauma Questionnaire, HADS and Tampa Scale on entry, and at 6 and 12 months. **Results and conclusion:** The inclusion of patients in the project takes place April 2016 – May 2017. Preliminary data will be available summer 2017. We expect that most patients will suffer from chronic LBP, and that physical, psychological and social factors will be involved.

LUN 295

Shame and Guilt Aversion Predicts PTSD Symptoms
(Abstract #1345)

LUN 295 (Clin Res, Clin Res, Dev/Int, Adult) I - N/A

Schoenleber, Michelle¹, Mu, Wenting², Berenbaum, Howard³

¹University of Mississippi Medical Center, Jackson, Mississippi

²University of Illinois at Urbana-Champaign, Champaign, Illinois

³University of Illinois, Champaign, Illinois

Evidence suggests shame and guilt play an important role in the maintenance of PTSD symptoms (e.g., Budden, 2009; Kubany et al., 1995). However, existing research has exclusively focused on only one aspect of these two emotions, namely, the proneness to experience shame or guilt. The current study examined the role of another important aspect of shame and guilt in PTSD psychopathology. That is, shame aversion and guilt aversion, a tendency to perceive shame or guilt as particularly painful and undesirable (check grammar). Participants were 230 undergraduate students who had experienced trauma (M age = 19.52; SD age = 1.27, 58% female). Bivariate correlations revealed shame proneness, shame aversion, guilt aversion were all positively associated with PTSD symptoms ($r = .38, .42, .16$, p 's < 0.05). Guilt proneness, however, was not significantly associated with PTSD symptoms ($r = -.08$, $p = .23$). Next we conducted hierarchical regression analysis, entering in the following order: (1) shame proneness, (2) shame aversion, to examine whether shame aversion predicted PTSD above and beyond shame proneness. It was found, even controlling for shame proneness, shame aversion was still a significant predictor for PTSD symptoms ($b = .33$, $p < 0.01$). The findings of the current study indicate that both shame aversion and guilt aversion are relevant for understanding PTSD over and above the proneness to experience shame and guilt. The findings raise the possibility that interventions targeting PTSD psychopathology may be enhanced by including approaches for altering levels of shame and guilt aversion.

LATE BREAKING POSTERS

LUN 296

Anxiety Sensitivity Cognitive Concerns as a Mediator between Child Maltreatment Severity and Adult PTSD Symptoms

(Abstract #1565)

Poster #LUN 296 (Clin Res, Anx, CPA, CSA, Sub/Abuse, Adult) M - Industrialized

Wilson, Laura

University of Mary Washington, Fredericksburg, Virginia

Although the rate of PTSD among child maltreatment survivors is high, individuals differ in the severity of their symptoms and many survivors do not experience clinically significant levels of psychopathology. The aim of the present study was to test whether anxiety sensitivity cognitive concerns mediated the relationship between child maltreatment severity and adult PTSD symptoms. Additionally, it was hypothesized that this model would be specific to PTSD symptoms, and not be supported for the other forms of psychological difficulties examined (i.e., suicidal ideations, alcohol dependence). A sample of 382 male and female participants (mean age of 23.15 years, SD = 8.93) completed measures of child abuse and neglect, anxiety sensitivity, PTSD symptoms, suicidal ideations, and alcohol dependence through an online survey. The results supported both hypotheses by demonstrating that anxiety sensitivity cognitive concerns mediated the relationship between child maltreatment and PTSD symptoms, but was not a significant mediator when suicidal ideations or alcohol dependence were examined. These findings contribute to the field's understanding of the underlying mechanisms driving the robust relationship between child maltreatment and adult PTSD symptoms, and can be used to inform mechanisms of change in psychotherapy.

LUN 297

Differential Relationships among Dynamic Meaning in Life, Reasons for Living, Suicide Ideation, and PTSD in the Recovery Process from Elevated Suicide Risk

(Abstract #1579)

Poster #LUN 297 (Clin Res, Affect/Int, Cog/Int, Comm/Int, Theory, Adult) A - Industrialized

Sinclair, Sungchoon, Bryan, AnnaBelle, Bryan, Craig

National Center for Veterans Studies and University of Utah, Salt Lake City, Utah

The current study tested the working self-regulation of motivation system (SRMS) model to examine how the presence of meaning in life (PMIL), search for meaning in life (SMIL), reasons for living (FS: fear of suicide; FSD: fear of social disapproval; MO: moral objections; RF: responsibility to family; SCB: survival and coping beliefs), suicide ideation (SI), and post-traumatic stress disorder (PTSD) changed simultaneously over time. The SRMS model is based on a synthesis of fluid vulnerability theory (FVT), the self-regulation of motivation model (SRM), within the framework of dynamical systems theory (DST). We used a Repeated Measure of Actor-Partner Interdependence Model to test recursive changes among the self-report variables measured at three time points (baseline, 1-month, and 3-month follow-up). A total of 97 U.S. service members and veterans (78% male; 22% Caucasian; mean age = 26.1 y) were randomly assigned to one of two conditions: treatment as usual (TAU) and crisis response plan (CRP). The results indicate that each variable significantly and negatively predicted its change. In TAU, PTSD showed resistance to PMIL, MO, RF, and SCB to SI, and collaborative relationships with SI. In CRP, PTSD showed simultaneous resistance to SCB, while SCB was resistant to SI and SI was collaborative with PTSD. Hence, by the 3-month follow-up, the SRMS is dynamic in CRP but not TAU.

LUN 298

Sexual Shame Drives the Development of Sexual Dysfunction among Women with Histories of Childhood Sexual Abuse

(Abstract #1590)

Poster #LUN 298 (Clin Res, Affect/Int, CSA, Rape, Gender, Adult) M - Industrialized

Pulverman, Carey, Meston, Cindy

University of Texas at Austin, Austin, Texas

Women with histories of childhood sexual abuse (CSA) have a greater risk of sexual dysfunction than non-abused women. Although low desire is most commonly reported by women in general, for women with CSA histories problems both desire and arousal are equally prevalent. The differences in sexual health between women with and without CSA histories suggest that the sexual problems of women with CSA histories may develop via unique pathways from the sexual problems of their non-abused peers. The aim of this study was to identify mechanisms underlying the relationship between a history of CSA and sexual dysfunction in adulthood. Several candidate mechanisms, including sexual shame, appraisal of genital arousal, dissociation, attachment style, and body image were examined. Participants were 63 women with abuse histories and 57 non-abused women. Participants completed a single laboratory session in which they viewed an erotic film and completed questionnaires on candidate mechanisms. Sexual shame mediated the relationship between CSA history and sexual function, and explained this relationship better than any of the other mechanisms or combinations of mechanisms. Findings support the notion that the development of sexual dysfunction is unique for women with abuse histories, and that sexual shame may serve as a potential treatment target to improve the sexual health of this population

LUN 299

Understanding Quality of Life Impairments in Prolonged Grief Disorder: A Complex Network Approach

(Abstract #1596)

Poster #LUN 299 (Clin Res, Death, Health, QoL, Adult) I - Industrialized

Maccallum, Fiona, Bryant, Richard

The University of New South Wales, Sydney, NSW, Australia

Prolonged grief disorder (PGD) is a potentially debilitating consequence of bereavement experienced by 7-10% of bereaved individuals. PGD is independently associated with elevated risk for a variety of negative mental and physical health conditions. To date, however, there is little understanding of how individual symptoms interact to produce impairments. Complex network analysis is an innovative statistical approach that has been productively applied to examine how individual symptoms of psychopathology influence and reinforce each other. In this study, we extend this methodology to examine the relationship between PGD symptoms and quality of life (QoL) impairments. Method: Data from 211 bereaved individuals was used to construct complex networks comprised of PGD symptoms and facets of QoL. Results: PGD symptoms of meaninglessness, role confusion, trust difficulties, and bitterness were differentially related to deficits in psychological, social, and environmental QoL. Conclusions: This is the first study to use network analysis to explore dysfunction associated with PGD. Our results are consistent with theoretical models that highlight the importance of self-identity and loss of meaning in PGD. By elucidating pathways of dysfunction, these findings offer clinical implications to help improve outcomes for this vulnerable population.

LUN 300

Development of the Impact of Event Scale-8 (IES-8): A Study in Serious Mental Illness

(Abstract #1605)

Poster #LUN 300 (Clin Res, Assess Dx, Clinical Practice, Illness, Adult) M - Industrialized

Liberto, Alexis¹, Pimperl, John¹, Buchanan, Erin², Deal, William², Schulenberg, Stefan¹

¹University of Mississippi, University, Mississippi

²Missouri State University, Springfield, Missouri

This study originally sought to replicate the findings of Thoresen et al.'s (2010) development of the Impact of Events Scale-6 (IES-6), a six-item abbreviated measure of the Impact of Event Scale-Revised (IES-R). The IES-R measures symptoms of posttraumatic stress based on the posttraumatic stress

disorder (PTSD) diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR). An alternative, eight-item measure (IES-8) in accordance with the updated PTSD diagnostic criterion was ultimately proposed. This contained two items per subscale of hyperarousal, physical avoidance, altered mood and cognitions, and intrusion. Fifty participants diagnosed with serious mental illness (SMI) participated in the current study. Following the method used by Thoresen et al. (2010), forward stepwise regression using first two items with the strongest predictability were retained for each of the four criteria. Our results did not render items seen in IES-6 model. Instead, our results suggested a new eight-item model of the IES-R to account for the DSM-5's PTSD diagnostic criteria. Individuals interested in using an IES-R short form, either Thoresen's et al.'s (2010) established IES-6 or the updated IES-8, in research or practice should proceed with due caution as any short form is likely to vary significantly by population.

LUN 301

Predicting Sleep Disturbances after Trauma through Racial and Socioeconomic Disparities

(Abstract #1609)

Poster #LUN 301 (Clin Res, Acc/Inj, Acute, Ethnic, Sleep, Adult) I - Global

Roden-Foreman, Jacob¹, *Dome, Mackenzie¹, Shelley, Jordin¹, Marshall, Grant², Troxel, Wendy², Powers, Mark¹*

¹*Baylor University Medical Center, Dallas, Texas*

²*RAND, Santa Monica, California*

OBJECTIVE: Sleep is key to patient outcomes, yet there is little research on sleep quality determinants after trauma. We examined how socioeconomic status (SES), demographics—known to affect sleep in patients—and etiology of injury affect sleep disturbance 12 months post-trauma. **METHOD:** A cohort of 234 trauma patients at level I trauma center were analyzed using 3 binary logistic regression models to predict nightmares or sleep disturbance 12 months post-trauma. Model 1 used racial-ethnic group, Model 2 used annual income bracket, and Model 3 used both. All models controlled for age, gender, and injury by assault. **RESULT:** Non-Hispanic-non-White patients were twice as likely as non-Hispanic-White patients to have nightmares

(Model 1; McFadden R²=6.5%; OR=2.00; 95% CI=1.03-3.71; p=.041). The <\$25,000 income bracket had the highest odds of nightmares (Model 2; R²=8.3%; ORs=0.27-0.39, ps=.001-.044). In Model 3 (R²=10.1%), only income predicted nightmares. Income independently explained 4.1% of variance while racial-ethnic group only explained 2.3%. Similar results were found for sleep disturbances. **CONCLUSION:** Sleep disturbance disparities after trauma may not primarily be due to race, but low SES is associated with sleep disturbance, which shows the need for finding and addressing the social determinants of disparities after trauma.

LUN 302

Study Protocol: CoachPTBS, German Self-Management Mobile App after Traumatic Events, in the Context of Longitudinal Assessment of PTSD Symptomatology and Individual Coping Strategies

(Abstract #1616)

Poster #LUN 302 (Clin Res, Affect/Int, Cog/Int, Media, Tech, Adult) M - Industrialized

Schellong, Julia¹, *Lorenz, Patrick¹, Schindler, Lena¹, Steudte-Schmiedgen, Susann², Kirschbaum, Clemens¹, Weidner, Kerstin¹*

¹*Technical University Dresden, Dresden, Germany*

²*University of Dresden, Dresden, Germany*

Background. Individual coping strategies influence symptom pathogenesis of Posttraumatic Stress Disorder (PTSD). An additional coping mechanism can be using mobile apps, such as CoachPTBS. It was created to facilitate transition into health care systems after trauma. Alongside psychoeducation, CoachPTBS offers self-management tools to bridge waiting periods and accompany therapy. Main aim is to explore patients' inter- and intra-individual symptom severity variability in association with coping strategies learned from CoachPTBS. The app's usability and patient benefit corresponding to will cortisol levels be tested. Methods. 80 participants waiting for PTSD psychotherapy are tested. After in-situ assessment and hair sample collection, 40 will receive CoachPTBS. During 4 weeks of daily app using, they will learn about PTSD and coping. 40 additional patients in a waitlist condition will be the control group. They will complete questionnaires on symptoms and individual coping daily. After 2 and 4 weeks, online surveys will be filled out. After 6

weeks, a final interview and another hair sample collection will be done. Discussion. Results will help optimizing apps to needs of PTSD patients and further explore benefits of mHealth tools. This study combines longitudinal ambulatory, biomarkers, and symptom coping research in PTSD. Insights into the pathogenesis of PTSD are expected.

LUN 304

Modes of Processing Traumatic Experiences: Self Compassion Buffers Feelings of Guilt

(Abstract #1624)

Poster #LUN 304 (Clin Res, Chronic, Clin Res, Clinical Practice, Adult) I - Industrialized

*Valdez, Christine, Kalantar, Emily, **Lemus, Christina**, Hebert, Chelsey, **Whitney, Kendall**, Conen, Katrina*
California State University Monterey Bay, Seaside, California

Self-compassion (SC) entails being kind toward oneself when in pain and holding painful experiences in mindful awareness. SC has been associated with positive mental health. We examined effects of SC on trauma processing outcomes. One week after completing the SC Scale, 63 victimized women were randomly assigned to 1 of 3 processing mode induction conditions: “analytic” (brooding), “concrete” (mindful experiencing), or control. Following induction, women completed a trauma-specific perseverative-thinking interview to process their trauma. Before induction (T1) and after the interview (T2), women completed a measure of affective guilt. Guilt increased from T1 to T2 ($p=.009$); SC was negatively related to increases in guilt ($p=.004$). Processing conditions moderated the relation between SC and increases in guilt ($p<.001$); there was no relation between SC and guilt among the concrete condition ($p=.332$); a negative relation among the analytic condition ($p=.03$); and a negative trend among controls ($p=.06$). Components of SC, including self-kindness ($p=.016$), common humanity ($p=.077$), and mindfulness ($p=.006$) were related to increases in guilt at T2. Results suggest SC can buffer feelings of guilt, especially in those who process their trauma concretely compared to those who process their trauma analytically. Implications for research, theory, and practice will be discussed.

LUN 306

Cumulative Trauma, Emotion Reactivity and Salivary Cytokine Reactivity among Exceptionally Healthy Women

(Abstract #1628)

Poster #LUN 306 (Clin Res, Chronic, Adult) M - Industrialized

Szabo, Yvette¹, Fernandez-Botran, Rafael², Newton, Tamara²

¹VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas

²University Of Louisville, Louisville, Kentucky

To further understand how trauma leads to poor health, this study examined whether cumulative trauma and emotion reactivity contribute to stress-reactivity of pro- (IL-1B) and anti-inflammatory (IL-10) salivary cytokines. Seventy-one women, screened to be physically and mentally healthy, completed an acute stress paradigm and self-report measures of state emotion and trauma exposure. Participants were primarily White, with a mean age of 23 and a mean of five trauma exposures. Saliva samples were taken 10 min before and 35 min after a 10-min psychosocial stressor. State negative and positive emotion were measured at baseline and post-stress. Contrary to hypotheses, cumulative trauma was not associated with changes in salivary IL-1, IL-10 or IL1 /IL10 or changes in emotion, though a marginal relationship between direct trauma exposure and lower IL-10 was observed ($r = -.23, p = .05$). Declines in positive emotion correlated with increases in IL-1 ($r = -.23, p < .05$). Considering this sample was healthy despite high levels of trauma exposure, results suggest resilience may be characterized by tight regulation of cytokines in the context of stress. Future research should consider pathways for this resilience, as well as consider how trauma and emotion are measured. This study adds to the body of inquiry examining how trauma may connect to cytokines, and ultimately, poor health.

LUN 307

Traumatic Memories in Childbirth-related Posttraumatic Stress Syndrome: An International Sample

(Abstract #1633)

Poster #LUN 307 (Clin Res, Clin Res, Cul Div, Global, Gender, Adult) M - Global

Dishy, Gabriella¹, Stuebe, Caren¹, Tocatly, Karen¹, Rodgers, Allison¹, Hennig, Shannon², Dekel, Sharon³
¹*Massachusetts General Hospital, Charlestown, Massachusetts*

²*Postpartum Progress, Alpharetta, Georgia*

³*Massachusetts General Hospital, Harvard Medical School, Charlestown, Massachusetts*

Childbirth is a complex event and, for some mothers, a period of psychological vulnerability. The notion that a significant minority of women can experience posttraumatic stress disorder (PTSD) induced by childbirth following routine deliveries has recently received empirical scrutiny. Trauma memory has a central role in PTSD etiology and maintenance. Yet, the nature of childbirth memory in relation to postpartum (PP)-PTSD is largely unknown. We studied an international sample of 840 women from North America, Europe, Oceania, the Middle East, Asia and Africa. The majority had at-term, healthy deliveries and were assessed within 3 months after parturition. A multi-method approach integrating standardized questionnaires and a free recall paradigm was applied to assess childbirth memories. Participants' childbirth recollections and their own rating of the memory were related to PP-PTSD symptom severity. Importantly, childbirth recollection in PP-PTSD resembled, for the most part, known trauma memory characteristics associated with PTSD following other traumatic events. The findings underscore that childbirth can be stressful enough to trigger an enduring traumatic memory, and that the memory may be a valid tool to assess posttraumatic stress responses. PP-PTSD provides an opportunity to study women prospectively. This model can offer new insights into trauma memory in PTSD

LUN 308

Health Behaviors in Military Veterans with and without Posttraumatic Stress Disorder

(Abstract #1634)

Poster #LUN 308 (Clin Res, Health, Sub/Abuse, Mil/Vets, Adult) I - N/A

Kitsmiller, Emily, Neer, Sandra, Gramlich, Michael, Munyan, Benson, Bowers, Clint, Beidel, Deborah
University of Central Florida, Orlando, Florida

A link between posttraumatic stress disorder and health behaviors, such as exercise, alcohol, smoking, and caffeine has been suggested. However, it is unknown whether veterans with combat-related PTSD differ from combat veterans without PTSD and whether health behaviors change over the course of exposure therapy for PTSD or differ based on PTSD severity. This study examined the relationship between health behaviors and PTSD. More specifically, combat veterans with and without PTSD were compared across self-reported levels of alcohol use, smoking, exercise, and caffeine. Health behaviors of combat veterans with PTSD were compared before and after 17 weeks of treatment for PTSD. Results showed a significant number of participants decreased alcohol use post-treatment by an average of eight drinks over 30 days, regardless of their PTSD severity level or amount of improvement in PTSD symptoms. No significant differences were found for other health behaviors.

LUN 309

PTSD, Shame, Thought Suppression, and Dissociation as Predictors of Alexithymia among Survivors of Lifetime Sexual Violence

(Abstract #1638)

Poster #LUN 309 (Clin Res, Affect/Int, Chronic, Rape, Adult) I - Industrialized

Woods, Hannah, Eshelman, Lee, Messman-Moore, Terri
Miami University, Oxford, Ohio

Among sexual violence survivors, increased posttraumatic stress disorder (PTSD) symptoms are associated with psychological impairments, such as heightened shame, thought suppression, and dissociation (Marx & Sloan, 2005). PTSD is

associated with alexithymia, or difficulty identifying and describing emotions (Badura, 2003). However, it is unclear if other psychological impairments predict alexithymia beyond the effects of PTSD. The current study examined PTSD symptoms, shame, thought suppression, and dissociation as predictors of the Toronto Alexithymia Scale subscales: difficulty describing feelings, difficulty identifying feelings, and externally-oriented thinking. In separate multiple linear regressions, PTSD symptoms was entered as a predictor in Step 1; dissociation, shame, and thought suppression were entered in Step 2. PTSD was the only significant predictor of difficulty describing feelings. When predicting difficulty identifying feelings, PTSD was significant in Step 1 but was no longer significant in Step 2 when dissociation emerged as the only significant predictor. No significant predictors of externally-oriented thinking emerged. Results suggest that after controlling for PTSD symptoms, dissociation is the only trauma-related factor that accounts for difficulty in identifying feelings, whereas other aspects of alexithymia are best predicted by PTSD symptoms.

LUN 310

Child Trauma Disrupts Hippocampus-dependent Associative Learning in the Presence of Threat
(Abstract #1626)

Poster #LUN 310 (Clin Res, CPA, Cog/Int, Bio/Int, Neuro, Child/Adol) A - Industrialized

Lambert, Hilary¹, *Peeverill, Matthew¹, Sambrook, Kelly¹, Rosen, Maya¹, Sheridan, Margaret², McLaughlin, Katie¹*

¹*University of Washington, Seattle, Washington*

²*Harvard Medical School/Children's Hospital Boston, Boston, Massachusetts*

Children exposed to trauma have heightened attention to threat. This may interfere with other forms of information processing in the presence of threat cues. Little research exists on this topic. We examined associative learning with and without threat present in children with and without trauma exposure. Children (n=60; 8-19 years, 24 violence-exposed) completed a Paired Associates Learning task. During fMRI scanning, participants learned face-object pairs; faces were neutral, happy, or angry. Outside the scanner, participants completed a memory test for face-object pairs. Associative learning recruited the hippocampus; greater

hippocampal volume and activation predicted better associative memory. Violence-exposed children had poor memory and reduced hippocampal activation during learning, particularly when the pair involved an angry face. Trauma appears to disrupt hippocampus-dependent associative learning when threat is present. Attentional narrowing on threat cues at the expense of processing non-threatening information may explain this specific pattern. An inability to process and integrate information present during a traumatic event may contribute to overgeneralized trauma memories, generalization of fear to cues resembling those present during the trauma, hyperarousal to trauma cues in safe contexts, and re-experiencing aspects of the trauma at other times and places.

LUN 311

Child Sexual Abuse is Associated with Attentional Bias for Normative Sexual Stimuli among Young Adolescents
(Abstract #1673)

Poster #LUN 311 (Clin Res, CSA, Complex, Dev/Int, Child/Adol) I - Industrialized

Pittman, Jami, Simon, Valerie
Wayne State University, Detroit, Michigan

Child sexual abuse (CSA), one of many forms of interpersonal violence (IPV) children and adolescents may be exposed, is highly prevalent and associated with many negative psychosocial outcomes. One mechanism by which CSA leads to maladjustment may be its association to attentional bias for sexual-threat stimuli. Using a Dot Probe task, the present study examined whether CSA was associated with early adolescents' attentional bias for age-normative (vs. threat-specific) sexual words. We also examine whether positive close relationships, assessed using the Network of Relationships Inventory (Buhrmester & Furman, 2008) with caregivers and friends mitigate these associations. Participants (N=93; Mage 12.47; 18% CSA) and their primary caregivers (90% mothers) individually endorsed lifetime exposure to interpersonal violence (IPV) including child maltreatment (physical, emotional, sexual), domestic violence, community violence, and peer victimization. History of CSA predicted attentional bias away from age-normative sexual words even after accounting for cumulative history of IPV exposure. Only CSA, and not exposure to other

specific forms of IPV, was related to sex bias. Positive relationship quality with caregivers and close friends did not moderate the relations between history of CSA and attentional bias. Implications for our findings are further discussed.

LUN 312

Do Elder-Youth Dialogues Help Restore Life Purpose and Hope in Post-conflict Societies?
(Abstract #1573)

Poster #LUN 312 (Clin Res, Commun, Fam/Int, Surv/Hist, Intergen, Lifespan) M - E & S Africa

Pasick, Patricia¹, Wallace, David²

¹*Private Practice, Ann Arbor, Michigan*

²*University of Michigan, Ann Arbor, Michigan*

The psychological aftermath of genocide is traumatic for survivors, but the effects may also be the intergenerational transmission of emotional difficulties and developmental problems for the next generation. Can silences from elders about the past be breached by intergenerational dialogues to help heal youths struggling for identity and life purpose? Can audio recordings of the dialogues archived for wider use extend the benefits? Is secondary trauma from storytelling about a violent past minimized by a narrative approach? We designed a single intervention employing narrative theory. Ninety-nine (99) elder-youth pairs participated, in three Rwandan Districts, without regard to ethnicity. Mixed-methods evaluation was conducted post 6-12 months using questionnaire and grounded theory. We conclude that dialoging with a trusted elder about Rwanda's past was very beneficial to healing, isolation, feeling accepted into adulthood, new and positive sightlines for the future, community engagement, critical thinking, and reconciliation, and the process is not traumatizing. Recorded dialogues were shared spontaneously and widely, and galvanized participants beyond the intervention.

LUN 313

Integrating Theory and Therapy to Treat Trauma: Clinical Implications of Research on Post-traumatic Reflections and Responses
(Abstract #1585)

Poster #LUN 313 (Clin Res, Fam/Int, Surv/Hist, Intergen, Lifespan) M - Industrialized

Kliger, Hannah

Penn State University, Abington, Pennsylvania

Recent research suggests that the capacity for transforming trauma may depend on the capacity to recognize the personal teachings that are embedded in the process of sharing stories of trauma. How individuals and families use memories to weave a narrative of resilience that forms the foundation of meaning has been explored by the Transcending Trauma Project, a research team studying the intergenerational transmission of Holocaust testimony. Based on this research using directive questions clinically to uncover and utilize pivotal narratives is discussed in this presentation. A deliberate focus on stories that resound through the generations has been shown to help individuals who seem unable to move beyond their current relational stance at home, in the workplace, and in the therapy room. Case studies illustrate a therapeutic approach using the pivotal narrative process to help individuals recognize new strengths in themselves, as lessons learned from trauma testimonies become a gateway to uncovering key identity markers that shape their decisions, even when these influences remain below the surface or are as yet unrecognized. This research-informed intervention of marshaling and mobilizing testimony is a useful strategy for pointing to the resilience and agency of those seeking a different, more hopeful future.

LUN 314

Psychometric Properties of the PCL-5 in a Sample of Older, Minority Adults
(Abstract #1678)

Poster #LUN 314 (Clin Res, Assess Dx, Cul Div, Aging, Older) M - Industrialized

Keegan, Fallon¹, Stanley, Melinda², Barrera, Terri³, Bush Amspoker, Amber¹

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

¹**Michael E. DeBakey** VA Medical Center; Baylor College of Medicine, Houston, Texas

²**MEDVAMC**, Houston, Texas

³**Baylor College of Medicine**, Houston, Texas

The Posttraumatic Stress Disorder Checklist (PCL) is a widely used self-report measure of PTSD symptoms with sound psychometric properties in samples of adults and adolescents. However, while older adults are more likely than younger adults to experience partial or chronic PTSD, report different traumatic events, and experience more prominent hyperarousal symptoms, the DSM-5 correspondent version of the PCL-5 has not been validated in older adult or minority populations. Psychometric properties of the PCL-5 were examined in a sample of urban-dwelling, majority African-American, older adults (n=134) who screened for significant worry. Sixty-six percent of subjects reported experiencing a traumatic event. PCL-5 overall scores exhibited strong internal consistency ($\alpha=.93$). The measure demonstrated strong convergent ($r_s=.42-.71$) validity with measures of anxiety, worry, and depression and strong discriminant ($r=-.19$) validity with a measure of physical health-related functioning. Factor analysis of the PCL-5's structural validity is ongoing. As such, the PCL-5 has strong psychometric properties and is fit for use in older, minority adults.

LUN 315

PROSPER Prediction and Outcome Study in Comorbid PTSD and Personality Disorders: DESIGN of the Prediction Study

(Abstract #1679)

Poster #LUN 315 (Clin Res, Chronic, Clin Res, Bio/Int, Neuro, Adult) A - Industrialized

Thomaes, Kathleen¹, Aarts, Inga², Vriend, Chris³, Eikelenboom, Merijn³, Beekman, Aartjan T.F.³, van den Heuvel, Odile A³

¹**VU University Medical Center, Sinai Center, The Netherlands**

²**VU University, Sinai Center, The Netherlands**

³**VU University Medical Center, Amsterdam, The Netherlands**

Background: Posttraumatic stress disorder (PTSD) is highly comorbid with personality disorders (PD). It is not clear yet what treatment works best for those patients: PTSD or integrated PTSD-PD treatments. So far, certain psychological, hormonal, epigenetic,

and neurobiological factors have been found to be associated with treatment outcome. These candidate predictors are found on a group level only. By using machine-learning techniques we might use these candidate predictors on an individual level to guide treatment choice. **Objective:** To investigate predictors of treatment outcome in two RCTs comparing PTSD versus integrated PTSD-PD treatment (PROSPER). Study design: In all RCT patients (320) psychological, hormonal and epigenetic predictors are measured. In a subgroup of patients (80), next to 40 healthy controls, additional MRI research will be performed before and after treatment. We use machine-learning models for prediction analyses. **Main study parameters/endpoints:** Primary outcome measure is PTSD symptom severity (CAPS-5) after 12 months. At baseline, candidate predictors are cognitive, affective, relational factors, and hormonal, epigenetic factors (5-HTTLPR, BDNF, cortisol/FKBP5-methylation, oxytocin/OXTR). In a subgroup, we use structural and functional MRI, with resting-state, an emotion processing (face recognition) and a cognitive interference (stop/signal) task.

LUN 316

PROSPER Prediction and Outcome Study in Comorbid PTSD and Personality Disorders: DESIGN of Two RCTs

(Abstract #1602)

Poster #LUN 316 (Res Meth, Affect/Int, Chronic, Clin Res, Res Meth, Adult) M - Industrialized

Thomaes, Kathleen¹, Kramer, Floor J.², Kousemaker, Margriet², Blankers, Matthijs³, Beekman, Aartjan T.F.⁴, Dekker, Jack³

¹**VU University Medical Center, Sinai Center, The Netherlands**

²**VU University, Sinai Center, The Netherlands**

³**VU University, Arkin Amsterdam, The Netherlands**

⁴**VU University Medical Center, Amsterdam, The Netherlands**

Background: Posttraumatic stress disorder (PTSD) is highly comorbid borderline (BPD) and cluster C personality disorders (CPD). It is not clear yet what treatment is most effective for those who suffer both PTSD and PD. Many clinicians prefer PTSD treatments, such as Eye Movement Desensitization and Reprocessing (EMDR) or Imagination and

Rescripting (ImRs), because these treatments are relative short, and there is some evidence that comorbid PD symptoms might resolve as well. However, at least 30-44% PTSD patients do not sufficiently respond or are excluded because of suicidality or self-harm. There is some evidence that integrating PTSD in PD treatment, such dialectical behavior treatment (DBT) or schema-focused treatment (SFT), is twice as effective than PD treatment alone. **Objective:** To study effectiveness of PTSD- compared to integrated PTSD-PD-treatment in adult patients with comorbid PTSD and PD.

Study design: Two randomized controlled trials (RCTs)

PROSPER-1: In 160 patients with PTSD and BPD: EMDR (3-6 months plus 6-9 months follow-up) vs. integrated DBT-EMDR (12 months);

PROSPER-2: In 160 patients with PTSD and CPD: ImRs (3-6 months plus 6-9 months follow-up) compared to integrated ImRs-SFT (12 months).

Primary outcome measure is PTSD symptom severity (CAPS-5) after 12 months. Secondary outcome measures are PD symptoms, disability, quality of life and health costs.

LUN 317

Identifying Opportunities for Improving the PTSD Care with Treatment-Supportive Technologies

(Abstract #1675)

Poster #LUN 317 (Clin Res, Assess Dx, Chronic, Tech, Mil/Vets, Other) M - N/A

Moon, Jukrin¹, Sasangohar, Farzan¹, Benzer, Justin², Kum, Hye-Chung³, Khanade, Kunal¹, Rodriguez-Paras, Carolina¹

¹**Texas A&M University, College Station, Texas**

²**VA Boston Healthcare System, Bedford, Massachusetts**

³**Texas A&M Health Science Center, College Station, Texas**

Objectives: Many veterans from recent wars are suffering from Post-Traumatic Stress Disorder (PTSD). The purpose of this study is to identify opportunities to support the current pathways for PTSD care with technological interventions. **Methods:** Ideas for novel PTSD supportive technologies have been generated and validated through iterative semi-structured interviews with subject-matter experts – i.e., 20 veterans

diagnosed with PTSD. Interviews were transcribed, coded, and analyzed taking a grounded theory-based qualitative data analysis approach. During the coding process, each transcript was coded by at least two coders to avoid bias. An inter-coder reliability analysis was conducted to assess the level of agreement. **Findings:** The current system lacks considerations of the unique characteristics of veterans with PTSD and lacks treatment control in-between sessions. To tackle such challenges, findings suggest key changes to be made during in-between sessions by providing a tool that supports memory-aid, self-assessment, and peer-to-peer connection.

Conclusion: Such findings are expected to provide a user-centered perspective to the process of designing novel PTSD treatment-supportive technologies and enable them to be better integrated with the current care system.

(Additional contributors: Abin Joes, Nicolas George, Piper Argo, and Abby Hutton)

LUN 318

PTSD Symptoms among Adolescents Referred to Behavioral Health in Primary Care

(Abstract #1619)

Poster #LUN 318 (Assess Dx, Health, Care, Child/Adol) M - Industrialized

Selwyn, Candice, Langhinrichsen-Rohling, Jennifer, Wornell, Cory

University of South Alabama, Mobile, Alabama

Early, unresolved exposure to trauma can result in lifelong consequences. Yet barriers (e.g. stigma, lack of services) often prevent agencies from assessing trauma symptoms. Routine behavioral health (BH) screening within primary care (PC) may reduce barriers, detect trauma symptoms, and connect adolescents to treatment. As such, the current study examined the prevalence and correlates of PTSD symptoms among adolescents (N=231; M age = 15 years; 64% female; 47% White) referred for integrated BH services within PC. Three groups were created based on the PTSD Checklist-2 item (PCL-2; no, subclinical, & clinical PTSD). Nearly 50% of adolescents reported subclinical symptoms (PCL-2 4); 23% reported clinical levels of symptoms (PCL-2 8). Adolescents with clinical levels of PTSD reported more stress (p<.001), depression (p<.001), and anxiety (p<.001) and less resiliency (p=.002). These adolescents also endorsed more relationship stress,

parental divorce, death/illness of a close other, personal illness, transportation problems, and bullying. Physical health symptoms did not differ by PTSD group ($p=.08$). Per the national push toward integrated care, stressors and trauma symptoms experienced by adolescents can be assessed via a brief screening at a routine medical appointment. Primary care may also provide a key setting for trauma-informed care and BH intervention.

LUN 319

Body Experience in Women with Early Childhood Trauma

(Abstract #1625)

Poster #LUN 319 (Assess Dx, CSA, Chronic, Clinical Practice, Gender, Adult) M - Industrialized

Scheffers, Mia¹, Hoek, Maïke², Bosscher, Ruud³, van Duijn, Marijtte⁴, Schoevers, Robert⁴, Van Busschbach, Jooske⁴

¹*University of Zwolle, Zwolle, The Netherlands*

²*GGZ centraal, Ermelo, The Netherlands*

³*VU University, Amsterdam, The Netherlands*

⁴*University of Groningen, Groningen, The Netherlands*

Objective: Trauma may have a far reaching impact on a person's relationship with their body. The aim of this study was to investigate disturbances in three domains of body experience: body attitude, body satisfaction, and body awareness. Furthermore, associations between domains of body experience and severity of trauma symptoms as well as frequency of dissociation were evaluated. **Method:** Body attitude was measured with the Dresden Body Image Questionnaire, body satisfaction with the Body Cathexis Scale, and body awareness with the Somatic Awareness Questionnaire in 50 female patients with complex trauma and compared with scores in a non-clinical female sample ($n = 216$). Patients in the clinical sample also filled out the Davidson Trauma Scale and the Dissociation Experience Scale. **Results:** In all measured domains, body experience was severely affected in female patients. Compared with scores in the non-clinical group, effect sizes in Cohen's d were 2.7 for body attitude, 1.7 for body satisfaction, and 0.8 for body awareness. Associations between domains of body experience and severity of trauma symptoms were low, as were the associations with frequency of dissociative

symptoms. **Conclusions:** The negative effects of traumatic experiences on the body are unequivocal, leading to a strong recommendation to address body experience in trauma treatment.

LUN 320

The Role of Negative Affect in PTSD Symptom Presentations

(Abstract #1650)

Poster #LUN 320 (Assess Dx, Mil/Vets, Adult) I - Industrialized

Klein, Alexandra¹, Dutra, Sunny², Bovin, Michelle³, Rosen, Raymond⁴, Keane, Terence⁵, Marx, Brian⁶

¹*Case Western Reserve University, Cleveland, Ohio*

²*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts*

³*VA Boston Healthcare System, National Center for PTSD; Boston University School of Medicine, Boston, Massachusetts*

⁴*New England Research Institutes, Inc., Watertown, Massachusetts*

⁵*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts*

⁶*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts*

Emerging evidence suggests that elevated trait negative affect may place individuals at increased risk for PTSD onset, and help to maintain the disorder over time (Miller, 2003; Miller et al., 2012; Sadeh et al. 2015). The current study extended this work by examining how specific facets of negative affect (i.e., anxiousness, emotional lability, and separation insecurity) might be differentially associated with PTSD severity and symptom clusters. Participants were 1,205 OEF/OIF veterans who completed measures of negative affect and PTSD symptom severity as part of a longitudinal registry study. Linear regressions were conducted to examine how different aspects of negative affect were associated with PTSD symptom severity and symptom clusters, controlling for gender and depressive symptoms. More severe emotional lability, anxiousness, and depression symptoms and male gender were associated with more severe PTSD symptoms overall, more severe re-experiencing symptoms and more severe hyperarousal symptoms.

Presenters' names are in bold. Discussants' names are underlined. Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

More severe anxiousness and depression and less severe separation insecurity were associated with more severe avoidance symptoms. More severe anxiousness and depression symptoms were associated with more severe negative alterations in cognitions and mood. Findings suggest that specific facets of trait negative emotionality may influence the clinical manifestation of PTSD.

LUN 321

The Cost of Justice: Post-Traumatic Stress Symptoms in Canadian Attorneys
(Abstract #1567)

Poster #LUN 321 (Assess Dx, Assess Dx, Chronic, Health, Pub Health, Other) M - Industrialized

Leclerc, Marie-Ève¹, Lonergan, Michelle², Brunet, Alain², Wemmers, Jo-Anne³

¹*Douglas Hospital, McGill University, Montreal, Quebec, Canada*

²*McGill University, Douglas Mental Health*

University Institute, Montreal, Quebec, Canada

³*Université de Montreal, Montreal, Quebec, Canada*

Limited research has been conducted on the nature and extent of posttraumatic stress disorder (PTSD) amongst a diverse sample of attorneys. This study evaluated (a) PTSD symptom severity and (b) the proportion of attorneys that would meet the DSM-5 diagnostic criteria for PTSD among a Canadian sample of attorneys. Based on their caseload, attorneys were classified in one of three groups: no-, moderate-, and high trauma-exposure. We hypothesized that 1) the severity of trauma symptomatology and 2) the proportion of attorneys that meet the PTSD diagnostic criteria will increase along with an increase in level of work-related trauma-exposure. A sample of 476 attorneys completed a 15-minute survey. An ANCOVA with post-hoc pairwise comparison tests was conducted on PTSD severity scores, as measured with the PTSD Checklist for DSM-5 and a logistic regression was conducted to obtain the ratio of attorneys meeting PTSD diagnostic criteria in each group. Results reveal a statistically significant increase in PTSD symptom severity across groups, as trauma-exposure increased $F(2, 471) = 17.93, p < .001$. Moreover, 9% of the sample met the PTSD diagnostic criteria and relative to non-trauma exposed, trauma-exposed

attorneys were 2.63 times more likely to meet the diagnostic threshold.

LUN 322

The Impact of Trauma-exposure on Quality of Life and Psychological Distress among Canadian Attorneys
(Abstract #1570)

Poster #LUN 322 (Social, Chronic, Health, QoL, Social, Other) I - Industrialized

Leclerc, Marie-Ève¹, Lonergan, Michelle², Brunet, Alain², Wemmers, Jo-Anne³

¹*Douglas Hospital, McGill University, Montreal, Quebec, Canada*

²*McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada*

³*Université de Montreal, Montreal, Quebec, Canada*

Limited systematic research examining the impact of work-related trauma-exposure on the psychological well-being and quality of life of attorneys. The current research evaluates this question in a diverse sample of Canadian attorneys. Based on their caseload, attorneys were classified in one of three groups: no-, moderate-, and high trauma-exposure. A total of 476 Canadian attorneys completed a 15-minute survey including the Hopkins Symptom Checklist and the World Health Organization-Quality of Life questionnaire. Analysis of covariance and post-hoc pairwise comparison tests were conducted on all outcomes. Results revealed a significant increase in severity of psychological distress between the no-, and the high- trauma exposure group, $F(2, 471) = 5.88, p = .003$, with high trauma exposure indicative of more severe pathology compared to both other groups. Almost a quarter of participants represented clinically problematic levels of psychological distress. Yet, 79% of the sample rated their overall quality of life as good or very good. A statistically significant difference in physical and environmental aspects of quality of life were observed between the no- and the high- trauma exposure groups. Overall, this research is a step further into the process that ultimately aims to enhance the professional context of attorneys.

LUN 323

DSM-5 and ICD-11 PTSD: A Study of Internally Displaced Person's in Ukraine
(Abstract #1658)

Poster #LUN 323 (Assess Dx, Global, Pub Health, Refugee, Civil/War, Adult) A - C & E Europe & Indep

Hyland, Philip¹, Shevlin, Mark², Makhashvili, Nino³, Javakhishvili, Jana⁴, Shpiker, Marina⁵, Roberts, Bayard⁶

¹*National College of Ireland, Dublin, Ireland*

²*University of Ulster, Derry, United Kingdom*

³*Oakland University, Tbilisi, Georgia*

⁴*Global Initiative on Psychiatry, Tbilisi, Tbilisi, Georgia*

⁵*Kiev International Institute of Sociology, Kiev, Ukraine*

⁶*London School of Hygiene and Tropical Medicine, London, United Kingdom*

There are over 40 million internally displaced person's (IDPs) in the world, and 1.8 million IDPs in Ukraine. In this study, ICD-11 and DSM-5 PTSD prevalence and comorbidity rates were compared using a large, representative sample of Ukrainian adult IDPs. This study had four aims: (1) to compare the prevalence rates of ICD-11 and DSM-5 PTSD, (2) to determine gender differences in PTSD prevalence for DSM-5 and ICD-11, (3) to compare levels of disability across the two diagnostic systems, and (4) to determine the degree of comorbidity associated with ICD-11 and DSM-5 PTSD. A representative sample of adult Ukrainian IDPs (IDPs: N = 2,203) were assessed using the PTSD Checklist for DSM-5 and the International Trauma Questionnaire for ICD-11. Anxiety and depression were measured using the Generalized Anxiety Disorder Scale and the Patient Health Questionnaire-Depression. Disability was measured using the WHO Disability Assessment Schedule 2.0. Significantly more people were diagnosed with PTSD according to the DSM-5 (27.4%) as compared to the ICD-11 (21.0%). PTSD rates for females were significantly higher using both criteria. ICD-11 PTSD was associated with significantly higher levels of disability and comorbidity. The ICD-11 diagnosis of PTSD appears to be particularly well suited to identifying those with clinically relevant levels of disability.

LUN 324

Comparison of Parent Collaboration Strategies in Child Trauma Treatment Models
(Abstract #1597)

Poster #LUN 324 (Practice, CPA, CSA, Clin Res, Fam/Int, Lifespan) M - N/A

McConaughy, Susan

State University of New York, Hartsdale, New York

Evidence-based child trauma treatment models view the possibilities of engaging parents in the child's recovery process in very different ways. Each of five child trauma treatment models was analyzed to articulate the implicit and the explicit assumptions and treatment strategies for parents as active partners in the child's healing process in trauma therapy. The models are TF-CBT, CPP, PCIT, TST, and TA-FC. Each model takes a different position on how to engage the parent as a positive force in the child's recovery during treatment; how to address the parent's potential hampering of the child's recovery; how to work with parent sense of responsibility for the trauma; how to divide up the treatment roles between the clinician and the parent; how to build the parent-child relationship in the face of trauma; and how to prepare the parent to maintain the child's recovery after termination. This analysis can help us articulate our own positions and aspirations as clinicians regarding the philosophical, ethical and practical issues that arise in empowering parents to actively contribute to their child's healing from trauma.

LUN 325

Mental Health Service Utilization among Men with a History of Trauma
(Abstract #1583)

Poster #LUN 325 (Practice, Assess Dx, Rape, Gender, Adult) M - Industrialized

Vechiu, Catalina, Zimmermann, Martha, O'Donohue, William

University of Nevada, Reno, Reno, Nevada

Male victims of sexual assault are less likely to utilize mental health services despite comparable rates of distress with women. As a result, there is a paucity of research on person characteristics which

impacts service utilization in this population. The present study investigates service utilization in a mental healthcare setting specializing in the treatment of trauma-related distress to identify trauma-informed care for this population. A total of 202 individuals presented for treatment, 21 of which were male. Of the 202 individuals, 43% reported sexual, emotional, or physical victimization in childhood or adulthood, 22% of which were men. 21% reported child physical abuse as their index trauma and 11% reported adult sexual assault. Men reported clinically significant levels of depression and PTSD. Of the sample, 21% were diagnosed with depression and 26% were diagnosed with PTSD. Males have traditionally been an underserved population and specialty mental health settings are often ill equipped to treat male survivors of adult sexual assault. The present study provides an impetus for the development of trauma-informed interventions that incorporate the unique experience of males who have been victimized.

LUN 326

Gender Moderates the Relationship between PTSD and Attitudes towards Help-seeking

(Abstract #1584)

Poster #LUN 326 (Practice, Gender, Adult) M - Industrialized

Vechiu, Catalina, O'Donohue, William
University of Nevada, Reno, Reno, Nevada

The purpose of the study was to evaluate the association between PTSD symptoms and attitudes towards help-seeking as part of a larger pilot study evaluating the effectiveness of a PTSD psychoeducational website on mental health literacy. A total of 109 participants were recruited via MTurk, 46.2% of which were female and 53.8% were male. Of the sample, 20% reported an incident of sexual assault, 21% reported childhood physical assault, and 15% reported serving in combat. Approximately 41% of individuals met diagnostic criteria for PTSD. Hayes (2013) PROCESS macro for SPSS was utilized to test a moderation model that assessed the total effect of PTSD symptom severity on help-seeking attitudes and the indirect effect of PTSD on help seeking via gender. The overall model was significant, $F(3, 99) = 5.90$, $p < .001$, $R^2 = .11$, 95% CI [57.92, 63.63]. More severe PTSD was associated with negative attitudes towards help-seeking for males, $b = -12.43$, $t(99) = -3.35$, $p = .00$, 95% CI [-

19.79, -5.07] but not for females. Men are at a higher risk of exposure to trauma, yet they have higher rates of help-seeking stigma and lower rates of mental health service utilization. Interventions designed to increase mental health literacy and reduce help-seeking stigma are needed for this population.

LUN 327

Individual Differences in Emotion Regulation: Implications for Physiological and Psychological Markers of Stress Responsivity in Healthy Adults (Abstract #1611)

Poster #LUN 327 (Bio Med, Affect/Int, Cog/Int, Bio/Int, Prevent, Adult) I - Industrialized

Raymond, Catherine¹, Marin, Marie-France², Juster, Robert³, Lupien, Sonia⁴

¹University of Montreal, Montreal, Quebec, Canada

²Centre de recherche de l'Institut universitaire en santé mentale de Montréal, Université de Montréal, Montréal, Quebec, Canada

³Columbia University and New York State Psychiatric Institute, New York, New York

⁴Montreal University, Montréal, Quebec, Canada

People differ in their ability to regulate their physiological stress responses. Individual differences in emotion regulation strategies such as suppression and reappraisal could explain this differential vulnerability to stress. The aim of this study was to clarify the role of individual differences in the use of suppression and reappraisal on physiological and psychological markers of stress responsivity, and whether these differences applied to the reactivity and/or the recovery phases of stress. To answer this question, individuals either high or low in suppression and reappraisal such as measured by the Emotion Regulation Questionnaire underwent the Trier Social Stress Test (TSST) while cortisol and subjective stress levels were assessed repeatedly. Results showed that high suppressors presented increased cortisol and low reappraisers presented increased subjective stress responsivity to the TSST. We also found that these differences applied to the reactivity – but not the recovery – phase of stress responsivity. Our results suggest that certain patterns of emotion regulation strategies predispose individuals to react to stressful situations. This study underlines the importance of studying these strategies in the context of vulnerability to stress in healthy individuals as well as in different clinical populations

presenting significant levels of reactivity such as PTSD.

LUN 328

Attentional Dissociation and Electrodermal Activity in Hypnosis

(Abstract #1657)

Poster #LUN 328 (Bio Med, Affect/Int, Anx, Bio Med, Cog/Int, Adult) A - Global

Bob, Petr¹, Konicarova, Jana¹, Siroka, Ivana², Raboch, Jiri²

¹**Charles University, Center for Neuropsychiatric Research of Traumatic Stress, Prague, Czech Republic**

²**Charles University, Prague, Czech Republic**

Recent findings indicate that interhemispheric interaction and information transition represent general mechanisms that the brain uses across different sensory modalities to increase information processing efficiency. These findings suggest a hypothesis that specific changes in selective attention and interhemispheric interactions during hypnosis could be reflected in left-right information transfer calculated from bilateral electrodermal measurement (EDA). In the present study we have performed EDA measurement in 35 psychiatric outpatients during congruent and incongruent Stroop task after hypnotic induction using Stanford Scale procedure (SHSS:C). The results show that significant correlation between hypnotizability measured by Stanford scale SHSS:C and pointwise transinformation (PTI) during congruent Stroop task in the period after hypnotic suggestion inducing black-white seeing ($r=-0.43$, $p<0.01$) has been found. In summary, the results indicate that attentionally demanding conditions during hypnosis distinguish patients with higher hypnotizability. Results of this study show that specific shifts of attentional focus during hypnosis are related to changes of interhemispheric interactions that may be reflected in neural connectivity calculated from the bilateral EDA measurement. This attentional shift may cause dissociated attentional control.

LUN 329

A Systematic Review of Resting State EEG in PTSD

(Abstract #1659)

Poster #LUN 329 (Bio Med, Bio Med, Bio/Int, Adult) M - Global

Videira Pinto, Janaina

The University of Sydney, Camperdown, NSW, Australia

Posttraumatic Stress Disorder (PTSD) is a debilitating condition that disrupts functioning on social, psychological and physiological domains. Biological investigations of PTSD, particularly underlying biomarkers of the disorder, may promote a faster pathway to address clinical divergences, improving diagnostic precision, informing treatment models, and objectively measuring intervention efficacy. While functional neuroimaging is historically considered a primary method for the identification of biomarkers in psychiatry, recent advances in electroencephalogram (EEG) technology, such as improved temporal and spatial resolution for signal processing and wireless portability, is making EEG an increasingly attractive option as a non-invasive, low-cost alternative for large sample investigations. We present a systematic review of EEG studies of PTSD conducted to determine the viability of detecting biomarkers of the disorder in a resting state (RS) condition. A total of 19 studies were selected for an analysis of functional connectivity (FC), asymmetry, and power outcomes in all bandwidths. Findings support the premises of RS EEG as a potential biomarker PTSD, despite previous adverse results which has shown to be caused by methodological differences and heterogenic disparities in the type of trauma. Dynamical analysis and non-linear methods are proposed to guide future research.

LUN 330

Use of MRI to Assess Differences in Cortical Thickness and Sub-cortical Volumes among Trauma-exposed Children

(Abstract #1664)

Poster #LUN 330 (Bio Med, CPA, Neuro, Child/Adol) A - Latin Amer & Carib

Milani, Ana Carolina¹, Ebel, Sophia², Berg, Robert², Posner, Jonathan³, Jackowski, Andrea⁴, Mello, Marcelo⁵

¹*UNIFESP, Sao Paulo, Brazil*

²*Columbia University College of Physicians and Surgeons, New York, New York*

³*Columbia University Department of Psychiatry and New York State, New York, New York*

⁴*Federal University of São Paulo, São Paulo, Brazil*

⁵*Universidade Federal de Sao Paulo, São Paulo, Brazil*

Objective: To identify differences in cortical thickness and sub-cortical volumes among three groups of children: healthy controls (HC), trauma-exposed children without PTSD (EXP) and trauma-exposed children with PTSD or subthreshold PTSD (PTSD). Methods: From a sample of 35 children (ages 7-12) recruited in São Paulo, Brazil, MRI scans were obtained using a 1.5 Tesla Philips scanner[PJ(1)]. FreeSurfer with manual editing from trained staff was utilized to evaluate cortical thickness and sub-cortical volumes. Assessment for trauma and PTSD symptoms were conducted using the Childhood Trauma Questionnaire, Child Behavior Checklist, and Kiddie-SADS instruments, and by clinical assessment by a child psychiatrist. Uncorrected $p < 0.05$ was considered statistically significant. Results: Several regions showed group differences with thinner cortices in individuals with PTSD (i.e. HC > EXP > PTSD) including the left superior temporal gyrus. Thicker cortices were observed in individuals with PTSD (i.e. PTSD > EXP > HC) in regions including the left insula and left middle frontal gyrus. There were trends toward significantly reduced volumes in the hippocampus bilaterally (HC > EXP > PTSD). Conclusions: This line of research may help inform the longitudinal course of PTSD and its neural correlates in children providing potential targets for novel interventions.

LUN 331

Examining the Effects of APOE Genotype and PTSD on Cognitive Dysfunction in Older Veterans: Results from the National Health and Resilience in Veterans Study

(Abstract #1692)

Poster #LUN 331 (Bio Med, Cog/Int, Mil/Vets, Aging, Genetic, Older) M - Industrialized

Averill, Lynnette¹, Abdallah, Chadi¹, Harpaz-Rotem, Ilan¹, Krystal, John², Gelernter, Joel³, Pietrzak, Robert⁴

¹*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut*

²*Yale School of Medicine, New Haven, Connecticut*

³*Yale University School of Medicine; VA Connecticut Healthcare System, West Haven, Connecticut*

⁴*National Center for PTSD, West Haven, Connecticut*

The proportion of US Veterans aged 60 and older is increasing. It is therefore important to study risk factors for health phenomena relevant to this population, such as cognitive dysfunction and dementia. We evaluated whether the $\epsilon 4$ allele of the apolipoprotein E (APOE) gene and PTSD, directly and interactively, related to cognitive functioning in a nationally representative sample of Veterans. We analyzed data from 1,585 U.S. Veterans (mean age=63) who participated in the National Health and Resilience in Veterans Study. Results revealed that $\epsilon 4$ allele carriage and PTSD were independently associated with reductions on the Medical Outcomes Study Cognitive Functioning Scale. APOE $\epsilon 4$ allele carrier status interacted with PTSD, with $\epsilon 4$ carriers with PTSD scoring substantially lower than $\epsilon 4$ carriers without PTSD on this measure ($d=1.2$, 95% CI=0.8-1.5), with the most pronounced differences evident for executive function and attention. These effects were independent of age, sex, lifetime trauma, combat exposure, physical and mental health comorbidities, and ancestral proportion scores, and were replicated in a second, independent sample of Veterans ($n=577$). Collectively, these findings underscore the importance of assessing, monitoring, and treating PTSD in aging Veterans at increased genetic risk for cognitive dysfunction and dementia.

LUN 332

Sex Differences in Correlates of Risk and Resilience Associated with Military Sexual Trauma in U.S. Veterans: Preliminary Results from the National Health and Resilience in Veterans Study
(Abstract #1691)

Poster #LUN 332 (Clin Res, Rape, Mil/Vets, Gender, Adult) I - Industrialized

Averill, Lynnette¹, Smith, Noelle², Holens, Pamela³, Mota, Natalie³, Southwick, Steven¹, Pietrzak, Robert⁴

¹*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut*

²*James A. Haley VA Medical Center, Tampa, Florida*

³*University of Manitoba, Winnipeg, Manitoba, Canada*

⁴*National Center for PTSD, West Haven, Connecticut*

Military sexual trauma (MST) is associated with a range of negative mental and physical health outcomes. Investigations of potential sex-based differences in outcomes in MST survivors have been inconsistent with little work evaluating psychosocial correlates of resilience (e.g., social support, humor, capacity to adapt to change). Data were analyzed from 115 U.S. Veterans reporting a history of MST who participated in the nationally representative National Health and Resilience Veterans Study (NHRVS) to examine sex-based correlates of risk and resilience. Compared with female MST survivors (n=56; 42.9%), male MST survivors (n=59; 57.1%) reported increased lifetime traumatic events, hostility, and history of drug use disorder, whereas female Veterans reported increased lifetime PTSD symptoms. There were no differences in past-month PTSD symptom severity, physical health, suicidal ideation/attempts, resilience factors, or rates of mental health treatment utilization. Results suggest male and female MST survivors may have differential risk for drug use disorder, hostility, and PTSD symptoms. Results underscore the importance of considering sex differences in the assessment and treatment of MST survivors. Improved understanding of outcomes and factors of risk and resilience in MST survivors may facilitate tailored intervention, treatment, outreach, and possibly prevention.

LUN 333

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) for Children in Developing Countries: A Systematic Review
(Abstract #1631)

Poster #LUN 333 (Commun, Clin Res, Cul Div, Global, Health, Child/Adol) M - Global

Puente-Duran, Sofia, Thomas, Fiona C., Mutschler, Christina, Monson, Candice
Ryerson University, Department of Psychology, Toronto, Ontario, Canada

The impact of armed conflict on the mental health of children and youth has emerged as an important area of research. Posttraumatic stress disorder is the most widely studied mental health disorder in children affected by conflict in developing countries (Jordans, Tol, Komproe, & de Jong, 2009). Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) has been identified as a gold standard of treatment for children in Western countries who have experienced trauma (Wenocur, Parkinson-Sidorski, & Snyder, 2016). In the current study, a review of the evidence base of TF-CBT in low- and middle-income countries (LMIC) was conducted. The review was based on specific inclusion criteria and a comprehensive search strategy, with data assessed using objective measures. In total, five randomized control trials, four empirical studies (i.e., quasi, pre-post) and two qualitative studies were included in the systematic review. Results are presented based on common themes across articles: treatment setting (e.g., school, medical clinic), mode of delivery (e.g., group, individual, caregiver involvement), treatment adaptations, client preferences, and outcomes. Findings from this systematic review suggest that TF-CBT may be effective in treating trauma symptoms and improving psychosocial functioning in children and adolescents in LMICs. However, further research is needed in this nascent area.

LUN 334

A Chart Review of a Co-Located Model of Psychiatric Care for Intimate Partner Violence and Sex Trafficking Survivors: Implications for Clinical Practice

(Abstract #1681)

Poster #LUN 334 (Commun, Chronic, Clinical Practice, Cul Div, DV, Adult) M - Industrialized

Weiss, Marina¹, Okuda, Mayumi², Berry, Obianuju³, Regincos, Rosa⁴, Fitelson, Elizabeth⁴, Monk, Catherine²

¹*Adelphi University, Derner Institute, Garden City, New York*

²*Columbia University and New York State Psychiatric Institute, New York, New York*

³*Columbia University College of Physicians and Surgeons, New York, New York*

⁴*Columbia University, New York, New York*

From April 2014 to June 2017, Columbia University Medical Center's Women's Program in the Department of Psychiatry and the Mayor's Office to Combat Domestic Violence provided free psychiatric services at the Bronx Family Justice Center (BxFJC) for survivors of intimate partner violence (IPV) and sex trafficking with the support of the Chapman Perelman Foundation. Nationally, Family Justice Centers provide free social and legal services to IPV survivors to intervene in cycles of violence; this was the first to pilot on-site psychiatric care, and this data represents the first full chart review, although a partial chart review was conducted in 2015 (Weiss et al, 2017). The BxFJC is located in the Bronx, which ranks lowest of New York counties in quality of life, health outcomes, and socioeconomic factors in 2015; our patients represent an underserved community. This study aims to characterize this sample and identify clinical implications for underserved populations. We analyzed data including referrals, psychiatric evaluations, and discharge notes. Of 267 patients referred over 38 months, 193 were evaluated. This was many patients' first encounter with mental health care. This chart review reveals high rates of psychiatric morbidity; while data are in analyses, the poster will characterize demographics, households, abuse history, treatment history, diagnoses, and treatment.

LUN 335

The Influence of Psychosocial Variables on Mental Health after a Disaster: Focused on Systemic Protect Factors Based on the Ecological Theory

(Abstract #1684)

Poster #LUN 335 (CulDiv, Comm/Int, Nat/Dis, Prevent, Pub Health, Adult) I - E Asia & Pac

Min, Moonkyung, Joo, Hyesun, Ahn, Hyunnie Ewha Womans University, Seoul, Republic of Korea

Based on the ecological theory, this study focuses on how systemic protect factors--such as individual resilience, social support, social capital, and public trust--contribute to three aspects of mental health: PTSD, psychosocial maladjustment, and psychological well-being. Korean respondents in their 20s to 60s completed the questionnaire, and the hierarchical analysis included 395 people who had directly or indirectly experienced the '9/12 Gyeongju earthquake' of 2016. The results for the three aspects are as follows: (1) For PTSD, the biggest predictor of PTSD was social support, which represents the microsystem in ecological theory, and the second biggest predictor of PTSD was resilience, which symbolizes the individual system; (2) For psychosocial maladjustment, the biggest predictor was resilience, and the second biggest predictor was social support; (3) For psychological well-being, resilience was the biggest predictor. Interestingly, both social capital, which is included in the exosystem, and public trust, which is a part of the macrosystem, also appeared as significant predictors. The results of my research suggest that, after a disaster, it is important to consider both the negative and positive aspects of mental health, as well as the multi-systemic social contexts to which the victims belong.

LUN 336

Understanding Coping Flexibility within a Sample of Latinx and Mono-Cultural Americans

(Abstract #1693)

Poster #LUN 336 (CulDiv, Clin Res, Cul Div, Ethnic, Adult) M - Industrialized

Romero, Sara¹, Bonanno, George², Rasmussen, Andrew¹

¹*Fordham University, Bronx, New York*

²*Columbia University, New York, New York*

Trauma by the westernized definition is not what a Latinx immigrant would define as traumatic, although it is recognized as an unfortunate situation by most. Cognitively choosing to define events as traumatic may only aid in the formation of trauma-related symptoms, thus, most people of Latino heritage most likely would uphold a forward- focused mentality compared to Americans who would uphold a trauma-focused mentality. It is hypothesized that Latinxs from collectivistic communities do not feel the need to work through traumatic experiences, rather Latinx focus on how to restore or improve functioning. It should not be misunderstood that Latinx do not experience psychological distress. The focus of this study is to determine whether people born to Latino immigrant parents in the United States whom were raised with Latino values, customs, and norms within an American society have greater coping flexibility than people who were born to American parents. The results indicate similarities and differences in coping approaches between people born to Latino immigrant parents and people born to American parents. In our poster presentation we will address the deficit in knowledge of the benefits in the internalization of two cultures. As the results indicate it widens the range of a person's coping flexibility.

LUN 337

Emotional Numbing as a Predictor of Functional Impairment in PTSD

(Abstract #1569)

Poster #LUN 337 (Practice, Clin Res, Clinical Practice, QoL, Adult) M - N/A

May, Casey¹, Wisco, Blair¹, Lee, Daniel², Dutra, Sunny², Keane, Terence³, Marx, Brian⁴

¹*University of North Carolina, Greensboro, North Carolina*

²*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts*

³*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts*

⁴*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts*

Emotional numbing (EN) symptoms of posttraumatic stress disorder (PTSD) are associated with greater impairment than other PTSD symptoms. This longitudinal study addresses limitations of prior research by controlling for comorbid disorders, assessing multiple impairment domains, and using DSM-5 criteria. We used two waves of data from the Veterans' After-Discharge Longitudinal Registry (Project VALOR; $n=1242$; 51% female; 58% PTSD). Symptoms on the PTSD Checklist-5 were split into clusters (Criteria B-E). Criterion D was split into EN (low positive affect, cut off from others, disinterest) and "other" (remaining symptoms). The Inventory of Psychosocial Functioning measured functioning domains. Covariates included demographics, combat and trauma exposure, depression, and alcohol use disorder. Using linear regression, each Time 1 symptom cluster predicted all Time 2 impairment types ($s .191, ps<.001$) before controlling for other symptom clusters. In multivariable analyses (all clusters as simultaneous predictors), Time 1 EN predicted Time 2 social and self-care ($s>.170, p .006$) but not occupational impairment ($=.071, ns$). Time 1 avoidance also predicted Time 2 social impairment ($=.076, p=.041$). As expected, EN symptoms were more robustly associated with social functioning and self-care versus other symptoms, indicating that EN is particularly important to target in treatment.

LUN 338

The Alliance as a Mediator between Client Interpersonal Relations and Dissociation

(Abstract #1586)

Poster #LUN 338 (Practice, Complex, Adult) I - Industrialized

Lawson, David

Sam Houston State University, Huntsville, Texas

Little research examines the relationship between interpersonal relations, dissociation, and the therapeutic alliance. The alliance is particularly critical for survivors of childhood abuse due to violations of trust and betrayal by caregivers. OBJECTIVE: The current study explored the dimensions of the early therapeutic alliance (tasks, goals, bonds, and other-therapist [people important to clients who support their involvement in therapy]) as mediators between clients' interpersonal relations problems and an outcome measure of

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

dissociation. **METHOD:** Seventy-six female participants were recruited from a university training clinic who were receiving treatment for PTSD due to child abuse. **INSTRUMENTS:** Integrative Therapeutic Alliance Scale, Trauma Symptom Checklist-40; Inventory of Interpersonal Problems. **RESULTS:** The bond and other subscales significantly mediated the association between interpersonal relations problems and dissociation. **CONCLUSION:** Client trust associated with the alliance bond and clients' sense that people who are important to them support their involvement in therapy, should be focal in treating CA survivors. Clinical implications revolve around developing, maintaining, and repairing the therapeutic relationship, especially the bond, within the context of dissociation as well as exploring clients' views of important others and its impact on therapy.

LUN 339
Challenges and Recommendations for Improving Interpreting Services for Trauma Patients
 (Abstract #1598)

Poster #LUN 339 (Practice, Cul Div, Self-Care, Other) M - Industrialized

Villalobos, Bianca, Pastrana, Freddie, Shipley, Lauren, Moran, Sarah, Stewart, Regan, Orengo-Aguayo, Rosaura
Medical University of South Carolina, Charleston, South Carolina

The growth of Spanish-speaking populations across the U.S. and lack of bilingual providers pose a significant barrier to many patients seeking trauma-focused therapy. Certified interpreters can help bridge the gap between need and access to services, but little is known about the unique challenges they encounter in working with trauma-exposed populations. A focus group was conducted with six certified medical interpreters (5 Spanish-language, 1 sign language) who provide in-person interpretation in an outpatient trauma-focused clinic. Interpreters discussed the following challenges: 1) communication difficulties (e.g., psychological jargon); 2) coping with vicarious trauma; and 3) logistical issues (e.g., length of appointment times). Interpreters offered the following recommendations for improving services: 1) translation of psychotherapy documents and handouts with

commonly used terminology; 2) pre-session meetings between interpreters and clinicians; 3) clinician-focused trainings on using interpreters; 4) support group for interpreters; and 5) improved coordination and scheduling of on-site interpreting services. This study highlights the need for resources to improve interpreters' understanding of trauma-specific interventions, help them cope with vicarious trauma, and has implications for improving services for Spanish-speaking patients seeking trauma therapy.

LUN 340
A Measure Development Study for Youth Trauma Exposure
 (Abstract #1643)

Poster #LUN 340 (Practice, Assess Dx, Chronic, Complex, Child/Adol) M - Industrialized

McDonald, Molly¹, Stanick, Cameo¹, Rostad, Whitney²
¹*University of Montana, Missoula, Montana*
²*Georgia State University, Atlanta, Georgia*

Childhood trauma research and assessment are limited in addressing complex trauma. Specifically, current childhood trauma exposure measures are limited in the types of trauma queried, the ability to assess for frequency of trauma incidents, and the possibility of reporting on symptoms from multiple traumas (Hawkins & Radcliffe, 2006). Another problem with current childhood trauma practices is related to diagnosis. Most children who experience complex trauma are not diagnosed with PTSD, partially because of the limited events that are classified as traumatic (Cook et al., 2005). For instance, many forms of child abuse and neglect may not meet DSM-5 criteria for a traumatic experience (Cook et al., 2005; APA, 2013). In response to the limitations of current trauma exposure measures, the current study tested a comprehensive childhood trauma exposure measure, the Stressful Events Questionnaire (SEQ) in a clinical child sample (n = 36). Children were assessed with the SEQ, which includes potentially traumatic experiences not considered in the current PTSD diagnosis, and assesses for frequency of incidents. Results provide preliminary support for the reliability and validity of the SEQ in a clinical child sample. This study has implications for the assessment and diagnosis of trauma experiences in youth in both clinical and

research settings.

LUN 341

The Comparison of Effect of a Psycho-educational Intervention Focused on Traumatic Memory Recall with Individual Help-seeking Styles

(Abstract #1563)

Poster #LUN 341 (Prevent, Commun, Health, Train/Ed/Dis, Lifespan) I - Industrialized

Osawa, Kaori

Konan University, Kobe, Japan

The purpose of this study is to compare the effect of psycho-educational intervention focused on traumatic memory recall with individual help-seeking styles. The intervention group ($N=34$, mean ages=19.76, $SD=1.21$) participated in the psycho-educational intervention (2 sessions in total) and the control group ($N=31$, mean ages=19.16, $SD=.37$) did not. The intervention group was assigned to three help-seeking style groups by the scores on a scale for measuring help-seeking styles (Nagai, 2013); “self-directed help-seeking group” ($N=20$), “excessive help-seeking group” ($N=9$), “avoidant help-seeking group” ($N=2$; the data was eliminated from analysis because of its small size). The one-way ANOVA results showed that the excessive help-seeking group’s score on “appraisal of controllability” from CARS (Suzuki & Sakano, 1998) increased a month after the intervention ($F(2, 57)=4.66, p<.05, \eta^2=.11$) and the score was significantly higher than other group’s scores (All: $ps<.05$). The one-way ANOVA results also showed that the excessive help-seeking group’s degree of self-efficacy for coping with supporting traumatized people increased a month after the intervention ($F(2, 57)=3.45, p<.05, \eta^2=.14$) and the degree was significantly higher than the control group’s degree ($p<.05$). Implications of this study for preventive intervention/ psychoeducation of traumatic stress were discussed.

LUN 342

Promoting Resilience: Breaking the Intergenerational Cycle of Adverse Childhood Experiences

(Abstract #1571)

Poster #LUN 342 (Prevent, Commun, Comm/Int, Cul Div, Intergen, Lifespan) I - N/A

Woods-Jaeger, Briana¹, Cho, Bridget², Sexton, Chris¹, Slagel, Lauren¹, Goggin, Kathy¹

¹Children’s Mercy, Kansas City, Missouri

²University of Kansas Clinical Child Psychology Program, Lawrence, Kansas

In this study, we sought to understand parents’ experiences of adverse childhood experiences (ACEs), perceived impact of ACEs on parenting, protective factors that buffer ACEs potential negative impact, and recommendations to promote resilience among children exposed to early adversity. We conducted in-depth qualitative interviews with 11 low-income parents with histories of ACEs who had children between the ages of 6 weeks and 5 years attending an urban Head Start Center in the Midwest. Interviews were analyzed for emergent themes and shared with parents from the community to ensure proper interpretation. Parents experienced an average of 4.9 ACEs (range 2-9); were majority were female ($n=10$) and African American ($n=7$); and had a total household income of less than \$20,000 ($n=10$). Themes from these interviews describe the potential intergenerational cycle of ACEs and key factors that can break that cycle, including parent aspirations to make children’s lives better and parent nurturance and support. Parents’ suggestions for intervention included: raising awareness about ACEs, building community support, and providing parents’ mental health and parenting support. Our study findings highlight family strengths to consider in developing and implementing interventions, and the importance of partnering with parents to provide trauma-informed interventions in early childhood.

LUN 343

Research and Early Intervention of Mental Health Symptoms in Children from Patients with Mental Health Disorders in Care in an Ambulatory Service in Talca, Chile
(Abstract #1595)

Poster #LUN 343 (Prevent, Assess Dx, CPA, Clinical Practice, Intergen, Child/Adol) I - Latin Amer & Carib

Salgado, Carolina
Hospital Talca, Talca, Chile

Objective: Researching and assessing the children in care of mothers/caregivers who are patients from an ambulatory mental health program in Talca and who present risk factors or situations that could affect the development of the children mental health. Method: Scales for the mothers: MDQ, Family APGAR, Marschall scale, Positive Parental Scale, CBCL, IPV Scale. Scales for the children: Family APGAR, Maltreatment Scale, MINI-Kid, Attachment Questionnaire. Results: from the 12 children, between 7-13 years old, only one of them did not have any disorder by the scales applied. From the Parental Scale, 3 from 4 subscales have risk. In the Family APGAR, 44.4% was inconsistency between mother/child perception of risk. In the mothers, 8 from 9 of them had at least one traumatic event during their childhood, they have lower perception about the mistreatment than the children perceive. Conclusion: 3 children were referred immediately to a mental health service, because they were in high risk, from the rest 9 children, 8 have at least one mental health disorder by the MINI-Kid, as the literature points about children of psychiatric patients are at higher risk of developing mental health problems, nevertheless these results will be contrasted by a clinical interview. The mothers perceive difficulties about parenting and also have low perception of physical maltreatment.

LUN 344

Does the Cellie Coping Kit for Children with Injury Intervention Impact Quality of life and Trauma Symptoms?
(Abstract #1644)

Poster #LUN 344 (Prevent, Acc/Inj, Acute, QoL, Child/Adol) I - N/A

McGar, Ashley¹, Weiss, Danielle², Van Allen, Jason³, Ostrowski-Delahanty, Sarah⁴, Kassam-Adams, Nancy², Marsac, Meghan¹

¹*University of Kentucky, Lexington, Kentucky*

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

³*Texas Tech University, Lubbock, Texas*

⁴*Akron Children's Hospital, Akron, Ohio*

Physical and psychological complications resulting from pediatric injury often last beyond the course of medical treatment. Many families lack the evidence-based coping tools to facilitate full (emotional and physical) recovery. The Cellie Coping Kit for Children with Injury aims to help mitigate the emotional and physical consequences of injury. The present study aimed to explore the effectiveness of the intervention at improving targeted health outcomes (i.e. health-related quality of life (HRQOL) and trauma symptoms (PTSS)) to estimate effect sizes for future work. 62 children (ages 7-13 years old) completed an assessment of PTSS and HRQOL. Children completed the measures within one month of injury (T1) and completed a four week follow-up assessment (T2). Preliminary analyses suggest that, while not statistically significant, children's QOL increased (*Cohen's d* = .2) and PTSS decreased (*Cohen's d* = .3) from pre to post intervention. The results suggest that the intervention may have played a small role in increasing QOL and decreasing PTSS in children post-injury, but more research with a control group is needed to differentiate an effect of time post-injury; further research with a control group should power sample size based on a small intervention effect size.

LUN 345

Pathways to Resilience: Emotional and Behavioral Health after Disaster
(Abstract #1594)

Poster #LUN 345 (Pub Health, Comm/Int, Prevent, Pub Health, Surv/Hist, Prof) M - Global

Kaul, Rachel¹, Hebert, William²

¹*HHS/ASPR, Washington, District of Columbia*

²*U. S. Department of Health and Human Services, Washington, District of Columbia*

Disasters have many different health impacts, but all have behavioral health impacts. Whether natural or

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

man-made, it is common for individuals and families in and around the affected area to experience distress and traumatic stress. Building community resilience aids in the prevention and reduction of adverse health and behavioral health impacts. This interactive game aims to utilize an engaging approach to help learners integrate behavioral health preparedness and response strategies into disaster planning. This poster presents a game that begins with each player (or team of players) choosing from a variety of pawn pieces that represent specific roles in preparedness and response. By rolling a die, players move forward on the game board. Players often land on squares that prompt them to draw a card or consider an obstacle in order to find a pathway to resilience. Along the way players will encounter “Challenge Questions” that prompt them to consider relevant issues or concerns related to behavioral health, “Bonus Cards” that provide examples of best practices or helpful tools, “Setback Cards” that depict instances where lessons must be learned, and “Collaboration Opportunities” that highlight opportunities for potential partner and stakeholder engagement. The game offers an opportunity for players to plot a path to allow them to achieve positive behavioral health outcomes.

LUN 347

Influence of PTSD Symptom Clusters on Engagement with an eHealth Trauma Recovery Intervention

(Abstract #1601)

Poster #LUN 347 (Tech, Clin Res, Global, Pub Health, Theory, Adult) M - Industrialized

Yeager, Carolyn, Shoji, Kotaro, Benight, Charles University of Colorado at Colorado Springs, Colorado Springs, Colorado

Exposure to a traumatic event is associated with an increased risk for psychopathology including Posttraumatic Stress Disorder (PTSD). Although evidence-based practices for these conditions are available, many individuals fail to access care in a timely manner. eHealth interventions may offer a vehicle through which individuals could access trauma informed services; however, limited participation and high attrition rates are common. The goal of this longitudinal study was to understand how individuals differentially engage with eHealth interventions by exploring the predictive patterns related to PTSD symptom clusters and eHealth

intervention engagement. A national sample of trauma survivors used a theoretically based trauma recovery eHealth intervention for two weeks ($N_{T1} = 753$, $N_{T2} = 253$, $N_{T3} = 187$). Usage data was collected on five self-directed modules: unhelpful coping, relaxation, social support, self-talk, and triggers. We hypothesized those high in avoidance symptoms would be less likely to engage. Results of the structural equation model indicated good model fit. Only the intrusions and negative cognitions symptom clusters were significant predictors of engagement. Study results may help to improve the effectiveness of trauma recovery eHealth interventions by informing the tailoring of interventions to individual cluster patterns. *[Funded by ISTSS Putnam Award]*

LUN 348

webSTAIR Enterprise Wide Initiative: Implementation and Quality Improvement of Web-Based Treatment for Rural Women Veterans with Military Sexual Trauma (Abstract #1720)

Poster #LUN 348 (Tech, Clinical Practice, Train/Ed/Dis, Mil/Vets, Gender, Adult) M - Industrialized

Morabito, Danielle¹, Ortigo, Kile², Jackson, Christie³, Crowley, Jill⁴, Lindsay, Jan⁵, Cloitre, Marylene⁶

¹VA Palo Alto Health Care System, National Center for PTSD, Menlo Park, California

²National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California

³VA, New York, NY, New York

⁴National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California

⁵VA Medical Center, Houston, Texas

⁶National Center for PTSD-Dissemination and Training Division, Menlo Park, California

Services research indicates that individuals living in rural areas receive substantially less mental health care than those living in urban and suburban areas, despite experiencing equal rates of psychiatric disorders. Women Veterans living in rural areas face geographic challenges as well as unique barriers to care including childcare, family responsibilities, and gender-related discomfort in male-dominated facilities. In addition, relative to men, they suffer from a sense of social isolation both during and after

their service, a known risk factor for the development and maintenance of PTSD. Increasing access to treatments that are both relevant and effective for this population is paramount. We sought to address this need by implementing the webSTAIR (Web-based Skills Training in Affective and Interpersonal Regulation) program in collaboration with the VA Office of Rural Health across 15 sites. webSTAIR is an engaging and non-stigmatizing online program that addresses problems of social isolation, posttraumatic stress, and depression symptoms. webSTAIR guides Veterans through 10 treatment modules, with the assistance of a therapist coach. We will report on the design, implementation and evaluation plans, which includes an investigation of the relationship of the amount of therapist coaching with positive outcome and how this might vary by Veteran characteristics.

LUN 349
Usability Assessment of a Mobile Health (mHealth) App for Post-Traumatic Stress Disorder (PTSD)
 (Abstract #1690)

Poster #LUN 349 (Tech, Assess Dx, QoL, Tech, Prof) I - Industrialized

Rodriguez-Paras, Carolina, Sasangohar, Farzan
Texas A&M University, College Station, Texas
 Post-traumatic stress disorder (PTSD) is a prevalent mental health disorder, which can occur after a person experiences a traumatic event. There are two main forms of treatment for PTSD: pharmacotherapy and psychotherapy. Despite treatment options being widely available, there are some patients that still encounter barriers to obtain the necessary treatment. Overcoming the barriers is important in order to make sure that all PTSD patients receive the care that they need. Some mobile health (mHealth) apps have been developed for this purpose, such as PTSD Coach, CPT Coach, and PE Coach. A scoping literature review was conducted to investigate apps that are specific for the detection and treatment of PTSD, with few articles detailing the human factors techniques behind app development. This study focuses on a usability assessment of PTSD Coach, the most popular PTSD app. A total of 10 participants were recruited for the study. Results indicate that users find the learning component of the app to provide the most information, tracking symptoms is possible through the assessment, and

symptom mitigation is provided through some of the app tools. Some areas for improvement are also identified, such as the color scheme, and personalization options.

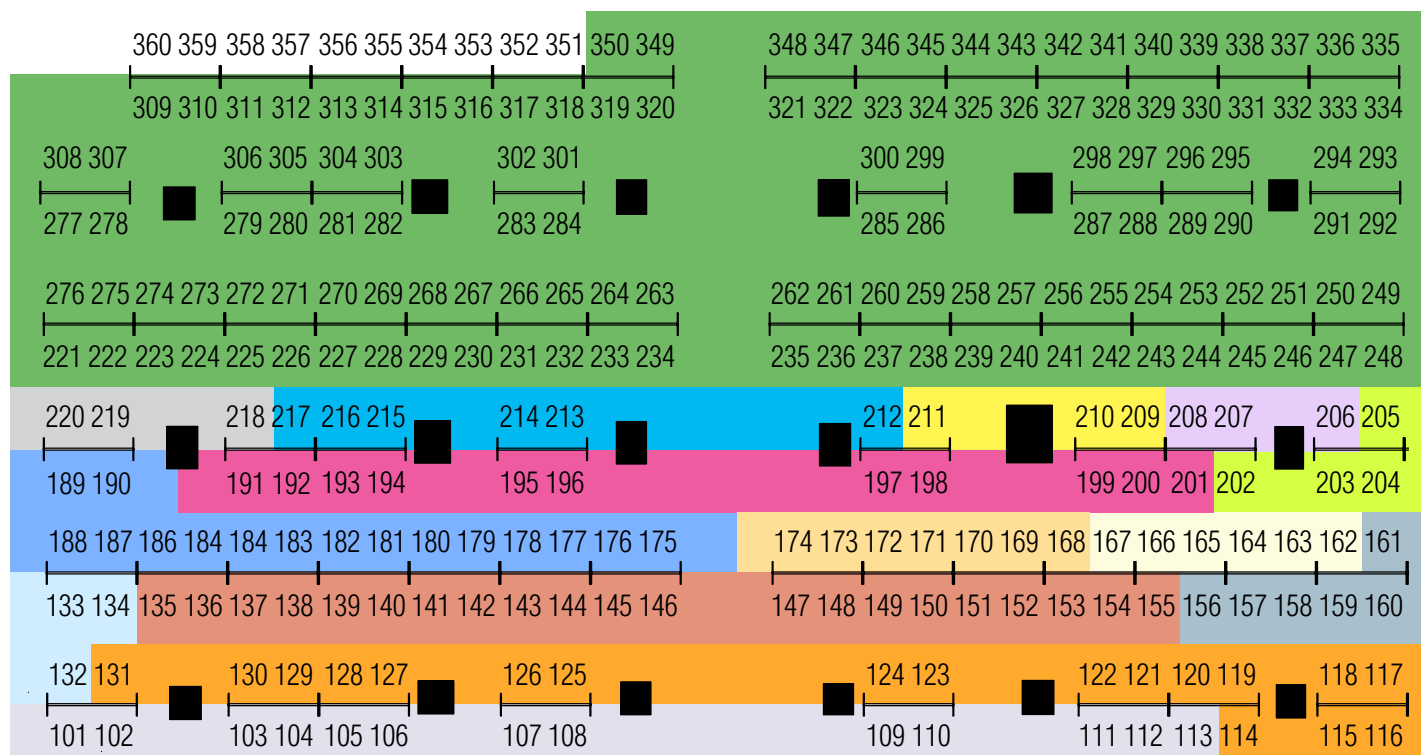
LUN 350
Brain and Peripheral Genetically Predicted Gene Expression Associates with PTSD
 (Abstract #1699)

Poster #LUN 350 (Bio Med, Bio Med, Genetic, Adult) A - Industrialized

Huckins, Laura¹, PGC PTSD, workgroup², Sklar, Pamela¹, Ressler, Kerry³, Stahl, Eli¹, Daskalakis, Nikolaos⁴
¹*Mount Sinai School of Medicine, New York, New York*
²*PGC PTSD workgroup, San Diego, California*
³*Harvard Medical School, Belmont, Massachusetts*
⁴*McLean Hospital, Harvard Medical School, Belmont, Massachusetts*

Little is known about the genetic etiology of PTSD, although the latest GWAS demonstrated that genetic heritability is in line with other mental disorders. PTSD development involves multi-systemic dysregulation in many brain regions and peripheral tissues. Transcriptomic Imputation approaches use machine-learning methods to impute gene expression from large genotype data using curated eQTL reference panels of diverse tissues. Here, we apply multiple gene expression prediction models (12 brain regions, 5 cardiovascular tissues, 2 endocrine tissues, the tibial nerve, adipose tissue and whole blood) to the PGC-PTSD data (9K cases/ 24K controls). We identified 24 significant gene-tissue associations, of which 5 were in peripheral tissues. We stratified analyses according to trauma type (civilian vs. combat trauma), sex, and self-defined ancestry. The 3 strongest associations were identified in military cohorts only, indicating substantial genetic heterogeneity between civilian and combat PTSD cohorts' risk. We then used the PsychENCODE neuronal and non-neuronal reference map for two histone marks associated with open chromatin (H3K4me3 and H3K27ac) and found significant correlation between our association statistics and the presence of both histone marks (correlation with neuronal H3K4me3, Pearson rho=0.87, p=3.99x10⁻⁵). Finally, we used neuroimaging data to validate our results.

Thursday Poster Session Two Distribution Map



Poster Session Two, Thursday 5:45 p.m. – 7:00 p.m.

Student Poster Award Finalists	101 – 113
Assessment & Diagnosis (Assess Dx)	114 – 131
Training/Education/Dissemination (Train/Ed/Dis)	132 – 134
Clinical Practice (Practice)	135 – 155
Social Issues - Public Policy (Social)	156 – 161
Community-Based Projects (Commun)	162 – 167
Biological/Medical (Bio/Med)	168 – 174
Public Health (Pub Health)	175 – 190

Prevention/Early Intervention (Prevent)	191 – 201
Culture & Diversity (CulDiv)	202 – 205
Global Issues (Global)	206 – 208
Vicarious Trauma & Therapist Self Care (Self Care)	209 – 211
Research Methodology (Res Meth)	212 – 217
Technology (Tech)	218 – 220
Clinical/Intervention Research (Clin Res)	221 – 350

**Poster Session Two
Thursday, November 9
5:45 PM to 7:00 PM**

Poster Session Two Presentations

Thursday, November 9, Exhibit Hall
Poster viewing: 2:30 p.m. – 5:45 p.m.
Presentations: 5:45 p.m. – 7:00 p.m.
Author Attended Poster Session Two
Thursday, November 9
5:45 p.m. – 7:00 p.m.

Poster Organization

Each poster is scheduled for either Author Attended Poster Session One, Thursday Noon, Author attended Poster Session Two, Thursday Evening, the Featured Poster Presentations at the Welcome Reception, or Author Attended Poster Session Three, Friday Evening, 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 page 5.

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 4.

Session Two: Thursday, November 9

Poster Setup: 1:30 p.m. – 2:30 p.m.
Poster Viewing: 2:30 p.m. – 5:45 p.m.
Author Attended Poster Session: 5:45 p.m. – 7:00 p.m.
Poster Dismantle: 7:00 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.

**STUDENT POSTER AWARD
FINALISTS**

THU 101

Different Models of PTSD Yield Discrepant Findings in Children: A Genetic Variant Case Example
(Abstract #1011)

THU 101 (Assess Dx, Bio Med, Nat/Dis, Res Meth, Genetic, Child/Adol) I - Industrialized

Danzy, BreAnne, La Greca, Annette
University of Miami, Coral Gables, Florida

Different criteria for PTSD have been proposed by the leading diagnostic systems, DSM-5 and ICD-11. Prior research has found that these diagnostic systems identify different groups of children, which has implications for clinical practice. However, differing definitions of PTSD also has implications for research. The catechol-O-methyltransferase (COMT) gene has been previously linked to PTSD. We investigated whether the COMT risk allele was associated with DSM-5 and ICD-11 models of PTSD in an ethnically-diverse sample of children (ages 7-11) exposed to Hurricane Ike. There were discrepancies in the genetic associations ($X^2=10.80$, $p<.05$). All children (100%) who met criteria for both ICD-11 and DSM-5 had the COMT risk allele. For children identified only by ICD-11 (but not DSM-5), 73% had the risk allele. However, for children identified only by DSM-5 (but not ICD-11), 20% had the risk allele (which is less than the allelic frequency expected in the general population). The presence of depressive symptoms in the DSM-5 criteria may be contributing to the discrepancies in genetic associations. It will be increasingly important for researchers to consider and specify how PTSD is being defined and measured in studies, as different conceptualizations of the disorder may result in striking differences in research findings.

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

THU 102

Moral Injury: Field-testing a Novel Psychopathologic Concept Secondary to Battlefield Trauma

(Abstract #1240)

THU 102 (Assess Dx, Complex, Civil/War, Mil/Vets, Adult) I - Industrialized

Lorenz, Hjordis

Oxford University, Oxford, Oxfordshire, United Kingdom

Among sustained adverse combat stress reactions, posttraumatic stress disorder (PTSD) is the best known. In our time, warfare has become largely unconventional and asymmetric. Ethically ambiguous situations abound through unmarked combatants, civilian-camouflaged threats, improvised explosive devices, etc. Recently, a new nosological entity has gained ground, called “Moral Injury” (MI), denoting damage to someone’s moral beliefs and value structure. It is explained to arise from a psychopathologic process linked to PTSD, but different from it. The literature shows MI to be a distinct, consistent, and empirically valid psychopathologic concept. Its sequelae are increased rates of suicide and self-harm, higher rates of treatment-nonresponse, and symptom persistence. It is most frequently comorbid to psychological disorders such as PTSD, posttraumatic adjustment disorder or depression. **Methods:** To elucidate the difference between PTSD and MI and to ascertain the utility of the concept, this study surveyed 140 U.S. military veterans via online questionnaires, applying Shay & Nash’s Moral Injury Questionnaire-Military Version (MIQ-M), the Primary Care PTSD Screen, and questions about their military history. The MIQ-M has not yet been widely studied outside of the initial evaluation by the authors. **Results:** Individuals diagnosed with PTSD presented significantly higher MIQ-M-scores ($M=41.26$) than individuals without PTSD diagnosis ($M=32.15$) as per univariate ANOVA $F(1,114)=24.58, p<.001$. Those scoring high in the MIQ-M highly endorsed “betrayal by leaders” as the primary source of their MI ($M=2.62$ of 4), it being scored highest of all morally injurious factors. Our data reveals high internal consistency of the MIQ-M (Cronbach’s $\alpha=.86$) which was not previously reported. **Discussion:** The results suggest that military personnel, while trained to expect violence and even death, are not prepared for the

moral breaches within their team and are therefore disproportionately affected by them. This in turn highlights the need for a better understanding of MI in different susceptible populations. The data indicate that MI is sufficiently distinct from PTSD, with 10 individuals with no PTSD diagnosis showing high MI. It further suggests that data collection in the safety and anonymity of online-use and by way of the MIQ-M is an effective and efficacious way of researching the topic. **Conclusion:** Through discerning from it the pathology of MI, a better understanding of PTSD could in future inform treatment and prevention of different stress-reactive mental disorders in susceptible military and civilian populations.

THU 103

Prenatal Parental Reflective Functioning Predicts Atypical Maternal Brain Responses to Hearing Own- Versus Other-baby Cries Among Trauma-exposed Mothers

(Abstract #846)

THU 103 (Bio Med, Complex, Cul Div, Intergen, Neuro, Adult) M - Industrialized

Pitzen, Jerrica¹, Huth-Bocks, Alissa¹, Ho, S. Shaun², Jakubowski, Beth¹, Franz, Shannon¹, Swain, James²
¹*Eastern Michigan University, Ypsilanti, Michigan*
²*Stony Brook University, Stony Brook, New York*

Research has shown mothers with PTSD display atypical brain responses in areas related to emotion regulation and social perspective-taking (Moser et al., 2013) including the precuneus, which is activated when mothers hear infant cries (Kim et al., 2011). Additional research suggests the precuneus may be associated with parental reflective functioning (RF; i.e., the ability to accurately understand children’s mental states) among trauma-exposed mothers (Swain et al., in press). More research is needed on brain-behavior associations among high-risk parents to understand the complex sequelae of stress and trauma on the parent-child relationship. Participants included 14 low-income, trauma-exposed mothers participating in an ongoing longitudinal study ($N=120$ followed from pregnancy through 3-years postpartum) who completed an fMRI task 5-years postpartum. They were exposed to stimuli including listening to an unknown baby’s cry and imagining it as their own or another’s baby. Results revealed

mothers' prenatal RF scores predicted Own > Other's Baby-Cry differential responses in the precuneus (peak at [6, -38, 48] in MNI coordinates, $k=56$ voxels, s.v.c. corrected at $p=0.05$); less RF was related to less differentiated response, suggesting a blunted (atypical) response to own-baby distress cues. Results indicate observed reflective capacity has neural bases in the "parenting brain" among trauma-exposed mothers.

THU 104

Self-Reported Pain Sensitivity and Qualitative Sensory Testing in Trauma Survivors (Abstract #142)

THU 104 (Bio Med, Bio Med, Health, Adult) M - Industrialized

Hellman, Natalie, Sturycz, Cassandra, Rhudy, Jamie
University of Tulsa, Tulsa, Oklahoma

Survivors of traumatic events often report physical pain symptoms following trauma exposure, and a substantial proportion of trauma survivors later develop chronic pain. Unfortunately, the mechanisms responsible for this relationship are unknown. Quantitative Sensory Testing (QST) involves applying standardized stimuli to activate A and C fibers within pain pathways to allow more objective determination of sensory processing. Using QST, some research suggests central nervous system pain amplification is present in persons with early life trauma; however, these findings are based on few studies using different QST measures. Due to the small number of studies, the hypothesis of central nervous system pain amplification in trauma survivors needs further investigation. Heat pain tolerance and electric pain threshold are two commonly used QST measures that assess an individual's pain perception. Perceived (self-reported) pain sensitivity, or how painful a person imagines everyday situations to be (i.e., how painful it would be to stub their toe), is correlated with QST measures of pain perception. However, the impact of trauma exposure on this relationship has not been assessed. Given the high prevalence rates of trauma and pain, it is possible that persons who experience numerous traumas may view themselves as more sensitive to painful events. The present study investigated if trauma exposure is related to perceived- and QST-measured pain sensitivity in 28

healthy, pain-free individuals. The Life Events Checklist (LEC; a measure of the number of traumas experienced), the Pain Sensitivity Questionnaire (PSQ; a self-report measure of perceived pain sensitivity), and QST to assess heat pain tolerance and electric pain threshold were administered. Heat pain tolerance was assessed on the volar surface of the left forearm; electric tolerance was assessed by the placement of a stimulating electrode over the sural nerve of the left ankle. Univariate outliers were identified according to Wilcoxon's MAD-Median procedure and replaced with the nearest neighbor value. Pearson's correlations indicated a significant relationship between number of traumas and perceived pain sensitivity ($r=.46$, $p=.01$); however, trauma exposure was not significantly correlated with heat tolerance ($r=.16$, $p=.41$) or electric threshold ($r=.06$, $p=.77$). These preliminary results suggest that traumatized individuals may over-report their self-reported pain sensitivity, but their QST-measured pain sensitivity may not mirror their report. However, data collection is ongoing so these preliminary analyses may be under-powered to detect relationships with QST measures.

THU 105

HPA Axis Genetic Variation and Lifetime Trauma Influences Amygdala Functional Connectivity at Rest (Abstract #1351)

THU 105 (Bio Med, Neuro, Adult) M - Industrialized

Miskovich, Tara¹, Belleau, Emily², Pedersen, Walker¹, Larson, Christine¹
¹University of Wisconsin - Milwaukee, Milwaukee, Wisconsin
²McLean Hospital, Harvard Medical School, Boston, Massachusetts

Traumatic stress is a key risk factor for psychopathology (Kessler et al., 2010), primarily through the impact that chronic stress has on hypothalamic-pituitary-adrenal (HPA) axis functioning. The HPA axis regulates the stress response but can become dysregulated with chronic activation and impact brain functioning. In addition to environmental stressors, genetic variation in genes that influence the HPA axis are related to differential functioning of the HPA axis and disruption in brain

functioning, particularly in the context of high life stress (Bogdan et al., 2016). We examined trauma and genetic risk influences on amygdala resting state brain connectivity in 97 young adults. We created a genetic risk profile by adding minor alleles across 9 single nucleotide polymorphisms in 3 HPA axis related genes (CRHR1, NR3C2, NR3C1 and FKBP5), and assessed the number of experienced traumatic events. Whole-brain regression analyses revealed an interaction demonstrating high genetic risk and more experienced traumatic events predicted stronger connectivity between the right amygdala and right caudate. These results suggest that biological vulnerability in the HPA axis may be an important factor in understanding how trauma influences key networks involved in emotional processing and regulation that are disrupted in stress-related psychopathology.

THU 106
Exposure to Prenatal Stress and Harsh Parenting Predict Infant Salivary Alpha Amylase Functioning
 (Abstract #1271)

THU 106 (Bio Med, DV, Fam/Int, Bio/Int, Child/Adol) M - N/A

Garcia, Antonia, Bogat, G. Anne, Levendosky, Alytia, Lonstein, Joseph
Michigan State University, East Lansing, Michigan

Exposure to prenatal stress such as intimate partner violence (IPV) is associated with biobehavioral dysregulation in offspring, which may negatively affect the infant's ability to cope with stressful events after birth. Infant physiological stress responses are also associated with postnatal environmental factors such as continued IPV exposure, maternal mental health problems, and negative parenting behaviors. We evaluated whether exposure to prenatal and postnatal IPV, maternal mental health, and harsh parenting influenced salivary alpha amylase (sAA) reactivity in 182 12-month-olds participating in a laboratory stress task. Growth curve modeling was used to estimate the trajectory of sAA reactivity measured pre-task, 5 minutes post-task, and 20 minutes post-task. A linear model was retained. Results indicated that prenatal, but not postnatal, IPV was positively associated with the intercept of sAA reactivity. In addition, harsh

parenting was negatively associated with the slope of the growth curve. Maternal mental health did not influence sAA reactivity when IPV exposure and harsh parenting were accounted for. Results suggest that prenatal stress may influence baseline levels of infant sAA, while negative parenting practices have the potential to blunt the increase in sAA during acutely stressful events.

THU 107
A Physiological Moderator of Resilience in the Context of Community Violence Exposure
 (Abstract #1148)

THU 107 (Clin Res, Commun, Cul Div, Child/Adol) I - N/A

Best, Cheryl, Drach, Rae, Gordis, Elana
University at Albany, State University of New York, Albany, New York

Introduction/Objective: There is ample support that exposure to community violence negatively affects children's social and emotional functioning (Margolin & Gordis, 2000; Schwartz & Proctor, 2000). What is less known is how psychophysiological reactivity may play a role in these effects. Our study examines sympathetic nervous system reactivity, as measured by salivary alpha amylase (sAA), as a potential moderator of the effects of community violence exposure on children's resilience. **Methods:** This project was part of a larger study examining the effects of community violence on children ages 9-11. A sample of 49 children (51% female, 87.8% ethnic minority; mean age 10.15 ± .99), recruited from an after-school program in a Northeastern city with high rates of community violence and poverty (22% below the poverty line; U.S. Census Bureau, 2012). Participants completed a series of questionnaires. Among these were the Community Experiences Questionnaire (CEQ; Schwartz & Proctor, 2000)—a measure of community violence exposure—and two subscales (Social Relatedness and Mastery) of the Resiliency Scales for Children and Adolescents (RSCA). The two RSCA subscales were used to compute participants' Resource Index, a measure of psychosocial strengths thought to be key components of resilience (Prince-Embury, 2007). Additionally, children provided a saliva sample to obtain baseline reactivity and then underwent an abbreviated version

of the Trier Social Stress Task, after which they provided additional saliva samples via passive drool at 5, 15, and 25 minutes post-stressor. The saliva samples were then analyzed for levels of salivary alpha-amylase (sAA) and area under the curve with respect to ground (sAA-AUCg; Pruessner, 2003) was calculated. **Results:** We regressed RSCA Resource Index on main and interactive effects of CEQ, sAA-AUCg, and their interaction, controlling for child gender. The overall model was significant ($F [3,44] = 2.835, p = .049$), and a significant effect for the interaction between CEQ and sAA reactivity emerged ($\beta = -.327, t = -2.318, p = .025$). Examination of the interaction plot revealed that in the context of high sAA reactivity, community violence and resilience demonstrated a negative relationship. **Conclusions:** These results are consistent with our hypothesis that psychophysiological reactivity moderates the relationship between community violence exposure and resilience and support the idea that the sympathetic nervous system may play a role in how resilience is expressed. These results may also support the use of intervention strategies that temper SNS reactivity (e.g. relaxation techniques) in order to foster and strengthen resilience in children exposed to high rates of community violence.

THU 108

The Role of Emotion Regulation in the Relationship between Trauma and Externalizing Problems

(Abstract #664)

THU 108 (Clin Res, Affect/Int, Cul Div, Dev/Int, Child/Adol) I - Industrialized

Vazquez, Alexandra¹, Kosson, David², Martinez-Torteya, Cecilia¹

¹*DePaul University, Chicago, Illinois*

²*Rosalind Franklin University of Medicine and Science, Chicago, Illinois*

Experiencing trauma early in life can lead to deficits in emotional processing and regulation. Negative emotionality and poor emotion regulation, in turn, predict internalizing and externalizing problems. We sought to examine the role of emotion regulation in relationships between traumatic experiences and child behavior problems, using the Disappointing Toy paradigm (Denham, 1986) and maternal reports

of child lifetime trauma exposure and child externalizing behaviors. Forty-seven caregiver-child dyads at three Head Start preschools in Chicago participated. Positive and negative affect were examined in each period of the task, and differences in affect between the periods were calculated. Both exposure to trauma ($\beta = .373, p < .05$) and the decrease in negative affect between Periods A and B — when researcher is present vs. absent ($\beta = .291, p < .05$) — were significant predictors of externalizing symptoms. A model including trauma and affect change while controlling for child age, predicted externalizing behaviors, $R^2 = .15, F (1,43) = .04$. These results suggest that dynamic changes in affect may provide a valuable index of emotion regulation, predictive of externalizing psychopathology. Additional studies of dynamic measures of emotion regulation with trauma-exposed young children are needed to better understand this potential risk mechanism.

THU 109

Differences in White Matter Integrity in Women with PTSD with and without Past Alcohol Use Disorders

(Abstract #709)

THU 109 (Clin Res, Bio Med, DV, Sub/Abuse, Neuro, Adult) I - Industrialized

Challa, Saankari, Bruce, Steven

University of Missouri St. Louis, Saint Louis, Missouri

Posttraumatic stress disorder (PTSD) and alcohol use disorders (AUD) are highly comorbid conditions, with the co-occurrence resulting in poorer psychosocial, medical, and treatment outcomes compared to either disorder alone. Furthermore, AUD and PTSD are linked to several fronto-limbic deficits in white and gray matter. Fronto-limbic white matter tracts implicated in both disorders include the fornix and cingulum. Most of these findings have been in male-only or mixed samples, however, and very few studies examined a comorbid PTSD-AUD group. The present study includes a sample of 30 females with PTSD-only and 25 with PTSD and past AUD (PTSD-PAUD). Fractional anisotropy (FA) values from diffusor tensor imaging (DTI) scans were examined. Compared to the PTSD-only group, the PTSD-PAUD group was associated with significantly

higher FA values in the fornix ($t(53)=-2.40, p=.02$), suggesting significant differences in white matter integrity. These white matter abnormalities are consistent with AUD and PTSD literature. The results call for further investigations of the fornix and its role in outcomes in PTSD-PAUD, as literature has proposed fornix abnormalities reflective of premorbid predispositions to or lasting effects of AUD. Additional fronto-limbic structures in the context of PTSD and PAUD will be explored.

THU 110

Concurrent Depression Predicts Attenuated Treatment Effects in Psychotherapy RCTs for PTSD: A Meta-Analysis

(Abstract #1009)

THU 110 (Clin Res, Clin Res, Depr, Adult) M - Global

Kline, Alexander¹, Cooper, Andrew², Pugliese, Vincent¹, Rytwinski, Nina³, Feeny, Norah¹
¹Case Western Reserve University, Cleveland, Ohio
²University of Toronto Scarborough, Toronto, Ontario
³Walsh University, North Canton, Ohio

Major depressive disorder (MDD) co-occurring with posttraumatic stress disorder (PTSD) is common (Rytwinski et al., 2013) and associated with greater impairment (Kessler et al., 2005). Despite effective psychotherapies for PTSD (Cusack et al., 2016), concerns exist that comorbid MDD inhibits optimal PTSD treatment response and completion (van Minnen et al., 2012). A meta-analysis was conducted to evaluate the impact of baseline depression on PTSD symptom change and dropout in psychotherapies for PTSD. Analyses included 100 total conditions from 41 randomized controlled trials for PTSD ($N = 4178$). Depression was based on continuous baseline symptom severity (e.g., BDI), standardized across measures. Preliminary analyses indicated studies with greater baseline depression severity produced smaller PTSD treatment effect sizes ($\beta = -.25, p = .01$), particularly when adopting intent to treat analyses ($\beta = -.33, p = .005$). Baseline depression severity did not predict dropout ($p = .85$). In parallel analyses, rate of baseline comorbid MDD diagnosis produced comparable results. While baseline depression did not increase dropout risk, MDD symptom severity and MDD diagnosis

attenuated PTSD posttreatment outcomes. Findings complement a developing literature conceptualizing comorbid depression and PTSD as an index of greater severity that may inhibit PTSD psychotherapy response (Flory & Yehuda, 2015).

THU 111

Identifying Risk and Protective Factors for Refugees Living in Ghana: Through a Photovoice Lens

(Abstract #1452)

THU 111 (Global, Clin Res, Comm/Int, Cul Div, Refugee, Adult) I - W & C Africa

Hansell, Tristan¹, Ninnoni, Jerry², Peters, Roger³, Brown, Lisa¹
¹Palo Alto University, Palo Alto, California
²University of Cape Coast, Ghana, Cape Coast, Western Cape
³University of South Florida, Tampa, Florida

Photovoice is a research method that combines photos and narratives to increase awareness of key social issues from the perspective of those who are directly affected. This method aims to provide a voice to disadvantaged and underrepresented populations in an effort to aid in policy, research, and funding modifications. Refugees from Ivory Coast, currently living outside of Cape Coast, Ghana, were given cameras to capture risk and protective factors in their lives ($N=20$). Method: Participants were administered a portion of the Humanitarian Emergency Settings Perceived Needs (HESPER) Scale and the Trauma Events Inventory, which assess needs in emergency response settings and personal exposure to traumatic events. Data was collected from 20 adults who lived within the Edjeikrom refugee camp outside of Cape Coast, Ghana (60% females, 40% males) between the ages of 25-53. Majority of participants identified as Christian ($n=18$), one identifying as Buddhist and another as Muslim. Results: Findings both from the assessment measures and qualitative data provided within focus group discussions of pictures taken showed environmental and cultural aspects as leading risk factors in the participants' lives. Education, social capital, and religion were identified as protective factors. Quantitative and qualitative data further revealed significant traumatic event experiences among all participants and highlighted related factors

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guide to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

of resilience and presentation of trauma. Images captured are outlined and future directions for research and policy implementation are explored.

THU 112

Temporal Relations among PTSD Symptoms: A Person-specific Analysis of the Symptoms in Daily Life

(Abstract #902)

THU 112 (Res Meth, Clin Res, Res Meth, Adult) M - Industrialized

Schuler, Keke¹, Ruggero, Camilo¹, Kotov, Roman²

¹*University of North Texas, Denton, Texas*

²*Stony Brook University, Stony Brook, New York*

Prior literature on temporal relations among PTSD symptoms has indicated that hyperarousal is the strongest predictor of subsequent symptoms. However, these findings are limited by traditional analytic approaches, which are based on group-level aggregation and inter-individual variation. PTSD is a heterogeneous syndrome and temporal relations among the symptoms are likely to vary across individuals. The aim of the present study was to examine temporal relations among PTSD symptoms individually in four exemplar participants using unified structural equation modeling (uSEM). The four exemplar participants were drawn from a sample of World Trade Center (WTC) responders recruited from the Long Island site of the WTC health program (WTC-HP). Using ecological momentary assessment (EMA) approach, PTSD symptoms were assessed three times a day over seven consecutive days. Results showed heterogeneity among these participants in their symptom severity across days and in temporal relations among PTSD symptoms. The person-specific temporal relations among PTSD symptoms are highly idiosyncratic. The clinical implication of the present findings will be further discussed.

THU 113

An Assessment of the United States Refugee Resettlement Program

(Abstract #66)

THU 113 (Social, Global, Rights, Refugee, Social, Lifespan) I - Industrialized

Utržan, Damir, Wieling, Elizabeth, Piehler, Timothy
University of Minnesota-Twin Cities Campus, St. Paul, Minnesota

The United States has a longstanding practice of welcoming people fleeing from violence and persecution. The refugee resettlement program, a public-private partnership between nonprofit organizations and the government, reflects this ethos (RCUSA; Refugee Council United States of America, 2017). But a shift in national immigration policy following the presidential inauguration cast into doubt whether this practice would continue. The purpose of this study was to assess the nationwide resettlement program with a focus on Syrian refugees. The sample consisted of 51 resettlement affiliates across the United States which collectively resettled 202,400 refugees, including 6,874 Syrians, over the last three years (i.e., 2013-2016). A mixed-methods research design informed data collection and analysis. Most affiliates reported being somewhat to moderately prepared in their current Syrian refugee resettlement efforts ($M = 4.0$; $SD = .79$; Range: 1-5). Thematic findings suggest limited availability of resources, such as housing, and increased demands. As noted by a leader, "It's been hard to resettle the Syrian refugees due to their expectations around accepting housing [and] financial support..." They also suggest challenges to resettlement in the form of discrimination and prejudice, fear, and misinformation. A leader remarked, "People have prejudice and biases; [they] scared from newcomers. Politicization in recent year of Syrian issue and looking at Syrians as ISIS." Directions for future research, along with policy and clinical implications, are discussed in the context of this study's findings.

ASSESSMENT/DIAGNOSIS

THU 114

The Hidden Impact of PTSD: High Prevalence and Underdiagnosis in a Mental Health Outpatient Setting
(Abstract #989)

THU 114 (Assess Dx, Assess Dx, Clinical Practice, Pub Health, Adult) A - Latin Amer & Carib

Silva, Herika Cristina¹, da Rosa, Maisa¹, Berger, William², Mendlowicz, Mauro³, Figueira, Ivan², Ventura, Paula²

¹*Federal University of Rio de Janeiro, Rio de Janeiro, Brazil*

²*Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil*

³*Universidade Federal Fluminense, Niteroi, Rio de Janeiro, Brazil*

Despite being one of the most severe human reactions to traumatic events and highly prevalent, posttraumatic stress disorder (PTSD) is surprisingly underdiagnosed, even in academic settings (as low as 4% of recognition). Therefore, we interviewed patients from an academic mental health outpatients clinic to investigate (1) the current prevalence of PTSD among these patients, and (2) the diagnostic rate of the disorder among their assistant physicians. Participants were older than 18 years under treatment at the Institute of Psychiatric of the Universidade Federal do Rio de Janeiro. The PTSD diagnosis was obtained using the Structured Clinical Interview for DSM-IV - PTSD section (SCID I). Two hundred patients completed the interview. Participants were adults (20–76 years old) with a mean age of 48.02 (SD = 12.4) years. Most of them (n = 118, 59%) were females. Forty-one patients (20.5%) were diagnosed with current full PTSD. When subthreshold PTSD was included, the prevalence rate increased to 62 cases (31%). Only one (2.4%) patient with PTSD or subthreshold PTSD was diagnosed by his assistant physician. For the first time in a LAMIC, using a structured interview, we replicated the finding that PTSD is remarkably high prevalent and underdiagnosed in a mental health outpatient clinic.

THU 115

Evaluating Criterion A Utility for Differentiating Symptom Presentation and Treatment Outcomes in Help-Seeking Veterans
(Abstract #612)

THU 115 (Assess Dx, Clinical Practice, Mil/Vets, Adult) M - N/A

Roberge, Erika¹, Weinstein, Harrison², Livesay, Brian³

¹*National Center for Veterans Studies and University of Utah, Salt Lake City, Utah*

²*Veterans Health Care System, Salt Lake City, Utah*

³*Idaho State University, Pocatello, Idaho*

Current diagnostic standards for PTSD require the presence of a traumatic event (Criterion A) that triggered the onset of other symptoms. However, some experts have called for the removal of Criterion A. The present study will examine the utility of Criterion A to differentiate symptom patterns and clinical outcomes for Veterans with and without Criterion A events. To determine diagnostic status, Veterans presenting to a PTSD clinic reported their worst experienced event and completed self-report measures of depression, moral injury, posttraumatic stress, and posttraumatic cognitions, as well as a clinical interview. Available data allow veterans to be categorized into three groups: 1) diagnosis of PTSD, 2) subthreshold (Criterion A met with other missing criteria), and 3) other stressor-related disorder (Criterion A not met but other PTSD criteria present). Group assignment will be determined by results of clinical interview, and clinical presentations will be compared across groups. Additionally, for Veterans who enrolled in PTSD treatment, outcomes will be compared. Symptom severity scores and treatment outcome trajectories will be compared using multilevel modeling, and factor analyses will be used to compare symptom presentations between groups. Findings may provide support for the continued use of Criterion A in PTSD assessment and guide treatment recommendations.

THU 116

Effect of Experiential Avoidance on PTSD Clusters and Symptom Severity

(Abstract #1409)

THU 116 (Assess Dx, Mil/Vets, Adult) I - Industrialized

McManus, Eliza¹, Cuccurullo, Lisa-Ann¹, Raines, Amanda², Walton, Jessica¹, Uddo, Madeline¹, Franklin, C¹

¹*Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana*

²*Florida State University, Tallahassee, Florida*

Experiential avoidance is defined as attempts to avoid or alter unpleasant internal experiences such as thoughts, feelings, and sensations (Hayes, Strosahl, Wilson, et al., 2004). Evidence supports the notion that EA plays a central role in a number of psychological disorders (Zvolensky, Feldner, Leen-Feldner, & Yartz, 2005). In particular, research has shown that an overreliance on experiential avoidance strategies increases or maintains PTSD symptoms over time. The purpose of the poster is to examine experiential avoidance and PTSD symptom clusters among a sample of trauma-exposed veterans (N=50) seeking treatment in a VHA PTSD specialty clinic. Experiential avoidance was measured by the Acceptance and Action Questionnaire (AAQ), a measure of unwillingness to be present with internal experiences. PTSD symptoms were measured by the Posttraumatic Stress Disorders Checklist for DSM-5 (PCL-5), a self-report measure of PTSD symptoms according to DSM-5 criteria. Multiple logistical regression analyses will be conducted to examine relationship between AAQ domains (e.g., distress, control/avoidance, and behavioral flexibility) and PTSD criterion (e.g., Criterion B, Criterion C, Criterion D, Criterion E) as well as overall symptom severity. Results and clinical implications to these findings will be discussed.

THU 117

Objectively Assessed and Self-Reported Cognitive Problems in Veterans Initiating Psychotherapy for Posttraumatic Stress Disorder: An Exploratory Study

(Abstract #1283)

THU 117 (Assess Dx, Assess Dx, Mil/Vets, Adult) M - Industrialized

O'Neil, Maya¹, Schnurr, Paula², Carlson, Kathleen¹, Twamley, Elizabeth³, Storzach, Daniel¹, Sayer, Nina⁴

¹*VA Portland Health Care System, Portland, Oregon*

²*National Center for PTSD, Executive Division, White River Junction, Vermont*

³*University of California, San Diego and VA San Diego Healthcare System, San Diego, California*

⁴*Minneapolis VA Health Care System, Minneapolis, Minnesota*

Background: Posttraumatic Stress Disorder (PTSD) often impacts cognitive functioning, though the prevalence of cognitive impairment in Veterans initiating evidence-based psychotherapy (EBP) for PTSD is unknown.

Objectives: Describe the type, severity, and prevalence of cognitive impairment experienced by Veterans initiating EBP for PTSD. Determine the relationship between self-reported and objectively assessed cognitive functioning in this sample.

Method: We conducted objective and self-report assessments of cognitive functioning and mental health symptoms with 38 Veterans initiating EBP for PTSD at one VA. **Results:** Over 20 percent of participants did not pass embedded effort tests and were excluded. Almost half of the remaining sample (14/30) demonstrated objective deficits in one or more cognitive domain, and one third (10/30) were impaired in two or more domains. Most impairment was in areas of learning, memory, and processing speed. All self-report measures were significantly correlated with each other. Correlations between self-report and objective measures of cognitive functioning were nonsignificant with only one exception: one test of learning was significantly correlated with self-reported decision-making difficulties. **Conclusions:** Cognitive impairment is common in Veterans initiating PTSD EBP, and there are almost no significant relationships between self-reported and objective measures in this sample.

Longitudinal research on a larger sample is warranted.

THU 118

Early Trauma Exposure, Life Stress, and Racial Discrimination Influences on Substance Use in a High-Risk Community Sample
(Abstract #1205)

THU 118 (Clin Res, Chronic, Clin Res, Cul Div, Sub/Abuse, Adult) - Industrialized

Carter, Sierra¹, Lott, Abigail¹, Bradley, Bekh²
¹Emory University School of Medicine, Atlanta, Georgia
²Atlanta VAMC/Emory University, Decatur, Georgia

Studies have shown that individuals with increased exposure to stressful and traumatic events may resort to substance use as a method of alleviating the long-term and cumulative negative effects of stress and trauma exposure (Carver & Connor-Smith, 2010; Davis et al., 2013; Garland et al., 2013). Furthermore, research has noted that experiences of trauma, stressful life events, and racial discrimination throughout the life course can all influence health-risk behaviors such as substance use amongst high-risk and vulnerable populations (Gibbons et al., 2012; Mandavia et al., 2016). This presentation will utilize a risk and resilience framework to discuss study findings that examined the influence of early trauma exposure, life stress, and racial discrimination on substance use in a high-risk community sample of primarily African American adults. Data presented will include examination of (1) differential vulnerabilities to substance use based on level of exposure to childhood trauma, stressful life events, and racial discrimination (N = 535) (2) moderational influences of socioeconomic status and emotion dysregulation within these relationships (N = 505). Self-report measures of childhood trauma exposure, substance use, stressful life events, emotion dysregulation, and racial discrimination were obtained. Structured clinical interviews (MINI International Neuropsychiatric Interview) were also conducted for psychiatric diagnoses of substance use disorders. Results from study findings will be discussed and clinical implications will be highlighted.

THU 119

Influence of Combat-associated Stressors and Military Sexual Assault on PTSD and Substance Use Disorder Symptoms in Female Military Veterans
(Abstract #1206)

THU 119 (Assess Dx, Rape, Mil/Vets, Gender, Adult) - Industrialized

Yalch, Matthew¹, Hebenstreit, Claire², Maguen, Shira³

¹Marian University, Indianapolis, Indiana

²Palo Alto VA Medical Center, Livermore, California

³San Francisco VA Medical Center and UCSF, San Francisco, California

Female military personnel exposed to combat-associated stressors are at increased risk of developing symptoms of posttraumatic stress disorder (PTSD) and substance use disorder (SUD). They are also at risk for exposure to military sexual assault (MSA), which is also associated with PTSD and SUD symptoms. Research is unclear about the incremental contributions of these different forms of traumatic stressors on co-occurring PTSD and SUD symptoms. In this study we examined the independent and combined effects of combat-associated stressors and MSA on PTSD and SUD symptoms in a sample of female veterans (N = 407) who received care at a large VA health care center. We tested incremental effects using a blend of variable- and person-centered data analytic methods. Results indicate that combat-associated stressors and MSA exhibit incremental effects on PTSD symptoms and, to a lesser extent, SUD symptoms. Results further suggest that women exposed to both combat-associated stress and MSA are at increased risk for developing co-occurring PTSD and SUD. These findings are consistent with previous research on the cumulative effects of traumatic stressors on psychopathology and have implications for future research and clinical practice with female veterans.

THU 120

A Pilot Clinical Intervention on Race-based Traumatic Stress Injury, Post-traumatic Stress and Psychological Distress for Racial and Ethnic Minority Veterans
(Abstract #1207)

THU 120 (CulDiv, Ethnic, QoL, Mil/Vets, Theory, Adult) - Industrialized

Hubbard, Asale¹, Crockett, Stephanie¹, Klemptner, Hannah¹, Burkman, Kristine²

¹*Department of Veteran Affairs Medical Center, San Francisco, California*

²*San Francisco VA Medical Center (VAMC-SF), San Francisco, California*

Race-based traumatic stress (RBTS) refers to the psychological and physiological outcomes of racism, including racial discrimination, racial harassment, and/or discriminatory harassment (Carter, 2007, Smith, 2010, & Comas-Diaz, 2016). Research indicates that racial/ethnic minorities have higher rates of PTSD, particularly female veterans from recent conflicts (C'de Baca et al., 2016).

Asian/Pacific Islander women, and Black and Hispanic men are more likely to screen positive for PTSD (Koo et al., 2016). Research also demonstrates that Black veterans are less likely to stay in PTSD treatment (Spoont et al., 2015). Feedback from trauma therapists within our medical center indicate that racial/ethnic minority veterans experience race-based stressors beyond military trauma. As there is limited research on effective interventions for RBTS, we will evaluate the efficacy of a semi-structured, race-based traumatic stress group curriculum (developed by Marie Carlson, M.A., Austin VA) on decreasing psychiatric symptoms related to RBTS. Pre-and post-intervention measures on race related stress, PTSD, and general psychiatric symptoms will be administered. Quality of life and qualitative feedback will also be explored. Results of this intervention will be reviewed and implications for providing culturally sensitive trauma-based care for racial and ethnic minority veterans will be discussed.

THU 121

PTSD's Risky Behavior Criterion: Relation with DSM-5 PTSD Symptom Clusters and Psychopathology
(Abstract #1100)

THU 121 (Assess Dx, Aggress, Sub/Abuse, Adult) - Industrialized

Contractor, Ateka¹, Weiss, Nicole², Dranger, Paula³, Ruggero, Camilo¹, Armour, Cherie⁴

¹*University of North Texas, Denton, Texas*

²*Yale University School of Medicine, New Haven, Connecticut*

³*Valparaiso University, Valparaiso, Indiana*

⁴*University of Ulster, Coleraine, Northern Ireland*

A new symptom criterion of reckless and self-destructive behaviors (E2) was recently added to posttraumatic stress disorder's (PTSD) diagnostic criteria in DSM-5, which is unsurprising given the well-established relation between PTSD and risky behaviors. Researchers have questioned the significance and incremental validity of this symptom criterion (e.g., Miller et al., 2013). Unprecedented to our knowledge, we aim to compare trauma-exposed groups differing on their endorsement status of the E2 criterion (cut-off score of 2) on several psychopathology constructs. The sample included 123 trauma-exposed participants seeking mental health treatment (M age = 35.70; 68.30% female) who completed self-report questionnaires assessing PTSD symptoms, depression, rumination, distress tolerance, and anger. We used independent samples t-test with Bonferroni correction. Results indicated that participants who endorsed E2 reported significantly greater PTSD subscale severity (range of t values: 5.82 - 8.18, $p < .001$, range of Cohen's d values: 1.12 - 1.65); depression severity ($t = 4.02$, $p < 0.001$, Cohen's d = 0.84); rumination facets of repetitive thoughts, counterfactual thinking, and problem-focused thinking (range of t values: 3.19 - 4.04, range of p values: $< .001$ - .002, range of Cohen's d values: .58 - .74); and anger reactions ($t = 3.10$, $p = 0.002$, Cohen's d = 0.60) compared to participants who did not endorse E2. Further, participants who endorsed E2 reported significantly greater distress tolerance-related absorption and regulation difficulties (range of t values: 3.23 - 3.34; range of p values $< .001$ - .002, range of Cohen's d values: .62 - .63) compared to participants who did not endorse E2. Results indicate the utility of the E2 criterion in identifying

trauma-exposed individuals with greater posttraumatic distress, and emphasize the importance of targeting such behaviors in clinical treatment. Additionally, results add to evidence indicating a significant functional role of the E2 criterion in PTSD's symptomatology and other posttraumatic mental health constructs.

THU 122

Evaluation of Urgency's Role in the Relationship between PTSD, Childhood Maltreatment, and Substance-Related Problems

(Abstract #199)

THU 122 (Assess Dx, CPA, Health, Sub/Abuse, Adult) I - Industrialized

Mirhashem, Rebecca, Price, Matthew, Allen, Holley, van Stolk-Cooke, Katherine, Legrand, Alison
University of Vermont, Burlington, Vermont

PTSD is highly comorbid with the misuse of opioids. Childhood maltreatment and poor emotion regulation are a common risk factors for both conditions. It is unclear, however, if these risk factors lead to PTSD, which then results in substance related problems or vice versa. The present study used structural equation modeling to determine how childhood maltreatment and emotion regulation were associated with PTSD and substance misuse in a sample of 83 individuals who misused opioids. The optimal fitting model ($\chi^2(5) = 2.12, p = 0.83; RMSEA < 0.01, 95\% CI [0.01 to 0.09]$) suggested that childhood maltreatment ($\beta = 0.37, p < .001$) and negative urgency ($\beta = -0.41, p < .001$) were related to PTSD. PTSD was related to substance misuse ($\beta = 0.43, p < .001$). This model accounted for 25% of the total variance. An alternative model in which childhood maltreatment and negative urgency predicted substance abuse and substance abuse predicted PTSD did not fit the data well, $\chi^2(5) = 26.41, p < .01; RMSEA = 0.23, 95\% CI [0.15 to 0.32]$. These results suggest childhood maltreatment and emotion regulation influence PTSD, which in turn influences substance use as opposed to the reverse. Implications of these findings will be discussed.

THU 123

Latent Profile Analyses of Anxiety Sensitivity, Rumination, and PTSD, and Differences in Anger and Depression in Two Trauma-Exposed Samples (Abstract #611)

THU 123 (Assess Dx, Affect/Int, Cog/Int, Adult) A - Industrialized

Claycomb, Meredith¹, Byllesby, Brianna², Elhai, Jon¹

¹*University of Toledo, Toledo, Ohio*

²*University of Toledo, Department of Psychology, Toledo, Ohio*

Rumination and anxiety sensitivity play a role in posttraumatic stress disorder (PTSD) symptoms. This study employed latent profile analyses in two trauma-exposed samples: undergraduate students ($N=124$) and participants from Amazon's Mechanical Turk ($N=371$), to examine how levels of specific dimensions of rumination, anxiety sensitivity, and PTSD empirically group together into latent classes. Then, multinomial logistic regression assessed how anger and depression differed across classes, controlling for gender and age. Results found a 3-class solution for the student sample (Class 1=Low, Class 2=Moderate, Class 3=High); and a 4-class solution for the MTurk sample (Class 1=Low, Class 2=Moderately Low, Class 3=Moderate, Class 4=High). Symptom severity increased across classes for all dimensions of all constructs. Multinomial logistic regression showed decreased chance of membership in Class 1 and Class 2 relative to Class 3 for depression in the student sample, and decreased chance of membership in Class 1 and 2 relative to Class 4 for depression and anger in the MTurk sample. Results suggest individuals with anger and depression could be at higher risk for more severe rumination, anxiety sensitivity, and PTSD symptoms. Trauma treatment should address cognitive constructs to assess any effects on PTSD symptomatology and co-occurring emotional problems.

THU 124

The Moderating Role of Rumination Facets between Depression and PTSD's Risky Behaviors Criterion in Trauma-exposed Adults

(Abstract #409)

THU 124 (Assess Dx, Cog/Int, Depr, Adult) A - Industrialized

Claycomb, Meredith¹, Weiss, Nicole², Dranger, Paula³, Contractor, Ateka⁴

¹*University of Toledo, Toledo, Ohio*

²*Yale University School of Medicine, New Haven, Connecticut*

³*Valparaiso University, Valparaiso, Indiana*

⁴*University of North Texas, Denton, Texas*

Depression is linked to several risky and health-compromising behaviors (Tull & Gratz, 2013). Borders et al. (2012) found rumination moderates the relationship between depression and risky behaviors in Veterans. No study has investigated this relation in outpatient community samples or elucidated facets of rumination relevant to the depression-risky behavior association. This study extends prior work by examining specific rumination facets as moderators in the relation between depression and PTSD's risky behaviors criterion ("self-destructive and reckless behavior;" APA, 2013). Participants were 122 trauma-exposed adults seeking treatment at a community mental health center in the Midwest. Measures utilized were the Patient Health Questionnaire-9, Ruminative Thought Style Questionnaire, and PTSD Checklist-5. Moderation analyses were conducted using the PROCESS SPSS macro (Preacher & Hayes, 2014), controlling for age, gender, and number of lifetime traumatic events. Results support the moderating role of repetitive ruminative thinking ($\beta = -.005$, $p = .008$), such that depression was significantly related to PTSD's risky behavior criterion at low ($\beta = .08$, $p < .01$) but not high ($\beta = -.00$, $p = .32$), rumination levels. Repetitive rumination should be addressed in the treatment of trauma-exposed patients with depression, as they could be particularly vulnerable to engaging in risky behaviors.

THU 125

The Relationship between Anxiety Sensitivity's Cognitive Concerns, Rumination's Problem-Focused Thoughts, and DSM-5 PTSD Symptom Clusters

(Abstract #206)

THU 125 (Assess Dx, Cog/Int, Theory, Adult) A - Industrialized

Claycomb, Meredith¹, Charak, Ruby², Christ, Nicole¹, Lv, Xin³, Byllesby, Brianna³, Elhai, Jon¹

¹*University of Toledo, Toledo, Ohio*

²*The University of Texas Rio Grande Valley, Edinburg, Texas*

³*University of Toledo, Department of Psychology, Toledo, Ohio*

Elwood et al. (2009) suggested cognitive constructs can exacerbate PTSD symptoms. Anxiety sensitivity's cognitive concerns are related to PTSD (Mitchell et al., 2014). Rumination's problem-focused thinking (Tanner et al., 2013) is similar to information processing deficits central to Ehlers & Clark's (2000) cognitive model of PTSD. We examined relationships between these constructs and PTSD symptoms in 371 trauma-exposed adults from Amazon's Mechanical Turk who completed the PTSD Checklist-5, Anxiety Sensitivity Index-3, Ruminative Thought Style Questionnaire, and Patient Health Questionnaire-9. Moderation analyses were conducted (Process Module; Preacher and Hayes, 2014), controlling for depression. Problem-focused ruminative thoughts moderated the relationship between cognitive concerns and PTSD's intrusions (overall: $R^2 = .44$, $F(4, 366) = 72.78$, $p < .000$; interaction: $R^2 = .01$, $\beta = .01$, $t(366) = 2.79$, $p = .006$), and negative alterations in cognition and mood symptoms (NACM; overall: $R^2 = .58$, $F(4, 366) = 72.78$, $p < .000$; interaction: $R^2 = .01$, $\beta = .01$, $t(366) = 2.27$, $p = .024$), such that cognitive concerns were significantly related to intrusions (low, $\beta = .15$, $p < .05$; moderate, $\beta = .23$, $p < .001$; high, $\beta = .32$, $p < .001$) and NACM symptoms (low, $\beta = .24$, $p < .01$; moderate, $\beta = .33$, $p < .001$; high, $\beta = .42$, $p < .001$) at all levels of problem-focused rumination. Cognitive constructs should be addressed in PTSD treatment.

THU 126

Examining the Potential Moderation of an Interpersonal vs. Impersonal Index Trauma Type on the Factor Structure of PTSD

(Abstract #1359)

THU 126 (Assess Dx, Rape, Theory, Adult) I - Industrialized

La Bash, Heidi¹, *Frankfurt, Sheila²*, *Papa, Anthony³*, *Castillo, Diane¹*

¹*VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas*

²*VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas*

³*University of Nevada, Reno, Nevada*

The DSM-5 introduced a four-cluster structure of PTSD symptoms, which was a data-driven modification of the DSM-IV three-cluster PTSD symptom structure. However, alternative models of PTSD (i.e., six-factor and seven-factor models) have been found to fit the DSM-5 symptom criteria better than the four-factor model. Thus, further investigation into the psychometric performance and underlying factor structure of DSM-5 PTSD symptoms is warranted. Additionally, thorough evaluation of model performance requires the examination of potential moderators of PTSD factor structure. This study assessed the PTSD factor structure using four competing models (i.e., the DSM-5 four-cluster model; a six-factor anhedonia model, Liu et al., 2014; a six-factor externalizing behavior model, Tsai et al., 2015; and a seven-factor hybrid anhedonia-externalizing behavior model, Armour et al., 2015) and evaluated if endorsement of an interpersonal vs. impersonal index trauma moderated the PTSD factor structure. Multiple-group confirmatory factor analysis was used to test measurement invariance in the PCL-5 in a trauma-exposed undergraduate sample ($N=178$). The six-factor anhedonia model (Liu et al., 2014) fit best, and index trauma type was found to moderate the DSM-5 PTSD symptom factor structure. Clinical implications, including assessment of anhedonia symptoms and index trauma type, will be reviewed with case examples.

THU 127

Does the Trauma Matter? An Examination of PTSD Severity in the Context of Trauma Experience

(Abstract #100)

THU 127 (Assess Dx, Clin Res, Theory, Adult) M - N/A

Seidler, Dustin, *Hammond, Kari*, *Klein, Keith*, *Breazeale, Christine*, *Rodriguez II, Benjamin*
Southern Illinois University-Carbondale, Carbondale, Illinois

PTSD has consistently seen revisions based on sociopolitical and empirical factors (Brewin et al., 2000). Evidence indicates that the type of traumatic event experienced influences symptom severity (e.g., Lancaster et al., 2009). Further, some argue the current Criterion A is too strict, omitting many from diagnostic attention (Briere et al., 2015; Stein et al., 2014). This study examined the relationship between traumatic experience categorizations (i.e., narrow and broad definitions) and PTSD symptom severity. It was hypothesized that a DSM-5 consistent, narrow event would be associated with greater PTSD symptom severity compared to a broader conceptualization. Participants ($N = 102$; 55.9% female) completed the PCL-5 with a brief Criterion A assessment. PTSD severity was compared between a narrow, DSM-5 consistent group and a broader trauma experience group, using a one-way ANOVA in initial data. No significant difference between the groups were indicated about severity or in symptom clusters. Findings indicate that there is a not a clear association between the form of traumatic event and PTSD symptom severity. This suggests that restricting the diagnosis to only those who have experienced a DSM-5 trauma may be limiting and lead to fewer resources for those who suffer PTSD symptoms from less severe experiences. Implications and limitations will be discussed.

THU 128

The Latent Relationships between Posttraumatic Stress Disorder and Emotion Regulation Strategies

(Abstract #205)

THU 128 (Assess Dx, Affect/Int, Theory, Adult) M - Industrialized

Byllesby, Brianna¹, *Ly, Xin¹, Claycomb, Meredith², Christ, Nicole², Charak, Ruby³, Elhai, Jon²*

¹*University of Toledo, Department of Psychology, Toledo, Ohio*

²*University of Toledo, Toledo, Ohio*

³*The University of Texas Rio Grande Valley, Edinburg, Texas*

Research supports the importance of emotion regulation in posttraumatic stress disorder (PTSD), but additional information regarding their latent relationships is needed to better understand the role of emotion regulation and affect in PTSD symptomatology and treatment. The sample consisted of 362 trauma-exposed community adults who completed self-report measures of PTSD (PCL-5), emotion regulation (Emotion Regulation Questionnaire), and negative affect (from Positive Affect and Negative Affect Scale; NA) using Amazon's Mechanical Turk marketplace. Four confirmatory factor analyses (CFA) were conducted: 4-factor *DSM-5* PTSD model, 2-factor (expressive suppression and cognitive reappraisal) ERQ model, combined 6-factor PTSD-ERQ model, and 6-factor PTSD-ERQ model with NA as a covariate. Each CFA met criteria for adequate or excellent model fit. The PCL-ERQ correlations did not significantly change when NA was added as a covariate, indicating the latent relationship between emotion regulation and PTSD is not an artifact of level of NA. All four PTSD latent factors were significantly more related to expressive suppression than cognitive reappraisal, assessed using Wald tests of parameter constraints (all $ps < .01$). Results suggest that expressive suppression as an emotion regulation strategy is more related to PTSD (relative to cognitive reappraisal as a strategy), and therefore could play an important role in PTSD maintenance and treatment.

THU 129

The Relation between Interpersonal Trauma and Symptoms of Borderline Personality Disorder: Mediating Role of Perceived Parental Rejection

(Abstract #1457)

THU 129 (Assess Dx, Fam/Int, Adult) M - Industrialized

Proctor, Amanda¹, *Jacoby, Vanessa², Scotti, Joseph³*

¹*Baylor University, Waco, Texas*

²*University of Texas Health Science Center at San Antonio, Ft Hood, Texas*

³*WHOLE Veterans, PLLC, Morgantown, West Virginia*

The biosocial theory of borderline personality disorder (BPD; Linehan, 1993) proposes that biological vulnerabilities to intense emotions coupled with an invalidating environment, which may include child maltreatment, lead to the development of BPD. Some research focuses on the impact of childhood abuse and neglect as key risk factors (e.g., Zanarini et al., 1997). Other research has shown a connection between an invalidating environment (e.g., parental rejection) and BPD diagnosis (e.g., Rohner & Brothers, 1999). Hong et al. (2011) attempted to disentangle childhood trauma, specifically childhood sexual abuse (CSA), from general invalidation and found parental invalidation to mediate the relation between CSA and BPD symptoms. The current study expands on Hong et al. (2011) by examining the role of parental rejection on the relation between BPD symptoms and a range of interpersonal traumatic events using a large sample of 599 college students. Results showed that a history of interpersonal trauma predicted BPD symptoms ($b = 8.41$), with both maternal ($b = 4.55$) and paternal ($b = 6.37$) rejection mediating this relation. The results support the growing literature regarding the importance of perceived parental rejection in predicting BPD above and beyond a history of trauma.

THU 130

The Association between Childhood Sexual Abuse, Self-Injury, and Suicide Ideation: The Mediating Role of Emotion Dysregulation

(Abstract #302)

THU 130 (Assess Dx, CSA, Adult) M - Industrialized

Roley-Roberts, Michelle¹, Charak, Ruby², Jeffs, Adelina³, Elhai, Jon⁴, Hovey, Joseph²

¹*The Ohio State University, College of Medicine, Columbus, Ohio*

²*The University of Texas Rio Grande Valley, Edinburg, Texas*

³*University of North Carolina at Chapel-Hill, Chapel Hill, North Carolina*

⁴*University of Toledo, Toledo, Ohio*

Child sexual abuse (CSA) has serious short-term and long-term effects, including non-suicidal self-injury (NSSI) and suicidal ideation. One possible thread linking CSA to NSSI and suicide risk is emotion dysregulation. The current study assessed whether facets of emotion dysregulation mediated relations of NSSI behaviors and functions, and suicide ideation. Participants (N = 121; Mage = 18.69, age-range 18-22; 78% female), college students with a history of childhood trauma, completed an online survey. Results indicated that CSA was associated with automatic negative reinforcement, social negative and social positive reinforcement functions of NSSI ($B = .640$, $SE = .28$, $p < .05$; $B = 1.15$, $SE = .31$, $p < .05$; $B = 1.51$, $SE = .55$, $p < .01$, respectively), but was not associated with NSSI behaviors. Emotion dysregulation facets did not mediate the relationship between CSA and functions of NSSI. Facets of emotion dysregulation (i.e., clarity, non-acceptance) mediated the relationship between CSA and suicide ideation ($F [9,111] = 4.17$, $p < .001$, $R^2 = .25$, Lower CI = .01, Upper CI = 2.33; $F [9,111] = 3.25$, $p < .01$, $R^2 = .21$, Lower CI = .076; Upper CI = 1.54, respectively). Findings highlight the need to help survivors of CSA have clarity and acceptance of their emotional experiences to reduce risk for suicide ideation.

THU 131

Psychological Impacts of Sex and Labor Trafficking

(Abstract #1302)

THU 131 (Assess Dx, Complex, Cul Div, Rights, Pub Health, Lifespan) M - Industrialized

Hopper, Elizabeth¹, Malebranche, Dominique¹, Gonzalez, Laura²

¹*The Trauma Center at Justice Resource Institute, Brookline, Massachusetts*

²*Boston College, Allston, Massachusetts*

There has been very limited research comparing the psychological consequences of sex versus labor trafficking. This paper is a quantitative and qualitative analysis of the charts of 130 survivors of human trafficking, including 75 labor trafficking survivors and 55 sex trafficking survivors. This sample includes foreign national and U.S. citizen survivors trafficked within the U.S. who received psychological evaluations to support immigration relief or as part of service planning. The results compare coercive strategies used by traffickers, traumatic exposures prior to and during trafficking, and psychological consequences of human trafficking in sex versus labor trafficking cases. It examines differences such as depression, PTSD, anxiety, somatic symptoms, and dissociation. We conclude with recommendations for services based on these findings, including adaptations based on group differences, awareness of symptoms that may be under-reported, and the importance of trauma-informed services for both sex trafficking and labor trafficking survivors.

TRAINING/EDUCATION/ DISSEMINATION

THU 132

Treatment Descriptions Shape Preferences for PTSD Treatment

(Abstract #262)

THU 132 (Train/Ed/Dis, Clin Res, Clinical Practice, Adult) I - Industrialized

Harik, Juliette¹, Hamblen, Jessica², Grubbs, Kathleen³, Schnurr, Paula⁴

¹National Center for PTSD, White River Junction, Vermont

²VA National Center for PTSD/White River Junction VA Medical Center, White River Junction, Vermont

³San Diego VA/University of San Diego, San Diego, California

⁴National Center for PTSD, Executive Division, White River Junction, Vermont

In order for patients to make informed decisions about PTSD care, providers must first educate patients about the menu of available treatment options. Yet, evidence on the best way to present information about treatment options is lacking. We conducted an online randomized controlled trial comparing the effect of two treatment information formats on patient preferences for evidence-based treatments. Adults who screened positive for PTSD (N = 301) were recruited from a national research panel. Participants were randomized to learn about evidence-based PTSD treatments (Cognitive Processing Therapy [CPT], Prolonged Exposure [PE], Stress Inoculation Training, Eye Movement Desensitization and Reprocessing [EMDR], antidepressants) by reading text descriptions or by viewing a comparison chart presenting key features of each intervention. Afterward, participants indicated whether they would consider each treatment and ranked treatments by preference. Across groups, CPT was most preferred (ranked number one by 44% of participants). Chart participants were more likely than text participants to consider PE ($2[1] = 6.92, p = .009$) and EMDR ($2[1] = 7.38, p = .007$) and ranked PE more favorably (Standardized J-statistic = -2.97, $p < .003$). Results suggest that preferences are influenced by presentation format and that formats

facilitating comparison across key features may promote receptivity to some evidence-based treatments. We will discuss implications for the development of decision support tools and use of shared decision making in PTSD.

THU 133

Sustainability of a Common Elements Treatment Approach to Treat Posttraumatic Stress Disorder, Anxiety and Depression: A 26-Month Follow-up Evaluation

(Abstract #55)

THU 133 (Train/Ed/Dis, Anx, Commun, Complex, Depr, Adult) I - Industrialized

Peterson, Roselyn¹, Darnell, Doyanne², Monroe-DeVita, Maria¹, Hughes, MacKenzie¹, Berliner, Lucy²

¹University of Washington, Seattle, Washington

²University of Washington/Harborview Medical Center, Seattle, Washington

Objective: According to Proctor et al. (2011), sustainability is a measure of the extent to which a newly implemented treatment is maintained and integrated within an agency's already established infrastructure. Common Elements Treatment Approach (CETA) is a transdiagnostic treatment which utilizes multiple cognitive and behavioral components to target anxiety, depression, and posttraumatic stress symptoms among adults. Given that clients served in public behavioral health (PBH) settings frequently experience these comorbidities, if shown to be sustainable, CETA may be an appropriate treatment to implement broadly in public behavioral health. **Methods:** To measure the sustainability and impact made from a two-day training workshop held in Washington State in December 2014, original training participants were asked about their current use of CETA in their PBH agency, over two years post-training. The brief survey is currently being administered online and asks how many clients are currently being treated using CETA, as well as questions regarding dose and provider opinion on the utility of delivering both CBT and CETA frameworks. **Results:** Of the 58 providers who attended the training in 2014, six supervisors and nine clinicians responded to the 26-month post-training online survey (n=15, 26%). The total number of clients currently being treated with

CETA ranges from 0 to 3 clients, ($M = 1.1$, $SD = .99$). The total number of clients treated since December 2014 ranges from 1 to 8 clients, ($M = 4.6$, $SD = 2.4$). Due to the longitudinal nature of this evaluation of sustainability, provider turnover was high. Providers have either left their agency, $n=3$ (5%), have not yet responded, $n=24$ (41%), or were unable to be reached, $n=16$ (28%). Since the December 2014 training, 3 providers have treated eight clients with CETA, 2 have treated six clients, 4 have treated five clients, 1 has treated four clients, 1 has treated three clients, and 2 have treated two clients. Everyone who responded to the survey has treated at least one client with CETA from the beginning of CETA implementation. Data collection is ongoing. Conclusions: Our findings will discuss the implications for sustainability of CETA in public behavioral health. Further research is needed to understand provider buy-in and reasons for agency turnover.

THU 134

Assessing Capacity for the Implementation of Trauma-Informed Practices: Piloting the use of the ARTIC and PROQOL in a Special Education School District
(Abstract #299)

THU 134 (Train/Ed/Dis, Clin Res, Cul Div, Train/Ed/Dis, Self-Care, Other) I - Industrialized

Goldenthal, Hayley¹, Coyne, Claire², Gill, Tara³, Rivera, Claudio³, Cicchetti, Colleen⁴, Gouze, Karen¹

¹*Northwestern University Feinberg School of Medicine, Chicago, Illinois*

²*Lurie Children's Hospital of Chicago, Chicago, Illinois*

³*Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois*

⁴*Ann & Robert H. Lurie Children's Hospital of Chicago, Feinberg School of Medicine Northwestern University, Chicago, Illinois*

Building trauma-informed schools requires partnerships between school administration, staff and community agencies that directly impact teacher competence in trauma-informed practices (Adelman & Taylor, 2013). Assessment of educator attitudes informs workforce training efforts yet few tools exist for evaluating trauma-informed (TI) practices and

attitudes, and no existing studies have examined the use of these tools in a special education school district. As part of a larger implementation project to build a special education school district's capacity to integrate TI practices/implement evidence-based Tier 2 interventions, we piloted two trauma-informed tools with school personnel ($N = 24$, 77% female, mean age = 46.6): the Attitudes Related to Trauma-Informed Care Scale (ARTIC; Baker et al., 2016) and the Professional Quality of Life Scale (PROQOL; Stamm, 2012). A baseline assessment of readiness determined overall scores on the ARTIC were below average ($M = 5.3$, $SD = 0.49$) compared with the validation sample (low scores indicate fewer TI practices). PROQOL mean scores in all three domains of compassion satisfaction ($M = 40.1$, $SD = 5.6$), burnout ($M = 23.4$, $SD = 4.8$), and secondary traumatic stress ($M = 19.2$, $SD = 2.9$) fell below the 25th percentile. Recommendations for building research readiness in a therapeutic school setting and future directions will be discussed.

CLINICAL PRACTICE

THU 135

Examining Sleep as a Mediator of the Relationship between Trauma Exposure and Executive Functioning Deficits in Children
(Abstract #1136)

THU 135 (Practice, Assess Dx, CPA, Dev/Int, Sleep, Child/Adol) I - Industrialized

Rischar, Mollie¹, Cromer, Lisa²

¹*University of Tulsa, Tulsa, Oklahoma*

²*Tulsa Institute of Trauma, Abuse, and Neglect, Tulsa, Oklahoma*

Executive functions (EF) are a complex set of cognitive abilities predictive of social, academic, and emotional functioning. EFs include working memory, planning, and inhibition. The extant literature suggests that trauma exposure is linked to impaired EF in children. EF deficits are also present in children who experience sleep difficulties. Given that sleep disruption is common in individuals exposed to trauma, it is possible that problems with EF in trauma-exposed youth are due to sleep disturbance associated with the trauma. However, no study has examined the intersection of these constructs. Thus,

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

the present study aims to determine if sleep quality mediates poor EF abilities in a sample of 21 traumatized children, ages 5-17. Additionally, this study will examine how the interaction between sleep and youth traumatization impacts the three specific facets of EF abilities: working memory, inhibition, and planning. Data will be analyzed through a mediator analysis, with level of trauma exposure as the predictor, sleep quality as the mediator and EF as the criterion. Implications for prioritizing sleep as treatment targets in children with comorbid posttraumatic symptoms and sleep disturbances will be discussed.

THU 136

Risk Factors for the Development of Post-Traumatic Medical Stress following Pediatric Hospitalization for Surgery

(Abstract #215)

THU 136 (Practice, Health, Prevent, Child/Adol M - Industrialized)

Margalit, Daniella, Ben Ari, Amichai, Benarroch, Fortuneto
Ariel University, Ariel, Israel

Introduction: Hospitalization for surgery is a source of traumatic stress and can lead to long-term symptoms, affecting the child's functioning and physical recovery. Published data in this field is scarce. The aim of this study was to discover the risk factors for the development of medical post-traumatic stress in children aged 1-12 after hospitalization for surgery. **Methods:** The study included 230 children, aged 1-12, who were hospitalized in the Pediatric Surgery Department, Hadassah Medical Center, Jerusalem. Due to the young age of the children, the study was based on parents' reports. The study included a baseline assessment at the time of the hospitalization and an outcome evaluation at 3-5 months after discharge. **Results:** Hierarchical regression indicates that among the risk factors for post-traumatic stress among children after surgery are various characteristics of the surgical hospitalization and treatment, the extent of the parent's distress and his/her tendency to hide from the child medical information about his medical condition. **Discussion:** We will discuss the implications of these results on the prevention or the early detection of Post-

Traumatic Medical Stress following hospitalization in pediatric surgery.

THU 137

The Implementation of Prolonged Exposure in a Substance Use Disorder Residential Treatment Program

(Abstract #928)

THU 137 (Practice, Sub/Abuse, Mil/Vets, Adult) - Industrialized

Davis, Brittany¹, Norman, Sonya², Haller, Moira³

¹*James A. Haley VA Hospital, Tampa, Florida*

²*National Center for PTSD, San Diego, California*

³*VA San Diego Healthcare System, San Diego, California*

Comorbidity of substance use disorder (SUD) and PTSD is common and is associated with worse treatment outcomes, psychological distress, and functional impairments than having either disorder alone. Upwards of 40% of individuals with a SUD receive at least one episode of treatment in a residential setting. Treating comorbid SUD and PTSD concurrently is recommended. However, little is known about implementing concurrent treatments for PTSD/SUD in residential settings. Based upon the results of a feasibility and acceptability study showing Prolonged Exposure (PE) could be delivered in a residential SUD program (Norman et al., 2014), programmatic changes were made within a PTSD track of a VA substance use residential program to offer PE and other individual evidence based PTSD psychotherapy (e.g., cognitive processing therapy) as standard practice. This talk will describe the process of implementing evidence based PTSD psychotherapy, including adjusting programming to allow time for individual therapy three times per week and the development of new procedures such as off-site in-vivo exposure passes. Lessons learned regarding how to integrate PTSD psychotherapy into the SUD residential milieu will be shared. Data regarding PTSD and depression symptoms and substance use characteristics at treatment entry, discharge, and three months later will be shared.

THU 138

Residential Treatment of Veterans with PTSD and History of Traumatic Brain Injury
(Abstract #930)

THU 138 (Practice, Acc/Inj, Clinical Practice, Cog/Int, Mil/Vets, Adult) - Industrialized

Monroe, J.¹, Bailey, Greg², McIlvain, Susan²

¹*Department of Veteran Affairs, Cincinnati, Ohio*

²*Cincinnati VA Medical Center, Fort Thomas, Kentucky*

More than 350,000 service members sustained a traumatic brain injury between 2000 and 2016 (Defense and Veterans Brain Injury Center, 2016). While many of these individuals recover from their injuries in the acute period that follows, others struggle with persistent symptoms. Additionally, many symptoms consistent with a history of traumatic brain injury also overlap with or exacerbate traumatic stress symptoms. This presentation will review the VA's only residential treatment program for veterans diagnosed with PTSD and history of mild traumatic brain injury. Chard and colleagues (2011) presented initial findings on the efficacy of this program which is structured around Cognitive Processing Therapy (CPT) and Cognitive Symptom Management and Rehabilitation Therapy (CogSMART). This presentation will review recent outcome data from 42 cohorts of male veterans. Specifically, the presentation will report on PTSD status and severity as identified by structured diagnostic interviews (CAPS-5, SCID-5). The presentation will also report clinically significant improvements on self-report measures of depression, posttraumatic stress, experiential avoidance, and quality of life. Finally, the presentation will address how to effectively collaborate with physical medicine and rehabilitation providers, speech/occupational therapy, and veterans' caregivers in order to best tailor patients' treatment. Comparable outcome data from the Cincinnati VA's Men's and Women's PTSD (non-TBI) residential programs will also be reviewed.

THU 139

Treatment of Co-Occurring PTSD and Borderline Personality Disorder in a Mixed-Gender Milieu Setting
(Abstract #931)

THU 139 (Clin Res, Chronic, Complex, Mil/Vets, Gender, Adult) - Industrialized

Ofrat, Shani

Minneapolis VA Health Care System, Minneapolis, Minnesota

While evidence-based therapies for posttraumatic stress disorder (PTSD) are now widely available, co-occurring disorders such as Borderline Personality Disorder (BPD) have presented challenges in treating PTSD in some patients, and have long been considered a contraindication for exposure-based PTSD treatment. In particular, BPD patients tend to struggle with suicidality, self-harm, dissociation, and extreme emotions. Providers may hesitate to refer such patients to PTSD treatment, or patients themselves may feel unable to endure these challenging treatments. Recent research has suggested that individuals with co-occurring BPD and PTSD can tolerate and benefit from gold-standard treatments for PTSD and BPD (e.g., Harned et al., 2012). This presentation will introduce the Journeys program, an intensive outpatient treatment program at the Minneapolis VA for male and female Veterans from across the country with co-occurring PTSD and Borderline Personality Disorder, that utilizes the Dialectical Behavior Therapy and Prolonged Exposure (DBT PE) protocol (Harned et al., 2012). The presentation will include: a) an overview of the Journeys program, with emphasis on the referral, screening and intake procedures, treatment features, and novel interventions designed to increased adaptive functioning and target reintegration into civilian society, and b) evidence of Journeys' effectiveness, including outcome data measuring changes in patients' suicidality, PTSD and BPD symptoms, and service utilization.

THU 140

Adverse Effects of Sexual Assault on Behavioral Health Intensified by Couple Hostility in a Sample of US Army Soldiers

(Abstract #1511)

THU 140 (Practice, Fam/Int, Rape, Mil/Vets, Adult) A - Industrialized

*Nelson Goff, Briana, Ruhlmann, Lauren
Kansas State University, Manhattan, Kansas*

Sexual assault has long been associated with poor behavioral health outcomes (Krinsley et al., 2003). For military service members who are particularly vulnerable to trauma-related mental health problems due to combat exposure, the additional experience of non-combat traumas, such as sexual assault, may lead to stressor pile-up. Subsequently, stressor pile-up may increase the negative impact of trauma on behavioral health in this already vulnerable population. While the association between these variables has been well-established, little is known about the factors that influence the relationship between sexual assault and poor psychological health (i.e., depression, anxiety, posttraumatic stress) and behavioral (i.e., substance abuse or addiction) outcomes. Some literature suggests that strong interpersonal relationships may play an important role in shaping how individuals respond to a traumatic life event. The purpose of this study was to test this assertion by exploring the role that relational conflict, namely the use of hostility toward a romantic partner, plays in moderating the link between sexual assault and behavioral health in a large sample of U.S. Army Soldiers. The study used data from the All Army Study component of the Army Study to Assess Risk and Resilience in Service members (Army STARRS; Ursano et al., 2014). Available data from 5,376 Soldiers currently in romantic relationships was used for analyses. We employed a path analysis simultaneously assessing predictive and moderating pathways to all four outcomes, providing odds ratios of the odds of participants endorsing the presence of these four behavioral health outcomes. Within this single analysis, the direct effects of number of sexual assaults on the history of a major depressive episode, generalized anxiety disorder, posttraumatic stress, and/or substance abuse or dependence were assessed. Soldiers' self-reported hostility toward their romantic partner was assessed as a moderator. Analyses were

run using four dichotomous outcome variables; therefore, there are no model fit indices to report. Further, because the outcome variables are binary, odds ratios (OR) are used to interpret the magnitude of associations. Results from a path analysis revealed that the experience of a sexual assault was associated with an increase in the odds that soldiers would report a major depressive episode, generalized anxiety disorder, posttraumatic stress, or substance abuse/addiction. Further, hostility toward a romantic partner significantly exacerbated the link between sexual assault and generalized anxiety disorder. Findings shed light on the impact of proximal versus distal stressors and the importance of a systemic treatment approach for treating traumatic stress among military personnel.

THU 141

Sleep Difficulties Partially Mediate the Relation between PTSD Symptoms and Functioning in U.S. Veterans: Results from the National Health and Resilience in Veterans Study

(Abstract #445)

THU 141 (Practice, QoL, Sleep, Mil/Vets, Adult) M - N/A

McCarthy, Elissa¹, DeViva, Jason², Norman, Sonya³, Southwick, Steven⁴, Pietrzak, Robert⁴

¹*National Center for PTSD, Executive Division, West Haven, Connecticut*

²*VA Connecticut Healthcare System and Yale University, West Haven, Connecticut*

³*National Center for PTSD, San Diego, California*

⁴*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut*

Posttraumatic stress disorder (PTSD) symptoms are often associated with poor functioning and quality of life in veterans. Sleep difficulties may mediate these associations, though no known study has examined this possibility in a representative sample of veterans. The present study evaluated this question using data from the National Health and Resilience in Veterans Study, which surveyed a nationally representative sample of 3,157 U.S. military veterans. Path analyses were conducted using structural equation modeling software to assess whether sleep difficulties mediated the relation between PTSD symptoms, and measures of functioning and overall

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

quality of life. A total 26.8% of the sample reported sleep difficulties. Path analyses revealed significant associations between severity of PTSD symptoms and sleep difficulties ($r = 0.43$), and reduced cognitive ($r = -0.60$), mental ($r = -0.59$), and physical ($r = -0.24$) functioning and overall quality of life ($r = -0.47$). Sleep difficulties partially mediated these associations ($r^2 = -0.10$ to -0.24), with the strongest effects for physical functioning ($r = -0.24$) and overall quality of life ($r = -0.22$). Results of this study underscore the burden of sleep difficulties in U.S. military veterans, and suggest that assessment, monitoring, and treatment of sleep difficulties in veterans with PTSD symptoms may help improve functioning and quality of life in this population.

THU 142

Identifying and Predicting Typologies of Married Soldiers: A Latent Profile Analysis

(Abstract #1495)

THU 142 (Practice, Fam/Int, QoL, Mil/Vets, Theory, Adult) A - Industrialized

Ruhlmann, Lauren, Nelson Goff, Briana
Kansas State University, Manhattan, Kansas

Greater appreciation for the role marital relationships play in promoting resilience among military service members has led to an influx in research examining predictors of relational health and distress. However, existing research has relied on sample mean scores for analyses – an approach hinged on the assumption that married soldiers are homogeneous. Although these findings provide an important foundation for understanding the characteristics of married soldiers, they neglect idiosyncrasies within the population. The purpose of this study was to identify typologies of married soldiers through a latent profile analysis (LPA) using data from the largest study of mental health risk and resilience ever conducted with military personnel (Army STARRS; Ursano et al., 2015). Our sample included available data from 9,010 married soldiers. The categorical latent variable in our model was specified with 10 mental and relational health indicators. Age, gender, and number of times on a combat deployment were used to predict class membership. A four-class solution was identified as the best fitting model. The largest class, Resilient-Stable Relaters (63.7%), had the lowest reports of psychological distress (i.e., PTSD,

depression, and anxiety), the highest relationship strengthening indicators (i.e., happiness, frequency of confiding partner), and the fewest relationship dampening indicators (e.g., ending relationship discussions, hostility toward partner, perceived hostility from their partner, etc.). The next largest class, Stressed-Stable Relaters (19.9%) had moderate psychological stress but relative relational stability. They reported high psychological distress, high relationship strengthening indicators, and few relationship dampening indicators. The third class, Stable-Stressed Relaters (10.5%), was psychologically stable but relationally distressed. They had low psychological stress scores, but also few relationship strengthening indicators and frequent relationship dampening indicators. Finally, the smallest class, Stressed-Unstable Relaters (5.9%), was psychologically stressed and relationally erratic. They had high psychological distress, but moderately high relationship strengthening indicators. Although age and gender significantly predicted the odds of class membership in classes 2 – 4, number of combat deployments was only associated with the odds of membership to class two. This study sheds light on unique characteristics of married soldiers and their differentiating qualities through an analysis illustrating heterogeneity rather than homogeneity. Results emphasize the importance of a more dynamic conceptualization of married soldiers which is key in promoting resilience among this vulnerable population.

THU 143

Examining Substance Use as a Predictor of Changes in PTSD and Depressive Symptoms over the Course of an Intensive Outpatient Treatment Program for Veterans

(Abstract #402)

THU 143 (Practice, Sub/Abuse, Mil/Vets, Adult) I - N/A

Brennan, Michael¹, Held, Philip², Zalta, Alyson², Boley, Randy², Karnik, Niranjana², Pollack, Mark²
¹Academic Medical Center, Chicago, Illinois
²Rush University Medical Center, Chicago, Illinois

Background: In a recent meta-analysis of 156 Randomized Control Trials (RCTs), almost 75% of studies excluded individuals based on co-occurring substance use (Leeman et al., 2017). Additional

research is needed to examine the extent to which co-occurring substance use affects PTSD treatment outcomes. **Methods:** Veterans (N = 76) enrolled in a 3-week, intensive outpatient program (IOP) for PTSD. Primary outcome measures assessing PTSD and depression symptoms were collected at pre- and post-treatment. At intake, drug and alcohol use were assessed using the Drug Abuse Screening Test-10, the Alcohol Use Disorder Identification Test, and the number of days individuals were abstinent from alcohol and other drugs in the past 14 days.

Results: Bivariate correlations suggested that none of the substance use or abstinence variables were significantly associated with changes in PTSD (range: $r = .015$ to $r = .191$; all $p > .099$) or depression severity (range: $r = -.047$ to $r = -.160$; all $p > .169$).[AZ1] **Conclusion:** Our results indicated that co-occurring substance use did not diminish the benefit of an intensive outpatient treatment for PTSD in a veteran population. Future research should explore whether intensive treatment is more effective than traditional outpatient treatment in treating dual diagnosis patients. [PH2] [AZ1]I don't know what these stats could be. Why and F if you tested a correlation? Also, you are reporting on a whole host of correlations, so I don't know how you could just report one outcome. Perhaps you could report the range of r values and what the smallest p value was. For example... (r from .XX to .XX, all $p < .XX$)

[PH2]You can't really generalize to treatment outcomes – only to IOP treatment.

THU 144

Reengagement in Psychotherapy after Initial Dropout among Veterans with PTSD
(Abstract #1321)

THU 144 (Practice, Pub Health, Mil/Vets, Adult) I - N/A

Buchholz, Katherine, Bohnert, Kipling, Pfeiffer, Paul, Ganoczy, Dara, Sripada, Rebecca
VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan

Veterans with posttraumatic stress disorder (PTSD) have high rates of treatment dropout. Prior research has found that only 8.9%-33% of veterans with PTSD complete minimally adequate treatment (Lu et al., 2011; Maguen et al., 2012; Spoont et al., 2010).

However, these studies often do not consider that veterans may reengage in treatment. The current study examined the prevalence and patterns of reengagement in PCT therapy. Using national VA data, we constructed a retrospective dropout cohort of all veterans who received a new PTSD diagnosis in 2008-2009 and attended only one to five psychotherapy sessions in a PCT (N = 24,492). Data for these veterans was acquired for the following five years to track possible reengagement in PCT therapy. Veterans categorized as therapy dropouts received an average of 1.72 (SD = 1.10) therapy sessions during the initial treatment episode. Sixty-eight percent received individual therapy while 32% initially engaged in group therapy. Eleven percent (n = 2,641) of the veterans in the dropout cohort eventually received adequate therapy (8 sessions in 14 weeks) after reengagement. Additionally, logistic regression analyses will be presented to identify factors related to receipt of minimally adequate treatment among veterans who reengaged in therapy.

THU 145

Mixed Method Case Example of Improvement in Reach of Evidence-Based Psychotherapies (EBPs) for Posttraumatic Stress Disorder
(Abstract #1291)

THU 145 (Practice, Clinical Practice, Train/Ed/Dis, Mil/Vets, Adult) I - Industrialized

London, Melissa¹, Rosen, Craig², Orazem, Robert³, Smith, Brandy¹, Sayer, Nina⁴

¹National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California

²VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California

³Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minneapolis, Minnesota

⁴Minneapolis VA Health Care System, Minneapolis, Minnesota

Despite national efforts to promote the use of evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) across Veterans Affairs (VA) healthcare systems, there is wide variability in the reach of EBPs to patients with PTSD. A mixed-methods study of 10 VA PTSD clinics showed that clinics with high and low reach of

EBPs differed in their clinic mission, clinic lead and staff engagement, clinic operations, staff perceptions, and practice environment (Sayer et al., 2016). To understand organizational factors that facilitated expansion of EBP use, we reanalyzed data from one clinic that increased EBP reach from 10.8% to 31.7% over a two year period. Data were analyzed from 14 interviews conducted with the PTSD clinic staff, other mental health staff, and facility and regional mental health leaders. The improvement in reach was spurred by a team decision to take on the EBP mission, which required reassessing the range of treatments offered (reducing some offerings yet retaining enough options for patient choice), dialogue with referral sources and with leadership, and negotiation to move some services. These changes were facilitated by good team cohesion and strong leadership. These results may inform efforts to improve reach of EBPs across similar VA settings.

THU 146
A Modular-based Comprehensive Approach for Addressing Heterogeneous Mental Health Sequelae of Violent Loss Survivors
 (Abstract #1368)

THU 146 (Practice, Clinical Practice, Death, Grief, Adult) M - Industrialized

Rheingold, Alyssa¹, Williams, Joah²
¹*Medical University of South Carolina, Charleston, South Carolina*
²*University of Missouri - Kansas City, Kansas City, Missouri*

It is estimated that nearly 52% of Americans have lost a close friend or family member to violent death (that is, to homicide, suicide, accident, or disaster-related injury; Kilpatrick et al., 2013). Further, communities are increasingly being exposed to mass violence incidents (Watson, Gibson, & Ruzek, 2007). Significant strides have been made in the trauma and grief fields to address the unique needs of those who have lost a loved one to violent death. Several treatment techniques have been found to be effective for symptoms of trauma and grief that are prevalent among violent loss survivors including Restorative Retelling and cognitive behavioral strategies (Foa, Hembree, & Rothbaum, 2007; Lejuez et al., 2011; Rheingold et al., 2015; Shear, Frank, Houck, & Reynolds, 2005). Current interventions

either are tailored for a specific mental health problem or are more universal in nature for grief related to violent loss. This paper presents an evidence-based and guided modular approach for responding to the myriad potential mental health needs of violent loss survivors. A comprehensive modular-based structured intervention for violent loss survivors, which specifically targets several common mental health difficulties following traumatic loss, may offer clinicians a thorough and flexible approach guided by clinical assessment to address the distinctive and common issues violent loss survivors often face. Descriptions and data from two case studies will be presented to demonstrate modules selected, implementation of modules, and clinical outcomes of each case with PCL, BDI, and PG-13 scores.

THU 147
An Empirical Test of Trauma-Informed Therapy Principles in Psychotherapy and Complementary Therapies
 (Abstract #320)

THU 147 (Practice, Clinical Practice, Rape, Train/Ed/Dis, Adult) I - Industrialized

Weingarten, Christine¹, Einolf, Christopher²
¹*University of Hawaii at Manoa, Honolulu, Hawaii*
²*DePaul University, Chicago, Illinois*

Rape and sexual assault can lead to psychological consequences for which survivors seek varied services. "Trauma-informed therapy" practices have been developed specifically for treatment with survivors of sexual violence. This study tested whether utilization of trauma-informed principles correlated with perceptions of success for both psychotherapy and twelve complementary therapies: acupuncture, art therapy, biofeedback, chiropractic medicine, dance/movement therapy, equine/horse-assisted therapy, eye movement and desensitization reprocessing (EMDR), massage, naturopathic medicine, reiki, somatic experiencing, and yoga. Results found strong evidence for the effectiveness of trauma-informed principles in psychotherapy and modest support for their effectiveness in complementary therapies. Trauma-informed principles that received support in both psychotherapy and complementary therapies included maximizing survivors' control, empowerment, and

providing safety. For psychotherapy, additional trauma-informed principles were related to therapeutic success: recognizing impacts of trauma, practitioner having training and experience working with survivors, collaboration between practitioner and survivor, and respect. Unexpectedly, psychotherapy that was re-traumatizing had more positive outcomes. These findings highlight the importance of many of the trauma-informed principles for psychotherapy and can help guide future practices of other types of therapies for survivors.

THU 148
Barriers to Engaging in Treatment for Pregnant Women Exposed to Intimate Partner Violence
 (Abstract #165)

THU 148 (Practice, DV, Adult) I - Industrialized

Howell, Kathryn¹, Miller-Graff, Laura²
¹*University of Memphis, Memphis, Tennessee*
²*University of Notre Dame, Notre Dame, Indiana*

Pregnant women are at heightened risk for experiencing intimate partner violence (IPV), which is associated with physical (e.g., high blood pressure) and mental (e.g., posttraumatic stress) health problems during the perinatal period and harmful effects for the developing infant. Pregnancy may present a unique opportunity during which women are highly motivated to address IPV, but barriers exist that impede treatment engagement. Via qualitative analysis of focus group data from 24 individuals, this study evaluated factors that hinder service utilization for pregnant women experiencing IPV. Participants were recruited from the U.S. Midwest and included mental health clinicians, medical staff, and women who experienced IPV during pregnancy. In 5 groups of 3-6 participants, open-ended questions were posed about stigma, cultural variables, and practical challenges associated with service utilization. Core themes identified by medical providers and clinicians that impeded treatment engagement included: lack of time and resources to participate in IPV-related services given pregnancy demands, mistrust of service organizations to protect client information, and underlying depression and traumatic stress. Pregnant women emphasized concerns about victim-blaming, feeling responsible for the IPV, and fears that the violent

partner may not provide for the baby if the relationship ends. Recommendations for adapting IPV services for pregnant women emerge based on these findings. Specifically, a component-based model of care that weaves together sessions on individual needs (e.g., mental health, resilience) with relational (e.g., IPV), parental (e.g., prenatal health, parenting skills) and systemic issues (e.g., social and instrumental support, community resources) may be best suited to effect change in this high-risk population.

THU 149
Seeking Asylum: The Impact of Delays on Families in the Country of Origin
 (Abstract #964)

THU 149 (Practice, Rights, Refugee, Torture, Civil/War, Adult) M - Global

Piowarczyk, Lin
Boston Center for Health & Human Rights / Boston University, Boston, Massachusetts

We are currently experiencing the highest number of displaced persons worldwide. Asylum seekers flee their homelands in search of safety on the basis of race, religion, nationality, membership in a social group, and political opinion. Over the past few years, due to both volume and demands at the border, there have been delays in the immigration process. A chart review was completed of asylum seekers who sought psychiatric services at the Boston Center for Refugee Health & Human Rights between August 19, 2011 and March 31, 2015 (n=150). Over two thirds of those evaluated feared for the safety of family members at the time of intake. Families were most affected prior to departure of their loved ones and before an application, interview or immigration decision. Advocacy is needed to hasten the immigration process due to the dangers that families face.

THU 150

Diagnoses Before and After Traumatic Events - A Longitudinal Study of the Survivors of the Utøya Massacre

(Abstract #1502)

THU 150 (Practice, Health, Terror, Lifespan) M - Industrialized

Stene, Lise, Dyb, Grete

Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

An increasing body of evidence indicates that exposure to traumatic events are associated with a wide range of psychiatric and physical health problems. Yet several limitations apply to prior research. Most studies on the impact of traumatic events have been cross-sectional and assessed only a limited range of health adversities. The proposed study provides longitudinal data on the full range of diagnoses before and after exposure to a severe life threatening event in adolescents and young adults. Three waves of face-to-face interviews with the young survivors of the Utøya massacre were performed 4-5, 14-15 and 31-32 months after the shooting. Our previous studies have documented high levels of posttraumatic stress, psychological distress and somatic symptoms after the traumatic event. To obtain a more detailed and complete assessment of the trauma-related morbidity, we collected register-based data on the survivors utilization of primary care, specialized mental and somatic health services from 3,5 years before to 3,5 years after the attack. Altogether 261 (53%) survivors participated in the third survey wave and were included in the current study. The consultation pattern and diagnoses before and after exposure to the massacre will be presented and discussed at the conference.

THU 151

Clinician Assessment of Media Viewing in Clients with a Trauma-Related Diagnosis

(Abstract #8)

THU 151 (Practice, Media, Lifespan) I - N/A

James, Christine

Immaculata University, Immaculata, Pennsylvania

This study investigates the assessment practices of clinicians working with a population diagnosed with trauma-related disorders as defined by the DSM-5. Prior studies regarding media viewing were conducted with news programming, fictional television, and films (e. g. Hirsch 2003, Marshall et al. 2007, Singer, Flannery, Guo, Miller, & Leibbrandt 2004). These studies indicated that media viewing can lead to vicarious traumatization, re-traumatization, and triggering of trauma-related symptoms in individuals with and without a trauma history. Despite these findings, current guidelines for trauma assessment do not suggest questioning about media viewing, and it is unclear whether clinicians assess media viewing by their patients. This study investigates this area of clinical practice by asking clinicians if they assess for media viewing by their clients. Data was obtained using an online survey of therapists selected from APA Division 56 (Trauma Psychology) who work with clients having a trauma diagnosis. Findings suggested that clinicians do not inquire about media viewing as part of their standard practices with clients presenting with a trauma history.

THU 152

Powerlessness and Trauma: Driving Forces for Silent Suicides among Older Adults

(Abstract #616)

THU 152 (Practice, Clinical Practice, Prevent, Social, Aging, Older) I - Industrialized

Walsh, Jessica, Hosseini, Charissa, Brown, Lisa
Palo Alto University, Palo Alto, California

Existential issues of death and dying are particularly salient for older adults and are linked to issues of personal autonomy and locus of control. Viewed through the lens of the interpersonal theory of

suicide, indirect self-destructive behaviors (subtle, covert acts of commission or omission that hasten death) in older adults could be viewed less as attempts to die and more as attempts to offset feelings of powerlessness over death, perceived burdensomeness to others, and thwarted belongingness. By applying the interpersonal theory of suicide, which posits that one's capacity to engage in suicidal behavior is distinct from one's desire to engage in suicidality, this review explored ways in which older adults may be uniquely vulnerable to such "silent suicides". Forcibly and regularly confronted with death, control over dying may take on more urgent poignancy for older adults in skilled nursing care facilities. While extant research has examined wandering and disruptive activities, self-destructive behaviors with severely detrimental effects to residents' quality of life have been hitherto ignored. This review synthesized the distinct biopsychosocial risk factors of older adults engaging in indirect self-destructive behaviors. Posttraumatic clinical symptoms among older adults were considered along with the influence of related loneliness, social withdrawal, and alienation. Policy and clinical applications for public health officials, mental health workers, medical professionals, and skilled nursing care facility managers were offered. This review is a first step towards understanding the multifaceted relationship between indirect self-destructive behaviors and quality of life among older adults.

THU 153
Work-related Traumatic Experiences and PTSD Symptoms in Healthcare Professionals
 (Abstract #1408)

THU 153 (Practice, Acc/Inj, Prevent, Train/Ed/Dis, Other) I - Industrialized

Bakker, Anne¹, van der Meer, Christianne², Olff, Miranda³

¹*Academic Medical Center, University of Amsterdam, Amsterdam, Noord-Holland, Netherlands*

²*Academic Medical Center and OLVG, Amsterdam, Noord-Holland, Netherlands*

³*Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Noord-Holland, Netherlands*

Healthcare professionals such hospital employees and ambulance workers are frequently exposed to traumatic events during their work and some may consequently develop PTSD symptoms. It is largely unknown what trauma types healthcare professionals experience and how this interacts with PTSD symptoms. To further inform (early) intervention strategies, we studied healthcare professionals' traumatic experiences and PTSD symptoms. A total of 1175 healthcare professionals (54% females) participated in a survey on trauma exposure (open ended question) and PTSD symptoms (Primary Care PTSD Screen for DSM-5, PC-PTSD-5). Seventy-six percent of all participants reported at least one traumatic experience. Younger and male participants and ambulance workers more often reported a traumatic experience than older and female participants and hospital employees. Ten percent of trauma-exposed participants had an indication for probable PTSD (PC-PTSD-5 ≥ 3), females more often than males. Intrusions were endorsed most frequently. Certain trauma types were stronger linked to PTSD symptoms; for example, being involved in a resuscitation resulted in higher scores. Other differences regarding trauma types will be discussed. In sum, the prevalence of PTSD symptoms in healthcare professionals is substantial and may be linked to particular traumatic experience characteristics. Screening and support for this highly exposed group are warranted.

THU 154
Exploring Nurses' Knowledge and Experiences Related to Trauma-Informed Care
 (Abstract #141)

THU 154 (Practice, Complex, Health, Pub Health, Train/Ed/Dis, Other) I - Industrialized

Stokes, Yehudis, Jacob, Jean-Daniel, Gifford, Wendy, Squires, Janet, Vandyk, Amanda
University of Ottawa, Ottawa, Ontario, Canada

The purpose of this study was to explore nurses' knowledge and experiences related to trauma-informed care (TIC). TIC is an emerging concept that informs healthcare practices by acknowledging the lasting effects of trauma on an individual. Using a qualitative descriptive design, seven semi-structured interviews with Registered Nurses were the primary sources for data analysis. In keeping with the

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

inductive approach, four descriptive categories emerged from the analysis: ‘(Not)Knowing Trauma-Informed Care’, ‘Conceptualizing Trauma and Trauma-Informed Care’, ‘Nursing Care in the Context of Trauma’, and ‘Dynamics of the Nurse-Patient Relationship in the Face of Trauma’. In brief, these findings highlight important considerations for TIC including: the complex dynamics of trauma that affect care; the importance of furthering knowledge on trauma but also how to put this knowledge into practice; the need to push knowledge about trauma beyond mental health care; and noteworthy parallels between nursing care and TIC.

THU 155

Risks and Benefits of Treating Survivors of Interpersonal Trauma on Therapists with a Similar Trauma History

(Abstract #149)

THU 155 (Practice, Acute, Chronic, Health, Self-Care, Prof) I - N/A

Alexandrova, Nadia

Roosevelt University, Chicago, Illinois

Interpersonal trauma, which is defined as abuse committed in the context of a relationship and includes child abuse, sexual assault, and domestic violence, is frequently the focus of trauma therapy. A large portion of therapists treating survivors of interpersonal trauma have themselves experienced this type of trauma at some point in their lives. Because therapy is highly interactive, both the client and the therapist are affected in the process. Although working with survivors of trauma can be challenging for any therapist, therapists who have a personal trauma history appear to be particularly vulnerable. In addition to the risks posed by trauma therapy, there appear to be some benefits to therapists treating survivors of trauma. Despite the impact on the therapists themselves, research into the consequences of trauma therapy has largely focused on the experiences of the client. This dissertation will attempt to fill in some gaps in research by exploring the experiences of therapists with a history of interpersonal trauma who provide trauma-informed care to other survivors. A qualitative study will be used to gain an in-depth understanding of the unique risks and benefits involved. These will take the form of secondary traumatic stress, vicarious

traumatization, burnout, therapist self-disclosure, as well as vicarious resilience and vicarious posttraumatic stress. Understanding the unique risks and benefits associated with treating survivors of interpersonal trauma, particularly for therapists who have themselves experienced interpersonal trauma, could inform the future work of trauma therapists.

SOCIAL ISSUES – PUBLIC POLICY

THU 156

Trajectories of School Recovery after a Natural Disaster

(Abstract #710)

THU 156 (Social, Comm/Int, Health, Nat/Dis, Social, Child/Adol) M - Industrialized

Lai, Betty, Esnard, Ann-Margaret, Ortiz, Richard, Wyczalkowski, Chris, Malmin, Natasha
Georgia State University, Atlanta, Georgia

Schools are critical centers of recovery after disasters. Schools provide shelter, food, information, and social support. Returning children to daily routines, such as school, is a primary recommendation for helping children recover from disasters. Children are one of the largest and most vulnerable groups affected by disasters. When children are exposed to disasters, they may present with symptoms of posttraumatic stress, anxiety, or depression. Despite the important role of schools in disaster recovery, very little is known about how to optimize the academic recovery of schools after disasters. This is concerning, given that climate change is increasing the frequency and intensity of weather related disasters. The objective of this study was to examine how and why schools differ in their postdisaster academic recovery. This study will focus on a cohort of 502 schools that were exposed to Hurricane Ike (2008) and were: a) in Texas counties declared as disaster areas by FEMA, and b) closed for at least 10 school days. School-level information was retrieved from the Texas Education Agency for schools from 2003 -2011 (i.e., pre- and post-Hurricane Ike). Retrieved data included demographic data, academic performance, discipline information, and staff data. Among schools in this sample, the majority of students in the schools were from

ethnic/racial minority backgrounds (65.2%) and economically disadvantaged backgrounds (56.3% in 2007–2008). Using growth mixture modeling (Mplus version 7), we modeled academic recovery patterns from 2003 – 2011. Indicators were percentage of students within schools meeting performance standards. Examining fit indices (e.g., BIC, Entropy, posterior probabilities), we identified three prototypical trajectories for schools: Stable Low Performance, Intercept (SE) = 55.61 (4.87), Slope (SE) = -.34 (.49); Low Performance with Improvement, Intercept (SE) = 38.90 (3.42), Slope (SE) = 6.14 (.75); and High Performing with Improvement, Intercept (SE) = 72.96 (1.42), Slope (SE) = 1.36 (.16). Initial findings identified three prototypical patterns of school recovery related to Hurricane Ike. GIS-based mapping of school-level and district-level data and coastal hazards data will be examined to identify factors influencing trajectory membership. Implications for practice and research will be discussed.

THU 157

Adverse Childhood Experiences Predicting Youth Outcomes of Commercially Sexually Exploited Youth

(Abstract #1274)

THU 157 (Social, Chronic, Clin Res, Complex, Social, Child/Adol) M - Industrialized

Landers, Monica¹, McGrath, Kimberly², Dollard, Norin¹, Johnson, Melissa¹

¹*University of South Florida, Tampa, Florida*

²*Citrus Health Network Inc., Hialeah, Florida*

Researchers have well established prevalence rates of trauma among vulnerable youth. The current study applies the Adverse Childhood Experiences (ACE) scale to commercially sexually exploited youth. Using data from an ongoing study evaluating a program intended to meet the needs of commercially sexually exploited youth, ACE questions were extrapolated from the CANS-CSE. Findings indicated that 89% of youth experienced four or more ACEs and nearly half the sample experienced seven or more ACEs. The relationship between ACE scores and life functioning, education, youth strengths, risk behaviors, and the emotional/behavioral needs of commercially sexually exploited youth were also assessed.

THU 158

“Things are Changing:” Police Mental Health and Psychological Help-Seeking within an Evolving Police Culture

(Abstract #1533)

THU 158 (Social, Chronic, Comm/Int, Cul Div, Adult) M - Industrialized

Faulkner, Breanne, Goldstein, Abby

University of Toronto - OISE, Toronto, Ontario, Canada

Due to repeated trauma exposure over the course of their careers, police officers are vulnerable to PTSD and other operational stress injuries. As public attitudes toward psychological service usage have evolved over the past 10 years, so too have aspects of traditional police culture potentially incompatible with psychological help-seeking, such as norms of hegemonic masculinity, authoritarianism, and emotional control. The current study aimed to explore Canadian police officers’ experiences of job-related psychological distress and help-seeking, and to elucidate the complex role of contemporary police cultural norms in shaping help-seeking behaviours. In-depth research interviews were conducted with 18 officers of various occupational ranks and roles. Grounded Theory was used to analyze the content of interviews toward a model of psychological help-seeking within the contemporary police culture. Results demonstrated that although “things are changing” within the police cultural and institutional context, themes of weakness vs. strength, us vs. other, and silence continue to pervade many officers’ experiences and perceptions of psychological difficulties, constraining help-seeking behaviours and often delaying help-seeking. Barriers and facilitating factors toward psychological help-seeking are reviewed and implications for prevention and treatment efforts are outlined.

THU 159

Trauma Responses of the Bereaved Families and the Survivors' Families of the Sewol Ferry Disaster

(Abstract #1178)

THU 159 (Social, Comm/Int, Complex, Cul Div, Death, Adult) M - E Asia & Pac

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Kim, Sunyoung¹, Hwang, Jihyun², Chae, Jeong-Ho²
¹*University of Hawaii at Hilo, Hilo, Hawaii*
²*The Catholic University of Korea, Seoul, Republic of Korea*

Background: The Sewol Ferry of South Korea sank in 2014 resulting in deaths of 304 passengers. A majority of the victims were high school juniors on a school field trip. This disaster has not have a proper resolution till today while becoming ever more complicated with complex political circumstances in Korea. If it had not been for the social complications, the survivors' families are to have better scores in most mental health measures than the bereaved families, and both groups are supposed to be gradually recovering from the trauma. This study compared the two different groups of families and their changes over time by measuring their mental health at two time points (a year apart) in order to examine how the two groups are different, and how the families are recovering from the trauma.

Methods: We collected data from 112 individuals who were family members of the deceased victims or the survivors of the Sewol Ferry Disaster. The participants were interviewed and filled out self-report measures at the times of 18 months and 30 months after the disaster. There were 93 bereaved family members and 19 survivors' family members at the 18 month follow-up assessment (FU), and at the 30 month FU, each group had 56 and 11 family members respectively. The assessment included questions regarding depression, anxiety, PTSD, PTED (Post-traumatic Embitterment Disorder), PTGI (post-traumatic growth), and quality of life. **Results:** We conducted ANCOVA to test the group differences in depression, anxiety, PTSD, PTED, quality of life, and PTGI while controlling for age and gender. At the 18 month FU, the bereaved families had significantly higher depression, PTSD, and PTED compared to the survivors' families. At the 30 month FU, the bereaved families had significantly higher PTSD but showed no significant differences in other measures compared to the survivors' families. Except PTGI which significantly decreased over time and PTED which increased, neither group made any significant changes in other variables during the one year. Repeated measures of ANCOVA were conducted to examine how the two groups changed over time while controlling for age and gender. There were no group x time interactions in the six variables. **Conclusion:** Our results

indicated that the two groups were more similar than different in terms of anxiety, depression, PTED, PTGI, and quality of life, in spite of the difference in their trauma (death of the child or not). The only significant difference at 30 month FU was PTSD but their recovery trajectory was still same (no change in PTSD severity over time in both groups). We speculate that the socio-political circumstances and how the disaster was handled in the society might have been the common factor that has been hindering their recovery.

THU 160

Complex Trauma in a Sample of Child-Welfare Affected Mothers of Color: Moving Towards a Trauma-Informed Child Welfare System for Women and their Children

(Abstract #327)

THU 160 (Social, Complex, Social, Intergen, Gender, Adult) M - Industrialized

Stephens, Tricia

City University of New York, New York, New York

Objective: The life histories of twenty child-welfare system (CWS) affected mothers of color are used to demonstrate the presence of complex trauma (CT) and the relationship between CT and maternal child-welfare system involvement. **Methods:** Twenty qualitative interviews detailed the relationships between maternal experiences of CT and their entry into the CWS. Mothers were recruited from community-based organizations in an urban center in the Northeastern United States. These research questions guided the qualitative analysis: 1) What are the lived experiences of complex trauma as they relate to child welfare affected mothers of color?; and 2) What are the relationships between maternal accounts of complex trauma and their introduction to the child welfare system? Descriptive analyses of demographic data and content analysis of the phenomenological qualitative data, using both inductive and deductive methods of analysis, yielded sample demographics and themes detailed below.

Results: The sample was evenly split between single (involved only as adults)- and multi-generationally (involved both as children and again when they had children) CWS-affected mothers. The sample mean age was 43 years, with 8 mothers identifying as Black, 7 as Latino and 5 as Mixed Race. Though

mothers reported having experienced on average 8 potentially traumatic events, including physical, sexual and emotional abuse, 16 of the 20 mothers stated that no trauma-specific supports were afforded to them through CWS. Mothers experienced interpersonal violations of trust and exposure to potentially traumatic events starting early in life. The close interpersonal nature of their trauma was typical of gender-based trauma exposure. Revictimization extended into their adult years though this trended lower into adulthood. School interruption set the stage for economic disadvantage later in life. Pervasive mistrust of others in the absence of strong social supports and appropriate mental health treatment interacted with dismissive responses of important people in their lives to contribute to disruption in mothers' experiences of themselves as efficacious. These experiences heightened maternal disillusionment, which when combined with untreated CT contributed to substance use and abuse for some mothers and opened the pathways to both incarceration and CWS involvement. **Conclusion:** Clinical interventions that ignore maternal trauma load will at best be ineffective and at worst retraumatizing. Policy-makers can require funding and training for workers that respond appropriate to mothers by using trauma-informed interventions.

THU 161

Evidence for Stereotype but not Discrimination in the Hiring of Veterans

(Abstract #1073)

THU 161 (Social, Mil/Vets, Adult) M - Industrialized

Kimble, Matthew, Kuvalanka, Kaitlyn, Mellen, Emily
Middlebury College, Middlebury, Vermont

Objective: Most veterans report that finding a job as a difficult aspect of readjustment to civilian life, and unemployment is higher in veterans than in their civilian peers. While it is often assumed that psychological concerns like posttraumatic stress disorder may be to blame, societal attitudes such as negative stereotypes may play a role. This study investigated civilian perceptions of mental stability and employability of veterans. **Method:** Three hundred seventy-two participants, across two studies, viewed matched resumes of a hypothetical veteran or civilian applicant for a position as "warehouse

manager". Participants then rated the applicant for both mental stability and employability. **Results:** In both studies, the veteran candidate was seen as less mentally stable despite no indication of mental illness on the resume. However, participants still rated the veteran as more employable for the position.

Discussion: In two separate studies, there was evidence of stereotype targeted toward a specific individual, as both samples saw the veteran candidate as less mentally stable than the civilian candidate. However, this bias was not concurrent with discrimination against the veteran candidate regarding employability. Generally positive feelings towards veterans and a desire to help may interrupt the typical link between stereotype and discrimination that is often present in other groups perceived as mentally ill.

COMMUNITY-BASED PROGRAMS

THU 162

Factors Associated with the Psychiatric Hospitalization of Children in Foster Care (Abstract #754)

THU 162 (Commun, CPA, Commun, Complex, Prevent, Child/Adol) I - Industrialized

Whitt-Woosley, Adrienne
University of Kentucky, Lexington, Kentucky

Children in foster care represent a group characterized by exposure to maltreatment related trauma, under circumstances presenting multiple risk factors for traumatic stress reactions and other emotional and behavioral problems. High rates of mental health disorders have been observed in this population, and much has been written about deficiencies in mental health service provision to children in foster care in spite of the observed need for such services. Currently, there is minimal research on the experiences of children in foster care who require inpatient mental health intervention to guide complex case planning on their behalf. This study analyzes characteristics of children in foster care who have experienced psychiatric hospitalization in an attempt to describe this high risk subset for purposes of identification and more targeted intervention that could support their stability

in out of home care. Data regarding a sample of children (N= 399) in foster care were analyzed to determine which factors predicted experiences of psychiatric hospitalization. Age, length of time in out of home care and diagnoses of mood disorders and Oppositional Defiant Disorder were predictive of inpatient psychiatric placement. Further analysis was conducted to determine group differences between children from the sample who had not experienced psychiatric hospitalization and those who had received this higher level of intervention, as well as factors associated with multiple psychiatric hospitalizations. Implications are provided for case planning with at-risk children in foster care in order to better address their mental health needs and promote stability in out of home care.

THU 164

Sex Differences in Responses to Stress and Locus of Control in Children

(Abstract #883)

THU 164 (Commun, Chronic, Cul Div, Gender, Child/Adol) I - Industrialized

Altamirano, Olivia¹, Bradley, Travis¹, Basile, Alex², Espil, Flint¹, Matlow, Ryan², Carrion, Victor²

¹*Stanford University School of Medicine, Palo Alto, California*

²*Stanford University School of Medicine, Stanford, California*

Children's perceived sense of control, or locus of control (LOC), may be influenced by exposure to trauma and adversity, and has been shown to influence response to stress. For example, an external LOC is generally positively correlated with negative coping strategies such as avoidance (Lamontagne, 1983). Given that sex of the child influences adults' attitudes on behavior management, this study examined sex of the child in relation to their response to stress and LOC. A sample of primarily Latino/a, third and fifth grade students (n= 637) living with chronic environmental stressors (i.e., poverty, limited opportunities) and high rates of trauma exposure (i.e., community, domestic violence) completed standardized, validated measures to assess coping strategies to stress and LOC. Independent sample t-tests showed that females reported significantly lower levels of external LOC ($p < 0.05$) and higher levels of rumination, emotional arousal, emotional expression ($p < 0.01$), relative to males. These findings suggest that females' less external LOC may be associated with positive stress management (e.g. emotional expression), despite more rumination and emotional arousal. These findings may have implications for interventions designed to address chronic stress and trauma in children, increase empowerment, positively cope with stress and develop these strategies into adulthood.

THU 165

Partnerships for Care: Creating Trauma-Informed Clergy
(Abstract #145)

THU 165 (Commun, Comm/Int, Prevent, Train/Ed/Dis, Adult) I - Industrialized

Eriksson, Cynthia, Krotz, Kathryn
Fuller Graduate School of Psychology, Pasadena, California

Faith communities have not always been a place where trauma survivors have been supported. In some cases, clergy have contributed to on-going abuse. However, many individuals still seek support from clergy before seeking help from a psychologist or psychiatrist (Bledsoe, Setterlund, Adams, Fok-Trela, & Connolly, 2013). A survey of 211 Christian clergy was completed to identify areas of training need and adjustment. In this sample, the number of leaders reporting work-related distress was quite low (74% reporting low burnout and 65% reporting low secondary traumatic stress). Yet, these leaders also indicated a high frequency of attending to trauma survivors in their faith communities (61% sexual assault, 57% child physical or sexual abuse, and 72% domestic violence). Clergy completed an open-ended question regarding their need for training. Common themes were the need for specific information regarding how to effectively respond to trauma survivors (e.g. when to refer, how to support a survivor without being a counselor, and what NOT to do) and basic information about trauma symptoms (e.g. differences across developmental levels, specific trauma events, and how trauma intersects with religious faith). Results suggest openness in clergy to receive training to help create safer and more responsive communities for trauma survivors.

THU 166

The Moderating Effect of Gender and Cross-Age Peer-Mentoring on the Relationship between Stressful Life Events and Internalizing Symptoms in Low-Income Urban Adolescents
(Abstract #1416)

THU 166 (Commun, Clin Res, Comm/Vio, Gender, Child/Adol) I - Industrialized

Morency, Mirinda, Zarei, Parmida, Rice, Catherine, Richards, Maryse, Tyson McCrea, Katherine
Loyola University Chicago, Chicago, Illinois

African American youth in low-income, high-risk neighborhoods are disproportionately exposed to a multitude of stressors such as economic strain, peer/familial conflict, and community violence, which can lead to increased psychological distress, particularly internalizing symptoms (Sanchez et al., 2012). The present study examines African American adolescents' participation in a community-based peer-mentoring program aimed at reducing negative outcomes and promoting positive development within a high-risk context. It is hypothesized that (1) youth reporting higher stress will also report more internalizing symptoms, and (2) participation in the peer-mentoring program will buffer the effects of stressful life events on internalizing symptoms. Cross-sectional analyses at baseline revealed that higher stress was strongly related to higher levels of internalizing symptoms (i.e., withdrawn, somatic, anxiety, and depression), with a significant main effect of gender on withdrawn symptoms, suggesting that girls exhibit elevated levels of withdrawal compared to boys. Additionally, a trending interaction between stress and gender on somatic symptoms was found, suggesting girls are more sensitive to the effects of stress compared to boys. It is anticipated that higher program attendance at 12-months will attenuate the relationship between stress and internalizing symptoms, providing important insight into how cross-age peer-mentoring can reduce negative psychological outcomes for at-risk youth.

THU 167

Experiences of Moral Injury among Parents Involved in the Child Protection System
(Abstract #20)

THU 167 (Commun, CPA, Comm/Int, Complex, Lifespan) M - Industrialized

Sugrue, Erin¹, Calhoun, Molly¹, Haight, Wendy¹, Black, James²

¹*University of Minnesota, St. Paul, Minnesota*

²*University of Minnesota, Minneapolis, Minnesota*

“Moral injury” refers to lasting psychological or spiritual harm caused by transgressions of core moral beliefs and expectations (Litz et al., 2009; Shay, 1994). The existing literature on moral injury focuses on military contexts, but moral injury may be relevant to a wide range of morally high stakes contexts (Haight, Sugrue, Calhoun, & Black, 2016). In this presentation, we will discuss the results of a mixed-methods study exploring the presence of moral injury in parents involved in the Child Protection System (CPS). Participants (n = 10) were sampled from a Midwestern U.S. metropolitan area and had previous involvement in CPS within the last three years. In individual, face-to-face sessions, participants were asked to complete a modified version of the Moral Injury Events Scale (Nash et al., 2013) and engage in a semi-structured interview. Results show evidence of a complex form of moral injury among parents involved in CPS, involving moral injury from both parents’ perpetration of trauma and abuse against their children and their experiences as victims of trauma inflicted by a problematic social service system. Recommendations for professionals working within CPS to decrease parents’ exposure to and promote healing from moral injury and directions for future research will be discussed.

BIOLOGICAL/MEDICAL

THU 168

Traumatic Experiences and Neurocognitive Functioning among Incarcerated Individuals
(Abstract #857)

THU 168 (Bio Med, Cog/Int, Health, Bio/Int, Adult) I - Industrialized

Craun, Elizabeth, Kaplan, Stephanie, Wong, Maria, Lynch, Shannon, Aubuchon-Endsley, Nicki
Idaho State University, Pocatello, Idaho

Incarcerated men and women have higher rates of trauma exposure than the general public (Gibson et al., 1999; Green et al., 2005). Previous research has found an association between diagnosis of post-traumatic stress disorder and neurocognitive deficits (Horner & Hamner, 2002). However, it is still unclear if these deficits are associated with exposure to traumatic events or with other aspects of the disorder. We assessed the relationship between traumatic events and neurocognitive functioning in an incarcerated population. One hundred randomly selected inmates (50% female, aged 18-71) completed diagnostic screening interviews and a brief neurocognitive battery. The Lifetime Stressor Checklist-Revised was used to aggregate the total number of traumatic experiences. Linear regression models revealed that total number of traumatic events significantly predicted perseverative errors in the Wisconsin Card Sorting Test (WCST; $b = -0.13$ (0.06), $p < 0.05$), where greater exposure to traumatic events was associated with more perseverative errors (e.g., inability to change mental sets). Frequency of trauma exposure was not associated with total errors on the WCST ($b = -0.003$ (0.004), $p = 0.39$), indicating that deficits were contained within perseverative errors. In sum, exposure to more traumatic events was associated with neurocognitive deficits.

THU 169

Paranoid Personality Disorder: Relationships with Trauma and Social Cognition
(Abstract #1462)

THU 169 (Bio Med, Affect/Int, Aggress, Bio Med, CPA, Adult) - Industrialized

Lee, Royce

University of Chicago, Chicago, Illinois

Paranoid Personality Disorder (PPD) has historically been neglected by science out of proportion to its prevalence in society and the clinic. We present data on a sample of 115 individuals with PPD in comparison with a sample of individuals with Borderline Personality Disorder as well as healthy controls. The three groups were compared using multivariate statistics on a range of environmental measures as well as measures of empathy (Interpersonal Reactivity Index) and social cognition (Social Information Processing Questionnaire). The results confirm previous links between childhood trauma and PPD, as well as sociodemographic correlates of PPD. Based on this data, we propose that PPD can be conceptualized as a trauma-related disorder characterized by a behavioral profile of aggressiveness, low cognitive empathy, and problems with intention-understanding. The important clinical implications of these findings will be discussed.

THU 170

Neural Mechanisms of Reactive Aggression in PTSD: A Pilot Study

(Abstract #1463)

THU 170 (Bio Med, Aggress, Bio Med, Bio/Int, Neuro, Adult) - Industrialized

Fanning, Jennifer

University of Chicago, Chicago, Illinois

PTSD is associated with problems with aggressive behavior; however, the neural mechanisms that mediate this relationship are not well understood. In a study of healthy adults ages 18-55, we found that PTSD symptoms related to anger and aggressive behavior. Subjects completed a laboratory measure of reactive aggression in which subjects were interpersonally provoked and had the opportunity to retaliate. Participants with PTSD symptoms were less likely to de-escalate the provocative interaction, and showed altered neural correlates of escalating and de-escalating behavior. The results point to a potential neural mechanism mediating reactive aggression in individuals who develop PTSD.

THU 171

The Clinical Utility of Exploiting Reconsolidation Windows with Extinction Learning

(Abstract #471)

THU 171 (Bio Med, Anx, Bio Med, Clin Res, Res Meth, Adult) - Industrialized

Norrholm, Seth¹, Maples- Keller, Jessica², Price, Matthew³, Rothbaum, Barbara²

¹*Atlanta VAMC/Emory University, Decatur, Georgia*

²*Emory University School of Medicine, Atlanta, Georgia*

³*University of Vermont, Burlington, Vermont*

The retrieval+extinction learning paradigm has received increased translational focus as a potential mechanism by which to facilitate fear extinction and to prevent its return. Typically, a previously acquired fear memory is returned to a labile state during a reconsolidation window that is then followed by extinction training. Extinction training is the experimental homolog of clinical exposure therapy and there are compelling reasons to examine whether an update mechanism is possible in exposure treatments for fear-related mental disorders. We have now translated the retrieval+extinction paradigm in a clinical study, using virtual reality exposure therapy (VRE) for fear of flying (FoF). Our goal was to better determine if presenting a reactivating cue 10 min prior to an exposure session would reduce anxiety-related behaviors as compared to a neutral cue. FoF participants (N=89) received 4 sessions of anxiety management training followed by 4 sessions of VRE. Participants were randomly assigned to receive either a FoF cue (reactivation) or a neutral cue (control) prior to the 4 VRE sessions. Heart rate (HR) and skin conductance levels (SCL) were collected during post-treatment and at 3-month follow up. All clinical measures improved equally between groups. HR and SCL indices were significantly different with the reactivated group showing less fear to previously presented VR-based stimuli as compared to the non-reactivated group. These results suggest that memory reactivation prior to exposure therapy can impact clinical measures but may also enhance the effect of exposure therapy at the physiological level.

THU 172

Secure Attachment Priming Reduces Differential Fear Learning
(Abstract #472)

THU 172 (Prevent, Affect/Int, Anx, Bio/Int, Adult) - Industrialized

Kokkinos, Metaxia, Liddell, Belinda, Bryant, Richard
University of New South Wales, Sydney, NSW, Australia

Recent research has shown that activating the attachment system reduces the fear response. The literature has not extended these findings to fear conditioning, a commonly used model of the development of fear underlying posttraumatic stress disorder (PTSD). This study examined whether attachment priming could alter fear learning. Participants (N = 50) were instructed to vividly imagine either an attachment figure or a pleasant situation before undergoing a fear conditioning and fear extinction paradigm, which involved association of the stimulus with a mild electric shock. Participants returned two days later for an extinction retention task to assess for recovery of fear. Fear-potentiated startle was used as the primary measure of fear. Results showed that imagining an attachment figure prior to acquisition of fear slowed down differential fear conditioning. These findings provide preliminary evidence for the protective nature of attachment relationships at times that are characterized by fear learning, for example during a traumatic experience. These findings have implications for early intervention, or even the prevention, of traumatic stress disorders.

THU 173

Inhibition of Conditioned Fear in Children with Trauma Exposure: Physiological and Neural Responses
(Abstract #473)

THU 173 (Bio Med, Bio Med, Comm/Vio, Dev/Int, Child/Adol) - Industrialized

Jovanovic, Tanja¹, van Rooij, Sanne¹, Smith, Ryan², Kim, Ye Ji¹, Norrholm, Seth³, Bradley, Bekh³
¹Emory University School of Medicine, Atlanta, Georgia
²Emory University, Atlanta, Georgia
³Atlanta VAMC/Emory University, Decatur, Georgia

Fear conditioning studies in adults have found that trauma exposure and post-traumatic stress disorder (PTSD) are associated with heightened fear responses and impaired fear inhibition to learned safety cues. The objective of this study was to investigate fear inhibition in school-age children at risk for PTSD, using fear-potentiated startle (FPS) and neuroimaging (fMRI). We assessed using a differential fear conditioning paradigm in 8-13 year old children (n=86) recruited from a highly traumatized urban population. The paradigm included a stimulus paired with an aversive airblast (danger signal) and a non-reinforced stimulus (safety signal). The children and their parents were interviewed to assess trauma exposure and PTSD symptoms. A subset of children completed a Go/NoGo fMRI task known to engage the ventromedial prefrontal cortex (vmPFC). Children showed increased FPS to the danger signal compared to the safety signal ($F=8.89$, $p=0.005$). Furthermore, FPS to the safety signal was negatively correlated with vmPFC activation ($r=-0.51$, $p<0.05$). On the other hand, vmPFC activation was positively associated with level of trauma exposure ($r=0.41$, $p<0.05$). While the children had experienced significant neighborhood violence, they did not exhibit high levels of PTSD symptoms, suggesting higher resilience, which may be associated with adaptive fear regulation.

THU 174

Anticonvulsant Medication Use in Veterans with Posttraumatic Stress Disorder
(Abstract #91)

THU 174 (Bio Med, Clinical Practice, Illness, Sub/Abuse, Mil/Vets, Adult) M - Industrialized

Shiner, Brian¹, Leonard Westgate, Christine², Bernardy, Nancy³, Schnurr, Paula⁴, Watts, Bradley¹
¹Dartmouth Medical School, White River Junction, Vermont

²White River Junction VA Medical Center, White River Junction, Vermont

³National Center for PTSD, White River Junction, Vermont

⁴National Center for PTSD, Executive Division, White River Junction, Vermont

Objective: Anticonvulsants have been studied for many indications, including posttraumatic stress disorder (PTSD). The limited efficacy research on anticonvulsants for PTSD is mixed. However, anticonvulsants are prescribed widely to Veterans with PTSD. Our objective was to measure trends and factors associated with anticonvulsant prescription among Veterans with PTSD.

Method: We obtained administrative and pharmacy data for Veterans who initiated PTSD treatment in the Department of Veterans Affairs (VA) between 2004 and 2013 (n=731,520). We identified those who received anticonvulsants during the year following their initial clinical PTSD diagnosis and examined common indications for anticonvulsant use, patient characteristics, and service use characteristics. Using logistic regression, we determined the predictors of anticonvulsant initiation among those without an indication.

Results: Although 24.9% of patients in the cohort received an anticonvulsant during their initial year of PTSD treatment, 94.6% had an indication unrelated to PTSD and 51.2% initiated anticonvulsant use before their PTSD diagnosis. While there was growth in anticonvulsant initiation over the 10-year period, this was explained both by growth in indications unrelated to PTSD and increased use of anticonvulsants for these indications. The rate of anticonvulsant initiation without an indication was stable at approximately 5% throughout the period, with patient and service use characteristics driving the selection of individual agents. **Conclusion:** A large and increasing proportion of Veterans with

PTSD receive anticonvulsant prescriptions. However, this may be appropriate use driven by increased prevalence of comorbid conditions that may be an indication for anticonvulsant use, including pain and headache disorders.

PUBLIC HEALTH

THU 175

Pupils Understanding of Reduced Academic Functioning after being Exposed to Trauma
(Abstract #965)

THU 175 (Pub Health, Acute, Prevent, Terror, Train/Ed/Dis, Child/Adol) M - Global

Schultz, Jon-Håkon¹, Skarstein, Dag²

¹Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

²Oslo University, Oslo, Norway

Post-traumatic stress disorder (PTSD) is associated with a temporary and distinct cognitive impairment. Few studies have investigated consequences for pupil's academic functioning as a long term consequence of trauma. The study's objective is to explore how cognitive alterations affecting academic functioning is recognized and explained by pupils after surviving the Norwegian massacre of July 22nd 2011. **Method:** 65 pupils (16–21 years) were interviewed with qualitative interviews 2.5 years after the traumatic event. **Results:** Out of 65 pupils 16 report no or no distinct change, 4 report a positive change and 45 report a distinct negative change in their academic functioning characterized by; a sense of chaos, loss of concentration, loss of auditive memory and established study techniques being less effective or inadequate. Changes came unexpected; the consequences were more severe and lasted much longer than expected. They lack understanding and terms to describe their observed change in academic functioning and frequently use metaphors in their meaning-making process. The informants are concerned and report little or no discussions with teachers. Implications for the teacher role in following up traumatized pupils in their meaning-making process are indicated.

THU 176

Wellbeing amongst Children of Danish Military Deployed Fathers: Do Fathers Deployment Affect Children's Mental Health?

(Abstract #255)

THU 176 (Pub Health, Depr, Illness, QoL, Mil/Vets, Child/Adol) M - Industrialized

Lausten, Mette¹, Oldrup, Helene¹, Nielsen, Anni Brit Sternhagen², Andersen, Søren²

¹*SFI - The Danish National Centre for Social Research, Copenhagen, Zealand, Denmark*

²*Research and Knowledge Center, The Danish Veteran Center, Ringsted, Zealand, Denmark*

Military deployment to warzones increases risk of combat-related PTSD and other mental illnesses (Gates et al., 2012) and may affect family life, spousal and child mental health (De Pedro et al., 2011). Regardless of this, no published research about child mental health of Danish deployed personnel exists. Using administrative data on 15- to 17-year-olds in 2014, this presentation examines whether fathers deployment – or fathers mental health due to deployment – affects the adolescence's outcome. Outcome will be school results (exam from primary school), use of medication for mental health issues and specific psychiatric diagnoses. Comparing a population of almost 3,000 15- to 17-year-olds with a formerly deployed father (between 1992-2014) with 65,000 15- to 17-year-olds with a father who is matched civilian control, we analyze if the deployment affects mental health of the adolescence and whether the effect is due to the state of fathers mental health post-deployment. This presentation will highlight the differences between (1) adolescence of deployed fathers and adolescence of civilian controls, (2) adolescence of deployed fathers with and without mental health problems, (3) adolescence of deployed fathers with mental health problems and adolescence of civilian controls with mental health problems.

THU 177

Epidemiological Study on Violence and Mental Health among Low Schooling Adolescents in a Violent Urban Area, Brazil

(Abstract #1480)

THU 177 (Pub Health, Comm/Vio, Health, QoL, Social, Child/Adol) I - Latin Amer & Carib

Wender de Brito, Luisa¹, Wierman, Juliana¹, Tanabe Matsuzaka, Camila¹, Serafim, Paula², Mello, Marcelo²

¹*UNIFESP, São Paulo, São Paulo, Brazil*

²*Universidade Federal de São Paulo, São Paulo, Brazil*

INTRODUCTION: Seventy-one percent of youth deaths in Brazil are due to accidents and violence. Previous studies point to high prevalence of violence in Brazilian schools. This study aims to correlate the prevalence of violence exposure, quality of life and psychiatric disorders among low schooling adolescents (15-18yrs). **METHODOLOGY:** 200 adolescents that presents behavioral and pedagogical problems will be evaluated in May 2017. The school chosen for this study is located in São Paulo in a area with the highest rates of violence. Instruments will be applied to verify violence exposure and examine the quality of life: Quesi; Bullying-Behaviors; Bullying-Victimization; YOHL. To assess the prevalence of psychiatric disorders, the following scales will be used: DAWBA; YSR; SCARED. **RESULTS:** We expect to find a high prevalence of domiciliary and school violence; low quality of life indexes; and positive correlation between exposure to violence and the presence of psychiatric disorders. **IMPLICATIONS FOR PRACTICE:** We will conclude in this way that when we think about carrying out a program of prevention and attention in mental health that can have real social impact, we must do it in such a way that it covers issues related to violence and quality of life.

THU 178

Job Embeddedness among Disaster Workers Dispatched to Ground Zero as Part of Occupational Duties

(Abstract #1133)

THU 178 (Pub Health, Anx, Health, Pub Health, Terror, Adult) I - Industrialized

Ramdhany, Emily¹, Wyka, Katarzyna², Difede, JoAnn³

¹*Columbia University, New York, New York*

²*City University of New York, New York, New York*

³*New York Presbyterian Hospital/Weill Medical College of Cornell University, New York, New York*

The prevalence and risk factors for PTSD, depression, and anger expression among non-rescue disaster workers exposed to the World Trade Center (WTC) disaster has been well-documented in epidemiologic and clinical literature (Neria et al., 2011, Difede et. al, 2006). However, little is known about the degree of occupational adjustment following WTC disaster exposure as part of occupational duties. The present study utilized data from the Weill Cornell 9/11 Mental Health Screening Program to examine the association between psychological health and job embeddedness among approximately 1000 WTC disaster workers. PTSD symptoms, depression symptoms and anger expression were assessed 2 years post disaster (baseline) and 3 years later (follow-up). Job embeddedness was assessed at the follow-up assessment. Regression analyses indicated that there was a dose response relationship between baseline symptoms severity and follow-up job embeddedness, where individuals with higher baseline levels of PTSD, depression and anger reported lower job embeddedness at the follow-up ($p < .001$). Furthermore, job embeddedness was negatively associated with concurrent PTSD, depression and anger scores, after adjusting for demographic factors and baseline symptomatology ($p < .001$). These findings offered a rare insight into the degree of occupational adjustment among disaster workers exposed to the WTC disaster.

THU 179

Impact of Terror Attacks in January 2015 in Paris: Results of the IMPACTS Study

(Abstract #34)

THU 179 (Pub Health, Health, Terror, Adult) A - Industrialized

Vandentorren, Stephanie¹, Pirard, Philippe², Sanna, Alice², Aubert, Lyderic², Motreff, Yvon², Baubet, Thierry³

¹*Cellule d'Intervention en Région (Cire) Ile-de-France, Santé publique France, Paris AND Sorbonne Université, UPMC Université Paris 06, Inserm, Institut Pierre Louis d'épidémiologie et de santé publique (IPLESP UMRs 1136), Paris, France*

²*National Institute of Public Health, Saint-Maurice Cedex, France*

³*CESP Inserm 1178 * Université Paris 13 Sorbonne Paris Cité, EA 4403 Service de Psychopathologie de l'enfant, de l'adolescent, psychiatrie générale et addictologie spécialisée, Bobigny, France*

A series of terrorist attacks occurred in Paris area in January from the 7th to the 9th of January 2015. In total 17 people were killed and 20 injured. Santé publique France conducted the "IMPACTS" study 6 months after the attacks to assess the mental health impact of these events among victims and rescue workers and policemen and their access to health care. We implemented a cross-sectional design between June and October 2015 in the four geographic area affected by the attacks. The study population was defined as the exposed civilians and the rescue and police staff involved in the response according to the exposure criteria A for PTSD of the DSM-5. Interviews were conducted face-to-face by trained psychologists. We included 190 civilians and 232 rescue and police staff involved. Among civilians 18% reported symptoms of PTSD and 20% suffered from anxiety disorders or depression (without PTSD). A quarter consulted a physician for a health problem other than psychological, related to the attacks. A third of the civilians were unable to work. More than a half of the exposed people had a psychological support. Factors associated with PTSD at 6 months of age were STRS (shortness of breath, tremulousness, Racing heart and sweating rating scale) and low social support. The factors associated with depressive or anxiety disorders (without PTSD) were the female gender, a low socio-professional level, an economic impact on the company in which

the person works, and lack of Immediate medical and psychological emergency services support. Rescue and police staff reported lower symptoms of PTSD (3%) and anxiety disorders (14%). Half of the professional had mental health support after the attacks.

THU 180
Resilience, Recovery, and Posttraumatic Stress:
World Trade Center Tower Survivors 10-11
Years after 9/11
 (Abstract #78)

THU 180 (Pub Health, Acute, Clin Res, Health, Terror, Adult) A - Industrialized

Adams, Shane, Bowler, Rosemarie
San Francisco State University, San Francisco, California

Little is known about predictors of resilience and recovery in civilians exposed to acute trauma such as a terrorist attack. This study aims to expand the knowledge of adult resilience and recovery in 2,355 World Trade Center (WTC) tower survivors, surveyed by the WTC Health Registry an average of 2.5, 5.5, and 10.5 years after 9/11. Heterogeneous trajectories of posttraumatic stress symptoms were measured using latent growth mixture modeling. Covariates included socio-demographic, exposure/evacuation, and life event characteristics. Four symptom trajectories were identified: low symptom/resilience (72.8%), recovering (6.5%), worsening (8.1%), and chronically elevated (12.6%). Male gender, higher education, higher household income, fewer injuries and horrific events witnessed on 9/11, and fewer recent life stressors predicted low symptom/resilience. Lower household income and fewer injuries sustained on 9/11 predicted recovering. Higher perceived social support predicted recovering and low symptom/resilient trajectories but not worsening symptoms. Participants who communicated with friends/family and were actively involved in an organization were more likely to be classified as low symptom/resilient. Participants who attended religious services were less likely to be classified as low symptom/resilient. This study demonstrates a healthy posttrauma adjustment and resiliency by 79.3% of WTC tower survivors following the most catastrophic terrorist attack in world history.

THU 181
The Mediating Effect of Religious Coping on
Potentially Traumatic Events and Depressive
Symptoms
 (Abstract #580)

THU 181 (Pub Health, Chronic, Depr, Health, QoL, Adult) M - Industrialized

Mii, Akemi, Handal, Paul, Hahn, Michael
Saint Louis University, Saint Louis, Missouri

Extant literature has found substantial variability in affective well-being following the experience of a potentially traumatic event (PTE). Individual differences in response encourages the investigation of potential mediating and moderating variables. Here, religious coping was identified as one potential buffer to depression following trauma. Religious coping is a multidimensional construct consisting of both positive and negative poles. Positive (e.g., seeking God's love and care) and negative religious coping (e.g., wondering why God is punishing me) can be understood as both adaptive and maladaptive strategies, respectively (Lonczak, Clifasefi, Marlatt, Blume, & Donovan, 2006). The current study examined the role of religious coping in the development of depressive symptoms following a PTE. Undergraduate students (N = 284, Mage = 19.29, Female = 197) were recruited to complete a series of online surveys, including the standard self-report format of the Life Events Checklist-5 (LEC-5), Brief RCOPE, and Center for Epidemiologic Studies Depression Scale (CES-D). Results indicated that negative religious coping mediated the relationship between PTE frequency ("Happened to Me" subscale) and the development of depressive symptoms. All other analyses were non-significant. Therefore, clinicians should consider assessing religious coping following a PTE due to its possible role in the development of depression.

THU 182
Predictors of Psychological Distress Trajectory
after the Nuclear Disaster: The Fukushima Health
Management Survey
 (Abstract #17)

THU 182 (Pub Health, Depr, Nat/Dis, Tech/Dis, Adult) M - Industrialized

Oe, Misari¹, Maeda, Masaharu², Yasumura, Seiji², Yabe, Hirooki², Suzuki, Yuriko³, Ohira, Tetsuya²

¹*Department of Neuropsychiatry, Kurume University School of Medicine, Kurume, Fukuoka, Japan*

²*Fukushima Medical University, Fukushima City, Fukushima Prefecture, Japan*

³*National Center of Neurology and Psychiatry, National Institute of Mental Health, Kodaira, Tokyo, Japan*

Objectives: The Fukushima Daiichi Nuclear Power Plant accident, which occurred after the Great East Japan Earthquake and Tsunami in March 2011, may have a considerable long-term impact on the lives of residents. The aims of this study were to determine the trajectories of psychological distress using 3-year consecutive data, and to find predictive factors of severe distress that may also prove useful for public health intervention. **Methods:** Data were obtained on 12,371 residents who were registered in the municipalities categorized as complete evacuation areas for 3 years after the disaster and who completed an assessment in each of the 3 years. **Results:** Using group-based trajectory modelling, we identified four trajectory patterns distinguished by the levels of psychological distress, which gradually improved over time in all trajectories. Subjective sleep insufficiency, problem drinking, poor social support and perception of radiation risk 3 years after the accident were associated with the severity of psychological distress, according to the multivariate analysis. **Conclusions:** The identified factors may be useful for community-based mental healthcare over the long term following a nuclear disaster.

THU 183

The Relationship between Self-Compassion, Self-Blame, Disengagement Coping and Mental Health Outcomes Following Adult Sexual Assault
(Abstract #695)

THU 183 (Pub Health, Cog/Int, Depr, Rape, Adult) I - N/A

Hamrick, Lauren, Owens, Gina
University of Tennessee - Knoxville, Knoxville, Tennessee

The present study examined self-compassion, disengagement coping, and self-blame as predictors of depression and posttraumatic stress disorder (PTSD) severity among women following sexual assault in adulthood. We hypothesized that higher self-compassion would predict lower depression and PTSD severity, and that higher self-blame and disengagement coping would predict greater depression and PTSD severity. The simultaneous regression model predicting PTSD severity was significant, $F(3, 140) = 32.56, p < .001, \text{Adj. } R^2 = .41$. Both self-blame and disengagement coping were significant predictors in the model ($p < .01$), while self-compassion was not. The regression model predicting depression severity also was significant $F(3, 145) = 14.76, p < .001, \text{Adj. } R^2 = .23$. Self-blame ($p < .001$) was a statistically significant predictor in the model, while self-compassion and disengagement coping were not. There was a trend toward significance for self-compassion in the depression model ($p = .095$). Our findings suggest that PTSD and depression symptom severity are both strongly related to self-blame attributions. Disengagement coping seemed particularly relevant for PTSD, while self-compassion was not a significant predictor of either depression or PTSD, though it trended toward significance in the depression model. Our findings may be useful for tailoring existing interventions for sexual assault survivors.

THU 184

Time to Report Sexual Violence: Association with Victim, Perpetration, and Assault Characteristics
(Abstract #257)

THU 184 (Pub Health, Comm/Vio, Rape, Adult) I - Industrialized

Cole, Hannah, Micol, Rachel, Davis, Joanne
University of Tulsa, Tulsa, Oklahoma

The length of time between experiencing and reporting a sexual assault may have important health and legal consequences for survivors. The present study examined the potential association between the time to report and perpetrator identity, survivor age, threat of violence, severity of violence (i.e., number of injuries sustained, victim lapse of consciousness, and use of weapon), and drug or alcohol use by the survivor. Data consisted of 843 sexual assault nurse

(SANE) exams obtained between 2008 and 2012. Elapsed reporting time ranged from .50 to 160.50 hours ($M = 22.16$, $SD = 26.32$). The time to report was not associated with age, number of injuries, threat of harm, perpetrator weapon use, or survivor alcohol/drug use. Survivors who experienced a lapse of consciousness were more likely to delay reporting (i.e., more than 12 hours) than those who did not, $X^2(2, N = 785) = 13.80$, $p = .001$. Survivors who identified the perpetrator as someone known were more likely to delay reporting than those who identified an unknown perpetrator, $X^2(2, N = 826) = 9.62$, $p = .008$. These findings may help guide prevention and intervention outreach and policy changes to improve circumstances around reporting for sexual assault survivors.

THU 185

Examining Implicit Associations for Community Support Stimuli following Community Trauma
(Abstract #65)

THU 185 (Pub Health, Anx, Comm/Vio, Adult) M - N/A

Connell, Nicholas, McDermott, Michael
University of Louisiana at Lafayette, Lafayette, Louisiana

Conceptualizations for the development and maintenance of trauma-related disorders suggest that PTSD symptoms develop through conditioned learning (Hofmann, 2009) such that neutral stimuli present during the traumatic event acquire fear-eliciting properties and subsequent avoidance of these stimuli is reinforced by the reduction in fear (Bryant & Harvey, 1995). Exposure to such events can occur indirectly. A highly publicized traumatic event occurred in Lafayette, Louisiana in 2015. Following the trauma, the community held vigils and slogans were displayed to show support for the victims. For some, these community support stimuli (CSS) may have been associated with comfort; however, others may have developed associations between these CSS and the traumatic event. The current study seeks to examine learned associations (LAs) between CSS and comfort and anxiety as well as avoidance behaviors. Individuals with LAs between CSS and anxiety are hypothesized to demonstrate higher rates of avoidance behaviors and PTSD symptoms. Participants will complete a single-

category implicit associations test and a battery of questionnaires to assess relevant covariates. Data will be presented examining differences between groups and the predictive value of the LA between CSS and anxiety for PTSD symptoms. Findings will indicate individuals avoid appropriate coping methods as part of their symptoms.

THU 186

Association between Panic Disorder and Posttraumatic Stress Disorder: Evidence from the National Epidemiologic Survey on Alcohol and Related Conditions
(Abstract #959)

THU 186 (Pub Health, Anx, Theory, Adult) M - Industrialized

Bing-Canar, Hanaan¹, Berenz, Erin², York, Timothy³, Amstadter, Ananda³, Mezuk, Briana⁴, Roberson-Nay, Roxann³

¹*U. Illinois at Chicago, Chicago, Illinois*

²*University of Virginia, Charlottesville, Virginia*

³*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia*

⁴*University of Michigan, Ann Arbor, Michigan*

Posttraumatic stress disorder (PTSD) and panic disorder (PD) often co-occur; however, epidemiological research addressing the temporal relationship between these conditions is scant. The primary aim of the present study was to investigate the bidirectional associations between PTSD and PD in a nationally representative, epidemiological sample. Participants were 12,467 trauma-exposed adults (62.6% women; $M_{age} = 48.9$, $SD = 16.3$) selected from the 2001/2 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Cox discrete-time proportional hazards models with time-varying covariates were used to evaluate the bidirectional associations between lifetime PD and PTSD, covarying for demographics, trauma load, and lifetime social anxiety disorder, generalized anxiety disorder, and major depression. PD was significantly associated with subsequent onset of PTSD ($HR = 1.210$, $95\%CI = 1.207-1.214$, $p < .001$), and PTSD was significantly associated with subsequent onset of PD ($HR = 1.601$, $95\%CI = 1.597-1.604$, $p < .001$). Sex-specific models indicated that men displayed stronger associations between PD and PTSD in both directions than women. Clinical

correlates of order-of-onset will be presented for the total and sex-specific samples. Together, PTSD may convey greater risk for PD than the reverse association, with the PD-PTSD relationship being stronger for men than women in either direction. Further examination of order-of-onset may provide insight into unique etiological pathways to this debilitating comorbidity.

THU 187

Psychological Resilience and PTSD Symptoms after Trauma in a Chinese Population (Abstract #1196)

THU 187 (Pub Health, Assess Dx, Cul Div, Gender, Adult) I - E Asia & Pac

Qing, Yulan¹, Bakker, Anne¹, van der Meer, Christianne², te Brake, Hans³, Olff, Miranda⁴
¹*Academic Medical Center, University of Amsterdam, Amsterdam, Netherlands*
²*Academic Medical Center and OLVG, Amsterdam, Netherlands*
³*Impact, Dutch Knowledge and Advice Centre for Psychosocial Care and Safety Concerning Critical Incidents, Diemen, Netherlands*
⁴*Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Netherlands*

Psychological resilience may be a protective factor against negative psychological outcomes after trauma. Currently, evidence is limited for understanding the relationship between psychological resilience and post-trauma PTSD symptoms, particularly in China. To fill this gap, we conducted an online survey among a Chinese community sample (n=485 adults, 67% female), including Resilience Evaluation Scale, trauma exposure questionnaire and PCL-5. Results showed that trauma-exposed participants did not differ from non-exposed participants in psychological resilience. PTSD symptoms were negatively related to psychological resilience ($r=-0.51$) among participants exposed to interpersonal trauma, such that a higher resilience level was linked to less PTSD symptoms in this group. This presentation will further discuss the differential relationship between psychological resilience and the four DSM-5 PTSD symptom clusters considering the differences between interpersonal vs. non-interpersonal trauma. Our

findings suggest psychological resilience is equally manifested regardless of trauma exposure. Interestingly, if replicated in prospective studies, the association between psychological resilience and PTSD symptoms may point at a buffering effect of psychological resilience among victims of interpersonal trauma. This may inform prevention and early intervention initiatives.

THU 188

Associations between Exposure to Socio-Environmental Stressors and Posttraumatic Stress Disorder Symptom Severity (Abstract #1008)

THU 188 (Pub Health, Comm/Int, Dev/Int, Adult) I - Industrialized

Halling, Meredith¹, Beyer, Kirsten¹, Malecki, Kristen², deRoon-Cassini, Terri¹
¹*Medical College of Wisconsin, Milwaukee, Wisconsin*
²*University of Wisconsin, Madison, Wisconsin*

Objective: While individuals living in disadvantaged neighborhoods have higher reported stress, it is unknown if this is associated with increased PTSD symptoms. We investigated whether exposure to socio-environmental stressors were associated with PTSD symptom severity, measured using the PCL-IV, in a representative sample of Wisconsin residents. Three socio-environmental factors were examined: 1) Census block group-level Economic Hardship Index (EHI), a composite measure of socioeconomic statistics, 2) neighborhood environment score (NES), based on perceived presence of crime, traffic, and litter/garbage, and 3) experiences of daily discrimination. **Methods:** A sample of 1,906 participants in the Survey of the Health of Wisconsin was analyzed. Multiple linear regression was used to model PTSD symptom severity as an outcome associated with EHI, NES, or discrimination. Separate regression models examined each of the primary predictors. Covariates included individual-level factors of age, gender, income, race, and education level. **Results:** Increased EHI predicted increased PTSD symptom severity while controlling for individual-level demographics ($p=0.09$). Similarly, perceived NES was also significantly associated with PTSD symptom severity ($p<.0001$), as was exposure to daily discrimination ($p<.0001$).

Conclusions: Findings of associations between socio-environmental stressors and PTSD provide additional support for a biopsychosocial link between environment, persistent health disparities, and adverse mental health outcomes.

THU 189

New Onset of Mental Health Disorders across Six Years of Follow-up in a Sample of National Guard Members
(Abstract #575)

THU 189 (Pub Health, Mil/Vets, Adult) M - Industrialized

Sampson, Laura¹, Fink, David², Cohen, Gregory¹, Liberzon, Israel³, Tamburrino, Marijo⁴, Calabrese, Joseph⁵

¹*Boston University School of Public Health, Boston, Massachusetts*

²*Columbia University, Mailman School of Public Health, New York, New York*

³*University of Michigan, Ann Arbor, Michigan*

⁴*University of Toledo, Toledo, Ohio*

⁵*Case Western Reserve University, Cleveland, Ohio*

There is a paucity of long-term studies that provide estimates of incident cases of mental disorders in military populations. This is particularly true among reservists who have faced more exposure to combat in recent years compared to past conflicts. We documented new-onset depression, alcohol use disorder (AUD), and posttraumatic stress disorder (PTSD), and identified predictors of these disorders, in a cohort of randomly sampled Ohio National Guard members (n=1,520) interviewed from 2009-2016, as part of one of the longest-running longitudinal studies of the U.S. military. Cox proportional hazards models were used. We found 8 cases per 100 person-years for any disorder, 5 cases per 100 person-years for depression, 3 cases per 100 person-years for AUD, and 2 cases per 100 person-years for PTSD. Female sex (hazard ratio (HR) = 1.81) and being deployed to an area of conflict (AOC; HR = 1.97) were associated with higher incidence of PTSD. Female sex and past AUD were associated with higher incidence of depression (HR = 1.36). These results suggest that particular attention to National Guard soldiers who are women, who have been deployed to an AOC, and who have comorbid

conditions, is warranted to mitigate the consequences of new onset mental disorders.

THU 190

PTSD Symptom Clusters among Combat Veterans Predict Elevated Child Anxiety through the use of Corporal Punishment
(Abstract #1003)

THU 190 (Clin Res, Anx, CPA, Fam/Int, Mil/Vets, Lifespan) - N/A

Lau, Simon, Palmer, Cara, Hussain, Hira, Alfano, Candice

University of Houston, Houston, Texas

There is growing concern about the effects of PTSD on the well-being of children in military families, who are higher at-risk for maltreatment and mental health problems. This study examined whether PTSD symptom clusters (re-experiencing, avoidance, numbing, and hyperarousal) relate to child anxiety in military families, including the role of corporal punishment as a potential mediator of these relationships. Seventy-eight children (age M = 11.74, SD = 3.2) of combat veterans reported on their anxiety and their parent's use of corporal punishment. Combat veteran parents reported on their PTSD symptoms. Using linear regression with bootstrapping (10,000 samples), re-experiencing, numbing, and hyperarousal clusters had direct effects on elevated child anxiety. Further, corporal punishment partially mediated relationships between re-experiencing (b = 1.19, t(78) = 2.76, p = .003, 95% CI [.42, .1.95]) and numbing symptoms (b = .87, t(78) = 2.21, p < .05, 95% CI [.08, 1.66]) with child anxiety. With PTSD prevalence rates between 11-20% for OIF/OEF veterans (National Center for PTSD, 2016), these results suggest certain symptom clusters may increase use of parent corporal punishment, and in turn, increase child psychopathology. There is need for effective programs targeting parenting strategies and techniques for service members following periods of deployment.

PREVENTION/EARLY INTERVENTION

THU 191

Exploring Pathways from Childhood Violence Exposure to School Suspension: An Indirect Effects Model
(Abstract #337)

THU 191 (Prevent, Comm/Int, Dev/Int, Prevent, Child/Adol) M - Industrialized

Melville, Alysse

University of Connecticut, West Hartford, Connecticut

Early exposure to trauma, including family violence, is linked to increases in problem behaviors in children. Children with behavioral difficulties are more likely to get suspended than children without, however exposure to family violence and other childhood traumas have not yet been explored as risk factors for school suspension. This is an issue as suspension has proven detrimental outcomes for children, including lower academic performance, increased rates of future suspension, academic disengagement, and higher risk of dropping out of school. The aim of this study was to determine whether exposure to family violence indirectly impacts risk of suspension through children's anger-related behaviors using indirect effects structural equation modeling analyses. This study included data from children in the age 8 wave of the LONGSCAN study (n=521). Anger had a significant, partial indirect effect on the relationship between exposure to family violence and risk of school suspension for 8 year olds in the sample [$X^2(30, n=521)=68.6$, $RMSEA=.050$, $CFI=.949$]. Young children exposed to family violence may be at higher risk of being suspended due to problem behaviors linked to anger, and thus may be at greater risk of adverse future outcomes without school-based preventive interventions.

THU 192

Risk and Resilience to Family Conflict: Exploring Preschool Children Responses to Family Conflict as Predictors of Behavioral Outcomes
(Abstract #1379)

THU 192 (Prevent, DV, Fam/Int, Prevent, Child/Adol) M - Industrialized

Melville, Alysse¹, Grasso, Damion², McCarthy, Kimberly², Wakschlag, Lauren³, Briggs-Gowan, Margaret⁴, Howell, Caroline²

¹University of Connecticut, West Hartford, Connecticut

²University of Connecticut Health Center, Farmington, Connecticut

³Northwestern University Feinberg School of Medicine, Chicago, Illinois

⁴University of Connecticut School of Medicine, Farmington, Connecticut

Exposure to domestic violence (DV) in childhood is associated with a host of adverse psychological outcomes. Although DV exposure has primarily been studied as a unitary construct, newer work aims to unpack characteristics of exposure for better predicting outcomes and informing intervention. One neglected characteristic of DV exposure is how children respond to the DV in the moment. The current study investigates linkages between children's behavioral response styles during conflict, as reported by mothers and coded by researchers, and a multi-level assessment of psychological symptoms comprised of self- and caregiver-report, as well as observational measures of fear and distress and oppositionality. Data come from two waves of a high-risk cohort of children recruited when they were 3- to 6-years-old and followed up one year later. Caregivers reported on their child's past exposure and behavioral responses during or immediately following DV incidents. Responses were coded as numbing (38.5%), negative affect (14.4%), intervening (20.5%), soothing/comforting (8.7%), emotional expressions (2.6%), and avoidance (20.5%). A greater proportion of girls than boys exhibited negative affect responses, $c^2 = 6.33$, $p=.012$. Analyses examining reported and observed symptoms are forthcoming and may reveal important linkages between child behavioral response styles during conflict and trauma-related symptomatology.

THU 193

The Relationship between Adherence to Medical Recommendations and PTSD Following Adolescent Injury

(Abstract #1382)

THU 193 (Prevent, Acc/Inj, Acute, Illness, Child/Adol) I - N/A

Ramsdell, Katharine¹, Jones, Russell², Marsac, Meghan³

¹*University of North Carolina at Chapel-Hill, Chapel Hill, North Carolina*

²*Virginia Polytechnic Institute and State University, Blacksburg, Virginia*

³*University of Kentucky, Lexington, Kentucky*

Each year, a significant number of children incur physical injuries requiring medical attention, placing them at-risk for traumatic stress reactions. Poor adherence to treatment recommendations following medical care for pediatric conditions has been linked to posttraumatic stress disorder (PTSD) outcomes. While it has been a focus of many studies across pediatric chronic illness populations, there is a dearth of research examining adherence following pediatric unintentional injury. Adherence is especially difficult for adolescents due to the unique challenges of this developmental period. Ten adolescent-parent dyads participated in semi-structured interviews following hospitalization for injury. The purpose of the interview was to gain more information regarding potential barriers to adherence to medical recommendations following adolescent injury, and how these barriers might affect psychological well-being. Interviews were transcribed and coded. Adolescents reported experiencing symptoms of PTSD and depression during the recovery period. Parents similarly reported experiencing symptoms of PTSD and depression. Symptoms of depression emerged as a barrier to adherence. The findings provide preliminary information regarding the interrelationships among adolescent adherence, adolescent emotional well-being, and parent emotional well-being in the aftermath of adolescent unintentional injury. This study offers more insight into factors to consider when targeting families with secondary prevention strategies after adolescent injury.

THU 194

How Do Post-Traumatic Stress Symptoms Impact the Association Between Trauma Exposure and Emotion Recognition Skills?

(Abstract #1110)

THU 194 (Prevent, Cog/Int, Cul Div, Dev/Int, Child/Adol) M - Industrialized

Reaves, Samantha¹, Figge, Caleb¹, Martinez-Torteya, Cecilia¹, Kosson, David²

¹*DePaul University, Chicago, Illinois*

²*Rosalind Franklin University of Medicine and Science, Chicago, Illinois*

Previous research suggests potentially traumatic experiences (PTE) and associated post-traumatic stress symptoms (PTSS) impact children's emotion recognition abilities (Masten et al., 2008). These associations may be particularly salient in populations at-risk for traumatization and at crucial developmental stages. This study investigates whether the impact of PTEs and PTSS on emotion recognition extends to a predominantly low-income, Latino preschool-aged sample. Also, we examine the possible indirect role of PTSS in the association between PTE and emotion recognition. Fifty-four preschoolers from three Chicagoland Head Start Preschools. Maternal reports of child trauma exposure and PTSS were obtained then children completed an emotion knowledge puppet task. Independent multiple linear regressions revealed exposure to trauma was associated with better emotion recognition ($b = .30$, $SE = .13$, $p < .05$). Moreover, mediation analyses revealed a significant indirect effect for PTSS ($b = -.08$, $SE = .05$, $[CI = -.21 - .01]$). Interestingly, the addition of PTSS as the mediator reversed the direction of effect between PTE and emotion recognition, such that children with PTSS demonstrated deficits in emotion recognition. These results suggest the importance of further investigation of the possible unique impact of PTSS on the development of essential affect regulation skills in preschool-aged children.

THU 195

Flow, Play, and Feeling Good: Understanding the Relationship between Childhood Trauma and Flow Experience

(Abstract #1385)

THU 195 (Prevent, Affect/Int, CPA, Dev/Int, Neglect, Adult) I - Global

Joachim, Brandon, D'Andrea, Wendy
New School for Social Research, New York, New York

While severe trauma is associated with an immersion in negative emotion and recollection, Flow, which includes the capacity to feel immersed in oneself and detached from one's surroundings may also have its benefits. The present study examines flow experiences as a pathway for fostering resilience and predicting an increase in prosocial behavior. An MTURK sample (N=1240) was assessed for childhood trauma experiences (CTQ), Dissociative Experiences (DES, MDI), Flow Proneness (SFPQ). After baseline assessment, participants played Soundodger+, an online game that employs a Dynamic Difficulty Adjustment system to facilitate flow. Childhood Emotional Abuse quadratically related to the experience of state flow ($\beta = -.314$, $t(115) = -3.073$, $p = .003$). Dissociation showed a moderating interaction between the childhood emotional abuse and the experience of worry. Interaction with a videogame that employs a difficulty adjustment system to achieve flow decreased worry ($M = 3.75$, $SD = 1.34$) than controls ($M = 4.22$, $SD = 1.21$) ($t(116) = 2.01$, $p = .047$, $d = .37$) leading to higher overall indices of flow state achievement ($\beta = .198$, $t(116) = 2.923$, $p = .004$). These results indicate that flow is something that can be achieved by those who experience trauma, and that interactions with contexts that provide the building blocks for such an experience can help decrease self-criticism and a higher sense of fluency.

THU 196

Workplace Violence, Trivialization, and Post-traumatic Reactions: Profession and Sex Differences in a Cross-Sectional Study amongst Healthcare and Law Enforcement Workers

(Abstract #52)

THU 196 (Prevent, Aggress, Prevent, Train/Ed/Dis, Gender, Adult) M - Industrialized

Geoffrion, Steve¹, Goncalves, Jane², Boyer, Richard³, Marchand, André⁴, Guay, Stéphane³
¹Universite de Montreal, Montreal, Quebec, Canada

²Centre d'Etude sur le Trauma, Centre de Recherche Fernand-Seguin, Montréal, Quebec, Canada

³Universite de Montreal & Centre d'Etude du Trauma, Montreal, Quebec, Canada

⁴Universite du Quebec a Montreal, Centre d'Etude sur le Trauma & Laboratoire d'Etude du Trauma, Montreal, Quebec, Canada

Background. Law enforcers and healthcare workers tend to normalize or mute workplace violence victimization. **Objectives.** This study aims to assess the impact of trivialization of workplace violence on post-traumatic reactions of workers affected by a workplace violence incident. The second aim is to evaluate the moderating effect of sex on the trivialization of workplace violence. The third an overarching aim is to assess the moderating effect of professional identity on the relationships between individual and social support factors and post-traumatic reactions following a workplace violence victimization. **Method.** Findings are based on a convenience sample of 377 law enforcers and healthcare workers. Individual factors (sex, age, professional identity, prior victimization, witnessing workplace violence, injuries and trivialization of violence) and perceived support factors (colleagues' support and employer's support) were used as predictor of post-traumatic reactions in hierarchical linear regression models. Sex was used as a moderator of trivialization while professional identity was used as a moderator of all predictors. **Results.** When individual and social support factors were adjusted, normalizing workplace violence was negatively associated with post-traumatic reactions while perceiving complaining about workplace violence as taboo was positively associated. When these relationships were moderated by the sex of the participants followed by their professional identity,

normalization was found to decrease post-traumatic reactions only for male healthcare workers.

Implications. To help employees cope with workplace violence, organizations should promote strategies adapted to profession and sex differences. For male healthcare workers, normalization as a cognitive coping strategy should be formally recognized. For both professions and sexes, strategies that counter the perceived taboo of complaining about workplace violence should be reinforced.

THU 197

Exposure to Trauma: The Effects on Parenting Confidence in Immigrant and Non-Immigrant Samples

(Abstract #1383)

THU 197 (Prevent, Cul Div, Adult) I - Industrialized

Jolie, Sarah¹, Gorin, Hillary², Kosson, David³, Martinez-Torteya, Cecilia¹

¹*DePaul University, Chicago, Illinois*

²*Rosalind Franklin University of Medicine and Science, North Chicago, Illinois*

³*Rosalind Franklin University of Medicine and Science, Chicago, Illinois*

Many studies have documented relationships between parental trauma exposure and parenting outcomes, including self-efficacy. However, few studies have investigated the effects of traumatic events in immigrant versus U.S-born populations. The current study aimed to examine relationships between trauma, parenting confidence, and immigrant status in a sample of 90 parents of primarily ethnic minority Latino preschoolers (64.4% immigrants, 35.6% U.S-born) recruited from Head Start preschools in Chicago, IL. Analyses evaluated the association between trauma exposure, as measured by the Life Stressors Checklist, and parenting confidence, as measured by the Parenting Relationship Questionnaire, as a function of immigrant status. Results suggested that experiences of trauma appear to have a significant adverse effect on parenting confidence, $B = -.833$, $t = -2.175$, $r = -0.323$, $p = .032$. However, immigration status did not predict parenting confidence, $r = -.033$, $p = .746$. Additionally, the Immigration status X Trauma exposure interaction was not significant, $r = -.237$, $p = .762$. Irrespective of country of origin, trauma

appears to influence parenting self-efficacy. This study was limited in its examination of immigration status, as opposed to cultural and environmental factors related to immigration, such as acculturation stress. In follow-up studies, researchers ought to explore such factors.

THU 198

Minority Race, Social-Cognitive Factors, Depression, and PTSD in the Suicide Bereaved (Abstract #283)

THU 198 (Prevent, Commun, Cul Div, Death, Adult) I - Industrialized

Sanghvi, Rayna¹, Welch, Katlyn¹, Agin-Liebes, Gabrielle¹, Ward, Nicole¹, Baruch, Steffanie¹, Vanden Bussche, Alicia²

¹*Palo Alto University, Palo Alto, California*

²*Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, California*

Minority race has been identified as a risk factor for posttraumatic stress disorder (PTSD); however, links between race and social and cognitive variables implicated in post-trauma adjustment are not well-established. This study examined the associations between race, social constraints, social support, negative cognitions, depression, and PTSD in a sample of recently ($M = 200$ days post-loss) suicide-bereaved adults ($N = 34$, M age = 46.4; 26 white, 8 non-white) seeking treatment at a university-based trauma clinic. Pre-treatment baseline measures included the Social Constraints Scale, the Duke-UNC Social Support Questionnaire, the Posttraumatic Cognitions Inventory, the Center for Epidemiologic Studies-Depression Scale, the PTSD Checklist-Civilian Version for DSM-IV, and demographics. Controlling for gender and age, compared to white participants, non-white participants endorsed greater social constraints ($F(1,30) = 10.61$, $p = .003$), negative cognitions ($F(1,30) = 7.4$, $p = .01$), and PTSD symptoms ($F(1,30) = 8.93$, $p = .006$), but did not differ in social support ($F(1,29) = 2.03$, $p = .17$) or depression ($F(1,30) = 2.32$, $p = .14$). Minority race adults may experience greater social obstacles to disclosure, more negative post-trauma beliefs, and poorer post-trauma adjustment following suicide loss.

THU 199

Reducing Rape Myths Utilizing a Cognitive Dissonance Paradigm
(Abstract #275)

THU 199 (Prevent, Cog/Int, Rape, Theory, Adult) I - Industrialized

Steinmetz, Sarah, Gray, Matt, Raymond, Beth
University of Wyoming, Laramie, Wyoming

Individuals who endorse rape myths (RMs) are more likely to blame sexual assault victims for the crime, and men who endorse RM beliefs may be more likely to commit sexual assault (Burt, 1987; Bohner et al., 2006). Accordingly, reducing RM is a core component of sexual assault prevention efforts, but most efforts to do so are atheoretical and little is known about how best to reduce these beliefs. To address these concerns, our intervention was designed to induce cognitive dissonance in participants who had previously endorsed RMs by asking them to write persuasive essays dispelling beliefs that they previously endorsed under the guise of helping to develop an anti-violence campaign. Participants in the cognitive dissonance condition reported less rape myth endorsement at posttest and at a two-week follow-up period relative to randomized controls and the effect size was large (Wilks' Lambda = .80, $F[2, 57] = 7.34, p = .01, p^2 = .21$). Additionally, the cognitive dissonance manipulation resulted in earlier recognition of coercion in a rape vignette ($t[53.67] = -2.12, p = .02$, mean difference = -2.77, 95% CI: -5.40 to -.15, $d = .58$), suggesting increased awareness of nonconsensual contact. Overall, sexual assault prevention efforts based on cognitive dissonance induction appear to result in a sustained, large decreases in RM, which could ultimately lead to reductions in sexual assault perpetration and enhanced sexual assault bystander interventions.

THU 200

Trauma Type and Suicidal Ideation: The Mediating Effect of Cognitive Distortions
(Abstract #655)

THU 200 (Prevent, Cog/Int, DV, Rape, Adult) M - Industrialized

Whiteman, Sarah, Petri, Jessica, Kramer, Lindsay, Weathers, Frank
Auburn University, Auburn, Alabama

Trauma survivors, particularly those exposed to interpersonal trauma, are at increased risk for suicidality (LeBouthillier et al., 2015), but the reasons for this are unclear. Cognitive distortions may mediate the relationship between trauma type and suicidality (Panagioti et al., 2013). The present study examined the potential mediating effect of self-blame and negative cognitions about the world (NCAW) and self (NCAS) on the relationship between trauma type (i.e., natural disaster, fire/explosion, serious accident/assault, serious illness/injury, suicide, or sudden violent death) and suicidality. Trauma-exposed undergraduates ($N=190$) completed the Posttraumatic Cognitions Inventory (Foa et al., 1999) and Depression Symptoms Inventory—Suicidality Subscale (Metalsky & Joiner, 1997). Path analysis revealed that NCAW, but not NCAS or self-blame, fully mediated the effect of trauma type on suicidal ideation. Specifically, trauma type predicted suicidal ideation ($\beta = .35, p < .001$), but not after accounting for the effect of NCAW ($\beta = -.05, p = .56$). The indirect effect of trauma type on suicidal ideation through NCAW was significant, $\beta = .073, p < .001$. These findings support the routine assessment of NCAW in evaluations of suicide risk with trauma survivors. Limitations include the use of self-report measures, a cross-sectional design, and a demographically homogeneous sample.

THU 201

Parental Reports of Child Pre-Injury Behaviors and Difficulties Predict Child 3-Month Post-Traumatic Stress Symptoms
(Abstract #1222)

THU 201 (Prevent, Acc/Inj, Assess Dx, Fam/Int, Lifespan) I - Industrialized

Wise, Anna¹, *Ostrowski-Delahanty, Sarah², Junglen, Angela¹, Garcia, Monica¹, Christopher, Norman³, Delahanty, Douglas¹*

¹*Kent State University, Kent, Ohio*

²*Akron Children's Hospital, Akron, Ohio*

³*Akron Children's Hospital & Northeast Ohio Medical University, Akron, Ohio*

Identifying early risk factors for chronic PTSD symptom (PTSS) development in child traumatic injury victims has proven to be difficult; in concert, existing risk factors account for a relatively small amount of variance in child PTSS. The present study examined the extent to which parent reports of child pre-trauma behaviors and difficulties (conduct problems, hyperactivity, peer problems, prosocial behaviors, and emotional symptoms) predicted child PTSS 3-months post-injury. Seventy-nine children and their parents were recruited from an emergency department following a child's traumatic injury. Hierarchical linear regression analyses, controlling for child age and gender, indicated that maternal reports of pre-trauma emotional symptoms ($\beta = .378$, $p = .002$), conduct problems ($\beta = -.334$, $p = .029$), peer problems ($\beta = .242$, $p = .022$), and prosocial behavior ($\beta = -.276$, $p = .021$) were all significantly associated with child PTSS 3-months post-injury. With respect to paternal reports of child pre-trauma behaviors, only pre-trauma peer problems ($\beta = -.407$, $p = .039$) were associated with child PTSS. Parental reports of child hyperactivity were not associated with symptom development. Our results suggest that maternal reports of child pre-trauma behaviors and difficulties may predict which children are at-risk of developing PTSS and would benefit from early intervention.

CULTURE/DIVERSITY

THU 202

Children's Trauma-related Symptoms following Complex Trauma Exposure: Evidence of Sex and Racial Differences

(Abstract #1064)

THU 202 (CulDiv, Chronic, Complex, Ethnic, Gender, Child/Adol) M - Industrialized

*Wamser-Nanney, Rachel, **Cherry, Kathryn***
University of Missouri St. Louis, St. Louis, Missouri

Complex trauma has been defined as chronic, interpersonal trauma that begins early in life. Despite the proposal of two complex trauma-related diagnostic constructs into the DSM, research regarding potential sex and racial differences in trauma-related symptoms following complex trauma exposure is notably absent. To determine if there is evidence of sex and/or racial differences among children who experienced complex trauma, the present study examined caregiver- and child-reported trauma-related outcomes among 167 children who experienced complex trauma (M age = 9.90, SD = 3.92; 61.7% female; 33.5% White). Females had higher levels of caregiver-reported depressive, posttraumatic stress disorder (PTSD), dissociation, and sexual concerns. Females self-reported higher levels of PTSD symptoms, sexual concerns, dissociation. Caregivers of Black children reported lower levels of internalizing symptoms than White children. Black children self-reported higher levels of sexual concerns. No racial differences emerged for PTSD symptoms. Results suggest that female children may be more vulnerable to complex trauma exposure; however, there may be sex differences in response style. Black children exposed to complex trauma may demonstrate resiliency regarding some symptoms (i.e., internalizing) but may be more vulnerable in other domains (i.e., sexual concerns). Sex and racial differences following complex trauma exposure have implications for clinical practice.

THU 203

Does Post-Traumatic Stress Disorder Severity Predict Marijuana Consequences in Addition to Marijuana Use among Sexual Minority Women?
(Abstract #957)

THU 203 (CulDiv, Orient, Sub/Abuse, Gender, Adult) I - Industrialized

Olin, Cecilia¹, Bedard-Gilligan, Michele¹, Lee, Christine², Kaysen, Debra¹

¹*University of Washington, Seattle, Washington*

²*University of Washington School of Medicine, Seattle, Washington*

An expanding body of research demonstrates that PTSD is associated with increased marijuana use and increased risk of cannabis use disorders. However, little research exists regarding the association between PTSD and the negative consequences of marijuana use. In addition, despite past research indicating that sexual minority women are at higher risk for trauma exposure, PTSD, and marijuana use, there have been few studies focusing on this population. This study assessed whether PTSD symptom severity was associated with marijuana consequences in a sample (N = 267) of trauma exposed women aged 18-25 who identified as Lesbian (37.2%) or bisexual (62.8%). Participants experienced an average of 7.55 Criterion A events (SD = 8.53) and reported using marijuana an average of 6.39 out of the last 30 days (SD = 8.53). In linear regression analyses PTSD severity was significantly associated with marijuana consequences ($\beta = .18, p < .001, R^2 = .03$) after controlling for trauma exposure, frequency of marijuana use, alcohol consumption and sexual orientation. Findings suggest that higher PTSD symptom severity may contribute to problems associated with marijuana use among young adult sexual minority women, even after other related factors are considered. Further research is needed to better understand the increased risk for sexual minority women, and to explore whether these findings generalize to other trauma exposed populations.

THU 204

Development of a Scale to Assess Complex Police Harassment Trauma
(Abstract #1017)

THU 204 (CulDiv, Comm/Vio, Ethnic, Rights, Social, Adult) I - Industrialized

Weisman, Pamela, Shoji, Kotaro, Benight, Charles
University of Colorado at Colorado Springs,
Colorado Springs, Colorado

Studies have begun exploring psychological effects of police harassment (PH), traumatic events that disproportionately affects African Americans in the U.S. However, a validated scale measuring PH does not exist. The current study modified a measure of domestic violence creating a 37-item scale accessing how threatened victims felt during PH experiences. Data were collected by an online survey. Participants (N = 102, 60% male, M age = 33.58) consisted of 43% Caucasian, 41% African American, and 16% Latino/a. Eleven items were deleted due to high item-total correlations. A Velicer's MAP test determined the PH scale consisted of five factors. Results of a principal axis factoring identified loadings of items on each factor. These five factors accounted for 69.77% of variance. Eigen values ranged from 1.16 to 10.83. Cronbach's alpha coefficients ranged from .72 to .89. The overall PH score was significantly correlated with PTSD, $r(101) = 0.21, p = 0.04$, and a belief in a just world, $r(102) = -0.28, p < 0.01$, but not significantly correlated with intuitive eating and paranormal beliefs, suggesting that the PH scale has good convergent and discriminant validity. This scale contributes to future research on the psychological effects of police harassment complex trauma.

THU 205

Resilience of Disabled People in Post-Genocide Rwanda
(Abstract #763)

THU 205 (CulDiv, Comm/Vio, Cul Div, Death, Rights, Lifespan) M - E & S Africa

Rutembesa, Eugene
National University of Rwanda, Butare, Rwanda

Culture is important in everyday life. According Rwanda's MINISANTE& MINALOC (2010), disabled people are actively and passively excluded in Rwandan society. Many Rwandans have no consideration of disabled people, seeing them as objects of charity, called "Massikini". Disabled are underestimated and overprotected, their potential and abilities unrecognized. Disabled people suffer discrimination. Negative attitudes are particularly harsh towards individuals with severe physical disabilities, with intellectual and learning disabilities, blind, and deaf. Despite the prejudices, many disabled are successful. What protective factors contribute to resiliency in disabled individuals? What coping mechanisms contribute to a successful life? Fifty-six disabled people were administered valid the 25 item Connor-Davidson resilience scale. Twelve participants with significant resilience scores were interviewed. Participants were composed of males and females from 18 to 55 years old. Findings of this study discovered that self-help groups for disabled was identified as an important factor for improving the quality of life. Self-help groups brought an isolated subset of the population together to share problems, the distress associated with their experiences, and to create social connections. Self-help groups provided opportunities for disabled individuals to engage in activities, created shared experiences, and broke the sense of isolation.

GLOBAL ISSUES

THU 206

Childhood Maltreatment Current Mental Disorders in Children Born of Occupation after WWII in Germany in Comparison with the German General Population

(Abstract #767)

THU 206 (Global, Civil/War, Adult) - C & E Europe & Indep

Glaesmer, Heide¹, Kaiser, Marie¹, Brähler, Elmar¹, Kuwert, Philipp²

¹University of Leipzig, Leipzig, Saxony, Germany

²Psychiatric Dept., University Hospital, Stralsund, Mecklenburg Western Pomerania, Germany

Background: Children born of war (CBOW) are a common phenomenon of conflict. In the aftermath of

World War II, approx. 400,000 German occupation children were fathered by occupation soldiers and born to local women. CBOW are supposed to grow up under difficult conditions, which puts them at increased vulnerability for childhood maltreatment and for mental disorders. **Methods:** Experiences of childhood maltreatment and prevalence of PTSD, depression and somatization in CBOW (N=146) are investigated and compared with a representative birth-cohort-matched sample (BCMS) from the German general population (N=920). **Results:** Outcomes show significantly higher prevalence rates of emotional abuse/neglect, physical and sexual abuse in CBOW compared to BCMS. All five subtypes of childhood maltreatment increase the risk of PTSD and somatoform syndrome; depressive syndromes are associated with emotional abuse/neglect and physical abuse. Moreover GOC showed significantly higher prevalence rates of most traumatic experiences, higher one-month prevalence rates of full and partial PTSD, depression and somatization than the control group. **Conclusions:** Findings underline the complex, long-term impact of the adverse developmental conditions and childhood maltreatment in CBOW on mental disorders even decades later. It underlines the importance of putting children born of war on the agenda and to develop and implement preventive strategies.

THU 207

Adult Attachment Representations of Children Born of Rape after World War II in Germany
(Abstract #768)

THU 207 (Pub Health, Rape, Surv/Hist, Aging, Intergen, Older) - Industrialized

Roupetz, Sophie¹, Mitreuter, Saskia², Glaesmer, Heide³, Kaiser, Marie³

¹EU Marie Curie Innovative Training Network (ITN) "Children born of war - Past, Present and Future", Leipzig, Saxony, Germany

²EU Marie Curie Initial Training Network "Children Born of War (CHIBOW) - Past, Present, and Future", Leipzig, Saxony, Germany

³University of Leipzig, Leipzig, Saxony, Germany

Background: Up to 1.9 million German women were raped at the end of WWII by Soviet soldiers; moreover several thousand rapes were perpetrated by the Western Allies. As a result of these acts of sexual

violence children were born. These „Children born of rape“ are described by the WHO as at risk of being neglected, stigmatised or abandoned. Sometimes these children serve as a living reminder of the rape which is challenging mother-child-attachment and parenting behaviour. **Methods:** Adult attachment was examined in Children born of war (CBOW) (N=146) and compared with a representative birth-cohort-matched sample (BCMS) from the German general population (N=786). To expand the knowledge on attachment 10 narrative biographical interviews with children born of rape on adult attachment representations were conducted and qualitative content analysis was applied. **Results:** CBOW differ with respect to adult attachment compared to BCMS (less comfortable with closeness/intimacy; lowered ability to depend on others). Attachment experiences in Children born of rape in childhood and their impact on adult attachment will be described via a qualitative approach. **Conclusion:** Children born of rape are a particularly vulnerable group of CBOW with rather adverse experiences of attachment and parenting. The impact of these experiences persists into adulthood.

VICARIOUS TRAUMATIZATION AND THERAPIST SELF-CARE

THU 209

Impact of Traumatization Event and Coping Style on Post-Traumatic Stress Reactions among Adolescents Displaced by Boko-Haram Insurgency in North East Nigeria
(Abstract #972)

THU 209 (Self-Care, Refugee, Terror, Self-Care, Civil/War, Child/Adol) M - W & C Africa

Dangana, Jonathan¹, David, Onyekachi²
¹Babcock University, Illshan Remo, Ogun State, Nigeria
²University of Copenhagen, København K, Copenhagen, Denmark

David Onyekachi Prince, PhD, ¹ Jesper Dammeyer, PhD, ² Ingo Zettler, PhD, ² Dangana Jonathan, MPH, ³

^{1, 2} Department of Psychology, University of

Copenhagen, Denmark

³ Department of Public Health, Babcock University, Nigeria

Background: Paucity in Studies examining the impact of traumatization event and coping style on post-traumatic stress reactions in Northern Nigeria, where Boko Haram insurgency have raged for more than three decades against vulnerable populace especially women and children is endemic. This study attempts to investigate the impact of event of displacement and coping style on post-traumatic stress reactions of adolescents affected by the Boko Haram insurgency in North East Nigeria. **Objective:** Determining how the impact of traumatization event and coping style affect post-traumatic stress disorder may facilitate better intervention strategies for internally displaced adolescents, by identifying independently risk factors. **Methods:** A systematic sampling technique was used to select a total participant of 120 internally displaced adolescents (IDAs) between the age of 10-18 living in government approved camp, self-establishment camp and those living in host communities. Female participants represented 38% of the sample while Male participants represented 62%. The impact of traumatization event, coping styles and post-traumatic stress reactions were assessed via the Reversed Children Impact of Event Scale (RCIES), the Coping Styles Questionnaire (CSQ) and the Harvard Trauma Questionnaire -IV (HTQ) respectively. **Results:** The result showed that increase in impact of traumatization event significantly relates to increase in PTSD. The combination of intrusion and avoidance subscale of the impact of traumatization event accounted for 23% of the change observed in the self-report of PTSD. While intrusion have significant independent influence on PTSD whereas, emotional avoidance has no significant independent influence on PTSD. Furthermore, on coping styles the combination of the three subscales problem, emotional and avoidance coping styles accounted for 64% of the change observed in the self-report of PTSD. And problem coping and avoidance coping have significant independent influence on PTSD while emotional coping styles have no significant independent influence on PTSD. **Conclusion:** Intervention strategies aimed at reducing PTSD, should target in modifying intrusive thoughts considering the fact that IDPs might have witness the death of family members and the insurgency brutal bombing and

mass destruction of their homes this tended to give more intrusive images and resulted in a pronounced use of problem and avoidance coping. **Keywords:** Impact of traumatization event, coping styles & PTSD

THU 210

Predicting Post-trauma Distress and Growth among College Women Indirectly Exposed to a Campus Shooting: The Importance of Resource Loss

(Abstract #1054)

THU 210 (Self-Care, Anx, Comm/Vio, Adult) I - N/A

Anyanwu, Jacinta, Boykin, Derrecka, Orcutt, Holly Northern Illinois University, DeKalb, Illinois

The present study sought to expand knowledge on adjustment following indirect trauma exposure. Research has linked indirect exposure to both posttraumatic stress (PTS; Schlenger et al., 2002) and posttraumatic growth (PTG; Levine et al., 2009). Thus, we examined the extent to which pre-trauma (T1) variables (i.e., prior direct trauma exposure, PTS) predicted 6-month (T3) post-trauma outcomes (i.e., PTS, PTG) of 500 college women indirectly exposed to a campus shooting. Tedeschi and Calhoun (2004) posit social support as a predictor of PTG, which refers to positive changes experienced after a crisis that has altered one's self-concept and world views. Social support also buffers against PTS (Schumm et al., 2006). Alternatively, the degree to which resources are lost following a traumatic event predicts PTS (e.g., Littleton et al., 2011), although less is known about its relationship to PTG. In this study, social support and resource loss immediately following the shooting (1-month; T2) were hypothesized mediators. Path analysis showed that T2 resource loss significantly mediated the relationship between T1 PTS and T3 PTS ($\beta = .03, p = .012$). Similarly, T2 resource loss also mediated the relationship between T1 PTS and T3 PTG ($\beta = .03, p = .028$). Findings highlight the potential importance of resource loss in determining post-trauma adjustment among victims of indirect exposure.

THU 211

Expanding Schwartz Center Rounds within a Health System to Reduce Compassion Fatigue and Improve Compassion Satisfaction

(Abstract #107)

THU 211 (Self-Care, Chronic, Other) I - Industrialized

Kimball Franck, Leslie, Al-Mateen, Cheryl, Crewe, Crystal, Chapman, Meredith, Smith, Meghan Virginia Commonwealth University, Richmond, Virginia

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 (Lown & Manning, 2010; Goodrich, 2011). Last year, the authors presented Year 1 data. This poster will explore the impact of Year 2 of the SCR on protective factors against compassion fatigue, including building compassion (Crowe, 2016), teamwork and support from colleagues, time for reflective practice, connection to patients (Ba et al, 2014; Goodrich, 2016; Crowe, 2016; Davies et al, 2008; Ray et al, 2013), and organizational commitment (Ba et al., 2014). This poster will also explore the impact of expanding the Schwartz Center Rounds beyond the Department of Psychiatry and into other Departments within the medical school. This poster will also discuss next steps in expanding this program hospital-wide.

RESEARCH METHODOLOGY

THU 212

Sex Differences in Trajectories of Externalizing Symptoms in a Multi-Site Sample of Maltreated Children

(Abstract #1337)

THU 212 (Res Meth, CPA, Res Meth, Gender, Child/Adol) M - Industrialized

Lauterbach, Dean¹, Armour, Cherie², Paschall, Ethan¹, Phillips, David¹, Chow, Chong¹, Poehacker, Stefanie¹

¹*Eastern Michigan University, Ypsilanti, Michigan*

²*University of Ulster, Coleraine, Northern Ireland, United Kingdom*

A number of child maltreatment researchers examining symptom trajectory using growth mixture modeling have included gender as a covariate that might influence the number of latent trajectory classes or growth factors. Surprisingly, several studies did not find that gender was a significant predictor. This non-finding may be an artifact of the use of methods that obscure important gender differences. The purpose of this study was to examine gender differences in externalizing symptom trajectory using two more recently developed procedures: three-step approach (R3STEP), and multi-group longitudinal modeling (Wang, 2012). The sample was composed of 1354 children who participated in the Longitudinal Studies of Child Abuse and Neglect consortium (Runyan, 2011). Externalizing symptoms were assessed by the CBCL bi-annually from age 4 to 16. Tests of growth models with 1-5 classes supported a 4-class solution (consistently low, consistently high, decreasing, and increasing). The R3STEP procedure identified gender differences in membership in the decreasing group and the consistently low group. Tests of multi-group latent growth models with 1-4 classes supported the viability of a 3-class solution. Findings regarding invariance across gender will be presented as well as mechanisms underlying these differences as they are pivotal to understanding differences in response to child maltreatment.

THU 214

PTSD Symptom Patterns in the Aftermath of a Mass Violence Shooting: An Item Response Theory Analysis

(Abstract #1224)

THU 214 (Res Meth, Acute, Assess Dx, Tech/Dis, Adult) M - Industrialized

Sullivan, Connor¹, Tankersley, Amelia¹, Tickle, Brady², Ballschneider, Julie², Lewis, Michael², Jones, Russell¹

¹*Virginia Polytechnic Institute and State University, Blacksburg, Virginia*

²*Virginia Tech, Blacksburg, Virginia*

While trends in overall gun violence continue to decline, mass shootings have been increasing in number since the early to mid-2000s (Follman, Aronsen, & Pan, 2017; King, Bialik, & Flowers, 2015). The 2007 mass shooting at Virginia Tech marks the second most deadly in U.S. history, claiming the lives of 32 students and faculty. The current study sought to investigate the impact of this mass shooting on specific PTSD symptom patterns via Item Response Theory (IRT). Specifically, the impact of trauma exposure (e.g., "saw someone injured") on symptom patterns was investigated. Within the overall sample of 4,639 students, a sense of foreshortened future was the least difficult to report (i.e., the most "normal" or least pathological; $b = 0.9$) and avoiding actions were the most difficult (i.e., the rarest or most pathological, $b = 1.60$). Item information curves indicated that intrusive thoughts provided the most precise information about PTSD severity. When investigating students who witnessed someone injured, avoiding thoughts were the least difficult ($b = 0.69$) and avoiding actions were again the most difficult ($b = 1.46$). Intrusive thoughts provided the most precise information about PTSD severity. Further implications of IRT and symptom patterns are discussed.

THU 215

Testing the Factor Structure of the Complex Trauma Questionnaire (ComplexTQ) Self-Report Version in a Canadian Undergraduate Sample
(Abstract #226)

THU 215 (Res Meth, Assess Dx, Chronic, Complex, Adult) I - Industrialized

Kilshaw, Robyn, Sakaluk, John, Gou, Lisa, Woodin, Erica
University of Victoria, Victoria, British Columbia, Canada

Introduction: Numerous self-report measures exist for the assessment of retrospective childhood maltreatment. Few measures have been extensively validated however, and many are discrepant in how and which aspects of maltreatment they capture. A new instrument, the Complex Trauma Questionnaire (ComplexTQ; Maggiora Vergano, Lauriola, & Speranza, 2015) addresses many of the current limitations in maltreatment assessment, and holds promise as an accurate and comprehensive measure of childhood abuse and neglect in adults. The current study sought to evaluate the structural validity of the ComplexTQ. **Methods:** Undergraduate students 17 years of age or older ($n = 410$) were recruited from a mid-sized Canadian university. Participants responded to a series of computerized questionnaires including the ComplexTQ. All data, planned analyses, and associated R scripts were pre-registered on Open Science Framework. **Results:** Six measurement models were fit to the current sample's data using Confirmatory Factor Analysis (CFA). Relative model fit was evaluated by Chi-square difference tests, or by comparing competing models' Comparative Fit Indices (CFI), Root Mean Square Error of Approximation (RMSEA), and Akaike's Information Criterion (AIC). None of the hypothesized models were well-fitting by conventional criteria; however, a five-factor solution derived from the ComplexTQ's authors' initial validation of a clinician version of the scale displayed the most desirable fit to the data ($\chi^2 = 805.38$, $df = 340$, $CFI = 0.87$, $RMSEA = 0.08$). As planned, an Exploratory Factor Analysis (EFA) will be conducted to examine the factor structure of the ComplexTQ as implied by the current sample's data. **Conclusion:** The results of this study demonstrate the complexity and challenge inherent to measuring retrospective childhood maltreatment. These findings may inform

future revisions to the ComplexTQ, or guide the development of other self-report questionnaires in the field of childhood maltreatment. Maggiora Vergano, C., Lauriola, M., & Speranza, A. M. (2015). *The Complex Trauma Questionnaire (ComplexTQ): Development and preliminary psychometric properties of an instrument for measuring early relational trauma*. *Frontiers in Psychology*, 6. doi:10.3389/fpsyg.2015.01323

THU 216

Trauma through Touch: Perceived Control and Attitudes about Touch in Intimate Relationships
(Abstract #1494)

THU 216 (Res Meth, DV, Rape, Lifespan) I - N/A

Hurd, Julie, Burleson, Mary, Roberts, Nicole
Arizona State University, Glendale, Arizona

During physical and sexual trauma, the ability to exert personal control by way of touch is reduced. This may influence subsequent attitudes about touch and related consequences for mental health and intimate relationships. We surveyed 1004 women (aged 18-55) to explore how physical or sexual trauma might influence relational touch attitudes. We speculated that due to trauma-related loss of control, survivors would report lower perceptions of control, particularly in the realm of interpersonal touch. We tested models in which perceptions of personal control mediated relationships between prior occurrences of trauma and two respective attitudes about touch with an intimate partner: avoidance of touch, and desire for more touch. Results indicated that greater occurrence of prior trauma predicted higher levels of both avoidance of touch and desire for more touch. Perceived lack of control was positively related to trauma and both touch attitudes. In both models, perceived lack of control was a significant mediator of the relationships between trauma and touch attitudes, rendering them non-significant. Women with past sexual or physical trauma experiencing less control over events in their lives may also avoid personal touch, yet paradoxically crave more in their relationships.

THU 217

A Novel Examination of Exposure Patterns and Posttraumatic Stress after a University Mass Murder

(Abstract #235)

THU 217 (Res Meth, Assess Dx, Clin Res, Comm/Vio, Lifespan) M - N/A

Liu, Sabrina, Kia-Keating, Maryam
University of California, Santa Barbara, Santa Barbara, California

Mass shootings, which are increasing in the United States, have been linked to posttraumatic stress symptoms (PTSS) in both direct victims and members of the surrounding community (Lowe and Galea 2015; Wilson 2014). Yet it remains unclear whether there are patterns of exposure that can distinguish those impacted by experience and outcome. In the current study, first and second year college students (N = 1,189) participated in a confidential online survey three months after a mass murder at their university. Participants were assessed for different types of exposure to the event and PTSS. Latent Class Analysis (LCA) was used to empirically determine distinct classes of exposure patterns and to explore links between class membership and PTSS. The final model yielded four classes: *Visual Exposure*, *Auditory Exposure*, *No Direct Exposure*, and *Vicarious Exposure*. More severe direct exposure (i.e. the *Visual Exposure* class) was associated with significantly higher levels of PTSS than the *Auditory Exposure* or *No Direct Exposure* class, as was the *Vicarious Exposure* class. There was no significant difference in PTSS between the *Auditory Exposure* and *No Direct Exposure* classes. Implications for assessing traumatic exposure, and its utility for intervention development and future research will be discussed.

TECHNOLOGY

THU 218

Preliminary fMRI Findings in Female Patients Victims of Sexual Abuse with PTSD

(Abstract #181)

THU 218 (Tech, Bio/Int, Rape, Neuro, Adult) A - Latin Amer & Carib

Milani, Ana Carolina¹, Mello, Marcelo², Mello, Andrea³, Jackowski, Andrea⁴, Foerster, Bernd³, Cillo, Felipe³

¹*UNIFESP, Sao Paulo, Brazil*

²*Universidade Federal de Sao Paulo, São Paulo, Brazil*

³*Federal University of São Paulo, Sao Paulo, Brazil*

Around 120 million girls under the age of 20 years have been subjected to forced sexual attitude, the most common cause of Posttraumatic Stress Disorder (PTSD) in women, at some point in their lives. Therefore, a growing number of neuroimaging studies have been conducted to investigate the pathophysiology of PTSD in that group. The objective of this study is to carry out a preliminary analysis of 20 female patients, between 14-45 y/o, victims of sexual abuse submitted to a Functional Magnetic Resonance Imaging (fMRI) assisted in the Program of Research and Care on Violence (PROVE) - Unifesp. Preliminary results found 75 components, of which 10 were significant: Medial and lateral visual, temporal medial, precuneus, left lateral, primary visual, executive control, Default Mode, Auditory, motor, default mode and salience network. These preliminary results demonstrate that there are different areas of activation in PTSD sexually abused patients and more studies are needed to continue the investigation to contribute to this vast and necessary field of research.

THU 219

Trauma Disclosure is associated with Social Acknowledgment among Interpersonal Violence Survivors

(Abstract #1427)

THU 219 (Tech, Comm/Int, DV, Social, Adult) M - Industrialized

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Kazlauskas, Evaldas, Gegieckaite, Goda, Zelviene, Paulina
Vilnius University, Vilnius, Lithuania

Trauma disclosure is important for recovery after trauma exposure. Acknowledgment of the suffering of survivor from the family members of co-workers can facilitate trauma disclosure. We aimed to explore associations between trauma disclosure and social acknowledgment in this study. In total 125 community survivors of interpersonal violence participated in this study. Trauma disclosure was measured with the self-report Disclosure of Trauma Questionnaire (DTQ). The Social Acknowledgment Scale (SAQ) was used to measure the perceived recognition and acknowledgment from families and friends. PTSD symptoms were measured with the ICD-11 Trauma Questionnaire. We found significant associations between PTSD symptoms and trauma disclosure. Social acknowledgment was significantly associated with trauma disclosure. We conclude that our study indicates the importance of social acknowledgment for trauma disclosure among interpersonal trauma survivors.

THU 220
Social Media Use during Crisis: The Utilization of Facebook in Response to Campus Violence
 (Abstract #840)

THU 220 (Tech, Comm/Vio, Health, Media, Tech, Lifespan) I - Industrialized

Tiemensma, Jitske, Rus, Holly, Arroyo, Amber
University of California Merced, Merced, California

Social media has become an important resource during and after crises. Platform affordances such as real-time information sharing and broad network reach have the potential to facilitate previously unprecedented communication among victims, witnesses, and their associated social network members. However, little is known about how social media is used in response to trauma, and how it may influence (long-term) well-being. Given the reliance on virtual communication during crises, as well as the importance of social support and emotional expression in promoting recovery after trauma, the current study assessed Facebook use for the purposes of seeking information, seeking social support, and expressing emotions in response to the acts of

violence carried out at the University of California, Merced in November of 2015. Students (n = 552) reported their uses of Facebook on the day of the attacks and their current depressive and post-traumatic stress disorder (PTSD) symptoms five months after the attacks. Results showed that 5 months after the events, many students were experiencing psychological distress. The majority of students reported using Facebook more, and in different ways than normal in response to the events, with most reporting using it to seek information. Although students reported short-term affective change, using the site to seek information, seek social support, or express emotions was not significantly associated with depressive or PTSD symptoms five months later. Findings highlight the lasting impact of campus violence on psychological well-being as well as the function and impact of social media use during crisis.

CLINICAL/INTERVENTION RESEARCH

THU 221
An Exploration of the Relationships among Hope, Posttraumatic Stress Symptoms, and Quality of Life in Children Hospitalized for Injury
 (Abstract #909)

THU 221 (Clin Res, Acc/Inj, Health, QoL, Child/Adol) I - N/A

Weiss, Danielle¹, Ostrowski-Delahanty, Sarah², Van Allen, Jason³, Seegan, Paige³, Marsac, Meghan⁴
¹*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania*
²*Akron Children's Hospital, Akron, Ohio*
³*Texas Tech University, Lubbock, Texas*
⁴*University of Kentucky, Lexington, Kentucky*

After injury, many children experience a decreased quality of life (QOL). Evidence suggests that hope (energy directed towards goal attainment) and posttraumatic stress symptoms (PTSS) may be related to QOL. However, there is very little research examining these relationships in children hospitalized for injury. As such, the present investigation explored the interrelationships among hope, posttraumatic stress, and quality of life in children after injury. We

hypothesized that hope and PTSS would predict concurrent QOL. Participants included 65 children aged 7-15 years ($M = 10.0$) hospitalized for injury. Results indicated only PTSS significantly predicted QOL, $b = -.42$, $p = .001$ (controlling for child age and sex). PTSS explained a significant proportion of variance in QOL, $R^2 = .25$, $F(4, 52) = 4.34$, $p = .004$. Current results are in line with previous literature suggesting that early PTSS may be a predictor of quality of life in children after injury. Thus, there may be opportunity to maximize child QOL by implementing early PTSS screening and targeted PTSS in early interventions. More research is needed to understand the role (if there is one) of hope in quality of life in children after injury.

THU 222

The Relationship between Trauma Exposure and Dating Violence Victimization and Perpetration among Low-Income, Urban Adolescents: An Examination of Cognitive and Emotional Processes

(Abstract #1449)

THU 222 (Clin Res, Affect/Int, Cog/Int, Comm/Int, Cul Div, Child/Adol) I - Industrialized

Rodriguez, Lauren, Volpe, Ellen, Read, Jennifer
SUNY Buffalo, Buffalo, New York

Exposure to psychological and physical abuse is associated with higher rates of later victimization and likelihood of violence perpetration. Though the mechanisms of these associations are not well understood, prior work theorizes that cognitive and emotional processes may be involved (Jouriles et al., 2012). The present study seeks to examine two potential mediators, posttraumatic cognitions and emotion dysregulation, of the relationship between trauma exposure and dating violence victimization and perpetration in a low-income, urban adolescent sample. Thirty-eight adolescents ($M_{age} = 18.5$, $SD = 1.7$; 54.7% female; 82.6% African American) completed an electronic survey. Rates of psychological and physical abuse victimization and perpetration were self-reported, and four composite scores (Psychological Victimization; Physical Victimization; Psychological Perpetration; Physical Perpetration) were created as an index of dating violence. Data collection is ongoing. Preliminary

results show (1) rates of trauma exposure and dating violence are high in this population, (2) exposure to a greater number of traumatic events is associated with greater psychological abuse victimization, and (3) greater dysfunctional posttraumatic cognitions are associated with greater physical abuse victimization. Results demonstrate that trauma and dating violence are prevalent in this population. Additionally, these results lend preliminary support for cognitive and emotional processes as potential mechanisms involved in this relationship.

THU 223

The Protective Effects of Information Processing on Socioemotional Outcomes in Toddlers Affected by In Utero Maternal Stress

(Abstract #666)

THU 223 (Clin Res, Affect/Int, Dev/Int, Nat/Dis, Bio/Int, Child/Adol) M - Industrialized

Babad, Sara¹, Nomura, Yoko¹, Finik, Jackie², Walsh, Kaitlin¹, Nikulina, Valentina¹

¹Queens College, City University of New York, Flushing, New York

²School of Public Health, City University of New York, New York City, New York

The Developmental Origin of Adult Disease (DoHaD) hypothesis suggests that prenatal stress has long lasting effects on affected offspring. Socioemotional function, the ability to utilize emotions to communicate effectively, may be one such effect. Information processing capabilities are known to play a protective role against negative socioemotional outcomes in stress-affected children. However, this association has not been previously tested in toddlers affected by a potent in utero stressor. We hypothesized that in a diverse longitudinal cohort of children ($n = 80$; 47% Hispanic, 15% Black, 13% White, 9% Asian; 53% female), exposure in utero to Hurricane Sandy will be associated with worse socioemotional outcomes, and that better information processing will be protective against such negative outcomes. At 24 and 36 months, information processing and socioemotional function was measured using the Cognitive and Social-Emotional sub-scales of the Bayley Scales of Infant and Toddler Development (3rd Edition). Moderation analyses were run with PROCESS bootstrapping. No main or protective effects of

information processing were found. These are preliminary findings; data collection is ongoing. These results could indicate that the purported psychosocial mechanisms through which cognitive function is protective against socioemotional outcomes are not present in toddlers.

THU 224
The Association between Attachment Trauma Exposure and Youths' Attachment Hierarchies: Perceived Alienation as a Mediator
 (Abstract #1153)

THU 224 (Clin Res, Dev/Int, Fam/Int, Child/Adol) I - Industrialized

Kidwell, Mallory, Mendez, Lucybel, Kerig, Patricia
University of Utah, Salt Lake City, Utah

Research suggests that trauma exposure contributes to the development of insecure attachments, which in turn increase the risk for youth maladaptive outcomes. In particular, youth who place parents low in a hierarchy of their attachment relationships—termed the “precocious relinquishing” of parental attachment—are at the highest risk of negative outcomes (Rosenthal & Kobak, 2010). However, research has yet to investigate whether specific types of trauma exposure are related to youths' attachment hierarchies, nor whether this association is related to qualities of the parent-child relationship. This study investigated whether exposure to attachment traumas predicted parent displacement to lower positions in the attachment hierarchy, and whether parent displacement was mediated by parent-child alienation. A sample of 331 detained youth completed measures of trauma exposure, attachment hierarchy, and parent-child relationship quality. Attachment traumas predicted mothers' displacement in the hierarchy, but did not significantly predict fathers' or peers' placement. Further, youths' perceived alienation from mothers mediated the association between attachment traumas and mothers' hierarchy displacement. These findings suggest that perceived alienation may lead youths to relinquish attachments with mothers after attachment traumas; future research should investigate how attachment displacement affects developmental and behavioral outcomes among victimized youths.

THU 225
Childhood Betrayal Trauma's Effects on Adolescent Delinquency
 (Abstract #821)

THU 225 (Clin Res, CPA, Chronic, Cul Div, Child/Adol) M - Industrialized

Lathan, Emma, Jackson, Selena, Schneider, Mallory, Duncan, Jessica, Stefurak, James, Langhinrichsen-Rohling, Jennifer
University of South Alabama, Mobile, Alabama

Childhood betrayal trauma, or trauma perpetrated by a close other, often results in poorer outcomes than victimization by a stranger (Freyd, 1994, 1996; Freyd, DePrince, & Zurbriggen, 2001; Goldsmith, Freyd, & DePrince, 2012). The current study examined the degree to which childhood physical abuse and violence at home predict adolescent delinquency in a sample of adjudicated youth ($n=76$). The sample comprised of primarily African American youth (80.8%) with a mean age of 15.5 ($SD=1.203$). Participants completed demographic questionnaires including history of previous offenses, the Childhood Trauma Questionnaire (Bernstein et al., 2003), and the Recent Exposure to Violence Scale (van Dulmen, Belliston, Flannery, & Singer, 2008). Regression analyses revealed an interaction effect between recent exposure to violence at home and childhood physical abuse after controlling for age ($B=.004, p=.035$). Results suggest that increased rates of adolescent offending may be indicative of childhood physical abuse occurring within the home. These findings provide further support for betrayal trauma theory (Freyd, 1994, 1996). Implications will be discussed.

THU 226
The Effects of a 4-Week Dialectical Behavior Therapy Residential Program for Adolescents with Borderline Personality Disorder and a History of Childhood Abuse
 (Abstract #1500)

THU 226 (Clin Res, CPA, CSA, Clin Res, Child/Adol) M - Industrialized

Moran, Lyndsey¹, Kaplan, Cynthia¹, Auerbach, Randy²

¹*McLean Hospital, Belmont, Massachusetts*

²*Harvard Medical School, Belmont, Massachusetts*

The pervasiveness of childhood abuse among individuals with borderline personality disorder (BPD) has been well established with rates of comorbid PTSD estimated at approximately 50% among BPD inpatients (Zanarini et al., 1998; Harned & Linehan, 2008). There is strong evidence for the efficacy of dialectical behavior therapy (DBT; Linehan, 1993) in the treatment of individuals with BPD, however, emerging research in adults suggests that standard DBT may not adequately address symptoms related to the experience of trauma and comorbid PTSD (Harned et al., 2006). Similar relations between exposure to childhood abuse and differential response to treatment in adolescence is unknown. The current study tested the effects of a 4-week intensive DBT residential program for adolescent girls (N=53, Mage=17.07yrs, SD=1.92) meeting criteria for BPD, including self-harm and suicidality, with and without abuse histories. Rates of trauma and PTSD in an adolescent inpatient BPD sample will be reported, as well as results from two-way ANOVA comparing rates of change in BPD, depression, anxiety, and PTSD symptoms in patients with no abuse history (N=27), a history of sexual abuse only (N=16), and both sexual and physical abuse (N=10). Clinical implications of differential responses to treatment will be discussed.

THU 227

The Impact of Interpersonal Violent Versus Sexual Trauma Exposure on Delinquency Moderated by Callous-Unemotional Traits
(Abstract #1420)

THU 227 (Clin Res, CSA, Comm/Vio, Child/Adol) M - Industrialized

Fortuna, Anthony, Lin, Betty, Mozley, Michaela, Kerig, Patricia
University of Utah, Salt Lake City, Utah

Trauma exposure (TE) comprises a significant predictor of adolescent delinquency. In particular, exposure to interpersonal violence (EIV) has been linked to increased violent (Caputo et al., 1999, Spaccarelli et al., 1997) and sexual delinquency (Paolucci et al., 2001). However, little is known about the mechanisms that differentially link specific

forms of traumatic victimization with later physical or sexual perpetration. Moreover, callous-unemotional (CU) traits in the aftermath of trauma (Kerig et al., 2012) have been linked to severe forms of offending (Frick & White, 2008; Lawing et al., 2010). Therefore, the development of CU traits may help explain the relations between EIV and delinquency. To investigate this hypothesis, 825 traumatized, detained youth completed self-report measures of trauma exposure, CU traits, and delinquency. EIV was hypothesized to increase the risk of violent delinquency, and sexual TE to increase the risk of sexual delinquency specifically, with CU traits exacerbating these risks. Results indicated that EIV was significantly associated with both violent and sexual delinquency. A significant interaction between CU traits and sexual TE indicated that CU traits were more strongly associated with sexual delinquency at higher levels of sexual TE. These findings may help inform interventions aimed at decreasing sexual delinquency among traumatized youth.

THU 228

Differential Relations between Trauma Types and Depression in Youth: The Mediating Role of Avoidant Coping
(Abstract #118)

THU 228 (Clin Res, CSA, Cog/Int, Comm/Vio, Depr, Child/Adol) I - Industrialized

Rooney, Evan, Oosterhoff, Benjamin, Da Silva, Luana, Yudovich, Stephanie, Kaplow, Julie
University of Texas Health Science Center, Houston, Texas

Early traumatic experiences have deleterious effects on youth mental health. Less is known about the differential effects of specific traumatic experiences (sexual abuse, physical abuse, community violence, domestic violence) on youth psychopathology and the mechanisms that explain these links. Certain traumatic experiences (e.g., sexual abuse) may be more likely to result in avoidant coping due to stigma and/or shame, which may in turn lead to greater posttraumatic stress (PTS) and depressive symptoms. This study investigated whether specific forms of trauma were differentially associated with youth PTS and depression, and whether these associations were mediated by avoidant coping. Semi-structured

interviews were conducted with treatment-seeking youth (N=247) ages 7-17 years (M=12.23, 54.4% female) assessing trauma history, PTS, depressive symptoms, and avoidant coping. Results indicated that sexual abuse (SA) and community violence (CV) were independently associated with PTS, depressive symptoms, and avoidant coping when accounting for demographics and other traumas. SA and CV were indirectly associated with depression through avoidant coping. If replicated in a longitudinal sample, this study may have important clinical implications. For example, interventions addressing depression among sexually abused youth or those exposed to CV may be most effective if practice elements involve the provision of expressive coping strategies.

THU 229
Using TF-CBT to Address Mental Health and Behavior among Sexually Exploited Youth- Preliminary Findings
 (Abstract #877)

THU 229 (Clin Res, CSA, Complex, Pub Health, Child/Adol) I - Industrialized

Tiwari, Ashwini¹, Kramer, Camille², Glasheen, Theresa², Kinnish, Kelly³, Self-Brown, Shannon²
¹*McMaster University, Hamilton, Ontario, Canada*
²*Georgia State University, Atlanta, Georgia*
³*Georgia Center for Child Advocacy, Atlanta, Georgia*

Introduction: Commercial sexual exploitation of children (CSEC) places youth at increased risk for adverse mental health outcomes in comparison to non-exploited, sexually abused peers. While treatments are available to help victimized youth, little research has examined how to effectively serve CSEC victims. This study aimed to explore effects of trauma-focused cognitive behavioral therapy (TF-CBT) on CSEC youth mental health and behavioral outcomes. Interim findings from an ongoing quasi-experimental trial are presented.

Methodology: Participants included 35 CSEC youth referred for TF-CBT services in southeastern urban community agencies. Youth completed pre/post intervention assessments on trauma exposure, and mental health and behavioral problems using the Behavior Assessment System for Children, Second Edition. Paired-t test and effect size (Cohen's d)

analyses were completed. **Results:** Youth were predominantly African American (70.6%, Age: M=16.2, SD=1.4). Among current completers (n=10), improvements were seen across depressive symptomology (d=.2), personal adjustment (d=.3), internalizing problems (d=.4), inattention (d=.5), and quality of life (d=.9). Significant reductions in anxiety symptomology were observed (d=.8; p<.001). **Conclusions:** Preliminary results provide promising support for TF-CBT as an effective clinical intervention for CSEC youth. Clinical adaptations may be necessary to address complex trauma and associated depression and personal adjustment skills. Additional program evaluation research is warranted.

THU 230
Mindfulness Interventions for Adolescents with PTSD in Inpatient Residential Settings: A Pilot Study
 (Abstract #1268)

THU 230 (Clin Res, Clin Res, Complex, Child/Adol) A - Industrialized

Kostova, Zlatina, Carey, Robert
University of Massachusetts Medical School, Worcester, Massachusetts

Introduction: Each year in the US, more than 1m youth experience trauma. The cumulative impact is a plethora of negative mental health and functional outcomes during adolescence and adulthood. Although CBT and pharmacotherapy are important elements of standard treatment, diagnostic complexity among this population speaks to the urgent need for alternative treatments addressing a broad range of symptom severity. In this pilot, we investigate the feasibility of an intervention using one such alternative, namely mindfulness. **Methods:** Participants were 28 adolescents (13-18 years old) with histories of complex trauma and currently hospitalized in a trauma unit. We used in-depth, semi-structured interviews to explore the implementation and impact of a six-week mindfulness-based intervention adapted to this population. **Results:** Four major themes were identified: enhanced well-being; increased awareness; improved tolerance to internal triggers; challenging experience. We identified some effective strategies for implementation like shorter sessions and exercises, emphasis on sensory and fun activities,

a calming environment, and avoidance of inflammatory terms (e.g. meditation). Key challenges in this context include acute symptomology, lack of commitment to daily practice and unpredictable length of stay. *Discussion:* Mindfulness has the potential to be implemented as an alternative intervention for teens with trauma history, increasing well-being and self-regulation.

THU 231

Effects of Interpersonal Trauma, Ethnicity and Trauma-related Callousness on Gang Involvement among Detained Adolescents

(Abstract #1474)

THU 231 (Clin Res, Complex, Ethnic, Sub/Abuse, Gender, Child/Adol) M - Industrialized

*Mendez, Lucybel, Ganesh, Kamala, Kerig, Patricia
University of Utah, Salt Lake City, Utah*

Research has identified interpersonal traumatic experiences (TE) as an important predictor of adolescent gang involvement (GI), however, our understanding of the underlying mechanisms is lacking (Kerig et al., 2013). Research has suggested that adolescents' ethnicity may be differentially related to TE and GI (Esbensen & Winfree, 1998). Additionally, posttraumatic reactions such as trauma-related callousness may function as risk factors for GI following TE (Kerig et al., 2012). Thus, this study examined whether the association between TE and GI was mediated by callousness and whether paths among TE, callousness, and GI were moderated by ethnicity in a sample of detained youth (n = 651). Results from a moderated mediation indicated that ethnic minorities were significantly gang-involved ($B = 2.01, p < .001$), however, the conditional direct effect of TE on GI was significant for all ethnicities (95% CI minority youth [.876, 1.325]; Caucasian youth [.351, .710]). Further, the indirect effect of TE on GI through callousness was significant for Caucasian youth only (95% CI [.003, .071]). These findings suggest that adolescents of all ethnic backgrounds are more likely to become gang-involved following TE. The findings also indicate that trauma-related callousness is an important factor for GI following victimization among Caucasian youth.

THU 232

The Impact of Frequency of Trauma on Baseline PTSD Symptoms and Treatment Outcomes in a Sample of Children Exposed to Ongoing Trauma (Abstract #1025)

THU 232 (Clin Res, Chronic, Child/Adol) I - Industrialized

*Stonis, Madeline, Ros, Anna, Santiago, Catherine
Loyola University Chicago, Chicago, Illinois*

Implementing evidence-based treatments for children experiencing posttraumatic stress disorder (PTSD) is complicated by several factors, including identifying appropriate treatment for exposure to chronic trauma. Bounce Back is a school based trauma focused, group cognitive behavioral therapy intervention that has demonstrated effectiveness in previous trials (Langley et al., 2015). The proposed study assessed whether number of traumatic events affects baseline symptom severity and symptom reduction with treatment in a sample of children exposed to ongoing traumatic events. Participants were 51 elementary aged students from a school district in suburban Chicagoland (mean age = 7.76 years, 61% male, 88% Latino). Trauma exposure was assessed using the Traumatic Events Screening Inventory (TESI; Ford, et al., 2002) and PTSD symptomology was assessed with the UCLA PTSD Reaction Index (UCLA-RI; Rodriguez, Steinberg & Pynoos, 1998). All participants were exposed to at least one traumatic event that was chronic in nature, and children reported exposure to a mean of 6.9 traumatic incidents. Baseline regressions revealed a significant relationship between child PTSD symptomology and number of trauma exposures. A repeated measures ANOVA revealed a marginally significant relationship such that children who had experienced more trauma reported marginally greater symptom reduction with treatment ($F=2.92, p=.094, \eta^2 = .06$).

THU 233

Implementation of a Trauma-Focused Intervention for Refugee Children in School: A Pilot Study (Abstract #1527)

THU 233 (Clin Res, Clinical Practice, Cul Div, Child/Adol) I - Industrialized

Farina, Anne

Saint Louis University, Saint Louis, Missouri

This study examined the effectiveness of trauma-focused mental health intervention for elementary school-aged, trauma-exposed refugee and immigrant youth in the school setting. This evaluation measured outcomes related to the provision of services to children who struggle with trauma-related symptomology. Thirty-six participants received a comprehensive assessment that examined their past trauma history, current difficulties and social situation and measured their baseline levels of anxiety, depression, traumatic symptoms, physiological arousal and psychological impairment. Following the assessment, all participants received a somatic-based intervention for, on average, 5 months. Paired t-tests were conducted and results showed that participants reported significant reductions in scores on depression, anxiety, trauma symptomology, psychological impairment and hyperarousal measures after completion of the intervention as compared to baseline. Teacher reports indicated that they thought that participants in Project Safe Space made strides in confidence, communication, academic functioning and social interaction. The positive associational findings suggest that this intervention may hold promise and may warrant further investigation using a more rigorous design.

THU 234

Characteristics of Posttraumatic Nightmare Content in Children and its Relation to Psychopathology
(Abstract #663)

THU 234 (Clin Res, Clinical Practice, Sleep, Child/Adol) I - Industrialized

Gray, Kristen¹, Cromer, Lisa²

¹**University of Tulsa, Tulsa, Oklahoma**

²**Tulsa Institute of Trauma, Abuse, and Neglect, Tulsa, Oklahoma**

Posttraumatic nightmares (PTNM) are a distinctive characteristic of Posttraumatic Stress Disorder (PTSD). PTNMs are associated with PTSD frequency and severity; problems associated with PTNMs cause distress and can be debilitating. Studies of PTNM content in adults have found that the more similar a

PTNM is to a precipitating traumatic event (i.e., replicativeness of the nightmare), the more the nightmare is distressing, and the greater the frequency and severity of PTSD symptoms. PTNMs may include trauma-related themes (i.e., safety, trust, power, esteem, and intimacy), however, no study has investigated whether trauma-related themes are associated with psychopathology. PTNM replicativeness and trauma-related themes have not yet been studied in children. The present study relates PTNM replicativeness and trauma-related themes to levels of posttraumatic stress and nightmare distress in a sample (n = 17) of children. In a treatment-seeking sample, trauma-exposed children 5-17 years provided a PTNM narrative and answered questions about the replicativeness of their PTNM (i.e., replicative, trauma-similar, non-replicative). PTNMs were coded for trauma-related themes by independent coders. Two one-way ANOVAs were conducted to examine the association of PTNM replicativeness to levels of posttraumatic stress and to nightmare distress. Considerations for treatment prioritization based on PTNM content characteristics are discussed.

THU 235

Psychometric Properties of the UCLA PTSD Reaction Index for DSM-5: Identifying Clinically Significant PTSD in Culturally-Diverse Youth Samples

(Abstract #830)

THU 235 (Clin Res, Assess Dx, Clin Res, Clinical Practice, Gender, Child/Adol) A - Industrialized

Rolon-Arroyo, Benjamin¹, Rooney, Evan¹, Kaplow, Julie¹, Layne, Christopher², Steinberg, Alan², Pynoos, Robert²

¹**University of Texas Health Science Center, Houston, Texas**

²**UCLA - National Center for Child Traumatic Stress, Los Angeles, California**

We examined the psychometric properties of the UCLA PTSD Reaction Index for DSM-5 (RI-5) in two groups. Group 1 included 41 treatment-seeking youth ($M_{age} = 12.44$ years; 59% girls; 39% Latino; 27% Black; 19% White; 15% Biracial) who completed the RI-5 and a “gold standard” structured interview, the Clinician-Administered PTSD Scale for DSM-5–Child/Adolescent Version. Group 2 included a general population sample of 465 youth

($M_{age} = 13.15$; 54% girls; 43% Black; 38% White; 13% other; 7% Latino) who completed the RI-5 along with measures of psychological functioning. RI-5 total scores showed excellent internal consistency ($> .90$) in both groups. In Group 1, ROC analyses suggested that a total score of 35 provided excellent classification accuracy for cases with and without PTSD ($AUC = .94$). Group 2 analyses revealed that girls had significantly higher total scores than boys, and total scores correlated with measures of depression across both genders. For girls, total scores correlated with emotional problems and other domains of functioning. For boys, RI-5 re-experiencing and hyperarousal scores correlated with emotional problems, and hyperarousal scores correlated with hyperactivity and other domains of functioning. We discuss the clinical utility of the RI-5 for screening, assessment, and treatment outcome evaluation.

THU 236
Caregiver Facilitation of Children's Grief:
Psychometric Properties of the Grief Facilitation
Inventory
 (Abstract #676)

THU 236 (Clin Res, Clin Res, Clinical Practice,
Death, Child/Adol) - Industrialized

*Rolon-Arroyo, Benjamin¹, Kaplow, Julie¹,
 Oosterhoff, Benjamin¹, Layne, Christopher²
¹University of Texas Health Science Center,
 Houston, Texas
²UCLA - National Center for Child Traumatic
 Stress, Los Angeles, California*

The field has only recently begun to clarify how specific parenting behaviors are linked to bereaved children's grief reactions and psychological functioning. To date, no measure of caregiver grief facilitation has been developed, notwithstanding the potential utility thereof for research and clinical applications. This study presents psychometric properties of the Grief Facilitation Inventory (GFI; Kaplow & Layne, 2012), a measure designed to assess parenting behaviors theorized to either facilitate or hinder children's capacity to grieve adaptively. The GFI and other measures of psychological functioning were administered to 84 treatment-seeking bereaved children ($M_{age} = 12.07$ years, Range: 6-17 years; 57 girls) and their primary

caregivers. An exploratory factor analysis of the GFI child-report version derived five factors entitled Ongoing Connection, Existential Continuity and Growth, Emotional Expression, Grief Inhibition, and Avoidance/Distraction. Internal consistency was adequate ($> .60$) or better for all five factors. These same five factors were replicated in the parent-report version, producing adequate or better internal consistency estimates for four factors ($> .60$). Regressions revealed that these factors differentially correlated with children's maladaptive grief reactions, depression, conduct problems, peer problems, and general psychosocial functioning. We conclude by discussing the clinical utility of assessing and addressing parental grief facilitation.

THU 237
The Grief-Informed Foundations of Treatment
(GIFT) Network: Toward the Development of
Bereavement-Informed Best Practices for
Children and Adolescents
 (Abstract #677)

THU 237 (Assess Dx, Clin Res, Commun, Death,
Train/Ed/Dis, Child/Adol) - Industrialized

*Kaplow, Julie¹, Layne, Christopher²
¹University of Texas Health Science Center,
 Houston, Texas
²UCLA - National Center for Child Traumatic
 Stress, Los Angeles, California*

This presentation focuses on the mission, activities, and emerging products of a new practice research network (PRN), the Grief-Informed Foundations of Treatment (GIFT) Network. The GIFT Network was established to "unpack" childhood bereavement and its consequences, with the broader aim of studying and addressing the complex needs of bereaved youth and families. The GIFT Network is comprised of 12 diverse sites across the US that are adopting a "common denominator" set of undergirding theory (i.e., multidimensional grief theory), measures, interventions, and shared data repository, with the common aim of establishing and disseminating bereavement-informed best-practices for bereaved youth and their families. We begin by describing the establishment of the PRN and the ongoing validation and use of newly-developed assessment tools for such applications as risk screening in school-based health clinics, case formulation and treatment

planning in community clinics, and outcome evaluation in academic medical centers. We then provide information about multi-tiered trainings designed to meet the specific needs of each site, as well as ongoing dissemination and implementation efforts. Finally, we describe ways in which our guiding theory, measures, naturalistic studies, and treatments are being simultaneously used to promote further dissemination and public policy initiatives in the field of childhood bereavement.

THU 238

Positive PTSD Screening in a Residential Drug Treatment Setting: Variation by Type of Drug Use and Overdose History
(Abstract #1437)

THU 238 (Clin Res, Clinical Practice, Commun, Sub/Abuse, Adult) M - Industrialized

Bohnert, Kipling¹, Sripada, Rebecca¹, Ilgen, Mark², Walton, Maureen³, Blow, Frederic², Bohnert, Amy²
¹VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan
²University of Michigan/Department of Veterans Affairs, Ann Arbor, Michigan
³University of Michigan, Ann Arbor, Michigan

Background: Posttraumatic stress disorder (PTSD) is common among patients in residential drug treatment settings. However, few previous studies have examined whether history of overdose is associated with PTSD symptoms. Therefore, the current study examined the prevalence of screening positive for PTSD, as well as specific substance use and overdose correlates of positive screens, among patients in residential drug treatment. **Methods:** The sample comprised patients from a large residential SUD treatment center in Michigan who completed a cross-sectional survey during treatment (n=445). Traumatic event exposure was queried, and positive (4 symptoms) and negative (3 symptoms) PTSD screening was assessed via the Short Screening Scale for PTSD. Bivariate statistical comparisons (e.g., chi-square tests) were used to examine differences between those who screened positive and negative for PTSD among those exposed to a traumatic event. **Results:** 63% (n=281) of the sample reported lifetime exposure to a traumatic event. Among those exposed, 71% (n=201) screened positive for PTSD. Past year cocaine, non-medical prescription opioid, heroin,

sedative, and barbiturate use was more common among individuals who screened positive for PTSD than those who screened negative (48% vs 31%, 50% vs 29%, 43% vs 25%, 42% vs 25%, 32% vs 15%, respectively; p<0.001 for all). Those who screened positive for PTSD were also more likely to have a history of overdose than those who screened negative (66% vs 41%; p<0.001). **Conclusions:** These preliminary findings suggest a need to incorporate and develop novel interventions to reduce PTSD symptoms during residential SUD treatment. Additionally, the findings suggest specific patterns of drug use and related harms such as overdose are associated with PTSD, and further longitudinal research should explore the mechanisms of these associations.

THU 239

What do Traumatic Injury Survivors Want? A Survey of Patient and Family Mental Health Needs and Preferences
(Abstract #1371)

THU 239 (Prevent, Acc/Inj, Acute, Clin Res, Comm/Int, Adult) I - Industrialized

Carlson, Eve¹, Spain, David², Palmieri, Patrick³, Cordova, Matt⁴, Stein, Deborah⁵, Bruns, Brandon⁵
¹National Center for PTSD, VA Palo Alto Health Care System/Stanford University School of Medicine, Menlo Park, California
²Stanford University School of Medicine, Stanford, California
³Center for the Treatment and Study of Traumatic Stress, Summa Health System, Akron, Ohio
⁴Palo Alto University, Palo Alto, California
⁵University of Maryland School of Medicine, Baltimore, Maryland

Traumatic injury patients and their families are at risk for psychological disorder, but only a small proportion of those who are distressed and at risk seek treatment. Little is known about these trauma survivors' perceived need for help or preferences for emotional support or mental health (MH) care. Survey data were collected from traumatic injury patients admitted to a hospital and patients' loved ones (N=50 at time of submission). 55% reported feeling more or a lot more upset than usual. 93% had talked with someone about the injury, and 72% of those said it was somewhat or very helpful. 31% said

they knew they needed help to cope with emotional issues, and 38% said they were not sure whether they needed help. More participants thought it would help to talk with someone who had been through a similar experience (peer) (59%) than thought it would help to talk to an MH professional (35%). Greater distress was significantly correlated with difficulty talking about the injury ($r = .42$) and believing it would help to talk to a peer ($r = .45$), but not with believing it would help to talk to an MH professional ($r = .07$). Implications for early intervention will be discussed.

THU 240

What do Mental Health Risks in Primary Care Veterans Tell Us about Mental Health Needs?
(Abstract #1460)

THU 240 (Clin Res, Comm/Int, Fam/Int, Mil/Vets, Care, Adult) I - Industrialized

Carlson, Eve¹, Palmieri, Patrick², Dekel, Rachel³

¹*National Center for PTSD, VA Palo Alto Health Care System/Stanford University School of Medicine, Menlo Park, California*

²*Center for the Treatment and Study of Traumatic Stress, Summa Health System, Akron, Ohio*

³*Bar-Ilan University, Ramat Gan, Israel*

In a study to develop a predictive screen for chronic mental health problems in Veterans receiving primary care services, risks that collectively provided accurate prediction of PTSD and depression six months later included negative thinking, PTSD symptoms, dissociation, relationship stress, interpersonal threat perception, social constraints, social support, moral injury, and life stress. Secondary analyses of these data were conducted to examine the frequency of these risks among 284 VA primary care patients who were administered the baseline screening items. The mean number of risks per person was 2.8 (SD = 3.1) with 34% scoring positive for no risks. The most prevalent risks were low social support (42%), relationship stress (40%), and baseline PTSD symptoms (38%). Twenty percent of the patients were positive for dissociation risk and 28 to 30% of patients were positive for the remaining risks. Relationship stress was strongly related to PTSD symptoms ($r = .69$) and depression ($r = .62$) 6 months later. Social support was moderately and negatively related to later PTSD ($r = -.38$) and depression ($r = -.34$). While the study design does not

permit inferences about causality, the possible roles and importance of social support and relationship stress in maintenance of symptoms and the implications for treatment seems worth considering.

THU 241

Evidence-Based Psychotherapies for PTSD: How Are They Carried Out in a Real World VA Setting?

(Abstract #554)

THU 241 (Clin Res, Clinical Practice, Adult) - Industrialized

Niles, Barbara¹, Smidt, Katharine², Weinstein, Elizabeth², Fisher, Lisa²

¹*VA Boston Healthcare System, National Center for PTSD, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts*

²*VA Boston Healthcare System, Boston, Massachusetts*

Previous research indicates that therapists often modify or adapt manualized treatments or switch to different treatments in order to encourage client engagement and/or to fit therapists' styles. However, there is little information about the factors that influence deviation from treatment protocols and the nature and extent of modifications. The objective of the current study was to examine and compare the treatment paths from two rounds of program evaluation data of Veterans assigned to individual Trauma-Focused Evidence-Based Psychotherapies (TF-EBPs) in the same Veterans Administration Outpatient Posttraumatic Stress Disorder (PTSD) Clinic. Data was collected on 67 Veterans in 2012-2013 (Round 1) and 76 Veterans in 2015-2016 (Round 2). Prior to collection of Round 2 data, changes in clinic practices were enacted to enhance Veteran engagement and motivation for treatment. These changes included: providing more details about the TF-EBPs offered, addition of a homework assignment asking Veterans to rank order their treatment preferences and to identify potential barriers to attending regular appointments, and a second intake session one week later with the same clinician to further discuss specific goals for treatment and to assess motivation and willingness to begin a TF-EBP. Results indicate fewer deviations from treatment protocols in the latter

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

group: Fourteen Veterans (18.4%) in Round 2 switched to a new treatment or engaged in a modified TF-EBP, compared to the 23 Veterans (34.3%) in Round 1. Modifications to TF-EBP reported by clinicians were: adding some sessions of skills building or harm reduction treatment prior to starting TF-EBP, modifying or simplifying treatment assignments, and changing the order of sessions/assignments or length of the protocol. Discussion will focus on (1) factors that may have led to reductions in modification of TF-EBPs, and (2) methods to differentiate between minor deviations that are expected within a protocol and major modifications that fundamentally alter the treatment.

THU 242

Alliance and Homework Completion in a Sample of Older Adult Veterans with PTSD
(Abstract #556)

THU 242 (Clin Res, Mil/Vets, Aging, Older) - Industrialized

Glassman, Lisa¹, Wells, Stephanie², Grubbs, Kathleen¹, Walter, Kristen³, Morland, Leslie⁴, Thorp, Steven⁵

¹*San Diego VA/University of San Diego, San Diego, California*

²*UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California*

³*Veterans Medical Research Foundation, San Diego, California*

⁴*National Center for PTSD, San Diego, California*

⁵*VA San Diego Healthcare System / UCSD, San Diego, California*

Little is known about posttraumatic stress disorder (PTSD) treatment outcomes among older adults. Although understudied, the veteran population is aging and research on the predictors of therapeutic success may maximize the efficiency and efficacy of interventions for this group. We examined the relationship between aspects of therapy engagement (i.e., homework completion, working alliance) and treatment outcomes in a group of male veterans (age > 60 years) with combat-related PTSD. Veterans (N = 87) were randomized to receive 12 weeks of prolonged exposure (PE) or relaxation therapy (RT). Participants were assessed at pre- and post-treatment and at 6-month follow-up. Therapeutic alliance was

measured using the Working Alliance Inventory (WAI); homework completion was rated weekly with higher scores indicating better completion. Validated symptom scales were used to assess PTSD and anger. Homework completion, but not alliance, predicted change in PTSD (assessed by the Clinician-Administered PTSD Scale for DSM-5; CAPS-5) from pre- to post-treatment ($r = -.47$, $p = .03$), and higher CAPS scores at baseline predicted stronger therapeutic alliance ($r = -.26$, $p < .05$). Baseline anger symptoms predicted HW completion at trend level ($r = .28$, $p = .06$). For the presentation, analyses will include follow-up data and an additional sample of older veterans and civilians who received CPT.

THU 243

Predictors of Treatment Engagement in Cognitive Processing Therapy for PTSD among Active Military
(Abstract #557)

THU 243 (Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized

Wachen, Jennifer¹, Mintz, Jim², LoSavio, Stefanie³, Dondanville, Katherine², Yarvis, Jeffrey⁴, Peterson, Alan², Resick, Patricia³

¹*National Center for PTSD / Boston University, Boston, Massachusetts*

²*University of Texas Health Science Center at San Antonio, San Antonio, Texas*

³*Duke University Medical Center, Durham, North Carolina*

⁴*U.S. Army, Fort Hood, Texas*

Active military may have unique factors that impact their ability to engage in and complete treatment for PTSD. No studies to date have compared characteristics of treatment completers and early terminators in an active military sample. Participants were 268 active duty service members who received group or individual cognitive processing therapy (CPT) as part of a randomized clinical trial. Demographic variables, baseline symptom levels, and treatment expectancy were examined with respect to number of sessions attended and treatment termination/completion status. Homework compliance was included as an indicator of treatment engagement. Over one-quarter (26%) did not complete treatment due to military factors. Older age, higher military rank, and lower levels of depressive

symptoms at baseline were related to completion of treatment. Frequency of homework and number of minutes spent on practice assignments also predicted treatment completion. Factors including baseline PTSD symptoms, number of deployments, years since index event, history of head injury, and credibility beliefs about CPT did not predict treatment completion. These findings are an important step in understanding which service members are likely to successfully complete a course of CPT. Clinical implications for identifying patients more likely to prematurely discontinue treatment will be discussed.

THU 244

Latent Profiles of Relational Dependence and Associated Outcomes in Women Exposed to Intimate Partner Abuse

(Abstract #140)

THU 244 (Clin Res, DV, Theory, Gender, Adult) M - Industrialized

Wright, Naomi, DePrince, Anne
University of Denver, Denver, Colorado

Objective: Studies applying a Betrayal Trauma Theory (BTT; Freyd, 1994) framework to adult abuse assume that close relationships involve more dependence, and, thus, have measured dependence by asking about the closeness of the victim-offender relationship. This investigation aimed (1) to determine whether dependence characteristics can be used to identify subgroups of women experiencing IPA, and (2) to evaluate whether high-dependence subgroups relate to elevated betrayal trauma symptoms. **Methods:** Data from the Denver Women's Health Project were analyzed using latent class analysis (LCA), to examine profiles of dependence in a non-treatment-seeking community sample of 236 women who reported IPA to police. The validity of these dependence profiles was evaluated from a BTT perspective by analyzing the power of the LCA profiles in predicting empirically-supported betrayal-trauma outcomes. **Results & conclusion:** A person-oriented approach like LCA can expand our understanding of BTT by allowing analysis of how women differ on dimensions of dependence, and how such differences relate to outcomes. This study also provides support for how researchers of interpersonal abuse can account for the

role of heterogeneous dependence characteristics in a dataset that lacks comprehensive dependence measures. Implications for BTT and IPA research and clinical applications are discussed.

THU 245

Distress Tolerance Moderates the Relationship between Peritraumatic Emotion and Symptoms of Posttraumatic Stress among Women with a History of Sexual Trauma

(Abstract #1249)

THU 245 (Clin Res, Affect/Int, Rape, Gender, Adult) I - Industrialized

Hood, Caitlyn¹, Badour, Christal¹, Jones, Alyssa¹, Flores, Jessica¹, Feldner, Matthew²

¹*University of Kentucky, Lexington, Kentucky*

²*University of Arkansas, Fayetteville, Arkansas*

Research demonstrates that intensity of certain emotions during (peritraumatic) and in the immediate aftermath of a traumatic event prospectively predict severity of posttraumatic stress (PTS) symptoms after exposure to trauma. It is unknown how distress tolerance (DT) may affect this relation. The aim of the current study was to assess the influence of DT on the relation between peritraumatic and posttraumatic emotion and PTS symptoms. Participants included 72 adult women with a history of sexual trauma. Ratings of distress tolerance, peritraumatic and immediate posttraumatic emotion (e.g., fear, anger, sadness, guilt, and shame), and PTS symptoms were assessed. All analyses controlled for general negative affect. A significant interaction emerged such that individuals with lower distress tolerance and higher levels of peritraumatic and posttraumatic anger reported more severe PTS symptoms. Similarly, individuals with poorer distress tolerance and higher levels of peritraumatic and posttraumatic sadness reported more severe PTS symptoms. Finally, individuals with poorer distress tolerance and higher posttraumatic shame also reported more severe PTS symptoms. These findings suggest that the inability to tolerate distressing emotion may alter the relation between peritraumatic and posttraumatic emotion and PTS symptom severity.

THU 246

Type of Victimization Predicts Poorer Academic Performance among College Students
(Abstract #1237)

THU 246 (Clin Res, DV, Rape, Gender, Adult) I - Industrialized

Hood, Caitlyn, Badour, Christal, Carlson, Charles, Follingstad, Diane
University of Kentucky, Lexington, Kentucky

Evidence suggests that individuals who experience a sexual assault during their undergraduate career have poorer academic outcomes than those who do not. It is not known, however, how experiences of different types of victimization uniquely relate to college academic performance. This study evaluated the relationship between multiple types of victimization and cumulative Grade Point Average (GPA) in a population-based survey conducted at a major southeastern university. College students (N=9,473; 53% female) were asked whether or not they had experienced any of the following types of victimization in the past 12 months: bullying, stalking, sexual harassment, intimate partner violence, or sexual assault. Bullying, stalking, intimate partner violence, and sexual assault were negatively correlated with cumulative GPA at the zero-order level, whereas sexual harassment was not significantly related to GPA. A hierarchical regression analysis revealed that after controlling for age, race, high school GPA, highest ACT or SAT score, and first generation student status, poorer cumulative college GPA was significantly and uniquely related to experiences of intimate partner violence and sexual assault, but not bullying, sexual harassment, or stalking. Future research should explore the mechanisms by which different forms of victimization influence academic performance.

THU 247

Understanding the Development of Postpartum Depression: The Roles of Intimate Partner Violence Exposure, Prenatal Depression, and Social Support Networks
(Abstract #1310)

THU 247 (Clin Res, Depr, DV, Health, Adult) M - Industrialized

Scrafford, Kathryn, Vargas, Dolores
University of Notre Dame, Notre Dame, Indiana

Although social support has positive effects on maternal health, less is known about the role of social support networks in buffering risk of postpartum depression for depressed, IPV-exposed pregnant women. Objective: It is proposed that (1) IPV exposure correlates with prenatal depression, (2) prenatal depression predicts postpartum depression, (3) number of social supports lowers risk of postpartum depression, and (4) number of social supports weakens the link between prenatal and postpartum depression. Methods: Pregnant women (n=74) enrolled at a local WIC office completed assessments at baseline and 6-weeks post-delivery. Correlations assessed relations among variables in the model. Regression analyses tested effects of prenatal depression and number of social supports on postpartum depression, controlling for IPV exposure, and an interaction variable of prenatal depression by number of social supports was then entered into the model. Results: IPV was associated with prenatal depression ($r=.37$, $p=.01$). Both prenatal depression ($b=.21$, $p<.001$) and number of social supports ($b=.52$, $p=.01$) predicted postpartum depression, and the interaction trended toward significance ($b=.16$, $p=.058$). Conclusion: IPV exposure heightens the risk of prenatal depression, which in turn predicts postpartum depression; however, the presence of social support networks lowers the risk of postpartum depression and may play a protective role.

THU 248

Differential Impacts of Types of Childhood Adversity on Maternal Prenatal Resilience
(Abstract #1293)

THU 248 (Clin Res, Complex, DV, Health, Intergen, Adult) M - Industrialized

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

Given that resilience is conceptualized as dynamic interactions between individual and environment, childhood adversity may differentially impact domains of adult resilience. Total childhood adversity as well as low individual and relational resilience have deleterious consequences for pregnant women's health; however, few studies have examined the effects of disaggregated forms of childhood adversity on prenatal resilience. Objective: The current study proposes that types of childhood adversity will differentially affect domains of prenatal resilience. Methods: Pregnant women (n=101) enrolled in a local WIC office completed a battery of assessments. Multivariate regressions examined associations between items on the Adverse Childhood Experiences (ACE) questionnaire and domains of current individual, relational, and cultural resilience. Results: Childhood sexual abuse was associated with lower levels of individual resilience ($b=-5.02$, $p=.03$). Childhood physical abuse ($b=-3.92$, $p=.01$), sexual abuse ($b=-3.16$, $p=.04$), feeling unloved at home ($b=-4.05$, $p=.003$), and neglect ($b=-4.57$, $p=.009$) were associated with lower relational resilience. Witnessing physical abuse of a mother figure was associated with cultural resilience ($b=4.04$, $p=.03$). Conclusion: Different experiences of childhood adversity differentially affect resilience among pregnant women. Women with histories of adversity are at risk for low resilience during pregnancy, which implications not only for maternal perinatal health but for infant development.

THU 249
Intimate Partner Violence and Body Shame: An Examination of the Associations between Body Focused Processes and Experiences of Abuse
 (Abstract #835)

THU 249 (Clin Res, Cul Div, DV, Adult) M - Industrialized

Weaver, Terri, Elrod, Noel, Kelton, Katherine
Saint Louis University, Saint Louis, Missouri

Body shame encompasses personal experiences with emotional (e.g., anger, anxiety and disgust), cognitive

(e.g., worthlessness, flawed, damaged) and behavioral manifestations (e.g., gaze aversion and submissiveness or retaliation) (Gilbert, 2002). Interpersonal experiences that impart stigma or rejection are another component of body shame. Intimate partner violence (IPV) is an intentional, interpersonal attack that includes coercion and isolation, physical and sexual violence and verbal degradation-all perpetrated by an intimate partner. As such, IPV is a stigmatizing experience with elements that confer risk for body shame. Researchers studied body shame in a select sample of IPV victims and found that other body-focused processes (i.e., self-objectification and body surveillance) mediated its development following psychological abuse (Davidson & Gervais, 2013). However, these findings were culturally and contextually specific (i.e., primarily Caucasian sample with limited violence exposure). The current study aimed to replicate and extend these findings with 60 primarily African American women, exposed to moderate to severe IPV and found that severity of sexual and physical violence and emotional/verbal abuse were significantly associated with increased body shame ($r's=.26-.35$) and self-objectification ($r's=.30-.48$) and emotional/verbal abuse was significantly associated with body surveillance ($r=.32$). Implications for women's healthcare utilization will be discussed.

THU 250
Failure as a Mother? Failure to Protect and the Attribution of Blame in Instances of Intimate Partner Violence
 (Abstract #994)

THU 250 (Clin Res, CPA, DV, Adult) I - Industrialized

Kelton, Katherine, Weaver, Terri, Jaques, Michelle, Elrod, Noel, Kaylor, Leah, McPherson, Tyesha
Saint Louis University, Saint Louis, Missouri

An estimated three to ten million children are exposed to intimate partner violence (IPV) annually (Kintner, 2005). Failure to protect connotes inaction to prevent harm/threatened harm to the overall welfare of a child by a person responsible for the child (Simpson, 2012). Women are more likely than men to be held accountable for 'failing to protect' their children from exposure to IPV or from abuse by

their partner (Hartley, 2004). Attribution Bias posits that blame is based on personal flaws (Heider, 1985). Just World Belief (JWB) asserts that blame may manifest because people have a need to believe in a just world (Lerner, 1980). Therefore, in an IPV context, the mother who fails to protect would be more likely to be blamed and punished as she deviates from the “good mother” expectation of nurturance. The current study explored this hypothesis by developing a vignette based on a failure to protect case to examine if JWB impacts the attribution of blame in the harm of children in IPV. Differences in attribution based on sex and mental status of the non-offending partner is explored. Results may provide insight into sentencing discrepancies and implications for policy regarding culpability in failure to protect situations.

THU 251
Changes in PTSD Symptoms across Pregnancy and Postpartum
 (Abstract #1292)

THU 251 (Clin Res, CPA, CSA, DV, Health, Adult) M - Industrialized

Paulson, Julia, Miller-Graff, Laura
University of Notre Dame, Notre Dame, Indiana

This study examined the course of PTSD symptoms across the perinatal period. We predicted that PTSD symptoms would decline from pregnancy to postpartum, early life adversity would predict greater PTSD symptoms across the perinatal period, and individual resilience would mitigate PTSD symptoms over time. Sixty-six, low-income pregnant women reported their trauma exposure and current physical and mental health during pregnancy and at 6-weeks postpartum. Hierarchical linear modelling examined trajectories of PTSD symptoms over time (level one) nested within women (level-two). Overall, PTSD symptoms declined across the perinatal period ($B = -25.43, p = 0.01$). Results revealed a main effect of early life adversity, suggesting past adversity was related to higher levels PTSD symptoms ($B = 2.13, p = 0.01$). However, cross-level interactions indicated no difference in PTSD trajectories over time by amount of past adversity. Individuals with greater individual resilience at the prenatal interview had fewer initial PTSD symptoms ($p < 0.01$) and a slightly less steep trajectory of decline in symptoms ($B = .436, p = 0.03$).

Further analyses will include a third time point (4-months postpartum). Our results also suggested PTSD symptoms can be predicted by early life adversity and individual resilience scores. This research broadens our limited understanding of the factors related to the course of PTSD symptoms across the perinatal period.

THU 252
Predictors of Intimate Partner Cyber Psychological Abuse
 (Abstract #1413)

THU 252 (Clin Res, CPA, Clin Res, DV, Tech, Adult) I - N/A

Reyner, Jacqueline, Murphy, Christopher
University of Maryland Baltimore County,
Baltimore, Maryland

In recent years, the explosion of information communication technology has changed the nature of communication, allowing individuals to communicate more frequently, more easily, and in more different places. Whereas there are benefits of newer communication technologies, there are also dangers, particularly with regard to cyberstalking, cyberbullying, and cyber abuse. To date, there is a dearth of research with regard to cyber abuse between adult intimate partners, despite some studies suggesting that cyber abuse is at least as common as traditional forms of partner abuse and that among young adults, cyber abuse is related to in-person partner abuse. The present study sought to examine the prevalence of cyber psychological abuse in a sample of adult internet users, examine the relationships between traditional forms of intimate partner violence and cyber psychological abuse, and to examine whether previously established risk factors for traditional intimate partner violence also predict cyber psychological abuse. Risk factors hypothesized to predict cyber psychological abuse included older age, female gender, child maltreatment history, psychological problems (e.g., emotion regulation difficulties, alcohol use, drug use), and relationship-related factors (e.g., communication difficulties, relationship satisfaction, relationship jealousy). Participants were a convenience sample of 243 adult internet users recruited through Amazon’s Mechanical Turk who were living in the United States who had at least one

active social media account, and who had been in an intimate relationship in the past year. Participants completed the study on the Qualtrics survey administration platform. Descriptive analyses demonstrated that approximately three quarters of study participants (75.3% for perpetration; 71.2% for victimization) reported at least one instance of cyber psychological abuse during the past year, with 9.5% indicating they perpetrated at least one severe act of cyber psychological abuse. In addition, correlational analyses showed that cyber psychological abuse (both victimization and perpetration) is positively and moderate-strongly correlated with traditional intimate partner aggression. Finally, based on multivariate regression analyses, several of the predictors of traditional partner abuse also predicted cyber psychological abuse. Results suggest that cyber psychological abuse may be part of a larger presentation of partner abuse rather than a separate phenomenon and suggest the need for integrated models. Clinical implications of these results involve developing and evaluating intervention and prevention efforts for cyber abuse.

THU 253

Childhood Trauma as a Predictor of Engagement with a Mobile Mental Health Intervention in a Sample of Homeless Youth
(Abstract #310)

THU 253 (Clin Res, CPA, CSA, Tech, Adult) I - Industrialized

Glover, Angela¹, Zalta, Alyson¹, Karnik, Niranjan¹, Schueller, Stephen²

¹Rush University Medical Center, Chicago, Illinois

²Northwestern University Feinberg School of Medicine, Chicago, Illinois

High rates of childhood trauma in homeless youth increase the need for mental health services in this population. Trauma exposure could be a barrier to mental health treatment because of its link to mistrust of others or a facilitator of treatment due to increased need for services. We tested whether severity of childhood trauma predicted engagement with a mobile mental health intervention. Homeless youth (N = 20) with a history of abuse were given a smartphone. Over one month, participants are offered 3, 30-minute sessions with a study therapist whom they can text between sessions. Participants also

receive daily tips through push notifications. Extent of childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ). Intervention engagement was gauged using number of sessions completed, tips rated, and text messages exchanged between the therapist and participants. The CTQ total scale ($r=0.58$, $p=0.01$) and sexual abuse subscale ($r=0.53$, $p=0.03$) were associated with a greater number of tips rated. The physical abuse subscale was correlated with a greater number of participant texts ($r=0.45$, $p=0.05$). Results indicated that higher exposure to childhood abuse predicted better intervention engagement. Future research should explore whether technology-based interventions enhance engagement for traumatized homeless youth relative to traditional interventions.

THU 254

Associations between Exposure to Childhood Trauma and Acute Post-Trauma Symptom Severity in Adulthood
(Abstract #701)

THU 254 (Clin Res, Acute, CPA, CSA, Adult) I - Industrialized

Huggins, Ashley¹, deRoos-Cassini, Terri², Larson, Christine¹

¹University of Wisconsin - Milwaukee, Milwaukee, Wisconsin

²Medical College of Wisconsin, Milwaukee, Wisconsin

Exposure to childhood trauma has been established as a risk factor for development of posttraumatic stress disorder (PTSD) in adulthood. Less is known, however, about the influence of childhood trauma on acute post-trauma outcomes. The current study included a sample of adult, acute traumatic injury survivors recruited from the emergency department at a level-I trauma center (N=46). Within two weeks of trauma exposure, participants completed a retrospective, self-report measure of childhood maltreatment (Childhood Trauma Questionnaire [CTQ]) and measures of current symptom severity (PTSD Checklist [PCL-5]; Depression Anxiety Stress Scales [DASS-21]). Results indicated that childhood emotional abuse was correlated with PTSD symptom severity related to the recent trauma ($r=.488$, $p=.001$), as well as current symptoms of depression ($r=.420$, $p=.004$), anxiety ($r=.390$, $p=.007$), and stress ($r=.551$,

$p < .001$). Other forms of childhood trauma (physical abuse/neglect, sexual abuse, emotional neglect) were not significantly correlated with any of the symptom measures (all p 's $> .05$). These findings suggest that a history of childhood emotional abuse may indicate greater vulnerability to poorer psychological well-being in the acute aftermath of trauma.

THU 255

Gender Differences in the Role of Adult Attachment in Relation to Childhood Psychological Maltreatment and Neglect and Subsequent Depressive Symptoms
(Abstract #530)

THU 255 (Clin Res, CPA, Depr, Neglect, Gender, Adult) M - Industrialized

Rodd, Keara, Runtz, Marsha
University of Victoria, Victoria, British Columbia, Canada

Depression has been identified as a long-term consequence of child maltreatment. This study looks at mechanisms by which childhood psychological maltreatment (CPM) and neglect (CPN) contribute to depressive symptoms, with a focus on gender and adult attachment in 770 university students. Given the importance of adult attachment relationships to well-being, attachment anxiety was expected to mediate the relation between CPM and depressive symptoms, and attachment avoidance was expected to mediate the link between CPN and depressive symptoms. Using bootstrapping to assess confidence intervals for the indirect effects of insecure attachment, attachment anxiety (but not avoidance) significantly mediated the relation between CPM and depressive symptoms, after controlling for childhood neglect, physical abuse, and sexual abuse in both men and women. Neither form of attachment mediated the relation between CPN and depressive symptoms in women. However, attachment anxiety (but not avoidance) mediated the relation between CPN and depressive symptoms in men. Thus, attachment anxiety may function as one possible mechanism for the link between child psychological maltreatment and depressive symptoms for both men and women, and between child psychological neglect and depressive symptoms in men. Implications and strategies for clinical intervention are discussed.

THU 256

Childhood Physical Abuse and Antisocial Personality Disorder: The Role of Avoidance vs. Numbing Among Low-Income African American Women
(Abstract #259)

THU 256 (Clin Res, CPA, Adult) I - Industrialized

Harris, Catherine, Allbaugh, Lucy, Kaslow, Nadine
Emory University School of Medicine, Atlanta, Georgia

Exposure to childhood trauma is a robust predictor of personality disturbances in adulthood. Research suggests that a particularly strong association exists between childhood physical abuse (CPA) and antisocial personality disorder (ASPD) traits. However, the mechanisms that account for this link are not fully understood. The current study compared a 3-factor versus 4-factor model of posttraumatic stress disorder (PTSD) to examine symptom clusters as potential mediators of the CPA - ASPD link in a community sample of low-income, African-American female survivors of trauma ($n = 89$). Mediation analyses using bootstrapping techniques revealed that no PTSD symptom clusters emerged as mediators of the CPA-ASPD link when considered as a 3-factor model (i.e., avoidance, re-experiencing, arousal). However, when avoidance was distinguished from numbing (i.e., a 4-factor model was considered), avoidance, but not numbing, emerged as a significant mediator. Results shed light on the role PTSD symptoms play in the relation between CPA and ASPD and suggest that avoidance may be one mechanism through which CPA increases risk for ASPD. Results also demonstrate the value of parsing avoidance and numbing into distinct symptom clusters. The clinical implications of the findings relate to the importance of targeting avoidance to improve treatment outcomes for this population.

THU 257

The Relation between Childhood Abuse and Neglect and Academic Performance
(Abstract #647)

THU 257 (Clin Res, CPA, Neglect, Adult) I - Industrialized

Kaubrys, McKenzie, Frazier, Patricia, Baker, Majel, Nguyen-Feng, Viann
University of Minnesota, Minneapolis, Minnesota

While most research on the effects of childhood abuse/neglect focuses on mental and physical health, few studies suggest that they also are related to poorer academic performance in college students. However, studies of childhood abuse/neglect and academic performance have not included other well-established correlates, and meta-analyses of correlates of performance do not include childhood abuse/neglect (Richardson et al., 2012). The purpose of this study was to 1) assess the relations between childhood abuse/neglect and academic performance and 2) to compare the strengths of these relations to other significant correlates of academic performance, including self-esteem, social support, extraversion, and stress. Undergraduate psychology students (N = 252) completed the Childhood Trauma Questionnaire (CTQ), the Rosenberg Self-Esteem Scale, the Medical Outcomes Study Social Support Survey, the Big Five-Short Form (extraversion), and the Perceived Stress Scale. Academic performance was assessed via self-reported cumulative GPA. Regression analyses, $F(1,228)=12.78, p<.001$, indicated that CTQ scores predicted GPA ($\beta = -.22, p<.001$) above and beyond the other well-established correlates of academic performance. Specifically, higher CTQ scores were associated with lower GPA. These results highlight the impact of childhood abuse and neglect on academic performance in college students.

THU 258

Does Sleep Disruption Mediate Effects of Childhood Maltreatment on Brain Structure?
(Abstract #549)

THU 258 (Clin Res, CPA, CSA, Sleep, Neuro, Adult) A - N/A

Ohashi, Kyoko, Anderson, Carl, Khan, Alaptagin, Klengel, Torsten, Silveri, Marisa, Teicher, Martin
McLean Hospital, Harvard Medical School, Belmont, Massachusetts

Several studies have revealed a strong association between childhood maltreatment and alterations in gray matter volume (GMV) of key cortical and subcortical regions. How maltreatment may result in alterations in trajectories of brain development is not understood. As sleep plays an important role in brain development, a possible mechanism may be sleep impairment that is secondary to childhood maltreatment. To test this hypothesis, sleep parameters were evaluated using actigraphy in $n=38$ 18-19-year-olds, including 58% of the sample who had exposure to multiple forms of childhood maltreatment. Mixed effects models indicated that sleep efficiency was significantly predicted by degree of exposure to maltreatment ($p < 0.009$) and time after sleep onset ($p < 0.01$). FreeSurfer analysis of 3T MRI scan data indicated that sleep efficiency mediated effects of maltreatment on right rostral middle frontal and lateral orbito frontal gyri, whole right hippocampus, right and left hippocampal molecular layers, and right presubiculum. Sleep efficiency mediated between 42% and 54% of the total effect for these structures. While this study is limited by modest sample size and cross-sectional analyses, this is the first evidence that effects of childhood maltreatment on brain structure may be mediated, at least in part, by altered sleep quality.

THU 259

Physiological Correlates of Sexual Victimization and Risk Perception in a Community Sample
(Abstract #1226)

THU 259 (Clin Res, CSA, Chronic, Cog/Int, Rape, Adult) I - Industrialized

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Beranbaum, Sarah, Herzog, Sarah, D'Andrea, Wendy
New School for Social Research, New York, New York

Research demonstrates that sexually revictimized women may have alterations in risk-perception or responsivity, yet little is known about the internal, self-regulatory physiological experience that accompanies risk-related decisions. The current study measured physiology concurrently with a risk-perception task wherein participants indicated at what point in an increasingly risky situation they would feel uncomfortable, or leave. In our sample (N=67), curve estimation demonstrated a quadratic relationship for CSA and risk-detection such that those with moderate SA were most cautious, while those with greater SA less so. Additionally, individuals sexually revictimized as adults had longer latencies to leave than those with CSA alone. Longer latencies to leave and report discomfort were associated with peak heart rates occurring much earlier in the task, suggesting a possible “shut down” response to dysregulated physiological threat cues that might alter responsiveness to external threat cues. Latency to report discomfort was related to lower RSA at recovery. PTSD avoidance symptoms were related to less HR recovery, and a narrower RSA range across the task. Results suggest that internal physiological responding may be an important factor in risk-perception. Clinical implications suggest that prevention of revictimization might include interventions aimed at enhancing tolerance and awareness of internal threat cues.

THU 260
Coping Self-Efficacy Moderates the Relationship between Lifetime Sexual Trauma Exposure and PTSD Symptom Severity
 (Abstract #1006)

THU 260 (Clin Res, CSA, Chronic, Rape, Gender, Adult) M - Industrialized

Mahoney, Colin¹, Benight, Charles², Lynch, Shannon¹
¹*Idaho State University, Pocatello, Idaho*
²*University of Colorado at Colorado Springs, Colorado Springs, Colorado*

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 traumas like sexual violence. This study investigated CSE as a potential protective factor against trauma-related psychopathology in female sexual assault survivors, examining the multifaceted interaction of gender and sexual trauma. In the present study, 154 female undergraduate students (M age = 22.64 years, SD = 6.82; 80.5% Caucasian) completed self-report measures of trauma, CSE, and PTSD. We hypothesized that CSE would significantly moderate the relationship between lifetime sexual trauma exposure and PTSD symptom severity, such that high levels of CSE would be protective against PTSD symptoms. We found evidence of significant moderation, 95% CI [-1.12, -.79]. Post-hoc analyses demonstrated sexually traumatized women were significantly more likely to experience PTSD symptoms if they had low, 95% CI [.09, .43], or average, 95% CI [.08, .61], levels of CSE. However, for women with high levels of CSE, the relationship between sexual trauma and PTSD symptoms was not significant. These findings suggest that high CSE may reduce the likelihood of developing PTSD, and bolster evidence showing that CSE is an essential component of traumatic recovery.

THU 261
Heart-Rate Variability and Attentional Mechanisms in Individuals with Cumulative Childhood Trauma: The Role of Self-Regulation in Lifetime Revictimization
 (Abstract #1386)

THU 261 (Clin Res, CSA, Clin Res, Clinical Practice, Complex, Adult) A - Industrialized

Herzog, Sarah¹, von Schroder, Claudius², D'Andrea, Wendy²
¹*The New School, New York, New York*
²*The New School for Social Research, New York, NY, New York*

There is need for further work clarifying attention-physiology interactions by degree of exposure to early victimization, as it is clear that cumulative trauma in childhood, i.e., polyvictimization, may have lasting effects on the stress response that differ from those of acute traumatization. The present study

examined relationships between baseline and task-related physiology (indexed by respiratory sinus arrhythmia [RSA], and heart rate [HR], respectively), and attention biases (via the dot probe task), in 63 community-dwelling adult women stratified on the basis of self-reported exposure to multiple types of childhood interpersonal victimization (i.e., sexual, physical, and emotional abuse). Consistent with hypotheses, a pattern of threat hypervigilance was found in the single victimization group, while threat avoidance was found in the polyvictimization group. Additionally, avoidance of threat in the polyvictimized group was associated with lower baseline RSA. Moderation analyses indicated that condition-wise HR moderated the relationship between level of exposure and attention biases in the high threat condition ($b=-2.264$, $t(37)=-2.105$, $p=.042$, $R^2\text{-change}=.091$). The present findings may clarify basic regulatory mechanisms that play a role in lifetime revictimization in individuals with cumulative childhood trauma exposure, and may have implications for their prognostic and therapeutic outcomes.

THU 262

The Differential Contributions of Religious Coping to Posttraumatic Stress and Posttraumatic Growth following Childhood Adversity
(Abstract #89)

THU 262 (Clin Res, CPA, CSA, Adult) I - Industrialized

Schaefer, Lauren, Howell, Kathryn, Schwartz, Laura, Hasselle, Amanda
University of Memphis, Memphis, Tennessee

The use of positive and negative religious coping may explain why religiosity has been associated with both adaptive and maladaptive outcomes following adversity. This study examined the separate impact of positive (i.e., forgiveness; seeking religious support) and negative (i.e., feeling abandoned by God; anger towards God) religious coping strategies on posttraumatic stress symptoms (PTSS) and posttraumatic growth (PTG) among young adults who experienced childhood trauma. Participants included 161 Mid-south college students ($M_{age}=19.97$, $SD=1.86$; 49% White; 86% female). Linear regression modeling predicted PTSS and PTG from circumstances of the trauma (frequency,

severity, age), optimism, social support, and positive and negative religious coping. The PTSS model was significant, $F(8, 152)=7.16$, $Adj. R^2=.235$. Lower optimism ($\beta=-.29$, $p<.001$) and higher negative religious coping ($\beta=.27$, $p<.001$) predicted more PTSS. The PTG model was also significant, $F(8, 153)=13.88$, $Adj. R^2=.390$, with older age at first trauma ($\beta=.21$, $p<.01$), more optimism ($\beta=.34$, $p<.001$), and higher positive religious coping ($\beta=.38$, $p<.001$) predicting more PTG. Results indicate that religious coping is associated with both posttraumatic growth and posttraumatic stress depending on the type of religious coping utilized. Findings support the need to assess and intervene upon positive and negative religious coping separately.

THU 263

Childhood Adversities and Adult Self-Injury: Examining the Role of Age of Onset of Self-Injury
(Abstract #816)

THU 263 (Clin Res, CPA, Chronic, Health, Adult) I - N/A

Espeleta, Hannah, Meyer, Neil, Mullins-Sweatt, Stephanie
Oklahoma State University, Stillwater, Oklahoma

Adverse childhood experiences (ACEs) include significant childhood stressors such as experiences of child abuse, witnessing domestic violence, and parental substance use, mental illness, and incarceration. Previous research suggests that ACEs have a cumulative effect, with increased number of ACEs relating to a greater risk for negative mental health outcomes (e.g., Dube et al., 2009). Cumulative ACEs have also been linked to increased rates of non-suicidal self-injury (NSSI) behavior, with certain types of ACEs relating more strongly to NSSI than others (e.g., Isohookana, Riala, Hakko, & Rasanen, 2013). This study sought to examine how ACEs type relates to adulthood NSSI severity. Additionally, this study aimed to identify factors that exacerbate this relation, such as age of NSSI onset. Participants ($N=172$) included college-aged students engaging in NSSI who provided self-report data via online survey collection. Results of multiple regression analyses suggest that two types of ACEs were significantly predictive of NSSI severity in adulthood: childhood emotional abuse and having a caregiver with a mental illness. Earlier age of onset moderated the relation

between having a caregiver with a mental illness and NSSI severity in adulthood. Findings lend themselves to targeted interventions for individuals with ACEs in preventing NSSI in adulthood. Adverse childhood experiences (ACEs) include significant childhood stressors such as experiences of child abuse, witnessing domestic violence, and parental substance use, mental illness, and incarceration. Previous research suggests that ACEs have a cumulative effect, with increased number of ACEs relating to a greater risk for negative mental health outcomes (e.g., Dube et al., 2009). Cumulative ACEs have also been linked to increased rates of non-suicidal self-injury (NSSI) behavior, with certain types of ACEs relating more strongly to NSSI than others (e.g., Isohookana, Riala, Hakko, & Rasanen, 2013). This study sought to examine how ACEs type relates to adulthood NSSI severity. Additionally, this study aimed to identify factors that exacerbate this relation, such as age of NSSI onset. Participants (N=172) included college-aged students engaging in NSSI who provided self-report data via online survey collection. Results of multiple regression analyses suggest that two types of ACEs were significantly predictive of NSSI severity in adulthood: childhood emotional abuse and having a caregiver with a mental illness. Earlier age of onset moderated the relation between having a caregiver with a mental illness and NSSI severity in adulthood. Findings lend themselves to targeted interventions for individuals with ACEs in preventing NSSI in adulthood.

THU 264

Intimate Partner Violence and Childhood Adversity: The Role of Trauma in Prenatal Health Practices and Health Problems in Pregnancy
(Abstract #1286)

THU 264 (Clin Res, CPA, DV, Health, Pub Health, Adult) M - Industrialized

Scheid, Caroline, Scrafford, Kathryn, Miller-Graff, Laura
University of Notre Dame, Notre Dame, Indiana

Evidence suggests that women exposed to intimate partner violence (IPV) or childhood adversity are at heightened risk for health problems in pregnancy, but few studies have analyzed the different roles of past and recent trauma on prenatal preventative health practices and prenatal health problems. This study's

objectives aimed to explore associations between childhood adversity and prenatal IPV on prenatal preventative health practices, and in turn, the effect of these practices on health problems during pregnancy. Participants included 74 women from a low-income care clinic during pregnancy and at a 6-week postpartum follow-up. Controlling for depression and childhood adversity, IPV frequency negatively predicted women's prenatal preventative health practices ($b=-.0057$, $p=.034<.05$), but these practices did not significantly mediate the association between IPV frequency and health problems during pregnancy ($b=.13$, $p=.218>.05$). However, childhood adversity significantly predicted health problems in pregnancy ($b=.18$, $p=.008<.05$). These findings suggest that IPV frequency may adversely impact prenatal preventative health practices, but these practices do not predict prenatal health problems beyond other environmental factors. Childhood adversity may provide better prediction of prenatal health problems. Public health initiatives should target prenatal preventative health practices in IPV-exposed women and grant special attention to child adversity exposure to mitigate prenatal health problems.

THU 265

State Legislative Response to PTSD in the United States: A Content Analysis
(Abstract #1375)

THU 265 (Clin Res, Pub Health, Social, N/A) I - Industrialized

Lewis, Michael
Virginia Tech, Blacksburg, Virginia

The 2010 ISTSS strategic plan stated that informing public policy is among the organization's highest priorities. To effectively inform policy, trauma professionals must understand both federal and state policy. Recent studies have made progress in illuminating federal policy trends, but state policy has been overlooked. This study is a systematic content analysis of all active state U.S. state legislation on PTSD. Researchers searched state legislatures' official websites for laws containing the word "PTSD" anywhere within the text. Laws and law sections that include "PTSD" were coded to create a legislative dataset, which was analyzed using descriptive statistics and bivariate analysis. Due to

the systematic nature of the study, coding and analysis is ongoing; preliminary results from 15 laws across 3 states indicate bi-partisan efforts, with 9 out of 15 laws having Republican primary sponsors (60%) and a focus on military populations, with 14 out of 15 laws (93%) targeting military populations. Preliminary analyses suggest that PTSD is largely framed as a military issue by both parties at the state level. Final results will provide an overview of state legislation and differences in legislative content based on party of primary sponsor and majority party at the time of law passage.

THU 266

Firefighter's Motivation, Positive events, and Post-Traumatic Growth

(Abstract #1319)

THU 266 (Clin Res, Pub Health, Adult) I - Industrialized

Lewis, Michael¹, Sullivan, Connor², Gladfelter, Jessica¹, Jones, Russell²

¹*Virginia Tech, Blacksburg, Virginia*

²*Virginia Polytechnic Institute and State University, Blacksburg, Virginia*

Firefighters' job-related motivations and positive experiences may impact the cultivation of posttraumatic growth (PTG). This study examined 253 firefighters from the Georgia Public Safety Training Center (GPSTC). Goal orientation, a motivational orientation theory, was assessed using the Patterns of Adaptive Learning Scale (PALS) and responses to open-ended prompts relating to motivation and positive events; responses to prompts were coded into categorical variables. PTG was assessed using the Posttraumatic Growth Inventory (PGI). Multiple regression analyses indicated that greater mastery orientation, indexed by the PALS, was associated with increased PTG ($t=2.01$, $p=.04$) while greater performance orientation was not. Regarding the open-ended prompts, responses reflecting mastery orientation, but not performance orientation were associated with increased PTG. Firefighters who reported motivation to "help others" experienced greater PTG ($t=2.27$, $p=.02$) as did those who listed enjoyment of conducting "fire safety education" at elementary schools ($t=2.13$, $p=.04$). Conversely, those who listed being "thanked" by others as a positive event experienced less PTG

($t=2.92$, $p<.01$). The final model predicts 34% of PTG variance ($r^2 = .34$). These results suggest mastery oriented motivation may promote PTG while a focus on performance related reward may hinder PTG. Interventions and policies that increase mastery orientation in firefighters may increase PTG.

THU 267

Impacts of a Near Relative's Participation in a Therapy as a Complementary Intervention Strategy to CBT among Victims of Crime

(Abstract #382)

THU 267 (Clin Res, Anx, Depr, Pub Health, Adult) M - Industrialized

Leclerc, Marie-Ève¹, Fortin, Maxime², Fortin, Christophe³, Paradis, Alison¹, Guay, Stéphane³

¹*Université du Québec à Montréal (UQAM),*

Montréal, Québec, Canada

²*Quebec University of Montreal, Montréal, Quebec, Canada*

³*Université de Montréal & Centre d'Etude du Trauma, Montréal, Québec, Canada*

Context: There are more than two million violent crimes each year, in Canada. Post-traumatic stress disorder (PTSD) is the most common psychiatric disorder associated with their exposure. Social support is a risk and protection factor, in the development of PTSD. **Purpose:** To evaluate the effects on PTSD symptoms, psychological distress, anxiety and depression, of a brief form of cognitive-behavioural therapy (CBT) involving a near relative (NR), on victims of violent crime (VVC). **Method:** 112 VVC were randomly assigned in 3 groups. Psychological state of participants was evaluated before therapy (T0) and 4 weeks after completion (T1) using Modified PTSD symptom scale, Beck depressive inventory (BDI), Beck anxiety inventory (BAI) and Kessler psychological distress scale. **Results:** Group 1 (CBT alone) and 2 (CBT with a NR) had a decrease on BDI scores between T0 and T1 ($ps<0.05$), whereas group 3 (usual care) didn't ($p>0.05$). All groups had a decrease on BAI scores, as well as a reduction of PTSD symptoms between T0 and T1 ($ps<0.05$). Group 3 had an increase of psychological distress at T1 ($p<0.05$). **Conclusion:** Both CBT seems to have the same positive effects on depressive symptoms. They also appear to counteract

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

the natural increase in psychological distress following exposure to a traumatic event.

THU 268

Longitudinal Patterns of Sleep Disturbances in the World Trade Center (WTC) Disaster Workers with PTSD and Comorbid Depression
(Abstract #1047)

THU 268 (Clin Res, Anx, Depr, Sleep, Terror, Adult) - Industrialized

Wyka, Katarzyna¹, Difede, JoAnn², Cukor, Judith², Olden, Megan²

¹*City University of New York, New York, New York*

²*New York Presbyterian Hospital/Weill Medical College of Cornell University, New York, New York*

Sleep disturbance has been linked with occupational, social functioning, and PTSD severity among World Trade Center (WTC) disaster workers shortly after 9/11. We used longitudinal data from the Weill Cornell 9/11 Mental Health Screening Program to assess long-term sleep patterns in 2,960 rescue recovery disaster workers diagnosed with PTSD and comorbid depression. PTSD and depression were assessed annually (2003-2005) using the Clinician-Administered PTSD Scale (CAPS) and the SCID DSM-IV. Sleep disturbance was self-reported using a modified version of the Pittsburgh Sleep Quality Index. The stability of overall sleep disturbances over time was strong ($r=.64-.57$), including insomnia ($r=.64-.57$), sleep disordered breathing ($r=.63-.59$) and parasomnias with nightmares ($r=.51-.48$). At each assessment, workers with PTSD and comorbid depression consistently reported higher level of parasomnias with nightmares but similar levels of insomnia and sleep disordered breathing, as compared to workers with PTSD alone. At baseline assessment, specific elevated parasomnias included bad dreams, sleepwalking and symptoms consistent with nocturnal leg cramps. At the follow-ups, significant group differences remained for nocturnal leg cramps only. Sleep-medication taking was more prevalent among worker with PTSD and comorbid depression at baseline assessment only. These finding offer insight into sleep symptoms profiles among rescue recovery workers with PTSD and comorbid PTSD and have implications for post-disaster screening and interventions.

THU 269

Characteristics of Chronic Nightmares and Subjective Distress in a Trauma-Exposed Sample: Do Posttraumatic Cognitions Play a Role?
(Abstract #313)

THU 269 (Clin Res, Cog/Int, Sleep, Adult) I - N/A

Cogan, Chelsea, Davis, Joanne, Rhudy, Jamie, Lee, Jenny
University of Tulsa, Tulsa, Oklahoma

Previous research shows an association between the similarity of nightmares to the trauma experienced and distress, such that replicative nightmares are associated with the greatest degree of distress. However, no research has examined the influence of post-trauma cognitions in this relationship. This is of particular interest in our present study due to research indicating the influence of cognitive appraisals in psychological adjustment. We examined a trauma-exposed sample of 58 adults who endorsed having nightmares and PTSD, and who were seeking treatment. The participants were assessed at baseline, three-months, and six-months post treatment. Of the participants, 74% were women, 81% were Caucasian, and the mean age was 37.97 ($SD = 12.03$). We measured similarity of the nightmare to the trauma, subjective distress, and negative cognitions. We examined the potential role of cognitions in moderating the relationship between similarity of the nightmares to trauma and subjective distress. Results from a hierarchical regression indicated non-significance. Taken together, these findings suggest posttraumatic cognitions do not play a significant role in moderating the relationship between the similarity of the nightmare to the trauma and subjective distress.

THU 270

Eszopiclone Effects on Sleep, Pro Inflammatory Cytokines, and Emotional Memory Bias in PTSD
(Abstract #94)

THU 270 (Clin Res, Clin Res, Sleep, Adult) M - Industrialized

Valdespino-Hayden, Zerbrina¹, Dowd, Sheila¹, Zalta, Alyson¹, Kaiser, Elizabeth², Borgia, Jeffrey¹, Pollack, Mark¹

¹*Rush University Medical Center, Chicago, Illinois*

²*Boston University, Chicago, Illinois*

The objective of the study was to evaluate the relative efficacy, safety and tolerability of the hypnotic eszopiclone (ESZ) for the treatment of sleep disturbance in patients with PTSD. We also explored whether ESZ affected changes in negative memory recall bias and proinflammatory cytokine levels. The study was a 12-week, double blind, randomized control trial with 3mg of ESZ or placebo (PBO) at bedtime with one-month follow-up. Subjects completed testing for emotional bias in memory encoding at baseline utilizing 150 picture slides and a recognition test 2 days later after the encoding session with the original slides and an additional 75 pictures randomly intermixed. Peripheral blood for cytokines was collected from each subject prior to and at the end of treatment initiation. Of the 25 subjects randomized, 16 completed the study. Patients in both treatment arms experienced significant improvement in PTSD symptoms as assessed by the Clinician-Administered PTSD Scale for DSM-IV (CAPS) ($t_{15}=-0.40$, $p=0.70$) and the Short PTSD Rating Interview (SPRINT) ($t_{15}=-0.09$, $p=0.93$) with no differences between the groups. There were also no significant differences between ESZ and PBO on measures of sleep as assessed by the Pittsburgh Sleep Quality Index with PTSD Addendum (PSQI) ($t_{15}=-0.46$, $p=0.65$). Total sleep time and latency as measured by actigraphy were also not significantly different between ESZ and PBO ($t_{10}=0.13$, $p=0.90$) and ($t_{10}=0.68$, $p=0.50$) respectively. In those treated with ESZ, there was a correlation between improvement in sleep and overall improvement in PTSD as measured by change scores on the PSQI and CAPS, $r(8) = 0.79$, $p=0.019$. This was not true for those treated with placebo $r(9) = 0.16$, $p=0.69$. A total of 5 distinct analytes (i.e., IFN- γ , IL-1, IL-2, IL-6, TNF- α) were collected on twenty-one subjects. There were no significant

differences in cytokine function associated with symptom improvement or treatment assignment (all r values <0.6 and will be presented in a table). Fourteen subjects completed pre and post emotional memory testing. Preliminary analysis found recognition memory decayed by 5% per day during the baseline condition and 7% per day during the drug condition. For test retest intervals at baseline and ESZ/PBO conditions, the slope averaged about 1.5% of the recognition scores per day with no significant difference in slopes across assignment (all r -values <0.3). Results from this study do not support the hypothesis that ESZ lead to greater improvement than placebo in measures of PTSD and sleep. There were also no changes on verbal memory recall and no significant differences in proinflammatory cytokine function associated with treatment.

THU 271

An Open-Label Pilot Study of Doxazosin XL for Nightmares, Sleep Disturbance, and Overall Clinical Symptoms in PTSD
(Abstract #553)

THU 271 (Clin Res, Bio Med, Sleep, Adult) M - Industrialized

Richards, Anne¹, Metzler, Thomas², Chapman, Christen², Hubachek, Samantha², Neylan, Thomas¹
¹*San Francisco VA Medical Center and UCSF, San Francisco, California*

²*San Francisco VA Medical Center (VAMC-SF), San Francisco, California*

Objectives: To examine the effects of doxazosin extended-release (XL) on PTSD nightmares, sleep disturbance and overall PTSD symptoms. **Methods:** Eligible participants were men and women aged 18-69 with full or partial syndromal PTSD of at least 3 months duration and prominent nightmares, indicated by CAPS-IV total ≥ 30 and distressing dreams ≥ 5 . The trial consisted of baseline assessments (Week 0, included 7 days of sleep diary) followed by 8 weeks of doxazosin treatment (Weeks 1-8). Participants initiated doxazosin XL 4mg at bedtime, titrated up to 8mg at bedtime in week 2 based on clinical response and tolerability, and maintained on steady dose for an additional 6 weeks for a total of 8 weeks on study drug. The primary endpoints were change in CAPS Total, Distressing Dreams, and

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Sleep Disturbance scores from baseline (pre-treatment) to end of treatment. Self-report measures of PTSD symptoms (PCL) and sleep quality (PSQI) were assessed at Weeks 1, 3 and 8. Sleep diary measures of number of nightmares and sleep quality on a Likert-type scale were collected daily in Weeks 0-8. **Results:** Fifteen (15) participants initiated study drug, of which 8 completed all 8 weeks of study drug and provided CAPS data for primary outcome analysis. Amongst completers, average pre-treatment CAPS Total, Distressing Dreams, and Sleep Disturbance scores decreased from 57.3 (SD 8.1) to 31.5 (SD 14.5) ($t(7)=4.5$, $p=.003$); 5.5 (SD .78) to 2.4 (SD 2.6) ($t(7)=4.2$, $p=.004$); and 6.6 (SD .91) to 4.3 (SD 3.2) ($t=1.96$, $p=.09$), respectively. Mixed models including all participants who provided data beyond baseline demonstrated significant improvement on the PCL (average drop 18.7 points, $p<.001$) and PSQI (average drop 4.1 points, $p=.027$). Sleep diary data including all participants providing data beyond baseline demonstrate a significant reduction in nightmares ($z=-2.9$, $p=.004$) and improvement in sleep quality ($t(71)=3.75$, $p<.001$). Seven participants discontinued due to 1) side effects ($n=4$) or 2) loss to follow-up or reasons unrelated to study drug ($n=3$). Side-effects contributing to discontinuation in one or more subjects were drowsiness, lack of energy, subjective palpitations and increased heart rate. **Conclusions:** These findings in a small sample of PTSD subjects demonstrate robust effects of doxazosin on individuals completing 8 weeks of treatment. Benefits were also seen in non-completers. While several studies have demonstrated tolerability of doxazosin, these data strongly indicate that doxazosin may be beneficial for PTSD symptoms but that an immediate-release formulation of doxazosin allowing for more gradual and flexible dose titration may be indicated. More research is indicated to further understand doxazosin's therapeutic potential in PTSD.

THU 272

Associations between Sleep Disturbance and Distress Tolerance in Trauma-Exposed Psychiatric Inpatients (Abstract #113)

THU 272 (Clin Res, Affect/Int, Sleep, Adult) I - Industrialized

Nomamiukor, Faith, Bartlett, Brooke, Smith, Lia, Vujanovic, Anka
University of Houston, Houston, Texas

Sleep disturbance is a significant behavioral correlate and/or maintenance process for various types of psychopathology among trauma-exposed psychiatric inpatients. No studies to date have investigated relations between sleep disturbance and distress tolerance (DT), defined as the perceived or actual ability to tolerate negative/aversive emotional or physical states, in trauma-exposed populations. Chronic sleep disturbance may negatively impact DT over time by maintaining psychological disturbances. Alternatively, low DT may interfere with sleep quality via related psychological processes (e.g., rumination) or symptoms (e.g., anxiety, depressed mood). We examined associations between sleep disturbance and DT, measured with the Distress Tolerance Scale (DTS), Breath-Holding Task, and Mirror-Tracing Persistence Task, in a sample of 119 psychiatric inpatients (42% women; $Mage=33.82$, $SD=11.19$). Covariates included total number of psychiatric diagnoses and trauma load. Sleep disturbance was significantly negatively associated with DTS-total score ($p<0.001$), contributing 25.9% of unique variance. Sleep disturbance was not incrementally associated with behavioral DT measures, although bivariate correlations were significant ($r's=0.19-0.23$). Post hoc analyses indicated that sleep disturbance was significantly negatively associated with DTS tolerance, absorption, appraisal, and regulation subscales ($p's<0.05$). Interventions that incorporate cognitive-behavioral sleep protocols with DT skills may be effective for various psychiatric populations. Clinical implications and future directions will be discussed.

THU 273

Reduced Treatment Response of Veterans with PTSD and Depression Reporting Residual Sleep Problems

(Abstract #822)

THU 273 (Clin Res, Clinical Practice, Sleep, Adult) M - Industrialized

Lopez, Cristina¹, Lancaster, Cynthia², Stepney, Brianna¹, Gros, Daniel³, Ruggiero, Kenneth¹, Acierno, Ron⁴

¹*Medical University of South Carolina, Charleston, South Carolina*

²*University of Texas at Austin, Austin, Texas*

³*Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina*

⁴*Ralph H. Johnson VA Medical Center, Charleston, South Carolina*

While evidence-based treatments exist for posttraumatic stress disorder (PTSD) and major depression (MD), a significant sub-set of veterans continue to meet criteria for clinical diagnoses after treatment. Sleep problems may be a modifiable explanatory factor for non-response to trauma-related treatments. The present study used data from a clinical trial of Behavioral Activation and Therapeutic Exposure (BA-TE), an evidence-based psychotherapy for PTSD and MD, administered to veterans (N=232) to evaluate whether residual sleep symptoms remained after treatment completion, and if so, whether these residual sleep symptoms were associated with higher levels of PTSD and comorbid depression at the end of treatment. Participants (ages 21 to 77 years old; 47% African American; 62% married; 49% employed) completed demographic questions, symptom assessments (PCL and BDI), and engagement-related surveys. Hierarchical multiple linear regression models demonstrated that changes in sleep were significant predictors of PTSD ($\beta = .36$, $p < .001$) and depression ($\beta = .32$, $p < .001$) symptom reduction above and beyond the influence of demographics, baseline symptoms, and engagement factors ($R^2 = .12$, $F(1, 90) = 22.33$, $p < .001$). Greater residual sleep symptoms were predictive of smaller treatment gains. Findings illustrate several important clinical assessment and treatment implications.

THU 274

Sleep Quality and Posttraumatic Stress Disorder in Fire Service

(Abstract #1369)

THU 274 (Clin Res, Chronic, Health, Sleep, Adult) M - N/A

Torres, Victoria¹, Gomez, Denise², Thomason, Peyton², Pennington, Michelle², Dolan, Sara³, Gulliver, Suzy⁴

¹*University of Mississippi, Oxford, Mississippi*

²*Baylor Scott & White Health, Waco, Texas*

³*Baylor University Medical Center, Waco, Texas*

⁴*Texas A&M Health Science Center, Waco, Texas*

The relationship between sleep and posttraumatic stress disorder (PTSD) has long been of interest, with sleep disturbance as a problematic symptom to those with PTSD diagnoses. Firefighters are generally shift workers, and many experience sleep disruption as a function of their occupation. In addition, firefighters experience high exposure to trauma. We hypothesized that PTSD symptoms, measured by the PTSD Checklist – Civilian (PCL-C), would predict self-reported sleep quality, measured by the Pittsburgh Sleep Quality Index (PSQI). We gathered anonymous responses from 60 career firefighters via a Qualtrics survey; 35 firefighters responded to both the PCL-C and the PSQI. Sleep questions were removed from the PCL-C before running analyses to prevent the measures from predicting one another. In a simple regression analysis, firefighter PSQI scores were predicted using their PCL-C scores. PTSD symptoms explained a significant portion of variance in PSQI scores ($R^2 = .24$, $F(1, 33) = 11.98$, $p = .002$). Future research should include measures that assess traumatic load when looking at posttraumatic stress and sleep quality in the fire service. Further research into this relationship in the context of the fire service is needed to better understand PTSD and its associated symptoms within this understudied population.

THU 275

Sexual Assault and Related Posttrauma Symptoms on a College Campus
(Abstract #72)

THU 275 (Clin Res, Rape, Sleep, Gender, Adult) I - Industrialized

Youngren, Westley

University of Kansas, Lawrence, Kansas

Introduction: Recent reports have indicated that around 20-25% of students will experience some form of sexual assault during their time in college. This is an alarmingly high prevalence rate, especially considering how many individuals attend college. Although sexual assault prevalence rates are being examined, the exact rate still varies across reports (ranging from 2% to 35%). Additionally, there has not been an appropriate amount of research that has looked at the specific symptoms associated with these traumas. Specifically, very little research has examined the prevalence of posttrauma nightmares on a college campus. Thus, this study aimed to examine the prevalence of sexual assaults and posttrauma symptoms (specifically the posttrauma nightmare) on a large college campus. **Methods:** Four-hundred college students participated in an online survey approved by the associated IRB. The survey included demographic measures (age, gender, & class), the Life Events Checklist (LEC), the PTSD Checklist for the DSM-V (PCL-5), and a short questionnaire on posttrauma nightmares. Descriptive statistics were used for the analyses. **Results:** Our analyses found that 19% of our sample (n=77) reported experiencing a sexual trauma. This sample included 67 female students and 10 male students. Out of this sample (n=77), the highest frequency of posttrauma symptoms were as follows; 52% (n=40) reported avoidance symptoms and 35% (n=27) reported experiencing frequent problems falling or staying asleep. In regards to posttrauma nightmares, 40% (n=31) of individuals who reported experiencing a sexual trauma (n=77), reported experiencing nightmares related to the trauma. Furthermore, when we break this down by gender, we find that 42.6% (n=29) of females and 22.2% (n=2) of males who reported experiencing a sexual trauma also reported experiencing nightmares related to the trauma. **Conclusion:** Our results help clarify the inconsistency in prevalence rates of sexual assault on a college campus, suggesting that the actual rate may

be around 20-25%. In regards to symptoms related to the sexual assault, we found that the most frequently reported symptoms are avoidance behaviors and sleep problems, especially posttrauma nightmares. These two variables may be cyclically related. Furthermore, it should also be noted that females are at an increased risk for both experiencing a sexual trauma and sleep disorders. Thus, female college students may be specifically vulnerable to developing posttrauma nightmares. Therefore, future research should conduct a thorough investigation of posttrauma nightmares in a sample of female college students who have experienced a sexual trauma. Additionally, future research should examine how these symptoms effect the student's lives and academic success.

THU 276

The Impact of Suspected Sleep Apnea on Cognitive-Behavioral Treatment for Trauma-Related Nightmares
(Abstract #54)

THU 276 (Clin Res, Clin Res, Clinical Practice, Sleep, Adult) I - Industrialized

Miller, Katherine¹, Cranston, Christopher², Pruiksma, Kristi³, Davis, Joanne⁴

¹**National Center for PTSD, VA Palo Alto Health Care System/Stanford University School of Medicine, Menlo Park, California**

²**Johns Hopkins University School of Medicine, Baltimore, Maryland**

³**University of Texas Health Science Center at San Antonio, Fort Hood, Texas**

⁴**University of Tulsa, Tulsa, Oklahoma**

Trauma exposure is associated with nightmares, insomnia, and increased reports of obstructive sleep apnea (OSA). These symptoms infrequently occur in isolation; rather, create a complex presentation potentially exacerbating other symptoms and interfering with treatment outcome. The present study explored the impact of suspected OSA on treatment outcomes following Exposure, Relaxation, and Rescripting Therapy (ERRT), a cognitive-behavioral therapy for trauma nightmares. Trauma-exposed adults (N = 70; 71% female) participated in ERRT. Self-reported OSA was assessed at baseline, and nightmare frequency and severity, sleep quality, insomnia severity, depression, and posttraumatic

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

stress symptoms were measured at baseline, one-week, three-months, and six-months post-treatment. Independent t-tests showed that individuals with suspected OSA reported greater baseline symptom severity across all outcomes ($p < .001$ - $p < .05$), except nightmare frequency, compared to their non-apnea counterparts. Similar results emerged when examining symptoms across time using intent-to-treat linear mixed models ANOVA. There was a main effect for time; all participants reported significant reduction in symptoms ($p < .001$ - $p < .05$). No moderation emerged. These findings suggest that trauma-related nightmares and associated symptoms are amenable to treatment despite suspected apnea. Yet, individuals with suspected OSA continue to report high levels of symptoms, potentially requiring additional intervention.

THU 277
The Mediating Effect of Emotion Regulation in the Relation between Posttraumatic Stress Symptoms and Sleep Quality
 (Abstract #678)

THU 277 (Clin Res, Health, QoL, Sleep, Adult) M - N/A

Connell, Nicholas, Cantú, Norma, Miguez, Teresa, Loiseau, Brooke, McDermott, Michael
University of Louisiana at Lafayette, Lafayette, Louisiana

Posttraumatic stress disorder (PTSD) is associated with sleep disturbances (SD), including insomnia and night terrors (Glaubman et al., 1990). However, studies remain inconsistent in finding sleep irregularities in PTSD and do not examine the mechanisms by which PTSD and SD co-occur (Pillar, Malhotra, & Lavie, 2000). One factor that may play a role in the relation between PTSD and SD is emotion regulation (ER; Amstadter, 2008). Emerging evidence demonstrates that emotion dysregulation is associated with SD among individuals with generalized anxiety disorder (Tsypes et al., 2013); however, few studies have examined the role of ER in the relation between PTSD and SD. Participants (N=117) completed questionnaires assessing SD, difficulties in ER, and PTSD symptoms. Results indicated a significant effect of PTSD symptoms on difficulties in ER ($R^2 = .08$, $F[1,115] = 9.99$, $p <$

$.01$). The total effect model was significant for PTSD symptoms and difficulties in ER predicting SD ($R^2 = .08$, $F[2,114] = 4.76$, $p = .01$). Analysis indicated a significant indirect effect of PTSD symptoms on SD through difficulties in ER ($b = .01$, $SE = .007$, 95% CI [.001, .029]). Findings provide support for partial mediation and suggest that PTSD symptoms may affect sleep through alterations in ER.

THU 278
Self-Disgust as a Potential Mechanism in the Association between Posttraumatic Stress Symptoms and Risky Sexual Behavior
 (Abstract #914)

THU 278 (Clin Res, Health, Adult) M - N/A

Flores, Jessica, Badour, Christal, Brake, Charles, Hood, Caitlyn, Ellis, Haley
University of Kentucky, Lexington, Kentucky

Posttraumatic stress disorder (PTSD) is associated with increased risky sexual behavior. The present study examined whether facets of self-disgust (Self: disgust toward the global self concept, Ways: disgust toward one's own behavior) serve as mechanisms underlying this relation. Participants included 212 trauma-exposed young adults (78.3% female). Measures included the PTSD Checklist for DSM-5 (PCL-5), the Self and Ways subscales of the Self-Disgust Scale (SDS), the Risky Behavior Questionnaire (RBQ). There was a significant total effect of PTSD symptoms (path c: $B = .02$, $p = .03$) on risky sexual behavior. PTSD symptoms were positively related to SDS-self (path a1: $B = .12$, $p < .001$), and SDS-ways (path a2: $B = .12$, $p < .001$). Additionally, SDS-ways (path b2: $B = .10$, $p = .02$) was positively related to risky sexual behavior after controlling for PTSD symptoms, participant sex, and any history of sexual trauma. There was a positive indirect effect of PTSD symptoms on risky sexual behavior through SDS-ways (path ab: $B = 1.12$, Bias Corrected 95% CI [.01.00, 1.03]). These findings offer preliminary evidence that disgust towards one's behavior, may be one mechanism through which posttraumatic stress symptomatology relates to greater risky sexual behavior.

THU 279

Sleep Dysfunction Improvements in Trauma-Exposed Patients in a Naturalistic Treatment Setting

(Abstract #966)

**THU 279 (Clin Res, Anx, Cog/Int, Sleep, Adult)
I - N/A**

Benhamou, Kathy, Asnaani, Anu, Foa, Edna
University of Pennsylvania, Philadelphia, Pennsylvania

Literature suggests that sleep dysfunction relates to various life experiences, including exposure to traumatic events. Improvement in sleep may be driven by treatment of post-traumatic stress (PTS) and related symptoms such as depression. Participants in this ongoing naturalistic treatment study were 121 patients at a fee-for-service clinic receiving cognitive-behavior therapy (CBT) for various anxiety disorders. Sleep dysfunction and PTS were measured at baseline and after 8 weeks of CBT. Two hierarchical regression models were tested: (1) The extent to which baseline PTS severity and PTS symptom clusters contribute to baseline sleep dysfunction after controlling for depression; (2) The extent to which the change in these variables contribute to change in sleep dysfunction. We hypothesized that PTS severity and symptoms would be significantly associated with sleep dysfunction over and beyond depression symptoms at baseline and after 8 weeks of CBT. As expected, model 1 results indicated a significant contribution of baseline PTS severity, hyperarousal symptoms, and depression to baseline sleep dysfunction. Model 2 results did not support our hypothesis. Rather, consistent with previous findings, only improvements in depression symptoms were significantly related to improvements in sleep dysfunction over treatment. Implications, limitations, and future directions of the current findings are discussed.

THU 280

The Influence of Posttraumatic Stress Disorder on Health Functioning in Active Duty Military

(Abstract #982)

THU 280 (Clin Res, Anx, Health, Mil/Vets, Adult) M - N/A

Benhamou, Kathy¹, Asnaani, Anu¹, Kaczurkin, Antonia¹, Yarvis, Jeffrey², Peterson, Alan³, Foa, Edna¹

¹*University of Pennsylvania, Philadelphia, Pennsylvania*

²*U.S. Army, Fort Hood, Texas*

³*University of Texas Health Science Center at San Antonio, San Antonio, Texas*

Research suggests that posttraumatic stress disorder (PTSD) is associated with significant healthcare burden and utilization of medical services. The purpose of this study was to examine the impact of PTSD symptoms on health functioning among active-duty military personnel. Participants in the study were 366 treatment-seeking service members who had returned from deployment and were participating in a larger PTSD treatment study. Assessments included measures of PTSD symptom severity, combat experiences, life stress, health functioning, alcohol use, and depression. We hypothesized that at baseline, PTSD severity and its symptom clusters would be significantly associated with poorer physical and mental health functioning. Separate hierarchical multiple regressions were conducted to examine the predictive contribution of the hypothesized factors to the variance in physical and mental health scores. Consistent with previous literature, PTSD severity was significantly associated with poorer mental health functioning; however, contrary to our hypotheses, it was not associated with poorer physical health functioning. Further, the hyperarousal symptom cluster was significantly associated with poorer physical but not mental health functioning. Limitations include the use of self-report measures only and lack of objective measures. Future directions include examination of how health functioning perceptions change over a longer duration of PTSD and after treatment.

THU 281

Maladaptive Eating Patterns Associated with Post-Traumatic Stress Disorder: A Latent Class Analysis

(Abstract #1429)

THU 281 (Clin Res, Health, Illness, Adult) I - Industrialized

Sommer, Jordana, El-Gabalawy, Renee, Mota, Natalie, Braun, Joel, Sareen, Jitender
University of Manitoba, Winnipeg, Manitoba, Canada

Background: We aimed to investigate maladaptive eating classes among adults with lifetime post-traumatic stress disorder (PTSD) using a population-based sample. **Method:** We analyzed data from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions (N = 36,309) and conducted a latent class (LC) analysis among lifetime PTSD (n=2,339). DSM-5 PTSD was assessed using a validated structured interview. We included 23 indicator variables that assessed maladaptive eating patterns and examined sociodemographic, trauma-related, and health profiles of each LC using regression analyses. **Results:** A 7-class solution (two classes combined for statistical power) was deemed as optimal. Classes derived included: no eating psychopathology (NEP; 58.8%), overeating (O; 19.9%), low past-weight (LPW; 9.6%), binge eating (BE; 6.0%), restrictive eating and maladaptive cognitions (REMC; 3.4%), and broad eating psychopathology (BEP; 2.2%). LCs significantly differed in regard to age, sex, marital status, ethnicity, comorbid mental disorders, BMI, and severity of symptom clusters. Linear regressions indicated the REMC class was significantly associated with re-experiencing, negative mood/cognition, and hyperarousal symptoms (unstandardized beta () range=0.34-0.46), and the BE and O classes were significantly associated with negative mood/cognition symptoms (range=0.17-0.38). **Conclusion:** Results suggest that unique maladaptive eating profiles exist among those with PTSD.

THU 282

Maladaptive Eating Patterns among Individuals with Post-Traumatic Stress Disorder: An Investigation of Physical Health Correlates

(Abstract #1394)

THU 282 (Clin Res, Health, Illness, Adult) I - Industrialized

Sommer, Jordana, El-Gabalawy, Renee, Mota, Natalie
University of Manitoba, Winnipeg, Manitoba, Canada

Background: PTSD and eating pathology are comorbid. We examined physical conditions associated with a range of maladaptive eating patterns among adults with PTSD. **Method:** We analyzed data from Wave 3 of the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions (N = 36,309). Maladaptive eating patterns and DSM-5 PTSD were assessed using a validated structured interview. Physical conditions were based on self-reported diagnoses by a health professional. Multivariate logistic regressions examined the association between maladaptive eating and physical conditions. **Results:** Among adults with lifetime PTSD, six patterns of maladaptive eating were identified: no eating psychopathology (NEP; 58.8%), overeating (O; 19.9%), low past weight (LPW; 9.6%), binge eating (BE; 6.0%), restrictive eating and maladaptive cognitions (REMC; 3.4%), and broad eating psychopathology (BEP; 2.2%). Adjusted logistic regressions indicated that compared to NEP, LPW was associated with anemia (Adjusted Odds Ratio (AOR)=1.89, 95% Confidence Interval (95%CI)=1.12-3.17); REMC was associated with musculoskeletal conditions, cancer, and neurologic conditions (AOR range: 2.19-3.20); BEP was associated with infectious conditions (AOR=5.11, 95%CI=1.61-16.18); BE was associated with endocrine/metabolic conditions (AOR=1.64, 95%CI=1.02-2.64); and O was associated with cardiovascular conditions (AOR=1.43, 95%CI=1.01-2.03). **Conclusion:** Results suggest that differential maladaptive eating styles are associated with particular health conditions among PTSD.

THU 283

A Longitudinal Examination of Posttraumatic Stress Disorder Symptoms and Risky Sexual Behavior: Evaluating Emotion Dysregulation Dimensions as Mediators

(Abstract #174)

THU 283 (Clin Res, Affect/Int, Health, Gender, Adult) M - Industrialized

Weiss, Nicole¹, Walsh, Kate², DiLillo, David³, Messman-Moore, Terri⁴, Gratz, Kim⁵

¹*Yale University School of Medicine, New Haven, Connecticut*

²*Columbia University, New York, New York*

³*University of Nebraska - Lincoln, Lincoln, Nebraska*

⁴*Miami University, Oxford, Ohio*

⁵*University of Toledo, Toledo, Ohio*

Posttraumatic stress disorder (PTSD) has been linked to a wide array of risky and health-compromising behaviors, including risky sexual behavior (RSB; Tull et al., 2016). Cross-sectional studies reveal positive associations between emotion dysregulation and both PTSD (Tull et al., 2007; Weiss et al., 2013) and RSB (Messman-Moore et al., 2010; Tull et al., 2012). This study extends prior work by exploring whether intermediary levels of emotion dysregulation across multiple dimensions account for the relation between baseline PTSD symptoms and RSB 16 months later. A community sample of 447 trauma-exposed women aged 18-25 were recruited from four sites in the Southern and Midwestern United States (M age = 21.80; 36% African American). Participants completed five assessments (separated by 4-month increments) over a 16-month period. PTSD symptoms were assessed at baseline using the PTSD Checklist (Weathers et al., 1993), intermediary emotion dysregulation was assessed at 8-months using the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004), and RSB was assessed at 16-months using the Sexual Risk Survey (Turchik & Garske, 2009). Results provided support for the mediating role of intermediary emotion dysregulation dimensions in the relation between PTSD symptoms and later RSB, revealing significant indirect effects of baseline PTSD symptoms on (a) 16-month number of vaginal sex partners through both the nonacceptance of negative emotions and difficulties controlling impulsive behaviors when distressed at 8-months, and (b) 16-month risky/impulsive sex

through difficulties engaging in goal-directed behaviors when distressed at 8-months. The findings of this study suggest the utility of teaching trauma-exposed women with heightened PTSD symptoms skills for approaching emotions in a nonjudgmental and non-evaluative way, redirecting attention to non-emotional stimuli, and promoting more adaptive actions in the face of negative emotional arousal.

THU 284

Negative Affect-Related Autonomic Arousal Mediates the Association between Baroreflex Dysfunction and Insulin Resistance in Non-Diabetic Young Adults with and without PTSD
(Abstract #794)

THU 284 (Clin Res, Health, Illness, Adult) I - Industrialized

Neal, Julia¹, Dennis, Paul², Beckham, Jean³, Calhoun, Patrick⁴

¹*Durham VA Medical Center, Durham, North Carolina*

²*Durham VA, Durham, North Carolina*

³*Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina*

⁴*Durham VA Medical Center, VISN 6 MIRECC, Duke University School of Medicine, Durham, North Carolina*

Autonomic dysfunction, in particular under-regulation of heart rate (HR) by the baroreflex, is implicated in development of insulin resistance (IR). According to reactivity hypothesis, sympathetic response to stressors may be more sensitive at predicting IR than baroreceptor sensitivity (BRS), a baseline measure of baroreflex functioning. Using ecological momentary assessment (EMA) of negative affect coupled with minute-to-minute HR and heart-rate variability (HRV) monitoring, we examined whether negative affect (NA)-related autonomic arousal mediates the association of BRS with IR. At baseline, BRS was measured, and fasting serum glucose and insulin levels were collected from 178 young adults (18-39 years old), from which homeostasis model assessment of IR (HOMA-IR) and beta-cell functioning (HOMA %B) were derived. Participants subsequently underwent one day of Holter HR and HRV monitoring while reporting negative affect levels via EMA. Multilevel modeling was used to assess the associations of momentary

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

negative affect with HR and low- (LF) and high-frequency (HF) HRV during the 5-minute intervals following each EMA reading. Structural equation modeling was then used to determine whether individual differences in these associations mediated the association of BRS with IR, measured by HOMA-IR, HOMA %B, and insulin levels. As predicted, BRS was negatively associated with the IR ($r = -.17, p = .024$). However, NA-related autonomic arousal mediated their association, accounting for 58% of the covariance between BRS and IR. Not only do these results provide support for reactivity hypothesis, they reveal a potential point of intervention in the treatment of PTSD.

THU 285

Predictors of the 10-Year Course of Post-Traumatic Symptoms in Refugee Clients, Assessed and Interviewed Before, During, and After Psychological Treatment
(Abstract #1322)

THU 285 (Clin Res, Complex, Health, Refugee, Adult) M - Industrialized

Opaas, Marianne¹, Wentzel-Larsen, ToRe¹, Varvin, Sverre²

¹*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

²*Oslo and Akershus University College of Applied Sciences (OAUC), Oslo, Norway*

There only exist a few long-term studies of clinical populations of traumatized refugees. Refugee patients with trauma experiences benefit from treatment to highly different degrees. We know little about what may predict these differences (Boehnlein et al., 2004; Carlsson et al., 2010). Beginning in 2006, a group of 54 multi-origin refugee patients with histories of severe traumatization were consecutively recruited as they entered mental health specialist treatment. They were interviewed and assessed with multiple instruments at treatment start, during treatment, and after treatment. Results from intake and from 3-year follow-up (Opaas & Hartmann, 2013; Opaas & Varvin, 2016; Opaas, Hartmann, Wentzel-Larsen & Varvin, 2016) have previously been published. The participants have now taken part in the study for up to 10 years, even several years after termination or dropout from treatment. The research question is: What characterizes patients who improve from those

who do not improve or who deteriorate? A linear mixed effects analysis showed a significant group level drop in post-traumatic symptoms, though individual differences were great. Analyses are ongoing. A study of predictors will include traumatic exposure to war and persecution, childhood trauma, gender, age, education, employment, symptom load at intake, and treatment length. Clinical implications will be discussed.

THU 286

Caregivers and Trauma: Posttraumatic Stress Disorder in a Sample of Multiple Sclerosis Spousal and Partner Caregivers
(Abstract #1309)

THU 286 (Clin Res, Fam/Int, Health, Illness, Aging, Adult) A - Industrialized

Rivers, Alison, Holmes, Julia
SUNY-Albany, Albany, New York

This study examined the prevalence and correlates of posttraumatic stress disorder (PTSD) in Multiple sclerosis (MS) spousal or partner caregivers. Participants ($n=62$, 58.9% male, mean age=53.25 years, $SD=12.27$) completed self-report measures online assessing potentially traumatic events, PTSD symptoms, anticipatory grief, and a range of physical and mental health outcomes. We found that 17.3% of our sample met criteria for probable PTSD diagnosis. An additional 25.6% of our sample met criteria for subclinical PTSD symptoms. Whether participants perceived that PTSD symptoms were directly related to their spouse or partner's MS had no impact on risk for PTSD or subclinical posttraumatic stress symptoms. Results further indicate that presence of probable PTSD was associated with higher anticipatory grief ($t(39)=-2.77, p<0.05$, Cohen's $d=1.37$) and worse general mental health ($F(1, 45)=6.64, p<0.05, \eta^2=0.13$) while endorsement of subclinical posttraumatic stress symptoms was associated with worse physical health ($t(38)=2.54, p<0.05$, Cohen's $d=0.94$). Results demonstrate that MS spousal/partner caregivers should be screened for PTSD because they appear to be at significantly higher risk for PTSD and subclinical posttraumatic stress symptoms compared to other caregiver populations and the general population. Finally, results also suggest that treating

PTSD may be associated with additional gains in caregiver mental health and functioning.

THU 287

Trauma-Related Correlates of Adults with Comorbid Post-Traumatic Stress Disorder and Cancer

(Abstract #1422)

THU 287 (Clin Res, Clinical Practice, Health, Illness, Adult) I - Industrialized

El-Gabalawy, Renee¹, Kaster, Tyler², Sommer, Jordana¹, Mota, Natalie¹, Sareen, Jitender¹

¹*University of Manitoba, Winnipeg, Manitoba, Canada*

²*University of Toronto, Toronto, Ontario, Canada*

Background: There has been a lack of research on PTSD and comorbid cancer. We aimed to examine trauma and health correlates of sub-threshold or threshold PTSD (referred to as PTSD throughout) in adults with comorbidity. **Method:** We analyzed data from Wave 3 of the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions (N=36,309). DSM-5 PTSD (n=10,638) was assessed with a structured diagnostic interview. Cancer was based on self-reported diagnoses by a health professional. Multivariate regressions examined trauma-related correlates (number of traumas and type, PTSD symptoms, age of onset) and quality of life in adults with PTSD and comorbid cancer, compared to PTSD alone. **Results:** Results indicated that endorsing illness as worst trauma (Adjusted Odds Ratio (AOR)=2.21, 95%CI=1.58-3.11), increased hyperarousal symptoms (AOR=1.09, 95%CI=1.00-1.19), and later age at initial PTSD onset (AOR=1.02, 95%CI=1.01-1.03) were associated with increased odds of comorbidity. Comorbidity was also associated with poorer physical health-related (unstandardized beta (β)=-4.48) and mental health-related (β=-1.43) quality of life. **Conclusion:** Results suggest that having comorbid PTSD and cancer is associated with a unique trauma-related PTSD profile and that the experience of having cancer may play an important role in the development of PTSD.

THU 288

Understanding Illness-Induced PTSD: An Epidemiological Investigation of Prevalence and Correlates of a Controversial Diagnosis

(Abstract #1415)

THU 288 (Clin Res, Clinical Practice, Health, Illness, Adult) I - Industrialized

El-Gabalawy, Renee, Sommer, Jordana, Mota, Natalie

University of Manitoba, Winnipeg, Manitoba, Canada

Background: There is controversy surrounding illness-induced PTSD. We aim to identify the prevalence and differentiating factors of illness-induced PTSD compared to PTSD related to other traumas in a large nationally representative US sample of adults. **Method:** We analyzed data from Wave 3 of the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions (N = 36,309). Past-year DSM-5 PTSD was assessed using a validated structured clinical interview. PTSD (n = 1,779) was classified into two groups on the basis of worst reported trauma: illness and other. Regression analyses assessed sociodemographic, trauma-related, and quality of life characteristics across each group. **Results:** Illness-induced PTSD accounted for 6.5% of PTSD cases and was significantly associated with older age and being male, increased odds of poorer physical health (i.e., digestive system disorders and cancer (odds ratio range=2.40-2.64), and decreased odds of having comorbid major depressive disorder (25.4%) and panic disorder (17.0%) compared to other-induced PTSD (37.0% and 24.5%, respectively). Illness-induced PTSD demonstrated significantly fewer re-experiencing, avoidance, and hyperarousal symptoms, and a later age of onset (35 years) compared to other trauma-induced PTSD (23 years). **Conclusion:** Results suggest that individuals with illness-induced PTSD present with a unique profile.

THU 289

Understanding the Relationships among Interpersonal Violence, Emotion Regulation, and Physical Health among Women in Prison
(Abstract #1012)

THU 289 (Clin Res, Chronic, Clin Res, Health, Adult) I - Industrialized

Perschon, Bailey, Lynch, Shannon, Kaplan, Stephanie
Idaho State University, Pocatello, Idaho

Incarcerated women suffer high rates of interpersonal violence, including sexual and physical abuse. Current research suggests that difficulty regulating emotions is related to experiences of interpersonal violence. Experiences of interpersonal violence have also been linked to negative physical health outcomes. However, there is limited research regarding the specific mechanisms through which experiences of interpersonal violence relate to physical health. We used regression analyses to evaluate the relationships among interpersonal violence, emotion regulation, and physical health in a sample of randomly selected women in prison (N = 151). Interpersonal violence was a significant predictor of emotion regulation, $b = .246$, $SE = .120$, $p < .05$, and emotion regulation was a significant predictor of physical health, $b = .161$, $SE = .081$, $p < .05$. However, the indirect effect was not significant [CI -0.003, .117] indicating that emotion regulation did not mediate the association between interpersonal violence and physical health. This study aims to inform health-related intervention efforts for incarcerated women.

THU 290

The Relationships among Interpersonal Trauma, Mental Health, Pain, and Sleep in a Safety Net Primary Care Clinic
(Abstract #658)

THU 290 (Clin Res, Chronic, Depr, Health, Care, Adult) M - Industrialized

Williams, Allison, Smith, Erin, Griffin, Sarah, Trujillo, Michael, Perrin, Paul, Rybarczyk, Bruce

Virginia Commonwealth University, Richmond, Virginia

Background: Trauma exposure is associated with mental health problems, including anxiety and depression, which can exacerbate and maintain common presenting concerns in primary care, like chronic pain or sleep issues. This study modeled the relationships among trauma exposure, mental health, sleep, and pain in a sample drawn from a safety net primary care clinic. **Methods:** Participants (n=210) completed measures assessing childhood and adult trauma, depression, anxiety, pain, and sleep disturbance. **Results:** Two structural equation models (SEMs) were run with trauma history leading to mental health and then to sleep disturbance (SEM 1) or pain (SEM 2). Both models yielded adequate fit indices and contained significant direct effects from trauma history to mental health and from mental health to sleep or pain. A significant full mediation occurred from trauma history to sleep via mental health, and a significant partial mediation occurred for the same paths to pain. **Conclusion:** Patients in this safety net clinic endorsed substantial interpersonal trauma, which had cascading statistical effects on mental health and common primary care presenting issues, including pain and sleep. The models in this study underscore the critical need for more integrated, trauma-informed treatment of mental health, pain, and sleep in primary care practices.

THU 291

A Meta-analysis of Efficacy of Various Treatment Modalities for Combat Related PTSD
(Abstract #896)

THU 291 (Clin Res, Clin Res, Clinical Practice, Health, Mil/Vets, Adult) M - Industrialized

Kurzkurt, Vera¹, Wechsler, Frederick¹, Bustamante, Ana¹, Hutchinson, Geoffrey²
¹Argosy University, Phoenix, Arizona
²Department of Veteran Affairs, Anthem, Arizona

This meta-analysis sought to replicate and expand the results of Stewart and Wrobel's (2009) meta-analytic review with a new sample of studies that only consisted of U.S. combat veterans. The purpose in doing so was to identify the most effective treatment modality for a subset of PTSD patients, namely U.S.

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

combat veterans. To minimize research bias, the PRISMA method was used to locate and select articles. This selection method produced a sample of 2,205 veterans across 30 studies and 38 comparisons. Every effort was made to reduce the likelihood of the sample being influenced by a publication bias. Contrary to Stewart and Wrobel's (2009) findings, the results of the current meta-analysis indicated that psychotherapy and pharmacotherapy treatments were similar in their ability to address PTSD symptoms in U.S. combat veterans. Overall, all four treatment modalities were equally effective or ineffective in their treatment capacity. The exploratory analysis showed that only 29% of studies in this meta-analysis included treatments that decreased the severity of combat-related PTSD to a sub-threshold level. The review of pre-and post-treatment severity scores suggests that most treatment modalities reduce the symptoms by approximately one level. The findings of this meta-analysis indicate that veteran-centered interventions are necessary. The most effective treatment modality for combat-related PTSD in U.S. veterans is likely to be a multiphasic treatment that relies on various treatment modalities depending upon the time. Such a multiphasic model calls for an integrative team approach and an identification of components in each modality that contribute to the amelioration of the severity of symptoms, specific PTSD symptoms, characteristics of veterans, and the interactions between those factors that lead to changes in symptoms severity. Referencing clinically significant change in symptoms as evidence of the effectiveness of treatment is misleading because it creates expectations among veterans, providers, and the public that such protocols can reduce symptoms to subclinical levels or cure PTSD in a defined number of sessions. Future research should shift from an emphasis on technique to a focus on the needs of each veteran and inter-treatment processes that contribute to symptom reduction, identifying characteristics of veterans who respond to specific treatment modalities, obtaining information about the longitudinal effects, assessing individual differences in exceptions and their interaction with treatment, understanding the relationship between symptoms and levels of expectation regarding treatment.

THU 292

Social Support Moderates, and World Beliefs Mediate, the Association Between Betrayal-based Moral Injury and Anxiety in Deployed Service Members

(Abstract #952)

THU 292 (Clin Res, Anx, Health, Mil/Vets, Adult) I - Industrialized

Kline, Nora¹, Presseau, Candice¹, Litz, Brett²

¹*VA Boston Healthcare System, MAVERIC, Boston, Massachusetts*

²*VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts*

Potentially morally injurious warzone experiences can be disaggregated into perpetration and betrayal experiences. Betrayal-based moral injury (MI) has the potential to influence beliefs about the benevolence of others and the world, creating expectancies that the world is threatening. This arguably leads to generalized anxiety. Social support, however, may serve a protective function. We hypothesized that world beliefs would partially mediate, and social support would moderate, the association between betrayal-based MI and anxiety. We expected that higher levels of social support would weaken the mediating influence of world beliefs, thereby indirectly reducing anxiety. We tested this model with a cohort of Marines (N=733) evaluated ~one-month post-deployment. Results showed evidence of moderated mediation as two of the following mediation pathways varied depending on level of social support: (1) the direct association between beliefs about the world and anxiety ($\beta = .14$, $p < .001$, 95% C.I. .07, .21); and (2) the indirect association between betrayal-based MI and anxiety through negative beliefs about the world ($\beta = .02$, SE = .01, 95% C.I. .01, .04). Although these coefficients are small, our findings suggest that to some extent social support may protect returning Marines from anxiety related to negative world beliefs that arises in the aftermath of betrayal-based moral injury.

THU 293

Effectiveness of the PTSD Recovery Group Therapy Program for African American and Caucasian Veterans

(Abstract #241)

THU 293 (Clin Res, Clinical Practice, Cul Div, Ethnic, Mil/Vets, Adult) M - Industrialized

Coleman, Jennifer¹, Lynch, John², Ingram, Kathleen¹, Sheerin, Christina³, Rappaport, Lance³, Trapp, Stephen⁴

¹*Virginia Commonwealth University, Richmond, Virginia*

²*McGuire VA Medical Center, Fredericksburg, Virginia*

³*Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia*

⁴*University of Utah, Salt Lake City, Utah*

Posttraumatic stress disorder (PTSD) is one of the most prevalent mental health diagnoses for veterans. This study examined whether group therapy effectively reduced symptoms of PTSD, whether effectiveness differed based on veterans' race, and whether the racial composition of groups was associated with outcomes. Data were collected from male veterans who identified as non-Hispanic Caucasian or non-Hispanic African American (N = 450) and participated in a 10-week, combat-related, group therapy PTSD Recovery Program. Participants completed the PTSD Checklist-Military version (PCL-M) at three time points (intake, pre-treatment, and post-treatment). Results from multi-level modeling indicated that the treatment led to a statistically significant reduction in PCL-M scores (B = -6.41, CI [-8.47, -4.36], p <.001), although not a clinically significant reduction. Symptom reduction occurred regardless of race. Moreover, dropout rates for the treatment were on par or better than those for other trauma-focused therapies. Furthermore, racial minority status was not associated with higher dropout rates. The percentage of racial/ethnic minority members in groups was negatively associated with session attendance for Caucasians. One implication is that the effectiveness of this therapy supports alternative options for initial treatment for veterans with PTSD. Last, therapists should consider the composition of groups when conducting group therapy.

THU 294

PTSD as a Mediator in the Relationship between TBI Symptoms and Pain among OIF/OEF Veterans

(Abstract #867)

THU 294 (Clin Res, Illness, Mil/Vets, Adult) M - Industrialized

Avallone, Kimberly¹, Smith, Erin¹, Ma, Sean², Gargan, Sean², Porter, Katherine¹, Rauch, Sheila³

¹*VA Ann Arbor Healthcare System/ University of Michigan, Ann Arbor, Michigan*

²*University of Michigan, Ann Arbor, Michigan*

³*Emory University School of Medicine/Atlanta Veteran's Administration, Atlanta, Georgia*

Objective: Traumatic brain injury (TBI), pain, and posttraumatic stress disorder (PTSD) commonly co-occur in Veteran populations, particularly among Veterans returning from the recent conflicts in Iraq and Afghanistan. Both TBI and PTSD can negatively impact pain broadly; however, less is known about how these variables impact one another. The current study evaluates the potential mediating role of PTSD in the relationship between TBI symptoms and both pain severity and pain interference among Veterans with PTSD. **Methods:** Participants were 126 OEF/OIF/OND Veterans that who were being evaluated for participation in a multisite treatment outcomes study. Participants completed several self-report measures and interviews, including the Neurobehavioral Symptom Inventory, Brief Pain Inventory and the Clinician Administered PTSD Scale. **Results:** Greater symptoms of TBI significantly predicted increased pain severity and there was a significant indirect effect of TBI symptoms on pain severity through PTSD. Similar results were found for pain interference.

Conclusions: These findings replicate and extend previous findings regarding the relationship between TBI, pain, and PTSD. Results from the present study indicate that TBI symptoms negatively impact both pain severity and pain interference among Veterans, and that PTSD serves as a mediator in these relationships.

THU 295

Cognitive Processing Therapy Reduces Suicidal Ideation in Veteran Survivors of Military Sexual Trauma.

(Abstract #425)

THU 295 (Clin Res, Clin Res, Rape, Mil/Vets, Adult) I - Industrialized

Dolan, Megan¹, Holder, Nicholas², Wiblin, Jessica³, Holliday, Ryan⁴, Suris, Alina²

¹*University of North Texas, Denton, Texas*

²*Veterans Affairs North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas*

³*VA North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas*

⁴*Rocky Mountain MIRECC, Denver, Colorado*

Veterans diagnosed with posttraumatic stress disorder (PTSD) endorse greater suicidal ideation (SI) than veterans without PTSD. Military sexual trauma (MST) and combat trauma are among the most commonly endorsed military-related traumas; however, survivors of MST are more likely to be diagnosed with PTSD and are at greater risk of SI than survivors of other forms of military- and non-military-related trauma. Treatment of PTSD symptoms has been shown to reduce SI. Despite this, no studies to date have examined how evidence-based treatment of PTSD may reduce SI in among veterans with MST-related PTSD. Data from 23 female and 9 male veterans were used from a previously conducted randomized clinical trial examining the effectiveness of Cognitive Processing Therapy (CPT) for MST-related PTSD. A piecewise growth curve analysis revealed that veterans who received CPT had significant reductions in suicidal ideation over the course of CPT that were maintained up to 6 months post-treatment. A standard course of CPT can effectively reduce SI in male and female veterans with MST-related PTSD. It remains unclear whether a specific mechanism of action in CPT and/or reductions in PTSD symptoms resulted in decreased SI in this sample. Results should be replicated in a larger sample which includes veterans with suicidal intent.

THU 296

Morally Injurious Events and Posttraumatic Growth Predict Life Satisfaction

(Abstract #976)

THU 296 (Clin Res, Assess Dx, Mil/Vets, Adult) M - Industrialized

Evans, Wyatt¹, Stanley, Melinda², Barrera, Terri³, Exline, Julie⁴, Pargament, Kenneth⁵, Teng, Ellen⁶

¹*University of Texas Health Science Center at San Antonio, Fort Hood, Texas*

²*MEDVAMC, Houston, Texas*

³*Baylor College of Medicine, Houston, Texas*

⁴*Case Western Reserve University, Cleveland, Ohio*

⁵*Bowling Green State University, Bowling Green, Ohio*

⁶*Michael E. DeBakey VA Medical Center, Houston, Texas*

Recent research indicates exposure to potentially morally injurious events (PMIEs) is related to negative mental health outcomes. However, little attention has focused on possible associations between PMIE exposure and positive, growth-related outcomes. The current study investigated whether PMIE exposure and posttraumatic growth (PTG) are related to life satisfaction. Participants included 155 Veterans recruited from a large VA medical center who endorsed religious/spiritual struggles and completed validated measures of PMIE exposure, PTG, and life satisfaction. Multiple regression analysis was used to test if PMIE exposure and PTG significantly predicted life satisfaction. Results indicated the two predictors explained 14% of the variance ($R^2=.141$, $F(1,153)=5.899$, $p=.01$). PMIE exposure ($\beta=.161$, $p=.035$) and PTG ($\beta=.323$, $p<.001$) each significantly predicted life satisfaction. Of note, even when accounting for PTG, PMIE exposure significantly predicted higher life satisfaction. PTG then accounted for an additional 10% of the variance. Further research is needed to elucidate factors implicated in the relation between PMIE exposure and life satisfaction. Findings will be reviewed in terms of the evolving theoretical framework of moral injury and clinical implications for facilitating recovery following PMIEs.

THU 297

Efficacy of a Glutamatergic Modulator as Augmentation for Combat-Related Posttraumatic Stress Disorder

(Abstract #1395)

THU 297 (Clin Res, Bio Med, Mil/Vets, Adult) M - N/A

Benedek, David¹, Spangler, Patricia², West, James², Possemato, Kyle³, McKenzie, Shannon⁴, Dempsey, Catherine¹

¹*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland*

²*Uniformed Services, University of the Health Sciences, Bethesda, Maryland*

³*Syracuse Veterans Affairs Medical Center, Syracuse, New York*

⁴*Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, New York*

Current pharmacological treatment for combat-related PTSD is suboptimal. Drugs that alter neuronal survival pathways by modulating glutamate activity may play a role in preserving neuronal integrity in regions of the brain implicated in PTSD. Riluzole is a glutamatergic modulator that inhibits glutamate release and enhances AMPA trafficking and clearance of excess synaptic glutamate, resulting in neuroprotective properties. Fifty-six combat veterans were randomized (1:1) to riluzole or placebo for 8 weeks. Outcome variables included PTSD, depression, anxiety, and insomnia, which were assessed at baseline and post-treatment. We hypothesized that participants randomized to riluzole would have superior improvement in symptoms compared to placebo. Paired sample t-tests will identify significant differences between groups. Results will indicate whether there was a significant difference in improvement of PTSD, depression, anxiety, and insomnia symptoms in participants randomized to riluzole compared with those randomized to placebo. Conclusions will reflect the efficacy of riluzole as an adjunct treatment for PTSD in currently sub-optimal treatment.

THU 298

Encoding and Recall Performances Predict PTSD Symptoms after One Year in OEF/OIF/OND Veterans

(Abstract #1390)

THU 298 (Clin Res, Mil/Vets, Adult) A - Industrialized

Feeley, Stacey¹, Aase, Darrin², Schroth, Christopher³, Babione, Joseph¹, Phan, Luan³, DiGangi, Julia³

¹*Jesse Brown VA Medical Center, Chicago, Illinois*

²*VA Medical Center, Chicago, Illinois*

³*University of Illinois Chicago, Chicago, Illinois*

Considerable research has documented an impact of PTSD symptoms on neuropsychological functioning, particularly within U.S. military veterans. However, few longitudinal studies have explored the extent to which neuropsychological performance may predict PTSD outcomes, particularly in post-9/11 veterans. From a larger sample of 104 OEF/OIF/OND veterans, a subset of 45 (6 female, 39 male) completed the Clinician-Administered PTSD Scale for DSM-IV (CAPS), a brief neuropsychological battery, passed an embedded performance validity measure, and returned for a follow-up interview one year later. When controlling for initial CAPS scores, domain scores for Encoding ($r = -0.19$, $p = .035$, $R^2 = .034$) and Recall ($r = -0.19$, $p = .032$, $R^2 = .035$) at the baseline assessment predicted one year CAPS total scores. Encoding scores were significantly associated with Re-Experiencing ($r = -.39$) and Numbing ($r = -.31$) symptoms, while Recall scores were significantly associated with Re-Experiencing ($r = -.40$), Avoidance ($r = -.36$), and Numbing symptoms ($r = -.31$). In contrast neuropsychological domain scores for Attention and Executive Functioning were not predictive of one-year CAPS total scores. These findings suggest that performance on neuropsychological tasks measuring learning and memory may be predictive of PTSD outcomes in post-9/11 veterans. Performance in these domains may interact with treatment processes, and could also be viable treatment targets. Directions for future research will be discussed.

THU 299

Examination of Post-Traumatic Stress Disorder Symptoms Clusters and Anger in OEF/OIF Veterans: Implications for Theory, Research, and Practice

(Abstract #795)

THU 299 (Clin Res, Aggress, Res Meth, Mil/Vets, Theory, Adult) A - Global

Gonzalez, Oscar

Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland

The United States has deployed over 2 million military service members in support of Operations Enduring Freedom (OEF; Afghanistan) and Iraqi Freedom (OIF; Iraq). Mounting empirical evidence shows that an alarming number of OEF/OIF veterans will develop Post-Traumatic Stress Disorder (PTSD) and that PTSD is strongly associated with anger, especially among combat veterans. Despite the fact that PTSD (APA, 2000), entails three distinct symptom clusters (i.e., “re-experiencing”, “avoidance/emotional numbing”, and “hyperarousal”), past anger research has examined PTSD mostly as a homogenous syndrome. One theory suggests that combat veterans with PTSD experience anger as part of dyscontrol syndrome marked by heightened physiological arousal, hostile cognitive appraisal, and antagonistic behavior in response to threat perceptions. Hence, this theory suggests that symptoms of increased arousal (“hyperarousal”) may play a critical role in the activation of anger in veterans with PTSD. However, it is also plausible that veterans’ anger may stem from PTSD symptoms of “re-experiencing” (e.g. distressing recollections, problems concentrating, or problems sleeping), or from symptoms of “avoidance/emotional numbing” (e.g. efforts to avoid activities, places, or people that arouse recollections of the trauma, feelings of detachment from others). Using data from a sample of 131 male U.S. OEF/OIF veterans who anonymously completed a web-based survey online, this study examined the association between PTSD symptom clusters (APA, 2000) and anger. Anger was assessed with a 7-item screening measure previously validated with OEF/OIF veterans. The study tested the hypothesis that PTSD symptom clusters of “re-experiencing”, “avoidance/numbing”, and “hyperarousal” will all be

positively associated with anger. Partial correlation coefficients and regression analysis were conducted to examine the relation between anger and PTSD symptom clusters (the “anger/irritable” item was removed from the “hyperarousal” symptom cluster). Bivariate correlations suggested that each PTSD symptom cluster is associated with anger. However, regression analyses revealed that when the three PTSD symptom clusters are considered simultaneously, in addition to “hyperarousal”, the “avoidance/numbing” cluster of PTSD was also highly correlated with anger. This finding is in line with previous literature revealing that, among OEF/OIF veterans, interpersonal and social functioning is more strongly related to the avoidance/numbing symptoms cluster than to the re-experiencing or hyperarousal symptoms clusters. The results have theoretical, research and clinical practice relevance for highlighting the importance of avoidance/numbing symptoms and a better understanding of anger among veterans with PTSD.

THU 300

Predictors of Initiation and Dropout from Trauma Focused Cognitive Behavioral Therapy in Veterans with Co-occurring PTSD and Substance Use Disorders

(Abstract #511)

THU 300 (Clin Res, Clinical Practice, Sub/Abuse, Mil/Vets, Adult) M - Industrialized

Hamblen, Jessica¹, Monahan, Christopher², Barrie, Kimberly³, Eastman, Linda⁴, Barnett, Erin⁵, Hoyt, Jessica⁶

¹VA National Center for PTSD/White River Junction VA Medical Center, White River Junction, Vermont

²James A. Haley VA Medical Center, Tampa, Florida

³Syracuse Veterans Affairs Medical Center, Syracuse, New York

⁴White River Junction VA Medical Center, White River Junction, Vermont

⁵Dartmouth College, Lebanon, New Hampshire

⁶Department of Veterans' Affairs National Center for Posttraumatic Stress Disorder, White River Junction, Vermont

Trauma focused cognitive behavioral therapy (TFCBT) is recommended in multiple clinical

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

practice guidelines, however there is concern that dropout is high. A recent meta-analysis of PTSD treatment found 23% dropout from TFCBT (Swift & Greenberg, 2014). The current study examined predictors of dropout in veterans with PTSD and substance use disorder enrolled in a randomized controlled trial. Out of 64 veterans randomized to TFCBT, 26.6% failed to initiate treatment (received 0 sessions), 32.8% initiated but dropped out (received between 1 and 7 sessions), and 40.6% completed treatment (received 8 or more sessions). Of those who engaged in treatment, 44.7% failed to complete. We examined age, service era, trauma type, PTSD severity, substance use diagnosis, and cravings as predictors of initiation and dropout. There were no significant differences between those who never initiated, those who initiated and dropped out, and those who completed treatment. Findings demonstrate that dropout may be especially high in individuals with PTSD and comorbid substance use, but no significant predictors were identified. Given that comorbid PTSD and substance use is associated with more psychiatric problems, and worse functioning and quality of life than PTSD alone, strategies for improving retention and engagement for this population are critical.

THU 301

Equine-Assisted Therapy for Veterans with PTSD: An Open Treatment Study (Abstract #588)

THU 301 (Clin Res, Anx, Depr, Rape, Mil/Vets, Adult) I - Industrialized

Hilburn, Anne¹, Fisher, Prudence², Durosky, Ariel³, Lowell, Ari³, Markowitz, John², Neria, Yuval³

¹*New York State Psychiatric Institute, New York, New York*

²*Columbia University/NY State Psychiatric Institute, New York, New York*

³*Columbia University and New York State Psychiatric Institute, New York, New York*

Posttraumatic Stress Disorder (PTSD) affects 15-30% of military veterans (National Center for PTSD, 2016). Efficacious treatments for PTSD exist; however, a significant portion of veterans with PTSD are uncomfortable engaging in traditional individual or group-based treatments, or have not found them helpful (Steenkamp et al., 2015). Alternative

treatments, such as Equine-Assisted Therapy (EAT), may prove beneficial for these individuals. In EAT, patients interact with horses through structured activities that elucidate their internal processes and behaviors and interactions with others, with the goal of improving relationships, sense of mastery and competence, and self-regulation (Schultz et al, 2007). Although EAT is widespread in the United States, little balanced research has examined its efficacy in any populations (Anestis et al., 2014). Our study assesses preliminary feasibility of Equine-Assisted Therapy for PTSD (EAT-PTSD), an experiential group treatment, in military veterans. EAT-PTSD differs from other equine-assisted therapies, having been developed, manualized, and standardized specifically for veterans with PTSD. An open pilot phase with two initial groups of veterans (N=8) allowed development and standardization of the manual. In the second, ongoing phase of the study, we are testing its feasibility and preliminary efficacy for veterans with PTSD. Eight veterans were treated in Phase 1 (25% female), and 14 have thus far been treated in Phase 2 (43% female; anticipated total n = 60). All veterans were evaluated by clinical interview, the Structured Clinical Interview for DSM-5 (SCID-5; First, Williams, Karg and Spitzer, 2015), Clinician-Administered PTSD Scale for DSM-IV, (CAPS-IV; Blake et al., 1995), and Hamilton Rating Scale for Depression (HAM-D; Hamilton, 1960). Veterans were accepted for treatment if they met criteria for PTSD and had a CAPS-IV severity score of ≤ 50 . Unstable bipolar disorder, psychotic disorders, active substance use disorders, or fear of horses were exclusion criteria. Veterans were reassessed with CAPS-IV, and HAM-D at midpoint and end of treatment. EAT-PTSD comprises eight weekly 90-minute sessions with groups of three to six veterans, two horses, and a mental health professional, equine specialist, and horse wrangler. PTSD symptoms decreased by an average of 46%, and depression by 58%, for participants in Phase 1. We expect Phase 2 PTSD and Depression symptoms will reduce over the course of treatment and that these levels will be maintained at 3-month follow up. Preliminary results suggest EAT-PTSD may be feasible and potentially efficacious for veterans with PTSD. Study limitations will be discussed. These results may provide the basis of a randomized controlled trial.

THU 302

Prospective Associations between PTSD Symptom Clusters and Suicidal Ideation in Treatment Seeking Veterans

(Abstract #502)

THU 302 (Clin Res, Clin Res, Depr, Mil/Vets, Adult) M - Industrialized

Horwitz, Adam, Miron, Lynsey, Maieritsch, Kelly Edward Hines, Jr. VA Hospital, Hines, Illinois

Introduction/Objectives: Several studies have demonstrated that PTSD treatment is associated with a reduction in suicidal ideation (SI). However, it is unclear what drives this change, and whether specific PTSD symptom clusters (i.e., intrusions, cognitive/mood alterations, hyperarousal, and avoidance) are more strongly associated with SI. This study prospectively examined associations between PTSD symptom clusters and SI to better specify mechanisms of change during treatment. **Method:** Participants were 160 veterans (87% male, 63% Caucasian, 64% combat trauma) who completed a course of evidence-based trauma-focused therapy at a VA hospital. The PHQ-9 and PCL-5 were used to assess depression, SI frequency, and PTSD symptoms at baseline and termination sessions.

Results: Baseline scores for all four PTSD symptom clusters were significantly higher among those reporting SI at the termination session. Binary logistic regression analyses found that the cognitive/mood alteration cluster was the only significant independent predictor of SI at termination. Post-hoc ANOVA Tukey tests indicated that veterans who experienced a reduction in SI during treatment experienced a greater reduction in intrusive, cognitive/mood alterations, and hyperarousal symptoms, relative to those who increased or had no change in SI. **Conclusions:** PTSD patients with SI may benefit from a treatment emphasis on reducing cognitive/mood alteration symptoms.

THU 303

Presence of Vigilance in Sleep-interfering Cognitions and Behaviors in Formerly Deployed Veterans

(Abstract #1459)

THU 303 (Clin Res, Sleep, Mil/Vets, Adult) M - Industrialized

Howell, Mary¹, Mellman, Thomas²

¹*Howard University, Washington, District of Columbia*

²*Howard University College of Medicine, Washington, District of Columbia*

Sleep disturbance is a common problem following military deployment. Deployment to a threatening environment can engender nocturnal vigilance; however, traditional cognitive behavioral therapy for insomnia emphasizes dysfunctional beliefs about sleep rather than nocturnal vigilance. This analysis characterizes sleep-interfering thoughts and behaviors observed in an ongoing sleep intervention study. To date, fourteen formerly deployed Veterans with disturbed sleep completed questionnaires at baseline including the Fear of Sleep Inventory (FOSI), interviews, and sleep diaries to evaluate sleep-interfering thoughts and behaviors. On the FOSI, 85.7% of participants endorsed vigilance-related thoughts regarding previous trauma and nightmares. In interviews and diaries, participants endorsed vigilant thoughts about their environment (60%) and nightmares (50%) and other sleep-interfering thoughts about sleep (50%), social/occupational concerns (80%), and health (40%). Endorsed vigilant behaviors included being over-attentive to their environment (70%), checking behaviors (60%), and being "on-guard" (80%). All participants endorsed at least one sleep-interfering behavior not related to vigilance. Veterans exhibit cognitive and behavioral patterns that involve vigilance and interfere with sleep, suggesting the need for an intervention addressing nocturnal vigilance.

THU 304

Evaluation of the TRUE Model for Women Veterans Who Have Experienced Interpersonal Violence

(Abstract #874)

**THU 304 (Clin Res, Complex, Mil/Vets, Adult)
M - Industrialized**

Lamoureux, Brittain, Knetig, Jennifer, Yamokoski, Cynthia
Louis Stokes Cleveland VA Medical Center, Cleveland, Ohio

Toward Recovery with Understanding and Empowerment (TRUE) is a brief intensive intervention developed for women with a history of complex trauma. The TRUE model aims to reduce women's maladaptive attempts to cope with painful emotions related to trauma (such as self-harm, suicide attempts, and substance use) which may contraindicate trauma processing. The curriculum combines intervention strategies from multiple evidence-based therapies for addressing trauma-related issues, attempting to accomplish these aims with greater efficiency of time and resources needed in many clinical settings. The TRUE model has demonstrated effectiveness for civilian women in a community hospital setting (Lamoureux & Palmieri, 2013, 2014). In the current investigation, we will present pre-treatment and posttreatment outcome data for women veterans with a history of interpersonal violence who participated in the TRUE program from 2013 to 2016. Analyses indicate statistically significant improvement in general impairment, posttraumatic stress symptoms, depressive symptoms, emotion regulation, distress tolerance, mindfulness, and acceptance and action (all $p < .05$). These findings suggest that TRUE is effectively targeting clinically significant issues for women veterans with a history of interpersonal violence, and is likely to be effective to help prepare them to engage in trauma processing therapy.

THU 305

Associations between PTSD Symptoms, Alcohol Misuse, Emotional Regulation Strategies and Social Support among College Student Veterans

(Abstract #1300)

**THU 305 (Clin Res, Clin Res, Mil/Vets, Adult)
M - N/A**

Manalo, Mernyll, Robinson, Diana, Hassija, Christina
California State University, San Bernardino, California

Associations between PTSD symptoms (PTS) and alcohol misuse (AM) have been documented (Jakupcak et al., 2010). Two promising mechanisms of resilience are emotion regulation (ER) and perceived social support (PSS). Enhanced ER abilities and PSS may explain the association between PTS and AM. Few studies have explored mechanisms that may bolster adaptive functioning among veterans returning to college. The current study sought to identify the relationships between PTS, AM, ER strategies (i.e., cognitive reappraisal and expressive suppression), and PSS (i.e., family, friends, or significant other). Military veteran students, ($N = 184$) from a Western university completed measures assessing PTS, AM, ER, and PSS. Results showed significant associations between PTS and AM ($r = .31, p < .001$), the ER strategy suppression ($r = .32, p < .001$), and PSS from significant other ($r = -.20, p < .01$), family ($r = -.38, p < .001$), and friends ($r = -.29, p < .001$). Further, the relationship between PTS and AM was mediated by PSS of significant other ($b = .02$; CI .004 - .037) and family ($b = -.02$; CI -.05 - -.001). Results suggest that PSS may play an important role in the association between PTS and AM.

THU 306

Individual and Group Cognitive Processing Therapy: Effectiveness across Two VA PTSD Clinics

(Abstract #1468)

THU 306 (Clin Res, Clinical Practice, Mil/Vets, Adult) M - Industrialized

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Lamp, Kristen¹, **Avallone, Kimberly²**, **Maieritsch, Kelly³**, **Buchholz, Katherine⁴**, **Rauch, Sheila⁵**

¹*Atlanta VA Medical Center, Atlanta, Georgia*

²*VA Ann Arbor Healthcare System/ University of Michigan, Ann Arbor, Michigan*

³*Edward Hines, Jr. VA Hospital, Hines, Illinois*

⁴*VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan*

⁵*Emory University School of Medicine/Atlanta Veteran's Administration, Atlanta, Georgia*

In accordance with VA policy, VA PTSD clinics offer evidence-based treatments including Cognitive Processing Therapy (CPT). Evidence from an RCT in an active duty sample shows that individual CPT may be more effective at reducing PTSD symptoms than group CPT (Resick et al., 2017). The present study extends these findings to a VA population by comparing the effectiveness of group and individual CPT across two VA PTSD clinics. Veterans (N = 465) completed initial evaluations and enrolled in group CPT (N = 146) or individual CPT (N = 319). Scores from self-report measures of PTSD and depression symptoms were analyzed using hierarchical linear modeling. PTSD and depression symptoms reduced significantly following group and individual CPT. Medium treatment effects emerged for group CPT (d = .66 for PTSD, d = .68 for depression). Large treatment effects emerged for individual CPT (d = .96 for PTSD, d = .79 for depression). Individual CPT led to significantly greater PTSD and depression symptom reduction than group CPT, indicating that individual CPT may be a more effective approach than group CPT among VA outpatients. PTSD symptoms reduced significantly more for Caucasian veterans than for African American veterans, indicating the importance of providing culturally competent care.

THU 307

Feasibility and Tolerability of an Intensive Outpatient Program for Veterans with PTSD
(Abstract #368)

THU 307 (Clin Res, Clinical Practice, Mil/Vets, Adult) I - Industrialized

Zou, Denise, **Klassen, Brian**, **Zalta, Alyson**, **Karnik, Niranjana**, **Pollack, Mark**, **Held, Philip**
Rush University Medical Center, Chicago, Illinois

Background: Few veterans complete empirically supported treatment for PTSD due to patient-level barriers that include lack of access and avoidance (Fortney et al., 2011; Quimette et al., 2011). We assessed the feasibility and tolerability of an intensive outpatient program (IOP) for veterans with PTSD.

Methods: Ninety-nine veterans with PTSD (66.7% male; mean age: 40.1 years) participated in a three-week cohort-based IOP at a non-VA specialty mental health clinic. Core components of this program included 13 sessions of group and individual Cognitive Processing Therapy, mindfulness, and yoga. Data were collected regarding participants' treatment completion rate, amount of treatment attended, and satisfaction. **Results:** Ninety-nine (91.7%) of the 108 veterans who began the IOP completed treatment, suggesting high acceptability. Veterans received an average of 12.15 sessions of group CPT, 12.49 sessions of individual CPT, 11.05 sessions of mindfulness, and 9.38 sessions of yoga. A majority (95.9%) expressed satisfaction with the program, and 87.9% felt the IOP improved the problems they needed help with. **Conclusions:** Our data suggest that IOPs may be a promising model to deliver empirically supported PTSD treatment to veterans in a short timeframe with high rates of completion, engagement, and satisfaction.

THU 308

Sexual Dysfunction in Male U.S. Combat Veterans with PTSD
(Abstract #1285)

THU 308 (Clin Res, Assess Dx, Bio Med, Clin Res, Mil/Vets, Adult) I - Industrialized

Lehrner, Amy, **Flory, Janine**, **Yehuda, Rachel**, **James J Peters VAMC/Mount Sinai School of Medicine, Bronx, New York**

A key theme of this year's conference is the impact of trauma on social relationships, including intimate partners. Trauma and PTSD have been associated with sexual problems in civilians and veterans, but research to date has relied on limited assessments of both PTSD and sexual function and has been potentially confounded by depression. It has been hypothesized that autonomic nervous system (ANS) hyperarousal seen in PTSD may interfere with sexual functioning, which requires a downregulation of the ANS and a context of safety. This poster will present

self-report data on PTSD symptoms, depression, and sexual functioning from an ongoing study of male combat veterans (n=33 reported here; sample size to be larger by the presentation). Preliminary regression analyses (all controlling for age) indicate that the PTSD hyperarousal cluster ($r = -.53$, $p = .003$, $R^2 = .49$) but not the avoidance/numbing cluster, is significantly negatively associated with sexual arousal, a finding which remains when controlling for depression. In contrast, depression symptoms are negatively associated with sexual pleasure ($r = -.37$, $p = .03$, $R^2 = .16$), but not sexual arousal. Furthermore, negative cognitions about the self, representing a more cognitive and depressive facet of PTSD, are also exclusively associated with reduced sexual pleasure ($r = -.42$, $p = .02$, $R^2 = .19$). Findings suggest that sexual dysfunction in PTSD may be associated with a distinct hyperarousal pathway that is distinct from dysfunction associated with depression.

THU 309
Stress and Support from Peer Relations and Change in PTSD Symptoms across Treatment in a VA Residential Program: A Multi-Rater Analysis
 (Abstract #1525)

THU 309 (Clin Res, Comm/Int, Mil/Vets, Adult) I - Industrialized

Macia, Kathryn¹, Blonigen, Daniel²
¹*Palo Alto University, Palo Alto, California*
²*VA Palo Alto Health Care System, Menlo Park, California*

Social relationships foster resiliency, but can also have negative effects by invoking stress. The importance of social relations for recovery from trauma is well-documented, however, less is known about how similarities and differences in perspectives are related to recovery. We examined self-, peer-, and staff-ratings of veterans' (N=200) peer support and stress in a VA residential program. PTSD symptoms were assessed at program entry and discharge, and multi-rater data of personality and social stressors and resources was collected 1-month into treatment. Perceptions of veterans' peer stress and support was analyzed using a tri-factor model (Bauer et al., 2013), which revealed both congruence and unique perspectives across raters. Informants' ratings of veterans' positive and negative temperament were primarily related to informant-level "perspective"

factors, with higher ratings of positive temperament being associated with higher perceptions of support, and higher ratings of negative temperament associated with perceptions of more peer stress. Consensus view of lower peer stress predicted greater reduction in PTSD symptoms, whereas divergent views of lower stress and higher support predicted less improvement. Overall, findings indicate that congruence in perspectives is an important factor for understanding the role of social relations in recovery from PTSD.

THU 310
Positive Reframing Moderates the Relationship between Posttraumatic Stress Disorder Symptoms and Academic Participation for Student Veterans
 (Abstract #339)

THU 310 (Clin Res, Train/Ed/Dis, Mil/Vets, Adult) I - Industrialized

Mazzulo, Nichole, McDevitt-Murphy, Meghan, Zakarian, Rebecca
The University of Memphis, Memphis, Tennessee

Student veterans experience higher levels of emotional distress, such as posttraumatic stress symptoms (PTSS), and report worse academic performance than their civilian counterparts¹. PTSS negatively affects academic outcomes including educational self-efficacy and GPA². Academic participation may be an important aspect of academic performance. Positive reframing is a commonly reported coping mechanism among military members³ and may be helpful in academic settings, although no research has investigated this among student veterans. Thus, this study examined the extent to which frequently used coping mechanisms moderate the relationship between PTSS and academic participation. An online survey was administered to student veterans (N = 71, 22 women, Mage = 30.15, age range 20-53, 70.4% Caucasian, 23.9% African American). The PTSD Checklist for DSM-5⁴, the Brief COPE⁵, and a question about academic participation were administered. Logistic regression predicting academic participation showed no significant main effects for PTSS or positive reframing, but the interaction term for PTSS and positive reframing was statistically significant $\chi^2(3, N = 63) = 12.237$, ($p = .02$). Results suggest high positive reframing is associated with more academic

participation at high levels of PTSS. Positive reframing may be an important coping strategy for student veterans with PTSS.

THU 311

Comparing Clinical and Subclinical PTSD on Measures of Internalizing Symptoms, Externalizing Behaviors and Psychosocial Factors in a Sample of OEF/OIF/OND Combat-Exposed Veterans

(Abstract #1238)

THU 311 (Clin Res, Assess Dx, QoL, Mil/Vets, Adult) I - N/A

Brown, Emily¹, Brown, Ruth², Pickett, Treven³, Danielson, Carla⁴, Thomas, Suzanne⁴, Amstadter, Ananda²

¹*Virginia Commonwealth University, Richmond, Virginia*

²*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia*

³*Hunter Holmes McGuire VA Medical Center, Richmond, Virginia*

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

Approximately 23% of veterans meet DSM-IV diagnostic criteria for PTSD following combat trauma exposure. Most existing literature examines differing characteristics between individuals that develop PTSD and those that are “resilient” (experiencing little to no symptoms). Few studies examine “subclinical PTSD” which accounts for 21% of veterans who do not meet the full diagnostic criteria of PTSD, but still experience significantly distressing symptoms. This project explores differences between clinical PTSD (meeting DSM-IV criteria; n=83) and subclinical PTSD (≥ 4 symptoms, not meeting DSM-IV criteria; n=58) on 1) internalizing (depression/anxiety), 2) externalizing (impulsivity/drinking behaviors), and 3) psychosocial factors (post-trauma cognitions/anxiety sensitivity/distress tolerance/self-reported resilience). Three ANOVAs using the above groups were conducted and measures with group differences of $p < .1$ were then entered into a regression to determine the best predictors of clinical PTSD (vs. subclinical), controlling for combat trauma load. Results showed that only greater post-trauma cognitions significantly predicted clinical PTSD, highlighting that the

differences might lie in psychosocial risk factors such as post trauma cognitions over depression, anxiety, or externalizing behaviors. These results demonstrate the need for further research on subclinical PTSD as these individuals are still experiencing symptoms, but may not be accessing or receiving the services they need as they do not meet diagnostic criteria for clinical PTSD.

THU 312

The Impact of Posttraumatic Stress and Insomnia on Interpersonal Functioning among Veterans with Cannabis Use Disorder

(Abstract #689)

THU 312 (Clin Res, QoL, Sleep, Sub/Abuse, Mil/Vets, Adult) M - N/A

Morabito, Danielle¹, Babson, Kimberly², Woodward, Steven³

¹*VA Palo Alto Health Care System, National Center for PTSD, Menlo Park, California*

²*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California*

³*National Center for PTSD-Dissemination and Training Division, Palo Alto, California*

A breadth of research has tied posttraumatic stress symptoms (PTSS) to deficits in interpersonal functioning, particularly among veterans and individuals with co-morbid substance use disorders (Ouimette et al., 1996; Najavits et al., 1998; Frueh et al., 2001). Relatively less work has examined factors that impact this relation. Meanwhile sleep problems, which have been shown to negatively impact social interactions and increase risk for substance use, are the most commonly reported symptom and a central feature of posttraumatic stress disorder (PTSD; Kahn-Greene et al., 2006; Killgore et al., 2008; Spoomaker & Montgomery, 2008; Babson et al., 2013). Therefore, the current study sought to examine the interactive effects of PTSS and insomnia severity on interpersonal functioning in 47 veterans with cannabis use disorder, the most frequent illicit substance use disorder among veterans. We ran a hierarchical linear regression through PROCESS Macro for SPSS (Hayes, 2013). Additional covariates were included to control for problematic cannabis use, alcohol use, age, and gender. Results demonstrated an interaction between PTSS and

insomnia severity ($r = .03$, $p = .02$). Simple slope analyses indicated that PTSS was negatively associated with interpersonal functioning only among those high in insomnia symptoms.

THU 313

Investigating the Relations among Moral Injury, Emotion Dysregulation, Depression, Anxiety, and Stress within a Canadian Armed Forces Sample
(Abstract #1128)

THU 313 (Clin Res, Anx, Depr, Health, Mil/Vets, Adult) I - Industrialized

Protopopescu, Alina¹, Jetly, Rakesh², Rhind, Shawn³, Nazarov, Anthony¹, Lanius, Ruth⁴, McKinnon, Margaret¹

¹*McMaster University, Hamilton, Ontario, Canada*

²*Canadian Forces Health Services Group Headquarters, Ottawa, Ontario, Canada*

³*Defence Research and Development Canada, Toronto, Ontario, Canada*

⁴*University of Western Ontario, London, Ontario, Canada*

Moral injury is defined as committing, failing to prevent, observing, or learning about an event that violates one's moral and ethical values. Critically, research examining the associations between various mental health symptoms and moral injury is in its nascent stages. Here, we examine the relations among moral injury, emotion dysregulation, depression, anxiety, and stress within a Canadian Armed Forces sample. **Methods:** An extensive clinical battery, along with the Moral Injury Events Scale assessing perceived transgressions and perceived betrayals by self and others, was administered to 41 Canadian Military personnel and veterans. **Results:** There was a significant positive correlation between perceived betrayals and emotion dysregulation ($r = 0.36$, $p = 0.02$). As well, there were significant positive correlations between perceived betrayals and depression ($r = 0.39$, $p = 0.02$) and between perceived betrayals and stress ($r = 0.35$, $p = 0.02$). No other statistically significant correlations were found. **Conclusions:** This study enhances our understanding of moral injury and its associated mental health consequences, providing clinicians working with military populations important targets for treatment.

THU 314

Treating Complex Cases: The Impact of Service Connection Status on Treatment Outcome with Veterans Receiving Treatment in a Residential PTSD Program
(Abstract #1504)

THU 314 (Clin Res, Clin Res, Complex, Rape, Mil/Vets, Adult) M - Industrialized

McCurry, Brooke¹, Steward, Jennifer², Siegel, Alysia³, Clark, Caitlin¹, Keith, Jessica⁴

¹*Bay Pines VA, Saint Petersburg, Florida*

²*University of Tulsa, Tulsa, Oklahoma*

³*University of Indianapolis, Indianapolis, Indiana*

⁴*Bay Pines VA Healthcare System, Bay Pines, Florida*

PTSD, which has a higher prevalence rate in Veterans than in the general population, is a significant cause of functional disability. Between 1999 and 2010, the number of Veterans receiving monetary pensions for impairment related to a service-connected disability from PTSD alone increased 222% to 386,882. Though many Veterans who are receiving treatment for service-related PTSD are also actively in the process of applying for compensation for this disability, the potential impact of compensation seeking on symptom reporting, treatment engagement, and treatment outcome is not well understood. This study explores PTSD symptom outcomes among 221 Veterans who participated in a two-month residential PTSD treatment program. In particular, the impact of disability compensation seeking status, symptom reporting style as measured by MMPI-2 validity scales, and baseline treatment expectations will be evaluated. The study aims to better understand the complexities that face Veterans engaging in trauma-related treatments. Implications will be discussed.

THU 315

Examining the Effect of Military Sexual Trauma on Psychopathology and Family Functioning Using a Matched-Pairs Design
(Abstract #269)

THU 315 (Clin Res, Rape, Mil/Vets, Adult) I - N/A

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Boley, Randy, Held, Philip, Pollack, Mark, Karnik, Niranjana, Zalta, Alyson
Rush University Medical Center, Chicago, Illinois

Objective: Military sexual trauma (MST) has been associated with psychopathology and poorer functioning. However, existing studies have selected narrower samples (e.g., only women or veterans from a single service era) to account for covariates that may impact relationships between MST and health outcomes. We aimed to examine the impact of MST on psychopathology and family functioning in a broader treatment-seeking sample using a matched-pairs design to control for important covariates.

Methods: At intake, veterans completed measures assessing MST, trauma history, PTSD, depression, anxious arousal, chronic tension, alcohol use, and family dysfunction. For those who reported experiencing MST ($n=58$), non-MST matches were selected. Matching categories included age, gender, and deployment. Thirty-nine pairs were matched based on these criteria. **Results:** Paired t -tests showed that veterans who experienced MST reported significantly higher symptoms of depression ($d=0.41$), anxious arousal ($d=0.53$), PTSD ($d=0.60$), and family dysfunction ($d=0.67$) than their non-MST matched pairs. Additionally, those who experienced MST reported a significantly greater number of lifetime traumas ($d=0.62$). **Conclusion:** Our findings suggest that MST is particularly traumatogenic among treatment-seeking veterans and that the effects of MST are pervasive across different types of pathology and functioning.

THU 316
Pain, Illness-Focused Coping Behaviors, and Post-Concussive Symptoms in Post-9/11 Combat Veterans with mTBI: Differences based on PTSD Diagnosis
 (Abstract #919)

THU 316 (Clin Res, Health, Mil/Vets, Adult) I - N/A

Tan, Michelle¹, Aase, Darrin², Proescher, Eric³, Greenstein, Justin⁴, Cosio, David¹, Phan, Luan⁵
¹**Jesse Brown VA Medical Center, Chicago, Illinois**
²**VA Medical Center, Chicago, Illinois**
³**Department of Veteran Affairs, Chicago, Illinois**
⁴**VA Health Care System, Chicago, Illinois**
⁵**University of Illinois Chicago, Chicago, Illinois**

Research has found support for a polytrauma triad of comorbid post-concussive symptoms, PTSD, and chronic pain diagnoses. While prior work has found a relationship between pain, pain coping strategies and PTSD symptoms in veterans, further studies are needed to clarify how post-concussive symptoms and pain coping strategies used by OEF/OIF/OND veterans with mild TBI (mTBI) may differ based on PTSD diagnosis. A total of 63 OEF/OIF/OND veterans (5 females, 58 males) reporting deployment-related mTBI with ($N=38$) and without ($N=25$) PTSD as measured by the Clinician Administered PTSD Scale for DSM-IV (CAPS) completed were evaluated for self-reported measures of post-concussive symptoms, pain intensity, and pain coping strategies. Results indicated that those with comorbid mTBI and PTSD reported more post-concussive symptoms across symptom categories. Subjects with comorbid mTBI and PTSD reported significantly higher pain severity ($d=0.83$) and utilized significantly more illness-coping for pain ($d=0.59$) relative to those without PTSD. These findings suggest that OEF/OIF/OND veterans with PTSD and comorbid mTBI, may demonstrate greater subjective pain and may use more maladaptive coping strategies to manage their symptoms. It may be beneficial to target illness-focused coping when treating OEF/OIF/OND veterans experiencing mTBI, PTSD, and pain. Further clinical implications for this population will be discussed.

THU 317
The Impact of Military Sexual Trauma on Posttraumatic Cognitions
 (Abstract #848)

THU 317 (Clin Res, Rape, Mil/Vets, Adult) I - Industrialized

Weaver, Darian, Carroll, Kathryn, Lofgreen, Ashton, Glover, Angela, Zalta, Alyson
Rush University Medical Center, Chicago, Illinois

Unique aspects of military sexual trauma (MST; Turchik & Wilson, 2010) may result in specific maladaptive cognitions among survivors. Understanding which posttraumatic cognitions are particularly strong for survivors of MST could help clinicians target and improve treatment for these individuals. We explored the impact of the

experience of MST on posttraumatic cognitions controlling for severity of posttraumatic stress disorder (PTSD). Male and female veterans enrolled in an Intensive Outpatient Program for PTSD ($n = 89$) completed self-report measures of MST, posttraumatic cognitions, and PTSD symptoms at intake. Bivariate analyses demonstrated that survivors of MST ($n = 33$) endorsed stronger PTSD cognitions related to trust, self-blame, and inadequacy in comparison to non-MST counterparts ($n = 56$). In regression analyses, MST significantly predicted the following items on the Posttraumatic Cognitions Inventory controlling for PTSD severity: "People can't be trusted," "The event happened to me because of the sort of person I am," "Somebody else would have stopped the event," and "Somebody else would not have gotten into this situation." Survivors of MST endorse strong maladaptive beliefs related to trust and self-blame beyond what can be accounted for by PTSD severity. These are likely to be important treatment targets for MST survivors.

THU 318

A Re-Examination of Predictors of Suicidal Ideation in a Sample of Veterans with Military Sexual Trauma-Related PTSD

(Abstract #430)

THU 318 (Clin Res, Rape, Mil/Vets, Adult) I - Industrialized

Wiblin, Jessica¹, Holder, Nicholas¹, Anderson, Elizabeth², Holliday, Ryan³, Suris, Alina¹

¹*VA North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas*

²*Veterans Affairs North Texas Health Care System, Dallas, Texas*

³*Rocky Mountain MIRECC, Denver, Colorado*

Our research team previously documented that posttraumatic stress disorder (PTSD)-related hyperarousal and depression independently predicted suicidal ideation (SI) in veterans with military sexual trauma (MST)-related PTSD. Additional psychosocial factors have since been identified as predictors of SI including: trauma-related negative cognitions (NCs), quality of life (QoL), health-related functioning, and childhood sexual assault (CSA). The current study is a re-analysis of the data to understand if these psychosocial factors may better account for

variance in SI than PTSD-related hyperarousal and depression. Data were collected from a larger randomized clinical trial for male and female veterans ($n=116$) with MST-related PTSD. A hierarchical multiple regression was conducted, with sociodemographic factors (i.e., age, gender, education, race, and ethnicity) entered in step one and predictors of SI entered in step two. After accounting for sociodemographic factors, only NCs about self and depression were predictors of SI. These results indicate that depression remains a significant predictor of SI; however, NCs about self may better explain SI than PTSD-related hyperarousal in this clinical population.

THU 319

Improving Physical, Emotional and Psychological Wellbeing Outcomes of Veterans with PTSD: Incorporating Mindful Yoga Therapy into Cognitive Processing Therapy

(Abstract #654)

THU 319 (Clin Res, Affect/Int, Anx, Sub/Abuse, Mil/Vets, Adult) A - N/A

Wright, Jennifer¹, Chard, Kathleen¹, Kinzler, Nicole², Adcock, Kelley³, Peters, Meriden³, Gregory, Steven²

¹*Cincinnati VA Medical Center, Cincinnati, Ohio*

²*Wright State University, Dayton, Ohio*

³*Interact for Health, Cincinnati, Ohio*

Purpose: Cognitive Processing Therapy (CPT) is an evidence-based practice used to help people recover from PTSD. To promote trauma recovery and aid veterans in their ability to use CPT, complementary techniques are needed. Mindful Yoga Therapy (MYT) is a trauma-informed, evidence-based program offered in conjunction with CPT that promotes positive coping skills and self-regulation techniques to enhance wellbeing. **Methods:** MYT was offered with CPT at VA Medical Center Cincinnati, Trauma Recovery Center as part of residential therapy. Seventeen cohorts participated ($n=172$), including six women's and six men's PTSD and five men's PTSD/traumatic brain injury cohorts. Pre-and post-program surveys included four validated instruments, a wellbeing survey, and a comparative evaluation with CAPS and PCL data. **Results:** Statistical analysis showed significant reductions in perceived stress and maladaptive coping behaviors

and increases in mindfulness and grit. Participants also reported improvement in physical and emotional wellbeing. CAPS and PCL scores correlate to a significant reduction in PTSD and stress-related symptoms. **Conclusions:** MYT had a positive impact on the physical, emotional and psychological wellbeing of veterans with PTSD. Future studies will compare outcomes using MYT with Prolonged Exposure and CPT and also examine the effectiveness of MYT for subgroups of veterans.

THU 320
Patients Have Unrealistically Optimistic Expectations About Further Improvement After Trauma-focused Psychotherapy
 (Abstract #1354)

THU 320 (Clin Res, Affect/Int, Clinical Practice, Adult) M - Industrialized

Zelviene, Paulina, Kazlauskas, Evaldas
Vilnius University, Vilnius, Lithuania

Research suggest evidence that patients' expectations have a significant effect on the outcomes and process of the psychotherapy. However, while these hypotheses were tested exploring treatment outcomes of depression and anxiety, there are only few PTSD treatment studies which included patients' expectations. The aim of our study was to evaluate patients' long-term outcome expectations after PTSD psychotherapy. 20 participants diagnosed with PTSD completed Brief Eclectic Psychotherapy for PTSD (BEPP). Self-report measures were used in order to assess therapeutic outcomes: Impact of Event Scale - Revised (IES-R), Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM). Three evaluations were performed separately from the psychotherapy: at pre-treatment, post-treatment and at six-month follow-up. Long-term outcome expectations at post-treatment, asking patients to measure the expected distress in six-month follow-up, were measured by Subjective Units of Distress Scale. Assessments at six-month follow-up were used to estimate the accuracy of patients' expectations of their distress at previous post-treatment assessment. Results showed a large effect sizes of BEPP treatment. It was also found that patients tend to have false expectations about further improvement of their condition after the therapy, because therapeutic

effects remained stable at six-month follow-up assessment.

THU 321
The Influence of Trauma Type and Emotion on Overgenerality of Autobiographical Memory
 (Abstract #1096)

THU 321 (Clin Res, Affect/Int, Assess Dx, Clin Res, Cog/Int, Adult) I - Industrialized

Zheng, Ping¹, Gray, Matt²
¹*Elmira College, Elmira, New York*
²*University of Wyoming, Laramie, Wyoming*

Overgeneral autobiographical memory (OGM) refers to the individual's tendency towards producing overly general responses when asked to respond to word cues when recalling specific autobiographical memories of events that happened within the duration of a day. However, it remains unclear whether there are autobiographical memory differences among individuals with different posttraumatic stress disorder (PTSD) symptom profiles due to being exposed to different types of trauma and whether emotion affects OGM for varied trauma types. The purpose of the present study was to examine: 1) the differences of OGM between three distinct trauma types (sexual assault, SA; motor vehicle accident, MVA; and sudden, unexpected death of a loved one, SUD), 2) the differences of OGM between three groups (PTSD, non-PTSD, non-victim control), and 3) the effect of the cue words valence (negative, positive, and neutral) on OGM. One hundred and fifty traumatized participants were identified by use of the Life Events Checklist (LEC, Gray, Litz, Hsu, & Lombardo, 2004) and the Posttraumatic Stress Disorder Checklist (PCL-C, Blanchard, Jones-Alexander, Buckley, Forneris, 1996). The revised version of the Center for Epidemiologic Studies Depression Scale (CESD-R; Eaton, Muntaner, Smith, Tien, & Ybarra, 2004) was used to evaluate the depression symptom severity of the participants. The Autobiographical Memory Test (AMT) performance of all participants was examined in three cue word conditions (Negative, Positive, Neutral) and in aggregate regardless of valence (the total of responses from three cue word conditions). Preliminary results indicated the PTSD group (M=54.00, SD=17.85) retrieved fewer specific memories than the non-victim group (M=63.65,

SD=12.94), when controlling for depression. Additionally, the PTSD group retrieved fewer specific memories than the non-victim control did at the positive cue word condition ($p < .01$) and the neutral cue word condition ($p < .01$). Results also indicated the MVA subgroup ($M=48.67$, $SD=19.26$) retrieved fewer specific memories than the SUD subgroup did regardless of the cue word valence ($M=63.99$, $SD=17.85$), $p < .05$. In addition, the MVA subgroup ($M=45.45$, $SD=26.32$) retrieved fewer specific memories than the SUD subgroup at the neutral cue word condition ($M=66.07$, $SD=15.05$) did, $p < .05$. The PCL score was found to be a significant predictor of percentage of specific memories of the AMT performance when controlling depression (the CESD score) among all participants, Step 1: $F(1,148)=4.06$, $p < .05$, $R^2 = .03$; Step 2: $F(1,147)=7.84$, $p < .01$, $R^2 = .07$, $\Delta = -.28$. The present study highlighted the importance of exploring the mechanisms of cognitive function in PTSD.

THU 322

More than Meets the Eye: Physiological Effects of Direct Eye Gaze on Trauma Exposed Individuals
(Abstract #913)

THU 322 (Clin Res, Acute, Affect/Int, Complex, Rape, Adult) M - Industrialized

Nieves, Nadia, D'Andrea, Wendy, Fidelman, Jacqueline, Freed, Steven
New School for Social Research, New York, New York

High parasympathetic nervous system activation is theorized to be a marker for emotion regulation and behavioral flexibility, both capacities necessary for engaging in social interaction. While eye contact may serve as an important social cue, people who have experienced trauma may perceive eye contact as ubiquitously threatening (Steuwe et al., 2014), consistent with the social withdrawal associated with trauma. Thus, it was hypothesized that greater exposure to trauma would be associated with a decrease in RSA in response to the direct gaze of a computerized avatar (the "virtual other" task) regardless of emotional valence. RSA measures in the direct gaze VO task conditions were negatively correlated with trauma exposure severity ($r = -.346$, $p = .03$, $n = 38$) as opposed to the averted gaze conditions ($r = -.309$, $p = 0.06$, $n = 39$), regardless of

emotional expression. These findings suggest that individuals with trauma exposure show reduced autonomic control in response to social engagement, particularly in social situations that involve direct gaze or interaction, indicating a perception of threat in response to eye gaze.

THU 323

An Exploration of the Relationship between Self-Compassion, Psychological Inflexibility, and PTSD Symptomology in a Partial Hospitalization Program

(Abstract #223)

THU 323 (Clin Res, Chronic, Complex, QoL, Res Meth, Adult) I - Industrialized

Grau, Peter, Wetterneck, Chad, Wojcik, Katharine
Rogers Memorial Hospital, Oconomowoc, Wisconsin

Seligowski, Miron, and Orcutt (2015) found that psychological inflexibility has a mediating effect on the impact of self-compassion of trauma symptom severity in a sample of trauma-exposed undergraduates. This study attempts to replicate those results in a PTSD partial hospitalization program (PHP) while using the 2-factor model for the Self-Compassion Scale short form (SCS-SF; Neff, 2003). Participants ($n=147$) were in treatment at Rogers Memorial Hospital and were mainly White (87%), heterosexual (80%), and female (80%), with an average age of 35.7 ($SD=10.8$). Psychological inflexibility was measured using the Acceptance and Action Questionnaire and PTSD symptomology was measured using the PTSD checklist for DSM-5 (PCL-5). The SCS-SF was analyzed using the 2-factor model from Seligowski et al. (2015), as it demonstrated adequate internal consistency for each subscale ($> .70$). Initial results show that scores on the SCS-SF for the Negative Self-Compassion factor were inversely related to PTSD symptom severity, and scores for the Positive Self-Compassion factor were correlated to higher PTSD symptom severity. However, psychological inflexibility mediated both of these relationships. This study provides evidence in support of directly targeting psychological inflexibility when incorporating elements of compassion-focused therapy in treatment for PTSD.

THU 324

Pilot Study of Internal Family Systems Therapy for PTSD in Adults with a History of Childhood Trauma

(Abstract #778)

THU 324 (Clin Res, Complex, Adult) I - Industrialized

Hodgdon, Hilary¹, Gustella-Anderson, Frank², Southwell, Elizabeth¹, Hrubec, Wendy³, Schwartz, Richard⁴

¹*Trauma Center at Justice Resource Institute, Brookline, Massachusetts*

²*Private Practice, Concord, Massachusetts*

³*Private Practice, Canton, Massachusetts*

⁴*Private Practice, Brookline, Massachusetts*

Childhood trauma can lead to a complex and chronic clinical course and has a range of detrimental effects on development, negatively impacting internal working models and leading to deficits in felt safety, self-regulation and cohesion of the personality. Traditional psychotherapeutic approaches for posttraumatic stress (PTSD), the index diagnosis for traumatic sequelae, tend to focus on processing of traumatic memories. While this approach is effective for many individuals, those who experience childhood trauma may have difficulty accessing traumatic memories and show difficulty with tolerating trauma processing if underlying challenges with self-regulation have not been addressed. The Internal Family Systems (IFS) model is a widely used individual treatment modality developed by Schwartz (2013) that focuses on enhancing ability to attend to internal experience mindfully and with compassion. IFS conceptualizes the overwhelming affect states, negative cognitions, and physiological sensations associated with trauma and expressed as traumatic sequelae (i.e. PTSD, depression) as subpersonalities or “parts”. The goal of IFS is to aid clients in increasing self-awareness of and compassion towards their parts, thereby decreasing emotional dysregulation and symptoms of psychopathology. The current study was a pilot study examining the effectiveness of IFS for reducing symptoms of PTSD and depression among 17 adults ages 28 to 58 (M = 46 years, 76% female) with histories childhood trauma. Study participants met DSM-IV-TR diagnostic criteria for PTSD per the Clinician Administered PTSD Scale (CAPS) and had symptoms of depression per the Beck Depression

Inventory (BDI; total score of 14 or above).

Participants received 16 sessions of IFS and participated in 4 study evaluations (pre-, mid-, and post-treatment and 1-month follow up). Multilevel growth curve modeling was used to examine change in symptom severity over the course of the study period. A significant overall time effect emerged for total CAPS score, with a total mean decrease of 43.7 (b = -39.87, t = -8.25, p < .01) from the pre to the 1-month follow up assessment, with a large effect size (d = -4.46). At the 1-month follow up assessment, 92% of participants no longer met diagnostic criteria for PTSD. A significant overall time effect was also observed for total BDI score, with a total mean decrease of 14.9 (b = -7.92, t = -6.68, p < .01) from the pre to the 1-month follow up, with a large effect size (d = -1.51). Study results suggest that IFS treatment is a promising practice for the treatment of PTSD with co-morbid conditions among individuals with histories of childhood trauma and point to a need for a randomized study of IFS for PTSD in order to establish its efficacy.

THU 325

The Trauma of Betrayal: Treating Adjustment Disorder Stemming from Attachment Injuries in Couple Relationships with Reconsolidation Impairment under Propranolol

(Abstract #1373)

THU 325 (Clin Res, Acute, Clin Res, Fam/Int, Adult) M - N/A

Lonergan, Michelle¹, Pigeon, Sereena¹, Monson, Eva¹, Bisson Desrochers, Alexandra², Tremblay, Jacques³, Brunet, Alain¹

¹*McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada*

²*Douglas Mental Health University Research Institute/McGill University, Montréal, Quebec, Canada*

³*Douglas University Institute in Mental Health, McGill University, Montreal, Quebec, Canada*

Attachment injuries are events occurring within couple relationships that involve betrayal or abandonment by a significant other during times of need (e.g., infidelity). They can be understood as relationship traumas, which can lead to debilitating symptoms consistent with posttraumatic stress disorder (PTSD), depression, and generalized anxiety

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

for the injured partner. Although the temporal relationship between these events are trauma- and stressor-related disorders, such as adjustment disorder, remains unknown, several epidemiological studies have demonstrated that attachment injuries, like infidelity or sudden separation, are associated with an increased risk for major depressive episodes and generalized anxiety states. Research has demonstrated that the presence of an attachment injury represents a barrier to empirically effective couple's therapy. However, disrupting memory reconsolidation with the beta-blocker propranolol has been shown to alleviate PTSD symptoms by attenuating the salience of the emotional trauma memory, representing an interesting avenue for the treatment of adjustment disorders stemming from attachment injuries. In this quasi-experimental open-label clinical trial, we aimed to extend the conditions under which reconsolidation therapy with propranolol can be used in a clinical setting. We hypothesized that memory reactivation under propranolol would significantly reduce trauma-related symptoms associated with an attachment injury. Twenty adults diagnosed with an adjustment disorder due to an attachment injury suffered within their current or previous romantic relationships were included. Following a four-week waitlist period, participants took part in six weekly memory reactivation sessions under propranolol. The Impact of Events Scale-Revised was used to assess the severity of trauma symptoms baseline, post- wait-list (i.e., Treatment 1), and at one-week post-treatment. IES-R scores were considered relatively high at baseline, $M(SD) = 49.85(16.24)$; approximately 76% of individuals scored above the IES-R cut-off score of 33, suggesting clinically important trauma-related distress. Results from a repeated measures ANOVA demonstrated a significant effect of time, $F(2, 38) = 59.23$, $p < .001$, $\eta^2 = .76$. There was no significant difference in IES-R scores while participants were on the waitlist. However, there was a significant reduction in symptoms to below cut-off levels at post-treatment, $M(SD)$ symptom reduction = 56.81%(23.8), $p < .001$. These results support the clinical usefulness of this approach to treat trauma-related symptoms that may result from relational betrayal. However, larger placebo controlled clinical trials are needed to further establish the treatment effect.

THU 326

The Moderating Role of Trauma Type on the Relationship between Centrality of the Traumatic Event and Mental Health Outcomes

(Abstract #1043)

THU 326 (Clin Res, Cog/Int, Death, Rape, Adult) M - Industrialized

Wamser-Nanney, Rachel¹, **Howell, Kathryn²**, **Hasselle, Amanda²**, **Schwartz, Laura²**

¹**University of Missouri St. Louis, St. Louis, Missouri**

²**University of Memphis, Memphis, Tennessee**

The centrality of a traumatic event has been associated with adaptive outcomes, such as posttraumatic growth (PTG) and well-being, as well as adverse conditions, such as posttraumatic stress disorder (PTSD) and depression. Given unique circumstances of different traumatic events, the relationship between event centrality and these positive and negative outcomes may be obfuscated by the type of trauma experienced. The present study investigated whether type of trauma (i.e., sexual victimization, death of a loved one, serious illness/injury, violence exposure) moderated the relationship between event centrality and PTG, PTSD, depression, and psychological well-being among 429 trauma-exposed emerging adults ($Mage = 19.66$, $SD = 1.65$; 78.6% female; 49.9% White). Moderation analyses revealed that there is a significant relationship between event centrality and PTSD only when the index event is sexual trauma or death of a loved one ($r = .66$; $r = .42$). Depression was unrelated to event centrality. When sexual trauma was the index event, associations were found between event centrality and five of the six psychological well-being subscales ($rs = -.07$ to $-.16$). Trauma type did not moderate the relationship between event centrality and PTG. Findings indicate the importance of considering trauma type when disentangling the relationships between event centrality and trauma-related symptoms.

THU 327

“Violence is Everywhere”: Childhood Polyvictimization, Perceptions of Prevalence of Violence, and Posttraumatic Stress Symptoms
(Abstract #831)

THU 327 (Clin Res, Cog/Int, Complex, Adult) M - Industrialized

Miller-Graff, Laura¹, Howell, Kathryn²

¹*University of Notre Dame, Notre Dame, Indiana*

²*University of Memphis, Memphis, Tennessee*

Research on cognitive components of posttraumatic stress disorder has overwhelmingly focused on memory (e.g., intrusive thoughts) and negative cognitions such as guilt or self-blame. Less research, however, has examined how experiences of violence may impair individuals' ability to accurately perceive the extent to which victimization occurs in their broader ecological environment. The aims of the current study were: (1) to examine the relationship between childhood polyvictimization and individuals' assessment of the prevalence of childhood victimization and (2) to assess the relationship between inaccurate appraisals regarding the prevalence of victimization and specific symptoms of posttraumatic stress. College students (n=369) drawn from two geographic regions of the US responded to an online survey. Childhood polyvictimization was significantly related to inaccurate assessments of the prevalence of childhood victimization, controlling for sociodemographic characteristics ($F=12.87$, $R^2=11.1\%$, $\beta=.39$, $p<.001$). Multivariate regressions showed that inaccurate assessments of the prevalence of childhood victimization were in turn associated with symptoms of hypervigilance ($\beta=.02$, $p<.01$) and irritability ($\beta=.01$, $p=.05$). These results suggest that in order to comprehensively address symptoms of posttraumatic stress, it may be important for cognitive intervention to evaluate not only internal appraisals and memories, but also broader beliefs about violence in individuals' larger ecological contexts.

THU 328

Interpersonal Violence during Pregnancy: The Transmission of Intergenerational Effects via Maternal Depression and Parenting
(Abstract #1252)

THU 328 (Clin Res, Fam/Int, Intergen, Lifespan) M - Industrialized

Miller-Graff, Laura¹, Nuttall, Amy², Burke Lefever, Jennifer¹

¹*University of Notre Dame, Notre Dame, Indiana*

²*Michigan State University, East Lansing, Michigan*

Women are at heightened risk for interpersonal violence exposure during pregnancy. The influence of prenatal violence on children's adjustment is likely understood through its impact on mothers, but there is a dearth of prospective research to test these models. The current study evaluated the influence of violence during pregnancy on children's behavioral adjustment in toddlerhood through mother's mental health and parenting in infancy. Data were drawn from a longitudinal study on the transition to motherhood (N=682). Mothers reported on their experiences of violence during pregnancy, depression at 6 months, and their children's behavior at 24 months. Warm responsive behavior was coded at 8 months. The path model indicated that prenatal interpersonal violence exposure was associated with maternal depression at 6 months ($b = 2.67$, $SE = 1.08$, $p < .05$), which was, in turn, related to warm responsiveness at 8 months ($b = -0.03$, $SE = 0.01$, $p < .05$) and, in turn, child defiance toward the mother at 24 months ($b = -0.05$, $SE = 0.02$, $p < .01$) and child aggression towards peers at 24 months ($b = -.05$, $SE = 0.03$, $p < .05$). Results suggest that intervening to prevent violence and remediate its negative effects in the perinatal period may be important for interrupting cascading intergenerational effects of violence.

THU 329

Trajectories of Psychological Distress in Australians living in Urban Poverty: The Impact of Childhood Maltreatment and Adulthood Interpersonal Trauma
(Abstract #569)

THU 329 (Clin Res, Chronic, Comm/Int, Res Meth, Intergen, Lifespan) M - Industrialized

Keane, Carol, Magee, Christopher, Kelly, Peter
University of Wollongong, Wollongong, NSW, Australia

The nature and impact of childhood maltreatment and interpersonal trauma experiences is an important issue for examination when seeking to interpret the apparent perpetuation of the cycle of social disadvantage. This paper aimed to undertake trauma-focused longitudinal examination of psychological distress utilising data collected as part of the Journeys Home Study, a 6-wave 3-year examination of socially disadvantaged individuals (N = 1682). Latent Class and Growth Mixture Modelling analyses were conducted on a final sample of 1504 participants (18 years) who reported childhood maltreatment and adulthood interpersonal trauma. Four distinct psychological distress trajectories were identified: chronic, escalating, attenuating, resistant. Childhood maltreatment type influenced distress trajectory classification e.g. individuals with multiple and varied childhood maltreatment were 2.48 times ($p = .034$) more likely to experience chronic psychological distress. Significant concurrent effects of adulthood assault on trajectories were identified, e.g. chronically distressed more likely than distress resistant to have experienced sexual assault at Time-1 (OR = 4.04, $p = .011$), Time-5 (OR = 3.26, $p = .003$) and Time-6 (OR = 3.01, $p = .022$). Discussion explores important implications pertaining to interpersonal trauma vulnerabilities for intervening on the cycle of urban poverty, highlighting future direction around barriers to access and facilitation of social support services.

THU 330

Shame within the Parent-Child Relationship: Associations with Depression and PTSD Symptomatology
(Abstract #623)

THU 330 (Clin Res, Affect/Int, Complex, Fam/Int, Res Meth, Lifespan) M - Industrialized

Teslow, Jessica¹, Menke, Rena², Pitzen, Jerrica¹, Huth-Bocks, Alissa¹
¹*Eastern Michigan University, Ypsilanti, Michigan*
²*University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan*

Shame is related to depression and complex trauma reactions, and profoundly affects one's self and social schemas (Lee et al., 2001; Cheung et al., 2004); however, few studies have examined shame during the perinatal period, a crucial time for parental identity and parent-child relationships. This study aims to create a reliable coding system for shame within this relationship, and determine if shame predicts PTSD and depression symptomatology longitudinally. Data came from a four-wave longitudinal study with 120 low-income, diverse women (pregnancy through 3-years postpartum). A coding system for shame was developed for a semi-structured interview assessing parents' views of themselves as caregivers, and the parent-child relationship. Other measures assessed childhood trauma exposure, and PTSD and depression symptoms at each wave. Preliminary results ($n = 40$; ongoing coding) indicate adequate inter-rater reliability and range (Range: 0-12, $M = 6.35$, $SD = 3.35$; $ICC = .70$; $r = .79$). Shame scores were correlated with trauma and depression-related variables (r 's ranged from .34 -.43). Linear regression analyses showed shame predicted concurrent symptomatology, but not subsequent symptoms. Results support existing research regarding the role of shame in individuals' symptomatology. This system may benefit future research examining shame's influence on parenting, and inform symptomatology interventions.

THU 331

Mental Health of Youth Exposed to Domestic Violence: A Longitudinal Moderated Mediation Model of Parent-Child Factors
(Abstract #1267)

THU 331 (Clin Res, DV, Fam/Int, Res Meth, Lifespan) M - Industrialized

Santacrose, Diana, Kia-Keating, Maryam, Liu, Sabrina
University of California, Santa Barbara, Santa Barbara, California

Domestic violence exposure is well established as a risk factor for psychopathological outcomes (Ethier et al., 2004). Researchers have found lasting effects of exposure to domestic violence to be related to later behavioral problems (Moylan et al., 2010), substance abuse, violence, and criminality (Edleson, 1999;

Osofsky, 1999). Thus, some scholars have pushed for more research that emphasizes the developmental impacts of exposure to trauma (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005), and, more recently, others have encouraged the consideration of the parent-child relationship in the context of domestic violence (Swatson, Boyer, & Vetre, 2014). The current study used path analyses with a diverse sample of youth and parents living in poverty (926 youth and their parents; Age $M = 17.72$, $SD = 1.57$; 42% Hispanic, 35% Black, and 23% White) from the Welfare, Children and Families: Three-City Study to address two study aims. The first aim was to examine whether maternal mental health mediates the relationship between early domestic violence exposure and youth's mental health outcomes several years later; the second aim was to investigate whether youth's perceived parent-child trust and communication moderates the mediational relationship. Findings suggest that the moderated mediation was not significant, meaning that the path between early domestic violence exposure and youth's mental health was not mediated by maternal mental health, nor was the mediation moderated by youth's perceived parent-child trust and communication ($B = 0.016$, $p = 0.11$). A small yet significant longitudinal positive direct effect was found between early domestic violence exposure and parents' mental health, $B = 0.04$, $p = 0.05$. A negative direct effect was also found for parent-child trust/communication and youth mental health ($B = -2.78$, $p < .001$), suggesting that the higher trust/communication, the lower youth self-reported mental health symptoms. These findings are congruent with other research establishing the role of parent-child trust and communication in impacting youth mental health (Brumariou & Kerns, 2010). Future research examining these relationships is warranted to better understand the developmental effects of domestic violence exposure, parents' mental health and the potential buffering effect of parent-child trust and communication for youth living in poverty. Implications for public policy, interventions and prevention efforts will be discussed.

THU 332

Factors That Influence the Relationship between Child Exposure to Violence and Levels of Aggression

(Abstract #1362)

THU 332 (Clin Res, Aggress, Clin Res, Comm/Vio, Fam/Int, Lifespan) M - N/A

Scott, Darrick, Burnside, Amanda, Bai, Grace, Gaylord-Harden, Noni

Loyola University Chicago, Chicago, Illinois

This study examined the relationship between adolescent exposure to community violence (ECV) and aggressive behaviors, as well as how levels of ECV reported by the caregiver may influence this relationship. Participants were 85 African American girls ages 13-18 ($M = 14.95$, $SD = 1.39$) and their female caregivers (ages 27-69; $M = 41.4$, $SD = 9.04$). The results of the moderation analysis indicated that the level of caregiver ECV significantly moderated the relationship between youth ECV and youth aggression ($B = .011$, $p = .017$). Specifically, the positive relationship between ECV and aggression was stronger for youth whose caregivers report high ECV ($B = .475$, $p < .001$) than youth whose caregivers report lower ECV ($B = .222$, $p = .038$). These results suggest that maternal caregivers' exposure to traumatic stressors may exacerbate the behavioral problems of their violence-exposed daughters, highlighting the need for family-based trauma interventions for families exposed to community violence.

THU 333

PTSD Symptoms during Pregnancy Predict Postnatal Perceptions of Infant Emotions and Mother-Infant Relationship Quality

(Abstract #839)

THU 333 (Clin Res, Complex, Fam/Int, Intergen, Lifespan) M - N/A

Romero, Gloria, Pitzen, Jerrica, Jakubowski, Beth, Guyon-Harris, Katherine, Huth-Bocks, Alissa
Eastern Michigan University, Ypsilanti, Michigan

The capacity to accurately perceive and interpret infant emotion is an integral component of maternal

sensitivity and infant social-emotional development (Leerkes et al., 2004). Moreover, maternal PTSD has been associated with negative perceptions of both self and infant (Schechter et al., 2014) and parenting difficulties (Muzik et al., 2017). Data came from a longitudinal study following 120 primarily low-income, diverse mothers from pregnancy to 3-years postpartum. Maternal perceptions of infant emotion were assessed 1-year postpartum using the IFEEL task (Emde et al., 1993); maternal PTSD symptoms were measured during pregnancy and at 1-year using the PCL-C (Weathers et al., 1993). Additional measures examined mothers' trauma histories, mental health, and contextual risks. Controlling for concurrent symptoms, regressions revealed that greater prenatal PTSD symptoms predicted more negative perceptions of infant emotion. Two-step cluster analyses revealed three clusters based on prenatal PTSD symptoms and perceptions: Group 1 (29.2%; low symptoms/positive perceptions), Group 2 (48.1%; low symptoms/negative perceptions), Group 3 (22.7%; high symptoms/negative perceptions). ANCOVAs revealed significant differences between clusters on other maternal characteristics, psychosocial risks, and coded observations of mother-infant relationship quality. Findings suggest that maternal PTSD symptoms, along with other psychosocial risks, may negatively impact the development of the early mother-infant relationship.

THU 334
Effects of Maternal and Perinatal Trauma on Internalizing and Externalizing Disorders in Children
 (Abstract #1023)

THU 334 (Clin Res, Dev/Int, Nat/Dis, Genetic, Intergen, Lifespan) M - Industrialized

Walsh, Kaitlin¹, Babad, Sara¹, Finik, Jackie², Nomura, Yoko¹, Nikulina, Valentina¹
¹*Queens College, City University of New York, Flushing, New York*
²*School of Public Health, City University of New York, New York City, New York*

Research shows that maternal perinatal stress can put the child at risk for emotional and behavioral problems, via HPA axis alterations in-utero. However, little is known about the

neurodevelopmental consequences in the offspring as a result of the alteration after being exposed to maternal trauma in-utero. The "Stress in Pregnancy" study has followed women (M=27.54 years; 88.7% ethnic minorities) during pregnancy and as their children develop up to 4 years old (n = 614; 49.2% female). A portion of these mothers were exposed to Hurricane Sandy (n = 416), allowing for the opportunity to investigate the impact of this natural disaster exposure on offspring development. We hypothesized that children of mothers experienced to trauma in-utero (i.e., the cases) will have greater internalizing and externalizing symptoms than children of mothers unexposed (i.e., the controls). Specifically, we expect the cases to be at a higher risk than the controls. Exploratory analyses will be conducted to evaluate if HPA axis alterations, as measured by epigenetic regulation of the HPA-axis genes (HSD11B2, NR3C1, NR3C2, SLC6A4, and CREB1), expressed on the placenta, mediate the relationship between maternal trauma exposure and child development. Data have already been collected and will be analyzed with analyses of variance.

THU 335
Prenatal PTSD Symptoms and Parental Reflectivity Predict Positive and Negative Parenting Behaviors 2 Years Postpartum among a Sample of Trauma-Exposed Mothers
 (Abstract #711)

THU 335 (Clin Res, Dev/Int, Fam/Int, Prevent, Intergen, Lifespan) M - Industrialized

Franz, Shannon¹, Pitzen, Jerrica¹, Morgan, Elizabeth², Riggs, Jessica¹, Jakubowski, Beth¹, Huth-Bocks, Alissa¹
¹*Eastern Michigan University, Ypsilanti, Michigan*
²*Indiana University of Pennsylvania, Indiana, Pennsylvania*

Although research suggests interpersonal violence can impair parenting and create parent-child relationship disturbances (Levendosky et al., 2011; Muzik et al., 2017), parental reflective functioning (RF; i.e., a parent's capacity to accurately understand his/her child's mental states) may be related to more adaptive parenting among violence-exposed mothers (Schechter et al., 2008; Stacks et al., 2014). However, no known studies have examined prenatal RF and PTSD symptoms to predict later parenting quality

among traumatized mothers. The present study included a sample of 120 primarily low-income, racially-diverse mothers followed prospectively from pregnancy through 2-years postpartum; mothers had varying histories of childhood maltreatment and partner violence. RF and maternal PTSD symptoms were assessed during the 3rd trimester of pregnancy with coded interviews and a self-report, respectively, while positive and negative parenting behaviors were coded from mother-child interactions at 2-years. Results revealed greater RF ($r = .29, p < .007$; $r = -.49, p < .01$) and fewer PTSD symptoms ($r = -.30, p < .005$; $r = .28, p < .02$) significantly predicted more positive parenting [$F(2, 82) = 7.99, R^2 = .17, p < .002$] and less negative parenting [$F(5, 82) = 7.38, R^2 = .32, p < .001$] 2-years later, after controlling for concurrent PTSD symptoms. Findings suggest that early interventions aimed at improving the parent-child relationship among traumatized mothers should target both PTSD symptoms and parental reflectivity.

THU 336

Enduring and Longitudinal Influences of Intimate Partner Violence on Preschool Age Positive and Negative Parenting Behavior

(Abstract #1162)

THU 336 (Clin Res, Dev/Int, DV, Fam/Int, Lifespan) M - Industrialized

Kobayashi, Jade, Bernard, Nicola, Levendosky, Alytia, Bogat, G. Anne
Michigan State University, East Lansing, Michigan

Intimate partner violence (IPV) disproportionately affects pregnant women. Pregnancy is a critical period for the effects of environmental stressors on the unborn child, in part via its effects on the development of parenting. Studies have shown that IPV can negatively affect parenting, including IPV experienced during pregnancy. The current study used latent growth curve modeling to examine pregnancy IPV and the trajectory of IPV through early childhood as influences on observed parenting when children were 4 years of age. Higher levels of pregnancy IPV were related to lower levels of positive parenting behaviors at age 4. A steeper decrease in IPV over time predicted fewer positive and more negative parenting behaviors at age 4. The findings indicate the enduring influence of pregnancy IPV on later parenting behavior. The effect of a

steeper decrease in IPV over time is unexpected, but may suggest that when the change in IPV is dramatic, parenting may be negatively affected by the sudden change in family environment.

THU 337

Impact of Parent-Child Relationship on Parental Help-Seeking Behaviors for Maltreated Children (Abstract #868)

THU 337 (Clin Res, CPA, CSA, Fam/Int, Gender, Lifespan) M - N/A

Reda, Ashley, Capretto, Jessica
Tennessee State University, Nashville, Tennessee

Childhood maltreatment is a serious and pervasive problem worldwide and is associated with both short-term and long-term physical and psychological difficulties. There is a gap between the number of children who experience maltreatment and those who receive mental health services. Prior research focuses on material barriers to parental help-seeking behaviors for their children without accounting for the role of the parent-child relationship. Using data from the National Survey of Child and Adolescent Well-Being II (NSCAW-II), the present study examined the impact of the parent-child relationship on parental help-seeking behaviors for maltreated children. Participants completed the Child and Adolescent Services Assessment (CASA) and the Research Assessment Package for Schools (RAPS), Interpersonal Support Domain. Preliminary results indicate that the parent-child relationship is a significant predictor for parental help-seeking behaviors for maltreated children. To the extent that the parent-child relationship significantly impacts parental help-seeking behaviors, these findings have significant ramifications for addressing the mental health treatment gap for maltreated children. Implications for assessment of the parent-child relationship, early intervention with parents to improve their ability to support their child's treatment, and future research directions are discussed.

THU 338

Effects of Childhood Emotional Neglect on Subsequent Error Processing and Psychopathology
(Abstract #1414)

THU 338 (Clin Res, CPA, Bio/Int, Lifespan) M - N/A

Liu, Huiting¹, Hee, Danelle², Weinberg, Anna³, Shankman, Stewart¹

¹*University of Illinois Chicago, Chicago, Illinois*

²*University of Arizona, Tucson, Arizona*

³*McGill University, Montreal, Quebec, Canada*

Childhood maltreatment (CM) is associated with higher rates of psychopathology and subsequent neural changes that are implicated in neurocognitive functioning. In particular, there is evidence that CM may adversely influence performance monitoring, as measured by the error-related negativity (ERN), an event-related potential occurring following errors. There is some evidence that women with a history of childhood sexual abuse evidence a blunted ERN, whereas punitive parenting has been shown to lead to enhanced ERN. More research is needed on how different types of CM may differentially predict impairments in performance monitoring in adulthood. This study examined one component of CM, emotional neglect and its association with depression and anxiety symptoms, and the ERN measured in adulthood. Two hundred thirty adult participants provided retrospective reports of emotional neglect using the Childhood Trauma Questionnaire-Short Form and completed the Inventory of Depression and Anxiety Symptoms. The ERN was measured using an arrowhead version of the flanker task while brain activity was recorded via an electroencephalograph. Results showed that greater emotional neglect predicted increased depressive symptoms and attenuation of the ERN. These findings suggest that emotional neglect in childhood can have lasting effects on neural response to errors in adulthood. Reduced error processing may have lasting effects on neural response to errors in adulthood, suggesting maltreatment-related neurocognitive changes may represent one pathway to psychopathology.

THU 339

Child Sexual Abuse, Disclosure and PTSD Symptoms in Adulthood
(Abstract #1473)

THU 339 (Clin Res, CSA, Complex, Lifespan) I - Industrialized

Sverdlichenko, Irina, Wekerle, Christine
McMaster University, Hamilton, Ontario, Canada

Child sexual abuse (CSA) is a worldwide concern, with approximately 11-62% of women and 3-39% of men having experienced some form of sexual victimization. It has been hypothesized that there is a unique interplay between the factors of the abuse and disclosure process, as well as later life development of mental health issues. In particular, post-traumatic stress disorder (PTSD)-type symptoms (i.e. flashbacks, nightmares, numbing of affect, a sense of estrangement, sleep problems) commonly manifest in later life among CSA victims. The objective of this scoping review was to assess the association between the factors of CSA (abuse severity, victim-perpetrator relationship and frequency), the factors of the disclosure process (disclosure versus non-disclosure, delay in disclosure, social reactions and disclosure type) and conceptualize how these factors contribute towards or protect against PTSD symptoms. A database search was conducted of MEDLINE and PsycINFO, with the following key word searches: "Child sexual abuse", "Self-Disclosure" and "PTSD". Additionally, a hand-search of *Child Abuse & Neglect* was done to identify more articles. Inclusion criteria included articles that addressed either a.) the relationship between CSA factors and the disclosure process, b.) the relationship between CSA and PTSD symptom development, or c.) the relationship between the disclosure process and PTSD symptom manifestation. Exclusion criteria included articles that looked at multiple forms of maltreatment, and did not report exclusively on CSA. Eleven articles published between 2004 and 2017 were included in the scoping review. Intra-familial abuse was found to be related to increased frequency and severity of abuse, both of which contributed to an increased rate of negative social reactions to disclosing children. Intra-familial abuse and repeated abuse were also related to an increased delay in disclosure. Intra-familial abuse, increased abuse severity and high rates of negative social reactions were found to contribute to increased PTSD symptoms, while non-

disclosure was found to be protective against PTSD. The associations between abuse frequency, disclosure delay, disclosure type and PTSD were unclear. These findings can elucidate CSA victims' unique vulnerability to PTSD in later life, informing trauma therapy. Future research needs to focus on assessing and dichotomizing the self and perpetrator-attributions of CSA victims based on gender, and evaluating how these may change over time.

THU 340

Non-Offending Caregivers' Abuse Stigmatization and their Views of Mental Health Treatment following Child Sexual Abuse
(Abstract #1239)

THU 340 (Clin Res, CSA, Clinical Practice, Cog/Int, Lifespan) A - Industrialized

Simon, Valerie¹, Willis, Deborah², Barnett, Douglas¹, Smith, Erin¹, Mucka, Lilia¹

¹*Wayne State University, Detroit, Michigan*

²*Eastern Michigan University, Ypsilanti, Michigan*

Many families do not utilize mental health services after the discovery of child sexual abuse (CSA), even when trauma-focused treatments are offered at low or no cost. Non-offending caregivers frequently serve as gatekeepers to youths' treatment, and their reactions to CSA may figure into decisions about treatment engagement. The current study examined caregivers' abuse stigmatization (i.e., self-blame and shame about their children's CSA) and associations with two factors predictive of treatment engagement (motivation, obstacles). Participants were recruited from a Child Advocacy Center where they received forensic interviews and were offered services following CSA discovery. Participating caregiver-child dyads included 52 non-offending caregivers (83% biological parents; 76% African American) and their children (69% girls; Mage = 10.94, SDage = 2.62). Caregiver abuse stigmatization was associated with higher motivation for treatment but also more obstacles to treatment. Further, abuse stigmatization moderated associations between children's PTSD symptoms and perceived obstacles to treatment. Among caregivers experiencing high abuse stigmatization, child PTSD symptoms were associated with more obstacles to treatment. Among caregivers experiencing low stigmatization, child PTSD was either associated with fewer treatment

obstacles or was unrelated to treatment obstacles. Results highlight the potential significance of reducing parents' abuse stigmatization for increasing mental health service utilization following CSA discovery, especially for more symptomatic youth.

THU 341

Parental Avoidance Coping Assistance Prospectively Predicts Child Avoidance Coping Following Pediatric Injury
(Abstract #393)

THU 341 (Clin Res, Acc/Inj, Affect/Int, Cog/Int, Prevent, Lifespan) M - N/A

Jones, Alyssa¹, Badour, Christal¹, Kassam-Adams, Nancy², Marsac, Meghan¹

¹*University of Kentucky, Lexington, Kentucky*

²*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania*

Roughly 20% of children report significant symptoms of posttraumatic stress disorder (PTSS) following an injury; early avoidance coping predicts subsequent PTSS. Parents' role in helping their child recover is not fully understood. The present study hypothesized that parental avoidance coping assistance would concurrently and prospectively predict child use of avoidance coping. Participants were 96 children (Mage = 10.6; 65% male) who incurred an injury, and one parent per child (Mage = 40.7; 81% mothers). Children completed measures of coping, and parents completed measures of coping assistance at T1 (within 2 weeks of injury), T2 (6 weeks), and T3 (12 weeks). Controlling for child age, child sex, and parent sex, hierarchical regression analyses indicated that coping assistance at T2 and T3 concurrently predicted child coping: T2, $B = .22$, $t = 3.29$, $p < .01$; T3, $B = .22$, $t = 2.60$, $p < .05$. Prospectively (controlling for T1 coping), only T1 coping assistance significantly predicted T2 child coping, $B = .19$, $t = 2.66$, $p < .05$. Results suggest that how and when parents help their child cope after an injury may be of importance in emotional recovery, but more research is necessary.

THU 342

From Trauma to Growth: The Roles of Event Centrality, Posttraumatic Stress Symptoms, and Deliberate Rumination

(Abstract #209)

THU 342 (Clin Res, Anx, Cog/Int, QoL, Lifespan) I - N/A

Kramer, Lindsay, *Weathers, Frank, Silverstein, Madison*

Auburn University, Auburn, Alabama

Traumatic events can lead to pathological outcomes such as posttraumatic stress disorder (PTSD) and to positive outcomes such as posttraumatic growth (PTG), which raises questions about how PTSD and PTG are associated. According to Tedeschi and Calhoun's (2004) conceptual model of PTG, trauma-exposed individuals must experience at least a moderate level of distress to experience growth. Moderate distress is necessary to trigger deliberate rumination and reexamination of core beliefs, which lead to PTG. Further, traumatic events are most likely to elicit distress and subsequent rumination when they involve a central aspect of one's identity (Berntsen and Rubin, 2006). Accordingly, the present study examined a serial mediational model in which the effect of event centrality on PTG is mediated by both PTSD symptoms and deliberate rumination. Participants were trauma-exposed undergraduates (N= 269). Results supported the full model. Specifically, the specific indirect effect of event centrality through both PTSD symptoms and deliberate rumination was significant, ($\beta = .011$, 95% CI= between .0011 and .223, $p < .001$). The present study contributes to the literature by identifying cognitive constructs involved in the development of PTG. Limitations for the present study include cross-sectional design and a non-clinical sample.

THU 343

Intimate Partner Violence Moderates the Relationship between Maternal Depression and Children's Resilience

(Abstract #1188)

THU 343 (Clin Res, Depr, DV, Health, Gender, Lifespan) I - Industrialized

Makasiar, Mara, *Miller-Graff, Laura*

University of Notre Dame, Notre Dame, Indiana

Intimate partner violence (IPV) affects 1 in 4 women in the US, with serious negative consequences for women's mental health and the well-being of children living in the home. The current study evaluates the moderating effect of IPV on the relationship between maternal depression and children's resilience in a sample of currently pregnant women and their children ($n=41$, in collection). Interviews assessed women's IPV exposure, depression and child resilience. Preliminary results indicated that maternal depression was significantly associated with children's emotion regulation skills ($\beta = -.34$, $p = .009$) but was not significantly associated with children's prosocial behaviors. IPV moderated the relationship between maternal depression and children's emotion regulation ($\beta = .69$, $p = .03$); for children of non-exposed mothers, emotion regulation skills were strongly, inversely linked to maternal depressed mood (simple slopes test $t = -3.64$, $p < .001$). For children of IPV-exposed mothers, however, the slope of the relationship between emotion regulation and maternal depression was not significantly different from zero. In sum, it appears that while non-exposed children's emotion regulation skills are closely linked to maternal mental health, emotion regulation skills for IPV-exposed children are consistently poor and not closely linked to variations in maternal functioning.

THU 344

Meeting Student Needs after a University Tragedy: An Exploration of Service Utilization and Perceived Benefit across Race and Ethnicity
(Abstract #442)

THU 344 (Clin Res, Commun, Comm/Vio, Cul Div, Ethnic, Lifespan) I - N/A

Liu, Sabrina, Kia-Keating, Maryam, Taghavi, Ida, Sims, Ginette
University of California, Santa Barbara, Santa Barbara, California

Recent research suggests that both the rate and lethality of shootings on college campuses are increasing (Citizens' Crime Commission, 2016; Blair & Schweit, 2013; Schweit, 2016). According to the Virginia Tech Resilience Recovery Model (Jones, 2008), responding appropriately to an event of mass violence requires a strong understanding of existing institutional services as well as gaps in those services. This model also discusses diversity of the university community, including differing cultural beliefs and practices, as a key consideration (Jones, 2008). However, there is a paucity of work in this area. The current study surveyed 1,578 undergraduates in the wake of a mass murder in their community. The two largest ethnic minority groups on campus, Asian students and Latinx students, are compared to White students on their utilization and perceived effectiveness of 13 different services implemented by the university in response to the tragedy. Chi-square tests found significant differences in rates of utilization between Asian and White students across ten different services (for example, a candlelight vigil and drop-in counseling services), with Asian students consistently utilizing these services at a higher rate. Latinx students utilized nine student support services offered in the aftermath of the mass murder at a greater rate than White students. T-tests indicated significant differences in rated helpfulness of services among different racial and ethnic groups. Specifically, White students found one particular memorial event significantly more helpful than Latinx and Asian students. Asian students found more individual services (e.g., therapy, academic support) significantly more helpful than White students did. Implications for creating culturally aligned student services after traumatic events, as well as future research directions, will be discussed.

THU 345

Youth Victimized by Indirect Violence Are More Likely to Benefit from Perceived Parental Support than Youth Living in a Context of Direct Violence
(Abstract #621)

THU 345 (Clin Res, Comm/Vio, Cul Div, Lifespan) M - Industrialized

Amoh, Nana¹, Pugach, Cameron¹, Allwood, Maureen²
¹John Jay College of Criminal Justice (CUNY), New York, New York
²John Jay College, CUNY, New York, New York

The prevalence of adolescent lifetime exposure to direct and indirect violence is estimated to be nearly 70% (Finkelhor et al., 2015), which is concerning because violence exposure is a significant risk factor for PTSD (Buka et al., 2001). Though social support has been established as a protective factor against the development of PTSD among youth exposed to violence (Ozer, et al. 2004), few studies have examined how and from whom these youth seek support. Thus, whether perceived levels of social support and social support networks differ for youth exposed to direct versus indirect violence remains unclear. This study examined whether types and levels of perceived social support differed by direct versus indirect violence exposure. Preliminary findings among this diverse sample of 289 college students indicated that perceived social support was comparable for students exposed to direct versus indirect violence ($M=30.06$ vs. $M=30.63$). All participants were most likely to seek support from a parent, but, initial findings indicated that youth exposed to indirect violence felt most emotionally validated by a parent ($X^2(1)=4.33$; $p=.037$). Findings will examine types of direct and indirect violence associated with seeking social support. Results will also be examined in relation to race/ethnicity and gender.

THU 346

Neither the Chicken nor the Egg: Providing Dual Diagnosis Treatment for Co-occurring Trauma and Substance Abuse

(Abstract #1294)

THU 346 (Clin Res, Clin Res, Sub/Abuse, N/A) M - N/A

Kressler, Jocelyn

Adler School of Professional Psychology, Chicago, Illinois

Dual diagnosis is broad term that is used when an individual simultaneously experiences both a mental illness and a substance abuse problem. Published research focusing on individuals who experience both trauma and substance abuse have found a strong inter-connected relationship. In fact, approximately one-third to one-half of individuals with a mental illness also experience substance abuse (NAMI, 2017). Current research on co-occurring trauma and addiction has provided a comprehensive understanding of both the etiology and implications of this dual-diagnosis. However, while efficacious interventions have been developed to combat substance use and trauma separately, few studies address ways to treat both concerns simultaneously. The following literature review first seeks to more closely investigate the relationship between trauma and substance abuse and then to highlight the current treatment modalities available to individuals experiencing this common type of dual diagnosis.

THU 347

Stress and Coping: Evaluating the Effectiveness of Integrative Practices on the Development of Secondary Traumatic Stress in Nurses

(Abstract #1430)

THU 347 (Clin Res, Chronic, Clin Res, Comm/Int, Self-Care, Other) M - Industrialized

Gold, Jeffrey¹, Meyer, Rika², Lachman, Sage³, Fisher, Sloane³, Cabrales, Adriana³, Hannani, Melody³

¹Children's Hospital Los Angeles - University of Southern California, Los Angeles, California

²Bellevue College, Bellevue, Washington

³Children's Hospital Los Angeles, Los Angeles, California

Nurses are at particular risk for secondary traumatic stress (STS). Studies have demonstrated that pre-existing trauma exposure contribute to ongoing stress symptoms. The current study evaluated the effectiveness of workplace interventions (mindfulness, yoga, and Tai Chi) on the development of PTSD symptoms and coping in nurses. Pediatric nurses (N = 848, 91% female) were recruited during the first 3-months of their magnet nurse residency program. Nurse participants received 1) Priest-led mindfulness meditation (n = 50), 2) online mindfulness meditation (n = 46), 3) yoga (n = 122), 4) Tai Chi (n = 91), or 5) no intervention (n = 539). Stress (PCL-C; Weathers et al., 1993) and Coping (Brief COPE; Carver, 1997) was measured at baseline (T1) and 3-month follow-up (T2). The PCL-C was administered to all groups and the Brief COPE was administered to all intervention groups and not the control group. Repeated-measures ANOVAs revealed no significant group differences in posttraumatic stress symptoms and coping at T1 and T2. However, nurses who practiced yoga had significantly increased active-coping strategies from baseline to T2 ($F(3,237) = 6.73, p < .001$). Despite lack of significant differences in stress symptoms, the increase in active coping strategies for the yoga intervention is promising. Future analyses will examine other outcomes such as burnout and compassion fatigue.

THU 348

Acceptance and Completion of Evidence-based Psychotherapy for PTSD: The Impact of Clinic Design

(Abstract #1227)

THU 348 (Clin Res, Clinical Practice, Train/Ed/Dis, Prof) M - Industrialized

Yoder, Matthew¹, Bernardy, Nancy²

¹National Center for PTSD, Executive Division, White River Junction, Vermont

²National Center for PTSD, White River Junction, Vermont

The number of veterans diagnosed with posttraumatic stress disorder (PTSD) in the Veterans Administration (VA) Healthcare System has risen

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

over the past 10 years (Hoff, NEPEC, 2013). Concurrently, between 2007 and 2016, capacity to provide evidence-based psychotherapy (EBP) for PTSD has increased significantly with over 4000 providers trained in Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT) (Carlin & Cross, 2013). Additionally, all VA Medical Centers are now required to offer an EBP for PTSD to appropriate patients. Despite the increases in PTSD diagnoses and capacity to provide treatment, studies suggest that only between 6% and 13% of patients diagnosed with PTSD engage in EBPs for PTSD (Lu et al, 2013; Mott et al, 2014; Shiner et al, 2013). Several recent studies have explored patient level factors that may predict engagement in EBPs including ethnicity and service-connection status (Garcia et al, 2013; Grubbs et al, 2015; Spont et al, 2015). However, less is known about the ways in which the characteristics of PTSD clinics relate to patient engagement in EBPs. This presentation's objectives are to 1) describe characteristics of specialized outpatient PTSD clinics from a national sample; and 2) explore correlations between clinic characteristics and patient engagement in evidence-based psychotherapy for PTSD. **Results:** A survey was sent to 294 VA PTSD providers and clinic directors who participate in the VA PTSD Mentoring Program. 97 surveys (33%) were returned and analyzed as part of the current study. Descriptive information regarding clinic size, design, capacity to provide EBPs, as well as intake and discharge procedures is reported. In addition, correlations between these clinic characteristics and the reported percentages of patients who are offered, who accept, and who complete an EBP for PTSD are reported. Notably, clinic design characteristics such as use of a standardized assessment at intake and clearly defined discharge procedures were most highly correlated with reported acceptance ($r = 0.67$, 0.72 respectively) and completion ($r = 0.55$, 0.62 respectively) of EBPs. **Conclusions:** Characteristics of PTSD clinic design may be important in the rates of acceptance and completion of EBPs for PTSD. Future research should more closely investigate the statistical relationship between clinic characteristic variables and outcomes such as treatment completion and symptom change. In addition, administrative data taken from electronic medical records may be useful to explore in addition to self-report clinic data.

THU 349

Provider Use of an Electronic PTSD Pharmacotherapy Decision Support Tool to Change Clinical Practice

(Abstract #1360)

THU 349 (Clin Res, Clinical Practice, Mil/Vets, Care, Prof) M - Industrialized

Osei-Bonsu, Princess¹, Bass, Deanna², Friedman, Matthew³, Felker, Bradford⁴, Post, Edward⁵, Spont, Michele⁶

¹*Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minneapolis, Minnesota*

²*University of Minnesota, Minneapolis, Minnesota*

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

⁴*VA Puget Sound Health Care System / Seattle Division, Seattle, Washington*

⁵*VA Office of Primary Care Services, Washington, District of Columbia*

⁶*National Center for PTSD, U.S. Department/Veterans Affairs, Minneapolis, Minnesota*

One in 5 patients with PTSD is open to treatment only from their primary care provider (PCP). Expanding PTSD pharmacotherapy to primary care can increase treatment access. This study utilized a PTSD pharmacotherapy provider decision support tool embedded in the electronic medical record as part of a multi-component guideline implementation intervention. Pre- and post-implementation semi-structured interviews (N=27 and 19, respectively) with PCPs from 12 VA community outpatient clinics explored confidence in prescribing SSRIs/SNRIs for PTSD and expected utility of the tool. Interviews were audio-recorded and professionally transcribed. Preliminary analysis revealed that prior to implementation, PCPs expressed variable confidence in prescribing for PTSD—ranging from viewing it as “foreign” to believing it is within primary care’s “wheelhouse.” PCPs viewed the tool as simple and easy to follow and would increase their confidence regarding dosing, completing follow-ups and addressing comorbidities. Following implementation, PCPs reported limited use of the tool; however, those who used it reported it assisted with medication selection and switching, and provided good prescribing information. Reasons for non-use included lack of awareness of the tool and

use of other local MH resources. Implications for successful implementation of a decision support tool to stimulate clinical practice change will be discussed.

THU 350

Impact of Social Support on Mental Health in Post-9/11 Service Members
(Abstract #305)

THU 350 (Clin Res, Mil/Vets, Prof) M - Industrialized

Proescher, Eric¹, Greenstein, Justin², Aase, Darrin³, Schroth, Christopher⁴, Phan, Luan⁴

¹*Department of Veteran Affairs, Chicago, Illinois*

²*VA Health Care System, Chicago, Illinois*

³*VA Medical Center, Chicago, Illinois*

⁴*University of Illinois at Chicago, Chicago, Illinois*

Perceived social support (PSS) is one of the strongest predictors of adjustment after trauma. This study examined the impact of PSS on mental health and psychosocial function in combat veterans after deployment in Iraq and Afghanistan, and within veterans with post-traumatic stress disorder (PTSD). Veterans (n = 125; female = 23) completed measures of social support, mental and physical health, functional impairment, quality of life (QOL), and coping strategies. Group comparisons were conducted with independent samples t-tests, corrected for multiple comparisons. PSS groups did not differ on age, gender, education or combat trauma exposure. Relative to the low PSS group (N=60), the high PSS group (N=65) reported fewer symptoms of PTSD, anxiety, and depression. The high PSS group also reported a more diverse and embedded social network, less disability, better QOL, and greater habitual use of adaptive emotion regulation skills. Correlational analyses showed that higher PSS within the PTSD group (N=49) was associated with less emotional numbing, depression and anxiety, and more network diversity and embeddedness (all ps < .01). These findings highlight the importance of PSS on mental well-being and psychosocial functioning. They suggest that both PSS and social network are important targets in the treatment of post-war veterans.

THU 351

Impact of Emotion Regulation on PTSD Symptom Clusters and Dyadic Adjustment
(Abstract #779)

THU 351 (Clin Res, Acc/Inj, Clin Res, Fam/Int, Mil/Vets, Adult) M - N/A

Vitale, Amanda¹, Grier, Savannah², Schultz, Danielle², Goetz, Ray³, Perlick, Deborah², Spears, Angela¹

¹*J. J. Peters Veterans Affairs Medical Center, Bronx, New York*

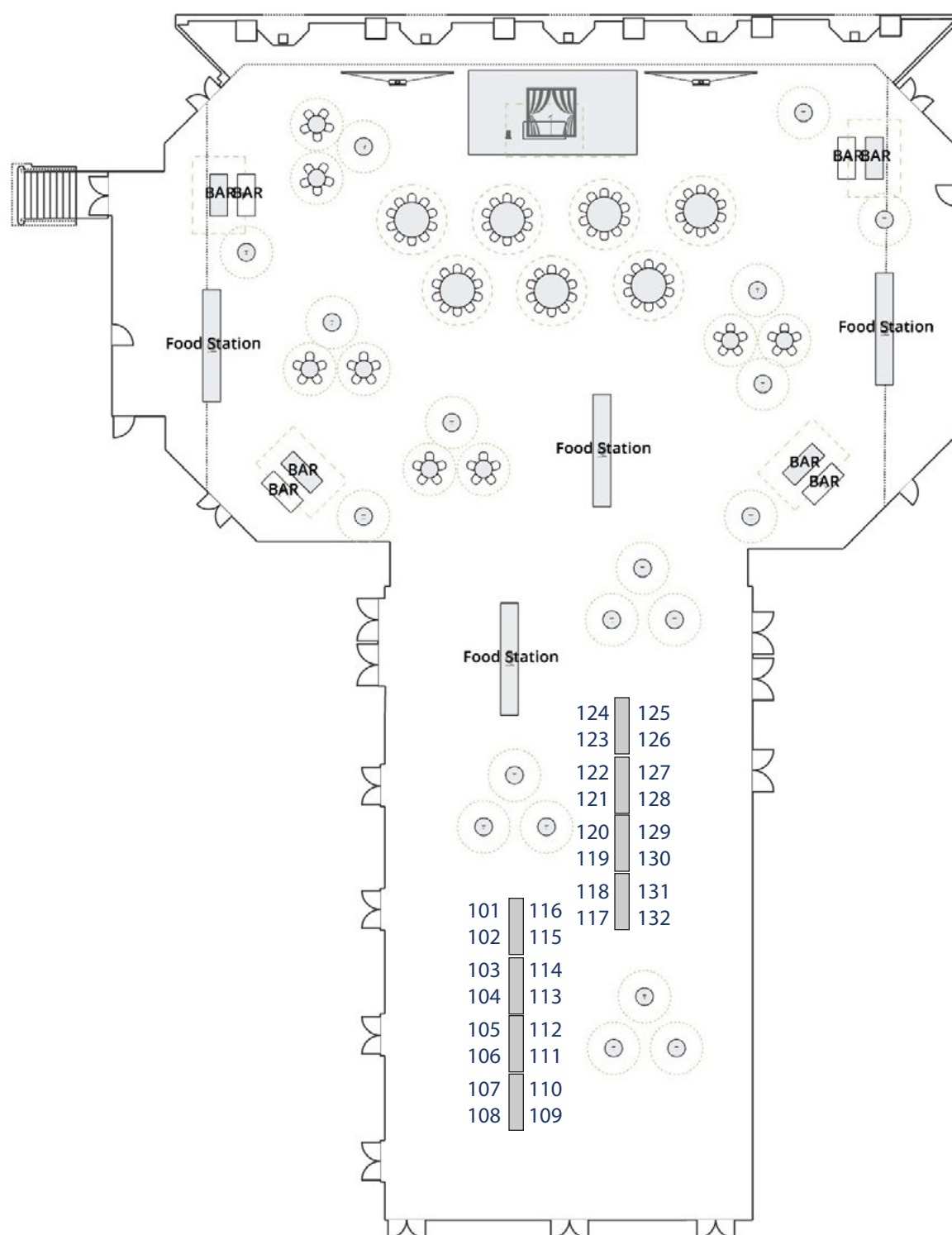
²*J. J. Peters Veterans Affairs Medical Center; Mount Sinai School of Medicine, Bronx, New York*

³*Columbia University and New York State Psychiatric Institute, New York, New York*

PTSD and social cognition(SC) deficits have been associated with marital dysfunction. Emotion regulation (ER) deficits have been linked to PTSD symptoms and may help explain their association with marital dysfunction. 70 post-911 combat Veterans with MINI-diagnosed PTSD completed the Movie for Assessment of Social Cognition (MASC), Difficulties in Emotion Regulation Scale (DERS), PTSD Checklist – Military Version (PCL-M) and Dyadic Adjustment Scale (DAS). We employed path analysis to examine the direct and indirect effects of the DERS Clarity and Strategies subscales, MASC, and PTSD symptom subscales on DAS, with separate



Welcome Reception Poster Map



Welcome Reception with SIG Endorsed Posters
Thursday, November 9
7:00 PM to 8:30 PM

Welcome Reception Poster Session

Thursday, November 9, Exhibit Hall

7:00 p.m. – 7:45 p.m.

Poster Organization

Each poster is scheduled for either Author Attended Poster Session One, Thursday Noon, Author attended Poster Session Two, Thursday Evening, the Featured Poster Presentations at the Welcome Reception, or Author Attended Poster Session Three, Friday Evening, 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 page 5.

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 4.

Session One: Thursday, November 9

Poster Setup:	6:00 p.m. – 7:00 p.m.
Author Attended Poster Session:	7:00 p.m. – 7:45 p.m.
Poster Dismantle:	8:30 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.

Welcome Reception with SIG Endorsed Posters
Thursday, November 9
7:00 PM to 8:30 PM
AGING, TRAUMA AND THE LIFE COURSE SIG

WR 101

Comorbidity Risks of a Cohort of Vietnam Veterans Diagnosed with Posttraumatic Stress Disorder
 (Abstract #1209)

WR 101 (Pub Health, Health, Res Meth, Mil/Vets, Older) M - Industrialized **Grand/State Ballroom**

Schneiderman, Aaron, Bullman, Tim
Department of Veteran Affairs, Washington, District of Columbia

Posttraumatic stress disorder (PTSD) is associated with increased risk for other mental diseases and poor physical health. This study examined comorbid disease risk among Vietnam veterans. Exposed veterans (diagnosed with PTSD) and unexposed veterans (not diagnosed with PTSD) were selected from the Department of Veterans Affairs (VA) Agent Orange Registry (AOR). The AOR provides a free VA comprehensive health exam. The 2,874 exposed and 8,537 unexposed veterans received exam between 1982 and 1989. The study included electronic health record diagnostic data from the date of AOR exam through 2014. Risks of comorbid diseases were assessed using adjusted odds ratios (OR) and their associated 95% confidence intervals (CI). PTSD was associated with increased risk for several mental diseases including alcohol and drug dependence, adjusted OR = 4.51; 95% CI [4.09, 5.00] and depressive disorders, adjusted OR = 5.28; 95% CI [4.75, 5.86]. PTSD was also associated with increased risk for digestive diseases OR = 1.78; 95% CI [1.54, 2.06] and chronic and acute pain adjusted OR = 1.94; 95% CI [1.65, 2.29]. PTSD was not associated with increased risk for circulatory diseases. Among Vietnam veterans on the AOR, PTSD was associated with increased risk for both mental diseases and physical diseases.

WR 102

Examination of PTSD Symptoms among Veterans from Different Military Conflicts
 (Abstract #551)

WR 102 (Clin Res, Assess Dx, Grand/State Mil/Vets, Aging, Adult) I - N/A Ballroom

Strage, Michele¹, Jun, Janie¹, Unger, William², Beck, J Gayle³, Sloan, Denise⁴

¹National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts

²Providence VA Medical Center, Providence, RI

³University of Memphis, Memphis, Tennessee

⁴National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts

PTSD is highly prevalent among veterans and is the most common reason veterans seek mental health treatment. Thus, it is important to have a better understanding of factors that increase risk for PTSD among veterans. The current study investigated factors that might influence PTSD symptom severity among veterans deployed to different military conflicts (Korea, Vietnam, Post-Vietnam, Persian Gulf War, OIF/OEF/OND). Participants were 144 male veterans recruited for a randomized controlled trial of PTSD group treatment. PTSD symptom severity was assessed at baseline using the CAPS-5. The SCID-IV was used to assess other Axis I disorders. Through hierarchical linear regressions, we examined potential factors associated with PTSD symptom severity: military era, lifetime substance use issues, current depression, frequency of medical problems in past month, and previous mental health treatment. OIF/OEF/OND era veterans were associated with greater PTSD symptom severity over and above other factors examined ($\beta = .31, p < .01$). This pattern was seen across all PTSD symptom clusters. Results suggest that younger veterans from the OIF/OEF/OND military conflict exhibit greater PTSD symptom severity compared to older veterans from other military conflicts. This finding may be due to the different nature of combat experienced or age differences in the processing of emotions and memories.

COMPLEX TRAUMA SIG

WR 103

White Matter Network Alterations in Patients with Depersonalization/Derealization Disorder
(Abstract #973)

WR 103 (Bio Med, Chronic, Complex, Neglect, Adult) M - Industrialized

Grand/State Ballroom

Sierk, Anika¹, Daniels, Judith², Kok, Jelmer², Gaebler, Michael³, Kruschwitz, Johann¹, Manthey, Antje¹

¹*Charite Universitätsmedizin Berlin, Berlin, Germany*

²*University of Groningen, Groningen, Netherlands*

³*Max Planck Institute for Human Cognitive and Brain Sciences, Leipzig, Sachsen, Germany*

Depersonalization/derealization disorder (DPD) has been associated with severe traumatic experiences (Belli et al., 2016) and is characterized by episodes of feeling detached from oneself (depersonalization) or the external world (derealization). Recent neuroimaging studies suggest structural and functional alterations in a variety of brain regions underlying DPD (Medford et al., 2016); however, no research on the neuronal fiber tracts in DPD exist to date. We employed an exploratory approach to investigate the structural connectome in DPD. The sample comprised 23 DPD patients and 23 well-matched healthy controls. All participants underwent three standardized interviews (SCID-I, SCID-D, IPDE). We applied graph theory to data of diffusion MRI tractography. Fractional anisotropy (FA) characterizing the connection between ROI pairs was chosen as the dependent variable for the network analysis. We found significant group differences in one network, with DPD patients showing lower FA ($p=.026$). The network comprised 12 nodes including parts of the right basal ganglia, left middle and superior temporal gyrus, left superior parietal gyrus, frontal and limbic structures. Interconnections between the thalamus, the basal ganglia, and cortical structures are crucial for the emergence of a conscious self, which is disturbed during depersonalization. This is the first study to demonstrate altered structural connectivity in DPD.

WR 104

Polyvictimization and Delinquency in Black and Latino Youth
(Abstract #1042)

WR 104 (CulDiv, Aggress, Comm/Vio, Complex, Ethnic, Child/Adol) M - Industrialized

Grand/State Ballroom

Kearney, Catherine, Bridges-Curry, Zoe, Felton, Julia

University of Maryland, College Park, Maryland

Polyvictimization in childhood has especially damaging consequences relative to single types of traumatic experiences, even when accounting for severity and frequency of the traumatic event (Ford, Wasser, & Conner, 2011). These effects include externalizing problems and psychosocial impairment (Turner, Shattuck, Finkelhor, & Hamby, 2016). Research suggests that witnessing violence in the home and community increases the risk of delinquency in adolescents, even after controlling for trauma history (Zinzow et. al, 2009). Previous findings have highlighted high rates of trauma exposure among juvenile offenders (Stimmel, Cruise, Ford, & Weiss, 2014), with more recent studies indicating that polyvictimization - a term that typically encompasses both experienced and witnessed violence across multiple domains - may in fact account for racial/ethnic discrepancies in delinquency rates among adolescents (Andrews et. al, 2015; López et. al, 2016). The current study aims to expand on past findings by examining if witnessed violence among polyvictimized Black and Latino youth contributes significantly to discrepancies in delinquency beyond what is accounted for by violence experienced directly by the adolescent. Using LONGSCAN data, we plan to run a regression analysis to determine if witnessed violence significantly increases the risk for delinquency above experienced violence alone. We believe the findings will further elucidate risk factors and point to additional areas of intervention in communities, homes, and schools.

DIVERSITY AND CULTURAL COMPETENCE SIG

WR 105

**Conceptualizing Race-based Traumatic Stress:
From Systems to Self**
(Abstract #605)

**WR 105 (CulDiv, Cul Div,
Ethnic, Social, Adult) I -
Industrialized**

**Grand/State
Ballroom**

Yang, Joyce¹, Zimmerman, Lindsey²

¹*University of Washington, Seattle, Washington*

²*National Center for PTSD – Dissemination and
Training Division, VA Palo Alto Health Care
System, Menlo Park, California*

Objective: Examine the utility of conceptualizing race-based stress as traumatic stress. **Introduction:** Current literature acknowledges the immense and long-lasting psychological impact of racism as a chronic stressor that causes significant mental health symptoms (Geronimus et al., 2006; Carter et al., 2015). We understand the complexity of racism and race-based traumatic stress as acting via multilevel mechanisms, including structural mechanisms (e.g., poor economic mobility, social determinants of health; Gee & Ford, 2011), environmental mechanisms (e.g., residential segregation and poor access to resources in communities of color), and inter- and intra-individual mechanisms (e.g., social comparison, others' racial attributions, "when the police choose to pull me over and I recall images of people that look like me being shot in these situations"). We also recognize racism as acting across multiple timescales, including isolated events, life course trajectories, and critical periods in history. However at present, consensus and consistent application of psychiatric diagnostic criteria to characterize the experience of racism and race-based stress is lacking (Carter et al., 2017). **Methods:** The authors integrate literature on the new DSM-5 PTSD criteria (Friedman et al., 2016; Stein et al., 2014), evolving ICD-11 PTSD profile (Cloitre et al., 2013), adjustment disorder (e.g., Miller, 2009; Zaiontz & Sarkar, 2014), and emerging validation of factor structures of race-based traumatic stress (e.g., Carter et al., 2013; Williams & Leins, 2016) to examine a theoretical conceptualization of race-based traumatic stress. We also examine cross-cultural commentary (e.g., Bensimon et al., 2013) on experiences of chronic national traumatic stress for individuals who are embedded in environments of persistent exposure to terror. **Implications and Future Directions:** We present a model of race-based traumatic stress,

Criterion A traumas, and adjustment disorder stressors that demonstrate unique components and overlap of intrusion, persistent avoidance, alterations in cognition and mood, and hyperarousal/reactivity symptoms (e.g., Bryant-Davis & Ocampo, 2005; Comas-Diaz, 1994; Williams et al., 2003; Friedman et al., 2016). The new PTSD criteria, emerging empirical literature on racial trauma, and new adjustment disorder diagnoses triangulate to provide a unique opportunity to develop better psychological understanding of the well-established negative impact of racism. Conceptualizing race-based as traumatic stress may have clinical utility, as well as public health and social justice implications for intervention, particularly for people of color. Examining methods to codify and measure race-based traumatic stress will be critical for future work.

WR 106

**Incidence of Violent Police Contact Experiences
among African American Male**
(Abstract #1346)

**WR 106 (CulDiv, Comm/Int,
Comm/Vio, Social, Adult) I -
Industrialized**

**Grand/State
Ballroom**

Burnside, Amanda, Gaylord-Harden, Noni,

Wiedbusch, Elzbieta

Loyola University Chicago, Chicago, Illinois

The current study utilizes pilot data from a project examining experiences of contact with police among 10 African American males in Chicago ages 18-25 (M = 22.00, SD = 3.16). Men were recruited from a community agency and self-reported on their experiences with police in the last 12 months. Preliminary results revealed that 90% of the pilot sample had contact with a police officer and 50% of these males experienced more than three encounters. Participants provided in-depth reports on different types of violent encounters they experienced with police. For example, 55% of participants witnessed police officers threaten to use physical force on someone, 33% witnessed police officers threaten to use a weapon on someone, and 33% witnessed police officers physically attack someone in the community. Also, 22% of participants were threatened with physical force, 33% were grabbed by police, 11% were pulled from a car by police, and 11% were pushed or shoved by police. Data collection is ongoing and final analyses will examine the relationship between police contact experiences and trauma symptoms in the full sample of 200 males.

EARLY INTERVENTIONS SIG

WR 107

The Role of Patient Characteristics on Positive Social Support and Therapeutic Alliance: A Moderated Mediation Model

(Abstract #1467)

WR 107 (Clin Res, CSA, Adult) I - Industrialized

Grand/State Ballroom

Baier, Allison¹, Feeny, Norah¹, Zoellner, Lori²
¹*Case Western Reserve University, Cleveland, Ohio*
²*University of Washington, Seattle, Washington*

Positive social support is associated with better PTSD treatment outcomes (Price et al., 2013) and may impact therapeutic alliance, which is related to improvement in psychotherapy (Horvath et al., 2011). Both constructs may be affected by patient characteristics such as trauma history and comorbidity (Cloitre et al., 2016). Across 200 patients receiving PE or sertraline for chronic PTSD, early therapeutic alliance was examined as a mediator of the relationship between pre-treatment positive social support and post-treatment PTSD severity. Gender, comorbid depression, childhood physical abuse, childhood sexual abuse (CSA), and lifetime trauma history were tested as moderators. There was a significant indirect effect of positive social support on outcome (fewer symptoms) through the therapeutic alliance, $b = -.047$, [CI: $-.104 - -.012$]. Stronger alliance mediated the relationship between more positive social support and fewer post-treatment PTSD symptoms for those without CSA, [CI: $-.132 - -.009$] but not with CSA [CI: $-.040 - .041$]. No other moderation effects were observed. Clinicians may find it advantageous to focus on promoting patients' positive social supports early in treatment, especially for those with CSA history for whom social support may be more difficult to build and maintain through treatment.

WR 108

The Protective Effect of Social and Support Networks among US Army Soldiers at Risk for Suicide

(Abstract #1532)

WR 108 (Clin Res, Clin Res, Mil/Vets, Adult) M - N/A

Grand/State Ballroom

Dempsey, Catherine¹, Benedek, David¹, Nock, Matthew², Riggs, Charlotte³, Wang, Leming³, Ng, Tsz Hin³
¹*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland*
²*Harvard University, Cambridge, Massachusetts*
³*Uniformed Services University, Bethesda, Maryland*

The suicide rate among US Army Soldiers has increased dramatically over the past decade; despite increased and ongoing research efforts, an understanding of risk and protective factors for suicidal behavior among Soldiers is far from complete. The purpose of this study is to identify whether social and support networks mitigate the risk among US Army Soldiers using a psychological autopsy study. Psychological autopsy studies provide information about risk and protective factors for suicide while overcoming the limitations of relying solely on available medical or administrative records of those who die by suicide. Data are from the Army Study to Assess Risk and Resilience in Service members (Army STARRS**), the largest epidemiological and neurobiological study of risk and resilience factors for suicidality and psychopathology ever conducted in the US military. Soldier Health Outcomes Study-B (SHOS-B) is an Army STARRS case-control study of Soldiers who died by suicide while on active duty between August 2011- November 2013. We utilized a semi-structured interview of next of kin (NOK) and first line supervisors (SUP) of 168 Soldiers who died by suicide and 389 control Soldiers matched on known sociodemographic risk factors for suicide and Army history variables to obtain information on social support networks for these Service members. Results suggest third parties (both next of kin and first line supervisors) identify differences in social networks and supports between suicide decedents and matched controls. Based on these results future investigations should consider the nature of close relationships, casual social networks and spirituality in efforts to quantify risk of suicide.

FAMILY SYSTEMS SIG

WR 109

Parenting Sense of Competence Mediates the Relationship between PTSD Symptoms and Family Functioning in Treatment-Seeking Post-9/11 Veteran Parents

(Abstract #999)

WR 109 (Clin Res, Fam/Int, Mil/Vets, Lifespan) I - Industrialized

Grand/State Ballroom

Laifer, Lauren¹, Ohye, Bonnie², Simon, Naomi², Bui, Eric²

¹Massachusetts General Hospital, Boston, Massachusetts

²Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts

Over 2.5 million service members have deployed in support of the post-9/11 conflicts, with research indicating that deployment-related disorders such as posttraumatic stress disorder (PTSD) may be associated with decreased parenting efficacy and satisfaction and subsequent child adjustment difficulties (see Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010). However, limited data is available on the association between PTSD and family functioning in post-9/11 veterans. As part of their clinical intake evaluation, 219 treatment-seeking post-9/11 veteran parents (92% male; *M* age = 36.3, *SD* = 8.2) completed the PTSD Checklist (PCL; Weathers, Litz, Herman, Huska, and Keane, 1993), the Parenting Sense of Competence Scale (PSOC; Johnston & Mash, 1989), and the General Functioning subscale of the Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983). Utilizing an IRB-approved de-identified data repository, we examined the association between PTSD symptom severity, PTSD symptom clusters, and family functioning in our clinical sample of veterans. PCL correlated with FAD ($r = 0.165, p < 0.05$), with follow-up analyses revealing that only the numbing/avoidance PTSD symptom cluster (PCLc) was significantly associated ($r = 0.197, p < 0.01$). A multiple regression revealed that PCLc was independently associated with FAD after controlling for gender ($F(2, 212) = 4.55, p < 0.05, R^2 = 0.04, \beta = 0.017, p < 0.01$). When adding PSOC to the model, the model remained significant ($F(3, 178) = 25.8, p < 0.001, R^2 = 0.30$), and FAD was significantly associated with PSOC ($\beta = -0.026, p < 0.001$) but not PCLc. Examination of the indirect effect of PSOC on

the association between PCLc and FAD based on 4,000 bootstrapped samples (Preacher & Hayes, 2008) revealed a significant indirect effect (point estimate = 0.0088; bias-corrected and accelerated 95% *CI* = 0.0027, 0.0162). Our results suggest that parenting sense of competence may play a role in the relationship between PTSD symptoms and family functioning and that interventions targeting parenting practices may dampen this relationship.

WR 110

Perceived Family Support as a Unique Protective Factor among Firefighters

(Abstract #903)

WR 110 (Clin Res, Chronic, Adult) I - Industrialized

Grand/State Ballroom

Tankersley, Amelia¹, Sullivan, Connor¹, Woo, AnnaLin¹, Wong, Steve¹, Wusik, Michael², Jones, Russell¹

¹Virginia Polytechnic Institute and State University, Blacksburg, Virginia

²University of Baltimore, Baltimore, Maryland

Firefighters are frequently exposed to a variety of potentially traumatic events (PTEs). Despite high occupation-based PTE exposure, a majority of these individuals do not develop posttraumatic stress disorder (PTSD), which renders them an ideal sample for the study of resilience (Meyer et al., 2012). Social support has been well established as a protective factor in the aftermath of trauma (e.g., Ozbay et al., 2008). In this study, we analyzed the degree to which specific types of perceived social support predicted self-reported PTSD symptoms among 253 firefighters. Regression analyses indicated that family support (Multidimensional Scale of Perceived Social Support; MSPSS; Zimet et al., 1988) accounted for more variance ($R^2 = .046$) in PTSD Checklist scores (PCL; Weathers et al., 1993) than support from friends or others. Notably, the family support subscale alone better predicted PCL scores than the MSPSS as a whole ($R^2 = .030$). Furthermore, family support was the only subscale within the MSPSS that predicted severe PTSD symptom group membership, $F(1, 250) = 6.210, p < .05$. Our results indicate that perceptions of family-based support may play a unique and significant protective role among firefighters, over and above support from friends and others.

GENOMICS AND TRAUMA SIG

WR 111

Epigenome-Wide Region-Based Methylation Analysis of Childhood Trauma Associated with Functional Neural Phenotypes

(Abstract #444)

WR 111 (Bio Med, Complex, Health, Genetic, Neuro, Adult) A - Industrialized Grand/State Ballroom

Pfeiffer, John¹, Bustamante, Angela², Koenen, Karestan³, Nikolova, Yulia⁴, Hariri, Ahmad⁵, Uddin, Monica⁶

¹University of Illinois at Urbana-Champaign, Urbana, Illinois

²University of Illinois, Urbana, Illinois

³Harvard School of Public Health, Boston, Massachusetts

⁴Campbell Family Mental Health Research Institute of CAMH, Toronto, Ontario, Canada

⁵Duke University, Durham, North Carolina

⁶University of Illinois, Champaign, Illinois

Childhood trauma is severely detrimental to mental health and confers elevated risk for neuropsychiatric illness. The mechanisms by which trauma contributes to neural pathology are not completely understood, pointing to the importance of identifying, in easily accessible tissues such as saliva, mechanisms by which trauma "gets under the skin". **The current study aims to investigate the relationship between childhood trauma and CpG methylation (CpGm) at the genome-wide level and to identify neural phenotypes predicted by trauma-associated CpGm.** We draw on the Duke Neurogenetics Study, a cohort consisting of college-age undergraduates. Available measures include saliva-derived genome-wide CpGm, childhood trauma history, demographic factors, fMRI-derived threat-related amygdala reactivity (TRAR), and psychopathology history (n=250). Differentially methylated regions (DMRs) will be identified accounting for potential interaction effect between trauma history and TRAR. Principal component analysis will be used to investigate the contribution of TRAR to variability in CpGm overall. Genome-scale CpGm data has been collected/processed using Illumina microarray platforms; analyses are ongoing. Identification of trauma-associated DMRs from saliva that are predictive of neural phenotypes will serve to identify

peripheral biomarkers of childhood trauma exposure that also index CNS function.

WR 112

Comprehensive Analysis of Circulating Small RNA in Patients with PTSD

(Abstract #1039)

WR 112 (Bio Med, Bio/Int, Mil/Vets, Genetic, Adult) M - Industrialized Grand/State Ballroom

Lee, Min Young¹, Yehuda, Rachel², Marmar, Charles³, Wang, Kai¹, Hood, Leroy¹, Lee, Inyoul¹
¹Institute for Systems Biology, Seattle, Washington
²J. J. Peters Veterans Affairs Medical Center;
Mount Sinai School of Medicine, Bronx, New York
³New York University School of Medicine, New York, New York

In recent years, dysregulation of micro RNAs (miRNAs) in brain, CSF, and plasma has been discovered in psychiatric diseases like schizophrenia, autism spectrum disorders, and major depressive disorder. However, research on post-traumatic stress disorder (PTSD) associated miRNAs has been limited. The present study performed the first comprehensive profiling of circulating small RNA including miRNA in plasma, extracellular vesicles (EVs) and EV-depleted plasma samples of PTSD patients by utilizing next-generation sequencing (NGS) platform. Our initial analysis included 24 male patients with (n=12) and without (n=12) PTSD from Iraq and Afghanistan combat veterans. Our results identified a number of circulating miRNAs showing PTSD-associated concentration changes. To decipher the origin of these affected circulating RNAs, mRNAs, long non-coding RNAs (lncRNAs), and miRNAs from twelve human brain subregions were analyzed. The modular expression patterns of mRNAs, lncRNAs, and miRNAs in brain subregions were also analyzed. From these analyses, we can identify the possible origin and biological processes of PTSD affected-circulating miRNAs based on the co-expression network of brain subregion enriched mRNAs, lncRNAs, and miRNAs. This work is support by a grant from PTSD, Military Operational Medicine Research Program", US Army Medical Research and Materiel Command (MRMC), Fort Detrick, MD (W911NF-16-2-0015).

INTERGENERATIONAL TRANSMISSION OF TRAUMA AND RESILIENCE SIG

WR 113

Transgenerational Trauma Transmission: Positive Mediating Effect of Identification with Family History on Offspring Resilience
(Abstract #940)

WR 113 (Prevent, Surv/Hist, Intergen, Adult) M - Industrialized

Grand/State Ballroom

Mazulyte-Rasytine, Egle, Gailiene, Danute
Vilnius University, Vilnius, Lithuania

Previous research findings revealed a positive effect of knowing the traumatic family history of political repressions during the soviet occupation in Lithuania on offspring well-being and resilience. The aim of this study was to find significant mediators and other protective factors in transgenerational trauma transmission. This research was funded by the European Social Fund under the Global Grant measure. Over a thousand Lithuanian citizens participated in a representative study and completed the Well-being Index, Resilience Scale and Life Orientation Test. They have also provided the information about family member experiences of political persecutions during the soviet occupation in Lithuania, their identification with this family history and family conversations about the historical trauma. Results of the study confirmed a good model fit for the SEM analysis with the mediating effects of the identification with family history on offspring resilience, optimism and well-being. Hierarchical regression analysis showed sadness expression in family conversations to be a significant prognostic factor for the identification. In conclusion, identification with the family history may serve as a protective factor and enhance resilience in transgenerational trauma transmission; also, sad family stories about the traumatic history may have a contributing role in this process.

WR 114

Infants and Intimate Partner Violence: Effects of Pregnant Women's Experiences of Violence on Post-natal Infant Behavior
(Abstract #1357)

WR 114 (Clin Res, DV, Fam/Int, Intergen, Lifespan) I - Industrialized

Grand/State Ballroom

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

Background: Experiences of intimate partner violence (IPV) for pregnant women can have complex consequences for post-natal infant outcomes. However, much remains unknown about how these effects of maternal IPV on children occur. **Objective:** The current study proposes that maternal prenatal experience (Time 1) of past year IPV (physical, sexual, and psychological) will differentially predict infant behavior outcomes (positive affectivity [PA]; regulatory capacity [RC]) at age 4 months (Time 3), even after accounting for Time 1 maternal depressive symptoms. **Methods:** Pregnant women (n=63) in a community sample completed assessments of IPV, mental health, and infant behavior across 3 time points: prenatal and 6 weeks and 4 months post-natal. A multivariate multiple regression examined the association Time 1 IPV, Time 1 maternal depressive symptoms, and Time 3 infant behavior. **Results:** Past year physical assault was associated with PA (= -.031, p=.012) and with RC (= -.022, p=.013), even with maternal depression contained in the model. No other variables significantly predicted infant behavior. **Conclusion:** Different types of maternal IPV have differential effects on infant behavior that are not fully accounted for by maternal mental health. These findings have implications for how interventions following maternal IPV may address effects of IPV on developing children.

INTERNET & TECHNOLOGY SIG

WR 115

Latent-level Relations between DSM-5 PTSD Symptom Clusters and Problematic Smartphone Use
(Abstract #40)

**WR 115 (Assess Dx, Affect/Int, Grand/State
Tech, Adult) M - Industrialized Ballroom**

Contractor, Ateka¹, Frankfurt, Sheila², Weiss, Nicole³, Elhai, Jon⁴

¹*University of North Texas, Denton, Texas*

²*VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas*

³*Yale University School of Medicine, New Haven, Connecticut*

⁴*University of Toledo, Toledo, Ohio*

Common mental health consequences following the experience of potentially traumatic events include Posttraumatic Stress Disorder (PTSD) and addictive behaviors (e.g., Breslau, 2009; Khoury, Tang, Bradley, Cubells, & Ressler, 2010). More recently, research on “cyber addictions,” including smartphone addiction, is gaining traction (reviewed in Billieux, 2012). People with anxiety severity (such as PTSD) may be at risk for problematic smartphone use as a means of coping with their symptoms (reviewed in Billieux, 2012). Thus, we assessed relations between PTSD symptom clusters and problematic smartphone use in a sample of 347 participants recruited through Amazon’s Mechanical Turk (MTurk) platform (*Mage* = 33.60 years; 57.70% females). Participants completed measures of PTSD and smartphone addiction. Using age and gender as covariates in the model, results of the Wald tests of parameter constraints indicated that problematic smartphone use was more related to PTSD’s negative alterations in cognitions and mood (NACM) than to PTSD’s avoidance factor, Wald $2(1, N = 347) = 12.51, p = .0004$; and more related to PTSD’s arousal compared to PTSD’s avoidance factor, Wald $2(1, N = 347) = 14.89, p = .0001$. Hence, results indicated that problematic smartphone use is most associated with negative affect and arousal among trauma-exposed individuals. Implications include the need for a clinical assessment of the nature and extent of problematic smartphone use among trauma-exposed individuals, especially those presenting with higher NACM and arousal severity. Further, clinical interventions could benefit from targeting NACM and arousal symptoms to mitigate the effects of problematic smartphone use. Lastly, treatment for PTSD may also benefit from

targeting the addictive nature of smartphone use similar to treatment targets for co-occurring PTSD- addictive behaviors.

WR 116

eHealth Readiness Moderates the Effectiveness of an eHealth Intervention in Reducing Posttraumatic Stress Symptoms: A Moderated Mediation Analysis
(Abstract #103)

**WR 116 (Tech, Clin Res, Grand/State
Complex, Pub Health, Theory, Ballroom
Adult) M - Industrialized**

*Yeager, Carolyn, Shoji, Kotaro, Benight, Charles
University of Colorado at Colorado Springs,
Colorado Springs, Colorado*

Significant evidence exists for the effectiveness of eHealth interventions for posttraumatic stress symptoms (PTSS; Amstadter, Broman-Fulks, Zinzowa, Ruggiero, & Cercone, 2009). However, eHealth interventions are not equally effective for all individuals and attrition and non-adherence are common (Price, Gros, McCauley, Gros, & Ruggiero, 2012). There is need to better understand underlying mechanisms of change as well as predictors of eHealth intervention usage. Readiness to engage in an eHealth intervention (eHealth Readiness) may be one such predictor (Bhalla, Durham, Al-Tabaa, & Yeager, 2016). This longitudinal study analyzed how changes in trauma coping self-efficacy (CSE-T) were related to changes in PTSS moderated by levels of eHealth Readiness (eHR). Local trauma survivors from a domestic violence shelter, an integrated care facility, the Veterans Health and Trauma Clinic research registry, and undergraduate students at the University of Colorado Colorado Springs used a theoretically based eHealth intervention called My Trauma Recovery (MTR). MTR is based on social cognitive theory and was designed to enhance CSE-T (Benight, Ruzak, & Waldrep, 2008). This study is part of a larger overall investigation applying machine learning to develop an intelligent eHealth intervention. The study consisted of three 1.5 hour sessions, each session one week apart ($N_{T1} = 92, N_{T2} = 82, N_{T3} = 76$). Using a randomized counter-balanced research design, participants were assigned various modules of MTR. Results of the moderated mediation model indicated for those high in eHR (+ 1 SD), change in CSE-T mediated the relationship between T1 PTSS and T3 PTSS, $B = 0.135, 95\% \text{ CI}[0.046, .284] (N = 76)$. These results indicated that lower T1 PTSS was related to greater CSE-T

change, which further affected a decrease in T3 PTSS only for those ready to use an eHealth intervention. The conditional indirect effect was non-significant at low levels of eHR (-1SD), $B = 0.021$, 95% CI [-0.041, 0.084]. These findings highlight the value of a theoretically based trauma recovery eHealth interventions and the role of eHealth Readiness in the reduction of PTSS.

MILITARY SIG

WR 117

Posttraumatic Stress Disorder Treatment in OIF/OEF/OND Veterans: A Review of Factors Contributing to Treatment Dropout and Retention
(Abstract #466)

WR 117 (Clin Res, Prevent, Adult) I - Industrialized **Grand/State Ballroom**

Martin, Colleen¹, Williams, Wright²

¹*Michael E. DeBakey VA Medical Center, Houston, Texas*

²*Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas*

A significant number of U.S. veterans are returning from Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) service eras. In fact, it has been estimated that approximately 7.5% of U.S. OIF/OEF/OND combat veterans will develop PTSD (Smith et al., 2008); however, many do not complete the necessary number of sessions of evidence-based psychotherapies (EBP) developed to treat PTSD to meet criteria for treatment completion (Seal et al., 2010). Treatment adherence for EBPs for PTSD has been recently examined more extensively due to increasing rates of attrition in the Veterans Affairs Healthcare System (Steenkamp & Litz, 2013). Currently, the average rate of dropout from EBPs for PTSD is 30% across all evidence-based interventions (Hernandez-Tejada, Acierno, & Sanchez-Carracedo, 2016). Therefore, the purpose of the current review was to a) evaluate the correlates of treatment dropout for OIF/OEF/OND veterans with various types of trauma, b) review methods to prevent treatment dropout from the current literature, and c) offer future directions. Factors contributing to dropout from EBP's for PTSD include demographic (e.g., younger veterans, African American, disability status, comorbid diagnoses), psychological (e.g., history of childhood abuse, affective discomfort), treatment (e.g., concerns about stigma, confidentiality), logistic (e.g., scheduling issues, travel time), and biological (e.g., increased neural activation in the dorsal Anterior Cingulate Cortex) factors. Given the complexity of the factors contributing to treatment dropout, research has sought to also identify several methods to prevent treatment dropout. Studies have suggested implementing booster sessions focused on coping skills prior to engaging in trauma-focused treatment (Erbes et al., 2009), as well as implementing motivational enhancement sessions (i.e., motivational interviewing, shared decision-making) (Miles &

Thompson, 2016). Additionally, telehealth interventions have reduced logistical barriers (i.e., parking, travel time and cost). Other methods to reduce treatment dropout include peer social support, emotion regulation skills training, utilizing either individual or a combined group/individual format, and the veteran's treatment preference and history in greater detail (Hernandez-Tejada et al., 2016; Gros et al., 2013; Miles & Thompson, 2016). Future studies should examine treatment dropout in other samples of veterans (i.e., female veterans), residential treatment centers, community-based outpatient clinics, and in various types of research trials versus clinical populations. Additionally, future research might examine in more depth the relationships of PTSD symptom clusters with treatment dropout.

WR 118

Combat Experience, Suicidal Behavior, and Coping Style among U.S. Veterans
(Abstract #1353)

WR 118 (Prevent, Prevent, Mil/Vets, Other) I - N/A **Grand/State Ballroom**

Ramirez, Francesca¹, Nizzi, Marie-Christine¹, Gomez, Stephanie², Pixley, Heather¹, Nock, Matthew¹
¹*Harvard University, Cambridge, Massachusetts*
²*Northeastern University, Boston, Massachusetts*

Military personnel deployed to combat theaters report elevated rates of PTSD and suicidal thoughts and behaviors (STBs).¹ However, results are mixed regarding whether it is deployment, or specific features of deployment – such as certain combat-related experiences and individual coping styles – that are associated with increased risk of these outcomes. The current study aims to identify risk factors to be used in novel methods of predicting STBs; we examined specific combat experiences and the adoption of an active versus an avoidant coping style in US veterans. Preliminary results suggest differences in combat exposure between suicidal (N=34) versus nonsuicidal (N=38) veterans. Specifically, suicidal veterans have higher rates of being wounded or injured in combat ($X^2 [1] = 7.12, p < .01$) as well as having higher rates of firing a weapon on ($X^2 [1] = 5.19, p < .02$) and/or killing the enemy ($X^2 [1] = 5.94, p < .01$). We also found that combat veterans who engage in more active forms of coping reported fewer symptoms of depression, PTSD, and STBs compared with those who engage in avoidant forms of coping ($r = -0.33$). Data collection is ongoing; we plan to add information from follow-up interviews.

PSYCHODYNAMIC RESEARCH AND PRACTICE SIG

WR 119

The Relationship between Guilt-related Cognitions and Nightmares in Veterans with PTSD

(Abstract #1341)

WR 119 (Clin Res, Sleep, Adult) I - Industrialized	Grand/State Ballroom
---	-----------------------------

Dedert, Eric¹, Neal, Julia¹, Hicks, Terrell², Carpenter, Vickie¹, Beckham, Jean³, Calhoun, Patrick⁴

¹*Durham VA Medical Center, Durham, North Carolina*

²*Duke University Medical Center & Durham Veterans Affairs Medical Center, Durham, North Carolina*

³*Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham, North Carolina*

⁴*Durham VA Medical Center, VISN 6 MIRECC, Duke University School of Medicine, Durham, North Carolina*

Despite a well-established role of specific cognitions and beliefs in PTSD and the successful resolution of PTSD symptoms, relationships of cognitions to nightmares are not well understood. This study investigated the ways in which guilt-related beliefs about wrongdoing and violating one's personal standards were related to the relationship between combat exposure and trauma nightmare severity in military Veterans with PTSD. A sample of 50 Veterans seeking concurrent treatment for PTSD and smoking cessation completed the Clinician-Assisted PTSD Schedule (CAPS) interview and completed self-report measures of trauma-related wrongdoing from the Trauma-Related Guilt Inventory and trauma-related nightmares from the PTSD Addendum to the Pittsburgh Sleep Quality Index, including PTSD specific items about sleep. To explore an indirect relationship of combat exposure with trauma-related nightmares that was exerted through beliefs of wrongdoing, bivariate regression analysis established a relationship of combat exposure to beliefs of wrongdoing ($r = .31$, $t(1) = 2.24$, $p < .05$). A series of bivariate regressions found a relationship of beliefs of wrongdoing with all measures of trauma-related nightmares, including clinician-rated nightmare severity from the CAPS ($r = .41$, $t(1) = 3.11$, $p < .01$), self-reported trauma-related nightmares ($r = .36$, $t(1) = 2.64$, $p < .05$), and overall trauma-

associated sleep disturbance ($r = .35$, $t(1) = 2.49$, $p < .05$). Subsequent bootstrapping analyses of our three measures of trauma-related nightmares found significant overall standardized indirect effects of combat exposure exerted through beliefs of wrongdoing on the CAPS nightmare item (indirect effect = 0.10, 95% CI: 0.02 – 0.27), self-reported trauma-related nightmares (indirect effect = 0.10, 95% CI: 0.01 – 0.27), and overall trauma-associated sleep disturbance (indirect effect = 0.10, 95% CI: 0.02 – 0.25). This suggests that the association of combat with trauma-related nightmares is significantly influenced by beliefs of wrongdoing during the trauma. Interventions focusing on guilt-related beliefs and moral injury might be well-suited to treating this type of nightmare.

WR 120

Relationships between Posttraumatic Stress Disorder Symptoms and Grief-Related Meaning Making among Homicide Survivors

(Abstract #22)

WR 120 (Clin Res, Comm/Vio, Death, Adult) I - Industrialized	Grand/State Ballroom
---	-----------------------------

Zakarian, Rebecca, McDevitt-Murphy, Meghan, Bellet, Benjamin, Neimeyer, Robert, Burke, Laurie
The University of Memphis, Memphis, Tennessee

Homicide survivors are vulnerable to negative mental health outcomes, including Posttraumatic Stress Disorder (PTSD; American Psychiatric Association, 2013). Meaning making in the aftermath of trauma and loss is believed by some to be an adaptive process that is also associated with reductions in pathology (Currier, Holland, & Neimeyer, 2006; Steger, Owens, & Park, 2015). Few studies, however, have considered what facets of meaning making are most strongly related to PTSD. Thus, the present study examined the subscales of a meaning-making measure, the Grief and Meaning Reconstruction Inventory (GMRI; Gillies, Neimeyer, & Milman, 2015), and their relationship with DSM-IV PTSD symptom clusters. Participants ($N = 57$) were recruited through a community and faith-based outreach organization that partners with local law enforcement authorities to provide advocacy and support services to survivors of homicide loss. The sample was primarily female ($n = 51$, 89.5%) and

Black (n = 54, 94.7%) with an average age of 48.07 years (SD = 12.18, range = 19 – 71). Most participants were mothers who had experienced the loss of an adult child (n = 30). Participants completed the PTSD Checklist – Civilian Version (PCL-C; Weathers, Litz, Herman, Huska, & Keane, 1993) and the Grief and Meaning Reconstruction Inventory as part of a larger assessment battery. The GMRI is organized into five subscales: Continuing Bonds, Personal Growth, Sense of Peace, Emptiness and Meaninglessness, and Valuing Life. Correlations were conducted to investigate relationships between PTSD symptom clusters and GMRI subscales. Only the GMRI Emptiness and Meaninglessness subscale was significantly correlated with PCL symptom clusters (B symptoms: $r = .34$, $p < .01$; C symptoms: $r = .56$, $p < .01$; D symptoms: $r = .36$, $p < .01$). The GMRI subscales Continuing Bonds, Personal Growth, Sense of Peace, and Valuing Life were not significantly correlated with any of the PTSD

symptom clusters. Additional analyses indicated that younger participants were more likely to report symptoms of PTSD ($r = -.30$, $p < .05$) and that greater time since death was negatively associated with PCL scores ($r = -.29$, $p < .05$). Thus, age and months since death were included as additional covariates in subsequent analyses. Results of separate regression analyses will be presented. Although most aspects of meaning making were not related to PTSD symptomatology, the experience of emotional distress and sense of desolation in the wake of traumatic loss were significantly correlated with all symptom domains, suggesting that these experiences are particularly salient to the expression of PTSD. Additional research and clinical implications will be elaborated.

RESEARCH METHODOLOGY SIG

WR 121

Making Connections: Exploring the Centrality of Posttraumatic Stress Symptoms and Covariates after a Terrorist Attack

(Abstract #743)

WR 121 (Res Meth, Acute, Anx, Assess Dx, Terror, Adult) M - Grand/State Industrialized Ballroom

*Birkeland, Marianne, Heir, Trond
Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

Background: Posttraumatic stress symptoms are interconnected. Knowledge about which symptoms of posttraumatic stress are more strongly interconnected or central than others may have implications for the targeting of clinical interventions. Exploring whether symptoms of posttraumatic stress may be differentially related to covariates can contribute to our knowledge on how posttraumatic stress symptoms arise and are maintained.

Objective: This study aimed to identify the most central symptoms of posttraumatic stress and their interconnections, and to explore how covariates such as exposure, sex, neuroticism, and social support are related to the network of symptoms of posttraumatic stress. **Method:** This study used survey data from ministerial employees collected approximately ten months after the 2011 Oslo bombing that targeted the governmental quarters (n=190). We conducted network analyses using Gaussian graphical models and the lasso regularization. **Results:** The network analysis revealed reliably strong connections between intrusive thoughts and nightmares, feeling easily startled and overly alert, and between feeling detached and emotionally numb. The most central symptom in the symptom network was feeling emotionally numb. The covariates were generally not found to have high centrality in the symptom network. An exception was that female sex was connected to high physiological reactivity to reminders of the trauma. **Conclusions:** Ten months after a workplace terror attack emotional numbness appear to be of high centrality in the symptom network of posttraumatic stress. Fear circuitry and dysphoric symptoms may constitute two functional entities in chronic posttraumatic stress. Clinical interventions targeting numbness may be beneficial

in the treatment of posttraumatic stress, at least after work place terrorism.

WR 122

Complex Connections between Anger and PTSD: A Network Analysis

(Abstract #1320)

WR 122 (Res Meth, Aggress, Adult) M - Grand/State Industrialized Ballroom

*Sullivan, Connor¹, Wright, Cassie², Crockett-Eans, Kerrington², Jones, Russell¹
¹Virginia Polytechnic Institute and State University, Blacksburg, Virginia
²Virginia Tech, Blacksburg, Virginia*

Network analysis has become increasingly more common in PTSD studies (Bryant et al., 2017; Epskamp, Borsboom, & Fried, 2016; McNally et al., 2015; Sullivan, Smith, Lewis, & Jones, 2016). Additionally, research has demonstrated a moderate relationship between anger and posttraumatic stress disorder (PTSD). Anger also distinguishes PTSD from other disorders (Olatunji, Ciesielski, & Tolin, 2010; Orth & Wieland, 2006). Thus, this study explores the unique connections between anger and PTSD via a network analysis utilizing a sample of 435 undergraduate students. A partial correlation network was computed including state, trait, trauma-related anger (i.e., anger related to survival mode and fear avoidance theories; Chemtob et al., 1988; Chemtob et al., 1997; Riggs et al., 1992), and PTSD symptoms. Results from the partial correlation network indicated that trait anger and trauma-related anger were the strongest symptoms in the network (degree = 2.15). Regarding more specific connections, trauma-related anger was associated with low positive emotions ($r = .23$), risky behavior ($r = 0.15$), and negatively related to loss of interest in usual activities ($r = -.13$). These findings highlight the diverse impact of anger. Regression- and relative importance-based networks will also be investigated to identify more specific pathways from anger to PTSD symptoms.

TRAUMA AND SUBSTANCE USE DISORDERS SIG

WR 123

Interpersonal Violence Has Unique Associations with Neurocognitive Functioning: An Examination among Military Veterans with Alcohol Use Disorder and PTSD
(Abstract #480)

WR 123 (Clin Res, Cog/Int, Bio/Int, Sub/Abuse, Mil/Vets, Adult) M - N/A

Grand/State Ballroom

Meffert, Brienna¹, Lai, Jennifer², Tobin, Chelsea², Cloitre, Marylene³, Woodward, Steven⁴, Heinz, Adrienne⁵

¹National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California

²Palo Alto University, Palo Alto, California

³National Center for PTSD-Dissemination and Training Division, Menlo Park, California

⁴National Center for PTSD-Dissemination and Training Division, Palo Alto, California

⁵VA Palo Alto Health Care System, Menlo Park, California

Among individuals with Posttraumatic Stress Disorder (PTSD), previous research has demonstrated that, compared to other types of trauma, interpersonal violence (e.g., physical and sexual assault) is associated with more PTSD symptomatology, longer duration of symptoms, and increased likelihood of co-occurring substance use disorders. Neurocognitive vulnerabilities (i.e., disruptions in memory and executive function) may contribute to increased PTSD pathology and poor recovery outcomes. Accordingly, the current study investigated the association of index (“worst”) trauma type (interpersonal violence v. other) and neuropsychological performance on memory and executive functioning assessments. Participants were 63 military veterans ($M_{age} = 39.74$, $SD = 11.39$; 90% Male) with Alcohol Use Disorder (AUD) and PTSD. A Multivariate Analysis of Variance was conducted controlling for PTSD and AUD symptom severity, age, and years of education. Results indicated that individuals with interpersonal violence as their index trauma displayed lower risk-taking behaviors (Balloon Analogue Risk Task), lower pre-morbid IQ (Wechsler Test Adult Reading), poorer cognitive flexibility (Wisconsin Card Sorting Test), and more self-reported cognitive problems (Neurobehavioral

Symptom Inventory) compared to individuals with non-interpersonal violence index traumas. Gaining a better understanding of the complex effects of interpersonal violence on neurocognitive functioning may inform treatment planning and delivery for patients with PTSD.

WR 124

But were you Drunk? Substance Use during Sexual Assault in Norway
(Abstract #1488)

WR 124 (Pub Health, Rape, Sub/Abuse, Lifespan) I - Industrialized

Grand/State Ballroom

Aakvaag, Helene, Strøm, Ida, Thoresen, Siri
Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

Sexual victimization may take place when the victim is under influence of alcohol or drugs; however, there is limited knowledge about how common victim-intoxication is. Intoxication during the event may affect how the event is interpreted, including whether or not the event is perceived as a ‘real’ assault. However, it is not known whether intoxicated sexual assaults are less severe in terms of event-characteristics, and subsequent mental health and functioning. We investigated possible differences between intoxicated and non-intoxicated sexual assaults in terms of event-characteristics, social functioning, and mental health in a telephone interview study of 1011 Norwegian young adults. Analyses include chi square analyses and one-way ANOVA. Intoxication during sexual victimization was common (65.1 % of those victimized). The event characteristics of intoxicated and non-intoxicated sexual victimization were highly similar. In terms of mental health and social functioning, there were no differences between the two groups, although both differed significantly from those who did not experience sexual victimization. These results indicate that victimization status, rather than intoxication status, should be in focus when discussing severity and consequences of sexual assault. Mental health professionals may want to be attentive to experiences with sexual victimization, regardless of whether the victim was intoxicated.

TRAUMA ASSESSMENT AND DIAGNOSIS SIG

WR 125

Psychometric Evaluation of the Revised Detailed Assessment of Posttraumatic Stress for DSM-5 (DAPS-II)
(Abstract #1149)

WR 125 (Assess Dx, Assess Dx, Clin Res, Adult) M - Industrialized
Grand/State Ballroom

Petri, Jessica¹, Weathers, Frank¹, Witte, Tracy¹, Silverstein, Madison¹, Briere, John²

¹**Auburn University, Auburn, Alabama**

²**University of Southern California, Los Angeles, California**

The Detailed Assessment of Posttraumatic Stress (DAPS; Briere, 2001) is a comprehensive, multiscale questionnaire that assesses posttraumatic stress disorder (PTSD) *DSM-5* criteria, peritraumatic responses, and associated features (i.e., dissociation, suicidality, substance abuse, impairment). The present study was an initial psychometric evaluation of the revised DAPS for *DSM-5* (DAPS-II) in a community sample with mixed trauma exposure ($N = 367$). DAPS-II total PTSD scores demonstrated high internal consistency ($\alpha = .98$), strong convergent validity with the PTSD Checklist for *DSM-5* ($r = .91$), and good discriminant validity with other measures of trauma-related intrusions and avoidance, dissociation, depression, anxiety, appetite gain, interpersonal needs, and well-being ($rs = -.13$ to $.75$). DAPS-II associated features scales also demonstrated high internal consistency and good convergent and discriminant associations. In confirmatory factor analyses the *DSM-5* four-factor model provided adequate fit, but alternative six- and seven-factor models (Armour, Mullerova, & Elhai, 2016) provided better fit. Together, these results indicate that the DAPS-II is a psychometrically sound measure of *DSM-5* PTSD symptoms and would be a useful evidence-based tool in both research and clinical settings with diverse trauma populations.

WR 126

An Examination of the Relationship between PTSD, Depression, and Postconcussive Symptoms Measured by the NSI
(Abstract #159)

WR 126 (Assess Dx, Assess Dx, Depr, Health, Mil/Vets, Adult) I - N/A
Grand/State Ballroom

Porter, Katherine¹, Stein, Murray², Martis, Brian¹, Avallone, Kimberly¹, McSweeney, Lauren³, Rauch, Sheila⁴

¹**VA Ann Arbor Healthcare System/ University of Michigan, Ann Arbor, Michigan**

²**University of California, San Diego, La Jolla, CA**

³**Eastern Michigan University, Ypsilanti, Michigan**

⁴**Emory University School of Medicine/Atlanta Veteran's Administration, Atlanta, Georgia**

Introduction: Mild traumatic brain injury (m-TBI), Posttraumatic Stress Disorder (PTSD), and depression often co-occur and a strong relationship exists between these symptoms. However, several symptoms attributed to m-TBI, described as postconcussive syndrome (PCS), overlap with symptoms of PTSD and depression, complicating our understanding of this connection. The current study attempts to help clarify this relationship by examining if PTSD and depressive symptoms continue to be related to PCS after overlapping symptoms are removed. **Method:** 242 OEF/OIF/OND Veterans completed several self-report questionnaires including the Beck Depression Inventory- II (BDI-II), the Brief Traumatic Brain Injury Screen (BTBIS), the Neurobehavioral Symptom Inventory (NSI), and the PTSD Checklist-Stressor Version (PCL-S) as part of an evaluation for a larger treatment study. Multiple regressions with PCL-S total, BDI-II total, and two interaction terms (PTSD and TBI, depression and TBI; based on the BTBIS screener) predicting NSI total with overlapping items removed were conducted. **Results:** Results demonstrated that PTSD and depression, but not the interaction terms, significantly predicted NSI scores. **Discussion:** Results from this study demonstrate that there is a relationship between PTSD, depression, and PCS, and suggest that this relationship is not simply an artifact of symptom overlap. Clinical implications will be discussed.

TRAUMATIC LOSS AND GRIEF SIG

WR 127

Factors Associated with Complicated Grief in Students Who Survived the Sewol Ferry Disaster in South Korea

(Abstract #112)

WR 127 (Prevent, Acute, QoL, Tech/Dis, Grief, Child/Adol) M - Grand/State Ballroom Global

Lee, So Hee¹, Chae, Jeong-Ho²

¹National Medical Center, Seoul, Republic of Korea

²The Catholic University of Korea, Seoul, Republic of Korea

Background: The Sewol ferry disaster caused shock and grief in South Korea. Students who survived the Sewol ferry disaster experienced not only a life-threatening traumatic event but also loss of their close friends. The aims of this study were to (1) investigate symptoms of CG in surviving students 20 months after the Sewol ferry disaster and (2) identify factors (demographic characteristics and psychological variables) associated with symptoms of CG. **Methods:** This study was conducted using a cross-sectional design and a sample of 57 students who survived the Sewol ferry disaster. Data were collected using the following instruments: Inventory of Complicated Grief (ICG), the Lifetime Incidence of Traumatic Events-Child, the Child Report of Post-Traumatic Symptoms (CROPS), KIDSCREEN-27, Family Adaptability and Cohesion Evaluation Scales-III, the Peri-traumatic Dissociation-Post-traumatic Negative Beliefs-Post-traumatic Social Support scale, and the Strengths and Difficulties Questionnaire. A generalized linear model using a log link and Poisson distribution was performed to identify factors associated with symptoms of CG.

Results: The mean score on the ICG was 15.57 (standard deviation: 12.72). About 16% (Autonomy & Parents dimension), 43.83% (Psychological Wellbeing, Peers & Social Support, and Autonomy & Parents dimension), and 21.03% (School Environment Dimension) of the participants were classified in the clinical group according to the KIDSCREEN-27. About 12% (prosocial behavior dimension), 5.26% (emotional symptoms dimension), 14.03% (conduct problems dimension), 8.77% (hyperactivity/inattention dimension), and 8.77% (peer relationship problems dimension) of participants were classified as the clinical group by

the SDQ. About 25% and 26.29% of participants were classified in the clinical group by ICG and CROPS scores, respectively. Respondents who were born in 1999 had significantly higher ICG scores compared to those who were born in 1998 (coef. = 0.884, $p = 0.007$, 95% confidence interval [CI], 0.244–1.524). Higher scores on the CROPS (coef. = 0.030, $p = 0.017$, 95% CI, 0.005–0.054) were significantly associated with higher ICG scores. On the other hand, higher scores on the Autonomy & Parents dimension of KIDSCREEN-27 were significantly associated with lower ICG scores (coef. = -0.051, $p = 0.032$, 95% CI, -0.098 to -0.004).

Conclusions: According to our findings, the symptoms of CG among the surviving students were higher 20 months after Sewol ferry disaster than in a study of the general bereaved population. Being an older student, having more PTSD symptoms, and having a lower quality of life in the dimension of autonomy and parent relations were associated with symptoms of CG.

WR 128

Loss and Grief in Elderly People – Results from the LIFE-Adult-Study

(Abstract #1198)

WR 128 (Pub Health, Death, Depr, QoL, Grief, Older) M - Grand/State Ballroom Industrialized

Treml, Julia, Nagl, Michaela, Linde, Katja, Kersting, Anette

University of Leipzig, Leipzig, Germany

Prolonged grief after the loss of a loved one is a debilitating disorder associated with negative health consequences. Even though such losses are very common within the elderly, there is surprisingly little research on factors associated with prolonged grief in older age. On the basis of the Life-Adult-Study (population-based cohort study, representative for the area of Leipzig, Germany) we examined the relationship of prolonged grief and depression, sleep quality, health related quality of life and satisfaction with life. Overall, 2865 elderly people (age range 60–80; $M = 69.62$; $SD = 4.70$) completed the corresponding questionnaires and of those 89.7% ($N = 2569$) experienced the loss of a loved one. Significant correlations were found between higher levels of prolonged grief and higher levels of

depression ($r = 0.34$, $p < 0.001$); impaired sleep quality ($r = 0.19$, $p < 0.001$); lower health related quality of life (physical component: $r = -0.14$, $p < 0.001$, mental component: $r = -0.28$, $p < 0.001$) and lower satisfaction with life ($r = -0.16$, $p < 0.001$). Sociodemographic and loss-related factors associated with prolonged grief were female gender, lower income, having lost a child or spouse, a sudden death or a long-lasting illness as cause of death. These results underline the adverse consequences of prolonged grief and give directions for further research identifying risk factors.

LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) SIG

WR 129

**Sexual Minority Women and Trauma Exposure:
The Role of Minority Stress in Predicting PTSD
Symptom Severity**
(Abstract #176)

**THU 344 (Clin Res, Affect/Int, Cul Div, Orient,
Gender, Adult) M - Industrialized**

Kaufman, Julia, McConnell, Amy, Messman-Moore, Terri
Miami University, Oxford, Ohio

Sexual minority women are more likely than their heterosexual peers to develop PTSD symptoms after exposure to a traumatic event (Roberts et al., 2010). Minority stress has been proposed as one mechanism through which this population exhibits increased risk of psychological symptoms (Meyer, 2003), via its impact on general psychological processes, such as emotion dysregulation (Hatzenbuehler, 2009). Gender non-conformity may be one factor that increases sexual minority women's likelihood of experiencing minority stress (Gordan & Meyer, 2007), and may therefore be related indirectly to PTSD symptom severity. Using a serial mediation model, the current study tested whether heterosexist discrimination, internalized heterosexism, and emotion dysregulation mediated the relation between gender non-conformity and PTSD symptoms among 366 trauma-exposed lesbian and bisexual women. Participants were highly traumatized, reporting exposure to a mean of 5.25 ($SD = 3.49$) different traumas. Results indicated a significant indirect effect of gender non-conformity on PTSD symptom severity through increased experiences of discrimination, internalized heterosexism, and emotion dysregulation, ($b = .05$, $SE = .02$, 95% CI [.02, .11]). Results highlight the importance of systemic interventions to address minority stress and suggest that clinicians be alert to the potential impact of gender non-conformity and minority stress on PTSD symptoms.

TRAUMA, HEALTH & PRIMARY CARE SIG

WR 131

Improving Prescribing for PTSD through Academic Detailing
(Abstract #164)

WR 131 (Train/Ed/Dis, Train/Ed/Dis, Prof) I - Industrialized

Bernardy, Nancy¹, Sherrieb, Kathleen²

¹*National Center for PTSD, White River Junction, Vermont*

²*National Center for PTSD/ Dartmouth Medical School, White River Junction, Vermont*

Despite practice guideline recommendations, providers routinely prescribe benzodiazepines in patients diagnosed with PTSD. Resulting non-adherence suggests that increased education and training to both clinicians and Veterans can help ‘de-implement’ the use and harm of these medications. An Academic Detailing (AD) intervention was conducted in Northern California to share developed decision support tools (brochures for both providers and patients). A dashboard identified providers and patient-level prescribing data and allowed a clinical pharmacist to focus on high-risk patients on a provider’s panel. Brochures were shared, key clinical messages about benzodiazepines in PTSD were discussed, and safer treatment alternatives reviewed. We learned that clinical providers are typically too busy to use performance dashboards designed to improve care. They did, however, appreciate the decision support tools. In interviews, they noted the brochures helped support their tapering efforts through what was seen as a mandated initiative. The providers fell broadly into two groups; one in favor of using the brochures to have informed discussions with their patients about tapering, and the other group believing that decreasing benzodiazepine use cannot be done with their patients. Solutions to barriers were identified that included pharmacy partnering with prescribers to develop tapering clinics, the need for a shared, easily accessible tapering schedule, and staff meetings that encouraged culture changes in prescribing and sharing success stories. Decreases in incidence and prevalence rates of benzodiazepine prescribing were noted for some providers. In order to improve PTSD care, the use of AD and barrier solutions should be disseminated to enhance shared-decision-making processes with patients.

WR 132

Trauma-Informed Medical Education: Empowering Medical Students to Provide Trauma-Informed Care
(Abstract #457)

WR 132 (Train/Ed/Dis, Pub Health, Train/Ed/Dis, Care, N/A) I - N/A

Rollhaus, Esther¹, Scalmati, Alessandra², Blumen, Helena³

¹*Montefiore Medical Center University Hospital, Albert Einstein College of Medicine, Bronx, New York*

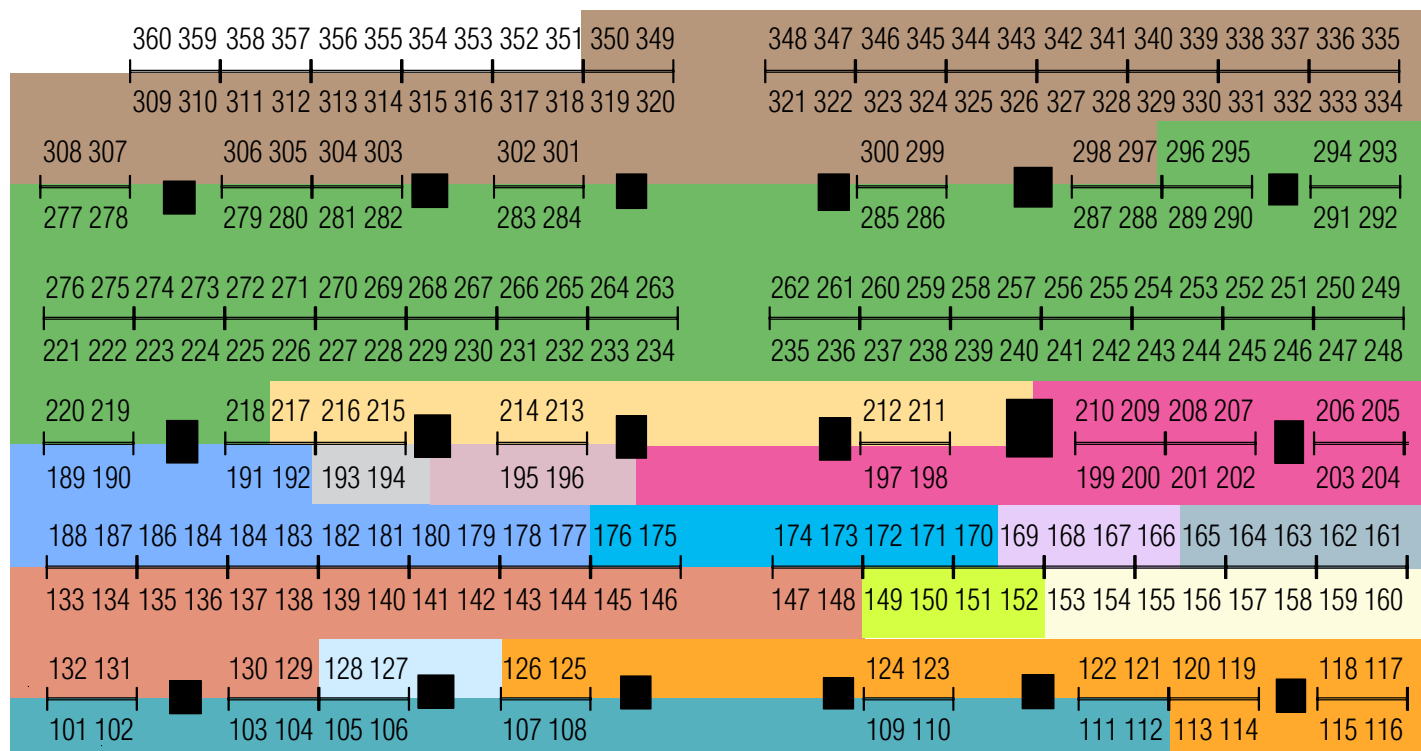
²*Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, New York*

³*Albert Einstein College of Medicine, Bronx, New York*

Background: An appreciation for the prevalence and impact of patients’ trauma histories has led to new initiatives in trauma-informed healthcare. Medical school offers a unique opportunity to educate future physicians to administer effective and sensitive care to individuals with histories of trauma. However, to date, there exist no published data examining the efficacy of such an intervention. The objective of this study is to examine the efficacy of a medical student curriculum designed to foster competency in trauma-informed healthcare. **Methods:** We designed a case-based curriculum, with an interactive didactic component educating students about the impact of trauma on patients’ healthcare access and decision-making. Through role play, this curriculum promotes empathy and imparts the interviewing skills and principles of trauma-informed practice necessary for competent and sensitive medical care. The curriculum was taught, thus far, to four cohorts of approximately ten medical students. Students’ confidence in trauma-informed skills, attitudes, and intent to use principles of trauma-informed healthcare in their practices were measured before and after the curriculum. **Outcome:** Pre- and post-curricular student response medians on a four point Likert scale were compared, with the curriculum demonstrating significant improvement in all domains ($p < .001$). Students reported improved understanding of how trauma imposes barriers to healthcare ($p < .0001$), improved confidence in their ability to care for themselves when confronted with patients’ trauma histories ($p < .0001$), and increased intent to account

for patients' histories of trauma when caring for patients ($p < .0001$). Qualitative feedback reflected students' enthusiasm in discussing the often-taboo topic of trauma and their belief that role play was an effective educational tool. **Conclusion:** This curriculum is effective in educating future physicians to the principles of trauma-informed care, at a time when their practice is most malleable. The curriculum will be expanded and assessed to determine whether it has lasting effects on practice.

Friday Poster Session Three Distribution Map



Poster Session Three, Friday 5:45 p.m. – 7:00 p.m.

Case Studies	101 – 112
Assessment & Diagnosis (Assess Dx)	113 – 126
Training/Education/Dissemination (Train/Ed/Dis)	127 – 128
Clinical Practice (Practice)	129 – 148
Culture & Diversity (CulDiv)	149 – 152
Community-Based Projects (Commun)	153 – 160
Social Issues - Public Policy (Social)	161 – 166
Global Issues (Global)	167 – 169

Research Methodology (Res Meth)	170 – 176
Public Health (Pub Health)	177 – 192
Technology (Tech)	193 – 194
Vicarious Trauma & Therapist Self Care (Self Care)	195 – 196
Prevention/Early Intervention (Prevent)	197 – 210
Biological/Medical (Bio/Med)	211 – 217
Clinical/Intervention Research (Clin Res)	218 – 296
Late Breaking	297 – 350

Poster Session Three Friday, November 10 5:45 PM to 7:00 PM

Poster Session Three Presentations

Friday, November 10, Exhibit Hall
Poster viewing: 9:30 a.m. – 5:45 p.m.
Presentations: 5:45 p.m. – 7:00 p.m.
Author Attended Poster Session Three
Friday, November 10
5:45 p.m. – 7:00 p.m.

Poster Organization

Each poster is scheduled for either Author Attended Poster Session One, Thursday Noon, Author attended Poster Session Two, Thursday Evening, the Featured Poster Presentations at the Welcome Reception, or Author Attended Poster Session Three, Friday Evening, 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 page 5.

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 4.

Session Three: Friday, November 10

Poster Setup: 8:30 a.m. – 9:30 a.m.
Poster Viewing: 9:30 a.m. – 5:45 p.m.
Author Attended Poster Session: 5:45 p.m. – 7:00 p.m.
Poster Dismantle: 7:00 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.

CASE STUDIES

FRI 101

A New Approach to PTSD Treatment: A Favorable Case Report with Sandplay Technique in a Teenage Victim of Sexual Abuse.
(Abstract #179)

FRI 101 (Clin Res, CSA, Depr, Neuro, Psych, Child/Adol) I - Latin Amer & Carib

Mello, Marcelo¹, Milani, Ana Carolina², Mello, Andrea³, Ramos, Denise⁴, Nitzsche, Samara²

¹Universidade Federal de São Paulo, São Paulo, Brazil

²UNIFESP, São Paulo, Brazil

³Federal University of São Paulo, São Paulo, Brazil

⁴Pontifícia Universidade Católica - São Paulo, São Paulo, Brazil

Sandplay is a nonverbal psychotherapy technique, which has been studied in our group to help the treatment of adolescent victims of sexual abuse. There is little evidence in the literature about Sandplay in this field. The aim is to present a case report of a 16 year old female patient with PTSD (including suicidal attempts), victim of sexual abuse, assisted in the Program of Research and Care on Violence (PROVE) - Department of Psychiatry - EPM / UNIFESP, in 2016. The therapeutic process was performed in 15 sessions, individually, with a sandbox and miniatures (to help reproduce the inside world without verbalization). The CAPS CA scale and Kiddie Sads were applied before and after the treatment (including psychiatric monthly evaluation and the use of Risperidone 1mg for 12 weeks). The results indicated that the patient PTSD symptoms remitted and CAPS CA reduced from 60 to 24. The qualitative data also demonstrated an improvement of adaptation to social life and disappearance of suicidal thoughts. Considering the high rates of sexual abuse in the world, especially in Brazil, and the fact that there are no studies in adolescents with PTSD treated with Sandplay, this poster aims to contribute to this broad and essential field of research.

FRI 102

Race Conscious Trauma Informed Pedagogical Model for Professional Development in Child Welfare

(Abstract #1512)

FRI 102 (Clin Res, Comm/Int, Cul Div, Train/Ed/Dis, Adult) M - Industrialized

Betru, Yodit, Bradley-King, Cynthia
University of Pittsburgh, Pittsburgh, Pennsylvania

The Child Welfare Education and Research Programs (CWERP), administered by the University of Pittsburgh, School of Social Work, developed a trauma-informed, race conscious curriculum for social work undergraduates enrolled in the Child Welfare Education for Baccalaureates (CWEB) program. Workers face tremendous stress as they investigate and address issues of child maltreatment with vulnerable populations who have experienced chronic and persistent adverse life experience. Child welfare has also had a contentious history with race and disproportionality in which people of color are over-represented in the child welfare system. Using tenets from critical race theory and trauma-informed principles, CWERP developed and executed a program in which the intersectionality of race and trauma in child welfare were addressed through formal training over the course of two semesters. The program discussed counter narratives, the history of institutional racism within public child welfare, and racial color blindness as a form of modern racism. Folded into this program, were principles of trauma informed tenants and worker resilience. The program commenced with a one-day workshop and continued as monthly roundtable discussions as students progressed into their public child welfare internship. Surveys on racial attitudes, perception of child welfare, and development of self-care plan were used to assess training impact.

FRI 103

Self to Community: Mapping out an Organization's DNA

(Abstract #465)

FRI 103 (Clin Res, Train/Ed/Dis, Lifespan) M - Industrialized

Benamati, Joseph, Esaki, Nina

Andrus, Yonkers, New York

Two presenters – a seasoned trauma-informed organizational change consultant and an organizational change researcher will present a case study on the creation of a trauma-informed organizational culture in the only state-run maximum security female juvenile justice facility in Pennsylvania. The presentation will cover the history of the facility where challenges with the staff and clients led to the state taking over the facility from a private provider. Changes in the leadership as well as the process by which an evidence-supported trauma-informed organizational change model, the Sanctuary Model, was implemented will be presented. Results of a rigorous retrospective research study using data from the OJJDP developed Performance Based Standards system will be presented to share the positive changes to the perceived and actual physical safety of both staff and clients alike at the facility compared with a national comparison group. Additionally, results from interviews and focus groups with staff examining contributing factors to successful implementation will be shared. After the formal presentation, the audience will be invited to participate in a Community Meeting, one of the Tools of the Sanctuary Model, and be asked to provide thoughts about the challenges/barriers to implementing organizational change.

FRI 104

Resiliency Characteristics of Survivors of the Franklin Regional Multiple School Stabbing Incident in 2014: Lessons Learned

(Abstract #32)

FRI 104 (Clin Res, Clin Res, Clinical Practice, Comm/Vio, Ethics, Lifespan) I - Industrialized

Christopher, Margaret

Deerwood Social Work and Counseling Services, Monroeville, Pennsylvania

On April 9, 2014, a high school sophomore brought two large kitchen knives to Franklin Regional High School in Murrysburg Pennsylvania, and used them to inflict multiple stab wounds on 24 individuals. A majority of those wounded were students who had just arrived at the school early in the morning before classes began. In addition to traumatizing the 24 direct victims, there were thousands of indirect

victims in the municipality of Murrysville and in the other two boroughs served by the Franklin Regional School District. Also, there were hundreds of hidden victims from surrounding communities involved in responding to this crisis. As the last large cohort of directly involved students, the freshmen, graduate and go off to college this year, the various levels of survivors are also working to complete a coherent narrative about (1) the impact of this very traumatic event on their lives and identities as individuals; (2) the many other ways that this event changed local individuals, families, groups, organizations and communities; (3) the management of ethical dilemmas associated with responses to the event; (4) lessons learned about responding to school violence; and (5) the tremendous resiliency characteristics that emerged during and after the event. The primary objective of this case study presentation is to examine both internal and external resiliency characteristics from the perspective of individual survivors, families, peer groups, community organizations in the affected area, and the community-as-a-whole, integrating theory from a variety of experts in the area of traumatic stress with how this theory applied during and after the actual event. Clinical vignettes are included. The presentation looks at aspects of local culture that helped to buffer the traumatic impact on individuals and families, and aspects of local culture that may have failed to do so. Handouts include specific references linking published research and other post-trauma resources with specific examples of how this knowledge was manifested and/or used during and after the event. Some new resource materials, developed specifically during the post-trauma response, are also included.

FRI 105

Interpersonal Psychotherapy for PTSD: A Case Study with a Military Veteran
(Abstract #1323)

FRI 105 (Practice, Depr, Mil/Vets, Adult) M - Industrialized

Lowell, Ari
Columbia University and New York State Psychiatric Institute, New York, New York

Most efficacious treatments for Posttraumatic Stress Disorder (PTSD) for military veterans are exposure therapies, such as Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT). However,

some military veterans find these treatments challenging to engage in or complete, or do not respond to them (Steenkamp, Litz, Hoge, & Marmar, 2015). Interpersonal Psychotherapy (IPT) is a long recognized evidence-based treatment for depression with proven efficacy with veteran populations, and has been disseminated within the VA for this diagnosis (Stewart et al., 2014). In recent years, IPT has been gaining traction as a treatment for PTSD and PTSD with comorbid depression or sexual trauma (Markowitz et al., 2015, in press; Markowitz, 2016). IPT may offer an advantage for some veterans over other forms of PTSD treatment, as it does not involve exposure. Rather, IPT focuses on recognition and expression of affect, interpersonal relationships, and interpersonal effectiveness. We use IPT for PTSD and for depression under the guidance of Dr. John Markowitz, an IPT expert, at the New York Presbyterian Military Family Wellness Center, a treatment center established in 2015 for veterans and their families. We present a case study of a male, middle-aged veteran with symptoms of PTSD and depression, at risk for suicide, who presented to our Center and improved over the course of 14 weeks of IPT. We will discuss course of treatment, challenges, and unique characteristics of IPT in treating veterans, emphasizing similarities and differences between IPT and other forms of treatment. A basic overview of IPT and primary characteristics of this treatment will be provided.

FRI 109

Exploring the Complexity of Changes in Identify and Relationships following Narrative Exposure Therapy: A Case Presentation of Three Therapies
(Abstract #823)

FRI 1091 (Practice, Cul Div, Dev/Int, Fam/Int, Refugee, Lifespan) A - Global

Shannon, Patricia
University of Minnesota-Twin Cities Campus, St. Paul, Minnesota

Symptoms of posttraumatic stress disorder (PTSD) cause significant disruption to identity and interpersonal relationships as survivors struggle to avoid reminders of trauma and triggers of hyperarousal. This case presentation discusses the changes in survivors' personal and professional identities and family relationships following three successful Narrative Exposure Therapies (NET) for

torture and war trauma. NET is an evidenced based practice for the treatment of refugee survivors of multiple and continuous traumatic stressors (Schauer, Neuner, & Elbert, 2011). Survivors from Bosnia, Lebanon, and Syria completed pre and post treatment measures of PTSD symptoms using Part III of the PDS (Foa, et al., 1993). Client report and measures indicated significant reductions in PTSD symptoms post-treatment. Post-NET therapies focused on survivors' motivations to reclaim pre-trauma identities and resume identity development related to sexual orientation and professional life. Survivors with newly constructed autobiographical memories also demonstrated renewed energy in therapy to resolve war-related conflicts with partners and parents. The presentation discusses the needs of trauma survivors and the complexity of psychotherapy post-exposure therapy as well as the benefits of integrating exposure treatment into relational models of psychotherapy.

FRI 110

Race, Class, Discipline, and ACEs: Worcester (MA) Public Schools as a Case Study
(Abstract #1340)

FRI 110 (Social, CPA, Commun, Pub Health, Social, Child/Adol) I - N/A

Wyckoff, Kirby, Conroy, Thomas, Briesacher, Alex Worcester State University, Worcester, Massachusetts

Schools are supposed to be a safe haven for students. The school building represents a place of stability, consistency and equality for the children and adolescents who spend time within their walls. For children impacted by chronic adversity -- perhaps those living in poverty, experiencing food and housing instability, living in dangerous neighborhoods, or with parents who may not be able to meet their needs - the school building may represent one more place where their needs go unmet. This case study explores a public school system in a mid-size city and how multiple urban systems are working to understand adversity within the school building. System and policy related issues that underlie the needs of trauma exposed children and adolescents will be explored and discussed. In 2012, the Commonwealth of Massachusetts passed Chapter 222, a piece of legislation designed to limit the use of suspension (in school and out of school) in the state's

cities and towns. The law added "procedural and reporting requirements for student suspensions and expulsions." In practice, it gave discretionary power to principals to suspend students, but, at the same time, it created a new category of discipline -- Emergency Removals -- through which students were removed from class before their actions were characterized as suspendable pending a principal-parent-student meeting. This case study looks at how Worcester Public Schools is using the disciplinary categories at its disposal to ensure decreased suspensions in accordance with a "Good News Gospel" preached by the city's development communities, but how it is also missing opportunities to intervene meaningfully in the lives of the city's adversity-affected children before they get too far off track. Elemental to the analysis, and also to the future success of the city, is solid quantitative and qualitative research interpolated with the developing practices and scholarship around Adverse Childhood Experiences.

FRI 112

Assessing and Addressing Historical Trauma in African American Youth Affected by Community Violence: The Role of an Urban Pediatric Medical Setting
(Abstract #1466)

FRI 112 (Assess Dx, Clinical Practice, Comm/Vio, Cul Div, Interagen, Child/Adol) I - N/A

Dinizulu, Sonya, Anam, Seeba, Stolbach, Bradley University of Chicago, Chicago, Illinois

The legacy of slavery and racism continues to shape the lives of African American children, families, communities, and the systems with which they interact. It is clear that interventions to serve youth and families must incorporate the current and historical context in which they live. However, historical trauma is often overlooked or not adequately assessed. Historical trauma is complex, collective, and cumulative, and likely to complicate recovery from other experienced traumas (e.g., community violence). This becomes particularly important to assess in vulnerable urban African American youth who are disproportionately and chronically exposed to community violence. In support of the National Child Traumatic Stress Network's commitment to address racial injustice

and trauma, this presentation will involve two primary components. First, this case study will present a systematic and culturally sensitive process of screening and assessing for historical trauma in a trauma-informed pediatric psychiatric and psychological clinic for African American youth affected by community violence (Recovery & Empowerment After Community Trauma Clinic: REACT). Trauma-informed evidence-based screening and assessment tools will be reviewed. The theory of historical trauma and measures to assess this impact will be discussed. Second, select clinical case studies will highlight conceptualization: a) of historical trauma and community violence impacting youth and families, and b) informing treatment recommendations.

ASSESSMENT/DIAGNOSIS

FRI 113

Posttraumatic Nightmares and School Functioning among Pupils in Gaza
(Abstract #974)

FRI 113 (Assess Dx, Chronic, Sleep, Civil/War, Child/Adol) M - M East & N Africa

Schultz, Jon-Håkon¹, Abu Zaiter, Walaa²
¹Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway
²Norwegian Refugee Council, Gaza City, Gaza, Israel

Children and adolescent psychological impact of war and conflict have been well documented. However, there are few studies looking at characteristics of posttraumatic nightmares and how they affect pupils' school performance. This presentation will describe nightmare characteristics and self-reported school functioning among pupils living in Gaza in the aftermath of the 2014 war between Israel and Gaza. Method: Four months after the war pupils showing symptoms of traumatic stress were screened and selected (N=366) to participate in a trauma focused intervention. The main selection criteria was chronic posttraumatic nightmares affecting their daily functioning. The age range was from 8 to 16 years. Descriptive statistics were used to explore nightmare characteristics. Self-reported school functioning and life satisfaction were assessed and tested the associations with nightmare frequency and intensity.

The results indicate that posttraumatic nightmares chronic nightmares negatively affect pupil's school functioning measured as self-reported school well-being and academic functioning. The majority of pupils report nightmares lasting for one year or more, indicating that there are factors beside the wars that contribute to the development of chronic trauma induced nightmares for pupils in Gaza. The nightmare is further kept as a secret as only 15 % report telling their teacher about it.

FRI 114

Examining Various Subthreshold Definitions of PTSD Using the Clinician Administered PTSD Scale for DSM-5
(Abstract #212)

FRI 114 (Assess Dx, Mil/Vets, Adult) M - Industrialized

Franklin, C¹, Maieritsch, Kelly², Cuccurullo, Lisa-Ann¹, Walton, Jessica¹, Chambliss, Jessica¹, Raines, Amanda³

¹Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana

²Edward Hines, Jr. VA Hospital, Hines, Illinois

³Florida State University, Tallahassee, Florida

The Diagnostic and Statistical Manual, Fifth edition (DSM-5; American Psychiatric Association, 2013) includes Other- and Unspecified- Trauma and Stressor-Related Disorders to capture subthreshold posttraumatic stress disorder (PTSD) symptoms. However, the DSM-5 does not specify the number, type of symptom, distress or impairment level needed to assigning them. Rather, these decisions rest on the diagnostician's knowledge of the research literature, where there also has not been a consensus regarding the best way to define subthreshold PTSD. Several studies have compared subthreshold PTSD criteria (Brancu et al., 2016; Kaskow et al., 2015). The purpose of the current study was to extend our understanding of subthreshold-PTSD definitions by comparing the prevalence rates of four commonly used definitions adapted to the DSM-5 PTSD diagnostic criteria in an outpatient treatment-seeking sample. Veterans (N = 193) presenting to PTSD clinics for psychological services were assessed using the Clinician Administered PTSD Scale for DSM-5 (CAPS-5). Participants were included if they had a criterion A traumatic event, but did not meet criteria for threshold-PTSD. We hypothesized that

prevalence rates would be highest when less specific clusters were required by subthreshold definitions. Results revealed variations in prevalence rates across definitions. The hypothesis was upheld in that the least stringent definition (i.e., any six symptoms) resulted in the highest prevalence. Results are compared to prevalence rates found in the DSM-IV literature and implications for clinicians discussed.

FRI 115

The Automated Neuropsychological Assessment Metrics Mood Scale As a Predictor of PTSD Status in Iraq and Afghanistan Veterans
(Abstract #1516)

FRI 115 (Assess Dx, Assess Dx, Mil/Vets, Adult) I - Industrialized

Correll, Danielle¹, Samuelson, Kristin¹, Abadjian, Linda², Jordan, Josh³, Seal, Karen⁴

¹*University of Colorado at Colorado Springs,*

Colorado Springs, Colorado

²*San Francisco VA Medical Center (VAMC-SF),*

San Francisco, California

³*Alliant International University, San Francisco, California*

⁴*San Francisco VA Medical Center and UCSF, San Francisco, California*

The Automated Neuropsychological Assessment Metrics (ANAM) Mood Scale (MSc) serves as a mood problems screen in military settings. Although the MSc has been found to have strong construct validity when compared to depression measures (Johnson et al., 2008), its validity has not been examined with PTSD populations or assessments. Because ANAM is used in active duty settings where measures of PTSD are not available, examining the MSc classification accuracy in detecting PTSD is needed. In a sample of 156 Iraq and Afghanistan veterans (73 PTSD+, 83 PTSD-), we examined the diagnostic accuracy of the MSc in predicting PTSD, as diagnosed by Clinician Administered PTSD Scale interview. The seven Mood dimensions were significantly correlated with CAPS score (range r 's .36 to .53). A stepwise backwards logistic regression was conducted to determine subscales of the MSc most predictive of PTSD diagnosis. The Restlessness, Vigor, and Depression subscales of the MSc were the strongest predictors of PTSD status (Nagelkerke $R^2=.45$). Sensitivity of group classification was 67% with 83% specificity, and 76% correct classification

overall. In military settings where ANAM is traditionally used to assess for effects of TBI, considering the MSc as a potential screen for further PTSD assessment is indicated.

FRI 116

Validation of the Automated Neuropsychological Assessment Metrics in a PTSD Sample
(Abstract #1517)

FRI 116 (Assess Dx, Mil/Vets, Adult) I - Industrialized

Correll, Danielle¹, Samuelson, Kristin¹, Abadjian, Linda², Jordan, Josh³, Seal, Karen⁴

¹*University of Colorado at Colorado Springs,*
Colorado Springs, Colorado

²*San Francisco VA Medical Center (VAMC-SF),*
San Francisco, California

³*Alliant International University, San Francisco,*
California

⁴*San Francisco VA Medical Center and UCSF, San Francisco, California*

The Automated Neuropsychological Assessment Metrics (ANAM) was developed to conduct efficient neurocognitive screening in military settings, most notably to assess neurocognitive impairments following a traumatic brain injury. Its utility in Veterans Affairs primary care settings as a potential screen for neurocognitive deficits related to PTSD is less understood. As mild neurocognitive impairments have been consistently found in PTSD (Scott et al., 2015), yet neuropsychological assessment in VA settings is a time-intensive process, there is a need for effective neurocognitive screening in primary care. We examined the validity of ANAM tests compared to traditional neuropsychological tests in a sample of 73 Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans with PTSD as diagnosed by the Clinician-Administered PTSD Scale. The highest correlations (range r 's = .29 to .42) were observed for executive functioning tasks. ANAM attention and working memory tasks (r = .29 to .32) and memory tasks (r = .25 to .26) were moderately correlated with traditional test counterparts. These correlations appear notably smaller than correlations found in prior validity studies with veterans (Kabat et al., 2001) and samples with TBI (Bleiberg et al., 2000), suggesting that convergent validity for ANAM within PTSD populations may be weaker.

FRI 117

Exploring the Structure of the PTSD Checklist for DSM-5: Comparing Correlated Factors and Bifactor Model Solutions

(Abstract #1081)

FRI 117 (Assess Dx, Assess Dx, Mil/Vets, Adult) - Industrialized

Raines, Amanda¹, Allan, Nicholas², Walton, Jessica¹, Vidaurri, Desirae³, Cuccurullo, Lisa-Ann¹, Maieritsch, Kelly⁴, Franklin, C¹

¹*Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana*

²*Ohio University, Athens, Ohio*

³*Southeast Center of Excellence, New Orleans, Louisiana*

⁴*Edward Hines, Jr. VA Hospital, Hines, Illinois*

Recent studies examining the factor structure of posttraumatic stress disorder (PTSD) have produced mixed results. Indeed, PTSD as defined in the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5)*, is composed of four symptom clusters. However, there is mixed evidence for how distinct these factors are, suggesting that a correlated factors approach may not adequately capture this phenomenon. As such, the factor structure of the PTSD Checklist for DSM-5 (PCL-5) was examined in a large outpatient treatment-seeking sample ($N = 660$) of veterans ($Mage = 47.94$; 89% male). A bifactor model provided adequate fit to the data and fit significantly better than both the one-factor and four-factor models. In the bifactor model, there was evidence for a general PTSD Symptoms factor and evidence for distinct Intrusion and Avoidance factors. Results will be discussed with regard to structural models of PTSD as well as the nosology of PTSD.

FRI 118

Trauma-Related Adjustment Disorder: Complexity of Stress Response Syndromes

(Abstract #1364)

FRI 118 (Assess Dx, Assess Dx, Adult) M - Industrialized

Zelviene, Paulina, Kazlauskas, Evaldas
Vilnius University, Vilnius, Lithuania

Adjustment disorder is one of the most often diagnosed mental disorders. However, adjustment disorder has been neglected among the researchers. Little is known about the risk factors of adjustment disorder in the context of stress-response research. The aim of the study was to identify adjustment disorder risk group and to analyze the risk factors of adjustment disorder in Lithuanian general population according to the proposals of World Health Organization (WHO) for the structure of adjustment disorder for ICD-11. 831 participants (57.9% women) from general population of Lithuania participated in this study. The age range in the sample was from 18 to 89 years ($M = 39.84$, $SD = 17.83$). We found significant association between life-time trauma exposure and recent stressor experiences. Study findings indicated that trauma survivors may experience more stressors that leads to increased risk for adjustment disorder. Exposure to traumatic events and symptoms of adjustment disorder are associated indirectly. We found a mediating effect of PTSD symptoms on adjustment disorder symptoms following traumatic events.

FRI 119

The Moderating Effect of Anxiety Sensitivity on the Relationship between PTSD and Panic Disorder Symptoms

(Abstract #656)

FRI 119 (Assess Dx, Anx, Health, Adult) I - Industrialized

Christ, Nicole¹, Claycomb, Meredith¹, Lv, Xin², Byllesby, Brianna², Elhai, Jon¹

¹*University of Toledo, Toledo, Ohio*

²*University of Toledo, Department of Psychology, Toledo, Ohio*

Background: More investigation is needed to understand how PTSD symptom severity relates to panic disorder symptoms. It is known that there is an association between the severity of PTSD and anxiety sensitivity, and also that anxiety sensitivity plays a role in producing panic attacks. **Aims:** Assess whether two subscales of anxiety sensitivity moderate the relationship between PTSD symptoms and panic symptoms. **Method:** Using Amazon's Mechanical Turk, we collected a sample ($N = 150$) using self-report symptom measures of PTSD, panic, and anxiety sensitivity in a cross-sectional design. **Results:** Multiple regression

revealed that the interaction of elevated levels of cognitive anxiety sensitivity in conjunction with elevated PTSD symptoms result in increased panic symptoms ($r = .183$, $p = .017$). Physical components of anxiety sensitivity were also examined, which revealed main effects, but not a significant interaction. **Discussion:** Cognitive anxiety sensitivity should be assessed in the context of PTSD and panic symptoms, and interventions should focus on reducing this subtype of anxiety sensitivity. **Limitations:** Results should be replicated with other trauma populations due to the impact the number and complexity of traumatic events may have on the assessed symptoms. A longitudinal study should be performed assessing these constructs to establish causality.

FRI 120
Suicidal Behavior and Rumination Predict Latent Classes of PTSD and Depression
 (Abstract #410)

FRI 120 (Assess Dx, Affect/Int, Cog/Int, Depr, Adult) A - Industrialized

Christ, Nicole¹, Claycomb, Meredith¹, Byllesby, Brianna², Lv, Xin², Elhai, Jon¹

¹*University of Toledo, Toledo, Ohio*

²*University of Toledo, Department of Psychology, Toledo, Ohio*

Several studies have found associations between PTSD, depression, and suicide, and PTSD, depression, and rumination. In this study, we utilized latent profile analyses to determine latent classes of PTSD and depression in trauma-exposed participants from Amazon's Mechanical Turk ($N = 371$), then employed multinomial logistic regression to assess how suicide and rumination differed in their prediction of class membership. Results showed a 4-class solution to be the best fit (Class 1 = Low, Class 2 = Moderately Low, Class 3 = High, Class 4 = Moderate). Multinomial logistic regression showed that, with Class 3 (the most symptomatic class) as the reference class, as suicidal ideation increases there is decreased chance of membership in Class 1 ($OR = .76$; $p < .001$) and Class 4 ($OR = .67$; $p < .001$) relative to Class 3. Additionally, for rumination, there was a decreased chance of being in Class 1 ($OR = .93$; $p < .05$) and Class 4 ($OR = .89$; $p < .01$) relative to Class 3. Results highlight the relations between suicidal ideation, rumination, PTSD, and depression, and

indicate the need to assess those individuals with heightened rumination as they could be at particular risk for increased co-occurring PTSD and depression symptomatology and/or suicidal ideation.

FRI 121
Childhood Abuse and Trajectories of Externalizing Behaviors among Individuals Presenting at a Psychiatric Emergency Service: Exploring the Biopsychosocial Signature
 (Abstract #348)

FRI 121 (Assess Dx, Aggress, CPA, Dev/Int, Gender, Adult) M - Industrialized

Geoffrion, Steve¹, Ouellet-Morin, Isabelle², Lecomte, Tania¹, Potvin, Stéphane¹, Lupien, Sonia³, Marin, Marie-France⁴

¹*Université de Montreal, Montreal, Quebec, Canada*

²*Université de Montreal, Centre for Studies on Human Stress, Centre Fernand Seguin, Hospital Louis H Lafontaine, Quebec, Canada., Montreal, Quebec, Canada*

³*Montreal University, Montréal, Quebec, Quebec, Canada*

⁴*Centre de recherche de l'Institut universitaire en santé mentale de Montréal, Université de Montréal, Montréal, Quebec, Quebec, Canada*

Background. Childhood abuse (CA) and trajectories of externalizing behaviors (EB) have both been associated with different psychiatric symptoms as well as dysregulated secretion of stress hormones in adulthood. To date, no studies have assessed the influence of CA and EB trajectories on signs and symptoms of mental illness at the time of admission to a psychiatric emergency service (PES). **Objective.** This study aims to explore the influence of CA and EB trajectories on the biopsychosocial signature of adults presenting at a PES. **Method.** We used data obtained from the Signature biobank (<http://www.banquesignature.ca/en/>). Self-reported questionnaires assessing CA and history of EB were administered to the participants upon their admission to PES as well as self-reported questionnaires assessing current levels of depression, anxiety, impulsivity, alcohol and drug use. Salivary cortisol and hair cortisol were collected to provide a proxy measure of acute (saliva) and chronic (hair) stress hormone levels. Taken together, these measures constitute a biopsychosocial signature. Latent class growth analyses were performed to identify

trajectories of EB. Membership to each trajectory was predicted by CA. Latent class analyses were performed to identify biopsychosocial signature of individuals presenting at PES. Structural equation modeling was finally used to assess the influence of the EB trajectories on the biopsychosocial signature of individuals presenting at PES. **Preliminary analyses.** Patients who suffered severe childhood trauma, either physical or sexual, were most likely to belong to a high trajectory of EB across childhood, adolescence and adult life. The risk of being in the high trajectory vs. a low trajectory was 2.97 times higher ($p = .008$) in individuals who had experience childhood abuse relative to those who experienced either less severe abuse or no abuse at all. Individuals who were in the high trajectory of externalizing behaviors were 9.29 times more likely to exhibit a signature characterized by high depression, impulsivity, and anxiety levels, as well as substance use, relative to individuals who belonged to other trajectories who had high levels on only one or two dimensions. Further analyses including biological signature, assessed via salivary and hair cortisol, will be presented and discussed at the meeting. Given that the manifestations of mental illnesses are characterized by robust differences between men and women, sex will also be used as a moderator in all analyses. **Implications.** Better characterizing the profile of individuals presenting at PES will allow improving detection methods and developing better treatments that are tailored to individuals' needs and profiles, which could ultimately reduce the risk of relapse.

FRI 122

The Association of Trauma-Related Drinking to Cope Motives and Specific Posttraumatic Stress Symptom Clusters

(Abstract #907)

FRI 122 (Assess Dx, Clin Res, Prevent, Sub/Abuse, Gender, Adult) M - Industrialized

Sheerin, Christina¹, Hawn, Sage², Brown, Ruth², Kendler, Kenneth², Dick, Danielle², Amstadter, Ananda²

¹*Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia*

²*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia*

Posttraumatic stress disorder (PTSD) has frequently been associated with drinking to cope (i.e., self-medication). However, no studies have specifically measured trauma-related drinking to cope (TRD), and instead examine general tendencies to drink to cope. Thus, the present study aimed to examine the relationships between PTS symptom cluster severity and TRD. Participants, trauma-exposed university students ($N=1757$, 70% female), completed a measure of TRD adapted for this study from the Drinking Motives Questionnaire and the PTSD Checklist-5 (PCL-5). Correlations suggested significant univariate associations between TRD and all PTS symptom clusters (all $r>.42$). In a multivariate regression examining the four symptom clusters on TRD, significant associations were found for Re-experiencing ($r = .11$ $t(1669)=2.97$, $p=.003$), Negative Cognitions ($r = .22$ $t(1669)=5.34$, $p<.001$), and Arousal ($r = .30$ $t(1669)=8.07$, $p<.001$) clusters, but not the Avoidance cluster ($r = -0.01$ $t(1669)=-0.41$, $p=.68$). Additional analyses will examine the potential for mediation effects (e.g., whether other symptom clusters mediate the relationship between Avoidance and TRD), associations with the Alcohol Use Disorders Identification Test (AUDIT), and potential sex effects. The ability to identify individuals who are exhibiting TRD and the associated PTS symptoms can help identify a particularly at-risk group for negative drinking outcomes and PTSD in the aftermath of trauma.

FRI 123

DSM IV and 5 PTSD Prevalence Rates in a Randomly Selected Sample of Incarcerated Women

(Abstract #1022)

FRI 123 (Assess Dx, CSA, DV, Rape, Adult) I - Industrialized

Lynch, Shannon¹, Konecky, Emily², Vo, Duyen³, Weber, Shelby¹, Kennell, Bryn¹, Stookey, Erika¹
¹*Idaho State University, Pocatello, Idaho*
²*VA, Boise, Idaho*

³*Clinical Psychology and Psychotherapy, Albuquerque, New Mexico*

Incarcerated women report high rates of exposure to interpersonal violence and PTSD. Recent studies with large national samples of community members have identified similar prevalence rates for PTSD in the general population using DSM IV or 5 criteria, with

some studies indicating higher PTSD rates when utilizing DSM 5 criteria. For this study, 152 randomly selected women in prison were administered the Clinician-Administered PTSD Scale for DSM-5. In response to the Trauma History Questionnaire, approximately 80% of the women reported prior sexual trauma and 87% reported physical abuse. Fifty-five (39%) of the 152 women met current (30 day) diagnostic criteria for PTSD according to the DSM-5. Similarly, 53 (38%) met diagnostic criteria for current PTSD according to the DSM-IV. DSM-5 prevalence did not differ significantly from the DSM-IV rate according to the McNemar Chi-square test ($p = .50$). The average symptom severity score of those diagnosed with PTSD, according to DSM-5, was 27.7 ($SD = 11.84$, range 0 to 57). These high prevalence rates suggest the need for routine assessment of trauma exposure and PTSD as women enter the criminal justice system to identify treatment needs.

FRI 124

Cue-Dependent Inhibition in Posttraumatic Stress Disorder and Attention-Deficit/Hyperactivity Disorder

(Abstract #184)

FRI 124 (Assess Dx, Global, Illness, QoL, Adult) A - Industrialized

Hamner, Mark¹, Adams, Zachary², Zhewu, Wang², Cauphron, Blaine², Mandel, Howard¹

¹*Ralph H. Johnson VA Medical Center, Charleston, South Carolina*

²*Medical University of South Carolina, Charleston, South Carolina*

Attention-deficit/hyperactivity disorder (ADHD) and posttraumatic stress disorder (PTSD) are common among military veterans (Harrington et al 2012), but the comorbidity of these two psychiatric disorders remains largely unstudied. Research aimed at evaluating potential behavioral and neurocognitive mechanisms underlying ADHD, PTSD, and ADHD+PTSD – such as response inhibition and cue-dependent learning – can inform etiological models as well as development of tailored interventions. The current study evaluated response inhibition in a sample of adult, males ($N=161$) using a cued go/no-go task. Participants were recruited from the community and from a Veterans Administration medical center. Four groups were identified via

diagnostic evaluation: ADHD only, PTSD only, ADHD+PTSD, and controls. Results indicated significant group differences across most indices of inhibitory functioning, reaction time, and reaction time variability, whereby participants with ADHD+PTSD and PTSD only demonstrated deficits relative to controls. No cue dependency effects were observed. Findings complement prior work on neurocognitive mechanisms underlying ADHD, PTSD, and ADHD+PTSD, though additional work is needed to better characterize distinctions among clinical groups, as well as to test effects among women and non-military samples.

FRI 125

The Performance of the IES-R for Latinos and non-Latinos: Assessing Measurement Invariance (Abstract #850)

FRI 125 (Assess Dx, Assess Dx, Ethnic, Res Meth, Lifespan) M - Industrialized

Tiemensma, Jitske, Depaoli, Sarah, Winter, Sonja, Felt, John, Rus, Holly, Arroyo, Amber
University of California Merced, Merced, California

Objective: The Impact of Event Scale-Revised (IES-R) is one of the most commonly used metrics of posttraumatic stress disorder (PTSD) symptomatology. However, it is largely unknown if the IES-R is measuring the same construct across different sub-samples (e.g. Latino versus non-Latino). The current study aimed to assess measurement invariance for the IES-R between Latino and non-Latino participants. **Methods:** A total of 545 participants completed the IES-R. One- and three-factor scoring solutions were compared using confirmatory factor analyses (CFAs). Measurement invariance was then evaluated by estimating several multiple-group CFA models. Four models with an increasing degree of invariance across groups were compared. A significant 2 difference test was used to indicate a significant change in model fit between nested models within the measurement invariance testing process. **Results:** The three-factor scoring solution could not be used for the measurement invariance process because the subscale correlations were too high for estimation (rs 0.918-0.999). Therefore, the one-factor model was used for the invariance testing process. Invariance was met for each level of invariance: configural, metric, scalar, and strict. All measurement invariance testing results

indicated that the one-factor solution for the IES-R was equivalent for the Latino and non-Latino participants. **Conclusion:** Given the growing Latino (college) population in the United States as well as elevated rates of PTSD in Latino samples, establishing measurement invariance of the IES-R is vital to understanding potential differences in posttraumatic stress symptomatology. The present study established strict invariance of the IES-R for the Latino and non-Latino participants.

FRI 126

Towards a Meaning-Based Conceptualization of Trauma, Traumatization, and PTSD
(Abstract #604)

FRI 126 (Assess Dx, Clinical Practice, Theory, N/A) A - N/A

Stein, Jacob¹, Figley, Charles², Solomon, Zahava¹
¹Tel Aviv University, Tel Aviv, Israel
²Tulane University, New Orleans, Louisiana

Posttraumatic stress disorder (PTSD) has been introduced into the psychiatric parlance in the DSM-III. However, nearly four decades after its inception, empirical evidence indicates that PTSD is predicated upon false core assumptions that may be hampering theoretical advances. Drawing on current empirical evidence and extant contemporary conceptualizations, we suggest a meaning-based reconceptualization of the three essential components of any theory of PTSD: trauma (i.e., that which makes an event traumatic), traumatization (i.e., the process wherein an experience leads to psychopathology), and PTSD (i.e., posttraumatic psychopathology). Explicating the structure of meaning and its relation to experiencing, we argue for a) the need to depart from fear-based conceptualizations of PTSD, b) the need to abandon attempts to define traumatic experiences as objectively determined events, and c) the need to acknowledge the traumatization process as recursive rather than linear. The proposed conceptualization thus accounts both for those elements that all traumatizations have in common, and those that differentiate one type from another. It therefore provides a comprehensive framework for understanding individual differences in the phenomenology, trajectory, and susceptibility to PTSD, and accounts for primary, secondary, and complex traumatizations. Nosological, clinical, and

scientific implications are discussed, as limitations of the proposed conceptualization are considered.

TRAINING/EDUCATION/ DISSEMINATION

FRI 127

Examining the Efficacy of a Train-the-Trainer Model for Sexual Violence Prevention
(Abstract #482)

FRI 127 (Train/Ed/Dis, CSA, Commun, Prevent, Lifespan) I - Industrialized

Weingarten, Christine, Gates, Kalani, Baker, Charlene
University of Hawaii at Manoa, Honolulu, Hawaii

In the United States, 1 in 5 girls and 1 in 21 boys are victims of child sexual abuse (CSA). Past research has linked CSA to long-term physical and mental health problems. The Sex Abuse Treatment Center (SATC) and the Department of Education in Hawai'i collaborated to develop curricula for students in grades K-12 that aim to provide students with knowledge and skills to protect themselves from sexual violence and to promote safe and respectful relationships. A train-the-trainer model was used to implement the curricula across the state due to a limited number of sexual violence prevention educators. One benefit of training teachers to deliver the curricula is that they have established relationships with their students and could continue to be a safe, accessible resource within the school. Using this model, SATC trained 700 educators, but the efficacy of this approach has not been examined. This study examines survey responses from teachers who were trained to implement SATC's curricula (N=141). To examine the efficacy of the training, data were collected on overall satisfaction with the training, readiness to teach the curricula, barriers experienced in implementation, and recommendations to improve the training. Findings will be discussed.

FRI 128

Differentiating Journalists by PTSD and Substance Abuse
(Abstract #88)

FRI 128 (Train/Ed/Dis, Journalism, Sub/Abuse, Other) I - Global

Slaughter, Autumn¹, Arnold, Bret², Newman, Elana¹, Brummel, Bradley¹, Drevo, Susan¹, Parker, Kelsey¹

¹*The University of Tulsa, Tulsa, Oklahoma*

²*The University of Tulsa; Laureate Institute for Brain Research, Tulsa, Oklahoma*

Studies have examined posttraumatic stress disorder (PTSD) and substance abuse (SA) among journalists (Feinstein, Audet, & Waknine, 2014), but not differences in individuals with comorbid PTSD and SA. This study examines how (1) trauma exposure (personal and work intimidation), (2) trauma responses (depression, perceived stress, and satisfaction with life), and (3) a buffer (perceived social support), vary between journalists with (1) no pathology, (2) PTSD, (3) SA, and (4) PTSD and SA. A MANOVA ($F[4, 151] = 3.205, p < .001$ Wilk's $\lambda = 0.605$, partial $\eta^2 = .118$) found differences between: (1) no pathology and the comorbid group on (a) depression ($MD = -.181; p < .05$) and (b) intimidation ($MD = -.083, p < .05$); (2) no pathology and PTSD only on (a) depression ($MD = -.144, p < .001$), (b) intimidation ($MD = -.033, p < .05$), (c) perceived stress ($MD = -2.54, p < .001$), (d) satisfaction with life ($MD = 3.35, p < .05$), and (e) personal trauma ($MD = -1.211, p < .05$); (3) the comorbid group and SA only on intimidation ($MD = .124, p < .05$); and (4) PTSD only and SA only on social support ($MD = .65, p < .05$).

CLINICAL PRACTICE

FRI 129

Identifying Maltreatment Profiles of Foster Care Children and Predicting Trauma Symptoms
(Abstract #1163)

FRI 129 (Practice, CPA, CSA, Complex, Child/Adol) M - Industrialized

Huguenel, Brynn, Leon, Scott, Blakely, Gayle, Hindt, Lauren, Bai, Grace
Loyola University Chicago, Chicago, Illinois

Children enter foster care due to physical abuse, sexual abuse, emotional abuse, or neglect (Ai et al., 2013). Traumas may co-occur and literature suggests that different maltreatment profiles can result in different symptoms (DiMauro et al., 2014); however, less is known about trajectories of trauma symptoms over time. We sought to identify unique maltreatment profiles of foster children, and whether they relate to different longitudinal trauma trajectories. The sample consisted of 456 foster children aged 6 to 13. Caseworkers completed the Child and Adolescent Needs and Strengths, yielding data on maltreatment and trauma symptoms (Lyons, 1999). Latent Profile Analysis using M-Plus revealed that a five class solution provided the best fit to the data. The profiles of foster children's maltreatment experiences included neglect (50%), neglect and physical abuse (28%), complex trauma with severe sexual abuse (11%), complex trauma with mild sexual abuse (7%), and neglect with mild sexual abuse (4%). Additional analyses will explore whether these classes predict differing trajectories of trauma-related symptoms. The current study expands on reports of maltreatment rates by including continuous, as opposed to dichotomous, ratings of maltreatment. Identifying the ways in which maltreatment profiles predict symptom trajectories will be crucial for treatment and service implementation.

FRI 130

Does Posttraumatic Symptomatology Differ between Adolescents with and without Psychosis?
(Abstract #1034)

FRI 130 (Practice, Assess Dx, CPA, Child/Adol) I - N/A

Roos, Ben

Roosevelt University, Chicago, Illinois

The unclear picture of posttraumatic symptomatology presents a number of barriers to assessment. This includes the heterogeneity of PTSD as a construct and its comorbidity with other psychiatric conditions (Cloitre et al., 2009; Kessler et al., 1995). Furthermore, exposure to childhood trauma can eventually manifest as symptomatology which transcends multiple diagnostic categories, including depressive, anxiety, manic, and even psychotic symptoms (de Graaf, Bijl, Smit, Vollebergh, & Spijker, 2002; Van Nierop et al., 2014). Perhaps

counterintuitively, adults with trauma histories who are diagnosed with schizophrenia spectrum disorders report less severe posttraumatic symptoms than those diagnosed with mood disorders (O'Hare, Shen, & Sherrer, 2013; O'Hare & Sherrer, 2013). Researchers have implicated dissociation's role as a coping mechanism in mitigating the intensity of posttraumatic distress (Read, Agar, Argyle, & Aderhold, 2003). Therefore, the relatively higher prevalence of dissociation among trauma-exposed individuals with schizophrenia spectrum disorders compared to those with mood disorders might explain this phenomenon. The purpose of the current study is to better understand the potential interactions between posttraumatic stress, dissociation, and psychosis. Using data collected over three years from an inpatient and partial hospitalization program, the current research assesses differences in posttraumatic symptom severity and dissociation between adolescents with mood disorders and adolescents with psychotic disorders. The results and implications for trauma assessment will be presented.

FRI 131

Early Maladaptive Schemas in Individuals with a Diagnosis of Posttraumatic Stress Disorder: An Investigation
(Abstract #990)

FRI 131 (Practice, Assess Dx, CPA, CSA, Clin Res, Adult) I - Industrialized

Wojcik, Katharine, Wetterneck, Chad, Grau, Peter
Rogers Memorial Hospital, Oconomowoc, Wisconsin

Young et al. (2003) developed schema therapy to provide a theoretical model and treatment method to address patients who were less responsive to time-limited, evidence-based approaches. The identification of how adverse childhood experiences result in the development of early maladaptive schemas (EMS) assists in understanding relational patterns and emotional experiences. However, few studies have investigated which EMS are prevalent in individuals who have experienced trauma (c.f. Harding et al., 2012). This current study presents information on EMS elevations in individuals with PTSD and how EMS relate to PTSD symptom severity. The Young Schema Questionnaire 3 and PTSD Checklist for DSM-5 were administered to participants (n = 61) at admit and discharge.

Participants in this study were 87% White, 8% Hispanic, 80% heterosexual, 80% female with an average age of 35.7 years (SD = 10.8). Results showed elevation significance in abandonment, mistrust, social isolation, self-sacrifice, unrelenting standards, and pessimism/worry. Pearson's correlation indicated vulnerability to harm ($r = .426$) and emotional inhibition ($r = .426$) were positively related to symptom severity. Emotional deprivation, abandonment, social isolation, and pessimism/worry were also found to be positively correlated to symptom severity. The implications of this study will be discussed, along with limitations and future directions.

FRI 132

Relationship of Early-life Stress and Resilience with Comorbid Borderline Personality Disorder in Major Depressive Disorder
(Abstract #1165)

FRI 132 (Practice, Assess Dx, Chronic, Complex, Depr, Adult) M - E Asia & Pac

Seok, Jeong-Ho, Kim, Min-Kyeong, Choi, Sun Woo, Park, Hae In, Kim, Jong Sun
Yonsei University, Seoul, Republic of Korea

Background: Considering comorbid borderline personality disorder (BPD) may worsen clinical course of major depressive disorder (MDD), it is important to diagnose precisely whether patients have BPD or not among MDD patients. Early-life stress (ELS) can increase BPD comorbidity but resilience may play a protective role against development of MDD. This study aimed to find the relationship of ELS and resilience factors with BPD comorbidity in patients with MDD. **Methods:** Thirty borderline depressive patients, 25 non-borderline depressive patients and 25 age- and gender matched healthy controls participated in this study. Analysis of variance and multivariate logistic regression model were conducted to determine the relationship of the early life stress and resilience factors with BPD comorbidity within MDD patients.

Results: Depressive patients with BPD reported emotional abuse more frequently than those without BPD and healthy controls. In terms of resilience, depressive patients with BPD showed the lowest scores in all three resilience factors. Especially, the emotional abuse and self-regulation ability were significantly associated with BPD comorbidity in

MDD patients. **Conclusion:** Considering comorbid BPD might worsen the MDD course, our findings were meaningful. We found that emotional abuse experience and self-regulation ability deficit were significantly associated with comorbid BPD within MDD patients. Comprehensive evaluation about early life stress and resilience might help to understand BPD and MDD and build the treatment strategies. **Keywords:** Borderline personality disorder; Major depressive disorder; Early life stress; Resilience **Acknowledgment:** This study was supported by a grant of the Korean Mental Health Technology R&D Project, Ministry of Health & Welfare, Republic of Korea (HM15C1189).

FRI 133

Supporting Survivors of Sex Trafficking: The Providers' Perspective on Trauma-informed Care
(Abstract #301)

FRI 133 (Practice, Chronic, Clinical Practice, Complex, Rape, Adult) I - N/A

Yung, Ella

Adler School of Professional Psychology, Chicago, Illinois

In light of the development of trauma-informed care (TIC), the prevalence rates of sex trafficking, and the unique needs sex trafficking survivors have, it is essential to gain a deeper understanding of how elements of TIC are being integrated into treatment for this population. Exploring how support is currently implemented through the providers' perceptions offers a unique opportunity to learn how theory is being applied in the clinical arena as well as to discover what other salient and more personal factors exist in the work. The phenomenological theory was utilized in this study to examine the lived experiences of six providers who work with survivors of sex trafficking. The research questions guiding the study included: What are the experiences of providers who work with survivors of sex trafficking and in what way do they provide support? In the view of these providers, what are the unique needs of sex trafficking survivors? In their view, which strategies facilitated recovery and stability, and which were less effective? What are the parallels between the providers' perception of trauma-informed care and what is stated in the research? The study measures were field notes, reflective journaling, a demographic questionnaire, and a semi-structured interview guide

that probed at the experiences providers had supporting sex trafficking survivors and their perception of trauma-informed care. For explication of the data, the Hycner's five-phase approach to making meaning for phenomenological data was used. Sixteen units of significance were identified: Defining trauma-informed care (TIC) in practice and why it is important for service provision, the role of promoting sex trafficking awareness and trauma education, trauma's cumulative impact on survivors, identifying vulnerabilities to and risk factors for being sex trafficked, the impact of systemic factors on sex trafficking and service provision, the importance of recognizing survivors' humanity, the goal of building trust with survivors, listening to survivors' needs and accommodating, the emphasis of meeting basic needs, the need to collaborate with community resources, the lack of sex trafficking education and training as a barrier, strength and resilience in survivors, honoring survivors' independence and choice, using empowerment as an intervention, seeing survivors as advocates and leaders, and reflection on the positive personal impact on providers. It is the hope of the principal investigator that these findings will facilitate a better understanding of what it means to support sex trafficking survivors and provide useful recommendations for future program development, policy changes, systemic organizing, and future research to more effectively meet the needs of trauma survivors.

FRI 134

Applicability and Efficacy of IPT-PTSD Compared to Treatment as Usual with Sertraline for Sexually Assaulted Women, Preliminary Data
(Abstract #1412)

FRI 134 (Practice, Clin Res, Gen/Int, Bio/Int, Rape, Adult) M - Latin Amer & Carib

Mello, Andrea¹, Proenca, Cecilia¹, Maciel, Mariana¹, Coimbra, Bruno¹, Markowitz, John², Mello, Marcelo³

¹*Federal University of São Paulo, Sao Paulo, Brazil*

²*Columbia University/NY State Psychiatric Institute, New York, New York*

³*Universidade Federal de Sao Paulo, São Paulo, Brazil*

Background: Almost 50% of women develop Posttraumatic Stress Disorder (PTSD) following

sexual assault. In São Paulo, Brazil 4,376 cases were reported in the first semester of 2016. Guidelines for PTSD treatment usually recommend Serotonin Reuptake Inhibitors (SSRI) and/or Exposure Therapy, although SSRI are not effective for many patients and only one-third of patients adhere to Exposure Therapy. An intervention study is including patients with PTSD after a sexual assault, testing the applicability and efficacy of Interpersonal Psychotherapy adapted for PTSD (IPT-PTSD) treatment compared to sertraline. Objective: Evaluate the applicability and efficacy of IPT-PTSD compared to treatment as usual with the SSRI sertraline.

Methodology: Women who have suffered sexual assault in the last six months are referred to The Program of Research and Care on Violence (PROVE) of the Federal University of São Paulo (UNIFESP). Patients are eligible if they have a confirmed PTSD diagnosis based on MINI and CAPS-5, after signing a consent form approved by the UNIFESP Ethics Committee. After randomization, patients either receive IPT-PTSD 14 sessions or treatment as usual with titrated sertraline (maximum dose 200mg/day). Over the course of the 14 weeks, five scheduled clinical interviews assess change in symptomatology. Analysis: All participants with at least one post-baseline CAPS assessment will be included in an intent-to-treat analysis. We will use for efficacy and applicability assessment the last-observation-carried-forward (LOCF) method. The primary outcome endpoint, for efficacy, was defined as the change from baseline to the last visit in the CAPS total score. The primary outcome endpoint for applicability was determined by the dropout rates at the last visit. The hypothesis is that IPT-PTSD group would show a significant improvement, and this would not be different from sertraline group. The secondary hypothesis is that IPT-PTSD group would show a significant smaller dropout rate compared to sertraline group at the end of the 14-week period. The efficacy analysis for the change in CAPS total score will be conducted using nonparametric test for repeated ordinal numbers comparing each scale from baseline and 14 weeks and between treatments. Chi-square test will be used to compare treatment groups. All statistical testing will be 2-sided, and treatment group's comparison will be performed at a significance level of 0.05. **Results:** Preliminary data will be presented at the meeting in November. At present, 29 patients have entered the protocol, and 17 have completed the clinical trial since January 2016. We estimate that we will be able to present

preliminary data of approximately 36 patients. The project is approved to enroll patients until 2019.

FRI 135

The Complexity of Sexual Consent and Coercion: Variability of Posttraumatic Cognitions and Perceptions of Severity in Unwanted Sex (Abstract #653)

FRI 135 (Practice, Clinical Practice, Cog/Int, Rape, Adult) I - Industrialized

Kern, Sara, Peterson, Zoe

University of Missouri St. Louis, St. Louis, Missouri

Research suggests that *unwanted* sex exists along a continuum, with different degrees of coerciveness—ranging from no coercion to physical force. Different levels of coercion may result in different perceptions and psychological outcomes of the event. This study explored how different levels of coercion relate to posttraumatic cognitions and perceptions of severity following unwanted sex. 275 participants—recruited from Amazon's MTurk and an undergraduate subject pool—provided qualitative descriptions of a personal experience of unwanted sex, completed the Posttraumatic Cognitions Inventory, and rated their perceptions of severity of the experience. Independent raters identified four categories of coercion in unwanted sex: non-coerced consensual sex, coerced sex, non-resisted nonconsensual sex, and actively forced nonconsensual sex. The type of coercion present significantly predicted posttraumatic cognitions, including negative thoughts about the self and negative thoughts about the world. Between-group differences were also present for perceptions of severity. In general, actively forced nonconsensual sex resulted in the highest level of negative cognitions and perceptions of severity, and unwanted but consensual sex resulted in the lowest level. Results were more variable for the categories of coerced and non-resisted nonconsensual sex. Discussion will focus on the clinical impact of differences in coercion and resulting treatment implications.

FRI 136

Predictors of Treatment Retention among Veterans Engaged in Trauma-Focused Psychotherapy following Military Sexual Trauma
(Abstract #1445)

FRI 136 (Practice, Rape, Mil/Vets, Adult) M - N/A

Kloep, Megan¹, Bennett, Diana², Smith, Erin³, Porter, Katherine³, Thomas, Edward², Sexton, Minden⁴

¹VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan

²VA Ann Arbor Health Care System, Ann Arbor, Michigan

³VA Ann Arbor Healthcare System/ University of Michigan, Ann Arbor, Michigan

⁴U.S. Department of Veterans Affairs, Ann Arbor, Michigan

Mental health treatment utilization among military Veterans has historically been low, particularly following military sexual trauma (MST). This study examined demographic, psychiatric, and service-related predictors of Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT) retention among Veterans receiving MST-related treatment. Veterans completed interviews at intake (MINI and CAPS) and provided demographic, trauma-related, and service characteristics. Of 114 Veterans who began an MST-related trauma-focused treatment, 53% attended at least eight sessions. Analyses indicated age was related to retention ($p = .019$), with older veterans more likely to be retained. Other demographic characteristics, such as gender, were not predictive. Regarding comorbid diagnoses, 57% with comorbid mood disorders were retained compared to 20% without a comorbid mood disorder ($p = .002$). Other comorbidities were not predictive. Exposure to combat was related to higher attrition ($p = .013$) as was OIF/OEF service era status ($p = .022$). There was no retention difference between CPT and PE ($p = .439$). Overall, findings appear to indicate older Veterans and those with comorbid mood disorders are more likely to be retained, consistent with previous research with non-MST populations, while targeted efforts may be required to retain OIF/OEF Veterans and those exposed to combat. Implications of these findings will be discussed.

FRI 137

Treating Veterans and their Families with Interpersonal Psychotherapy for PTSD
(Abstract #1372)

FRI 137 (Practice, Depr, Mil/Vets, Adult) I - Industrialized

Lowell, Ari¹, Lazarov, Amit², Neria, Mariana³, Hilburn, Anne³, Neria, Yuval¹, Markowitz, John¹

¹Columbia University and New York State Psychiatric Institute, New York, New York

²Columbia University Department of Psychiatry and New York State, New York, New York

³New York State Psychiatric Institute, New York, New York

Intro: The treatment of choice for military veterans with Posttraumatic Stress Disorder is exposure therapy, most notably Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). However, some recent reports of the efficacy of these treatments have been mixed, with some failing to improve (Steenkamp, Litz, Hoge, & Marmar, 2015). Interpersonal Psychotherapy (IPT), which is disseminated within the VA for the treatment of depression, (Stewart et al., 2014), has recently shown efficacy for PTSD and PTSD with comorbid depression or sexual trauma (Markowitz et al., 2015, in press; Markowitz, 2016). IPT focuses on recognition and expression of affect, interpersonal relationships, and interpersonal effectiveness, and does not involve exposure or direct discussion of trauma. We use IPT for PTSD and for depression at the New York Presbyterian Military Family Wellness Center, a treatment center established in 2015 for veterans and their families. This poster summarizes findings for the treatment of six veterans and family members. **Methods:** Open treatment was offered to all veterans and family members of veterans presenting with PTSD. Participants were offered a choice of PE or IPT. Five veterans and one family member (five male, one female) elected IPT. Assessments were conducted using the Structured Clinical Interview for DSM-5 (SCID-5; First, Williams, Karg and Spitzer, 2015), Clinician-Administered PTSD Scale for DSM-5 (CAPS- 5; Weathers et al., 2013) and the Hamilton Rating Scale for Depression (HAM-D; Hamilton, 1960). Participants were assessed at the beginning, middle, and end of treatment. Participants who evidenced current unstable bipolar disorder, psychotic disorder, or substance abuse disorder were excluded. **Results:**

Detailed analysis and full results pending completion of treatment (three patients are ongoing). Initial results indicate significant reduction in symptoms of depression and PTSD. **Discussion:** IPT has demonstrated efficacy for the treatment of PTSD. Current results suggest IPT may show utility in a veteran and family population. Further research, and randomized control trial, is needed. A limitation of this study is that results may not generalize to non-veteran and family populations.

FRI 138

Predicting Disruptive Behavior in An Intensive Outpatient Program For Veterans With PTSD
(Abstract #124)

FRI 138 (Practice, Clin Res, Clinical Practice, Cog/Int, Mil/Vets, Adult) M - Industrialized

*Klassen, Brian, Held, Philip, Zalta, Alyson, Zou, Denise, Karnik, Niranjana, Pollack, Mark
Rush University Medical Center, Chicago, Illinois*

Veterans with PTSD are often treated with group psychotherapy, but little data exist to guide clinicians on what characteristics might predict problematic behavior in group settings. Early identification of individuals who are likely to exhibit problematic behavior in groups would assist with referral to more appropriate treatment. Ninety veterans with PTSD (70% male; mean [SD] age=40.20 [9.35]) completed a three-week, intensive outpatient program. Treatment groups included Cognitive Processing Therapy (CPT) and mindfulness. Veterans were retrospectively rated by group providers for their level of problem behaviors. Nineteen individuals (21.11%) were rated as exhibiting mild to major problem behaviors over the course of treatment. Problem behaviors were not related to demographics (age, gender, rank) or self-reported baseline symptom severity (PCL-5, PHQ-9, AUDIT-C) measures. Problem behaviors were significantly associated with 4 of 5 hyperarousal symptoms on the Clinician Administered PTSD Scale for DSM-5 (CAPS-5). Hierarchical regression entering variables in the order of magnitude of bivariate associations showed that only recklessness (CAPS-5 criterion E2) significantly predicted problem behavior. Further exploratory analyses revealed that all participants who exhibited major problem behaviors scored a 4 or greater when CAPS-5 criterion E2 (recklessness) and E3 (hypervigilance) were added. Our findings

suggest that clinician-rated hyperarousal symptoms can be used to predict problematic behaviors in group treatment settings.

FRI 139

The Neural and Behavioral Impact of Group Based Exposure Therapy
(Abstract #155)

FRI 139 (Practice, Clin Res, Clinical Practice, Bio/Int, Neuro, Adult) M - N/A

Williams, Wright¹, Harik, Juliette², Milliken, Laura³, Lee, Kelly⁴, Lin, Xiaodi⁵, Newsome, Mary⁵

¹*Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas*

²*National Center for PTSD, White River Junction, Vermont*

³*James A. Haley VA Medical Center, Tampa, FL, Florida*

⁴*University of Illinois at Urbana-Champaign, Champaign, Illinois*

⁵*Baylor College of Medicine, Houston, Texas*

Exposure therapies are among the most effective treatments for helping Veterans reduce their symptoms of post-traumatic stress disorder (PTSD). Group based exposure therapy (GBET) is an exposure therapy treatment delivered in a group format. Ready et al., 2008, Sutherland and Mott et al., (2012), Mott et al., (2012), Barrera et al., (2013), found that GBET is an effective, well tolerated treatment for Veterans with PTSD, but no studies have examined both the neural and behavioral changes following GBET treatment for Veterans with PTSD and mTBI. We hypothesized GBET treated Veterans would have a 10 point or more drop in their Clinician Administered PTSD Scale (CAPS), versus those in treatment as usual (TAU). We recruited Veterans 50 or under who served in Operation Enduring Freedom/ Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) or the Persian Gulf War (PGW) with comorbid mild traumatic brain injury (mTBI) and PTSD. They completed resting state functional Magnetic Resonance Imaging (fMRI), the CAPS and a battery of behavioral measures, before and after GBET treatment or TAU. We recruited 44 subjects: 10 completed treatment, 7 completed TAU, 21 dropped out of treatment, and 3 of TAU, and 3 Vietnam Veterans who completed treatment, but were not scanned because of their age. Subjects received a 12-

week course of GBET delivered in twice-weekly 3-hour sessions, for 24 total sessions. **Results & Conclusions:** PTSD Check List scores significantly improved ($p < .03$) in the Treatment Group, suggesting GBET reduced PTSD symptoms. CAPS Total scores did not significantly improve, possibly due to small samples. There was a moderate-to-large effect size ($d = 0.76$), and an 11.6 improvement in mean CAPS scores in the Treatment group. We found individual differences in GBET response. CAPS Avoidance scores were significantly improved ($p < .05$), and had a moderate-to-large effect size, suggesting GBET may reduce avoidance. A measure of interpersonal trust significantly improved in the treatment group ($p < .004$). After GBET, Functional Connectivity (FC) between the Precuneus and a region associated with emotion regulation (Ventral Medial Prefrontal Cortex) increased. The Super Marginal Gyrus (SMG) (part of the Central Executive Network) has reduced FC in patients with PTSD. After GBET, patients had increased FC between the SMG and left amygdala suggesting they may have improved capacity to mediate amygdala activity. If replicated with larger samples, relations between FC and symptom change, may help to tailor treatments to individuals. Patients benefiting the most from GBET could be identified based on their initial scans patterns. Study limitations include small sample sizes, and we made a correction for inflated cluster sizes but not for multiple tests.

FRI 140
Treatment Dropout among Veterans Enrolled in Evidenced-Based Treatments for PTSD
(Abstract #137)

FRI 140 (Practice, Clin Res, Mil/Vets, Adult) I - Industrialized

Miron, Lynsey, Pamp, Barbara
Edward Hines, Jr. VA Hospital, Hines, Illinois

Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) are first-line therapies used in the VA to treat of PTSD in veterans. Although both therapies have demonstrated effectiveness in reducing PTSD symptoms across a range of veteran populations, data suggest that patient dropout is high. Research on veterans' reasons for dropout is scarce, and most studies only consider demographic and symptom-related variables. The present study examined those variables, as well as psychosocial reasons for dropout among male and female veterans in a VA outpatient

PTSD clinic. Participants were 393 veterans treated between 2014 and 2016 and who completed at least one session of individual PE or CPT. Forty-two percent of veterans dropped out before completing a full course of treatment. Consistent with previous literature, service era had a significant effect on dropout, $\chi^2(2) = 11.48, p < .01$, where OIF/OEF veterans were 2.17 times more likely to drop out of treatment than Vietnam veterans. Treatment modality (i.e., PE or CPT), provider status (i.e., staff or trainee), trauma type, gender, service-connection status, and pre-treatment symptom severity were not significant predictors of dropout. Although the largest proportion of veterans provided no reason for dropout (33.7%), other reported reasons were varied, with 25.2% of veterans feeling unsure about trauma-focused treatment (e.g., hesitant about workload, ambivalent, or avoidant), 21.5% choosing to focus on other problems, 15.3% reporting other psychosocial factors contributing to dropout (e.g., scheduling or financial difficulties), and 4.3% reporting feeling better and no longer needing treatment. Findings suggest that addressing psychosocial treatment barriers may improve engagement in trauma-focused therapies, and that increasing the rate of PE and CPT completion among returning veterans may be a priority for VA PTSD clinics.

FRI 141
Spiritual Struggles and Risk for Suicidal Behavior in U.S. Military Veterans: A Longitudinal Analysis
(Abstract #665)

FRI 141 (Practice, Cul Div, Self-Care, Mil/Vets, Adult) M - Industrialized

McCormick, Wesley, Currier, Joseph
University of South Alabama, Mobile, Alabama

Struggles with religion/spirituality might be uniquely linked with suicide in U.S. military populations (i.e., interpersonal struggles, religious doubting, struggles with divine, personal morality, ultimate meaning). Drawing on Exline and colleagues' (2014) Religious/Spiritual Struggles Scale (RSSS), this study examined the role of different spiritual struggles in risk for suicidal behavior in this population (using Suicidal Behavior Questionnaire – Revised [SBQ-R]). Method: To date, 133 veterans enrolled at two mid-sized universities on the Gulf Coast (Mage = 34.67 years; 62% male) have

completed the RSSS, SBQ-R, PCL-5, and PHQ-8 during fall and spring semesters, at least six months apart. Results: Preliminary analyses indicate the RSSS subscales at time point 1 improved a multivariate regression model, $R^2 = .023$, $F(5, 133) = 2.971$, $p = .014$, predicting suicidal behavior at time point 2, when accounting for demographics, deployment history, suicidal behaviors at time point 1, and spiritual struggles, PTSD, and depression at time point 2. Once the second year of data collection is completed in May 2017, a cross lagged SEM analysis will be conducted to assess the unique associations of the variables over time. Conclusion: Initial results suggest that assessing for spiritual struggles can contribute to conceptualizing suicide risk in U.S. military populations over time.

FRI 142

Psychological Intimate Partner Violence (IPV) Perpetration Following Interparental IPV Exposure: Roles of Rejection Sensitivity, Parental Warmth, and Emotion Regulation
(Abstract #150)

FRI 142 (Practice, Aggress, DV, Interagen, Adult) M - N/A

Hodges, Mikhaella, Dadouch, Zena, Lilly, Michelle
Northern Illinois University, DeKalb, Illinois

Previous studies support the link between childhood exposure to IPV and subsequent perpetration of relationship violence. Psychological aggression continues to be an understudied topic in violence research despite its strong association to adverse health outcomes. Thus, understanding the mechanisms influencing psychological IPV perpetration remains an important area of research. Rejection sensitivity was proposed as a mediator of the association between childhood exposure to IPV and psychological perpetration in young adulthood, while maternal warmth and emotion regulation (ER) difficulties were examined as moderators within the model. Though data collection is ongoing, 148 undergraduate students recruited from a large midwestern university have completed the study to date. The moderated mediation analysis was conducted using the PROCESS macro by Preacher and Hayes (2009). Results indicate that rejection sensitivity was a significant mediator in the model. Moreover, the interaction between rejection

sensitivity and ER difficulties in predicting psychological IPV perpetration was significant. Results suggest that those exposed to early IPV reported higher rejection sensitivity and increased perpetration of psychological IPV. Moreover, greater sensitivity to rejection predicted increased psychological perpetration under conditions of high ER difficulties.

FRI 143

Assessing for Intimate Partner Violence and Other Risk Factors Associated with Postpartum Depression
(Abstract #1298)

FRI 143 (Practice, Depr, DV, Care, Gender, Adult) M - N/A

Hawkins, Alesia, Catalano, Anne, Saavedra, Maria
University of Illinois, Rockford, Illinois

Introduction: The birth of a baby can trigger a mix of powerful emotions, from excitement and joy to anxiety. Many new mothers experience the "baby blues" after childbirth, which commonly include mood swings and crying spells that fade quickly. But some new mothers experience a more severe, long-lasting form of depression known as postpartum depression (PPD). PPD is a critical public health problem identified as the most common complication of childbearing. PPD affects 10-20% of pregnant women and can have serious consequences to the mother and infant. While previous studies have found a relationship between intimate partner violence (IPV) and depression, such an association can be undetected during prenatal visits. **Purpose:** The purpose of the current study was to identify IPV, sociodemographic and obstetrics factors associated with PPD in a family practice clinic. A better understanding of PPD identified in this setting is necessary to provide recommendations to family medicine providers who serve this patient population. **Methods:** A retrospective chart review was conducted from June 2011 to February 2014 to identify data from women receiving postpartum (PP) services at a family medicine clinic. Inclusion criteria included women who were 18 years of age or older who completed a 6-week PP visit. For patients with multiple viable pregnancies, the 6-week PP follow-up for the most recent delivery was used in the final analyses. IPV as well as sociodemographic and obstetric variables were identified. Descriptive

analyses were conducted on demographic variables and Chi-Square tests with $p < .05$ using SPSS was applied to study variables. **Results:** A total of 264 patient charts were reviewed for the current study culminating in 258 six-week PP visits used in the final analyses. The majority of patients were Caucasian (39.1%), single (69.4%), receiving public assistance (72.1%) and had a mean age of 26. For PP visits, 93.4% of the time providers screened for PPD with 14.7% of patients screening positive for PPD. IPV endorsement ($p = .05$), alcohol use ($p = .03$), history of depression ($p = .00$), preterm birth ($p = .00$), pregnancy complications ($p = .00$), and were significantly associated with a positive PPD screen. **Conclusions:** Current research suggests that the potential adverse effect of PPD on the mother and child reinforces the need for early identification and effective treatment models. There is an urgent need to direct attention to this problem in health settings that provide maternity care. Routine screening of depression, IPV and other risk factors may address and reduce PPD.

FRI 144
Different Attachment Type and Trauma Related Emotional Response in Bereaved Parents of the Sewol Ferry Accident: Moderating Role of Coping Strategy
 (Abstract #726)

FRI 144 (Practice, Acute, Anx, Death, Grief, Adult) M - E Asia & Pac

Chae, Jeong-Ho, Tae, Hyejin, Huh, Hyu Jung, Huh, Seung, Yun, Jiae
The Catholic University of Korea, Seoul, Republic of Korea

Introduction: Previous studies about the influence of different type of attachment on grief response have yielded contradictory outcomes. Little research has been conducted with disaster related grief to identify the psychological processes that moderate between attachment representations and the patterns of grief. The present study is aimed to examine the impact of different attachment type on trauma related emotions of bereaved parents in response to the loss of their child due to the accident, and the moderating role of coping strategies. **Methods:** Bereaved parents ($n = 81$) completed self-reporting questionnaire evaluating, attachment, coping strategies and trauma-related emotion including shame and guilt. Results were

analyzed with correlation analysis and structural equation modeling (SEM), by using SPSS AMOS 21.0 **Results:** Both types of attachment were associated with the severity of emotion response such as shame and guilt. Moderating effect of proactive coping strategies was significant in relationship between avoidant attachment dimension and emotion response. However, such moderating effect was not significant in anxious attachment type. **Conclusion:** Both types of insecure attachment were related to the severity of shame and guilt, but moderating effect of coping strategies was different according to their attachment representations. Especially people with high avoidant attachment pattern may be overwhelmed by shame and guilt whenever they try to use proactive coping strategies, interfering resolution of grief process. Grief intervention may be organized considering individual differences in attachment representations.

FRI 146
Posttraumatic Stress Symptoms and Posttraumatic Growth in Burn Survivors: Common and Specific Predictors
 (Abstract #1220)

FRI 146 (Practice, Acc/Inj, Cog/Int, Lifespan) M - N/A

Su, Yi-Jen, Chen, Chi-Hui
Chang Gung University, Taoyuan City, Taiwan

Objective: Posttraumatic stress disorder (PTSD) and posttraumatic growth (PTG) are both possible psychological sequelae of burn injuries. Meta-analysis (Shakespeare-Finch & Lurie-Beck, 2014) showed that they are related, but distinct constructs, suggesting that there are both common and specific predictors for PTSD and PTG. This study investigated the role of burn severity (TBSA), prior trauma, peritraumatic dissociation, core belief challenge, negative appraisals of intrusions, trauma-related rumination, and social support in predicting both PTSD symptoms and PTG. **Methods:** Participants were 65 burn survivors of 2015 Taiwan Water Park dust explosion (mean age = 22.91 yrs; 61.5% female; mean TBSA = 44.2%). **Results:** PTSD symptoms and PTG were both significantly associated with core belief challenge and peritraumatic dissociation. PTSD symptoms were specifically correlated with negative appraisals of intrusions and trauma-related rumination. In contrast,

PTG was specifically correlated with social support. Hierarchical regression indicated that core belief challenge predicted both PTSD symptoms and PTG in the initial step. In total, all predictors accounted for 50.3% of the variance in PTSD symptoms and for 41.1% of the variance on PTG. **Conclusions:** Core belief challenge was a common predictor of PTSD symptoms and PTG, both of which had its own specific set of predictor variables.

FRI 147

You Can't Heal What You Don't Know is Harmed: Factors Affecting Identification of Patients' Trauma Histories in Primary Care
(Abstract #983)

FRI 147 (Practice, Assess Dx, Care, Other) I - Industrialized

Selwyn, Candice, Finnegan, Heather, Langhinrichsen-Rohling, Jennifer
University of South Alabama, Mobile, Alabama

There is a high prevalence of psychological trauma among primary care patients; yet, patients' trauma histories often go unrecognized by PCPs (Liebschutz et al., 2009). The objective of the current study was to examine factors related to providers' identification of patients' trauma histories. Phase 1 involved administration of a questionnaire assessing awareness of patients' mental health (MH) needs, comfort diagnosing MH disorders, and interest in MH training to PCPs (N=86). A logistic regression assessed whether age, sex, profession, awareness, comfort, and training significantly predicted if a provider identified trauma as a patient need. All variables considered together significantly predicted identification of trauma as a need ($X^2=26.81$, $df=6$, $N=50$, $p<.001$). However, only awareness of overall MH needs was a significant unique predictor ($\text{Exp}(B)=1.84$; 95% CI=1.24-2.71; $p<.05$). Phase 2, currently ongoing, consists of administration of a self-report questionnaire assessing age, race/ethnicity, and depressive, trauma-related and physical health symptoms to female patients (projected N=100) receiving care in a women's specialty clinic. Data from this phase will be used to explore patient characteristics that predict if a PCP queries for a patient's trauma history. Implications of results, particularly in regards to trauma-informed primary care initiatives, will be discussed.

FRI 148

Effects of Mental Health Support on the Grief of Bereaved People by Traumatic Loss
(Abstract #739)

FRI 148 (Practice, Clinical Practice, Prof) M - E Asia & Pac

Yun, Jiae¹, Chae, Jeong-Ho¹, Tae, Hyejin¹, Han, Hyesung²

¹*The Catholic University of Korea, Seoul, Republic of Korea*

²*Department of Psychiatry, Seoul, 222, Banpo-daero, Seochogu, Republic of Korea*

Introduction: It is critical to evaluate the effectiveness of the disaster mental health supports offered after the accident in mitigating grief of the bereaved family members. In this study, we evaluate the effectiveness of the supports provided to the bereaved parents of the Sewol ferry accident in mitigating the grief process. **Method:** Bereaved parents (n=81) completed self-reporting questionnaire including psychiatric scales, socio-demographic variables and items about psychiatric symptoms and resilience. The participants were divided into four groups; Group 1 received psychotherapy or psychiatry clinic service before the disaster and mental health support after the Sewol ferry accident, Group 2 consists of those who received mental health support only after the Sewol ferry accident, People in group 4 received neither. All statistical analysis was performed using SAS version 9.4 (SAS Institute Inc., Cary, NC, USA). **Results:** The inventory of complicated grief(ICG) score was significantly associated with group 2 ($\beta=9.07$, $p=0.0120$) and subjective health status a month after the disaster ($\beta=14.18$, $p=0.0071$). Group 2 showed a lower mean ICG score than group 4. **Conclusion:** This study demonstrated that any form of mental health support reduced the severity of grief. Also, mental health support significantly reduced the severity of grief only in the participants who had not received any psychotherapy or psychiatry clinic service before the traumatic loss.

CULTURE/DIVERSITY

FRI 149

Variability in Experiences and Impacts of Labor Trafficking

(Abstract #1329)

FRI 149 (CulDiv, Assess Dx, Complex, Refugee, Adult) M - Industrialized

*Malebranche, Dominique, Hopper, Elizabeth
The Trauma Center at Justice Resource Institute,
Brookline, Massachusetts*

Labor trafficking is an under-examined area of human trafficking, particularly the psychological consequences of labor trafficking. This paper compares two large-scale labor trafficking cases and examines psychological symptoms reported by survivors, including depression and PTSD symptoms. One case involves 31 survivors from a large-scale multi-state labor trafficking case, and the other includes 21 survivors from a more localized trafficking case with a large number of victims. Differences in resilience factors, trafficking experiences, and psychological symptoms were identified. Results of this paper reflects variability in the experiences and impacts of labor trafficking. We will discuss implications for services for survivors of labor trafficking survivors.

FRI 150

Racial/Ethnic Disparities in Hispanic/Latino Veteran Readjustment Following Deployment

(Abstract #508)

FRI 150 (CulDiv, QoL, Pub Health, Mil/Vets, Adult) I - Industrialized

*Proescher, Eric¹, Stolley, Melinda², Aase, Darrin³
¹Department of Veteran Affairs, Chicago, Illinois
²Medical College of Wisconsin, Milwaukee, Wisconsin
³VA Medical Center, Chicago, Illinois*

U.S. military veterans have had unique experiences, such as multiple and prolonged deployments, which have been shown to increase some physical and mental health morbidity. The purpose of this study was to determine if time since deployment or demographic, or military occupational roles were

associated with readjustment problems after returning from overseas military operations. 170 male military veterans participating in a needs assessment provided information on readjustment concerns related to employment, health, social and intimate relationships, concerns about deployment, and PTSD symptoms. Hispanic/Latino veterans reported significantly more global readjustment problems across the domains of employment, social and intimate relationships, health, concerns of deployment and PTSD symptoms when compared to African-American/Black and white veterans. Veterans with at least one year since deployment and veterans with combat and other occupational roles reported more readjustment problems. This study highlighted the heightened risk of readjustment problems among Hispanic/Latino veterans, especially overtime.

FRI 151

Racial Differences in Help-Seeking Among Veterans

(Abstract #1425)

FRI 151 (CulDiv, Cul Div, Ethnic, Mil/Vets, Adult) I - N/A

*Hawkins, Darrien¹, Currier, Joseph²
¹Spring Hill College, Mobile, Alabama
²University of South Alabama, Mobile, Alabama*

Even though veterans are at risk for mental health disturbances (Nook et al., 2014), they are less likely to utilize services in many cases (Quartana et al.; 2014). While veteran engagement in mental health utilization is trending upward, racial/ethnic (R/E) minority veterans have continued to underutilize professional mental services in comparison to non-minority veterans (Quartana et al.; 2014). This study will determine the presence of any preferences in resources a R/E minority veteran would seek for help with mental health struggles. Student veterans across two universities (N = 538) were administered a modified version of the General Help-Seeking Questionnaire ([GHSQ]; Wilson, Deane, Ciarrochi, 2005) in which they endorsed the likelihood they would seek out help from a variety of professional, informal, and religious sources in the event of a psychological/emotional crisis. Results from a series of linear regressions indicated R/E as a significant predictor of help-seeking intentions from professional mental health services and religious/spiritual

advisors. Further analysis indicated R/E minority veterans were especially likely to seek help from those sources. These results seem to indicate a disconnect between help-seeking R/E veteran's intent and actual utilization of mental health services, or R/E minorities are forgoing professional help and seeking religious/spiritual guidance.

FRI 152
Employing Professional Counselors to Increase Diversity and Reduce Disparities in Access to Integrated Treatments for Posttraumatic Stress Disorder Co-occurring With Substance Use Disorder in the VA
 (Abstract #1521)

FRI 152 (CulDiv, Mil/Vets, Adult) I - Industrialized

Westphal, Maren, Castro, Nilton
Pace University, Pleasantville, New York

PTSD/SUD co-occurrence rates among veterans range from 55-75%, however, few veterans receive treatment for both disorders in a timely fashion. This presentation will discuss challenges in referral practices for PTSD/SUD and present a case for recruiting more licensed mental health counselors (LMHC) to work in VA settings. In 2013, the Department of Veterans Affairs (VA) conferred eligibility to LMHCs graduating from programs accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP) to practice in VA clinics, however, few LMHCs are currently working with PTSD/SUD patients despite the fact that most mental health counseling (MHC) programs offer extensive training in the treatment of SUDs and a growing number provide training in cognitive behavioral therapies. MHC programs have less restrictive admission requirements compared to doctoral programs in social work and clinical psychology and provide greater flexibility regarding part-time study and evening classes. As a result, MHC programs tend to attract ethnically diverse students, including veterans interested in pursuing a career in mental health counseling following deployment. Employing LMHCs trained in evidence-based treatments for PTSD and SUD thus provides unique opportunities for provider-patient matching as well as helping to reduce disparities in access to treatment among veterans with PTSD/SUD.

COMMUNITY-BASED PROGRAMS

FRI 153
Witnessing Violence and Trauma Symptoms: Perceived Support from Parents and Non-Parental Adults as Moderators among African American Adolescents
 (Abstract #1439)

FRI 153 (Commun, Anx, Comm/Vio, Fam/Int, Child/Adol) I - Industrialized

Morency, Mirinda, So, Suzanna, Gaylord-Harden, Noni
Loyola University Chicago, Chicago, Illinois

Youth living in urban or impoverished areas are at a higher risk of exposure to acts of violence in their homes and in their communities (Lewis et. al., 2012; Zinzow et. al., 2009). With prevalence rates for witnessed violence ranging between 17-25% for family violence, and about 80% for community violence (Mrug et. al., 2010), exposed youth are more likely to experience elevated levels of trauma symptomatology (Garrido et. al., 2010; Suglia et. al., 2010). Identifying factors that promote adaptive outcomes in youth is critical. The current study sought to examine the moderating effect of support from parents and non-parental adult support on five specific Trauma Symptom Checklist-Child (TSCC) subscales (i.e., anxiety, depression, anger, posttraumatic stress, and dissociation) among 98 African American adolescents who witnessed violence. As expected, results of moderation analysis indicated a significant interaction between witnessing violence and parental support on both anxiety and posttraumatic stress. In addition, witnessing violence was positively associated with traumatic symptoms, and a main effect of parent-child relationship quality on traumatic symptoms was also revealed. Non-parental adult support was not a significant moderator. Implications for future research and intervention will be discussed.

FRI 154

The Trauma-Informed Community Network of Greater Richmond: Building a Resilient Community

(Abstract #263)

FRI 154 (Commun, Comm/Int, Child/Adol) I - Industrialized

Kimball Franck, Leslie¹, Wright, Lisa², McGinn, Melissa², Gowda, Anjali¹

¹*Virginia Commonwealth University, Richmond, Virginia*

²*Independent Practice, Richmond, Virginia*

The Trauma Informed Community Network (TICN) is a diverse group of professionals in the Greater Richmond area who are dedicated to supporting and advocating for continuous trauma-informed care for all children and families within the child welfare and other systems in the City of Richmond and surrounding counties. In addition, the TICN is committed to attending to the needs of trauma professionals by addressing vicarious trauma and activities for wellness. Agencies, organizations and institutions included within this network are Departments of Social Services, Juvenile and Domestic Relations Courts, school systems, behavioral and mental health organizations, law enforcement, universities and medical facilities. The TICN was initiated in the fall of 2012 and is comprised of trauma-informed experts from these non-profit, for-profit and government agencies. TICN began as a group of seven professionals and now boasts a membership of over 175 individuals from more than 85 different agencies. This poster will trace the development of the TICN, and outline guiding principles, including a collective impact framework, a common agenda, a shared measurement system, mutually reinforcing activities, and continuous communication. In addition, this poster will highlight accomplishments of the TICN over the last five years, and present goals for the next five years.

FRI 155

Trauma Network for Children: Enhancement and Sustainability of Community-based Crisis and Trauma Interventions in Singapore

(Abstract #727)

FRI 155 (Commun, Comm/Int, Prevent, Train/Ed/Dis, Child/Adol) I - Industrialized

Lim, Xin Yi, Kwek, Jean, **Chen, Jemi**, Soh, Lynn, Teo, Mercy

KK Women's and Children Hospital, Singapore, Singapore

There is a service gap for community-based post trauma psychological interventions in Singapore. The Stay Prepared Trauma Network for Children project was established to form a network of volunteers, community and school-based practitioners, and equip them to deliver crisis and trauma focused interventions to children in the community. Based on a post-disaster tiered intervention approach, Psychological First Aid (PFA) for Children, adapted from the World Health Organisation's PFA framework, was chosen as primary intervention; Mental Health First Aid (Singapore) Crisis Intervention for Children and Youth as secondary intervention, and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) as tertiary intervention. Each tiered intervention incorporates relevant child-specific information and cultural considerations unique to Singapore's context. Ongoing supervision is provided to those trained in MHFA (S) Crisis Intervention and TF-CBT. Sustainability of the network is achieved through: i) Train-the-Trainer programs; ii) Quarterly learning network sessions comprising journal clubs, teaching sessions, case discussions; iii) Web-sharing of information, resources, and activation pathways; iv) Outreach efforts to community agencies and schools to sustain organisational interest in trauma work.

FRI 156

Exposure to Violence and Symptoms of Trauma, among 13 to 17 Year Old Children and Adolescents from Two Red-light Areas in Mumbai, India
(Abstract #379)

FRI 156 (Commun, Assess Dx, CPA, Commun, Comm/Vio, Child/Adol) I - S Asia

Prahu, Shraddha, Koehler, William
Edinboro University, Edinboro, Pennsylvania

This study conducts a cross-group examination of exposure to multiple forms of violence, within and outside the home, and presence of trauma symptoms, among 146 children (aged 13-17 years) from Falkland Road and Kamatipura red-light areas in Mumbai. In-person survey interviews were conducted with: community-based children of ever-prostituted women (n = 47), shelter-based children of ever-prostituted women (n=69), and community-based children of never-prostituted women (n=30). An adapted version of the ISPCAN Child Abuse Screening Tool Children's Version and a Hindi version of the Trauma Symptom Checklist for Children were verbally administered to study participants. Data were analyzed using cross-tabulations, analysis of co variance with Bonferroni correction and logistic regression. Community-based children of ever prostituted women were found to be at highest risk for exposure to multiple forms of violence within and outside the home and for experiencing greater trauma symptoms. While shelter placement provides these children some protection from violence within the home, their exposure to violence outside the home remains high and impactful. Concerted efforts are needed to secure current as well as prospective wellbeing of these children. Strengths and limitations of the study will be discussed. Recommendations for future research and program and policy development will be presented.

FRI 157

PTSD Status at Intake Moderates Symptom Course among Substance Abusers Participating in a Therapeutic Drug Court Program
(Abstract #993)

FRI 157 (Commun, Comm/Int, Health, Sub/Abuse, Adult) M - Industrialized

Wallace, Patricia¹, Behnke, Emily², Holmgren, Janet², Crouch, Julie¹, Lelakowska, Gabriela¹
¹Northern Illinois University, DeKalb, Illinois
²17th Judicial Circuit Court, Rockford, Illinois

The link between trauma and substance abuse is well established; however, less is known about how trauma impacts symptom course during substance abuse treatment. In the present study, participants in a therapeutic drug court program completed interviews upon entering the program and six months after intake. Among the constructs assessed, participants were asked about exposure to violence/traumatic events, PTSD symptoms, and past-month symptoms of depression, anxiety, and cognitive difficulties. Based on their intake responses, participants were assigned to one of three groups: (a) no prior exposure to violence/traumatic events (n = 42), (b) exposure to violence/traumatic events with no PTSD symptoms (n = 11), or (c) exposure to violence/traumatic events with PTSD symptoms (n = 44). Results revealed that changes in symptoms of depression/anxiety/cognitive difficulties over time differed across the victimization/PTSD groups, $F(2, 91) = 3.76, p = .03, \eta^2 = .08$. Specifically, symptoms of depression/anxiety/cognitive difficulties tended to decrease over time among participants who reported either no exposure to violence/traumatic events or exposure to violence/traumatic events but no PTSD symptoms. In contrast, symptoms of depression/anxiety/cognitive difficulties increased significantly over time among participants who reported exposure to violence/traumatic events and PTSD symptoms at intake. Treatment implications will be discussed.

FRI 158

Trauma Clustering and Clinical Outcomes among Women Experiencing Homelessness
(Abstract #1151)

FRI 158 (Commun, Clinical Practice, Commun, Res Meth, Adult) M - Industrialized

Racette, Elise, Rempfer, Melisa, Faith, Laura, Collins-Stiner, Jennifer
University of Missouri - Kansas City, Kansas City, Missouri

Studying a single traumatic experience independently of other forms of trauma may cause overestimation of one particular abuse type on outcomes (Armour, et al., 2014). Classifying individuals using clustering and latent class techniques can produce meaningful groupings of trauma experiences that can be used to assess differences on outcomes relevant for treatment and service use (Adams, et al., 2016). It is unclear how traumatic experiences cluster for individuals currently experiencing homelessness, nor how these clusters influence clinical outcomes. This study explored trauma clustering using a two-step cluster analysis for 58 women residing in a homeless shelter. Clusters were derived from responses to a trauma questionnaire assessing the following experiences in adulthood: physical abuse, emotional abuse, neglect, and sexual abuse. Five unique clusters were derived: (1) no trauma (2) reporting physical abuse, emotional abuse, and neglect (3) reporting neglect and sexual abuse (4) reporting physical abuse, neglect, and sexual abuse, and (5) reporting all forms of abuse. A One-Way ANOVA found significant differences for dependent attachment styles on the Adult Attachment Scale $F(4,31)=3.47, p<.05$ and hostility symptoms on the Brief Symptom Inventory $F(4,33)= 3.16, p<.05$. Follow up Bonferroni corrections to control for type I error demonstrated statistically significant differences ($p<.05$) between specific cluster groups. These results suggest trauma clustering among homeless women may influence clinical outcomes that are meaningful for treatment planning. Results will be discussed in relation to creating appropriate trauma-informed homeless shelter services.

FRI 159

Coping and Meaning Making in the Recovery of Teachers Affected by Hurricane Sandy
(Abstract #453)

FRI 159 (Commun, Commun, Dev/Int, Nat/Dis, Adult) I - Industrialized

Valentine, Jennifer¹, Demaria, Thomas¹, Nakajima, Claire¹, Konar, Gregory²
¹Long Island University, C.W. Post Campus, Brookville, New York
²Johns Hopkins University, Baltimore, Maryland

Schools play a momentous role in the recovery of students following a disaster (Le Brocque, et al 2016). Those students spend a generous portion of their school years interacting with teachers that set a path for psychological and mental growth. When these teachers struggle with coping, meaning making and wellness, they may not be adequately able to model resiliency skills for their students. A sample of 100 teachers completed an online survey about their experiences four years after Hurricane Sandy. The results of this sample of teachers was compared with responses by 25 teachers about their coping who responded to a similar survey immediately after the disaster occurred. How teachers engaged in wellness, coping and meaning making in terms of activities selected and amount of time devoted during the different time periods will be presented. Gender and previous exposure to trauma as notable predictors on resiliency were also examined. Implications for the support of teachers following disasters will be discussed.

FRI 160

The Impact of Childhood Trauma and Adversity on Views of Suffering
(Abstract #594)

FRI 160 (Commun, CPA, CSA, Cul Div, Neglect, Other) I - Industrialized

Craig, Robert, Rommen, Julie, Krotz, Kathryn, Robb Kondrath, Susannah, Eriksson, Cynthia
Fuller Graduate School of Psychology, Pasadena, California

Experiences of childhood trauma have been shown to have significant impact on later life. The current

study aims to understand the impact of early abuse and adversity on an individual's view of suffering. This idea is particularly important when investigating the impact of early abuse on clergy members, who act as community leaders in various congregations. Data were gathered from a sample of individuals currently working as clergy (n = 211) via an online survey. Participants were asked about their own childhood trauma and adversity using the Adverse Childhood Experiences Scale (ACES) and their current worldview using the Views of Suffering Scale (VOSS). Hypotheses were tested using Linear Regression, ANOVA, and Welch's Test for Unequal Variance. Results showed no dose-response relationship between number of adversities experienced and scores on subscales of the VOSS. However, when scores were dichotomized to represent those reporting four or more ACES compared to others, individuals in the high exposure group indicated a belief of suffering as less likely to be a growth opportunity. Finally, experiencing "severe" adversities such as abuse and neglect had significant impacts on views of suffering. Results demonstrate the impact of childhood adversities in the lives of these community leaders who, in turn, have the potential for significant influence in their communities.

SOCIAL ISSUES – PUBLIC POLICY

FRI 161

Educational and Wellbeing Outcomes for Online and Offline Sexual Coercion
(Abstract #875)

FRI 161 (Social, Cul Div, Prevent, Gender, Child/Adol) M - Industrialized

Meskunas, Haley¹, Reed, Lauren²

¹*University of Miami, Miami, Florida*

²*University of California, Santa Barbara, Santa Barbara, California*

Although some scholars have discussed sexting (i.e., sending or receiving of suggestive/nude photos or videos) as a part of normative sexual exploration for youth living in a digital age, sexting becomes a concern when coercion, manipulation, or a lack of consent is involved. A sample of students from a suburban high school in Michigan (N = 947, female =

56%) provided information on their psychosocial adjustment and experiences with offline (e.g., forced me to have sex) and online (e.g., pressured me to sext) sexual coercion. For students with any dating experience (N = 697), 22% were pressured to sext, 12% received a sext they did not want, 5% were forced to have sex, 11% were forced to do other sexual things, and 12% were pressured to have sex. Experiencing offline sexual coercion was significantly correlated with experiencing coercive sexting ($p < .01$). This suggests that coercive sexting may be an extension of offline sexual coercion, engendering victims increasingly accessible to perpetrators. School belonging and GPA were significantly, negatively correlated with items measuring online/offline sexual coercion, whereas number of absences was significantly, positively correlated with online/offline sexual coercion. Implications concerning online/offline sexual coercion and educational and wellbeing outcomes will be discussed.

FRI 162

The Relationship between Trauma, Race, and Anger in Women
(Abstract #1397)

FRI 162 (Social, Acute, Chronic, Ethnic, Gender, Adult) I - Industrialized

Wagner, Linzy¹, Aranda, Frances¹, Burns, John¹, Purim Shem Tov, Yanina¹, Hobfoll, Stevan²

¹*Rush University Medical Center, Chicago, Illinois*

²*Rush Medical College, Chicago, Illinois*

Studies have shown a relationship between PTSD and anger, in fact, the DSM-5 lists angry outburst and irritable behavior as symptoms of PTSD. However, most of this work focuses on veterans or those diagnosed with PTSD; little is known about the effects of trauma on subsequent anger expressions in women. In a chronic pain and trauma study, 218 women ages 18 to 40 (M=28.57, SD=6.08) were recruited from an inner-city Emergency Department. Eligible women were asked a broad range of questions including those regarding trauma history, physical, and social health in an in-person structured-interview. The Trauma History Questionnaire (THQ) assessed trauma history and the PROMIS and AEI (Anger Expression Measure) were used to assess how the women behave when angry resulting in three scores: total anger, anger-in, and anger-out. A linear

regression established that trauma history and race, Black (n=141) vs. non-Black (n=77) significantly predicted anger total $F(2, 215)=11.27, p<.001$, anger in $F(2, 215)=3.36, p=.04$, and anger out $F(2, 215)=5.91, p=.003$. Total number of traumas experienced and race accounted for 9.5%, 3.0%, and 5.2% of the variance in total anger, anger-in, and anger-out, respectively. Women whom experienced more traumas or whom identified as Black reported more anger overall.

FRI 163

Syrian Refugees Navigating Asylum in the United States: A Phenomenological Inquiry
(Abstract #41)

FRI 163 (Social, Global, Rights, Refugee, Torture, Adult) M - Global

Utržan, Damir, Wieling, Elizabeth, Piehler, Timothy
University of Minnesota-Twin Cities Campus, St. Paul, Minnesota

We travel vast distances in relative comfort on a commercial flight while thousands of others wager their lives for a chance to escape violence by getting into a small raft. By the end of 2015, an estimated 65.3 million people around the world were forced from their home by discrimination and prejudice (Edwards, 2016). An unprecedented crisis in Syria, which displaced half the country, has made it the leading source of refugees (Jonson, Mouamar, Huber, Reid, & Koenig, 2017). With a longstanding history of refugee resettlement, the United States admitted 10,000 Syrians towards the end of 2016 (UNHCR; United Nations High Commissioner for Refugees, 2016). But navigating asylum in the United States is a multifaceted and complex process. The purpose of this study was to gain a deeper understanding of Syrian refugee resettlement experiences and meaning-making. The sample consisted of 8 men and 3 women between 20 and 52 years of age ($M = 35.8, SD = 10.8$). Most participants fled from Syria in 2013 ($M = 2013$; Range: 2010-2016) and lived in another country, often for years, before arriving to the United States in 2016 ($M = 2015$; Range: 2013-2016). A phenomenological research design informed data collection and analysis. Thematic findings suggest that Syrian refugees experience considerable loss during migration but find strength in optimism of a better future for their children. As a young father of four children remarked, "We chose America, first of

all, because of the future. It is better for the future of my children [sic]." Directions for future research, along with policy and clinical implications, are discussed in the context of this study's findings.

FRI 164

The Indirect Effect of Emotion Regulation Difficulties on the Relationship Between PTSD-related Sleep Disturbance and Problematic Alcohol Use
(Abstract #458)

FRI 164 (Social, Cog/Int, Sleep, Sub/Abuse, Adult) M - Industrialized

Nagy, Samantha¹, Lanni, Daniel², Pickett, Scott², Kirwan, Mitchell¹

¹*Oakland University, Rochester, Michigan*

²*Oakland University, Rochester Hills, Michigan*

Sleep disturbance following trauma exposure has been associated with maladaptive coping mechanisms, such as emotion dysregulation and alcohol use. The current study aimed to examine the indirect effect of emotion dysregulation on the relationship between PTSD-related sleep disturbance and problematic alcohol use. Complete data from 124 participants (58.1% female) recruited via Amazon's Mechanical Turk (AMT) were used for analyses. Participants were screened for trauma exposure using the PTSD Checklist (PCL-5), and then completed the Difficulties in Emotion Regulation Scale (DERS), the Alcohol Use Disorders Identification Test (AUDIT) and the Pittsburgh Sleep Quality Index Addendum for PTSD (PSQI-A). A multiple hierarchical regression analysis was conducted. Indirect effects were tested using the PROCESS bootstrapping method. PTSD-related sleep disturbance ($\beta = .225, p=.043$) and emotion dysregulation ($\beta = .288, p=.004$) were significant predictors of disordered alcohol use. The standardized coefficient change in sleep disturbance from $\beta = .337$ to $\beta = .225$ was due to a significant indirect effect of emotion regulation. The study supports previous findings about the relationship between PTSD-related sleep disturbance, maladaptive alcohol use, and emotion dysregulation. However, these findings are among the first to demonstrate that emotion dysregulation has an indirect effect on the relationship between PTSD-related sleep disturbance and alcohol use. Implications will be discussed.

FRI 165

Rethinking the Relation between Arrest and PTSD Symptoms
(Abstract #531)

FRI 165 (Social, Comm/Vio, Adult) I - Industrialized

Obus, Elsie, Lipschutz, Rebecca, Glackin, Erin, Gray, Sarah
Tulane University, New Orleans, Louisiana

Previous research has established that trauma exposure and posttraumatic stress disorder (PTSD) symptoms are associated with involvement in the criminal justice system. The literature suggests trauma exposure and PTSD may lead to increased arrest and incarceration. However, little research has categorized arrest itself as a traumatic event with the potential to contribute to PTSD symptoms. The present study examined the associations between community violence exposure (CVE), adverse childhood experiences (ACEs), arrest history, and PTSD symptoms. Participants included 67 predominantly Black women from a sample recruited specifically for low socioeconomic status and violence exposure. Results found that CVE, ACEs and arrest history were all positively correlated with PTSD symptom severity ($p=.016$, $p<.001$, & $p=.030$, respectively), but CVE and ACEs were not associated with history of arrest. Furthermore, arrest history added unique variability to PTSD symptom severity that was not accounted for by CVE or ACEs ($R^2=.050$, $p=.021$). Although a causal relation cannot be established due to cross-sectional design, the present study provides preliminary evidence that experiencing arrest may contribute to PTSD symptom severity. These findings support future research on mental health outcomes after experiencing arrest and may inform both clinical work with formerly arrested clients and policy surrounding policing and arrests.

FRI 166

Does Victim Age Impact Time to Report Rape?
(Abstract #146)

FRI 166 (Social, Comm/Vio, Rape, Gender, Lifespan) I - Industrialized

Rubino, Mariah, Cogan, Chelsea, Micol, Rachel, Davis, Joanne
University of Tulsa, Tulsa, Oklahoma

Victims of rape come from every age group, race, and socioeconomic background, and how long a victim takes to report their rape to law enforcement can vary widely. Little is known about potential associations with time to report a rape, such as the age of the victim. Different barriers may exist for individuals at different ages when trying to report their victimization, and victims who take longer to report their assault may face increased skepticism from legal officials. Data from roughly 1000 Sexual Assault Nurse Examination (SANE) reports from 2008 to 2012 in the Midwest were examined. Only individuals who reported their assaults to police and had both assault and exam time listed were included in the present analyses ($n = 722$). Victim ages were examined both on a continuum ($M = 26.35$, $SD=11.91$) and categorically with four groups. Preliminary evidence suggests that, of those who choose to report, victim age (either categorized or on a continuum) does not impact the time to report. These findings demonstrate individuals of all ages are reporting these incidents. Potential reasons survivor age may not impact how long it takes to report, along with limitations and additional implications will be explored in greater detail.

GLOBAL ISSUES

FRI 167

Drive to Thrive Theory: Understanding and Fostering Resilience among Refugee and Post-Conflict Populations
(Abstract #1534)

FRI 167 (Global, Chronic, Commun, Health, Refugee, Adult) M - Global

Hou, Wai-Kai¹, Hall, Brian², Hobfoll, Stevan³
¹The Education University of Hong Kong, Hong Kong, Hong Kong

²*Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland*

³*Rush Medical College, Chicago, Illinois*

Objective: Prior work has considered demand and distress, temporal dynamics, and differential outcomes in defining human stress resilience but not fundamental developmental processes of resilience across different life challenges. The objectives of this talk are to review the current literature on the everyday life processes of adaptation among refugee and post-conflict populations and to outline the Drive to Thrive (DTT) theory in an attempt to advance existing understanding of stress adaptation and resilience among those people. **Methods:** The current literature on everyday adaptation among refugees and post-conflict populations is critically reviewed. Applications of the DTT theory to guide empirical investigation and intervention development among refugee and post-conflict populations are evaluated with references to systematic and meta-analytic reviews of the relevant literature. **Results:** There is an increasing body of literature recognizing daily stressors as a missing yet essential component for investigating the link between direct exposure to trauma and health. The daily stressor model (Miller & Rasmussen, 2010, 2014) proposes that daily stressors, referring to stressful personal and social situations that are encountered by people in everyday life after trauma, are more predictive of people's mental health than preexisting vulnerability factors including trauma exposure. Supportive evidence was obtained in different refugee and conflict-affected populations. More clarity is nonetheless needed in conceptualizing and assessing everyday life processes following traumatic events. The DTT theory could bridge the current knowledge gap in psychosocial research and interventions among the refugee and post-conflict populations. **Conclusion:** In-depth investigation of the everyday life processes that contextualize adaptation among refugees conflict-affected populations could be limited without teasing apart variations in the impacts of different everyday life processes on mental health (Betancourt et al., 2010; Hou, Hall, & Hobfoll, 2017). Research of psychological resilience among refugee and post-conflict populations should move from examination of preexisting predictors to direct testing of concrete everyday life processes, which is the underlying context that stressors change and transform psychological distress and well-being of the populations.

FRI 168

Prevalence of Traumatic Events and Symptoms of PTSD among South Africans receiving an HIV Test

(Abstract #649)

FRI 168 (Global, Comm/Int, Comm/Vio, Global, Pub Health, Adult) M - E & S Africa

Kagee, Ashraf, Bantjes, Jason, Saal, Wylene Stellenbosch University, Matieland, Western Cape, South Africa

We studied posttraumatic stress disorder (PTSD) among a community sample of 500 persons seeking an HIV test. The majority of participants (62.2%) indicated that they had experienced at least one index event that qualified for PTSD, even though a small proportion (5%) actually met the diagnostic criteria for the disorder. Of those who reported an index event, 25 (8.04%) met the diagnostic criteria for PTSD while 286 (91.96%) did not. On average about one third of participants who did not meet the criteria for PTSD endorsed PTSD symptoms whereas more than three quarters of those who met the full criteria did so. No demographic factors were associated with PTSD caseness, except number of traumatic events. These results are discussed in the context of the need to address traumatic events and PTSD among persons who undergo HIV testing.

RESEARCH METHODOLOGY

FRI 170

Investigation of Abbreviated 4 and 8 Item Versions of the PTSD Checklist 5
(Abstract #143)

FRI 170 (Res Meth, Assess Dx, Adult) I - Industrialized

van Stolk-Cooke, Katherine¹, Szafranski, Derek², Gros, Daniel³, Price, Matthew¹

¹*University of Vermont, Burlington, Vermont*

²*Medical University of South Carolina/Charleston VA, Charleston, South Carolina*

³*Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina*

The PTSD Checklist for DSM 5 (PCL5) is a commonly used and well established self-report measure for PTSD. Although it demonstrates strong psychometric properties, its length (20-items) is problematic for repeated administration such as during weekly administration in treatment or via of an ecological momentary assessment. Brief assessment tools for PTSD symptoms are needed. The present study evaluated the performance of 4- and 8-item abbreviated measures of the PCL-5 across three samples. In two community samples of adults exposed to a traumatic event, the 4-item scale ($r=0.95$ in sample 1; $r=0.93$ in sample 2) and 8-item scale ($r=0.97$ in sample 1; $r=0.97$ in sample 2) were highly correlated with the full PCL-5. Similarly, the 4-item ($r=0.93$) and 8-item ($r=0.97$) were highly correlated with the full PCL-5 in a third sample of combat veterans. Furthermore, these abbreviated scales demonstrated comparable sensitivity and specificity to the total scale (Total AUC=0.72; 4-item AUC=0.72; 8-item AUC=0.71). These results suggest that these abbreviated scales perform comparably to the 20-item scale. These abbreviated scales may allow for more valid and feasible repeated assessment of PTSD symptoms.

FRI 171

Recruiting Community Women with Histories of Coercive Controlling Violence
(Abstract #682)

FRI 171 (Res Meth, Assess Dx, Comm/Int, DV, Res Meth, Adult) I - N/A

Patton, Samantha, Newton, Tamara

University of Louisville, Louisville, Kentucky

Trauma is multifaceted, and rates of resilience and vulnerability differ by trauma type. To advance research, differences in context must be considered and persons with similar experiences must be studied. This study focused specifically on intimate partner abuse (IPA), and had two goals. First, a recently developed IPA classification method that differentiates coercive controlling violence from other IPA types was further evaluated. Second, the STaT, an established IPA screener, was examined regarding utility in identifying divorced community women with histories of coercive controlling violence. Sixty-nine women, with a history of one divorce, completed the STaT via telephone. Participants were also asked about coercive control and violence within their previous marriage. Results supported the IPA classification method. Women reporting coercive controlling violence experienced more severe and frequent violence and more injuries than those in other IPA classifications ($ps < .002$). The STaT performed best at a cutoff score of > 2 , achieving diagnostic accuracy of 83% when selecting for women with coercive controlling violence histories. These findings are particularly promising, due to the importance of differentiating trauma types, and affording researchers the ability to quickly screen and recruit community participants.

FRI 172

The Moral Injury Experiences Checklist: Development and Initial Psychometric Evaluation of a Community Measure of Moral Injury
(Abstract #713)

FRI 172 (Res Meth, Comm/Int, Comm/Vio, Complex, Res Meth, Adult) M - Industrialized

Yetzer, Andrea, Durham, Robert
University of Colorado at Colorado Springs,
Colorado Springs, Colorado

Moral injury is a trauma dimension that has been the subject of increasing empirical exploration in the military mental health literature. Moral injury is purported to emerge from perpetrating, being victim of, or bearing witness to acts or events that violate deeply held moral beliefs and values, and can result in shame, guilt, PTSD symptoms, and other outcomes. Research on morally injurious event (MIE) exposure and instrumentation in community populations is essentially non-existent. This study focused on the initial development and exploratory psychometric evaluation of the Moral Injury Experiences Checklist-Community Version (MIEC-C)—a 25-item questionnaire assessing frequency of exposure to potential community-based MIEs and their subjective impact in a community sample ($N = 299$). Checklist items were based on broad theoretical MIE categories from the military mental health literature (Currier, Holland, Drescher, & Foy, 2015). The resulting 10-item MIEC-C Frequency scale demonstrated good internal consistency ($\alpha = 0.80$) and a principal components analysis with varimax rotation supported a unidimensional structure accounting for 36% of the variance. Subjective impact and attribution subscales also demonstrated good internal consistency; $\alpha = 0.90$ and $\alpha = 0.87$, respectively. Convergent, criterion (concurrent), and discriminant validity with MIEC-C Frequency factor scores was established using the LEC-5, PCL-5, PHQ-9 (question 9 used for suicidal ideation), the PTCI, the Test of Self-Conscious Affect-3 (shame- and guilt-proneness), and the New Ecological Paradigm (attitudes about the environment). Convergence between the MIEC-C and LEC-5 was ascertained using chi-square analyses and percentage agreement across three general categories (exposure to fire, physical violence/assault, uncomfortable sexual experiences/assault); agreement ranged from 77% to 98%. The MIEC-C Frequency factor score was

significantly correlated at the 0.01 level with PCL-5 scores ($r = .50$), PHQ-9 scores ($r = .43$), negative posttraumatic cognitions ($r = .44$), and suicidal ideation ($r = .32$); it was not significantly correlated with attitudes about the environment ($r = .05$), or guilt- ($r = .02$) or shame-proneness ($r = .07$). Implications and next steps in psychometric validation are discussed.

FRI 173

Predicting Treatment Drop Out from Prolonged Exposure Therapy among Veterans in VA Training Program using Patient-Level Characteristic and Symptom Trajectories
(Abstract #864)

FRI 173 (Clin Res, Clin Res, Depr, Train/Ed/Dis, Adult) - Industrialized

Eftekhari, Afsoon¹, Crowley, Jill¹, Mackintosh, Margaret-Anne¹, Rosen, Craig²
¹National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California
²VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California

Prolonged Exposure (PE) therapy, one of the most studied treatments for PTSD, has not been highly scrutinized for dropout rates. One of the most common concerns expressed about exposure-based therapies in general, and PE in particular, is that it will be too intense for patients, leading to symptom exacerbation and dropout. This presentation examines predictors of dropout (i.e. ending PE treatment before completing 8 sessions) among 2606 patients in the national VA PE Training Program. All patients had a primary diagnosis of PTSD. The average age of veteran patients was 46.9 years and 86.2% were male. To investigate ethnoracial differences in dropout, we limited this sample to three groups: White/Caucasian (71.9%), Black and/or African-American (19.1%), and Hispanic, Latino or Mexican-American (9.0%). The most common target trauma was combat (57.9%). Other target traumas included non-combat war zone trauma (13.7%), sexual harassment or assault during military service (10.1%), other military trauma (9.7%), childhood trauma (4.0%), and other adult traumas (4.6%). Logistic regression was used to assess the impact of four types of predictors (demographics, mental health

comorbidities, trauma history, and PE trauma target) on dropout risk. Growth mixture modeling was used to study how PCL symptom patterns during the first five sessions predicted drop out. The sample dropout rate was 30%. Of the 18 predictors tested, only three significant effects were found. Specifically, younger veterans were significantly more likely to drop out of PE prior to completing 8 sessions compared to older veterans; odds ratio (OR) = 0.97, $p < .01$. Those who had a comorbid depression diagnosis (compared to either negative diagnosis for depression or unknown status) were 19% more likely to drop out of PE (OR = 1.28, $p < .05$). PE dropout rate was not impacted by comorbid SUD. Controlling for other risk factors, patients focusing on childhood traumas were 40% less likely to drop out of treatment prematurely compared to those focusing on combat traumas (OR = 0.51 for childhood trauma using combat trauma as the reference category). Growth mixture models identified three latent classes: “Typical Responders,” “Early Responders,” and a small class (0.5%) who had increasing symptoms. Rates of dropout did not differ among these classes. Notably, symptom exacerbation did not emerge as a significant predictor of dropout. Results indicate that while a sizable portion of patients terminated PE prior to receiving the specified minimum dose, those who left treatment early were heterogeneous and did so for several reasons, including having attained sufficient treatment response. Clinical implications for reducing dropout among patients receiving PE treatment will be discussed.

FRI 174

Using Health System Operations Data to Assess Health Care System Complexity and Improve the Implementation of Evidence-based Psychotherapy
(Abstract #866)

FRI 174 (Res Meth, Clin Res, Clinical Practice, Train/Ed/Dis, Mil/Vets, Prof) - Industrialized

Zimmerman, Lindsey¹, Gutner, Cassidy², Feingold, Zoe³, Healy, Ellen³, Bernard, Cora⁴, Rosen, Craig⁵, Wiltsey Stirman, Shannon⁶, Chard, Kathleen⁷

¹*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California*

²*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts*

³*VA Boston Healthcare System, National Center for*

PTSD, Boston, Massachusetts

⁴*Stanford University, Stanford, California*

⁵*VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California*

⁶*NCPTSD-Dissemination & Education Div, Palo Alto Healthcare System, Menlo Park, California*

⁷*Cincinnati VA Medical Center, Cincinnati, Ohio*

Background. U.S. Veterans Health Administration (VA) policies prioritize evidence-based psychotherapy (EBP), but EBP providers face multiple competing demands in local settings (Chard et al., 2012; Cook et al., 2013; Finley et al., 2015). One way to better understand and address the complexity of EBP implementation is to situate delivery within the clinical operations of the local mental health system. This approach is consistent with Consolidated Framework for Implementation Research (CFIR) constructs of relative priority and compatibility, known to influence implementation processes and outcomes (Damschroder et al., 2009). Use of healthcare data systems to characterize care delivery systems and contextualize the fit of EBPs may improve implementation, and thereby, patient outcomes. **Methods.** We matched data from VA providers trained between 2012 and 2014 in the national Cognitive Processing Therapy (CPT) implementation to extracted site (or station) data captured in the VA Corporate Data Warehouse (CDW) during this period. A “site” is embedded within the larger regional network (e.g., Menlo Park Division of VA Palo Alto Health Care System). We used SQL to capture and aggregate unique encounters, patients, or providers observed at each site over 12 quarters. SQL code and CDW definitions were based on VA Office of Mental Health Operations procedures. R was used to merge CDW data with the CPT SPSS database. **Results.** We identified eight primary CFIR relative priority and compatibility indicators for informing local CPT implementation. Indicators included 1) overall demand for PTSD services in the setting, as estimated by the total size of the PTSD patient panel, 2) ratio of PTSD patients to total unique mental health patients, 3) total supply of multi-disciplinary mental health providers in the setting, 4) ratio of CPT providers to other providers, 5) ratio of providers to patients, 6) overall EBP delivery as a proportion of total mental health encounters (e.g., medication management, case management), 7) ratio of CPT encounters to other EBPs, and 8) VA “stop codes” used to indicate the type of service setting, such as a specialty care

program focused on EBP delivery for PTSD. **Implications.** The emerging discipline of implementation science aims to meet the critical need for strategies to increase patient access to EBPs. Despite the limitations of operations data, matching implementation frameworks to healthcare data systems may lead to new insights that help to mitigate the complexity of care coordination. This national case study illustrates the value of data systems available in many health care systems for improving implementation planning, through enhanced understanding of the compatibility and relative priority of EBPs in local service systems.

FRI 175
Observed Parent-Child Communication Behavior is Distinct from Perceptions of Conflict in Predicting Children's Post-Traumatic Stress Disorder Symptom Severity
 (Abstract #1458)

FRI 175 (Res Meth, Fam/Int, Lifespan) M - Industrialized

Proctor, Amanda¹, Jacoby, Vanessa², Scotti, Joseph³, Krackow, Elisa⁴

¹*Baylor University, Waco, Texas*

²*University of Texas Health Science Center at San Antonio, Ft Hood, Texas*

³*WHOLE Veterans, PLLC, Morgantown, West Virginia*

⁴*West Virginia University, Morgantown, West Virginia*

Correspondence between observed behaviors and self-report has been a troublesome research issue for some time (Kochanska, Kuczynski, & Radke-Yarrow, 1989). Observed behavior is rarely used in research due to feasibility, methodological, and ethical considerations. Nonetheless, direct observations are an invaluable tool. The current study compared 58 trauma-exposed adolescents' and their mothers' perceived conflict with observations of their communication behaviors during problem-solving tasks. It was anticipated that perceived conflict would have small-medium correlations with observed behavior and that observed negative communication would predict adolescents' PTSD severity above and beyond self-reported conflict. Results showed that adolescents' perceived conflict is most correlated with their own ($r = .50$), and their mother's aggressive ($r = .36$) behavior. Mothers' perceived

conflict is most correlated with their own ($r = .32$), and their child's aggressive ($r = .43$) and negative behavior ($r = .56$). Mothers' aggressive communication predicted adolescents' PTSD severity after controlling for adolescent and parent perceived conflict. Results indicate that higher levels of perceived conflict are associated with higher levels of observed parent and adolescent aggressive behavior. Outcomes highlight the clinical importance of observing mothers' aggressive communication, as it better predicts a child's PTSD severity compared to self-reported conflict alone.

FRI 176
Understanding Comorbid Depression in the Context of PTSD through Underlying Dimensions
 (Abstract #510)

FRI 176 (Res Meth, Affect/Int, Clin Res, Depr, Bio/Int, N/A) I - N/A

Turkel, Melissa, Bruce, Steven
University of Missouri St. Louis, St. Louis, Missouri

Depression co-occurs with Posttraumatic Stress Disorder at a high rate, resulting in numerous complications for pathology and treatment. More research is needed regarding variables that may explain this common comorbidity. The field seems to be moving towards more transdiagnostic and translational research that supports this aim. For example, the Research Domain Criteria (RDoC), put forth by the National Institute of Mental Health, are designed to integrate multiple levels of information to better understand basic dimensions of human functioning (Cuthbert & Insel, 2013). One possible variable is that of underlying dimensions, latent factors that give rise to these manifestations of psychopathology. The current paper explores potential underlying dimensions of comorbid PTSD and depression, including negative affect, dysphoria, distress, rumination, emotion dysregulation, positive affect, anhedonia, neuroticism, and behavioral inhibition. Additionally, biological correlates of these psychological constructs are reviewed. Finally, limitations, implications, and directions for future research will be discussed.

PUBLIC HEALTH

FRI 177

Childhood Maltreatment in Barbados Predicts Personality Pathology in the Next Generation with Parental Depression as a Partial Mediator
(Abstract #1233)

FRI 177 (Pub Health, Cul Div, Fam/Int, Health, Intergen, Lifespan) - Latin Amer & Carib

Hock, Rebecca¹, Bryce, Cyralene², Costa, Jr., Paul³, Galler, Janina¹

¹*Massachusetts General Hospital, Harvard Medical School, Brookline, Massachusetts*

²*Barbados Nutrition Study, Bridgetown, St Michael*

³*Duke University School of Medicine, Durham, North Carolina*

While childhood maltreatment (CM) (abuse and/or neglect) has been linked to later personality pathology in adulthood, few studies have examined the intergenerational effects of CM on offspring's personality pathology or disorder (PD). Thus, we examined the relationship between parental (G1) childhood maltreatment history, using the Childhood Trauma Questionnaire (CTQ-SF) and offspring (G2) personality pathology as young adults (mean age = 21.22, $N=11$) using NEO-PI-R derived PD scores in the 50-year longitudinal Barbados Nutrition Study. We additionally examined G1 depression symptoms, assessed with the Zung scale, as a potential mediator. In repeated measures mixed regression models adjusting for childhood ecology, parental history of childhood maltreatment was associated with G2 Borderline, Histrionic, and Narcissistic PD (all $p<0.05$). G1 (parent) depression symptoms were a partial mediator between parent CTQ and offspring Borderline, Histrionic, and Narcissistic disorders, after adjusting for G2 CTQ score. Parental exposure to childhood maltreatment not only has mental health consequences later in their life but are also manifested in the next generation. Future studies should investigate potential biological and other psychosocial mechanisms.

FRI 178

Community Violence Exposure and Coping Resources among Anxious Urban Youth: Exploring the Role of Economic Disadvantage
(Abstract #1235)

FRI 178 (Clin Res, Acute, Anx, Chronic, Comm/Vio, Child/Adol) - Industrialized

Simpson, David¹, Suarez, Liza², Connolly, Sucheta²
¹*Pacific Lutheran University, Tacoma, Washington*
²*University of Illinois Chicago, Chicago, Illinois*

Anxious youth in urban settings are more likely to experience trauma and neighborhood disadvantage (Beidas et. al., 2012). Traumatized youth often experience a range of problems, including traumatic stress, anxiety, mood, and behavioral problems. Community violence exposure is more common among ethnic minority youth (Stein et al., 2003; Schwab-Stone et al., 1995), and there is a documented link between violence exposure and socio-economic disadvantage (Attar, Guerra & Tolan, 2010). Contextual stressors and lower income among treatment seeking families have been shown to negatively impact treatment outcomes (Crawford & Manassis, 2001; Southam-Gerow, Kendall, & Weersing, 2001). While negative outcomes among ethnic minority and lower income groups have been well documented, few studies have examined possible mechanisms of influence related to coping and family resources associated socioeconomic disadvantage and violence exposure. This study examines the relationship between socio-economic disadvantage and community violence across minority and non-minority groups, and differences in levels of distress and coping resources in a sample of urban youth seeking services in a university-based anxiety clinic. Ethnic minority youth were more likely to witness community violence ($p<.05$) and reside in neighborhoods below the poverty level ($p<.001$), and scored higher in the Interpersonal Problems subscale of the Child Depression Inventory ($p<.05$). Residing in a neighborhood that is below the poverty level was associated with witnessing violence towards a stranger ($r=.35$, $p<.01$) and a familiar person ($r=.23$, $p<.05$), higher depression scores ($r=.13$, $p<.05$), and higher scores in the Somatic Problems subscale of the Child Behavior Checklist ($r=.13$, $p<.05$). In terms of youth coping and parental support resources, parental acceptance and witnessing violence exposure were associated with using varying amounts of distraction and

support seeking coping strategies. There was a significant interaction between parental acceptance and hearing about others' victimization on the amount of distraction used as a coping strategy. ($F(12,2)=18.74$, $p=.052$). Finally youth living in more disadvantaged neighborhoods who witnessed family members victimized by violence had parents who used firmer parenting styles ($F(2,5)=13.78$, $p=.009$). Implications for treatment will be discussed.

FRI 179

World Trade Center Traumatic Exposures and Posttraumatic Stress Disorder before and after Incident Cancer

(Abstract #766)

FRI 179 (Pub Health, Health, Res Meth, Terror, Aging, Adult) M - Industrialized

Clouston, Sean, Mukherjee, Soumyadeep, Kuan, Pei-Fen, Bromet, Evelyn, Luft, Benjamin
Stony Brook University, Stony Brook, New York

The World Trade Center (WTC) disaster exposed responders to a broad array of carcinogens and to psychological shocks resulting in long-term burden of posttraumatic stress disorder (PTSD). Recently, oncological research has theorized that severe and chronic stress may increase the risk of some types of cancer. However, it is also likely that diagnoses of cancer cause stress, especially among individuals with PTSD. The objective of this study was to examine whether PTSD increased the risk of cancer and/or whether PTSD was increased among those who were, after 9/11/2001, diagnosed with prostate cancer. This study relied on population-level data examining the risk of prostate cancer among WTC responders residing on Long Island, NY who attend the WTC monitoring program. Diagnoses were made by trained clinicians, and were certified by clinicians at the Centers for Disease Control and Prevention. Date of diagnosis was recorded. PTSD was followed prospectively at each monitoring visit using the PTSD checklist (PCL-S) for a total sample size of 26,813 person-years of observation between 2002-2014. Longitudinal multilevel modeling examined changes in PTSD symptoms before and following a diagnosis of prostate cancer. Cox proportional hazards regression examined the risk of incident cancer in relation to re-experiencing symptom severity when adjusting for demographics and

exposure to dust and long working-hours. All responders who consented to participate in research were eligible for this study. Among eligible responders, 85 were diagnosed with prostate cancer (incidence rate of 12.16/10,000 person-years). Longitudinal trajectories revealed that incident prostate cancer was associated with increased behavioral/emotional symptom severity (i.e. avoidance, hyper-arousal, and emotional numbing ($p<0.001$), but not in neurological (i.e. re-experiencing) domains. Survival analyses revealed that increased re-experiencing symptoms were associated with incident prostate cancer ($HR=1.44$ [1.15-1.79] $p=0.001$). Confounding did not explain associations between re-experiencing symptoms and cancer, but did reveal that non-traditional responders were at increased risk of prostate cancer compared to law enforcement responders. These results may suggest that PTSD is associated with increased risk of prostate cancer. Further research is needed to replicate and further identify mechanisms explaining this association.

FRI 180

World Trade Center Experiences, Posttraumatic Stress Disorder, and Cognitive Functioning in Responders

(Abstract #378)

FRI 180 (Pub Health, Health, Pub Health, Aging, Adult) M - Industrialized

Clouston, Sean¹, Mukherjee, Soumyadeep¹, Kotov, Roman¹, Pietrzak, Robert², Bromet, Evelyn¹, Luft, Benjamin¹

¹*Stony Brook University, Stony Brook, New York*

²*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut*

Background: During the World Trade Center (WTC) attacks, responders who helped in the search, rescue, and recovery efforts endured multiple traumatic and toxic exposures and many have developed posttraumatic stress disorder (PTSD). Yet, little is known about the extent to which these exposures have impacted cognition, and relatively little is known about whether effects are broad or are concentrated in specific domains of cognition such as memory or attention. **Method:** Data come from a prospective cohort study that began assessing cognition in 2015-16. An objective computer-assisted

neuropsychological battery was fielded to a representative sample of responders (N=1,202) during monitoring visits at the WTC Health Program on Long Island, NY. Data were linked to pre-existing monitoring data collected since 2002 including diagnoses of WTC-related diseases, and severity of exposures. PTSD severity was assessed at individuals' enrollment visit. Cognitive functioning across six cognitive domains was assessed. Comparisons were made to normative data using the same cognitive assessment protocol. **Results:** WTC responders had memory dysfunction as well as slower reaction times and processing speed than did normal controls (Cohen's $d=0.38-0.44$). WTC responders who spent more than five weeks on-site ($B=-0.07$, $SE=0.03$, Cohen's $d=0.07$) and WTC responders with PTSD had lower cognitive functioning when compared to responders with less exposure or those without PTSD ($B=-0.30$, $SE=0.9045$, Cohen's $d=0.38$). PTSD was independently associated with slower reaction time, slower processing speed, lower memory, poorer attention, higher response variability, and worse cognitive efficiency (Cohen's $d=0.04-0.28$). Sensitivity analyses revealed that reduced attention did not explain associations between PTSD or WTC exposure and cognitive functioning. **Conclusion:** This study found that WTC exposures and PTSD were independently related to cognitive dysfunction across a broad range of cognitive domains. Little is known about the neurological mechanisms linking experiences to cognitive dysfunction. This study, therefore, suggests that there is a greater burden of cognitive dysfunction in WTC responders compared with normative data. Yet, further research is needed that identifies whether cognitive dysfunction is indicative of cognitive aging or, instead, of a specific neurologic disorder.

FRI 181
Parental Adaptation to the Son's Enlistment to Combat Military Service
(Abstract #608)

FRI 181 (Pub Health, Fam/Int, Intergen, Gender, Lifespan) - Industrialized

Tuval-Mashiach, Rivka
Bar-Ilan University, Ramat Gan, Israel

The enlistment to military service is a highly demanding and stressful period for the recruited

young soldier, due to the need to adjust to a strict routine, physical and emotional challenges, and threat to life. Despite a rich body on the soldier's wellbeing, little is known about the soldiers' parents' experience. The current study's main goal was to examine Israeli parent's distress in relation to their son's enlistment to combat and the mutual influence of stress between soldiers and parents. Method: 70 triads of mothers, fathers and enlisting sons were evaluated close to enlistment. They completed online the STAI, PHQ-9, BSI, PSS, and WHO-5.. Results: In general, mothers' level of stress was significantly higher than those of the fathers, and the soldiers, in all measures. No significant differences were found between mothers to combat vs. non-combat soldiers. A strong correlation between son's and mothers' level of stress was documented. Discussion: Gender differences are attributed to the fathers' experiences in their own military service, as a protective factor. The findings will be discussed within the context of anticipatory anxiety, and parents-child relationships during emerging adulthood.

FRI 182
Impact of Visitation with Incarcerated Fathers on Behavioral Adjustment among Children in the Foster Care System
(Abstract #1306)

FRI 182 (Clin Res, CPA, Fam/Int, Neglect, Social, Child/Adol) - Industrialized

Hindt, Lauren, Leon, Scott, Huguenel, Brynn, Bai, Grace, Fuller, Anne
Loyola University Chicago, Chicago, Illinois

The contexts of paternal incarceration and child welfare frequently overlap (de Haan, 2010). Children in these environments experience trauma and risk factors (i.e., violence exposure, maltreatment) for internalizing symptoms (e.g., anxiety) and externalizing behaviors (e.g., aggression; Eddy & Poehlmann, 2010; Kortenkamp & Ehrle, 2002). This longitudinal study sought to examine whether in-person visitation with incarcerated fathers related to less behavioral problems among children in foster care. The sample consisted of 282 youth (54.6% female; $M=10.18$, $SD=2.36$ years). Paternal incarceration and demographic information was gathered from the Illinois Department of Children and Family Services. Caseworkers completed the Child and Adolescent Needs and Strengths, which

yielded scores for internalizing symptoms and externalizing behaviors over time (Lyons, Small, Weiner, & Kiesel, 2008). Hierarchical Linear Modeling revealed paternal incarceration was associated with externalizing behaviors (coefficient=.106, $p=.001$), but not internalizing symptoms. This association was attenuated among children who visited fathers (coefficient=-.092, $p=.001$). Future analyses will explore gender and race as moderators. Findings suggest paternal incarceration is associated with externalizing behaviors among children in foster care, and that visitation may be protective. Visitation may allow children to process the traumatic experience of paternal separation, and feelings of isolation and confusion.

FRI 183
The Burden of Comorbid Alcohol Use Disorder and PTSD in U.S. Military Veterans
 (Abstract #343)

FRI 183 (Pub Health, Health, QoL, Sub/Abuse, Mil/Vets, Adult) I - Industrialized

Norman, Sonya¹, Haller, Moira², Hamblen, Jessica³, Pietrzak, Robert⁴

¹*National Center for PTSD, San Diego, California*

²*VA San Diego Healthcare System, San Diego, California*

³*VA National Center for PTSD/White River Junction VA Medical Center, White River Junction, Vermont*

⁴*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut*

Alcohol use disorder (AUD) and PTSD are among the most prevalent disorders among U.S. military veterans and frequently co-occur. AUD+PTSD comorbidity is associated with more psychiatric problems, and worse functioning and quality of life (QoL) than having one disorder. To date, however, most studies of AUD+PTSD have evaluated treatment-seeking samples, although many individuals with AUD+PTSD do not seek treatment. This study evaluated the prevalence of current probable AUD+PTSD, and psychiatric comorbidities, functioning, and QoL associated with AUD+PTSD vs. AUD alone in a nationally representative sample of 3,157 U.S. veterans. A total 14.8% screened positive for AUD (≥ 5 on the AUDIT-C), and of these

veterans, 20.3% screened positive for PTSD (≥ 30 on the PCL-S). Compared to veterans with AUD alone, veterans with AUD+PTSD were more likely to screen positive for major depression (36.8% vs. 2.3%), generalized anxiety (43.5% vs. 2.9%), and suicidal ideation (39.1% vs. 7.0%); to have attempted suicide (46.0% vs. 4.1%); and to be receiving mental health treatment (44.8% vs. 7.5%). They also reported lower QoL ($d=0.31$), and cognitive (Cohen $d=0.64$), mental ($d=0.51$) and physical ($d=0.14$) functioning. Results underscore the burden of comorbid AUD+PTSD in U.S. veterans, and the importance of engaging these veterans in screening and treatment.

FRI 184
Self-Medication and Other Coping Strategies of Individuals with Undiagnosed Potential PTSD in Lithuania
 (Abstract #946)

FRI 184 (Pub Health, Sub/Abuse, Care, Adult) I - Industrialized

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

Estimations from the health care service's utilization data in Lithuania indicated that the national health care system identifies only about 1% of potential PTSD cases in Lithuania. The aim of this study was to evaluate self-medication and other coping strategies of individuals with undiagnosed potential PTSD in Lithuania. Over a thousand Lithuanian citizens participated in a representative study and completed the Lithuanian versions of Life Events Checklist (LEC) and Trauma Screening Questionnaire (TSQ). Participants were also asked about their use of mental health services and prescribed or over-the-counter medication (antidepressants, sedatives/hypnotics), alcohol consumption and other coping strategies. This research was funded by the European Social Fund under the Global Grant measure. Approximately 8% of the representative sample experienced clinically significant PTSD symptoms during the last two weeks. The majority of them did not use mental health services at all. The majority of individuals with undiagnosed potential PTSD indicated a tendency to cope with difficulties themselves without the help from others. Almost half of them used at

least some self-medication and/or consumed alcohol to reduce the symptoms. Up to 21% of them had suicidal thoughts. The study indicates the importance of recognition of PTSD and active assistance from mental health professionals.

FRI 185

Increased Alcohol/Tobacco use and Posttraumatic Stress Symptoms in Fukushima Nuclear Power Plant Workers after the 2011 Disaster
(Abstract #509)

**FRI 185 (Pub Health, Nat/Dis, Tech/Dis, Adult)
I - Global**

Takahashi, Sho¹, Shigemura, Jun², Takahashi, Yoshitomo¹, Nomura, Soichiro², Yoshino, Aihide², Tanigawa, Takeshi³

¹*University of Tsukuba, Tsukuba, Ibaraki, Japan*

²*National Defense Medical College, Tokorozawa, Saitama, Japan*

³*Juntendo University, Tokyo, Tokyo, Japan*

Introduction: Nuclear power plants in Fukushima suffered damages from the earthquake, tsunami, and reactor meltdown. Literatures suggest links between disaster exposures and alcohol/tobacco use among disaster workers, but we have limited knowledge on nuclear disaster workers. **Methods:** We recruited Fukushima nuclear power plant workers (n=1106) in two waves (Wave 1: 2-3 months post-disaster, Wave 2: 32 months post-disaster). At Wave 1, we assessed independent variables (socio-demographics, disaster exposures, and posttraumatic stress responses [PTSR] as measured by the Impact of Event Scale-Revised). At Wave 2, we assessed the participants' alcohol/tobacco use and whether or not they had increased use. Logistic regression analysis assessed the relations between alcohol/tobacco use (increased vs. no increase) and independent variables (significance level: p<.05). **Results:** Increased alcohol/tobacco use were respectively reported in 27.9% (309/960) and 26.2% (180/470) of the individuals. Increased alcohol use was associated with younger age (adjusted Odds Ratio [aOR]: 0.98, 95% CI: 0.97-0.99) and PTSR (aOR: 1.02, 95% CI: 1.01-1.03). Increased tobacco use was associated with younger age (aOR: 0.96, 95% CI: 0.94-0.98) and PTSR (aOR: 1.02, 95% CI: 1.01-1.04). **Conclusions:** Increased use of both alcohol and tobacco at Wave 2 were associated with younger age and PTSR at Wave 1.

FRI 186

Self-Regulation Shift Theory: A New Perspective on Trauma Adaptation across Time
(Abstract #401)

FRI 186 (Pub Health, Affect/Int, Cog/Int, Nat/Dis, Theory, Adult) M - N/A

Benight, Charles, Shoji, Kotaro
University of Colorado at Colorado Springs,
Colorado Springs, Colorado

Self-regulation shift theory offers a new perspective on how people cope with trauma over time (Benight, Shoji, & Delahanty, in press). Self-regulation shift theory (SRST) is an extension of social cognitive theory (Bandura, 1997) and suggests that a subset of vulnerable traumatized individuals will experience a critical threshold during their recovery where their perception of self-determination moving forward is shattered (self-determination violation effect). This "breaking point" results in a drastic negative non-linear shift in functioning. The new state as an "impaired self" leads to elevated levels of posttraumatic stress symptoms, chaotic coping, and a major drop in perceived capability to manage posttraumatic recovery demands. Benight et al. (in press) found support for lower early coping self-efficacy (CSE) as a critical catalyst variable for the non-linear upward shift in PTSD symptoms at 3 months after a motor vehicle accident. This effect was seen in individuals who had low exposure impact. The present study tested the prediction of a non-linear shift in PTSD for individuals with lower CSE perceptions and low exposure to a massive wildfire. A total of 189 survivors (69% female; Mean Age = 47) were enrolled in the study who were directly affected by the fire (evacuated). Non-linear polynomial regression cusp catastrophe analyses (Guastello, 1982) confirmed the importance of lower CSE (= -.85) perceptions (2.5 months post-event) after the trauma as a catalyst or bifurcation factor for a non-linear shift from time 2 (75 days post event) to time 3 (135 days). This occurred when loss from the event (= .21) was higher. Thus, findings were consistent with our previous motor vehicle samples for the role of CSE appraisals. However, the results were opposite in that CSE predicting the non-linear upward shift was seen in individuals with more exposure, rather than less. The present findings underscore the importance of trauma recovery context (MVA recovery vs. wildfire re-building) and temporal processes in adaptation. Self-regulation

shift theory suggests this shift will occur when the individual is faced with a belief that the future ability to manage posttraumatic recovery demands is gone. The post-disaster recovery following a severe wildfire that killed 2 people and destroyed 346 homes is extensive with on-going threat from flooding, visual reminders of the event, massive re-building stress, and loss of beloved belongings. Based on our findings the window from 2.5 months to 4.5 months offers important recovery challenges where a subset of survivors may be particularly vulnerable to the self-determination violation effect. Future research utilizing momentary ecological assessment and mobile sensing platforms will be discussed.

FRI 187

Disaster and Mental Health: Evidence from the Long Term Psychiatric Sequel after Wenchuan Earthquake

(Abstract #1187)

FRI 187 (Pub Health, Depr, Health, Nat/Dis, Adult) M - E Asia & Pac

Guo, Jing

Huazhong University of Science & Technology, Wuhan, Hubei, China

Background: Wenchuan earthquake is China's worst natural disaster in the past three decades. The disaster-related psychological sequelae may last for many years, while the long term outcomes and their risk factors tend to receive little research attention. The objectives of the present study were to estimate the prevalence of probable PTSD, depression, PTG, and suicidality at 8 years following Wenchuan earthquake, and to identify the factors associated with these outcomes, using data from a cross-sectional survey conducted in China. **Methods:** 1369 participants were recruited from two different sites in the areas that were severely affected by the earthquake. Probable PTSD was assessed by the Impact of Event Scale-Revised (IES-R). The Center for Epidemiologic Studies Depression Scale (CES-D) Chinese edition was used to assess depressive symptoms. Assessments of suicide risk were included in the survey by suicidal ideation, plans and attempts. Traumatic exposure to the Wenchuan earthquake was assessed by an exposure checklists designed by this study. **Results:** The results reveal the prevalence of PTSD was 11.8% and 24.8% of respondents had depression symptoms at eight years

after Wenchuan earthquake. The findings also indicate that female gender, low education, and poor perceived health are associated with both PTSD and depression among survivors. Direct exposure in the earthquake is more likely related to PTSD, but not depression, while serious fear is the opposite. The results also showed that 11.2% of participants were still not recovered from the Wenchuan earthquake, even it has passed eight years. The percentage of suicidal ideation, plans, and attempts was 9.1%, 2.9%, and 3.3%, respectively. PTSD, depression, and unrecovered status were highly related to suicide risks. In addition, the results indicated that both positive and negative coping style can develop to PTG among adult survivors 8 years later after Wenchuan earthquake. Positive coping style had a higher correlation with "new possibilities", "personal strength" "appreciation of life" than negative coping style, while negative coping style had a higher correlation with "relating to others" than positive coping style. In addition, the study found PTSD and PTG co-exist after the earthquake, while depression was a barrier factor during the process of developing PTG. **Conclusions:** The results of this study indicate that PTSD, depression symptom, suicidality are long-term psychiatric disorders among survivors of the Wenchuan earthquake, even 8 years later. These findings may have implications for further mental health interventions for adults after earthquakes.

FRI 188

Perceived Discrimination, Negative Health Outcomes, and the Moderating Effect of Neighborhood Homogeneity

(Abstract #1242)

FRI 188 (Pub Health, Cul Div, Health, Adult) I - Industrialized

Freedner-Maguire, Naomi¹, Cidade, Melissa²

¹*ICF International, Burlington, Vermont*

²*ICF International, Rockville, Maryland*

Research on the role of racial discrimination and health outcomes abounds – race is not only related to access to health care, but also quality, cost, and a myriad of physical and mental health outcomes. While structural explanations may shed light on systematic racial discrimination, the role of the individual's perception of such discrimination on health outcomes is a relatively new and burgeoning field. Using data from the Behavioral Risk Factor

Surveillance System (BRFSS), a nationally representative telephone survey that collects data from U.S. adults in all 50 states and the District of Columbia regarding their health-related risk behaviors and chronic health conditions, we aim to disentangle the relationship between negative health outcomes and perceived discrimination. In particular, we rely on a Durkheimian lens to understand the role neighborhood homogeneity plays in perceptions of racial discrimination. Our presentation asks the question: does the social homogeneity of a neighborhood, measured by the proportion of neighbors of the same race, income, or level of education, serve as a moderating effect on the negative mental and physical health outcomes associated with perceived racial discrimination? First, using structural equation modeling (SEM), we examine chronic health conditions, mental health, and health risk behaviors of survey respondents who experienced perceived discrimination compared to those who did not, controlling for race, education, and income. In this way, we can understand the interrelationship of exogenous and endogenous variables related to the impact of perceived discrimination on health outcomes. Building on this analysis, we explore first whether the characteristics of the neighborhood in which someone lives correlates with their reported experiences of discrimination, and then whether neighborhood characteristics moderate the negative health outcomes associated with perceived discrimination. Both of these geospatial analyses will use ArcGIS spatial autocorrelation to tease out the relationships of perceived discrimination, health outcomes, and neighborhood homogeneity. We conclude with an interpretation using a social capital framework, as well as recommendations for practitioners.

FRI 189

A Co-Twin Control Study of the Association between PTSD and Obesity among Male Veterans
(Abstract #870)

FRI 189 (Pub Health, Health, Genetic, Adult) M - N/A

Mitchell, Karen¹, Wolf, Erika², Lyons, Michael³, Goldberg, Jack⁴, Magruder, Kathryn⁵

¹National Center for PTSD, Women's Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Boston, Massachusetts

²National Center for PTSD at VA Boston Healthcare System & BUSM, Boston, Massachusetts

³Boston University, Boston, Massachusetts

⁴VA Puget Sound Health Care System / Seattle Division, Seattle, Washington

⁵Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina

Posttraumatic stress disorder (PTSD) may be associated with an increased risk for obesity; however, it is unclear whether PTSD causes obesity or whether these traits share a common genetic vulnerability. To investigate this question, we conducted a co-twin control study using the Vietnam Era Twin Registry, a cohort of male twin pairs who both served in the US military between 1964 and 1975. Data collection was by mailed survey and telephone interview in 2010-2012. Measures included: obesity (defined as a body mass index of >30), trauma exposures, the PTSD Checklist (PCL), DSM-IV PTSD diagnoses, and zygosity. We analyzed data from 64 monozygotic (MZ) and 73 dizygotic (DZ) twin pairs discordant for obesity using conditional logistic regression for matched pairs. Elevated PCL scores were significantly associated with increased obesity in DZ pairs (OR = 1.031; 95% CI 1.0001-1.064; p = 0.049) and at a trend level among MZ pairs (OR = 1.025; 95% CI 0.995-1.057; p = 0.099). Combat exposure was associated with obesity among DZ (OR = 7.324; 95% CI 2.679-20.017; p <0.001) and MZ (OR = 4.722; 95% CI 1.561-14.289; p = 0.001) pairs. PTSD diagnoses and other traumas were not significantly associated with obesity. These findings suggest that PTSD symptoms and combat exposure are associated with obesity after controlling for familial and genetic factors, consistent with a causal pathway.

FRI 190

Childhood Bullying and probable Posttraumatic Stress Disorder (PTSD) among Adults after a Severe Traumatic Event in Adulthood: A study of World Trade Center (WTC) Responders
(Abstract #694)

FRI 190 (Pub Health, Health, Pub Health, Terror, Aging, Adult) M - Industrialized

Mukherjee, Soumyadeep, Clouston, Sean, Bromet, Evelyn, Luft, Benjamin

Stony Brook University, Stony Brook, New York

Background: Bullying is a childhood experience that 15–20% of children endure. Bullying has been linked with long term adverse physical, emotional, academic, and psychological consequences. Yet, little is known about the role of childhood experiences of bullying as a determinant of posttraumatic stress disorder (PTSD) in the context of a traumatic event in adulthood. This paper examined relationships between childhood bullying and probable PTSD in a sample of World Trade Center (WTC) responders.

Methods: In 2015, an extended version of the life events checklist was fielded to all WTC responders attending monitoring appointments at the WTC Health Programs on Long Island, NY. Data were linked to monitoring information, which included PTSD symptoms assessed using the PTSD checklist (PCL-S). Statistical analyses accounted for gender, race, education, occupation, age at 9/11/2001, number of years since the attacks, arrival time, other assault/threat experiences, and stressful events since 9/11. Longitudinal mixed effects modeling was utilized to examine associations between childhood trauma and severity and chronicity of PTSD symptoms. **Results:** Approximately 12% of responders had probable PTSD concurrent to data collection. Reported experiences of childhood bullying were associated with increased odds of probable PTSD (adjusted odds ratio [aOR]=4.01; 95% confidence interval [95%CI]=[1.29-12.41]). Notably, being bullied in adulthood was independently associated with increased odds of PTSD (aOR 5.90; 95%CI=[1.23-28.22]). Results also revealed that those who experienced bullying both as children and adults had the highest prevalence of WTC-PTSD. **Conclusions:** Our findings suggest that in the context of a mass trauma, prior experiences of childhood and adult bullying may increase the risk of severe and chronic PTSD. Results highlighted the importance of screening for childhood and adulthood bullying in psychiatric clinics, and also reinforces the need to address school and workplace bullying at a societal level.

FRI 191

PTSD Prevalence and Risk Factors among Civilians Exposed to the Paris Terrorist Attacks in November 2015

(Abstract #842)

FRI 191 (Pub Health, Assess Dx, Health, Terror, Adult) I - Industrialized

Pirard, Philippe¹, Motreff, Yvon², Ravaut, Anaïs³, Vandentorren, Stéphanie⁴, Baubet, Thierry⁵

¹*National Institute of Public Health, Saint-Maurice Cedex, France*

²*National Public Health, Saint Maurice, France*

³*Santé publique France, Saint-Maurice, 94, France*

⁴*Cellule d'Intervention en Région (Cire) Ile-de-France, Santé publique France, Paris AND Sorbonne Université, UPMC Université Paris 06, Inserm, Institut Pierre Louis d'épidémiologie et de santé publique (IPLESP UMRS 1136), Paris, France*

⁵*CESP Inserm 1178 * Université Paris 13 Sorbonne Paris Cité, EA 4403 Service de Psychopathologie de l'enfant, de l'adolescent, psychiatrie générale et addictologie spécialisée, Bobigny, France*

In November 2015 Paris was struck by terrorist attacks, exposing thousands of civilians. Having been informed by victim's associations, media and mailing to close residents, 575 answered to an epidemiological web questionnaire study 7 to 11 months after. The aim of the epidemiological study was to assess the prevalence of possible PTSD (PCL5) and use of psychosocial supports (outreach systems proposed in emergency and permanent ones) among the persons answering to Criterion A of PTSD definition in DSM5. Exposures were multiple (169 directly threatened, 42 wounded, 141 direct eye witnesses, 70 residents having heard the terrorist attacks, 132 bereaved, 246 having had a close one directly threatened. Measures pointed at a possible full PTSD prevalence of 22 to 55% among persons involved in different locations of terrorist attacks. Interaction between various modalities of factual exposure, perceived peritraumatic reactions (Acute Autonomic Activation Indicators of the STRS, PDEQ) and risk factors (perceived social support, previous traumatic event, gender, age, socio professional level) as well as consequences on job on PCL5 scores are currently explored and will provide insight on probable risk factors of PTSD 8 to 11 months after. Those results will be compared with the

proportion of persons remembering having had first aid received in the aftermath of the event.

FRI 192

Prevalence and Correlates of ICD-11 Adjustment Disorder among Persons Who Had Lost their Job Unwillingly

(Abstract #916)

FRI 192 (Pub Health, Assess Dx, Comm/Int, Adult) M - Industrialized

Perkonig, Axel, Lorenz, Louisa, Maercker, Andreas
University of Zurich, Zurich, Switzerland

For the forthcoming 11th revision of the International Classification of Diseases Maercker et al. (2013) proposed a new definition of adjustment disorder (AjD) with unique core elements of preoccupations, failure to adapt symptoms, and significant impairment. Studies on the validity of ICD-11 AjD have yielded promising results (Bachem et al., 2016, Zelviene et al., 2017). The present study reports on prevalence and correlates of ICD-11 AjD. N=330 participants who had lost their job unwillingly were consecutively sampled from local job centres. The standardised clinical diagnostic interview MCIDI (Wittchen & Pfister, 1997), containing a new AjD module, and supplemental questionnaires were administered. 27.3% of participants (21% men, 33.7% women) met diagnostic criteria of ICD-11 AjD. This proportion decreased to 11.5% when exclusion criteria were applied. AjD was associated with a bad financial situation (OR=1.9; 95%CI 1.2-3.2), and particularly among women related to conflicts with job agencies (OR=2.7; 95%CI 1.1-6.8) and changing living conditions (OR=2.3; 95%CI 1.1-5.2). Poor social functioning and disclosure to others increased, whereas higher self-efficacy, reliance and sense of coherence decreased the probability of AjD. Preceding traumatic events related to rape and sexual abuse were distal correlates of ICD-11 AjD among women.

TECHNOLOGY

FRI 193

Improving Trauma Treatment Completion among Racial and Ethnic Minority Youth: Use of Telehealth and Engagement Strategies

(Abstract #788)

FRI 193 (Tech, Cul Div, Child/Adol) - Industrialized

Wallace, Megan¹, Stewart, Regan¹, Rheingold, Alyssa¹, de Arellano, Michael²

¹*Medical University of South Carolina, Charleston, South Carolina*

²*National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina*

Barriers faced by traumatized youth from marginalized populations result in poor access to evidence-based trauma-focused treatments (TFTs) for youth from underserved communities. Despite the availability of well-established TFTs, minority children and those from low-income backgrounds are less likely to connect with and more likely to prematurely drop-out from treatment (McPherson et al., 2012). For example, the increased risk of premature treatment dropout among economically-disadvantaged African American and Latino families contributes to trauma-related mental health disparities (Organista et al., 1994). The Telemental health Outreach Program (TOP) was created to provide TFT for children and adolescents, with the goal of reaching populations that have traditionally been underserved by office-based mental health care programs, especially racial/ethnic minorities and rural populations. The TOP program utilizes a three-pronged approach to improve access to care, increase engagement, and reduce attrition among underserved youth. The program involves (1) provision of services via telehealth (i.e. HIPPA compliant videoconferencing software), (2) evidence-based engagement strategies (McKay et al., 2009), and (3) intensive case management. The program has demonstrated a 100% treatment completion rate over the first two years of the program. The proposed presentation will discuss the 3-prong model and how it has facilitated excellent treatment completion rates and clinical outcomes.

FRI 194

Increasing Access to Trauma-Focused Treatment among Adult Hispanic Victims of Crime via the Use of Telehealth Technology
(Abstract #789)

FRI 194 (CulDiv, Clin Res, Clinical Practice, Cul Div, Tech, Adult) - Industrialized

Rheingold, Alyssa¹, Orengo-Aguayo, Rosaura¹, Stewart, Regan¹, Shealy, Kristen¹, Gomez, Martha², de Arellano, Michael³

¹*Medical University of South Carolina, Charleston, South Carolina*

²*Medical University of South Carolina, North Charleston, South Carolina*

³*National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina*

Evidence based trauma-focused treatments (EB-TFTs) are provided through traditional office-based settings with great success, yet many do not have access to EB-TFTs following traumatic exposure. Underserved victims include those living in rural areas, ethnic/racial minority populations (e.g., Hispanics), and those living in poverty. Typical barriers in accessing EB-TFTs include: (1) limited availability of services in rural areas; (2) lack of transportation; and (3) limited availability of culturally and linguistically competent services for Spanish-speaking victims. To address these barriers, a telehealth delivery model has been developed to assess and treat underserved Hispanic victims of crime. Studies have demonstrated the effectiveness of telehealth delivery models among trauma-exposed adult populations (e.g., Tuerk et al., 2010), yet the effectiveness of such an approach with Hispanic victims is unknown. This presentation will provide: 1) preliminary evidence of the adaptations and feasibility of this telehealth delivery model with Hispanic victims, and 2) an in-depth case study illustrating its successful application with a victim with significant barriers to accessing services. Initial findings demonstrate excellent feasibility of telehealth as a delivery method, as well as improved outcomes. Implications for increasing access to trauma-focused treatment among underserved adult populations via the use of telehealth will be discussed.

**VICARIOUS
TRAUMATIZATION AND
THERAPIST SELF-CARE**

FRI 195

Prevalence and Severity of Trauma- and Stressor-Related Symptoms among Jurors: A Review
(Abstract #1387)

FRI 195 (Self-Care, Pub Health, Self-Care, Adult) I - N/A

Lonergan, Michelle¹, Leclerc, Marie-Ève², Descamps, Melanie³, Monson, Eva¹, Pigeon, Sereena⁴, Brunet, Alain¹

¹*McGill University, Douglas Mental Health University Institute, Montreal, Quebec, Canada*

²*Douglas Hospital, McGill University, Montreal, Quebec, Canada*

³*Douglas Mental Health University Research Institute/McGill University, Montreal, Quebec, Canada*

⁴*Douglas Hospital Research Center, Montreal, Quebec, Canada*

Jury duty is a compulsory, yet stressful, experience. Experts have argued that some jurors may experience trauma-related symptoms (e.g., intrusive thoughts, avoidance, hyperarousal, anhedonia, depression). Understanding how jury duty affects mental health has significant socio-legal implications. This manuscript presents a review of the literature examining the prevalence and severity of trauma-related symptoms stemming from jury duty. A systematic search for articles was carried out using PsychInfo, ProQuest Dissertations, PubMed, Web of Science, Google Scholar, and HeinOnline. Inclusion criteria were: 1) reported original research; 2) reported a mental health outcome in former jurors. Data were extracted and summarized using a standard form. Eighteen studies were reviewed. Trauma-related symptoms were found in as many as 50% of jurors, which persisted for months in a minority of individuals. Factors related to deliberations, trial complexity, and graphic evidence were identified as consistent sources of stress. Female gender and history of prior trauma was associated with post-trial pathology. A minority of jurors may be at increased risk for psychopathology as a result of their service, especially in cases involving violent crime. However, methodological limitations found across studies

highlight the need for caution in this interpretation and for further empirical research.

FRI 196

An Investigation of Factors Impacting Vicarious Traumatization and Vicarious Posttraumatic Growth in Crisis Workers: Feminist Beliefs and Feminist Self-Labeling

(Abstract #703)

FRI 196 (Self-Care, Comm/Int, Gender, Adult) I - Industrialized

*Fedele, Katherine, Johnson, Dawn
University of Akron, Akron, Ohio*

Crisis workers who have frequent exposure to trauma victims may experience long-term negative and positive changes in various ways. Vicarious traumatization (VT) has been found to be a negative consequence of working directly with trauma victims, which involves experiencing distressing changes in beliefs about oneself, others, and the world (McCann & Pearlman, 1990). At the same time, vicarious posttraumatic growth (VG) has been found to be a positive consequence, consisting of perceived positive changes in one's self, a changed sense of relationships with others, and a changed philosophy of life (Arnold, Calhoun, Tedeschi, & Cann, 2005). Despite the demands of crisis work encountered by serving a vulnerable population and vulnerability of the populations served, the literature is limited regarding the consequences and outcomes experienced specifically by crisis workers. Informed by constructivist self-development theory, two variables that could influence both VT and VG that have yet to be addressed in the literature are feminist beliefs and feminist self-labeling. Given the nature of trauma work, which may inherently involve feminist values, such as empowerment (see Ullman & Townsend, 2008), it is important to examine the influence of feminist beliefs and self-labeling as a feminist, which have been found to be protective against negative consequences and facilitate growth in other clinical and nonclinical samples (see Yoder et al., 2012). Research on feminist beliefs and self-labeling in crisis workers is limited, with most of the previous research sampling rape crisis centers (McMillan, 2004; Ullman & Townsend, 2007). The current study may help to inform policies and interventions in the prevention of VT and promotion of VG in crisis workers. **Method:** Any crisis worker

who identifies as a woman aged 18 or older who are employed by domestic violence agencies, rape crisis centers, victim's assistance programs, child protective services, or other organizations involving primarily crisis work can participate in this study. Approximately 100 participants will be recruited to complete a series of questionnaires including, the Traumatic Stress Institute Belief Scale-Revision L (TSI-BSL; Traumatic Stress Institute, 1994), Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), Feminist Perspectives Scale-Short Version (FPS3; Henley, Spalding, & Kosta, 2000), among others. We anticipate having our data collected by August, 2017. **Proposed analyses:** Moderation analyses will be conducted using Hayes' (2013) PROCESS macro. We hypothesize that feminist beliefs and self-labeling as a feminist will moderate the relationship between exposure to vicarious trauma and VT and VG.

PREVENTION/EARLY INTERVENTION

FRI 197

Markers of Suicide Risk in a National Sample of Bereaved Youth: Findings from the National Child Traumatic Stress Network

(Abstract #756)

FRI 197 (Prevent, Clin Res, Commun, Death, Pub Health, Child/Adol) - Industrialized

Kaplow, Julie¹, Wamser-Nanney, Rachel², Layne, Christopher³, Burnside, Amanda⁴, King, Cheryl⁵, Liang, Li-Jung⁶, Steinberg, Alan³, Briggs-King, Ernestine⁷, Pynoos, Robert³

¹University of Texas Health Science Center, Houston, Texas

²University of Missouri St. Louis, St. Louis, Missouri

³UCLA - National Center for Child Traumatic Stress, Los Angeles, California

⁴University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan

⁵University of Michigan, Ann Arbor, Michigan

⁶National Center for Child Traumatic Stress, Los Angeles, California

⁷Duke University Medical Center/National Center for Child Traumatic Stress, Durham, North Carolina

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

This study examined the predictive utility of bereavement-related characteristics (i.e., number of deaths, cause of death, relationship to deceased) in relation to established indicators of suicide risk as criterion variables (i.e., suicidal thoughts or behaviors, self-injury, depression, posttraumatic stress symptoms, and substance use) in clinic-referred youth. Participants included 1,281 bereaved youth aged 12-21 years ($M = 15$; $SD = 1.8$), 62.1% female, from the National Child Traumatic Stress Network (NCTSN) Core Data Set. Generalized linear mixed-effects regression models controlling for demographics and other traumas revealed that youth bereaved by multiple deaths had higher PTSD scores. Further, youth bereaved by suicide were more likely to experience suicidality and alcohol use compared to youth bereaved by natural causes. Youth bereaved by homicide were at greater risk for substance use compared to youth bereaved by natural death. Youth bereaved by the death of a parent were more likely to experience depression, whereas youth bereaved by the death of a peer were more likely to use alcohol or other substances. Findings that specific bereavement-related factors exert differential effects on distinct suicide risk markers may carry important implications for tailoring suicide prevention efforts to meet the unique and diverse needs of bereaved youth.

FRI 198

Cause of Death and Parental Coping Predict Thwarted Belongingness in Bereaved Youth: Implications for Suicide Prevention
(Abstract #758)

FRI 198 (Prevent, Affect/Int, Death, Fam/Int, Theory, Child/Adol) - Industrialized

Roley-Roberts, Michelle¹, Kaplow, Julie², Hill, Ryan², Layne, Christopher³, Goldenthal, Hayley⁴
¹*The Ohio State University, College of Medicine, Columbus, Ohio*
²*University of Texas Health Science Center, Houston, Texas*
³*UCLA - National Center for Child Traumatic Stress, Los Angeles, California*
⁴*Northwestern University Feinberg School of Medicine, Chicago, Illinois*

This study examined candidate predictors (i.e., cause of death and parental coping) of belongingness, an established suicide risk factor, among parentally bereaved youth. Forty-three bereaved families (child

$n = 58$; $Mage = 9.17$, $SD = 1.90$, range = 7 to 13 years old; 45% female) participated in a longitudinal study (the CIRCLE Project; PI: Kaplow) assessing youth mental health following parental death. Data were taken from Waves 1 (within the first six months of the death) and 2 (six months after Wave 1). Results from a one-way ANOVA revealed that children's sense of belonging was significantly reduced when parental death was due to suicide compared to sudden natural death ($F(4, 53) = 2.56$, $p = .049$). Results from linear regression analyses revealed that parental use of behavioral disengagement and positive reinterpretation and growth coping at Wave 1 predicted reduced thwarted belongingness ($\beta = -.394$, $t = -2.23$, $p = .034$; $\beta = -.332$, $t = -2.17$, $p = .037$, respectively) at Wave 2. Our results inform future theory-building on the examination of how and why parental death by suicide may lead to greater suicide risk in surviving children and preventive intervention efforts designed to reduce bereaved youth suicide risk.

FRI 199

Maladaptive Grief Reactions and Youth Suicide Risk in an Urban, Community-based Sample
(Abstract #759)

FRI 199 (Prevent, Clin Res, Commun, Depr, Grief, Child/Adol) - N/A

Arango, Alejandra, Gipson, Polly, King, Cheryl
University of Michigan, Ann Arbor, Michigan

Research suggests that bereaved youth may be at elevated risk for suicidal ideation (Melhem et al., 2007). This study examined associations between specific maladaptive grief reactions and suicide risk. Participants were 135 youth between the ages of 12-15 years ($M Age = 13.63$; $SD = 1.15$) drawn from a CDC-funded trial designed to examine the effectiveness of a community-based mentorship intervention for youth at elevated risk for suicide (King, Gipson & Opperman, 2015). Youth screened positive for suicide risk, defined as bully victimization, bully perpetration and/or social disconnectedness, in a Midwestern emergency department that serves an economically disadvantaged urban region. Youth were primarily female ($n = 95$; 69.3%) and African American ($n = 75$; 54.7%). Youth completed an abbreviated version of the Multidimensional Grief Reactions Scale (Layne, Kaplow, & Pynoss, 2011), Suicide Ideation

Questionnaire-Junior (Reynolds, 1988), Reynolds Adolescent Depression Scale-Short Form (Reynolds, 1987), Screen for Child Anxiety Related Disorders (Birmaher et al., 1999) and the Rosenberg Self-Esteem Scale (Rosenberg, 1965). Youths' relation to the deceased was as follows: 47.7% grandparent; 44.1% relative (aunt/uncle, cousin); 16.1% close friend; 15.6% school peer; 15.6% adult friend of the family; 13.8% a friend; 6.9% teacher; 6.0% mother/father; 5.5% brother; .5% mentor; and 5.5% other. Preliminary findings indicate that high levels of Identity Distress (feeling incomplete without their loved one) and Circumstance-Related Distress (preoccupation with the way their loved one died) were significantly associated with suicidal ideation ($r=.20$, $p<0.05$; $r=.19$, $p<0.05$); depression ($r=.38$, $p<0.01$; $r=.38$, $p<0.01$); anxiety ($r=.25$, $p<0.01$; $r=.23$, $p<0.01$) and self-esteem ($r=-.36$, $p<0.01$; $r=-.34$, $p<0.01$), respectively. Additionally, Identity- and Circumstance-Related Distress both uniquely predicted depressive symptoms ($\beta=.276$; $R^2=.183$, $p=.027$; $\beta=.312$; $R^2=.173$, $p=0.13$), respectively.

FRI 200

The Relative Impact of Locus of Control, Interpersonal Relationships and Involuntary Coping Strategies on Anxiety and Depression in a High Adversity Child Population
(Abstract #486)

FRI 200 (Prevent, Anx, Clin Res, Depr, Child/Adol) I - Industrialized

Nunez, Alejandro¹, Bradley, Travis¹, Basile, Alex², Espil, Flint¹, Matlow, Ryan², Carrion, Victor²
¹*Stanford University School of Medicine, Palo Alto, California*
²*Stanford University School of Medicine, Stanford, California*

Locus of Control (LoC), the extent to which an individual believes they hold power over events in their lives may be closely related to how children respond to stress [1]. Similarly, Interpersonal Relationships (IR) are known to facilitate developing coping strategies through emotional support systems [2]. This study investigates the relative impact of beliefs (LoC) and behavior (IR) on strengthening socioemotional regulation and minimizing negative symptoms (e.g. depression, anxiety) in children enduring trauma and daily environmental adversities (e.g. poverty, crime, violence). A sample of 3rd and

5th grade students ($n=700$), from a predominately Latino, low SES, and high adversity community completed standardized self-report measures of coping behaviors, LoC, IR, depression and anxiety. Multiple linear regression analyses indicated that LoC, IR, and negative coping strategies each had significant unique contributions to negative symptoms, in which depression and anxiety were positively associated with LoC (depression $\beta=.388$, anxiety $\beta=.286$, $p<.001$), negative coping ($\beta=.350$, $p<.001$, $\beta=.086$, $p<.001$), and negatively associated with IR ($\beta=-.221$, $p<.001$, $\beta=-.371$, $p<.001$). Results therefore highlight the significance of beliefs and behaviors over negative symptoms and their implication on cultivating resiliency in children.

FRI 201

Translation and Adaptation of a Peace Environment Project to Public Schools in Brazil
(Abstract #1491)

FRI 201 (Prevent, Clin Res, Pub Health, Social, Train/Ed/Dis, Child/Adol) I - Latin Amer & Carib

Wierman, Juliana¹, Wender de Brito, Luisa¹, Tanabe Matsuzaka, Camila¹, Serafim, Paula², Mello, Marcelo²

¹*UNIFESP, São Paulo, Brazil*

: Previous studies point to high prevalence of violence in Brazilian schools. We aimed to develop and adapt ²*Universidade Federal de São Paulo, São Paulo, Brazil*

Introduction to Brazil the antibullying program validated by Fonagy and collaborators (CAPSLE). The school chosen for this study is located at the most violent neighborhood in São Paulo. This population of adolescents are at high risk for the development of mental health problems. OBJECTIVES: Enable teachers: to prevent violent situations in the school environment; recognize the impacts of violence in mental health; Referral to adequate treatment. Methods: The CAPSLE Project was translated and culturally adapted to the Brazilian reality of public schools. We implemented the Project during 2016. Themes developed were: Power dynamics, bystanders; Mentalization; Resilience; Violence; Mental Health. Qualitative research methods were used to evaluate the knowledge of the program as well as the changes in the teachers' perceptions about violent behaviors and mental

health problems. Results: Changes in the perception of violence situations in the classroom and in the importance of the bond between teacher and student were found. IMPLICATIONS FOR PRACTICE: The CAPSLE adapted to Brazil provides an easily applicable tool with real social impact, comprehending violence and life quality, and reaching for multidisciplinary approaches as the dialog health/education.

FRI 202

External and Internal Coping Strategies in Unaccompanied Minor Refugees in Context of Flight-related Traumatization

(Abstract #737)

FRI 202 (Prevent, Cul Div, Dev/Int, Refugee, Civil/War, Child/Adol) I - Industrialized

Nesterko, Yuriy¹, Glaesmer, Heide², Sierau, Susan¹

¹*University of Leipzig, Leipzig, Sachsen, Germany*

²*University of Leipzig, Leipzig, Saxony, Germany*

Purpose: Because of the increasing number of armed conflicts around the globe the number of unaccompanied or separated minor refugees arriving in western high-income countries has increased significantly over the last years. Research has shown that this group of refugee children and adolescents is at high risk of developing mental disorders due to cumulative traumatic experiences before, during and after the flight. The present study investigates external and internal coping strategies of unaccompanied minor refugees during the process of flight. **Methods:** 25 Syrian and Afghan unaccompanied minor refugees (aged 13 – 17 years) living in Leipzig (Germany) were interviewed using a semi-structured interview. Thematic analysis was employed with a focus on traumatic experiences and individual coping strategies before, during and after the flight. **(Preliminary) Results:** The qualitative findings describe the diversity of traumatic experiences as well as coping strategies depending on different stages during the complex process of flight. The preference of different external and internal coping strategies was found to be associated with the kind of traumatic experiences during the flight process. **Discussion:** Particular attention should be paid to the role of different stages in the process of flight, just from the initiation to leave the home country until the adaption and potentially longer stay in the host country. Results indicate different

strategies being best suitable before, after and during the flight.

FRI 203

An Examination of the Effects of Harsh Discipline and Infant Difficult Temperament on the Externalizing Behaviors of Children At-Risk for Maltreatment

(Abstract #953)

FRI 203 (Prevent, CPA, Comm/Int, Child/Adol) M - N/A

Weeks, Jessica¹, Figge, Caleb²

¹*University of Utah, Salt Lake City, Utah*

²*DePaul University, Chicago, Illinois*

A considerable body of research indicates the developmental stability of early difficult temperament through consistent associations with later externalizing behavior problems (DeLisi & Vaughn, 2014; Lahey et al., 2008). This association is particularly pronounced in traumatized and at-risk samples (Figge, Martinez-Torteya, & Weeks, in press). As externalizing behavior is a leading reason for referral to outpatient clinics (Hinshaw & Lee, 2003) and with detrimental impact across settings (Metsäpelto et al., 2015), it is important to examine factors that contribute to externalizing behavior over time, such as parental discipline strategies. Few studies have examined the interplay of temperament and parenting in at-risk populations. The current study examined the influence of harsh parental discipline and infant difficult temperament on child externalizing behavior problems from a larger longitudinal sample (the National Survey of Child and Adolescent Well Being; NSCAW) of 1,148 infants (0-23 months) at-risk for maltreatment. Multiple regression analyses showed both difficult temperament and harsh discipline predicted worse externalizing behavior outcomes. Mediation analyses revealed a significant indirect effect for harsh parenting in the association between difficult temperament and externalizing problems. Findings extend the literature regarding infant difficult temperament and harsh discipline to children at-risk for maltreatment and illuminates targets for early intervention efforts.

FRI 204

The Mediating Effects of PTSD and Negative Urgency on the Relationship between Emotional Abuse and Substance Use

(Abstract #1278)

FRI 204 (Prevent, CPA, Sub/Abuse, Adult) I - Industrialized

Junglen, Angela¹, Hruska, Bryce², Garcia, Monica¹, Jensen, Tammy³, Boros, Alec³, Delahanty, Douglas¹

¹*Kent State University, Kent, Ohio*

²*Syracuse University, Syracuse, New York*

³*Oriana House, Akron, Ohio*

Exposure to childhood emotional abuse is a recognized risk factor for developing a substance use disorder (SUD: Chamberland, Fallon, Black, & Trocme, 2011; Dube et al., 2006; Moran, Vuchinich, & Hall, 2004). However, little is known about the mechanisms that contribute to this relationship. The present study investigated potential mediators of the relationship between emotional abuse and SUDs in two independent samples. A total of 759 participants were recruited from a drug detoxification center and completed measures of retrospective emotional abuse, impulsivity, PTSD symptom severity and substance use behavior. Negative urgency, an impulsive response to aversive emotions, and PTSD symptom severity were examined as potential mediators of the relationship between emotional abuse and SUD behaviors. In both samples, negative urgency and PTSD symptom severity mediated the relationship between emotional abuse and substance use behaviors. However, the indirect effect for PTSD symptom severity demonstrated a stronger effect of attenuating this relationship (Indirect effect= .814, CI [.386, 1.326]; Replicated Indirect effect= 1.617, CI [.649, 1.902]) than negative urgency (Indirect effect = .334, CI [.031, .744]; Replicated Indirect effect=.818, CI [.279, 1.586]). These results underscore the importance of incorporating PTSD treatment at the initial stages of sobriety to mitigate substance use relapse. Further, treatments should incorporate coping skills training to decrease negative urgency as a protective factor for maintaining sobriety in the face of aversive stressors.

FRI 205

Sexual Precedence and Consent Ambiguity Predict Acceptability of Sexual Assault

(Abstract #489)

FRI 205 (Prevent, DV, Rape, Adult) M - Industrialized

Lanni, Daniel, Parkhill, Michele

Oakland University, Rochester Hills, Michigan

Sexual assault is a notable problem on and off college campuses, where 10-20% of men report perpetrating sexual assault and 20-25% of women report experiencing attempted/completed rape. Victims infrequently disclose their assault experiences for fear of being blamed. The current study examines how sexual precedence and ambiguity of consent affect participants' perception of the assault. Participants were 198 undergraduate students. Participants read a vignette (crossed sexual precedence: had sex in past/no sex in past and clarity of consent: clear non-consent/ambiguous consent) that described a sexual interaction between a man and a woman. After reading that the two characters ultimately had sexual intercourse, participants were asked about the acceptability of the man's methods for obtaining sex. A significant interaction between clarity of consent and sexual precedence conditions revealed that when the characters had sexual intercourse in the past, participants rated the man's behavior as more acceptable if her consent was ambiguous versus clear non-consent. In the no sexual precedence condition, there was no such difference. The current study demonstrates the need for consent training, especially among those in sexual relationships.

FRI 206

Cognitive Ecological Model of Risk Recognition of Sexual Assault: An Examination of Social Impact and Cognitive Appraisals

(Abstract #1245)

FRI 206 (Prevent, Aggress, Cog/Int, Rape, Gender, Adult) I - Industrialized

Mercer, Mary Catherine, Allen, Christy, Lilly, Michelle

Northern Illinois University, DeKalb, Illinois

One of the proposed mechanisms for understanding sexual assault (SA) is risk recognition, or an individual's ability to recognize risk for SA perpetration or victimization. The Cognitive Ecological Model (CEM) asserts that there are different levels of influence in which smaller units are embedded within and influenced by larger ones; these levels of influence consist of: (a) the macrosystem of broader cultural values, (b) the ontogeny, or individual differences, (c) the exosystem, which includes social units and interpersonal goals, and (d) the microsystem, which is defined by situational factors and cognitive appraisals. There is a dearth of research examining how the social environment impacts risk recognition for sexual assault. Furthermore, most research assesses attitudes, beliefs, and norms prior to the situation in which a decision about sexual assault risk is made. Mercer (unpublished thesis, 2014) demonstrated that risk recognition is significantly hindered in a social environment. The current study sought to replicate and extend upon the findings of Mercer by examining how men and women respond in a social environment with different genders. Participants (N = 151) completed the Marx and Gross (1995) audiotaped risk recognition paradigm alone, with a same sex confederate, or an opposite sex confederate. Preliminary results reveal a significant main effect of social environment on response latency, $F(2, 149) = 8.48, p < .001$. Risk recognition was significantly impaired for both men and women when completing the task in a social environment. While men's risk recognition was negatively impacted by the social environment regardless of the gender of the confederate, women's risk recognition was particularly impaired when completing the task with a female confederate. Implications for interventions and cognitive appraisals of the task will be discussed.

FRI 207

Person-Level Characteristics and Differential Impacts on Male and Female OIF/OEF War Veterans Who Completed a Formal Civic Service Program

(Abstract #991)

FRI 207 (Prevent, Commun, Comm/Int, Mil/Vets, Gender, Adult) A - Industrialized

Lawrence, Karen¹, Matthieu, Monica²

¹*University of Kentucky, Lexington, Kentucky*

²*Veterans Health Administration, Saint Louis, Missouri*

Important gender differences in post-9/11 veterans include women being more likely to screen positive for major depression and to report current mental health issues. Volunteering significantly decreases depression and improves wellbeing and mortality outcomes in elders and recently, was shown to positively impact biopsychosocial health in post-9/11 veterans. However, the differential impacts of volunteering on each gender is unknown. The Mission Continues, a national non-profit organization, offers a 6-month community-based volunteer opportunity for post-9/11-era veterans. This observational cohort study describes biopsychosocial outcomes of women veterans who completed this program. Computations from a pre-/post-internet-based survey include bivariate and multivariate analyses. Males and females differed significantly by race, education, and traumatic brain injury rates. Both genders significantly improved on health, PTSD and depression, self-efficacy, loneliness, social support, and purpose-in-life outcomes. Women compared to men showed greater improvement in purpose-in-life. At pre-intervention, total scores on PTSD and depression screens did not significantly differ by gender, however, item-level differences included higher scores on avoidance and feeling down, depressed, or hopeless in females. Finally, female gender, less education, and higher pre-intervention levels of feeling down, depressed, or hopeless all predicted greater improvements in purpose-in-life. Thus, volunteering may promote wellbeing and mental health in female veterans.

FRI 208

Pre-traumatic Power and Control Beliefs as a Risk Factor for PTSD: A Prospective Study of OEF/OIF Soldiers

(Abstract #1032)

FRI 208 (Prevent, Assess Dx, Clin Res, Cog/Int, Mil/Vets, Adult) - Industrialized

Nanney, John¹, Wamser-Nanney, Rachel¹, Linke, Lance¹, Constans, Joseph², Pyne, Jeffrey³

¹*University of Missouri St. Louis, St. Louis, Missouri*

²*Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana*

³**Central Arkansas Veterans Health Care System & University of Arkansas for Medical Sciences, Little Rock, Arkansas**

Belief in one's ability to exert power and control over outcomes following trauma has long been understood as protecting against the development PTSD (Benight & Bandura, 2004; Davidson & Foa, 1993). The role of pre-traumatic beliefs about power and control, however, remains unclear. Though a strong pre-traumatic belief in power and control may similarly be protective, we predicted such a belief may actually be a diathesis for PTSD. A strong pre-traumatic belief in power and control may create the expectation that one should be able to control traumatic stress reactions. The inability to control these reactions, as is common post-trauma, may violate this expectation, producing more negative beliefs about the self and greater symptoms of PTSD. Longitudinal structural equation modeling in a sample of OEF/OIF combat soldiers ($n = 303$) supported our hypothesized model ($\chi^2 [77] = 139.23$, $p < .001$; RMSEA = .052) Stronger power and control beliefs immediately prior to combat deployment predicted more negative self-beliefs ($\beta = .14$, $t = 2.07$, $p < .05$) and greater PTSD ($\beta = .07$, 95% CI: .01-.18)-deployment. Pre-traumatic resilience interventions may thus benefit from promoting acceptance of uncontrollable stress reactions in addition to developing agentic change skills.

FRI 210

Long-term Follow-up Survey of Japan Ground Self-Defense Force Disaster Workers Deployed to the Great East Japan Earthquake in 2011
(Abstract #492)

FRI 210 (Prevent, Nat/Dis, Tech/Dis, Other) M - Global

Nagamine, Masanori¹, Shigemura, Jun¹, Tanichi, Masaaki¹, Saito, Taku², Yoshino, Aihide¹, Shimizu, Kunio¹

¹*National Defense Medical College, Tokorozawa, Saitama, Japan*

²*Department of Psychiatry, National Defense Medical College, Tokorozawa, Saitama, Japan*

Following the 2011 Great East Japan Earthquake, approximately 70,000 Japan Ground Self-Defense Force (JGSDF) personnel conducted humanitarian

support, including body recovery. Approximately one-quarter of individuals may develop delayed-onset PTSD 6 months to several years post-trauma. This survey evaluated long-term post-traumatic stress response (PTSR) among JGSDF personnel. PTSR data were collected from 33900 personnel, 1 month, 6 months, 1 year, and 3 years post-mission, using the Impact of Events Scale-Revised (IES-R); those who scored 25 or more were defined as High-PTSR. Subjects were allocated into Control (never presented High-PTSR), Early High-PTSR (presented first High-PTSR at 1 or 6 months), and Delayed High-PTSR (presented first High-PTSR at 1 or 3 years). During the survey period, 4.3% ($N = 1455$) of subjects presented High-PTSR at least once, and 23.0% were allocated as Delayed High-PTSR ($N = 335$). Among Delayed High-PTSR, subthreshold PTSR was confirmed at 1 and 6 months. Multinomial logistic regression analysis extracted similar significant factors between Early and Delayed High-PTSR compared to Control, except for rank. As previously reported, approximately one-quarter of High-PTSR cases were delayed onset, and subthreshold PTSR occurred before first manifestation of High-PTSR. Long-term follow-up care for subthreshold PTSR is needed when managing PTSR for disaster workers.

BIOLOGICAL/MEDICAL

FRI 211

White Matter Fractional Anisotropy Differences in Children and Adolescents Exposed to Multiple Violence with PTSD
(Abstract #183)

FRI 211 (Bio Med, CPA, CSA, DV, Neuro, Child/Adol) A - Latin Amer & Carib

Milani, Ana Carolina¹, Mello, Marcelo², Jackowski, Andrea³, Foerster, Bernd³, Riberti, Claudio³, Batista, Sylvania¹

¹*UNIFESP, Sao Paulo, Brazil*

²*Universidade Federal de Sao Paulo, São Paulo, Brazil*

³*Federal University of São Paulo, São Paulo, Brazil*

Child abuse is a global problem with serious life-long consequences. This study evaluates changes in Fractional Anisotropy (FA) in the brain of children and adolescents (8-12 years-old) exposed to multiple violence. Methods: A total of 37 individuals were

evaluated, divided into four groups: Healthy Controls, Exposed Controls, PTSS and PTSD. All subjects were submitted to a Diffusion Tensor Imaging (DTI) sequence scan at the baseline and after a one year follow-up (except the healthy control group). Results: There were significant FA group effects with the PTSD and PTSS groups presenting reduced FA in many white matter tracts when compared to controls (corona radiata, anterior and posterior limbs of Internal Capsule, Genu and splenium of the Corpus Callosum, inferior longitudinal and uncinate fasciculus. ($T > 2.3$, $pFWE < 0.05$). Conclusion: significant decrease of FA in PTSD and PTSS compared to controls could be a result of a microstructural white matter response to maltreatment and could be implicated on the pathophysiology of PTSD.

FRI 212

Amygdala and Visual Cortex Activations during Trauma Script and Recall are Associated with Perceived Life Threat in the Acute Aftermath of a Traumatic Event
(Abstract #1455)

FRI 212 (Bio Med, Acute, Bio Med, QoL, Neuro, Adult) M - Industrialized

Hanson, Jessica¹, **Miskovich, Tara¹**, **deRoos-Cassini, Terri²**, **Larson, Christine¹**

¹**University of Wisconsin - Milwaukee, Milwaukee, Wisconsin**

²**Medical College of Wisconsin, Milwaukee, Wisconsin**

Objective: It has been shown that an individual's perceived life threat is an indicator of poor post-trauma outcomes. However, little is known about the neural circuitry that is associated with increased perceived threat to life in acute trauma survivors. We hypothesized that heightened perception of threat to life would be associated with circuitry instantiating emotion regulation. **Methods:** To examine this question, within 2-3 weeks of traumatic injury, 31 participants completed imagery of both the traumatic event and a neutral event during functional MRI scanning. Trauma minus neutral activation were correlated (whole-brain) with both perceived loss of life, and perceived injury severity scores collected within a week of injury. **Results:** Preliminary analyses indicate that individuals who perceived a greater threat to life showed an increase in amygdala

and visual cortex activation during trauma compared to neutral imagery. This was not true, however, for perceived injury severity. **Conclusions:** These findings indicate that individuals who perceive the traumatic event as more life threatening, a predictor of chronic distress, have heightened activation in circuitry supporting emotion regulation and threat vigilance.

FRI 213

The Relationship between the Late Positive Potential and Fear-Potentiated Startle
(Abstract #441)

FRI 213 (Bio Med, Affect/Int, Bio/Int, Adult) M - Industrialized

Seligowski, Antonia¹, **Bondy, Erin¹**, **Orcutt, Holly²**, **Ressler, Kerry¹**, **Auerbach, Randy¹**

¹**Harvard Medical School, Belmont, Massachusetts**

²**Northern Illinois University, DeKalb, Illinois**

Background: Posttraumatic stress symptoms (PTSS) are associated with significant impairment across multiple domains of functioning. Fear-potentiated startle (FPS) paradigms have provided insight into key features of PTSS that contribute to functional impairment, such as increased emotional arousal and poor fear discrimination. A neurophysiological marker of emotional arousal that is exaggerated among those with PTSS is the late positive potential (LPP). Presently, it remains unclear whether FPS variables are related to the LPP, and further, if the LPP may be used as a neurophysiological marker of fear discrimination. As a first step in this research, the current study examined relations between LPP and FPS variables, and compared LPP area for conditioned stimuli associated (CS+) and not associated (CS-) with an aversive unconditioned stimulus (US). Method: Participants included 54 undergraduates aged 17 to 28 years ($Mage = 20.26$). Conditioned stimuli in the FPS paradigm consisted of different colored shapes presented on a computer monitor. The FPS response was measured via electromyography of the orbicularis oculi muscle. The startle probe was a burst of white noise, and the US was an airblast directed at the larynx. The LPP was computed as the mean amplitude at Cz 600-1200 ms poststimulus. Results: Relative to the CS-, the CS+ showed greater LPP amplitudes, $t(50) = 2.998$, $p = .004$, $d = .336$. Additionally, the difference score for LPP to the CS+ versus CS- was significantly

related to FPS scores for the CS- ($r = -.30, p = .047$). Conclusions: Differences in LPP amplitudes suggest that it may be a neurophysiological marker of fear discrimination. Findings provide further evidence that enhanced fear discrimination is related to better fear inhibition, which ultimately confers improved outcomes for those suffering with PTSS. Future research with clinical samples is needed to determine if LPP differences are indicative of symptom severity.

FRI 214

Riluzole for PTSD: 1H MRS Evidence of Efficacy of a Glutamatergic Modulator for PTSD
(Abstract #1248)

FRI 214 (Bio Med, Clin Res, Bio/Int, Mil/Vets, Neuro, Adult) M - N/A

Benedek, David¹, Andrews-Shigaki, Brian², Spangler, Patricia², West, James², Kohls, Gail³, Cole, Jason³
¹*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland*
²*Uniformed Services University of the Health Sciences, Bethesda, Maryland*
³*Walter Reed National Military Medical Center/Uniformed Services University of the Health Sciences, BETHESDA, Maryland*

Riluzole is a glutamatergic modulator that inhibits glutamate release and enhances AMPA trafficking and clearance of excess synaptic glutamate, resulting in neuroprotective properties. Proton magnetic resonance spectroscopy (1H MRS) studies using NAA/Cr ratios as a marker for neuronal integrity have found reduced NAA/Cr ratios in the hippocampus and anterior cingulate (ACC) of PTSD patients. We assessed pre-to-post treatment NAA/Cr ratios in the ACC and amygdala of 32 combat veterans following 8-week treatment with riluzole or placebo. 1HMRS imaging results will indicate any significant difference in response to riluzole versus placebo as measured by changes in pre- to post-treatment NAA/Cr ratios and absolute NAA concentration in the anterior cingulate and amygdala. Results will indicate whether changes in NAA/Cr ratios and NAA concentrations correlate with changes in symptom severity. Conclusions will reflect the potential efficacy of riluzole as an adjunct treatment for PTSD. 1HMRS imaging results may provide evidence of riluzole's efficacy in increasing

neuronal health in the ACC and amygdala as evidenced by changes in pre- to post-treatment NAA/Cr ratios.

FRI 215

Chronic Post-traumatic Stress following a Myocardial Infarction: Prevalence and Detection in Hospital Setting
(Abstract #1281)

FRI 215 (Bio Med, Illness, Prevent, Adult) M - Industrialized

Dupuis, Gilles¹, Lambert, Maude², Fortin, Christophe³
¹*Universite du Quebec a Montreal (UQAM), Montreal, Quebec, Canada*
²*University of Ottawa, Ottawa, Ontario, Canada*
³*Universite de Montreal & Centre d'Etude du Trauma, Montréal, Quebec, Canada*

Context: Given its unpredictable nature and the obvious threat to life it represents, myocardial infarction (MI) may be perceived as a traumatic event by cardiac patients. Indeed, some patients will develop post-traumatic stress disorder (PTSD) symptomatology following the infarction. PTSD can have serious consequences on the health of patients with cardiac disease. Objectives: The current paper examines the prevalence of chronic PTSD after a MI and the factors associated with its symptomatology for an early detection in a hospital setting. Methods: 500 patients with a confirmed MI diagnosis consented to participate in the study. A structured clinical interview (DSM-IV-TR PTSD module) and questionnaires were administered to patients 48 hours to 14 days post-MI ($M=4, SD=2.7$ days) as well as three months later. Results: Respectively 4.4% and 11.1% of the patients met the full and partial diagnostic criteria of chronic PTSD. Using binary logistic regression, both the intensity of anxiety (Beck Anxiety Inventory) and acute stress disorder symptoms (Modified PTSD Symptom Scale), measured while in-hospital were associated with the presence of symptoms of PTSD three-months after the MI. Conclusions: Systematic in-hospital investigation of easily assessable risk factors is recommended in order to improve the detection of chronic PTSD and to prevent its detrimental effects on health. Future directions: Future studies demonstrating the incapacitating impact of post-MI chronic PTSD on patient daily

functioning and health as well as its toll on the health care system should be undertaken in order to sensitize health care specialists and patients to PTSD.

FRI 216

Childhood Violence Exposure and the Effects of PTSS and Psychological Health on Early Somatic Health Complaints in Young Adults

(Abstract #780)

FRI 216 (Bio Med, CPA, CSA, Health, Neglect, Lifespan) I - Industrialized

Rueness, Janne¹, Myhre, Mia², Dyb, Grete², Strøm, Ida², Thoresen, Siri²

¹*University of Oslo, N-0407 Oslo, Norway*

²*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

Background: Previous studies on the long term-health consequences of child abuse have shown that individuals exposed to violence during childhood are at increased risk of developing somatic health problems in late adult life. Increasing age is, however, a strong moderator on the development of somatic health problems, and more research is needed on younger study populations. Our aim was to investigate the differences in somatic health complaints, and how PTSS symptoms and general psychological health mediate somatic health in adolescents and young adults with previous exposure to childhood violence. **Methods:** In this retrospective national telephone interview study, 505 participants aged 16-33 who had experienced violence in childhood (<18 years) and 506 unexposed individuals were asked of the severity of 7 specific somatic health complaints according to a modified version of the Children's Somatic Symptoms Inventory (CSSI-8) during the last month. PTSS was assessed by the PCL-C checklist. General psychological health was assessed by the Hscl screening instrument. We estimated odds ratios for somatic health complaints between the two groups, and mean scores for somatic health complaints, PTSD and general psychological health in different types and combinations of childhood violence exposures. **Results:** Mean age was 20, 9 years (SD 5, 22) and median age was 18 years. Adolescents and young adults with violence exposure during childhood had higher odds risks for having 6 of the 7 specific somatic health complaints. Except from the group of adolescents reporting physical maltreatment alone, we found significant differences

in mean scores of somatic health complaints in all the different groups of childhood violence. Participants who had experienced violence in childhood had also higher mean scores in regard to PTSS and general physical health, and in a multivariate analysis, adjustment for PTSS and mental health problems significantly reduced the associations between childhood violence and somatic health complaints. **Conclusion:** Adolescents and young adults with exposure to childhood violence have more somatic health complaints than non- exposed young adults. PTSS and general psychological health may be mediators on the severity of somatic health complaints in early adulthood.

FRI 217

Parent-Child Physiological Synchrony and Child Emotion Regulation: The Role of Parental Trauma

(Abstract #1194)

FRI 217 (Bio Med, Fam/Int, Lifespan) M - Industrialized

Creavey, Kristine¹, Kiser, Laurel², Fishbein, Diana¹, Gatzke-Kopp, Lisa¹

¹*Penn State University, University Park, Pennsylvania*

²*University of Maryland School of Medicine, Baltimore, Maryland*

Healthy parent-child relationships are a key component of the development of emotion regulation skills throughout childhood and into adolescence. This development could be threatened by parents' own experiences of trauma based on studies showing an association between trauma and adverse parenting. Physiological synchrony, a unique indicator of the parent-child relationship, is recently being examined for its role in predicting child emotional and behavioral outcomes. However, the literature is inconclusive as to whether synchrony is related to positive or negative child outcomes in risk contexts such as maternal depression and economic disadvantage, and no study has specifically investigated the potential moderating effect of parental trauma on child emotion regulation. Thus, the current study examines the influence of parental trauma (UCLA-PTSD Reaction Index) on the association between synchrony in parent-child respiratory sinus arrhythmia (RSA; a physiological index of an individual's capacity for emotion

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

regulation) during a shared emotional experience and child emotion regulation in a community sample of children and their primary caregivers (N=40). RSA synchrony will be reported as a cross-correlation coefficient. Investigating the moderating effect of parental trauma will further our understanding of the role of parent-child physiological synchrony in children's emotional regulation across varying contexts of risk.

CLINICAL/INTERVENTION RESEARCH

FRI 218

The Effect of Parental Monitoring and Support on the Relationship between Adolescent Exposure to Violence and Delinquency
(Abstract #858)

FRI 218 (Clin Res, Comm/Vio, Fam/Int, Child/Adol) I - N/A

Montgomery, Catherine, So, Suzanna, Gaylord-Harden, Noni
Loyola University Chicago, Chicago, Illinois

The current study uses data from a combination of research studies used to gather information on child abuse and neglect, the LONGSCAN, to examine the effects of parental monitoring and emotional support (at age 14) on the relationship between a history of witnessing violence (at age 12) and various levels of delinquency (at age 16). Participants included 554 adolescents. It was hypothesized that both greater perceived parental monitoring and emotional support would be negatively associated with history of witnessing violence and future delinquency. Consistent with predictions, it was found that youth perceived parental monitoring at age 14 mediates the relationship between witnessing violence at age 12 and delinquency at age 16; witnessing violence was significantly negatively associated with perceived parental monitoring, and perceived parental monitoring was significantly negatively associated with total delinquency, while witnessing violence did not have a significant direct effect on total delinquency. Inconsistent with predictions, youth perceived parental emotional support at age 14 did not mediate the relationship between witnessing violence at age 12 and delinquency at age 16, which

suggests that parental monitoring is more important than parental support for youth exposed to violence. Findings from the current study could lead to enhanced parental monitoring and less juvenile delinquency despite exposure to violence in adolescence.

FRI 219

Neighborhood Violent Crime, Emotion Regulation Coping and Child Symptoms of Psychopathology
(Abstract #519)

FRI 219 (CulDiv, Chronic, Comm/Vio, Dev/Int, Tech, Child/Adol) - Industrialized

Ros, Anna, Distel, Laura, Treering, David, Santiago, Catherine
Loyola University Chicago, Chicago, Illinois

Exposure to community violence is an inescapable source of traumatic stress for many urban, ethnic minority youth (Kennedy & Ceballo, 2016). As a result of such exposure, children may develop patterns of coping that place them at greater risk for the development of psychopathology (Rosario, Salzinger, Feldman, & Ng-Mak, 2008). This study examines the effects of neighborhood violent crime and emotional regulation coping on psychopathology among urban, low-income Mexican-origin children. Participants include 104 children aged between 6 and 10 years, with at least one Mexican immigrant parent. Demographic information, child coping, and child internalizing and externalizing symptoms were assessed three times over the course of 18 months. Geographical information systems mapping was utilized to assess rates of neighborhood violent crime by police district. Preliminary regression analyses revealed that children in neighborhoods with more violent crime reported less anger inhibition ($r = -.23$, $p = .026$) and worry emotion regulation coping ($r = -.22$, $p = .034$) at baseline. Further analyses will investigate the effects of coping on symptoms over time in order to form a more nuanced understanding of the development of coping and psychopathology among urban Latino youth.

FRI 220

Exposure to Violence among Latino Adolescents in Chicago: Examining the Role of Coping
(Abstract #520)

FRI 220 (Clin Res, Comm/Vio, Ethnic, Child/Adol) - Industrialized

Torres, Stephanie, Uriarte, Jefferson, Santiago, Catherine
Loyola University Chicago, Chicago, Illinois

Latino adolescents experience high rates of exposure to violence, contributing to emotional, behavioral, and trauma symptoms (Gudiño et al., 2011). Coping may serve as a protective factor against these negative effects. The current study examines the association of community and gang-related violence on emotional and behavioral problems, mood, and coping using cross-sectional and daily diary methodology among 58 low-income Latino adolescents ($M = 13.31$, 53% male, 95% Latino). Participants completed baseline and daily measures of exposure to violence, coping, and adjustment. Results show that 76% of students reported exposure to violence during the past six months, with 50% of students exposed in the average week. Exposure to violence was significantly related with total emotional and behavioral problems ($r = .380, p < .01$) and daily exposure was related to worse daily mood ($r = .668, p < .05$). Further, higher secondary control coping (e.g. cognitive restructuring) was related to fewer total emotional and behavioral problems ($r = -.384, p < .01$) and better mood ($r = -.546, p < .01$). However, daily use of primary control coping (e.g. problem solving) was related to worse daily mood ($r = 2.105, p < .05$). Future analyses will explore coping as a buffer.

FRI 222

The Impact of Exposure to Violence and Coping Strategies on Personal Adjustment for At-risk Youth in an After-school Mentoring Program
(Abstract #522)

FRI 222 (Clin Res, Affect/Int, Cog/Int, Commun, Comm/Vio, Child/Adol) - Industrialized

Cory, Molly, Ramian, Katie, Sanchez, Clinton, Grant, Kathryn

DePaul University, Chicago, Illinois

Youth living in communities with high rates of violence often face the challenge of coping with violence-related stress, resulting in negative social, emotional, and behavioral outcomes. To help youth cope with frequent violent stressors, the Cities Mentor Project was created as an after-school mentoring program pairing 4th through 6th grade Chicago Public School (CPS) students with undergraduate mentors to establish supportive relationships, as well as offering additional after-school programs to provide protective settings. The study follows 15 girls and 12 boys from baseline to three months into program participation. Youth completed an online survey about frequency of violence exposure and ways in which they cope with violence, in addition to the Self-Report of Personality - Child Form (SRP-C) on the Behavioral Assessment System for Children, Second Edition (BASC-2). Results suggest that coping style and exposure to violence may be significantly related to personal adjustment factors, such that violence may increase the risk of negative outcomes, while certain adaptive coping styles may help youth counteract such outcomes. Implications for benefits of increased program participation are also discussed, as the development of adaptive coping skills shows promise for bolstering social, emotional, and behavioral health in spite of consistent exposure to violent stress.

FRI 223

The Association between Delirium and Acute Stress in Children Following Admission to a Pediatric Intensive Care Unit
(Abstract #828)

FRI 223 (Clin Res, Acute, Bio Med, Health, Child/Adol) M - Industrialized

Nelson, Lara¹, Lachman, Sage², Gold, Jeffrey¹
¹Children's Hospital Los Angeles - University of Southern California, Los Angeles, California
²Children's Hospital Los Angeles, Los Angeles, California

Delirium is an acute neurologic dysfunction seen in children in the pediatric intensive care unit (PICU). Research demonstrates increased rates of posttraumatic stress in children after critical illness. The current study evaluated the relation between delirium and acute stress (AS) in children following

admission to a PICU. Children with a PICU stay of >24 hours were recruited. Daily screens for delirium were conducted with the Cornell Assessment of Pediatric Delirium (CAPD). AS was measured using the Acute Stress Checklist for Children (ASC-Kids) during admission and 1-month later. Twenty-seven children were recruited (M age = 12.4 years, range 8-17; 63% male). Delirium was observed in 37% of children (M days delirious = 2.4). During hospitalization 74% of children had AS symptoms and 56% 1-month later. There was not a significant difference in AS scores during hospitalization between children with and without delirium. However, children with delirium had significantly worse AS symptoms 1-month later; $M = 15.2$ vs. $M = 7.1$, $p = .02$. Correlation between delirium (yes/no) and AS was significant; $r_s = .47$, $p = .05$. Children admitted to the PICU develop AS, which persists following discharge and is worse in those with delirium. Community-based evaluation of children for traumatic stress should include screening for a history of medical trauma and delirium.

FRI 224

The Role of Opiate Administration on Posttraumatic Stress in Children after Pediatric Critical Illness

(Abstract #943)

FRI 224 (Clin Res, Acute, Chronic, Health, Illness, Child/Adol) M - Industrialized

Nelson, Lara¹, Lachman, Sage², Gold, Jeffrey¹
¹*Children's Hospital Los Angeles - University of Southern California, Los Angeles, California*
²*Children's Hospital Los Angeles, Los Angeles, California*

Following critical illness, children develop posttraumatic stress (PTS). Children with burn injury who receive larger doses of opiates have been found to have less PTS. Our primary hypothesis was children admitted to a pediatric intensive care unit (PICU) who receive higher amounts of opiates would have less PTS at follow-up. Children with a PICU stay of >24 hours were recruited. Chart review was done to calculate opiate usage. Acute Stress (AS) was measured using the AS Checklist for Children and PTS with the UCLA PTSD Reaction Index. Sixty-eight children were recruited (M age = 13.0 years; 55.9% male). Opiate usage was: M duration = 1.9 days; M dose = 2.3 morphine equivalent mg/kg.

Rates of PTS were: pre-hospitalization PTS 50.7%; in-hospital AS 85.3%; 1-month AS 77.8%; 3-month PTS 54.4%. Linear regression modeling of 3-month PTS was conducted accounting for opiate usage, pre-hospitalization PTS and AS. Pre-hospitalization PTS ($b = .35$, $p < .01$) and 1-month AS ($b = .29$, $p = .02$) were significantly associated with 3-month PTS; however opiate usage was not ($b = -.20$, $p = .16$; $b = .13$, $p = .40$). Contrary to research in pediatric burn patients, opiate usage in a general PICU population is not associated with a decrease in PTS. Future research needs to examine other characteristics that may buffer the negative effects of PTS.

FRI 225

The Role of Relationships in the Prediction of Community Violence Exposure

(Abstract #1270)

FRI 225 (Clin Res, Comm/Vio, Fam/Int, Gender, Child/Adol) I - Industrialized

Dudun, Catherine, Burnside, Amanda, Gaylord-Harden, Noni
Loyola University Chicago, Chicago, Illinois

The current study sought to examine the longitudinal impact that a youth's relationships to their parents and peers has on the amount of community violence to which they are exposed. The Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) was administered to 132 African American male adolescents to assess their closeness and perceived emotional relationship with their mother, father, and peers. Youth ranged in age from 14-18 ($M = 15.17$, $SD = 0.96$) and attended an all-male charter school. Results of hierarchical linear regression analyses revealed that, when controlling for Time 1 community violence exposure (ECV), the adolescents' perceived closeness to their father significantly predicted lower levels of ECV one year later ($B = -.005$, $p = .019$). There were no significant results for participant-reported relationships with their mothers ($B = -.003$, $p = .389$) or their peers ($B = -.003$, $p = .335$). Results provide implications for identifying youth who might be at increased risk for violence exposure and highlight the role of the father-son relationship in reducing the risk of violence exposure in African American male adolescents from low-income communities.

FRI 226

Multi-sector Social Support and Mental Health of Unaccompanied Refugee Minors
(Abstract #354)

FRI 226 (Clin Res, Cul Div, Fam/Int, Health, Refugee, Child/Adol) M - Industrialized

Sierau, Susan, Nesterko, Yuriy, Glaesmer, Heide
University of Leipzig, Leipzig, Germany

Unaccompanied refugee minors (URM) are the most vulnerable group of refugees suffering from higher levels of mental health problems than other refugees. They are exposed to multiple traumatic events and confronted with numerous challenges in the host country. Yet, there is also a group of URM with heightened competencies of adaptive functioning and resilience. A major predictor for positive mental health outcomes is the social support network. The present study investigates different sectors of social support of URM and their association with psychological symptoms such as post-traumatic stress, depression, and anxiety. We furthermore explore the capacity of different social network sectors (i.e., peers, adult mentors) to compensate for separation from their nuclear family. Questionnaire data were collected from 100 male URM from Syria and Afghanistan aged 14-17 years, who were living in group homes of the Child Protection Services Leipzig, Germany. Furthermore, group home advisors reported on URM's mental health. Preliminary results provide evidence for heightened levels of psychological symptoms with social support across different sectors showing negative associations with psychological symptoms. Information about psychosocial resources in the post-flight stage and its relation to psychological adjustment of URM can give directions to tailored and effective intervention approaches for this group.

FRI 227

A Latent Growth Analysis of Veteran Couple and Family Retreats: A Systemic PTSD Intervention
(Abstract #144)

FRI 227 (Clin Res, Mil/Vets, Adult) I - Industrialized

Nelson Goff, Briana, Staats, Natira
Kansas State University, Manhattan, Kansas

Service Members, Veterans and their Families (SMVF) are among the groups most affected by post-traumatic stress/disorder (PTS/D; APA, 2013). Trauma, as well as the functional stressors of reintegration, are commonly associated with relationship difficulties (see Nelson Goff et al., 2007; Stanley et al., 2011). Because stress and trauma can influence the family system functioning (see Oseland, Gallus, & Nelson Goff, 2016) it is important for service members, veterans, and their families to receive services. This workshop will provide information on the Veteran Couple and Family Retreats Model, a 4-day intensive retreat program for Veterans and their Spouse (or a primary support person) that is designed to assist SMVF affected by post-traumatic stress by using a systemic, holistic, multi-modal retreat that provides a structure that includes ongoing community-based programming and peer support. The Retreats Program encompasses a psychoeducational and skills-training approach toward empowerment and destigmatization of PTS effects. The Retreats Program utilizes evidence-based traditional and holistic modalities when working with SMVF to include: group psychoeducation, small group conjoint/family psychoeducation and therapy, mind-body and complementary treatment interventions (e.g., yoga, massage, Tai Chi), and animal-assisted therapies. The program targets 5 Core Principles: combat veteran interaction, focus on the veteran and spouse/family as a single unit, active community involvement, the "battle buddy" concept, and preparation and follow up care post-retreat. The Veteran Couple and Family Retreats Program, developed by a team of experienced researchers, service members, families, clinicians, and community citizens, has become a national model for community-based integrative psychoeducational and peer recovery support programs for Military Service Members, Veterans, and their Families. This poster will provide current data analysis to provide evidence of the effectiveness of these retreats with SMVF populations. Data from three time points (application, pre-test survey prior to the retreat, and post-test survey at the end of the retreat) will be presented using a latent growth model analysis. Variables assessed include PTSD symptoms and posttraumatic growth (for veterans and their support persons), as well as relationship functioning/satisfaction (for participants in committed couple relationships) to determine outcomes in these areas. Implications for services for SMVFs that include couple and family-based programs will also be described.

FRI 228

Modeling Recovery in an Outpatient Peer Support Program for Veterans with Post-Traumatic Stress Disorder Reveals Participant and Provider Benefits

(Abstract #234)

FRI 228 (Clin Res, Comm/Int, Mil/Vets, Adult) I - N/A

Kumar, Anusha¹, Azevedo, Kathryn², Hailu, Elon³, Factor, Adam³, Ramirez, Jeremy⁴, Jain, Shaili⁵

¹Stanford University School of Medicine/VA Palo Alto Health Care System, Stanford, California

²Department of Veterans' Affairs National Center for Posttraumatic Stress Disorder, Menlo Park, California

³VA Palo Alto Health Care System, Menlo Park, California

⁴Johns Hopkins University, Baltimore, Maryland

⁵VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California

Post-traumatic stress disorder (PTSD) remains a significant burden for US veterans. Peer support for PTSD has the potential to resolve challenges in access and engagement with mental health care services. To assess the value of peer support services, this study aimed to understand the expected role and the empirical mechanisms of veteran participation in peer support for PTSD recovery. For this study, participants were interviewed from the *Peer Support Program* (PSP), an established program offered in the remote satellite clinics of the VA Palo Alto Health Care System in Northern California. The PSP features weekly groups led by a certified peer specialist (CPS), a veteran further along in his PTSD recovery. After obtaining IRB approval, 29 PSP veteran participants and the 1 CPS were interviewed. A domain analysis of the narrative transcripts generated 24 codes through a grounded theory method. Domains were organized into the following thematic categories: the role of the PSP, positive experiences of the PSP, outcomes of the PSP, and limitations. These results were further synthesized into a theoretical model that defined the role of PSP participation in PTSD recovery in terms of the expectations of the PSP participants. Our emergent chief category, "Functioning and Reprieve," indicates that outpatient peer support focuses on improving participants' functioning in society and fostering participants' ability to manage difficult emotions. In

addition, our model identifies which experiences in the PSP lead to these recovery outcomes-- experiences of comfort, camaraderie, and exposure were domains that elicited veteran recovery orientation and connectivity. Our results indicate that the PSP's structure allows participants and the CPS alike to act as both providers and recipients of information, so both benefit from the collaborative recovery experiences identified in our model. Moreover, the progression from participant to CPS may afford additional insight, satisfaction, and stability: reflecting on the groups, the CPS could explain pre-requisites for and barriers to veteran recovery, which demonstrates his own engagement in the recovery process. In conclusion, our model identifies day-to-day functioning and self-care as long-term outcomes of PSP participation; these metrics will inform further development and assessment of this veteran resource.

FRI 229

Gender Differences in the Association of Combat Exposure and Military Sexual Trauma with Postdeployment PTSD Symptoms in Iraq and Afghanistan War Veterans

(Abstract #1389)

FRI 229 (Clin Res, Chronic, Rape, Mil/Vets, Gender, Adult) I - Industrialized

La Bash, Heidi¹, Meyer, Eric¹, Kimbrel, Nathan², DeBeer, Bryann¹, Gulliver, Suzy³, Morissette, Sandra⁴

¹VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas

²Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina

³Texas A&M Health Science Center, Waco, Texas

⁴The University of Texas at San Antonio, San Antonio, Texas

Veterans of the Iraq and Afghanistan war era have experienced an unprecedented number and length of deployments and are the first to have women officially serve in combat roles. The increased level of combat exposure (CE) is concerning, as it is a risk factor to experience military sexual trauma (MST), compared to those without combat exposure (e.g., Barth et al., 2016). Initial research provides mixed results on the role of gender in the association of CE

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

and MST with postdeployment mental health. In a sample of 271 (91=female) Iraq and Afghanistan war Veterans, regression analyses indicated that among female Veterans, the interaction of CE and MST was associated with PTSD symptom severity (CAPS DSM-IV) at baseline ($r = -.29, p = .01$), after accounting for established PTSD risk factors. However, the model was not significant at one-year follow-up. For male Veterans, the interaction of CE and MST was not associated with PTSD symptom severity at baseline ($r = -.08, p = .25$) or at one-year follow-up ($r = -.11, p = .14$). This study provides support for the association of CE and MST with PTSD for women at baseline but not at one-year follow-up, contributing to a nascent literature on gender and the association of CE and MST with postdeployment mental health.

FRI 230

Functional and Quality of Life Outcomes with PTSD Group Treatment in Iraq and Afghanistan Female Veterans

(Abstract #1377)

FRI 230 (Clin Res, Comm/Int, Fam/Int, QoL, Gender, Adult) I - Industrialized

*La Bash, Heidi, DeBeer, Bryann, Castillo, Diane
VA VISN 17 Center of Excellence for Research on
Returning War Veterans, Waco, Texas*

Individually delivered evidence-based therapies for PTSD have demonstrated improvement in PTSD outcomes, with secondary improvement in functioning and quality of life; yet, less is known regarding the effect of group PTSD treatment on functional outcomes. This study examined functional outcomes and quality of life following PTSD group treatment. In an RCT, half of a female Veteran sample ($N=86$) was randomized to a group PTSD treatment with exposure, cognitive, and behavioral modules, three participants per group. Functioning (SF-36) and quality of life (QOLI) were assessed at baseline, post-treatment, at 3- and 6-month follow-up. Treatment group participants demonstrated expected improvement in PTSD and additionally in functioning and quality of life. Effects were maintained 6 months post-treatment. Significant improvement was found in the SF-36 mental ($ES=1.31$) and physical ($ES=1.08$) summary scales and the QOLI ($ES=1.08$). On the QOLI, 3 of 4 domains showed significant improvement:

Achievement (health, $ES=.42$; goals/values, $ES=.42$), Self-Expression (play, $ES=.65$; learning, $ES=.45$; creativity, $ES=.31$) and Relationships (love, $ES=.72$; children, $ES=.15$; relatives, $ES=.51$), but not the Surroundings domain. This study demonstrates functional and quality of life improvement in a small group PTSD treatment, as well as highlights domains that may warrant additional clinical attention.

FRI 231

Gender Differences in Anxiety Sensitivity and Distress Tolerance Profiles and Associations with Posttraumatic Stress Disorder in a College-aged Sample.

(Abstract #885)

FRI 231 (Clin Res, Gender, Adult) I - Industrialized

*Overstreet, Cassie¹, Brown, Emily¹, McNett, Sage²,
Foster, Dawn³, Sartor, Carolyn⁴, Amstadter, Ananda²
¹Virginia Commonwealth University, Richmond,
Virginia*

*²Virginia Institute for Psychiatric and Behavioral
Genetics, VCU, Richmond, Virginia*

*³Yale School of Medicine, Department of
Psychiatry, New Haven, Connecticut*

*⁴Yale University School of Medicine, West Haven,
Connecticut*

A growing theoretical literature suggests a relationship between a high anxiety sensitivity (AS)/low distress tolerance (DT) profile and posttraumatic stress disorder (PTSD) symptoms, yet limited empirical examination of specific profiles has occurred. Moreover, despite rates of PTSD being substantially higher among women than men, sex differences in emotion regulation (e.g., AS, DT) have not been examined as a putative mechanism driving these disparate prevalence rates. The aims of the present study were to establish empirically derived typologies resulting from response patterns on the Anxiety Sensitivity Index and Distress Tolerance Scale, and to examine each subtypes relevance to PTSD symptoms among a sample of trauma-exposed undergraduate students ($N=964$; Mean age=19.95; 71.2% female). Further, we aimed to determine whether sex significantly predicted profile membership. We hypothesized that an at-risk profile (high AS/low DT) would exist, and would be associated with PTSD symptom severity. Moreover, we expected that sex would significantly predict

profile membership. Latent profile analysis was utilized to identify AS/DT profiles. A series of ANOVAs with post hoc analyses were conducted to examine the relationship between each AS/DT profile and PTSD symptoms. Finally, a multinomial regression was used to determine if sex was a significant predictor of profile membership. Results indicated a four profile solution including a high AS/low DT “at-risk” profile, low AS/high DT “resilient” profile, average AS/DT “intermediate” profile, and a high AS/high DT “tolerant” profile. The high AS/low DT “at-risk” profile was associated with significantly greater PTSD symptoms when compared to the other three profiles. Sex did not significantly predict profile membership. These findings extend the previous literature by identifying a high AS/low DT cluster and its differential association with PTSD symptoms, underscoring the potential utility in targeting these affect regulation constructs for clinical intervention. Interestingly, differential associations were not identified based on sex which highlights an area in need of additional research.

FRI 232

Impact of VA Polytrauma Transitional Rehabilitation Program on Quality of Life Measures

(Abstract #886)

FRI 232 (Clin Res, QoL, Mil/Vets, Adult) I - Industrialized

Overstreet, Cassie¹, Chopin, Suzette², Goldberg, Gary³, Robbins, William³

¹*Virginia Commonwealth University, Richmond, Virginia*

²*Hunter Holmes McGuire VA Medical Center, Richmond, Virginia*

³*McGuire VA Medical Center, Richmond, Virginia*

In 2004, the Veterans Health Administration created a national system of integrative community-reentry programs to serve Active Duty Service Members and Veterans recovering from complex multi-system injuries (e.g. moderate to severe traumatic brain injury, fractures, posttraumatic stress disorder). Polytrauma Transitional Rehabilitation Programs (PTRP) provide interdisciplinary, inpatient treatment in a residential setting. Limited research exists regarding the impact of these programs, particularly regarding quality of life (QOL) outcomes. We

prospectively examined differences in QOL measures pre/post treatment in a sample of patients admitted between 2014-2016 to one of the five PTRP programs. Data was collected from 62 individuals (Mage = 34.39, SD = 10.84; 9.8% female). Two paired-samples t-tests were performed to examine change in QOL as assessed via the Satisfaction with Life Scale (SWLS) and World Health Organization Quality of Life (WHOQOL-BREF) instrument. At discharge, patients reported significant improvements on both measures (SWLS $t = -4.43$; WHOQOL-BREF $t = -4.06$, $ps < 0.001$). These findings suggest that participation in PTRP is associated with improved self-perceived QOL outcomes. Additional variables (type of injury, comorbid diagnoses) will be examined in relation to QOL to further elucidate factors that may influence PTRP's impact.

FRI 233

Do Danish Combat-deployed Military Personnel Seeking Treatment at the Danish Military Psychology Department get Better?

(Abstract #749)

FRI 233 (Clin Res, Clinical Practice, Depr, Health, Mil/Vets, Adult) M - Industrialized

Nielsen, Anni Brit Sternhagen¹, Andersen, Søren¹, Hjortkjaer, Dorte²

¹*Research and Knowledge Center, The Danish Veteran Center, Ringsted, Zealand, Denmark*

²*Danish Veteran Centre, Copenhagen, Zealand, Denmark*

Deployment to war increase the risk of developing post-traumatic stress disorder (PTSD), depression and other mental illnesses. From 1992 to 2016 over 31,000 individuals have been deployed with the Danish defense (e.g. to Iraq, Balkan, Afghanistan). Annually 8-900 individuals seek treatment at the Military Psychology Department (MPD); mainly due to PTSD symptoms. MPD mainly offers cognitive behavioral, prolonged exposure, and cognitive processing therapy. To guide the patient treatment and to monitor their mental health status, an ongoing follow-up study has been conducted since 2014 with measurements of patients' symptoms before treatment, two weeks and six months after treatment termination. Until December 2016, 466 individuals have been enrolled. Intake mean (SD) PCL-C score was 48.3 (16.9), 57.5% fulfilled the diagnostic criteria of PTSD (DSM-IV) with re-experience,

avoiding, hyperarousal symptoms following trauma, present > 1 month, and 65.2% had moderate/severe symptoms of depression. Preliminary results indicate significant improvements at two weeks follow-up: Mean (SD) PCL-score was 35.4 (17.5), 27.0% fulfilled the diagnostic criteria of PTSD, and 30.1% had moderate/severe symptoms of depression. We will present the results of patients treated at the MPD which indicate similar treatment response as in RCT's of formerly deployed personnel to war zones.

FRI 234

Racial-Ethnic Identification and Psychotherapeutic Efficacy: Treating Female Veterans with Military Sexual Trauma-Related PTSD using Present-Centered Therapy
(Abstract #423)

FRI 234 (Clin Res, Cul Div, Rape, Mil/Vets, Adult) I - Industrialized

Anderson, Elizabeth¹, Holder, Nicholas², Wiblin, Jessica³, Holliday, Ryan⁴, Suris, Alina²
¹*Veterans Affairs North Texas Health Care System, Dallas, Texas*
²*Veterans Affairs North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas*
³*VA North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas*
⁴*Rocky Mountain MIRECC, Denver, Colorado*

Present-Centered Therapy (PCT) has been shown to be effective in treating posttraumatic stress disorder (PTSD) among veterans. However, some evidence has suggested that Black, non-Hispanic (i.e., Black) female participants may respond differently to psychotherapeutic treatments, including higher attrition and poorer treatment response, when compared to White, non-Hispanic (i.e., White) female participants. To meet the treatment needs of all veterans, it is important for researchers and clinicians to understand how racial-ethnic identification may affect therapeutic response to PTSD treatments, including PCT. This study utilized data from a randomized clinical trial comparing the effectiveness of Cognitive Processing Therapy to PCT in female veterans with military sexual trauma (MST)-related PTSD. Black (n=14) and White (n=13) female veterans were administered measures of PTSD symptom severity at baseline, post-

treatment, and 2-, 4-, and 6-months post-treatment. Results of hierarchical linear models showed that PCT resulted in significant reductions in PTSD symptom severity. No difference was noted between Black and White female veterans in their response to PCT. Black and White female veterans also attended a similar number of sessions and had similarly high rates of PCT completion. PCT appears to be a well-tolerated and effective treatment for both Black and White female veterans with MST-related PTSD.

FRI 235

Wounds of the Spirit: Considering the Role of Spirituality and Guilt in Moral Injury
(Abstract #1499)

FRI 235 (Clin Res, Acute, Clin Res, Complex, Mil/Vets, Adult) I - Industrialized

Walsh, Jessica¹, Maguen, Shira², Li, Yongmei³, Lujan, Callan³
¹*Palo Alto University, Palo Alto, California*
²*San Francisco VA Medical Center and UCSF, San Francisco, California*
³*San Francisco VA Medical Center (VAMC-SF), San Francisco, California*

Background: Moral injury, a burgeoning construct related to Posttraumatic Stress Disorder (PTSD), describes the repercussions of participation as a perpetrator, bystander, or witness in deeds which deeply breach personal or collective intrinsic moral touchstones and systems of beliefs. Given that combat veterans are more likely to seek Department of Veterans Affairs Services (VA) due to guilt at perceived sins of omission or commission in combat or weakening of religious faith than for PTSD, further attention must be paid to addressing the moral and spiritual needs of our nation's veterans. This preliminary pilot study examined age, ethnicity, level of education, spirituality, and trauma-related guilt as predictors of moral injury among 67 U.S. military combat veterans who indicated that they had killed others or believed that their actions in combat had caused the death of others. Methods: Cases included Vietnam and Iraq/Afghanistan veterans from the San Francisco Veterans Affairs Medical Center who completed the Brief Multidimensional Measure of Religiousness/Spirituality (BMMR), Trauma-Related Guilt Inventory (TRGI) and Moral Injury Events Scale (MIES) (N=67). A single regression was conducted with MIES scores as the dependent

variable and BMMR scores as the independent variable. For the main analysis, a multiple regression was then conducted with MIES as the dependent variable, with age, ethnicity, education level, BMMR scores, and TRGI scores as the independent variables. Results: The correlation between BMMR score and MIES score was positive such that higher levels of spirituality were more strongly associated with higher intensity of moral injury events (correlation coefficient: 0.3130, $p < .05$). TRGI scores and MIES scores were also significantly associated, such that veterans who reported higher levels of guilt reported higher intensity of moral injury events ($p < 0.001$). Finally, there was a trend towards significance ($p = .059$), whereby higher levels of education predicted higher levels of moral injury. While spirituality and educational levels were strong predictors of moral injury, when added to a larger multiple regression model, guilt best accounted for moral injury ($p < .001$). Conclusions: These results have the potential to yield information about the specific mechanisms of moral injury and improve on extant models of treatment for moral injury which incorporate spirituality.

FRI 236

Childhood Abuse as a Predictor for Military Sexual Trauma: Comparing Physical, Sexual and Emotional Abuse

(Abstract #1326)

FRI 236 (Clin Res, CPA, CSA, Rape, Mil/Vets, Adult) I - N/A

Keane, Terence¹, Klein, Alexandra², Marx, Brian³, Rosen, Raymond⁴, Bovin, Michelle⁵, Brown, Meghan⁶

¹*VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts*

²*VA - National Center for PTSD, Boston, Massachusetts*

³*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts*

⁴*New England Research Institutes, Inc., Watertown, Massachusetts*

⁵*VA Boston Healthcare System, National Center for PTSD; Boston University School of Medicine, Boston, Massachusetts*

⁶*VA Boston Healthcare System, Boston, Massachusetts*

Research has shown that abuse during childhood is positively associated with military sexual trauma (MST; Rosen & Martin, 1998). However, findings have been equivocal as to the associations between different types of abuse and MST. The current study examined how three forms of childhood abuse, physical (CPA), sexual (CSA), and emotional (CEA) abuse, might be differentially associated with MST among veterans. Participants were 960 veterans from the Veterans After-discharge Longitudinal Registry (Project VALOR). We assessed MST with the Deployment Risk and Resilience Inventory (DRRI), and childhood abuse with the Childhood Trauma Questionnaire (CTQ). We conducted a logistic regression in which CSA, CPA, and CEA were dichotomous predictors and MST was the outcome variable. We hypothesized that (a) each form of abuse would uniquely contribute to MST status; and (b) presence of each type of abuse would be associated with MST. As expected, CSA, CPA, and CEA were all significantly associated with MST (all $ps < .001$). However, whereas CSA (OR = 3.13) and CEA (OR = 2.12) were associated with MST in the expected direction, CPA was not. Specifically, veterans who experienced childhood physical abuse were less likely to report MST (OR = .65). Implications will be discussed.

FRI 237

Childhood Maltreatment Moderates the Relation between PTSD Symptoms, Positive Urgency, and Negative Urgency in Individuals with Comorbid SUD

(Abstract #191)

FRI 237 (Clin Res, CPA, CSA, Neglect, Sub/Abuse, Adult) I - Industrialized

*Allen, Holley, Connor, Julie, Price, Matthew
University of Vermont, Burlington, Vermont*

Childhood maltreatment increases risk for posttraumatic stress disorder (PTSD) and comorbid substance use disorder (SUD). Past research has shown that impaired emotional regulation for negative emotions, defined as negative urgency, is strongly related to PTSD in those with comorbid SUD. However, comparatively little work has examined the relation between positive urgency and PTSD in those with comorbid SUD. The current study investigated the association between childhood maltreatment, positive and negative urgency, and

PTSD symptoms in those with SUD. Results suggested that PTSD was associated with negative and positive urgency overall. Childhood emotional abuse ($b = 0.29$, $SE = .14$, $p = .04$), emotional neglect ($b = 0.45$, $SE = .14$, $p < .01$), and sexual abuse ($b = 0.25$, $SE = 0.11$, $p = 0.03$) moderated the relation between positive urgency and PTSD. This observed association was only significant at lower levels of emotional abuse and neglect. There was no moderating effect of maltreatment on the relation between negative urgency and PTSD. Future research should examine the processing of positive emotions in those with PTSD and comorbid SUD. Findings may inform clinical interventions among populations exposed to childhood maltreatment to reduce or prevent the development of psychopathology.

FRI 238

Functional Connectivity of Hippocampal Subregions in PTSD: Relations with Symptoms
(Abstract #268)

FRI 238 (Clin Res, Neuro, Adult) I - Industrialized

Malivoire, Bailee¹, Girard, Todd¹, Monson, Candice¹, Patel, Ronak²

¹*Ryerson University, Toronto, Ontario, Canada*

²*University of Manitoba, Winnipeg, Ontario, Canada*

Posttraumatic stress disorder (PTSD) is associated with abnormal hippocampal activity; however, the functional connectivity (FC) of the hippocampus with other brain regions in PTSD and its relations with symptoms warrants further attention. We investigated subregional hippocampal FC in PTSD ($n=11$) during a resting state compared to trauma exposed controls (TECs; $n=13$). Based on imaging literature, we targeted the FCs of the hippocampal head and tail subregions with the amygdala, medial prefrontal cortex (mPFC), and the posterior cingulate (PCC). Hippocampal FC was correlated with scores on the Clinician-Administered PTSD Scale (CAPS) at time of scan and four months post-scan. The PTSD group had significantly greater FC compared to the TEC group between the left hippocampal head and the right amygdala, and for the left hippocampal tail with bilateral PCC. The strength of FCs for the hippocampus with bilateral mPFC and the right PCC were associated with current PTSD symptoms; hippocampal FCs with the right amygdala and

bilateral PCC predicted future symptoms. These results highlight abnormal illness-related FC with both the hippocampal head and tail, particularly on the right, and their relations with symptoms of PTSD. These findings enrich our understanding of PTSD pathophysiology and provide support for future investigations of imaging biomarkers predictive of disease progression.

FRI 239

Self-efficacy, Social Reactions, and Shame: Identifying Mechanisms Underlying PTSD in Women in Jail
(Abstract #517)

FRI 239 (Clin Res, Chronic, Complex, Gender, Adult) - Industrialized

Kaplan, Stephanie, Lynch, Shannon, Craun, Elizabeth, Wong, Maria
Idaho State University, Pocatello, Idaho

Incarcerated women experience significantly higher rates of trauma exposure, particularly interpersonal violence, and PTSD than women in the community. Prior research suggests incarcerated women's histories of interpersonal violence are chronic and complex in nature. Both theoretical and empirical work suggests that several malleable mediating factors underlie the relationship between interpersonal violence and PTSD, including: perceptions of control over recovery from trauma (i.e., coping self-efficacy [CSE]), perceptions of social reactions to trauma disclosures, and feelings of shame. The present study aims to expand upon current literature by comprehensively evaluating the relationships among exposure to interpersonal violence, CSE, social reactions, shame, and PTSD among a sample of randomly selected female offenders ($N = 150$, 100 interviews completed). Data collection will be complete by May 2017. Structural equation modeling will be employed to test CSE, social reactions, and shame as potential mediators of the relationship between interpersonal violence exposure and PTSD. The results of this study have the potential to contribute to our knowledge of female inmates' mental health needs.

FRI 240

Trauma-related Shame and Coping Self-efficacy Mediate the Association between Negative Social Reactions to Sexual Assault Disclosure and PTSD Symptoms
(Abstract #518)

FRI 240 (Clin Res, Cog/Int, Comm/Int, Rape, Gender, Adult) - Industrialized

DeCou, Christopher, Kaplan, Stephanie, Lynch, Shannon
Idaho State University, Pocatello, Idaho

Previous research has identified negative social reactions to sexual assault disclosure and trauma-related shame as predictors of PTSD among sexual assault survivors. This study extended previous research by evaluating the protective influence of coping self-efficacy as a mediator of the association between negative social reactions and PTSD symptoms, above and beyond trauma-related shame. It was hypothesized that coping self-efficacy and trauma-related shame would mediate the association between negative social reactions and PTSD symptoms. Participants were 131 undergraduates who reported a history of sexual assault, and who disclosed sexual assault to at least one other person. Nearly all (i.e., 99%) participants reported at least one instance of negative social reactions to disclosure. Most participants reported experiencing some form of trauma-related shame (i.e., 72%), and nearly all (i.e., 99%) endorsed at least one dimension of coping self-efficacy. Both trauma-related shame ($b=.14$, 95% Bootstrap CI: .03 to .26) and coping-self-efficacy ($b=.13$, 95% Bootstrap CI: .05 to .25) fully-mediated the association between negative social reactions and PTSD symptoms. Our findings demonstrate the protective influence of trauma coping self-efficacy relative to experiences of trauma-related shame, and suggest that efforts to enhance coping self-efficacy may mitigate experiences of posttraumatic stress in undergraduate survivors of sexual assault.

FRI 241

Cyber Sexual Violence Experiences and Psychological Impact among Undergraduate Women
(Abstract #56)

FRI 241 (Clin Res, Rape, Adult) I - Industrialized

Allen, Christy, Mercer, Mary Catherine, Dadouch, Zena, Lilly, Michelle
Northern Illinois University, DeKalb, Illinois

The objective of the current study was to examine the prevalence, nature, and impact of cyber sexual experiences on undergraduate women. Although the literature provides information about cyber bullying and in-person sexual violence, less is known about cyber sexual harassment and electronic violations (e.g., "revenge pornography"). A sample of 145 women undergraduates completed questionnaires on cyber sexual violence experiences, past traumatic experiences, and mental health indicators, such as depressive symptoms, alcohol use, and stress. Approximately one third ($n = 51$, 35.2%) reported having at least one cyber sexual violence experience in their lifetime. Some factors were found to be associated with having these experiences, including the experience of other forms of violence. The majority of victims reported that the perpetrators engaged in at least one additional in-person or non-sexual technological harmful behavior toward them. A majority of victims also indicated that the experience was upsetting or distressing in some areas of their lives (e.g., mental health, friendships), and some reported an impact on their beliefs about relationships and online behavior. Additionally, women with these experiences demonstrated poorer outcomes in regard to depressive symptoms, harmful drinking, and rumination as compared to women without any cyber sexual violence experiences. There were no significant differences between the two groups with regard to self-esteem, well-being, or stress symptoms. There are potential implications for the screening of women for relationship violence, and for understanding and exploring a more comprehensive spectrum of both sexual harassment and relationship violence stemming from these results.

FRI 242

Examining the Impact of the Victim Offender Relationship, Self-blame, and Level of Resistance on PTSD in Victims of Interpersonal Trauma
(Abstract #869)

FRI 242 (Clin Res, Affect/Int, Cog/Int, DV, Rape, Adult) I - N/A

Camponogara, Sabina, Elwood, Lisa
University of Indianapolis, Indianapolis, Indiana

Among victims of interpersonal violence, the victim offender relationship (VOR; e.g., Masho et al., 2007), level of resistance (i.e., Rizvi et al., 2008) and self-blame (e.g., DePrince et al., 2011; Reich et al., 2014) have been found to have significant effects on PTSD. As a part of a larger clinical trial, the relationship between VOR, level of resistance, self-blame and PTSD severity within female interpersonal trauma victims will be examined. Two hierarchical regressions will be conducted to examine the following hypotheses: 1) self-blame will mediate the relationship between the VOR and post-traumatic stress disorder; and 2) level of resistance will mediate the relationship between VOR and self-blame. Data will be obtained from pre-treatment assessments, including the CAPS (PTSD), the Standardized Trauma Interview (VOR and level of resistance), and the Trauma Related Guilt Inventory (self-blame). Currently, data has been collected for 36 participants, but collection is ongoing. Results will be conducted using all available data prior to the conference. Findings from this study could result in significant theoretical and clinical implications for the treatment of PTSD, including understanding of the impact of VOR, level of resistance, and self-blame on the development and maintenance of PTSD.

FRI 243

Does CBT Have an Enduring Effect in PTSD after 1 Year of Follow-up? A systematic Review of Randomized Clinical Trials
(Abstract #1086)

FRI 243 (Clin Res, Clin Res, Clinical Practice, Cog/Int, Adult) A - Global

Macedo, Tânia¹, Barbosa, Marllon², Rodrigues, Helga¹, Coutinho, Evandro³, Figueira, Ivan⁴, Ventura, Paula⁴

¹*Federal University of Rio de Janeiro, Rio de Janeiro, Brazil*

²*UFRJ, Rio de Janeiro, Brazil*

³*Escola Nacional de Saude Publica (ENSP-FIOCRUZ), Rio de Janeiro, Brazil*

⁴*Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil*

The short-term efficacy of CBT in PTSD is already well established. The present study aims to investigate the maintenance of the therapeutic effect of CBT in the treatment of PTSD after one year of follow-up through a systematic review. Electronic searches were conducted in databases ISI, PsycINFO, PubMed and Pilots with terms related to PTSD, CBT and follow-up until July 10, 2016. Randomized studies were included in which CBT was compared with a control condition (waiting list or usual care) in adults with PTSD that included the follow-up evaluation for at least 12 months. Among 2,324 studies, 8 were selected for the review. CBT had been shown to be effective in the treatment of posttreatment PTSD in all 8 studies included in this review. In all studies, the observed improvement was maintained in the follow-up period. However, due to the absence of a control group at the time of the follow-up period in 6 of the 8 studies, there is still no adequate methodological basis to assert that CBT has enduring effects in the treatment of PTSD. There is a need for future studies with more robust and sophisticated designs.

FRI 244

Roadmap to Depression: Rape-Related Shame, Rumination, and Experiential Avoidance among Female Rape Victims
(Abstract #105)

FRI 244 (Clin Res, Affect/Int, Cog/Int, Depr, Rape, Adult) I - Industrialized

Bhuptani, Prachi¹, Messman-Moore, Terri¹, Gratz, Kim², DiLillo, David³

¹*Miami University, Oxford, Ohio*

²*University of Mississippi Medical Center, Jackson, Mississippi*

³*University of Nebraska - Lincoln, Lincoln, Nebraska*

Over half of women who experience rape will develop depression (Campbell, et al., 2009). Previous research demonstrates the impact of revictimization, rape-related shame and rumination, and experiential avoidance on depression among rape victims (Aakvaag et al., 2016; Merwin et al., 2008; Michael, et al., 2007). However, earlier studies have largely overlooked the relation among these variables as factors. The present study tested a moderated-mediation model among 161 community women who had experienced rape. Findings suggest the relation between rape-related shame and depression was mediated by rumination, and that experiential avoidance moderated the link between rape-related rumination and depression. History of child sexual abuse did not moderate the relation between shame and rumination. Findings suggest that rape-related rumination explains the relation between rape-related shame and depression, and that greater experiential avoidance exacerbates the impact of rumination on depression. Sexual revictimization does not appear to affect the relation between rape-related shame and rumination. Research efforts and clinical interventions should consider the role of rape-related rumination and experiential avoidance when considering the relation between rape-related shame and depression.

FRI 245

Pernicious Influences of Sexual Intimate Partner Violence on Posttrauma Outcomes

(Abstract #1384)

FRI 245 (Clin Res, DV, Rape, Social, Gender, Adult) M - Industrialized

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

Research has often focused on physical and emotional intimate partner violence (IPV), with less attention to sexual IPV (sIPV). The present study evaluated whether the experience of sIPV in a violent relationship is associated with pronounced negative outcomes. Women survivors of physical or emotional IPV with (sIPV+, n=131) and without (sIPV-, n=121) a history of sIPV were compared on assessments of posttrauma outcomes. MANOVA assessing group differences on PTSD symptom clusters ($F(3,248)=3.70, p=.01, \eta^2=.96, \eta^2_p=.04$) found sIPV+ survivors endorsed more re-experiencing

symptoms ($p < .01, \eta^2_p=.04, M=13.44$) than sIPV- survivors ($M=10.34$); no group differences were found for avoidance or hyperarousal. MANOVA assessing group differences on posttrauma cognitions ($F(3,216)=3.15, p=.04, \eta^2=.96, \eta^2_p=.04$) found sIPV+ survivors reported more negative thoughts about the self ($p<.01, \eta^2_p=.04, M=3.48$) and world ($p = .02, \eta^2_p=.03, M=5.01$) than sIPV- survivors ($M=2.95; M=4.54$, respectively); no group differences were found for self-blame. ANOVA indicated greater shame among sIPV+ survivors ($F(1,221)=7.87, p<.01, \eta^2_p=.03, M=51.56$) than sIPV- survivors ($M=42.66$). The decisions made by clinicians, researchers, and policymakers that may influence women who have experienced sexual assault or rape in the context of violent relationships should be informed by these findings.

FRI 246

Event-level Substance Use during Episodes of Intimate Partner Violence

(Abstract #1441)

FRI 246 (Clin Res, Clin Res, DV, Sub/Abuse, Gender, Adult) M - Industrialized

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

Research suggests an association between substance use (SU) and intimate partner violence (IPV), yet the relationship between event-level SU (i.e., SU during IPV episodes) and features of abuse is understudied. It also is unclear how event-level SU influences experiences of IPV. We examined these associations in 105 women who reported no event-level SU by self or partner, 100 who reported partner only SU, and 90 who reported self and partner SU. Participants reported on IPV frequency, severity, and related injury, and on peritrauma stress (fear, helplessness, perceived danger, and extent to which she thought she would die; rated 0-100). Event-level SU was associated with frequency of physical IPV ($\chi^2(4)=11.43, p=.02, \text{Cramer's } V=.18$), but not with sexual IPV frequency, IPV severity, or injury. MANOVA revealed group differences in peritrauma stress ($F(8,578)=1.99, p<.05, \eta^2=.95, \eta^2_p=.03$), specifically differences in fear ($p=.02, \eta^2_p=.03$) and danger ($p=.02, \eta^2_p=.03$). Women with partners who used substances during episodes of IPV reported greater fear ($M=86.05$) and perceived danger

(M=82.73) relative to the no-use group (M=78.68, M=77.17, respectively). Groups did not differ on other peritrauma stress indicators. Our findings suggest it is relevant to consider effects of partners' SU on survivors' wellbeing, separate from the nature of the abuse, or the survivors' own SU.

FRI 247
Distress Tolerance and Sleep Disturbance in Firefighters: Associations with Symptoms of Posttraumatic Stress and Depression
 (Abstract #282)

FRI 247 (Clin Res, Chronic, Depr, Sleep, Adult) - M - Industrialized

Smith, Lia¹, Bartlett, Brooke¹, Nomamiukor, Faith¹, Tran, Jana², Vujanovic, Anka¹
¹*University of Houston, Houston, Texas*
²*Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas*

Firefighters are at high risk for posttraumatic stress disorder (PTSD) and depression. Distress tolerance (DT), or the capacity to withstand negative psychological states, and sleep disturbance are pertinent to the development and maintenance of PTSD and depression. Few studies have examined either DT or sleep disturbance in firefighters. We hypothesized that lower DT and higher sleep disturbance would be associated with higher PTSD and depression symptom severity in firefighters; and sleep disturbance would moderate the association between DT and PTSD and depression symptoms. Covariates included trauma load and occupational stress. Participants were 732 male firefighters (Mage=38.8), who endorsed an average of 12.3 traumatic events and completed survey questionnaires. Lower DT ($\beta = -0.17$) and greater sleep disturbance ($\beta = 0.12$) were each significantly associated with higher PTSD symptom severity, contributing 4.3% of variance ($p < 0.001$). Lower DT ($\beta = -0.32$) and greater sleep disturbance ($\beta = 0.17$) were each significantly associated with higher depression severity, contributing 13% of variance ($p < 0.001$). Sleep disturbance moderated the associations between DT and PTSD ($R^2 = 0.02$, $\beta = -0.15$, $p < 0.001$) and depression symptoms ($R^2 = 0.02$, $\beta = -0.15$, $p < 0.001$). This is the first study examining these processes in firefighters.

FRI 248
Perceived Stress and Alcohol Dependence in Firefighters: The Role of Posttraumatic Stress
 (Abstract #704)

FRI 248 (Clin Res, Chronic, Sub/Abuse, Adult) - Industrialized

Smith, Lia¹, Vujanovic, Anka¹, Paulus, Daniel¹, Gallagher, Matthew¹, Norman, Sonya², Tran, Jana³
¹*University of Houston, Houston, Texas*
²*National Center for PTSD, San Diego, California*
³*Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas*

Firefighters are at elevated risk for posttraumatic stress disorder (PTSD) and alcohol use disorders (AUD), and this comorbidity is highly complex and difficult-to-treat. One promising factor with relevance to this association is perceived stress, defined as the degree to which individuals experience life events as unpredictable and uncontrollable. We examined the indirect effects of perceived stress on alcohol dependence via posttraumatic stress severity using structural equation modeling. We hypothesized that posttraumatic stress would significantly mediate the association between perceived stress and alcohol dependence. Participants were 2,790 male urban firefighters (62% White; 33% 25-34 years old). Structural equation modeling results demonstrated that posttraumatic stress significantly mediated the association between perceived stress severity and alcohol dependence ($\beta = 0.19$, 95% CI [0.15, 0.21], $p < 0.001$), with 70% of the effect of perceived stress on alcohol dependence accounted for indirectly via posttraumatic stress. Thus, perceived stress is associated with heightened posttraumatic stress severity, which in turn, is associated with greater levels of alcohol dependence. Furthermore, significant direct effects of (1) perceived stress and alcohol dependence and (2) posttraumatic stress and alcohol dependence were documented. Clinical interventions for AUD among firefighters may consider perceived stress as well as PTSD to maximize effectiveness and applicability.

FRI 249

PTSD Symptomatology and Suicidality among Firefighters: The Moderating Role of Distress Tolerance

(Abstract #705)

FRI 249 (Clin Res, Chronic, Prevent, Adult) - Industrialized

Bartlett, Brooke¹, Jardin, Charles¹, Nomamiukor, Faith¹, Martin, Colleen², Tran, Jana³, Vujanovic, Anka¹

¹*University of Houston, Houston, Texas*

²*Michael E. DeBakey VA Medical Center, Houston, Texas*

³*Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas*

Firefighters report high rates of suicidality and posttraumatic stress disorder (PTSD). We investigated the main and interactive effects of PTSD symptom severity and distress tolerance (DT), defined as the perceived or actual ability to tolerate negative or aversive emotional or physical states, with regard to suicidality in firefighters. We hypothesized that higher levels of PTSD symptom severity and lower levels of DT would be related to greater suicidality. Covariates included trauma load and depressive symptom severity. The overall sample included 190 firefighters (94.7% male; Mage=39.02, SD=9.02) who endorsed suicidal ideation. Firefighters completed a questionnaire battery. PTSD symptom severity was positively associated with global suicidality, suicidal ideation/attempt, and future suicide attempts (p 's<0.05). Lower levels of DT were significantly associated with higher frequency of suicidal ideation ($p=0.002$) and threat of suicide attempt ($p=0.01$). Significant interactive effects of PTSD symptom severity and DT in relation to global suicidality ($R^2=.03$; $\beta=-0.62$; $p<0.001$) and intention of future suicide attempt ($R^2=.02$; $\beta=-0.49$; $p=0.03$) were noted. This is the first study to simultaneously examine these variables among a sample of firefighters. Future research should continue exploring these relations for intervention efforts among this vulnerable population.

FRI 250

Evaluating the Efficacy of the Disaster Worker Resiliency Training Program: A Randomized Controlled Trial

(Abstract #706)

FRI 250 (Train/Ed/Dis, Clin Res, Commun, Health, Pub Health, Other) - Industrialized

Gonzalez, Adam, Mackin, Daniel, Mahaffey, Brittain
Stony Brook University, Stony Brook, New York

Disaster workers are at significant risk for mental health problems. Depression and posttraumatic stress disorder (PTSD) symptoms are primary sequelae from disaster work. In addition, disaster-related psychiatric symptoms are associated with negative health behaviors. One possible way to offset the negative effects of disaster work is to build-up coping resources prior to disaster exposures. The Disaster Worker Resiliency Training Program (DWRT) is a brief resilience-training workshop developed by NIEHS and SAMHSA. The aim of this study was to evaluate the efficacy of the DWRT program for enhancing resilience over a 3-month period in active disaster workers. Participants included 167 disaster workers randomized to either the DWRT ($n=78$) or waitlist condition ($n=89$). Participants in the DWRT versus waitlist condition reported greater improvements from pre-intervention (T1) to 3-month follow-up (T2) in healthy lifestyle behaviors ($\eta^2=.03$; $p=.03$), stress management ($\eta^2=.03$, $p=.04$), and spiritual growth ($\eta^2=.03$, $p=.02$). There was also a significant time by intervention interaction for participants reporting additional trauma exposures ($n=99$) between T1 and T2, such that participants in the waitlist versus DWRT condition reported a significant increase in PTSD ($\eta^2=.05$, $p=.03$) and depression ($\eta^2=.07$, $p<.01$) symptoms at follow-up. Limitations and implications for disaster mental health are discussed.

FRI 251
Impact of Nicotine, PTSD, and Depression on
Firefighters' Drinking Trajectories
 (Abstract #707)

FRI 251 (Assess Dx, Sub/Abuse, Adult) - Industrialized

Kimbré, Nathan¹, Carpenter, Thomas², Pennington, Michelle³, Zimering, Rose⁴, Knight, Jeffrey⁵, VanderVeen, Joseph⁶, Morissette, Sandra⁷, Kamholz, Barbara⁸, Gulliver, Suzy⁹

¹*Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina*

²*Seattle Pacific University, Seattle, Washington*

³*Baylor Scott & White Health, Waco, Texas*

⁴*VA Boston Healthcare System, Jamaica Plain, Massachusetts*

⁵*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts*

⁶*Ann Arbor VA Health System, Ann Arbor, Michigan*

⁷*The University of Texas at San Antonio, San Antonio, Texas*

⁸*Boston VA, Boston, Massachusetts*

⁹*Texas A&M Health Science Center, Waco, Texas*

The present study examined the association between nicotine use, trauma exposure, posttraumatic stress disorder (PTSD) symptoms, depression symptoms, and drinking trajectories during firefighters' first three years of service. We hypothesized that firefighters who used nicotine would use more alcohol over time and that this association would be moderated by trauma exposure, PTSD, and depression. Data were analyzed with multilevel growth curve models. A curvilinear trajectory model provided the best fit to the data. As expected, nicotine use predicted drinks per week. It also interacted with time to predict drinking trajectories, such that drinking levels were highest among firefighters who used nicotine during their second year of fire service. PTSD symptoms had a main effect on drinks per week, whereas trauma exposure and depression symptoms did not. PTSD and trauma exposure did not moderate drinking trajectories. In contrast, depression symptoms did interact with time, such that drinking levels were highest among firefighters who used nicotine and reported clinically-significant levels of depression during their second year of

service. These findings suggest that nicotine use, PTSD, and depression may each uniquely contribute to the prediction of firefighters' drinking trajectories; however, more work on this important topic is needed.

FRI 252
The Effects of Torture Controllability on
Psychological Symptoms in Refugees: A Path
Analysis
 (Abstract #286)

FRI 252 (Clin Res, Cog/Int, Refugee, Torture, Adult) - Industrialized

Le, Lillian¹, Morina, Naser², Schnyder, Ulrich², Schick, Matthias², Bryant, Richard¹, Nickerson, Angela¹

¹*University of New South Wales, Sydney, NSW, Australia*

²*Zurich University, Zurich, Switzerland*

Torture represents one of the most common types of trauma exposure experienced by refugees and asylum seekers. Studies have shown that there is a strong association between torture exposure and poor mental health outcomes. Despite this, the specific mechanisms underlying the effects of torture on psychopathology remain unclear. One possible mechanism is the perceived uncontrollability of torture and the associated emotional responses during the experience. This study therefore aimed to explore the relationship between torture controllability, emotional responses during torture, and long-term symptoms of PTSD, depression and anger. Self-report measures were collected from 108 adult refugees and asylum seekers in treatment at two psychiatric clinics in Zurich and Bern, Switzerland. Path analyses revealed that perceived torture controllability was negatively associated with symptoms of PTSD, depression and anger. Furthermore, effects of perceived torture controllability on PTSD and anger symptoms, but not depression, were mediated by anger responses during torture. Findings suggest that perceived uncontrollability and distress during torture, rather than the mere exposure to torture, might be significant risk factors for chronic psychological problems.

FRI 253

The Relationship between Moral Injury Appraisals, Trauma Exposure, and Mental Health in Refugees

(Abstract #291)

FRI 253 (Clin Res, Cog/Int, Refugee, Adult) - Industrialized

Colbourne-Hoffman, Joel, Liddell, Belinda, Bryant, Richard, Nickerson, Angela
University of New South Wales, Sydney, NSW, Australia

Refugees are often exposed to a number of traumatic experiences, which can lead to elevated rates of posttraumatic stress disorder (PTSD). While PTSD has largely been conceptualised as a fear based disorder, refugees often report emotions such as anger, guilt or shame. These may be a result of moral injury, which we define as appraisals that violate deeply held moral beliefs and frameworks. This study investigated the factor structure of the Moral Injury Scale (MIS), to see if moral injury appraisals differentiated, depending on whether the appraisal was made externally (violation from others) or internally (violation from oneself). Additionally, we were interested in how these factors would be related to key predictor (age, gender, trauma exposure) and outcome (PTSD symptoms, anger, depression) variables. A diverse group of 222 refugees participated in this study. Confirmatory factor analyses revealed a two-factor structure (external and internal) in line with our hypothesis. Structural equation modelling indicated that both factors were predicted by higher trauma exposure. Additionally, higher moral injury in both factors was associated with higher levels of anger and depression. External moral injury was associated with higher PTSD symptom severity across all symptom clusters. In contrast, internal appraisals predicted lower levels of re-experiencing symptoms. These findings suggest that the underlying mechanisms of internal and external moral injury may be distinct, which may have important implications in designing treatments that are effective for traumatized refugees.

FRI 254

Tell Your Story: An On-Line Intervention Targeting Mental Health Stigma in Refugee Men.
(Abstract #194)

FRI 254 (Clin Res, Refugee, Adult) - Industrialized

Byrow, Yulisha¹, Pajak, Rosanna¹, Christensen, Helen¹, McMahon, Tadgh², Nickerson, Angela¹
¹University of New South Wales, Sydney, NSW, Australia
²Settlement Services International, Sydney, NSW, Australia

There are currently over 60 million forcibly displaced persons worldwide. A significant percentage of refugees meet criteria for posttraumatic stress disorder (PTSD) and major depressive disorder during resettlement. Despite these elevated rates of psychopathology, levels of help-seeking for mental health difficulties are low, especially amongst refugee men. Self-stigma relating to mental health problems (negative beliefs about oneself and their symptoms) represents a significant barrier to seeking treatment and is associated with many negative outcomes (unemployment, interpersonal difficulties, and decreased self-esteem). To date, however, there have been no interventions that directly target self-stigma in refugee men. We developed and tested the 'Tell Your Story' (TYS) program, an online intervention incorporating psychoeducation and cognitive reappraisal techniques, to reduce self-stigma related to PTSD in refugee men. A randomized controlled trial (N = 72) was conducted to examine the impact of YYS on participants levels of self-stigma associated with help-seeking, PTSD, and actual help-seeking behaviour, compared to a wait-list control condition. Findings indicated that YYS resulted in reduced levels of stigma and increased help-seeking behaviours, compared to the control condition. YYS represents a promising intervention that is effective in reducing mental health stigma and facilitating access to mental health care.

FRI 255

Sleep Disturbances in Trauma-Affected Refugees – Prevalence and Perspectives on Treatment
(Abstract #195)

FRI 255 (Clin Res, Complex, Refugee, Adult) - Industrialized

Sandahl, Hinuga, Vindbjerg, Erik, Carlsson, Jessica
Competence Center for Transcultural Psychiatry, Ballerup, Denmark

Sleep disturbances are often referred to as the hallmark of Posttraumatic Stress Disorder (PTSD). Sleep disturbances affect the efficacy of first-line PTSD treatment and may constitute a risk factor for poor outcome of psychiatric treatment. Although PTSD is prevalent in refugees, studies on sleep disturbances in trauma-affected refugees are scarce. The aim of this presentation is to explore sleep disturbances in trauma-affected refugees by presenting findings on sleep disturbances in trauma-affected refugees from three consecutive trials carried out at Competence Centre for Transcultural Psychiatry (CTP). Furthermore a review of the existing literature on treatment of sleep disturbances in trauma-affected refugees will be presented and perspectives on state of the art treatment will be discussed. In a sample of 752 trauma-affected refugees undergoing psychiatric treatment at CTP 99% reported sleep disturbances. This delineated sleep disturbances as the most prevalent symptom and indicated that sleep disturbances are a prominent part of the PTSD symptom structure in refugees. We identified only a small number of studies on treatment of sleep disturbances in trauma-affected refugees and further research on treatment is needed – promising treatments such as Imagery Rehearsal Therapy are currently being tested in a randomised controlled trial at CTP.

FRI 256

Pragmatic Randomised Clinical Trials on Treatment Effect among Trauma-affected Refugees: -Findings from Three Consecutive Trials
(Abstract #196)

FRI 256 (Clin Res, Chronic, Cul Div, Refugee, Torture, Adult) - Industrialized

Carlsson, Jessica¹, Sonne, Charlotte², Mortensen, Erik³

¹Mental Health Centre, Ballerup, Zealand, Denmark

²Competence Center for Transcultural Psychiatry, Ballerup, Zealand, Denmark

³Copenhagen University, Copenhagen, Denmark

For many years there has been a lack of high quality studies looking at treatment outcome among trauma-affected refugees. Since 2009, the Competence Centre for Transcultural Psychiatry (CTP) has carried out randomised trials with trauma-affected refugees. The objective of this presentation is to present the rationale, design and results from the first three randomised trials carried out at CTP (n=538). The inclusion of participants to the three trials was pragmatic and 80% of the referred trauma-affected refugees at CTP have participated in the trials. In all studies the primary outcome was PTSD (Harvard Trauma Questionnaire). The treatment modalities studied were:

- Flexible cognitive behavioural therapy (CBT) and psychoeducation in combination with pharmacological treatment (sertraline and mianserin)
- CBT with a focus on either stress management or cognitive restructuring
- Pharmacological treatment with either sertraline or venlafaxine.

In the three studies differences between pre- and post-treatment ratings were analysed using a mixed model and intention-to-treat analyses regression analyses were conducted using Full Information Maximum Likelihood (FIML). The results from the trials point to a small improvement in mental health in relation to psychopharmacological treatment (sertraline and mianserin) and stress management, but the results generally show small pre-post score differences. One of the reasons for the limited effect could possibly be chronicity in the population referred to CTP with a mean length of stay in Denmark of 14 years.

FRI 257

Predictors of Positive Treatment Outcomes for Trauma-affected Refugees - Results from Two Randomised Trials

(Abstract #197)

FRI 257 (Clin Res, Chronic, Depr, Refugee, Torture, Adult) - Industrialized

Sonne, Charlotte

Competence Center for Transcultural Psychiatry, Ballerup, Zealand, Denmark

Background: The treatment effects in trials with trauma-affected refugees vary considerably between studies, but also between patients within the single studies. However, we know little about why some patients benefit more from treatment than others. The objective of the study was therefore to identify predictors of treatment outcome for refugees with PTSD. **Method:** Data was derived from two randomized trials including a total number of 321 refugees, who had all participated in a six-seven months bio-psycho-social treatment programme at the Competence Centre for Transcultural Psychiatry (CTP), Denmark. Outcome measures were the Harvard Trauma Questionnaire (PTSD self-rating), Hopkins Symptom Checklist-25 (depression and anxiety self-rating) and Hamilton Depression and Anxiety rating scales (observer-ratings). Correlations were analysed between pre- to post treatment score changes and a number of baseline variables including sociodemographics, pre-migration trauma, post-migratory stressors and baseline symptoms.

Results: Bivariate analyses identified a number of significant predictors which were further analysed in two multiple regressions models, where the following variables were found to correlate with outcome: age, combat experience, refugee status, time in host country, occupation and baseline depression score. Results and their impact for clinical practice as well as future research projects will be discussed.

FRI 258

The MindSpring Group Programme for Newly Arrived Refugees – A Mixed-method Evaluation
(Abstract #203)

FRI 258 (Clin Res, Chronic, Clinical Practice, Prevent, Refugee, Adult) - Industrialized

Sonne, Charlotte

Competence Center for Transcultural Psychiatry, Ballerup, Zealand, Denmark

Background and aim: Psychological symptoms are common among refugees and often impact their wellbeing significantly. MindSpring is a psychosocial group intervention for newly arrived refugees with the purpose of strengthening the participants' ability to cope with psychosocial problems, thereby preventing that pre-migration trauma and post-migratory stressors evolve into psychiatric disorders. It consists of eight two-hour sessions, and groups are facilitated by a trainer with refugee background. Although group programmes for newly arrived refugees are implemented in many countries, very few studies exist on such interventions. The aim of the present project was therefore to study the acceptability and effects of the MindSpring intervention. **Methods:** The study was a mixed-method observational study with approximately 70 newly arrived refugees from Arabic speaking countries who completed the MindSpring programme. Participants completed a brief demographic questionnaire at baseline as well as a questionnaire about outcome upon evaluation. Furthermore participants completed the WHO-5 wellbeing questionnaire (which is also validated as a depression screening tool) before and after the intervention. Post-treatment focus groups were undertaken with approximately 40 participants (4 groups). **Results:** The last participants of the project will finalise the intervention in April 2017 and both qualitative and quantitative data will be analysed before ISTSS and presented at the conference.

FRI 259

Trauma-Informed Community Empowerment: Training in Trauma-Informed Care and Stress Reduction for South Sudanese Paraprofessionals
(Abstract #1454)

FRI 259 (Clin Res, Commun, Comm/Int, Global, Health, Adult) M - E & S Africa

Joachim, Brandon¹, Yacevich, Ilya², Shankar, Anita², Lee, Kellie¹, Beranbaum, Sarah³, D'Andrea, Wendy¹

¹New School for Social Research, New York, New York

²*Global Trauma Project, Nairobi, Kenya*

³*The New School, New York, New York*

Following 50 years of civil wars and achievement of an independent state, South Sudanese individuals are still subject to continuous political and community violence, with the entire population directly experiencing Criterion A traumatic events. Accordingly, over half the population has posttraumatic stress symptoms (PTSS). But, despite clear clinical need, mental health resources in the region are scarce to nonexistent, and the majority of services are provided by paraprofessionals (e.g., tribal chiefs, teachers, police), who encounter trauma in their work but are not trained to address it. To meet this need, we trained paraprofessionals in introductory trauma support skills as well as to provide stress reduction training, a program we call Trauma-Informed Community Empowerment (TICE). Fifty South Sudanese paraprofessionals participated in a three-week intensive training followed by six weeks of mentorship in trauma-informed care. They were assessed using a multi-pronged psychobiological assessment designed to examine PTSS, affect dysregulation, empowerment, and physiological stress flexibility (using the sympathetic and parasympathetic components of heart rate variability [HRV]). After three weeks, PTSS and affect dysregulation improved significantly. Furthermore, small trending changes in sympathetic and parasympathetic elements of HRV. These results highlight the possibility of reducing the impact of trauma in high-conflict settings.

FRI 260

Childhood and Adult Interpersonal Trauma Predict Greater Psychological Responses to Daily Stressors

(Abstract #1487)

FRI 260 (Clin Res, CPA, CSA, Health, Rape, Adult) M - Industrialized

Baker, Majel, *Nguyen-Feng, Viann, Nilakanta, Haema, Frazier, Patricia*
University of Minnesota, Minneapolis, Minnesota

A sizable number of college students report experiencing childhood and adult interpersonal traumas (IPV), which correlates with greater distress, as well as stress in their daily academic lives (Frazier et al., 2009). Consistent with Harkness & Monroe's

(2016) model of multi-determined nature of psychological stress responses (i.e., daily distress), the present study aimed to compare 1) the contribution of past IPV to students' daily distress to 2) the contributions from daily stressor exposure and neuroticism, both well established environmental and personality contributors to daily distress. Students (n=251) completed surveys every day for 14 days, reporting daily distress (e.g., depression, anxiety) and the number and severity rating of stressors. Past IPV was assessed using the Childhood Trauma Questionnaire and the Traumatic Life Events Questionnaire. In mixed effects models, students reporting childhood emotional abuse, sexual abuse, and adult sexual assault had more interpersonal stressors and greater daily distress. When examined with neuroticism and daily stressors, emotional abuse remained significantly associated with daily distress, demonstrating that, in this stringent test, emotional abuse still contributed to variance in daily symptoms. Planned moderation analyses will examine whether individuals with a history of IPV are more reactive to daily stressors.

FRI 261

Early Adverse Childhood Experiences and Later Bonding in Motherhood

(Abstract #1214)

FRI 261 (Clin Res, CPA, CSA, Fam/Int, Interger, Adult) M - Industrialized

Bernard, Nicola¹, *Menke, Rena*², *Rosenblum, Katherine*², *Lopez, Juan*³, *Muzik, Maria*²

¹*Michigan State University, East Lansing, Michigan*

²*University of Michigan, Dept of Psychiatry, Ann Arbor, Michigan*

³*The University of Michigan Health System, Ann Arbor, Michigan*

Adverse childhood experiences (ACEs) are associated with greater risk for long-term mental health consequences. Mental health, in turn, predicts maternal attachment and parenting behaviors, including bonding. ACEs may predict later parenting behaviors and patterns in adult romantic relationships by shaping relationship schemas. While the relationships between ACEs, parenting, mental health, and adult romantic relationships have been individually examined, research has not examined whether maternal mental health and romantic relationships help to explain the relationship between

childhood experiences and parenting, specifically mother-infant bonding. We examined whether ACEs predicted perceptions of bonding in 173 postpartum women. Women's experiences in adult romantic relationships and mental health were examined as mediators. Regression analyses indicated that as ACEs increased, so did maternal anxiety and maternal avoidance of attachment in close relationships. These, in turn, predicted greater self-reported bonding difficulties. A negative association remained between ACEs and bonding, suggesting that more ACEs predicted fewer bonding difficulties. Results suggest that the negative effect of ACEs on maternal bonding may be due in part to the effects of ACEs on two well-known predictors of mothering: mental health and adult attachment relationships. However, in the absence of mental health problems or romantic attachment difficulties, women who experience ACEs may compensate with their children and experience fewer bonding difficulties.

FRI 262

Emotional Obstacles to Academic Success in Stress and Trauma Exposed Economically Disadvantaged Students

(Abstract #499)

FRI 262 (Clin Res, Chronic, Cul Div, Dev/Int, Adult) M - Industrialized

Warnecke, Ashlee, Davis, Darlene, Manley, Kayla, McKendree, Chelsea, Lewine, Richard
University of Louisville, Louisville, Kentucky

Approximately 85% of incoming college students report exposure to a stressful life event and 66% report exposure to a traumatic event, creating potential obstacles to academic success. As past research has not frequently considered socioeconomic status as a factor in this exposure rate, we are longitudinally studying event exposure and academic outcomes in an incoming group of 54 students who fall 150% below the Federal poverty level. We assessed rates/types of exposure to traumatic/stressful events and their relationships with current symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD). Almost all (94%) students reported experiencing at least one event (mean = 4), including parental divorce, death of a loved one, incarceration of a close family member, and witnessing violence in the home. Total number of different types of events reported was significantly

correlated with anxiety ($r = .46, p < .01$) and depression ($r = .35, p < .05$), but not PTSD ($r = .26, p > .05$) symptoms. Rates of event exposure prior to entering college may be higher in socioeconomically disadvantaged students, leading to their starting college at an emotional disadvantage. These results have implications for those working with these students to improve transition to college and retention.

FRI 263

The Role of Self-Compassion in the Relationship between Cumulative Assaultive Trauma and Coping Flexibility

(Abstract #1348)

FRI 263 (Clin Res, Affect/Int, Chronic, Adult) I - N/A

Calvin, Krystle, Boykin, Derrecka, Orcutt, Holly
Northern Illinois University, DeKalb, Illinois

Self-compassion (SC) appears to buffer against adverse reactions to trauma exposure (e.g., Kearney et al., 2013; Thompson & Waltz, 2008). Maintaining a self-compassionate view may be particularly beneficial following cumulative trauma exposure as it may promote coping flexibility, which is related to better posttrauma adjustment (Galatzer-Levy et al., 2012). However, repeated assaultive violence can lead to a conditioned, aversive response to SC (Gilbert et al., 2011) that diminishes coping efficacy and yields negative outcomes following future trauma. This study examined the indirect effects of SC and fear of self-compassion (FSC) on the relationship between cumulative trauma exposure (i.e., assaultive violence vs. non-assaultive violence) on perceived coping flexibility to future trauma exposure in 527 trauma-exposed adults. Results showed that SC indirectly influenced the effect of cumulative assaultive violence on perceived coping flexibility (Indirect $B = -.02, p = .001$), but it did not relative to non-assaultive violence ($p = .894$). Additionally, while only increased exposure to assaultive violence predicted greater FSC ($B = .59, p < .001$), FSC was not a significant mediator ($p = .636$). Finding suggests that increasing self-compassion may protect against a diminished coping flexibility following new trauma exposure, especially for victims of repeated assaultive violence.

FRI 264

Intrusive Images in Posttraumatic Stress Disorder and Implications for Treatment

(Abstract #849)

FRI 264 (Clin Res, Affect/Int, Adult) I - Industrialized

Nakajima, Claire¹, Valentine, Jennifer¹, Konar, Gregory², Demaria, Thomas¹

¹*Long Island University, C.W. Post Campus, Brookville, New York*

²*Johns Hopkins University, Baltimore, Maryland*

Intrusive memories or images of traumatic events are a hallmark symptom of posttraumatic stress disorder (PTSD) (Jelinek et al., 2015; Brewin & Holmes, 2003). These intrusive memories are often accompanied by physical sensations and intense emotional reactions including anger, sadness, fear, guilt, and helplessness (Brewin, 1999). Studies have linked PTSD severity to distress associated with images of the traumatic event, feelings a lack of context with the memory, and feeling as if the memory was being relived in the present (Michael, Ehlers, Halligan, & Clark, 2005). Individuals with PTSD have described experiencing these memories visually and without verbal thoughts (Ehlers et al., 2002). Despite the widespread recognition of intrusive images as a symptom of PTSD, very little research has examined the specific characteristics of these images and their relation to other PTSD symptoms. This exploratory study surveyed types of intrusive and/or lasting focal images experienced by 30 First Responders who have responded to traumatic events. Classification of these specific images will be developed to determine themes associated with their persistence after the trauma and therapeutic interventions. Implications for including imagery in treatment will be discussed.

FRI 265

Benefits and Harms of Cannabis for Posttraumatic Stress Disorder: A Systematic Review

(Abstract #1393)

FRI 265 (Clin Res, Assess Dx, Sub/Abuse, Adult) M - Industrialized

O'Neil, Maya, Nugent, Shannon, Morasco, Benjamin, Freeman, Michele, Kondo, Karli, Kansagara, Devan
VA Portland Health Care System, Portland, Oregon

Background: Cannabis is often available from dispensaries for treating posttraumatic stress disorder (PTSD), yet its efficacy for treating PTSD remains uncertain. **Objective:** Systematically review benefits and harms of cannabis to treat PTSD in adults and identify ongoing studies. **Study Selection:** Trials and observational studies including a control group. **Data Abstraction:** Patient characteristics, cannabis formulation and dose, PTSD and quality-of-life outcomes, and harms related to mental health and cognitive functioning. Study quality and strength of evidence were assessed using standard criteria. **Data Synthesis:** We included one systematic review and two observational studies. We identified insufficient evidence on effects of cannabis for PTSD. Cannabis use was not associated with improvement of PTSD symptoms. In general-population studies of mental health and cognitive functioning harms, cannabis was associated with increased risk of psychotic symptoms, and short-term cognitive impairment. Data were insufficient on long-term cognitive effects and cannabis use disorder. Populations, interventions, comparators, methods, and study designs of seven ongoing studies are summarized. **Conclusions:** There was insufficient evidence to draw conclusions about the effectiveness of cannabis in patients with PTSD, though there are seven ongoing studies. Cannabis is associated with an increased risk of mental health and cognitive functioning adverse effects in a general population.

FRI 266

Correlates of Functional Disability among Civilians with PTSD

(Abstract #336)

FRI 266 (Clin Res, Assess Dx, QoL, Adult) M - N/A

Boyd, Jenna¹, Protopopescu, Alina¹, Hood, Heather², Frewen, Paul³, Lanius, Ruth³, McKinnon, Margaret¹

¹*McMaster University, Hamilton, Ontario, Canada*

²*Homewood Health Centre, Guelph, Ontario, Canada*

³*University of Western Ontario, London, Ontario, Canada*

Post-traumatic stress disorder (PTSD) is associated with significant impairment in day-to-day functioning. However, it remains unclear which symptom-level factors are most critical in determining functional disability among individuals with PTSD. Accordingly, we investigated the relation between functional disability [World Health Organization Disability Schedule 2.0 (WHODAS 2.0)-36 item] and clinical variables; including PTSD symptom severity [PTSD checklist for DSM-5 (PCL-5)], dissociative symptoms [multiscale dissociation inventory (MDI)], emotion regulation [Difficulties in Emotion Regulation Scale (DERS)], depression, anxiety, stress [depression anxiety stress scale (DASS)], and alexithymia [Toronto Alexithymia Scale (TAS)], among 90 individuals with PTSD (mixed civilian trauma). Data was accessed via retrospective chart review of individuals seen at Homewood Health Center's Program for Traumatic Stress Recovery and was analyzed using correlational analysis. Pearson's r or Spearman's ρ are reported, depending on normality of data. The strongest relation emerged between functional disability and the DERS ($r = .583$, $P = .000$), followed by PCL-5 ($r = .570$, $P = .000$), and the MDI ($r = .529$, $P = .000$). DASS depression ($r = .507$, $P = .000$), anxiety ($r = .415$, $P = .000$), stress ($r = .436$, $P = .000$), and the TAS ($r = .429$, $P = .000$) also emerged as significant correlates. These findings, consistent with PTSD as conceptualized in DSM-5, suggest difficulties in emotion regulation and dissociative symptoms are integral in determining functional disability in this population.

FRI 267
Quality of Life and Disability in Nepali Torture Survivors with PTSD: A Role of Gender
 (Abstract #1391)

FRI 267 (Clin Res, QoL, Torture, Gender, Adult) M - S Asia

Bisson Desrochers, Alexandra¹, Descamps, Melanie¹, Lonergan, Michelle¹, Rouleau, Isabelle², Saumier, Daniel¹, Brunet, Alain¹
¹Douglas Mental Health University Research Institute/McGill University, Montréal, Quebec, Canada
²Université du Québec à Montréal (UQAM), Montréal, Quebec, Canada

Post-traumatic stress disorder (PTSD) rates seem to be higher in low-income countries facing mass conflicts, civilian wars, and poor health systems. PTSD is known to decrease quality of life (QoL) more than any other mental health problem. Despite a well-established discrepancy between the types of traumatic events experienced by males and females diagnosed with PTSD, gender differences and similarities have not been systematically evaluated in trauma research. The main goal of this paper is to explore the relationships between symptoms of post-traumatic stress, QoL, disability and gender among torture survivors diagnosed with PTSD. Before beginning a pharmaceutical treatment protocol, forty-nine Nepali torture survivors were diagnosed with PTSD following a diagnostic interview and thirty-seven of them completed treatment. QoL and disability were assessed before and after treatment using WHOQOL and WHODAS. Mixed MANOVAs revealed that QoL following treatment was worse for women compared to men in three domains: physical, psychological, and environmental. For both men and women, QoL and disability improved as PTSD symptoms reduced. Pre-treatment posttraumatic symptoms only predicted physical QoL at post-treatment. Our findings highlight the importance of continuing to study the link between QoL, disability and PTSD symptomatology while most importantly, including gender analyses. This will allow for more individualized and thus, better care for PTSD patients.

FRI 268
Cancer at the Dinner Table: Experiences of Psilocybin-Assisted Psychotherapy for the Treatment of Cancer-Related Psychological Distress
 (Abstract #1020)

FRI 268 (Clin Res, Anx, Clin Res, Depr, Illness, Adult) I - Industrialized

Agin-Liebes, Gabrielle¹, Belser, Alexander², Swift, Thomas Cody³
¹Palo Alto University, Palo Alto, California
²New York University, New York, New York
³Johns Hopkins University, Baltimore, Maryland

Recent randomized controlled trials of psilocybin-assisted psychotherapy for patients with cancer suggest that this treatment results in large-magnitude reductions in anxiety and depression as well as

improvements in attitudes toward disease progression and death, quality of life, and spirituality. To better understand these findings, we sought to identify psychological mechanisms of action using qualitative methods to study patient experiences in psilocybin-assisted psychotherapy. Semi-structured interviews were conducted with 13 adult participants with clinically elevated anxiety associated with a cancer diagnosis who received a single dose of psilocybin under close clinical supervision. Transcribed interviews were analyzed using Interpretative Phenomenological Analysis, which resulted in 10 themes, focused specifically on cancer, death and dying, and healing narratives. Participants spoke to the anxiety and trauma related to cancer as well as the perceived lack of available emotional support. Participants described the immersive and distressing effects of the psilocybin session, which led to reconciliations with death, an acknowledgment of cancer's place in life, and emotional uncoupling from cancer. Participants made spiritual or religious interpretations of their experience, and the psilocybin therapy helped facilitate a felt reconnection to life, a reclaiming of presence, and greater confidence in the face of cancer recurrence. Implications for theory and clinical treatment are discussed.

FRI 269
And Then What? Treatment Trajectories of Veterans Treated via a VA Outpatient PTSD Clinical Team (PCT)
 (Abstract #771)

FRI 269 (Clin Res, Clin Res, Train/Ed/Dis, Adult) I - Industrialized

Allen, Steven, Mullin, Thomas, Taravella, Cicely
Salt Lake City Veteran Affairs Medical Center, Salt Lake City, Utah

The treatment trajectories of veterans requesting outpatient PTSD treatment with the Salt Lake City VA Health Care System PTSD Clinical Team were tracked from their initial PTSD assessment through one year. Using chart review via the Computerized Patient Record System (CPRS), the services used by veterans beginning specialized PTSD treatment were explored, including numbers of veterans entering specialized PTSD tx and those not pursuing treatment, the number of veterans completing initial treatment planning, the number of veterans engaging in evidence based-treatment (EBT) for PTSD such as

prolonged exposure (PE), cognitive processing therapy (CPT) eye movement desensitization and reprocessing (EMDR) and the numbers of veterans completing EBT. Service utilization and referrals to general Mental Health teams (Behavioral Health Interdisciplinary Program: BHIP) and primary care teams after specialized PTSD treatment were also explored.

FRI 270
An Empirical Review of Post-Traumatic Stress Disorder in Migraines: Epidemiology and Implications for Treatment
 (Abstract #271)

FRI 270 (Clin Res, Bio Med, CPA, CSA, Illness, Lifespan) I - Global

Umaran, Olga¹, Asnaani, Anu², Benhamou, Kathy², Hoyuela, Fernando¹, Oterino, Agustin¹, Foa, Edna²
¹*Hospital Universitario Marques de Valdecilla, Santander, Cantabria, Spain*
²*University of Pennsylvania, Philadelphia, Pennsylvania*

Objective: Migraine is associated with various psychiatric comorbidities, but in the last decade its association with Post-Traumatic Stress Disorder (PTSD) has gained interest. The purpose of this review is to summarize the findings about the epidemiology and comorbidity of migraine and PTSD. A cognitive behavioral treatment protocol for comorbid PTSD and migraines is presented.

Methods: Published studies examining the relation among migraines, trauma and PTSD were identified through systematic review in PubMed and PsycINFO since 1997. Key words were combined with the terms "migraine", "PTSD", and "early trauma". These searches yielded approximately 50 to 70 relevant articles.

Results: The accumulated evidence suggested that early trauma was associated with migraine, with abuse or PTSD being reported by more chronic migraine sufferers than those with episodic migraines. In addition, the frequency of PTSD in those with migraines was higher than the prevalence of PTSD in the general population.

Conclusions: This review finds that early trauma and PTSD might be a risk factor for the chronicity of migraines. Given the absence of treatments addressing comorbid migraines and PTSD, a clinical protocol that is currently being tested is described, which combines evidence-based cognitive behavioral

techniques for migraine management and Prolonged Exposure Therapy for PTSD.

FRI 271

Emotion Regulation as a Moderator of the Longitudinal Relationship between Childhood Adversity and BMI in Young Adulthood
(Abstract #87)

FRI 271 (Clin Res, CPA, CSA, Complex, Health, Lifespan) I - Industrialized

Shin, Olivia, Pettit, Corey, Miller, Kelly, Margolin, Gayla
University of Southern California, Los Angeles, California

Children raised in chronically stressful environments display maladaptive physiological and behavioral sequelae that confer risk for health problems, yet the ability to regulate emotions in response to environmental demand may promote adaptive responses to stressors and shield at-risk youth from illness. The present study utilized a longitudinal measure of cumulative adversity across childhood to predict BMI in young adulthood. We predicted that emotion regulation (ER) would buffer associations between childhood adversity and BMI. Data are based on 83 youth who participated in a longitudinal study on the impact of family conflict. Across 5 waves, youth and parents reported on youths' adverse experiences. If a reporter indicated that youth experienced an adverse event, youth received a score of 1 for that item. Items were summed for a total adversity score. Youth reported on ER at wave 5 ($M_{age}=18.05$) using the ERC. BMI was calculated at wave 6 ($M_{age}=22.24$) using participants' self-reported height and weight. Experiencing greater childhood adversity predicted higher BMI ($b=4.74, p=.01$), and this relationship was moderated by ER such that adversity only predicted BMI in the context of low ER ($b=1.33, p<.01$). Those who have low ER may rely on unhealthy coping behaviors (e.g., overeating) in the face of stress, thereby increasing their risk for negative health consequences.

FRI 272

Parent-to-Child Aggression Moderates the Relationship between Feelings of Closeness and Couples' Sleep Concordance in Daily Life
(Abstract #1169)

FRI 2724 (Clin Res, CPA, CSA, Complex, Health, Lifespan) I - Industrialized

Shin, Olivia, Haque, Afsara, Estafanous, Merai, Han, Sohyun, Timmons, Adela, Margolin, Gayla
University of Southern California, Los Angeles, California

Sleep concordance in couples is associated with positive relationship functioning and marital adjustment, yet growing up in a risky family environment may disrupt sleep processes. The present study utilized daily diary methodology to examine the link between hourly self-reports of relationship quality and sleep concordance among young adult dating couples. We also tested parent-to-child aggression as a moderator of this link. 78 couples (ages 18-25) completed hourly phone surveys assessing feelings towards their partners for a 24-hour period. Participants reported on family aggression using the ACES scale. Bed and wake times were self-reported in a follow-up interview. Sleep concordance was calculated by taking the difference between partner's sleep indices, with lower scores indicating greater sleep concordance. Analyses revealed that males' parent-to-child aggression moderated the association between females' feelings of closeness and concordance for bedtimes ($B=.012, p=.017$). The closer females felt to their partner during the day, the more concordant their bedtimes were that night, but only when their partners had a low history of parent-to-child aggression ($b=-0.027, p=.001$). Findings suggest that better quality romantic relationships are associated with increased concordance in sleep but that this process is weakened when the male has a history of high family aggression.

FRI 273

“She is my Best Happiness” Refugee Mothers with Children Born of Sexual Violence. Multiple Data on this Complex Dyadic Relationship
(Abstract #507)

FRI 273 (Clin Res, Rape, Refugee, Civil/War, Gender, Lifespan) M - Global

Anderson, Kimberley

Psychotrauma Centrum Zuid Nederland, 's-Hertogenbosch, Noord Brabant, Netherlands

The relationship between mothers and their children conceived of conflict-related sexual violence is highly intricate (Johnson et al., 2010; Verelest et al., 2014), and the repercussions of a mother's own traumatic experiences can often be felt by the child (van Ee et al., 2012; Theidon, 2015). Treating these mothers and children is understandably complex, with little existing guidance on best practice. If migration and asylum are factors compounding the experience of such a dyad, another layer of complexity is added to the path toward recovery (Laban et al. 2008). To improve our understanding of the needs of refugee mothers and children born of sexual violence, a literature review encompassing the current knowledge on interventions for children of victimised mothers, and a Delphi process gathering expertise on the treatment of these dyads will be presented. Preliminary data of a case-control study, featuring mixed methods data on child functioning, reflective functioning, resilience, stigma and emotional availability of mothers and children, will also be highlighted. The results of the combined studies strongly indicate the need for the development of an intervention to address the specific needs of these mothers and children. The presentation will address a ‘theory of change’ for such an intervention.

FRI 274

Coping Flexibility Predicts Posttraumatic Stress Disorder and Depression in Human Rights Advocates
(Abstract #267)

FRI 274 (Clin Res, Cog/Int, Depr, Rights, Mil/Vets, Other) I - Global

Rodin, Rebecca¹, Brown, Adam², Bonanno, George³, Knuckey, Sarah³, Satterthwaite, Margaret⁴, Joscelyne, Amy⁵

¹*University of Toronto, Toronto, Ontario, Canada*

²*New York University School of Medicine, New York, New York*

³*Columbia University, New York, New York*

⁴*New York University, New York, New York*

⁵*Bellevue Hospital Center, New York, New York*

Background: Human rights advocacy often involves direct and vicarious exposure to trauma and recent findings show that this population exhibits elevated levels psychopathology, including posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). However, little is known about the underlying factors that contribute to mental health vulnerability and resilience for human rights advocates. It is well established that coping styles play a critical role in the onset and maintenance of PTSD and MDD following trauma exposure. An emerging body of research also shows that the ability to flexibly employ different coping styles is associated with better adjustment among trauma-exposed individuals. Specifically, individuals who use both “trauma-focused” and “forward-focused” coping styles exhibit less psychological disturbance than those with less coping flexibility. **Objective:** This study examined whether greater coping flexibility is associated with less PTSD and MDD in an international sample of human rights advocates. **Method:** In an online, cross-sectional study, 346 international human rights advocates completed self-reported measures of PTSD, MDD, trauma exposure, and the Perceived Ability to Cope with Trauma (PACT) scale. **Results:** Results showed that coping flexibility was associated with lower rates of PTSD and MDD. Whereas both trauma-focused and forward-focused coping were associated with lower rates of PTSD, the relationship between coping flexibility and MDD was driven primarily by forward-focused coping. **Conclusion:** These findings are the first to show that lower levels of coping flexibility may be an important factor underlying vulnerability to PTSD and MDD among human rights advocates. Future research would benefit from longitudinal studies examining whether coping flexibility can buffer the negative mental health impact of traumatic stress over the course of one's career in human rights advocacy.

FRI 275

An Exploration of Psychological Predictors of PTSD Symptomology for Young People in Out-of-Home Care

(Abstract #791)

FRI 275 (Clin Res, CPA, CSA, Cog/Int, Neglect, Child/Adol) I - Industrialized

Hiller, Rachel¹, Halligan, Sarah¹, Meiser-Stedman, Richard², Elliot, Elizabeth¹

¹*University of Bath, Bath, North East Somerset, United Kingdom*

²*University of East Anglia, Norwich, Norwich, United Kingdom*

In the UK there are almost 70,000 children removed from their biological home and placed in out-of-home care. The most common reason for removal is the experience of significant abuse or neglect, with the majority removed after five years of age. Thus, these children represent a sample where many have experienced significant interpersonal trauma. Despite the well document poor behavioural, mental health, and functional outcomes for these young people, and the experience of trauma arguably being a defining feature of this group, little is known about their trauma-related psychological profiles, including what processes may link their early experiences to later mental health. This questionnaire-based study explored predictors of PTSD in 120 10-17 year olds in foster care in the UK. Young people completed questionnaires on their appraisals, coping strategies, and memories of their experiences, as well as PTSD symptoms. Foster carers also completed a questionnaire on their views of the young person's PTSD symptoms. Trauma history was obtained from self-report and service records. Results will discuss the relevance of cognitive models of PTSD to young people in foster care, and focus on what processes and coping strategies most strongly predict their mental health. Such information is essential for informing both interventions for the young person, as well as training for those who provide daily care (i.e., foster carers) and those who make decisions around treatment plans (e.g., social workers).

FRI 276

Evaluating the Clinical Significance of Measures Used in Trauma Treatment Outcome Research

(Abstract #1231)

FRI 276 (Clin Res, Rape, Res Meth, Grief, Mil/Vets, Adult) I - Industrialized

Upton, Caitlyn, Abadie, Brenton, Waltz, Thomas Eastern Michigan University, Ypsilanti, Michigan

It has been recently been suggested that clinical significance should be included as a criterion for determining empirically supported treatments (Tolin, 2015). Clinical significance serves as a method for determining treatment efficacy involving client movement towards normal functioning on treatment outcome measures. Jacobson and Truax (1991) detailed three specific methods for determining clinical significance by referencing functional and dysfunctional population norms and calculating a reliable change index which typically exceeds the change required for statistical significance. This poster reviews and summarizes reports of clinical significance in *The Journal of Traumatic Stress*. We examined 34 articles published by the journal which cite Jacobson and Truax (1991), and, of these, 29 reported on clinical significance across 15 different measures. Clinical significance cutoffs and the reliable change index values varied substantially across studies. For example, multiple studies reported clinical significance cutoffs of 20 for the Clinician Administered PTSD Scale (CAPS; Blake et al., 1995), while others reported on reliable change but did not include clinical significance. In addition to summarizing the clinical significance values reported across the different measures, the method for determining clinical significance will be reported and discussed. This poster describes the variability amongst these studies along a variety of quality indicators, as well as highlight clinically significance in relation to commonly used treatment outcome measures for trauma treatments.

FRI 278

Clinical Rates of Post-traumatic Stress Disorder and Depression for Veterans in Academic Settings
(Abstract #645)

FRI 278 (Clin Res, Depr, Mil/Vets, Adult) I - Industrialized

Sims, Brook¹, Churchwell, Marc², Milkeris, Lori², Currier, Joseph¹

¹*University of South Alabama, Mobile, Alabama*

²*University of West Florida, Pensacola, Florida*

The presence of a mental health condition can disrupt academic functioning during post-secondary education. Military veterans are at greater risk of suffering from a mental health complaint (e.g., PTSD, depression). With changes in military operations/strategies, there are thousands of veterans attending universities after separating from the military. This study investigated the prevalence of PTSD and depression within an academic setting along with veterans' attitudes towards academics and retention. A total of 538 veterans attending two Gulf Coast Universities completed a mental health survey over a two year period, which included the PTSD Check List (PCL-5), Personal Health Questionnaire Depression Scale (PHQ-8), and nine questions from the College Persistence Questionnaire (e.g., "How much thought have you given to stopping your education?"). Results indicate that 76% of the sample have clinically elevated levels of PTSD and/or depressive symptomatology. Bivariate correlations indicated that student veterans with higher levels of posttraumatic stress ($r = .139$, $p = .006$) and depression ($r = .137$, $p = .007$) were more likely to consider stopping their education. Additionally, veterans who were experiencing depression found it harder to stay motivated for classes ($r = .102$, $p = .046$). These results suggest that the presence of mental health symptoms might deter fulfillment of academic goals. This research demonstrates the necessity to promote mental health initiatives across many campuses to support veteran's transition to academia.

FRI 279

Differential Relations of Cumulative Trauma Exposure and PTSD Symptoms with Emotion Regulation Styles
(Abstract #1453)

FRI 279 (Clin Res, Affect/Int, Clin Res, Adult) I - Industrialized

Lee, Sharon, Finkelstein-Fox, Lucy, Park, Crystal
University of Connecticut, Storrs, Connecticut

While the relationship between PTSD and emotion dysregulation has been well documented, no studies have teased out the effects of trauma exposure and PTSD symptoms on trait emotion regulation. The present study examined the unique effects of cumulative trauma exposure and PTSD symptoms on positive and negative emotion regulation styles. A sample of undergraduates ($n=86$; 66% female) completed a cross-sectional survey of demographic information, the Trauma History Questionnaire (Green, 1996), the PTSD Checklist (Weathers et al., 2013) and the Cognitive Emotion Regulation Questionnaire (Garnefski & Kraaij, 2006). To separate the effects of cumulative trauma from the effects of PTSD symptoms on emotion regulation, multiple regressions were run controlling for either cumulative trauma exposure or PTSD symptoms. Greater cumulative trauma exposure predicted greater acceptance ($\beta = .32$, $p < .001$) and reappraisal ($\beta = .32$, $p < .01$) styles, independent of the effects of PTSD symptoms. Conversely, greater PTSD symptoms predicted greater ruminative ($\beta = .34$, $p < .01$) and catastrophizing ($\beta = .59$, $p < .001$) styles, independent of the effects of cumulative trauma exposure. Our results support previous research about the associations between PTSD symptoms and more negative emotion regulation styles, as well as present novel findings about the associations between cumulative trauma exposure and more positive emotion regulation styles.

FRI 280

Nonverbal Indicators of Acute Distress in Women with PTSD

(Abstract #679)

FRI 280 (Clin Res, Affect/Int, Anx, Assess Dx, Adult) I - Industrialized

Wulf, Taylor¹, Girard, Jeffrey¹, Bruni, Pietra¹, Cohn, Jeffrey¹, Benight, Charles²

¹*University of Pittsburgh, Pittsburgh, Pennsylvania*

²*UCCS, Colorado Springs, Colorado*

Observational studies of how nonverbal behavior is affected by psychopathology have the potential to enrich clinical theory and improve assessment. However, observational studies of posttraumatic stress disorder (PTSD) have been rare. In the current study, we examined the association between PTSD symptom severity (i.e., acute distress) and facial expressions during an online treatment protocol that involved reading about “triggers” of trauma-related memories and feelings. The sample consisted of 55 treatment-seeking women who recently experienced a traumatic event. We used the PTSD Check List (PCL) to measure acute distress and the Facial Action Coding System to measure six facial actions related to emotion: brow-furrowing, smiling, lip-corner-dimpling, lip-tightening, lip-pressing, and lip-sucking. We then used a multiple regression model to predict each participant’s PCL score from binary variables indicating whether each facial action was observed during the protocol. We found that PCL score was negatively associated with both smiling ($p=.003$) and lip-pressing ($p=.017$). These results may suggest that participants with higher distress were less comfortable expressing positive affect (through smiling) as well as anger or aggression (through lip-pressing). Alternatively, they may suggest that highly distressed participants were more likely to disengage from the treatment task.

FRI 281

Proximal Relationships between Social Support and PTSD Symptom Severity: A Daily Diary Study of Sexual Assault Survivors

(Abstract #880)

FRI 281 (Clin Res, Comm/Int, Rape, Adult) M - Industrialized

Dworkin, Emily¹, Ullman, Sarah², Stappenbeck, Cynthia¹, Brill, Charlotte³, Kaysen, Debra³

¹*University of Washington School of Medicine, Seattle, Washington*

²*University of Illinois Chicago, Chicago, Illinois*

³*University of Washington, Seattle, Washington*

A negative relationship between social support and posttraumatic stress disorder (PTSD) symptoms has been observed in cross-sectional studies, such that higher levels of PTSD are associated with lower social support, and vice versa. Although multiple theoretical explanations have been posed for this relationship, evidence from longitudinal studies suggests that PTSD symptoms erode social support over time. However, day-to-day relationships between PTSD and social support remain unexplored. Using daily data from 75 college-aged sexual assault survivors who met screening criteria for PTSD, this study tested relationships between PTSD and social support on the same day and from one day to the next using mixed models. Within-person analyses indicated that, when PTSD was higher than usual on a given day, social support was higher the next day. Between-person analyses suggested that people with generally higher social support tended to have lower PTSD symptoms on a given day, but average levels of PTSD symptoms were not associated with day-to-day fluctuations in social support. These results suggest that day-to-day relationships between social support and PTSD might not reflect social support eroding in response to symptoms. Instead, social support might be sought out following increases in PTSD, and when received consistently, this social support might reduce symptoms of PTSD in the short term.

FRI 282
Male Sexual Victimization and Disclosure
Barriers
 (Abstract #504)

FRI 282 (Clin Res, Rape, Orient, Adult) M - Industrialized

Geier, Timothy, Cahill, Shawn
University of Wisconsin - Milwaukee, Milwaukee, Wisconsin

Introduction: Efforts to better understand sexual victimization experiences among male populations have been chiefly absent. Studies suggest between 3-7% of men indicate experiencing a sexual assault during adulthood, with elevated rates among college and sexual minority men. It is suggested these estimates do not fully portray the actual prevalence given hesitancy of male victims to report the crime. Despite the elevated occurrence and deleterious impact of sexual violence, it remains one of the most underreported crimes in the U.S., particularly among male populations. Studies demonstrate disclosure of these experiences to be associated with mental and physical health gains as well as legal and political benefits. This study aims to descriptively detail the rates, demographic characteristics, emotional impact, as well as disclosure rates and details of sexual victimization experiences among men. The study also aims to quantitatively examine whether sexual victimization details, emotion regulation strategies, male rape myth acceptance, conformity to masculine norms, attitudes toward gay men, stigma levels, and symptoms of PTSD significantly relate to disclosure behaviors of men experiencing sexual victimization.

Methods: Participants were drawn from two populations: a) male undergraduate students enrolled in psychology courses at a Midwest University and b) male members of online community forums for general research opportunities, sexual trauma, and LGBT issues. The current recruitment sample size is 725. Men endorsing a disclosed sexual victimization experience will be compared to men endorsing a non-disclosed asexual victimization experience. They will be compared across sexual victimization details as well as measures of emotion regulation strategies, male rape myth acceptance, conformity to masculine norms, attitudes toward gay men, stigma levels, and symptoms of PTSD. **Results:** First, descriptive analyses will be performed to detail the prevalence rates, demographic characteristics, emotional impact, sexual assault details, and disclosure rates / details of

sexual victimization among men. Second, point-biserial and logistic regressions will be computed in order to determine whether participants' disclosure status is significantly related to demographics, emotion regulation strategies, male rape myth acceptance, conformity to masculine norms, attitudes toward gay men, stigma levels, and symptoms of PTSD. **Discussion:** Implications for clinical practice and research will be discussed.

FRI 283
Variants of Self-blame in the Relationship
between Self-efficacy and PTSD Symptoms among
Survivors of Sexual Assault
 (Abstract #1421)

FRI 283 (Clin Res, Clin Res, Rape, Adult) M - N/A

Barrera, Andrea, Campos, Monica, Hassija, Christina
California State University, San Bernardino, California

SA has been consistently associated with increased risk of depression and posttraumatic stress disorder (PTSD) symptomatology. Self-blaming attributions have been directly linked to distress (Walsh & Bruce, 2011), and the type of self-blame (i.e., behavioral vs. characterological) may influence survivors' post-assault recovery. The role of self-efficacy in the relationship between behavioral (BSB) and characterological self-blame (CSB) in PTSD SA survivors has been unexamined. The purpose of the proposed study is to assess the influence of variants of self-blame in the association between self-efficacy and post-assault distress. Women reporting a history of SA (N = 82) completed measures of PTSD, depression, self-blame, and self-efficacy. Results revealed positive associations between BSB and depression ($r = .28, p < .05$). Positive associations were also found between CSB and PTSD ($r = .42, p < .001$) and depression ($r = .50, p < .001$). CSB was associated with reduced self-efficacy ($r = -.45, p < .001$) and self-efficacy was positively related to PTSD and depression symptom severity ($r = -.27, p < .05$; $r = -.54, p < .001$). CSB, but not BSB, significantly mediated the relationship between self-efficacy and PTSD ($b = -.07$; CI: $-.138 - -.028$). Findings have implications for postassault interventions.

FRI 284

**The Impact of Rape on Sexual Functioning:
Experiences of African American and European
American Women**

(Abstract #1343)

**FRI 284 (Clin Res, Cul Div, Ethnic, Rape,
Gender, Adult) I - Industrialized**

Layh, Marlee, Littleton, Heather
*East Carolina University, Greenville, North
Carolina*

Emerging research supports the negative impact that sexual violence can have on women's sexual functioning, including leading to sexual dysfunction, reduced sexual satisfaction, and increased sexual risk behavior. However, much extant work is limited by a focus on the experiences of European American women. In contrast, there is some evidence to suggest that there are differences in sexual functioning and risk behavior among emerging adult African American and European American women overall. However, very little research has examined whether these differences persist among victims of sexual violence. The current study therefore examined differences in sexual risk behaviors, sexual motives, and sexual functioning among African American and European American college women who had experienced rape. Data collection is still ongoing, but preliminary analyses supported that African American survivors engage in more uncommitted sexual behavior (e.g., having sex with someone you just met) than European American survivors. In comparison, European American survivors, as compared to African American survivors, were more likely to report coping motives for their sexual behavior (e.g., to reduce negative affect) as well as greater sexual dysfunction. Implications of the findings for understanding the impact of sexual assault on sexual functioning among diverse women are described.

FRI 285

**Sexual Assault Disclosure and PTSD
Symptomology among Incarcerated Women**
(Abstract #1063)

**FRI 285 (Clin Res, Rape, Gender, Adult) M -
Industrialized**

Ross, Kaelin, Karlsson, Marie
Murray State University, Murray, Kentucky

Previous research has shown that 9 out of 10 sexual assault victims disclose their experiences to at least one other individual. Overall, receiving negative reactions to the disclosure is linked to higher endorsement of PTSD symptomology (Ullman & Peter-Hagene, 2014). However, this finding, as of yet, has not been demonstrated within samples of incarcerated women, which is important since they report high rates of sexual victimization and trauma-related symptomatology (Karlsson & Zielinski, 2017). The present study attempted to investigate the relationship between negative reactions to disclosures of sexual assault and PTSD symptomology in a sample of incarcerated women in a small Midwestern prison (N=29, *Mage*= 37.6, *SD*=8.3). All of the women within this sample had experienced sexual assault, with 80% of the sample endorsing being raped (N=24). Preliminary analyses indicated strong positive correlations between PTSD symptomology scores on the PCL-5 (total score and all four subscales; Weathers et al., 2013) and the negative reactions subscale on the Social Reactions Questionnaire (SRQ; Ullman, 2000), *rs* > .58, *ps* < .01. This suggests that negative reactions are highly related to PTSD symptomology with female inmates. These findings will be discussed in relation to increasing access to evidence-based trauma-focused treatments for incarcerated women.

FRI 286

**Exploring Associations between PTSD Severity
and Risky Driving Behaviors in Male and Female
OEF/OIF Veterans**

(Abstract #1352)

**FRI 286 (Clin Res, Aggress, Gender, Adult) I -
Industrialized**

*Pedersen, Sara¹, Klein, Alexandra², Kleiman, Sarah³,
Rosen, Raymond⁴, Keane, Terence⁵, Marx, Brian⁶*

¹*Department of Veteran Affairs, Boston, Massachusetts*

²*VA - National Center for PTSD, Boston, Massachusetts*

³*Boston VA Medical Center, Jamaica Plain, Massachusetts*

⁴*New England Research Institutes, Inc., Watertown, Massachusetts*

⁵*VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts*

⁶*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts*

Research has shown that PTSD severity is associated with risky driving behaviors in male veterans (e.g., Kuhn et al, 2010). Little research has investigated if this association exists in a female veteran sample. We utilized data from a registry of OEF/OIF veterans to examine if PTSD severity is associated with risky driving behavior and gender. Participants were 377 veterans who completed self-report measures on risky driving behavior and PTSD. A 2x2 ANOVA was used to examine associations between PTSD, risky driving behavior, and gender. This revealed a main effect of risky driving behavior, $F(1, 373) = 23.257, p < .05$, but not of gender, $F(1, 373) = 0.000, p > .05$. The interaction between risky driving behavior and gender was not significant, $F(1, 373) = 1.103, p > .05$. The current study is the first to find that PTSD severity was significantly greater in those who endorsed risky driving behaviors in both male and female veterans. Future research should further examine how risky driving behavior and other forms of risky behavior might be associated with PTSD severity in female veterans. In doing so, this may inform clinicians on how to best treat and support veterans on a safe reintegration into society.

FRI 287

Negative Self Cognitions, Self-Blame and Symptoms of Gastrointestinal Distress in Female Victims of Intimate Partner Violence

(Abstract #1152)

FRI 287 (Clin Res, Illness, Care, Gender, Adult) M - N/A

Weaver, Terri

Saint Louis University, Saint Louis, Missouri

Female victims of intimate partner violence (IPV) report high rates of gastrointestinal (GI) distress and functional gastrointestinal disorders and frequently present with these concerns to primary care providers. Psychosocial, emotional, and cognitive factors can play a significant role in gastrointestinal functioning and identifying the associated factors in this population may inform clinical interventions. This pilot study examined cognitive and emotional correlates of self-reported symptoms of GI distress in 38 female victims of moderate to severe IPV. GI distress was measured based on responses to 7 items assessing gastrointestinal and digestive complaints on the Pennebaker Inventory of Limbic Languidness (PILL) ($\alpha = .82$). Trauma-related cognitions were assessed using the Posttraumatic Cognitions Inventory and symptoms of posttraumatic stress disorder were assessed using the Posttraumatic Stress Disorder Diagnostic Scale. Self-reported GI distress was significantly and positively associated with increased negative cognitions about self, self-blame and several re-experiencing symptoms ($r's = .33-.40$). A multiple regression analysis was conducted with simultaneous entry of the significant cognitive factors and re-experiencing symptoms and self-blame emerged as the single, unique predictor of GI distress. Implications for the potential interrelationship among IPV-related cognitive and emotional factors and GI distress will be discussed, with an emphasis on primary-care based interventions.

FRI 288

Effectiveness of CPT in a Prison Diversion Setting
(Abstract #314)

FRI 288 (Clin Res, Chronic, Sub/Abuse, Gender, Adult) I - N/A

Shotwell Tabke, Chelsea, Kovacevic, Merdijana, Newman, Elana

The University of Tulsa, Tulsa, Oklahoma

The prevalence of PTSD is higher among incarcerated women than community samples. Prison diversion programs (PDP) were created to address the treatment needs of this group and reduce incarceration. However, the effectiveness of gold-standard treatments for PTSD, such as Cognitive Processing Therapy (CPT), within PDPs remains unexamined. This poster examines if CPT completion within a PDP for substance abusing women improves

posttraumatic symptoms (PCL-C), depressive symptoms (CES-D), and overall psychological distress (SCL-90-R). Fifty-two CPT completers (CPTc) were demographically matched with program participants who received treatment as usual (TAU), resulting in a final sample of 104 women. Controlling for symptoms at program entry, regression analyses showed that CPT significantly predicted end of program symptoms, such that CPTc had significantly lower PCL-C ($\beta = -0.33$, $p = 0.001$) and SCL-90-R scores ($\beta = -0.22$, $p = 0.025$), but not CES-D scores. Participants were re-evaluated at 6 months post-program (6-PP; $n = 12$) and 12 months post-program (12-PP; $n = 10$). Due to limited sample size, paired-samples t-tests were used. At 6-PP, TAU and CPTc did not significantly differ. At 12-PP, TAU and CPTc did not significantly differ on CES-D or SCL-90-R, but the TAU group had significantly lower scores ($p = 0.029$) on the PCL-C. Implications of these findings will be discussed.

FRI 289

Adverse Childhood Experiences (ACEs) and Prenatal Mental Health: Unpacking ACEs and Developmental Timing of Maltreatment

(Abstract #51)

FRI 289 (Clin Res, CPA, Chronic, Complex, Intergen, Adult) I - N/A

Atzl, Victoria¹, Narayan, Angela¹, Rivera, Luisa², Lieberman, Alicia³

¹*University of Denver, Denver, Colorado*

²*Emory University, Atlanta, Georgia*

³*University of California, San Francisco - San Francisco General Hospital, San Francisco, California*

Childhood adversity has long-term negative effects on adulthood mental health, but these effects are understudied during pregnancy. Using the Adverse Childhood Experiences (ACEs) questionnaire, the current study a) examined total ACEs in women's childhoods as they predict prenatal PTSD and depression, b) unpacked total ACEs into maltreatment versus family dysfunction experiences to understand their unique effects on prenatal mental health, and c) analyzed the developmental timing effects of maltreatment ACEs in early childhood, middle childhood and adolescence on prenatal mental health. Participants were 101 ethnically diverse pregnant women interviewed during their second or

third trimester. Prenatal PTSD and depression were assessed with standardized, well-validated instruments. Linear regression analyses showed that higher total ACEs significantly predicted higher levels of prenatal PTSD but not depression symptoms. This effect was driven by higher levels of maltreatment ACEs rather than family dysfunction ACEs. Path analyses subsequently revealed a significant indirect effect of early childhood maltreatment ACEs on prenatal PTSD symptoms through maltreatment ACEs in middle childhood and adolescence. Findings reveal longitudinal, cascading effects of early childhood maltreatment and increase understanding of developmental risk factors for prenatal mental health problems.

FRI 290

Examining the Nature of Relationships between Number of Traumatic Experiences and Psychopathology

(Abstract #1246)

FRI 290 (Clin Res, Chronic, Depr, Adult) M - Industrialized

Gerber, Monica¹, Frankfurt, Sheila², Oudshoorn, Kelsey¹, Dranger, Paula³, Contractor, Ateka¹

¹*University of North Texas, Denton, Texas*

²*VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas*

³*Valparaiso University, Valparaiso, Indiana*

Evidence indicates that individuals often experience multiple potentially traumatizing events (PTEs; Kilpatrick, et al., 2013). A history of multiple PTEs is associated with mental health outcomes such as posttraumatic stress disorder (PTSD; Stein, Wilnot & Solomon, 2016), depression (Agorastos et al., 2014), and distress tolerance difficulties (Fetzner, Peluso, & Asmundson, 2014). Competing theories implicate multiple PTEs in either amplifying (dose-response theory; Fetzner, Peluso, & Asmundson, 2014) or buffering (stress-innoculation theory; Seery, 2011) posttraumatic symptomatology. The present study examined the directionality and strength of the relationship between lifetime PTEs and mental health outcomes (depression, PTSD, distress tolerance). The sample included 111 participants seeking mental health services at a Midwest community mental health center. Linear (consistent with dose-response theory), quadratic and cubic (consistent with stress inoculation theory) regression models predicted

mental health outcome variables using lifetime PTE count. Linear models best fit the data ($r^2 = .24 - .50$). Results support the dose-response conceptualization of the relationship between multiple PTE exposures and mental health outcomes. Results indicate that a greater number of PTEs are associated with greater PTSD and depression severity, and increasing distress tolerance difficulties. Findings support the clinical importance of comprehensively assessing all PTEs to enhance diagnostic and treatment effectiveness.

FRI 291

The Mediating Role of Coping Self-Efficacy between Trauma Exposure and Social Functioning

(Abstract #1296)

FRI 291 (Clin Res, Chronic, QoL, Adult) M - Industrialized

Zumba, Mauricio, Shoji, Kotaro, Bryan, Lori, Benight, Charles
University of Colorado at Colorado Springs, Colorado Springs, Colorado

Studies have linked exposure to traumatic experiences to impaired functioning (van der Kolk & McFarlane, 2012). Coping self-efficacy (CSE), a person's appraisal of coping capacity, is an important mediating variable for the outcome after a traumatic event (Benight & Bandura, 2004). This study examined the mediational role of CSE between trauma exposure and social functioning in a clinical sample of trauma survivors seeking trauma treatment. It is hypothesized that the influence of trauma exposure on social functioning is through CSE perceptions. Information was collected from a clinical sample (N=74) with a mean age of 39 (SD=15) majority female (61%), married (38%) with some college (49%) at intake, three, six and nine month appointments. The Hayes Process Model was used to test an indirect relationship between exposure and change in social functioning at the three to nine-month period mediated through T2 CSE perceptions. The indirect relationship was significant using Bootstrap lower confidence interval (-.0424) and upper confidence interval (-.0035). Specifically, as trauma exposure increased, coping self-efficacy decreased leading to decreased social functioning. This is an important finding for understanding how trauma exposure impacts quality of life, and most

importantly elucidating mechanisms that mediates the relationship between trauma exposure and social functioning.

FRI 292

Mental Health and Quality of Life Predictors of VA Family Service Use

(Abstract #1366)

FRI 292 (Clin Res, Clin Res, QoL, Adult) M - Industrialized

Sanders, Wesley¹, Smith, Brian², Vogt, Dawne²
¹National Center for PTSD, Women's Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Jamaica Plain, Massachusetts

²National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts

Veteran parents returning from recent conflicts in Iraq and Afghanistan face not only their own mental health challenges but, in many instances, also struggle to reintegrate with their families. Although research has highlighted the elevated risk veterans face with difficulties with depressive and trauma-focused symptoms, little research to date has examined functioning within the family, particularly predictors that may lead to VA service use. Of particular interest in the present study is the utilization of family services in the VA, which include both couples and family-focused mental health treatment. We examined mental health symptoms (depression, PTSD, and alcohol abuse), quality of life indicators, and life, parenting, and relationship satisfaction, as predictors of VA family service use over time. **Methods:** The sample consists of 207 Veteran (52.2% women) who identified as parents with children under the age of 18 were assessed approximately five years after return from deployment to Iraq or Afghanistan (T1) who identified as parents with children under the age of 18. Veterans reported on mental health problems and quality of life (QoL) indicators, including homemaker, relationship, parenting, and post-deployment functioning, as well as parenting, relationship, and life satisfaction. Veterans reported on their total VA family service use approximately two years later. Using hierarchical linear regression analyses, we tested whether quality of life variables predicted VA family service use beyond trauma,

depressive, and alcohol abuse symptoms, controlling for demographic variables and T1 VA family service use. **Results:** Linear regression analyses revealed significant main effects for VA family service use at T1 and parenting satisfaction; all other variables were non-significant. Greater VA family service use at T1 predicted greater VA family service use at T2, and parenting satisfaction predicted VA family service use such that parents who were less satisfied with their parenting accessed more VA family services. **Discussion:** The findings suggest that for veteran parents, satisfaction with parenting efforts may play a significant role in treatment-seeking for family services within the VA. Outreach efforts to provide mental health services for veteran parents may benefit from increased focus and offering of parenting services, particularly as a “gateway” to accessing other family services within the VA.

FRI 293

Posttraumatic Recovery: Linking Trajectories of PTSD Symptom Severity to Emotion Regulation
(Abstract #1327)

FRI 293 (Clin Res, Acc/Inj, Affect/Int, QoL, Adult) M - Industrialized

Chesney, Samantha¹, Hunt, Josh², Hillard, Cecilia², deRoos-Cassini, Terri²

¹*Marquette University, Milwaukee, Wisconsin*

²*Medical College of Wisconsin, Milwaukee, Wisconsin*

Background: Traumatic injury survivors often experience heightened levels of posttraumatic psychological distress, which can significantly reduce one’s quality of life. Findings indicate that these symptoms follow one of four post-injury trajectories: chronic distress, delayed distress, recovered, and resilience (deRoos-Cassini et al., 2010). Emotion regulation is one factor that may relate to posttraumatic distress trajectories, given that use of expressive suppression (ES) to regulate predicts the development and maintenance of PTSD (Roemer et al., 2001). The current study assessed the relationship between trajectories of change in PTSD and ES to better explain recovery trajectories. **Method:** At hospitalization and 6-months post-injury (N = 174), adult survivors of traumatic injury admitted to a level 1 trauma center were assessed for PTSD (PCL-5) and ES (Emotion Regulation Questionnaire). Use of ES

was coded to categorize regulation over time into four groups: chronic high suppression; delayed suppression; reduced suppression; chronic low suppression. **Results:** RM ANOVAs indicated that PTSD severity was significantly different amongst the ES groups. For example, delayed suppression was related to delayed distress, and chronic high suppressors had the highest levels of PTSD throughout. **Discussion:** These results indicate parallel relationships between trajectories of suppression and PTSD severity after traumatic injury.

FRI 294

Worse Baseline Executive Functioning is Associated with Dropout and Poorer Response to Trauma-Focused Treatment
(Abstract #954)

FRI 294 (Clin Res, Cog/Int, Adult) M - Industrialized

Crocker, Laura¹, Jurick, Sarah², Keller, Amber¹, Sanderson, Mark³, Thomas, Kelsey⁴, Jak, Amy⁵
¹*VA San Diego Healthcare System, San Diego, California*

²*San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, La Jolla, California*

³*San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, San Diego, California*

⁴*Veterans Affairs San Diego Healthcare System; Department of Psychiatry, UCSD, San Diego, California*

⁵*University of California, San Diego and VA San Diego Healthcare System, La Jolla, California*

Although cognitive behavioral therapy (CBT) effectively reduces PTSD symptoms, treatment dropout, nonresponse, and relapse is substantial. Executive functioning (EF) is essential to engage the cognitive skills involved in CBT (e.g., inhibiting distorted thoughts, flexibly generating/evaluating alternative thoughts). It was hypothesized that worse baseline EF would be associated with reduced CBT engagement and responsivity. Seventy-four Iraq/Afghanistan-era Veterans with PTSD and history of mild-to-moderate traumatic brain injury (TBI) were randomized to 1 of 2 conditions, both involving Cognitive Processing Therapy (CPT). T-tests comparing treatment completers (n=42) and dropouts (n=32) revealed that groups did not differ on

demographic or TBI injury variables but those who dropped out reported worse PTSD and neurobehavioral symptoms and performed more poorly on EF tests of novel problem-solving and set-switching at baseline. Multilevel modeling revealed that worse baseline performances on EF tests of inhibition, inhibition/switching, and working memory were associated with poorer response to CPT (less reduction in PTSD symptoms). Baseline measures of processing speed and verbal memory were not associated with dropout or treatment response, indicating effects were unique to EF. Directly targeting EF prior to CPT may boost treatment effectiveness, allowing Veterans to fully engage in and benefit more from components of CPT (e.g., cognitive restructuring).

FRI 295

Attention Bias and Pattern Separation in PTSD
(Abstract #1433)

FRI 295 (Clin Res, Assess Dx, Cog/Int, Adult) I - N/A

Durosky, Ariel¹, Hilburn, Anne², Suarez-Jimenez, Benjamin¹, Zhu, Xi¹, Lazarov, Amit³, Neria, Yuval¹

¹*Columbia University and New York State Psychiatric Institute, New York, New York*

²*New York State Psychiatric Institute, New York, New York*

³*Columbia University Department of Psychiatry and New York State, New York, New York*

Individuals with posttraumatic stress disorder (PTSD) often show overgeneralization, or a lack of pattern separation, hindering their ability to separate threat from safety. In addition individuals with PTSD show hypervigilance and heightened emotionality, leading towards an attention bias. Current research lacks investigation in pattern separation and attention bias in relation to symptom severity. Therefore, to better our understanding of these relationships, we assessed attention bias and pattern separation in patients with PTSD and Trauma Exposed Healthy Controls (TEHCs). PTSD participants (n=11) and TEHC participants (n=15) completed a computerized version of an attention bias task and two pattern separation tasks (Modified Benton Task and Morphing Task). Initial analyses suggest a negative correlation between pattern separation and attention bias in relation to symptom severity. Specifically, PTSD participants show higher attention bias and

lower pattern separation ability in comparison to TEHC participants. These results will be presented and discussed in light of efforts to improve understanding of cognitive and emotional mechanisms underlying PTSD, and potentially improve future PTSD treatments.

FRI 296

A Replication of Meditation of PTSD Symptom Clusters in Relation to Trauma and Disordered Eating for DSM-5

(Abstract #1199)

FRI 296 (Clin Res, Assess Dx, Cog/Int, Depr, Adult) M - N/A

Vaught, Amanda, Raines, Amanda, Piazza, Vivian
Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana

PTSD and depression are mediators for trauma and eating disorders (Dubosc et al., 2012; Lucea, 2012). Holzer et al. (2008) examined DSM-IV symptom clusters of PTSD in relation to disordered eating and found arousal and avoidance to be mediators. The authors hypothesized that eating disorder symptoms may serve as means of regulating negative affect. DSM-5 has added the dysphoric factor to the diagnosis of PTSD. Depressive affect is also highly correlated with disordered eating (Hudsen et al., 2007). This study seeks to replicate Holzer's findings using DSM-5 symptom clusters of PTSD. Two hundred and fifty Veterans completed self-report questionnaires asking about demographics, PTSD (PCL-5; Weathers et al., 2013), depression (BDI; Beck et al., 1996), eating disorders (EDDS; Stice et al., 2000), and shame (ESS; Andrews et al., 2002). Results revealed that the avoidance ($B = 0.03$, 95% CI [0.00, 0.11]), negative alterations in cognitions and mood ($B = 0.07$, 95% CI [0.01, 0.18]), and arousal symptoms ($B = 0.09$, 95% CI [0.02, 0.20]) mediated the relationship between trauma and eating disorder symptom severity whereas intrusion related symptoms did not ($B = 0.04$, 95% CI [-0.01, 0.14]). Results will be discussed with regard to future research and treatment implications.

LATE BREAKING POSTERS

FRI 297

Beyond Posttraumatic Stress Disorder: Effects of Military Sexual Trauma in Women across Behavioral Health Domains

(Abstract #1630)

Poster #FRI 297 (Clin Res, Rape, Sleep, Mil/Vets, Gender, Adult) I - N/A

Canale, Caroline¹, Grillo, Alessandra¹, Gutner, Cassidy², Street, Amy³, Iverson, Katherine⁴

¹*VA Boston Healthcare System, National Center for PTSD, Jamaica Plain, Massachusetts*

²*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts*

³*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts*

⁴*National Center for PTSD, Women's Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Jamaica Plain, Massachusetts*

Military sexual trauma (MST) is a common experience for women veterans. Although substantial research focuses on the associations between MST and PTSD, there is less attention to broader mental and physical health outcomes that may follow MST, such as sleep, worry, and somatic symptoms. We examine longitudinal data from a web-based survey of a national sample of 411 women veterans (75% participation rate). MST was assessed at Time 1 using the Department of Veterans Affairs' two-item screener. Behavioral health symptoms were assessed at Time 2 (N= 265), including sleep disturbance (Insomnia Severity Index), anxiety (Depression, Anxiety, Stress Scale), and somatic symptoms (Patient Health Questionnaire-15). Nearly half (45.5%) of women experienced MST. A higher proportion of women with a MST history reported sleep disturbance compared to those without MST (57.1% vs. 39.3%; $X^2 = 15.84$, $p < .001$). This pattern of findings held true for anxiety (19.3% vs. 5.1%; $X^2 = 12.59$, $p < .001$) and somatic symptoms (68.1% vs. 31.9%; $X^2 = 18.95$, $p < .001$). We will also examine associations among these variables and PTSD, including to what extent PTSD symptoms account for the associations observed here. Findings can inform

practice by increasing awareness and treatment options for veterans who have experienced MST.

FRI 298

Predictors of Number of Sessions of Cognitive Processing Therapy Attended during a Randomized Clinical Trial for Military Sexual Trauma-related Posttraumatic Stress Disorder

(Abstract #1639)

Poster #FRI 298 (Clin Res, Clin Res, Cog/Int, Rape, Mil/Vets, Adult) M - Industrialized

Holder, Nicholas¹, Holliday, Ryan², Suris, Alina¹

¹*Veterans Affairs North Texas Health Care System & University of Texas Southwestern Medical Center, Dallas, Texas*

²*Rocky Mountain MIRECC, Denver, Colorado*

Many veterans do not complete cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD) during randomized clinical trials (RCTs). In clinical settings, dropout rates can be even higher. Researchers have yet to consistently identify predictors of CPT dropout that could be targeted. The present study assessed the role of demographic factors (i.e., age, education, gender), provider factors (i.e., CPT fidelity), psychiatric symptom severity (i.e., PTSD, depression), PTSD service connection (SC), negative cognitions (NCs; about self, self-blame, world), and treatment expectations (TEs) in predicting number of CPT sessions attended. Data were compiled from a previously conducted RCT testing the effectiveness of CPT for military sexual trauma (MST)-related PTSD. A hierarchical multiple linear regression was conducted with number of sessions attended entered as the criterion variable and demographic variables entered as step 1 predictors. Additional predictor variables were entered stepwise in step 2. Male gender, higher TEs, fewer NCs about self, and greater NCs about self-blame predicted more sessions attended. CPT TEs and NCs about self/self-blame may represent potentially modifiable predictors of dropout from CPT in veterans with MST-related PTSD. Further research is needed to identify pre-treatment strategies to address these factors and reduce dropout.

FRI 299

Posttraumatic Stress Disorder Symptoms, Anxiety Sensitivity, and Emotion Regulation among Firefighters

(Abstract #1641)

Poster #FRI 299 (Clin Res, Affect/Int, Cog/Int, Adult) M - Industrialized

Paltell, Katherine¹, Bing-Canar, Hanaan¹, Ranney, Rachel¹, Berenz, Erin¹, Tran, Jana², Vujanovic, Anka³

¹*University of Illinois Chicago, Chicago, Illinois*

²*Houston Fire Department, Houston, Texas*

³*University of Houston, Houston, Texas*

Posttraumatic stress disorder (PTSD) symptoms are associated with difficulties in emotion regulation. One possible moderator of this relationship is anxiety sensitivity (AS; fear of anxiety and related sensations). Individuals who are high in anxiety sensitivity may have particular difficulty managing negative affect, as they tend to perceive their symptoms to be more dangerous. The present study investigated the main and interactive effects of PTSD symptoms (PTSD Checklist for *DSM-5*; PCL-5) and anxiety sensitivity (Anxiety Sensitivity Index-3; ASI-3) on emotion regulation (Difficulties in Emotion Regulation Scale-16; DERS-16) in a sample of 836 trauma-exposed firefighters (94.6% men; $M_{age}=38.24$ years, $SD=8.65$). Results of hierarchical linear regression models indicated that the main effects of PTSD symptom severity ($B=.353$, $p<.001$) and AS ($B=.273$, $p<.001$) were significantly positively associated with emotion regulation difficulties, accounting for 28.0% of variance. The interaction term accounted for an additional 2.0% of variance ($B=.157$, $p<.001$), such that PTSD symptoms were associated with greater emotion regulation difficulties among those high, but not low, in AS. Results of individual DERS subscales also will be presented. These findings offer support for the potential benefit of AS-reduction programs among firefighters with posttraumatic stress.

FRI 300

A Pilot Study of Compassion Meditation for PTSD
(Abstract #1642)

Poster #FRI 300 (Clin Res, Clinical Practice, Adult) M - N/A

Malaktaris, Anne¹, Baca, Selena², Casmar, Pollyanna³, Golshan, Shahrokh⁴, Lang, Ariel¹

¹*VA San Diego Healthcare System / UCSD, San Diego, California*

²*UC San Diego / VA San Diego Health Care System, San Diego, California*

³*VA San Diego Healthcare System, Oceanside, California*

⁴*University of California, San Diego, La Jolla, California*

Several studies show that meditation is acceptable to veterans with PTSD (Lang et al., 2012). Compassion meditation (CM), a meditative practice that focuses on the wish that the self and others be free of suffering, has been associated with increases in positive emotion (Engstrom & Söderfeldt, 2010) and social connectedness (Mascaro et al., 2013) in non-clinical samples. However, CM has never been evaluated in relation to PTSD. We conducted a pilot study of CM for veterans with PTSD recruited from VA mental health clinics ($N=28$). Participants were randomized to CM training or Veteran.calm (VC), an enhanced relaxation intervention; both consisted of ten 90-minute training sessions with at home practice. Participants completed pre- and post-treatment evaluation of PTSD (CAPS-5), and weekly measures of PTSD (PCL-5) and depression (PHQ-9). In a series of mixed model analyses, participants in the CM group experienced a significantly greater reduction of both PTSD symptoms (PCL-5: $F(1, 21.08)=5.23$, $p=.03$; CAPS-5: $F(1, 53.33)=9.56$, $p=.003$, Cohen's $d=1.20$) and depressive symptoms (PHQ-9: $F(1, 22.58)=4.41$, $p=.05$) than those in the VC group. This study and our prior work demonstrates the feasibility of CM for Veterans with PTSD. CM participants experienced clinically significant reductions in PTSD (large ES) and depressive symptoms across sessions, and CM was superior to relaxation.

FRI 301

Brain Injury Incurred During Domestic Violence against Women: The Influence on Recovery from PTSD

(Abstract #1645)

Poster #FRI 301 (Clin Res, Clin Res, DV, Health, Gender, Adult) I - N/A

McCaughey, Virginia¹, Fuentes-Carpentier, Marianne¹, Smith, Brian², Resick, Patricia³, Galovski, Tara⁴

¹*Department of Veterans' Affairs National Center for Posttraumatic Stress Disorder, Boston, Massachusetts*

²*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts*

³*Duke University Medical Center, Durham, North Carolina*

⁴*National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts*

While TBI studies in combat veterans and athletes have proliferated in recent years, research on head injury (HI) sustained during DV assaults lags far behind. Rates of HI in women survivors of DV dwarf the rates of HI incurred during combat, sports, falls and vehicular accidents combined. Injuries to the head, neck, and face occur most frequently during DV assaults with estimates ranging from 35-94% and 50% of victims reporting attempted strangulation. This study investigates the influence of HI during DV on recovery from PTSD and depression throughout Cognitive Processing Therapy (CPT). Participants (n=304) receiving CPT in 1 of 3 clinical trials were categorized into 3 comparison groups: HI, non-HI (sustained severe injury but denied head injury), and no injury. PTSD and depression in the HI condition were higher across assessment intervals than non-HI and no injury groups, but there was no significant moderation of outcomes. We then identified 21 individuals describing ongoing medical problems consistent with HI. PTSD and depression post-treatment were significantly higher for the HI group compared to those with non-HI symptoms. Further examination revealed that differences in PTSD outcomes were attributable to 4 out of 17 symptoms of PTSD – all 4 overlap with diagnostic criteria for TBI. The need for increased attention to differential diagnoses is discussed.

FRI 302

Interpersonal Factors Associated with Mental Healthcare Use in a Community Sample of Recently Traumatized Adults

(Abstract #1651)

Poster #FRI 302 (Clin Res, Comm/Int, Fam/Int, Adult) I - Industrialized

Bartsch, Alysha¹, Ip, Jen¹, Krause, Sandra¹, Wagner, Anne¹, Monson, Candice²

¹*Ryerson University, Toronto, Ontario, Canada*

²*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*

The present study explored the relative importance of psychological distress and interpersonal factors with regards to mental healthcare utilization in a community sample of recently traumatized adults (N = 108). Participants were assessed using the Clinician-Administered PTSD Scale (CAPS) and Mental Health Care Utilization form (MHU), and completed interpersonal measures including the Social Reactions Questionnaire (SRQ) as well as other measures of social support. Distress and interpersonal variables that were associated with mental healthcare use at the bivariate level were entered into a logistic regression. The overall model significantly predicted mental healthcare utilization ($\chi^2(13)=42.57, p<.001$; Nagelkerke's $R^2=0.443$); overall prediction success was 73.1%. Four variables significantly contributed to the model: total CAPS score (Wald=4.38, $p=.036$; Exp(B)=1.03), the SRQ Take Control subscale (Wald=7.27, $p=.007$; Exp(B)=1.41), the SRQ Egocentric subscale (Wald=6.06, $p=.014$; Exp(B)=1.46), and the SRQ Negative Reactions total (Wald=6.06, $p=.014$; Exp(B)=.83). While higher PTSD symptom severity is associated with increased use of mental healthcare, results suggest that certain types of negative reactions from a close other may deter traumatized individuals from seeking such services. Implications for early interventions and treatment engagement will be discussed.

FRI 303

Resistance Training Improves Posttraumatic Stress Disorder Symptoms in Adults: A Randomized Controlled Pilot

(Abstract #1665)

Poster #FRI 303 (Clin Res, Commun, Adult) M - Industrialized

Whitworth, James, Nosrat, Sanaz, SantaBarbara, Nicholas, LaBrec, Jordan, Louie, Mark, Ciccolo, Joseph
Teachers College, Columbia University, New York, New York

Recent research has shown exercise paired with psychotherapy has beneficial effects on PTSD symptoms. However, the standalone effects of exercise on PTSD symptoms are poorly understood. Resistance training (RT; i.e., weight lifting) is known to have beneficial effects on conditions commonly co-occurring with PTSD, such as depression, anxiety, and insomnia, but little is known about its effects on PTSD symptoms. In this pilot, 18 adults who screened positive for PTSD (ages 18-45, 94.4% female), using the Posttraumatic Diagnostic Scale for DSM-5 were randomly assigned to a 3-session/week, 3-week RT intervention (n=9), or a time-matched attention control (n=9). Effect size estimates of the intervention on PTSD symptoms (i.e., total, intrusions, avoidance, hyperarousal, and mood symptoms) were calculated using Cohen's *d*. Baseline to follow-up comparisons showed larger beneficial effects for RT relative to the control for total PTSD symptoms ($d=1.11$ vs. 0.70), avoidance ($d=1.23$ vs. 0.61), hyperarousal ($d=0.51$ vs. 0.30), and mood symptoms ($d=0.94$ vs. 0.37). However, RT had a smaller beneficial effect on intrusion symptoms when compared to the control ($d=0.84$ vs. 1.11). These findings suggest that 3 weeks of RT can beneficially alter PTSD symptoms. Additionally, larger adequately powered experimental studies are needed to further verify these results.

FRI 304

Collaboration with a Patient Advisory Panel to Inform Development and Initiation of a Study on Posttraumatic Stress Disorder Treatment and Cognitive Functioning in Veterans

(Abstract #1680)

Poster #FRI 304 (Clin Res, Mil/Vets, Adult) I - Industrialized

Laman-Maharg, Benjamin¹, Ono, Sarah², Ritchie, Mary Frances³, Helfand, Mark⁴, O'Neil, Maya⁵
¹**Northern Illinois University, DeKalb, Illinois**
²**Department of Veteran Affairs, Portland, Oregon**
³**Portland VA Medical Center, Portland, Oregon**
⁴**Portland VA Medical Center & Oregon Health & Science University, Portland, Oregon**
⁵**VA Portland Health Care System, Portland, Oregon**

Objective: To meaningfully incorporate patient and stakeholder perspectives into the design of a prospective study of cognitive problems in Veterans with PTSD. Methods: Qualitative design using question and answer sessions with Veteran and provider stakeholders. Participants were VA Portland Health Care System members of the Veteran Engagement Group (VEG) and PTSD clinical team providers. The VEG participated in a two-part, qualitative, in-person focus group with investigators of the mixed-methods research that was in the preparatory phase of development. Results: VEG members provided positive comments about the proposed research. VEG members universally encouraged the study team to continue to investigate linkages among PTSD, cognitive problems, and PTSD psychotherapy. Multiple members referenced their own health and healthcare experiences in these areas. VEG feedback was primarily focused on 2 main areas: refining qualitative interview questions and increasing clinical utility and accessibility of cognitive assessment results. Conclusions: This example of collaborative research development with a patient advisory panel provided our team with confirmation of the importance of the research focus area. It also provided us with valuable feedback resulting in minor study protocol amendments which improved both research quality and patient-provider-researcher interactions.

FRI 305

Effect of Sexual Dimorphism on the Relationship between Childhood Maltreatment and Adulthood PTSD

(Abstract #1683)

Poster #FRI 305 (Clin Res, CPA, Chronic, Gender, Adult) I - Industrialized

Mauer, Ezra¹, Anamkath, Nidhi², Stein, Murray³, Simmons, Alan⁴, Strigo, Irina²

¹*San Francisco VA Medical Center (VAMC-SF), San Francisco, California*

²*UCSF/SF VAMC, San Francisco, California*

³*University of California, San Diego, La Jolla, California*

⁴*San Diego VA/University of San Diego, San Diego, California*

Researchers have identified childhood maltreatment as a risk factor for adulthood PTSD (e.g., Zlotnick et al., 2008). Yet the role of sexual dimorphism in this relationship is still poorly understood. Considering that general trauma exposure psychologically affects females more adversely than males (Tolin & Foa, 2006), we aimed to investigate how sex influenced the relationship between childhood maltreatment (Childhood Trauma Questionnaire - Short Form; Bernstein et al., 2003) and adulthood PTSD in a large sample of traumatized men and women (N = 130, age = 22-56 yrs, 60% female). Mann-Whitney U tests showed emotional abuse (EA; U = 1943.5, p = 0.018) and physical neglect (PN; U = 2022, p = 0.004) to be positively and significantly related to PTSD in the entire adult sample. However, a general linear model analysis revealed a significant sex by PTSD interaction effect, suggesting the EA – PTSD relationship held only for females (F(1, 112) = 5.7, p < 0.05). While our findings are generally in line with those of previous studies highlighting the significance of PN and EA (Higgins & McCabe, 2000; Spertus et al., 2003), the moderating effect of sexual dimorphism on the EA – PTSD relationship deserves further study given its implications for understanding PTSD risk factors.

FRI 306

Psychotherapy in Motion: Multi-Modular Motion-assisted Memory Desensitization and Reconsolidation (3MDR) for combat soldiers and first responders with Posttraumatic Stress Disorder

(Abstract #1686)

Poster #FRI 306 (Clin Res, Chronic, Mil/Vets, Adult) M - Industrialized

van Gelderen, Marieke¹, Schöls, Caroline², Nijdam, Mirjam³, Vermetten, Eric⁴

¹*Centrum '45 Arq, Oegstgeest, Netherlands*

²*Foundation Centrum '45, Oegstgeest, Netherlands*

³*Centrum '45 Arq / Academic Medical Center Amsterdam, Amsterdam, Netherlands*

⁴*Centrum '45 Arq / Leiden University Medical Center, Leiden, Netherlands*

Since posttraumatic stress disorder (PTSD) can have long-lasting and profound consequences effective treatment is essential (Schnyder & Cloitre, 2015). The effectiveness of established evidence-based trauma treatments is limited in patient groups such as combat soldiers and first responders who have experienced a multitude of traumatic events (Steenkamp, Litz, Hoge & Marmar, 2015; Haugen, Evces & Weiss, 2012). For this reason Multi-modular Motion-assisted Memory Desensitisation and Reconsolidation (3MDR) was developed, which is an innovative exposure-based psychotherapy that employs personalization, virtual reality and movement. An open pilot with war veterans (N=8) with treatment-resistant PTSD showed improvement in PTSD symptoms consistent with reliable changes in four patients of which two were clinically significant. Moreover, subjective approvals and therapeutic adherence were high. Preliminary findings of another open pilot among treatment-resistant first responders will be presented. 3MDR thus seems to be a promising treatment paradigm for treatment-resistant PTSD as a result from occupational traumatic experiences. The efficacy of 3MDR in treatment-resistant PTSD and as first-line treatment should be studied more systematically in randomized controlled trials. Several of these trials are currently ongoing and connected through an international transatlantic consortium.

FRI 307

Treating Trauma and Promoting Peace in High Conflict/ Low Resource Settings: Community Intervention in the Central African Republic
(Abstract #1711)

Poster #FRI 307 (Clin Res, Clin Res, Refugee, Civil/War, Adult) I - W & C Africa

Froming, Karen, Sheikh, Rehan, Reed, David, Patel, Sita, Brown, Lisa, Froming, William
Palo Alto University, Palo Alto, California

Conflict between opposing militias has left nearly 6,000 Central African Republic (CAR) residents dead and a million displaced. With widespread exposure to trauma, mental health needs in CAR are considerable, yet there is no system offering services by professional mental health care providers. To address this need, a study was developed to design, implement, and evaluate peace education and trauma healing workshops with participants from local communities exposed to trauma. A total of 70 participants (63.33% women and 36.23% men) ages 27 to 72 were assigned to one of two groups: peace education followed by trauma healing, or the reverse. Using repeated measures ANOVA, PTSD, anxiety and depression symptoms were assessed at pre, post, and follow up time points. Preliminary results showed significant decreases across all symptom outcomes for both intervention groups: anxiety $F(1,48) = 33.18, p < .0001$, depression $F(1,48) = 25.84, p < .0001$, PTSD $F(1,48) = 5.80, p < .01$. These findings suggest the benefit of tandem peace and trauma interventions to reduce suffering in traumatized populations. This study has implications for professionals working in low resource / high conflict areas. Future studies should investigate barriers to mental health programs in unstable communities and means of overcoming obstacles encountered in areas with minimal government infrastructure.

FRI 308

Cannabinoid Preferences of Veterans Self-Medicating PTSD with Cannabis
(Abstract #1714)

Poster #FRI 308 (Clin Res, Pub Health, Sub/Abuse, Adult) M - N/A

Loflin, Mallory¹, Babson, Kimberly², Sottile, James³, Gruber, Staci⁴, Norman, Sonya¹, Bonn-Miller, Marcel⁵

¹**VA San Diego Healthcare System, San Diego, California**

²**Jazz Pharmaceuticals, Palo Alto, California**

³**Palo Alto University, Palo Alto, California**

⁴**McLean Hospital, Harvard Medical School, Belmont, California**

⁵**University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania**

Aims: Cannabinoid content is likely critical for determining positive versus negative outcomes of cannabis use on PTSD (Loflin et al., 2017). The aim of the current study was to determine whether Veterans who self-medicate with cannabis are choosing preparations and strains consistent with preliminary evidence suggesting therapeutic utility (e.g., high CBD, equal parts CBD/THC) or ones that may lead to symptom exacerbation (e.g., high THC/low CBD). **Methods:** Participants included 55 male and female military Veterans ($m_{[age]} = 48.78, SD = 15.66$) who receive free cannabis from the Santa Cruz Veteran's Alliance cannabis collective to address symptoms of PTSD. Participants reported: 1) the cannabis strain they most often use to self-medicate, and 2) their typical method of administration.

Results: The majority of participants (41.8%) reported using predominantly high THC/low CBD strains and smoking/inhaling flower cannabis, almost all of which is high THC (70.6%). A much smaller proportion of the sample reported using predominantly high CBD/low THC strains (7.0%) and using oils/tinctures, which are typically high in CBD (14.7%). **Conclusions:** The majority of participants reported using cannabis preparations that could exacerbate symptoms, and not using preparations identified by the literature as potentially beneficial. **Financial Support:** None to disclose.

FRI 309

Chronic Mental and Physical Health Sequelae of Traumatic Brain Injury Caused by Intimate Partner Violence: A Longitudinal Investigation
(Abstract #1632)

Poster #FRI 309 (Clin Res, Depr, DV, Mil/Vets, Gender, Adult) I - N/A

Grillo, Alessandra¹, Canale, Caroline¹, Iverson, Katherine²

¹*VA Boston Healthcare System, National Center for PTSD, Jamaica Plain, Massachusetts*

²*National Center for PTSD, Women's Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Jamaica Plain, Massachusetts*

Research indicates that women who experience intimate partner violence (IPV) are at risk for sustaining a traumatic brain injury (TBI) as a result of the violence. This is particularly pervasive for members of the women Veteran community, who are 1.6 times more likely to experience IPV than non-Veteran women. However, no research documents the long-term physical and mental health consequences of TBI caused by IPV ("IPV-related TBI") in women Veterans. We examined data from a longitudinal web-based survey of a national sample of 411 U.S. women Veterans (75% participation rate). We investigated the occurrence of probable IPV-related TBI history at Time 1 and associations with Time 2 mental and physical health symptoms, namely PTSD (PCL-V) and somatic (PHQ) symptoms. Of this sample, 264 (64.2%) of women report lifetime IPV, with 63 (28.1%) meeting screening criteria for IPV-related TBI at Time 1. Controlling for age and past-year IPV, probable IPV-related TBI was strongly associated with probable PTSD (OR=4.92; CI: 1.88-12.86) and symptomatic physical health (OR= 3.70; CI: 1.56-8.75) at Time 2 (1.5 years after Time 1). This is the first study to identify chronic mental and physical health consequences of women Veterans who experience IPV-related TBI. Findings have implications for screening and intervention for TBI and related health symptoms among women who experience IPV.

FRI 310

Screening Female Patients for Intimate Partner Violence in VHA: Evidence to Inform Modifications or De-implementation of Secondary Screening Recommendations
(Abstract #1578)

Poster #FRI 310 (Assess Dx, DV, Health, Mil/Vets, Gender, Adult) I - N/A

Grillo, Alessandra¹, Iverson, Katherine², Dichter, Melissa³

¹*VA Boston Healthcare System, National Center for PTSD, Jamaica Plain, Massachusetts*

²*National Center for PTSD, Women's Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Jamaica Plain, Massachusetts*

³*Department of Veterans Affairs Medical Center, Philadelphia, Pennsylvania*

Women who experience intimate partner violence (IPV) are among the most vulnerable patients in primary care. Veterans Health Administration (VHA) recommends annual screening of female patients for past-year IPV, and that women who screen positive for IPV (IPV+) receive imminent secondary screening for risk of further violence. This study aimed to evaluate the adoption, penetration, and effectiveness of a secondary screen as a facilitator of timely follow-up services. We conducted a hybrid investigation of key implementation and service outcomes associated with secondary screening among IPV+ women. We extracted clinical data to examine IPV screening records, and use of psychosocial care among a sample of 774 IPV+ women screened at 11 facilities nationwide over 2 years. Only 27.3% of facilities adopted the secondary screener. At adopting sites, 56.4% of women with IPV received the secondary screener, suggesting moderate penetration. While 73.8% of patients who screened positive on the secondary screener received psychosocial care within 60 days; this proportion was significantly higher than IPV+ patients screening negative (55.6%; $p < .05$). Yet, there was no significant difference in the absolute timeliness to access of psychosocial care. The low adoption and modest penetration of the secondary screen indicate a need to reevaluate secondary screening for clinical recommendation.

FRI 311

Supplementing Prolonged Exposure with Endogenous Oxytocin

(Abstract #1718)

Poster #FRI 311 (Clin Res, Bio Med, Clin Res, Adult) M - N/A

Davis, Callah, Augur, Isabel, Henschel, Aisling, Back, Sudie, Flanagan, Julianne
Medical University of South Carolina, Charleston, South Carolina

Variances in endogenous OT (EOT) may influence biological mechanisms involved in psychiatric disorders, such as PTSD. Lee et al. (2016) administered intranasal EOT or placebo to 28 participants diagnosed with schizophrenia. After three weeks of OT/placebo treatment, no significant difference was found between groups in OT levels/symptoms. Conversely, Zuiden et al. (2017) found that intranasal OT administered within 10 days of trauma reduced acute PTSD symptom severity. Few studies have examined the role of EOT in treatment outcomes for PTSD. The current study examined whether EOT was associated with PTSD treatment outcomes. Baseline levels of OT were measured for 17 participants diagnosed with PTSD. Participants received 10 weeks of PE augmented with an intranasal dose of OT. Results indicated that baseline EOT levels were not associated with PTSD severity at baseline. EOT did not moderate the relationship between intranasal OT condition and change in PTSD severity at end of treatment. It is possible that EOT does affect symptom severity in clinical populations, but its effects are more nuanced than our sample size allows. We found that EOT was not associated with baseline symptom severity or significant change during the course of treatment. This study highlights that central and peripheral OT may not interact

FRI 312

Peer Victimization Predicts Worse Inhibitory Control of Emotional, but Not Neutral, Stimuli after Peer Rejection

(Abstract #1682)

Poster #FRI 312 (Clin Res, Affect/Int, Clin Res, Cog/Int, Comm/Vio, Child/Adol) M - Industrialized

Xu, Yuyan¹, Park, Esther², Stacy, Taylor², Lambert, Hilary², McLaughlin, Katie²

¹*Columbia Teachers College, New York, New York*

²*University of Washington, Seattle, Washington*

Peer victimization (PV) is a risk factor for psychopathology with the poor self-regulation as a potential underlying mechanism. We examined effects of experimentally induced peer rejection on self-regulation in peer-victimized adolescents. In the study, 287 participants (16-17 years) with variability in exposure to PV completed a chat-room task. They were evaluated by virtual peers whom they believed to be real and were randomly assigned to a rejection or a control condition. They completed two tasks (inhibition and task switching) that measured cognitive control in a neural context and an emotional context. The moderation analysis indicated a significant interaction between pre-exposure to PV and chat-room condition on inhibitory control of emotional faces, but not of neutral stimuli. Specifically, more PV predicted worse inhibitory control of emotional stimuli after peer rejection. For peer-victimized adolescents, peer rejection only impaired cognitive control in an emotional context, suggesting that they do not have a general regulatory deficit. Instead, heightened emotional reactivity and poor emotion regulation following peer rejection could make it more difficult for peer-victimized adolescents to effectively engage cognitive skills in emotional contexts. This finding extends the research of the risk factors for psychopathology following PV.

FRI 313

Child Abuse Potential as a Mediator between Parenting Stress and Child Outcomes

(Abstract #1702)

Poster #FRI 313 (Clin Res, CPA, Dev/Int, Fam/Int, Child/Adol) M - N/A

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Crum, Kathleen¹, Moreland, Angela²

¹*National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina*

²*Medical University of South Carolina, Charleston, South Carolina*

Child abuse potential represents a mechanism by which parenting stress may impact child functioning, as evidence links parenting stress to abuse potential, and abuse potential to negative child outcomes—including traumatic stress and psychopathology. The current study assessed relationships between parenting stress, child abuse potential, and child social and behavioral competence. Parents of children ages 2-6 years (N=610, 44% girls) reported on parenting stress and attitudes towards abuse, as well as child social and behavioral functioning, before and after an intervention. Changes in parenting stress, abuse potential, and child social and behavioral outcomes were examined using panel analyses, controlling for intervention and demographics. Parenting stress predicted child social competence, anxiety/withdrawal, and anger/aggression. Abuse potential mediated the links between parenting stress and child anxiety/withdrawal, as well as child social competence. However, abuse potential did not mediate the link between parenting stress and child anger/aggression. Abuse potential may represent a mechanism connecting parenting stress to child social and behavioral outcomes. Screening for deficits in child social competence may identify children at risk for abuse, as well as parents in need of stress-reduction services and preventive intervention efforts.

FRI 314

Do Early Experiences of Sexual Bullying Predict Sexual-risk Taking in Young Women?

(Abstract #1604)

Poster #FRI 314 (Clin Res, Aggress, Health, Rape, Gender, Lifespan) M - Industrialized

Norcott, Candice¹, Keenan, Kate¹, Wroblewski, Kristen¹, Hipwell, Alison², Stepp, Stephanie²

¹*University of Chicago, Chicago, Illinois*

²*University of Pittsburgh, Pittsburgh, Pennsylvania*

Early adult sexual behavior plays a vital role in female reproductive health. We examined the impact of adolescent sexual bullying (i.e. other kids

grabbing your breasts/bottom when you did not want them to) on the development of high-risk sexual activity (e.g. increased frequency of sex, increased number of partners, inconsistent use of birth control, and sexually transmitted infections) in early adulthood. Data were drawn from annual interviews conducted on a large community sample of girls (n=2450, 52% African American). Using mixed-effects logistic regression models, we tested associations between sexual bullying at ages 13-15 and sexual risk behaviors at ages 16-20, controlling for depression and peer victimization. Young women who reported adolescent sexual bullying were more likely to have had sex in the past year (OR 6.8, 95% CI 4.4-10.5), an STI in the past year (OR 1.8, 95% CI 1.2-2.5), and more sexual partners: sexually active 16 year olds who had been sexually bullied were over 3 times more likely to have had 2 or more partners in the past 30 days. Sexual bullying was not associated with birth control use. These results suggest an important effect of sexual bullying, which has downstream effects for women's health. Initiatives combating sexual harassment may consider focusing their interventions earlier in girls' lives.

FRI 315

Child and Parent Perceptions of Participating in a Multi-method Trauma Study in the Acute Aftermath of Injury

(Abstract #1614)

Poster #FRI 315 (Clin Res, Acc/Inj, Acute, Clin Res, Lifespan) I - Industrialized

Kindler, Christine¹, Borger, Tia¹, Kassam-Adams, Nancy², Marsac, Meghan¹

¹*University of Kentucky, Lexington, Kentucky*

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

Objectives: Despite a growing body of evidence that participation in trauma research is well-tolerated and even welcomed by children and parents, ethics boards may voice concerns about research activities for families with recent trauma exposure. This study examines child and parent perceptions of participation, and the role of trauma symptoms, in research involving a parent-child observational task in the early aftermath of injury. **Methods:** 96 children (8-12 years, M=10.6) hospitalized for injury and one parent per child participated a 3 time point, longitudinal study. At baseline (within 2 weeks of

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guide to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

injury), children and parents completed measures of self-reported PTSS and perception of research participation. PTSS measures were repeated at 6 and 12 weeks. **Results:** The majority of families reported they were glad they participated in the research study (61% children; 72% parents) and felt good about helping others by participating (74% children; 93% parents). Negative feelings were uncommon (< 10% of families). Parent and child perception of trust did not significantly correlate, but a small, significant correlation ($r = .21$) for positive appraisals emerged. Perceptions of research were not significantly related to child or parent PTSS at any time point.

Conclusions: Results indicate that most individuals' research experience is positive, regardless of their trauma symptoms.

FRI 316

The Mental Health Consequences of Perceived Discrimination among Muslim American Youth
(Abstract #1671)

Poster #FRI 316 (Clin Res, Anx, Clinical Practice, Cul Div, Ethnic, Lifespan) M - N/A

*Tineo, Petty, Bailey, Emmett, Young, Megan, **Lowe, Sarah***

Montclair State University, Montclair, New Jersey

Muslim Americans have increasingly faced discrimination since the September 11 terrorist attacks, increasing their risk for mental health problems. Few studies to date have explored the mental health consequences of discrimination on Muslim American youth, or factors that might buffer against the impact of discrimination on youth's mental health, such as a strong Muslim American identity. In the current study, Muslim American college students ($N=141$) completed online surveys assessing perceived discrimination, Muslim American identity, lifetime exposure to potentially traumatic events, and symptoms of major depression (MD), generalized anxiety disorder (GAD), and posttraumatic stress disorder (PTSD). Approximately a third of participants (34.0%) were classified as having probable MD, 36.9% probable GAD, and 26.2% probable PTSD (34.6% of those with at least one lifetime trauma). Higher perceived discrimination was associated with greater symptom severity for each disorder (GAD: $B=.13$, $SE=.04$; MD: $B=.12$, $SE=.04$; PTSD: $B=.32$, $SE=.15$, all $p<.05$). Contrary to expectations, having a strong

Muslim American identity enhanced the relationship between perceived discrimination and GAD symptoms (interaction term: $B=.01$, $SE=.01$, $p<.05$). The results suggest that efforts to reduce discrimination toward Muslim Americans youth could decrease their risk for a range of mental health symptoms.

FRI 317

Definitions of Trauma: A Proposal for a Measurable Definition

(Abstract #1670)

Poster #FRI 317 (Clin Res, Assess Dx, Clin Res, Clinical Practice, Prof) I - N/A

*Braughton, **Jacqueline***

University of Minnesota Department of Family Social Science, St Paul, Minnesota

In order to work effectively across disciplines, it is critical to have a common language. Furthermore, since the results of scholarly efforts impact direct-care providers, and thus influence the public, it is imperative that the language is cohesive. However, due to different theoretical frameworks, focuses and demographics, definitions of trauma are not congruent, nor are they measurable in nature. A content analysis was conducted on empirical articles using trauma-affected populations. Results were narrowed to seminal works and other current literature in the last fifteen years, as well as systemic articles from a variety of disciplines and twenty-two articles were selected. Upon further review, only eleven articles had an explicit definition of trauma. This writer examined the measures of articles to gain an implicit view of what the authors may have defined trauma. However it is critical to note that those definitions are interpretative in nature and may not be indicative of what the original authors may have wanted to construe. Using definitions gained from the content analysis, a grounded theory analysis was conducted to produce a measureable definition necessary for cohesion and collaboration among clinical researchers and direct care providers. A three-part definition was created comprised of event, perception, and reaction.

FRI 318

Recent Exposure to Cybervictimization Types Perpetrated by an Intimate Partner and its Accumulating Effect on Depression among Young Adults

(Abstract #1662)

Poster #FRI 318 (Assess Dx, Aggress, Depr, Rape, Tech, Adult) I - Industrialized

Cantu, Jorge, Gonzalez, Leo, Villarreal, Lillianne, Ortiz, Jr., Reymundo, Hsieh, Claire, Charak, Ruby
The University of Texas Rio Grande Valley, Edinburg, Texas

Contemporary technologies (e.g., social media) have created newer avenues for interpersonal violence to occur. Studies seldom examine cybervictimization and its psychological consequences among adults in an intimate relationship. In the present study, participants were 262 adults in the age range of 18-29 years ($M = 20.92$, $SD = 2.39$; 72.9% female; 88.9% Hispanic) enrolled at a South Texas university and currently in an intimate relationship. Participants completed the Cyber Aggression in Relationship Scale (Watkins et al., 2016), the Conflict Tactics Scale-2-Short Form (Straus & Douglas, 2004), and the Patient Health Questionnaire (Kroenke et al., 2001). Nearly 53% and 20% reported psychological and sexual cybervictimization, respectively, and 64% reported stalking over cyberspace/cellphones by a partner. Half reported exposure to multiple cybervictimizations. Nearly 89% reported a depression score higher than the cut-off score of 10 indicating depression. Hierarchical regression analysis indicated an accumulating effect of cybervictimization types on depression ($B = 1.45$, $SE = .39$, $p < .001$) after controlling for age, gender, and in-person intimate partner aggression occurrences during the past year ($F(6, 251) = 5.05$, $p < .001$, $R^2 = .11$). Research on clinical and cyber-security related interventions can help curb the psychological issues deriving from cybervictimization.

FRI 319

ICD-11 Complex PTSD Factors as Mediators in the Association between Exposure to Traumatic Events in Childhood and Intimate Partner Violence by Men

(Abstract #1672)

Poster #FRI 319 (Assess Dx, Aggress, CPA, Complex, DV, Adult) A - Industrialized

Gilbar, Ohad^{1,2}, Dekel, Rachel², Hyland, Philip³
¹School of Social Work, Haifa University, Haifa, Israel
²School of Social Work, Bar-Ilan University, Ramat Gan, Israel
³National College of Ireland, Dublin, Ireland

Males who perpetrate intimate partner violence (IPV) experience more traumatic events – especially child abuse and neglect, and consequently more posttraumatic stress disorder (PTSD) and problems in self organization – than a community sample. Prolonged interpersonal violence was suggested as a risk factor for the proposed ICD-11 Complex-PTSD diagnosis, especially the DSO (disturbances in self-organization) symptoms. Nevertheless, CPTSD as a mediator, especially in the association between exposure to violence, neglect, and IPV, has not been studied. We examined the possible mediator paths of PTSD and DSO from childhood exposure to violence and neglect and IPV by men. Participants were 234 men drawn randomly from a national sample of 2,600 men receiving treatment for domestic violence in Israel. They completed the new ICD-11 International Trauma Questionnaire, the Conflict Tactics Scale for IPV, and the life events questionnaire. Findings revealed that the association between violence in childhood and psychological IPV was mediated by DSO and not by PTSD. However, childhood violence exposure was associated indirectly with psychological IPV through its linkage with stressful life events, then PTSD, and then DSO. These findings add to the discussion regarding the ICD-11 CPTSD diagnosis, and shed light on the consequences of child abuse and neglect on male IPV.

FRI 320

Measurement Differences between PTSD Checklist Versions PCL-C and PCL-5 in a Veteran Sample

(Abstract #1700)

Poster #FRI 320 (Assess Dx, Clinical Practice, Illness, Mil/Vets, Care, Prof) M - Industrialized

Hickey, Douglas, Moor, Sarah
Philadelphia VA Medical Center/VISN 4 MIRECC,
Philadelphia, Pennsylvania

The revised version of the PTSD Checklist (PCL-5) corresponds with changes in PTSD criteria for the DSM-5. It is not fully understood how these changes may alter symptom identification in clinical practice. The present study compares the PCL-C scores of 690 Veterans to the PCL-5 scores of 557 Veterans. The sample consists of recently deployed Veterans presenting to the Philadelphia VA Medical Center for primary care services. PCL scores and item responses from Veterans with similar clinical presentations from both scales were compared to examine potential differences in the self-reported measures and the resulting clinical diagnoses between the two groups. Results suggest that Veterans met criteria for PTSD with the same overall frequency using both the PCL-C and PCL-5. However, a subset of individuals who screened positive on the PCL-C did not on the PCL-5 and vice versa due to differences in the avoidance, numbing and negative mood criteria between the two measures. These results suggest that while the PCL-5 can generally identify individuals with PTSD in a manner consistent with the former PCL-C, there are some discrepancies that warrant further investigation.

FRI 321

Trauma Subcategories Correlating with PTSD and Somatic Symptoms among Newly Arrived Refugees

(Abstract #1701)

Poster #FRI 321 (Assess Dx, Global, Health, Civil/War, Adult) I - M East & N Africa

Yamin, Jolin¹, Krohner, Shoshana¹, Lumley, Mark¹,
Jamil, Hikmet¹, Arnetz, Bengt², Arnetz, Judith¹
¹Wayne State University, Detroit, Michigan
²Michigan State University, East Lansing, Michigan

Refugees experience elevated trauma and subsequent psychiatric and somatic symptoms. The commonly-used Harvard Trauma Questionnaire (HTQ) assesses cumulative traumatic exposures, but factor analysis of the HTQ reveals five subcategories of traumatic events. To better understand subcategory specificity, we examined how the cumulative HTQ and the five subcategories were related to both PTSD (PCL-C) and somatic symptoms (PHQ-15) in 64 newly arrived refugees from Syria or Iraq. As expected, the cumulative HTQ score correlated positively with PTSD symptoms ($r = .48, p < .001$) but less so with somatic symptoms ($r = .24, p = .053$). Four subcategories—Lack of Necessities, Abduction of Family/Friend, Physical Trauma to Others, and Persecution/Coercion—were positively related to PTSD symptoms (r 's from .24 to .44, $p < .05$), but Physical Trauma to Self was not ($r = -.03$). Only Lack of Necessities correlated with somatic symptoms ($r = .32, p < .05$). We conclude that it is important to consider both cumulative and subcategories of HTQ scores when addressing refugees' health. The unique relationship of Lack of Necessities to somatic symptoms may stem from the physical need characteristic of these events (lack of access to clean water, food, and medical care).

FRI 322

Rule-Based Fear Generalization Patterns Distinguish PTSD Patients from Trauma Unexposed and Trauma Resilient Individuals

(Abstract #1712)

Poster #FRI 322 (Assess Dx, Affect/Int, Assess Dx, Cog/Int, Adult) M - Industrialized

Howell, Ashley
National Crime Victims Research and Treatment
Center/MUSC, Charleston, South Carolina

Overactive threat response to certain and uncertain threat is implicated in PTSD. Growing research is testing the role of fear generalization in anxiety pathology, but testing in PTSD has been limited. We developed a computerized paradigm that measures subjective and objective threat responses to certain, ambiguous, and superficially-related threat stimuli. Stimuli were 12 shapes permuted on vector count, color, and size. One stimulus was 100%-paired with shock (CS+), and another was never paired (CS-). Other stimuli were categorized based on CS+ and CS- similarity (Sim+, Ambiguous, and Sim-) and

were presented at random after conditioning. Participants were undergraduates (57.9% female; 82.9% White) who denied trauma history (T-; n=38) or who were trauma-exposed and did (T+PTSD; n=10) or did not (T+; n=28) meet criteria for PTSD. Repeated measures analyses of covariance were used. Stimulus type was entered in order of CS+ similarity. Clinical group (T-, T+, T+PTSD) was the between-subjects variable, and we covaried for depression (PHQ-9), gender, and race. Significant multivariate results demonstrated linear patterns for threat ratings and skin conductance for T- and T+, consistent with healthy generalization. Patterns were overgeneralized for T+PTSD. Fear overgeneralization may help to identify PTSD pathology, and more so than when testing explicitly threatening stimuli.

FRI 323

Inclusion of Ethnic and Racial Minorities with PTSD in Evidence-based Clinical Trials: A Report Card

(Abstract #1688)

Poster #FRI 323 (CulDiv, Clin Res, Comm/Int, Cul Div, Ethnic, Lifespan) I - Industrialized

Kusch, Mary¹, Wetterneck, Chad², Grau, Peter²
¹*Rogers Memorial Hospital, Brown Deer, Wisconsin*
²*Rogers Memorial Hospital, Oconomowoc, Wisconsin*

According to the 2010 US Census, the three largest ethnic and racial minority groups in the United States are Blacks, Latinos, and Asian Americans. Racial and ethnic minorities have higher rates of trauma exposure than their White counterparts and, after trauma exposure, minorities experience the risk of developing PTSD at a higher rate than Whites (Dixon et al., 2016). Minorities are also more likely to terminate prematurely and to underutilize mental health services (Dixon et al., 2016; Kearney, Draper, & Baron, 2005; Sue, Fujino, Hu, & Zane, 1991). Due to these factors, it is important to establish whether minorities are adequately represented in evidence-based clinical trials for PTSD. This study will analyze efficacy studies for PTSD and determine whether Blacks, Latinos, and Asian Americans are sufficiently included. A literature search of efficacy studies for PTSD was conducted; only trials from the United States were included. We collected clinical trials that used the following three evidence-based treatments: Prolonged Exposure, Cognitive

Processing Therapy, and Eye Movement Desensitization and Reprocessing. Results will show whether ethnic and racial minorities are adequately represented in clinical trials for the aforementioned treatments. We will discuss strategies to increase inclusion rates through appropriate recruitment methods and community involvement.

FRI 324

The Relationship between Core ACT Processes of Change and PTSD and Depression Symptom Severity in a Partial Hospitalization Program

(Abstract #1689)

Poster #FRI 324 (Clin Res, Clin Res, Clinical Practice, Cog/Int, Complex, Adult) I - Industrialized

Clark, Michael¹, Wetterneck, Chad², Grau, Peter², Parra-Brownrigg, Jennifer³, Cass, Tanya¹

¹*University of Wisconsin - Milwaukee, Milwaukee, Wisconsin*

²*Rogers Memorial Hospital, Oconomowoc, Wisconsin*

³*Rogers Memorial Hospital, Madison, Wisconsin*

Acceptance and Commitment Therapy (ACT) is a third wave behavior therapy that targets processes of change including acceptance, mindfulness, committed action, cognitive defusion, self as context, and valued living (Hayes et al., 1999). While guidelines for integrating ACT into PTSD treatment exist (Walser, 2006), few studies have focused on examining how individual core processes relate to symptoms (Donahue et al., 2017). The purpose of this study was to replicate and extend the work of Donahue et al. (2017) in a treatment seeking PTSD population by investigating these relationships between the ACT core processes of change and PTSD and depression severity. Patients in a PTSD specialty program (N = 100) were given an assessment battery that contained measures mapping on to the core processes of ACT and symptom severity. The relationship between ACT processes and symptom severity were analyzed using Pearson's Correlation and significant relationships were found across measures and in magnitude. Results from this study extend previous findings in a sample that is more generalizable than previous research. Clinical implications on practice and research will be discussed. Our future research includes determining whether change in ACT processes influences

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

treatment outcome, and if some processes are more impactful and should be targeted more in ACT-oriented treatment approaches.

FRI 325

The Role of Shame on Interpersonal Functioning among Patients with PTSD

(Abstract #1715)

Poster #FRI 325 (Practice, Health, QoL, Adult) I - N/A

Loyo, Karina¹, Wetterneck, Chad², Grau, Peter²

¹*Marquette University, Milwaukee, Wisconsin*

²*Rogers Memorial Hospital, Oconomowoc, Wisconsin*

A growing body of literature has demonstrated support for the association between shame and posttraumatic stress disorder (PTSD) (Saraiya & Lopez-Castro, 2016). While PTSD has been associated with difficulties with interpersonal functioning (Markowitz, Milrod, Bleiberg, & Marshall, 2005), less is known about the role of shame on interpersonal difficulties in trauma-exposed populations (Dorahy et al., 2013). Research examining the impact of shame on interpersonal relationships has been limited with regard to the nature of trauma and shame included. A recent study found shame had an indirect effect on relationship distress through PTSD severity (Dorahy et al., 2017). The aim of the current study is to investigate the impact of trauma-related shame on interpersonal functioning in patients in a specialty PTSD partial hospitalization program. Patients (N = 125) received an admissions battery with measures addressing shame (Trauma-Related Shame Inventory), interpersonal skills (Functional Ideographic Template), and PTSD severity (PTSD Civilian Checklist – 5). A mediation analysis was conducted to predict interpersonal skills from trauma-related shame through PTSD severity. We expect shame to heighten PTSD severity, which in turn negatively affect interpersonal skills. Results will indicate what influence trauma-related shame may have on interpersonal skills through PTSD severity.

FRI 326

Early Maladaptive Schemas, Self-Compassion, and PTSD

(Abstract #1566)

Poster #FRI 326 (Clin Res, Chronic, Clin Res, Cog/Int, Complex, Adult) I - Industrialized

*Grau, Peter, Wetterneck, Chad, Wojcik, Katharine
Rogers Memorial Hospital, Oconomowoc,
Wisconsin*

Individuals who experience posttraumatic stress disorder (PTSD) typically have difficulty engaging in self-compassionate behavior. One theory that allows for a functional understanding of the development of self-compassionate behavior in PTSD populations is schema therapy. Recent studies have linked experiencing trauma to the development of early maladaptive schemas (EMS), several of which have been specifically linked to PTSD symptom severity. Certain schemas (defectiveness/shame, emotional inhibition, subjugation, social isolation, and unrelenting standards) are also theoretically linked to a lack of self-compassion. Data from 150 PTSD patients was collected upon admitting to treatment in a specialty treatment program for PTSD. Pearson's correlations revealed significant relationships between self-compassion, EMS, and PTSD symptom severity. Specifically, EMS related to emotional inhibition, social isolation, and mistrust demonstrated higher correlations with both PTSD severity and, inversely, with self-compassion. As such, as we increase awareness of schemas and reduce engagement in dysfunctional behavior related to them, we can increase receptivity to self-compassion techniques and improve well-being and hopefully treatment outcome. This connection allows us to propose an additional benefit of targeting early maladaptive schemas in treatment for PTSD.

FRI 327

What Protective Factors in Childhood are Associated with Resilience to Childhood Abuse-related Weight Gain?

(Abstract #1640)

Poster #FRI 327 (Pub Health, CPA, Health, Pub Health, Adult) M - Industrialized

Mason, Susan

Presenters' names are in bold. Discussants' names are underlined.

Moderators' names are in bold and underlined.

Guides to Keyword Abbreviations located on pages 2-4.

(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

**University of Minnesota-Twin Cities Campus,
Minneapolis, Minnesota**

Childhood abuse is associated with adult obesity, but some individuals are resilient and little is known about what protective factors might be involved. We investigated factors found to promote mental health resilience as potential modifiers of abuse–weight association. We conducted analyses among female (n=4978) and male (n=2580) participants in the Growing Up Today Study (GUTS). At age 20-25 years, participants were asked about childhood abuse. Potential modifiers included socioeconomic status, neighborhood safety, supportive relationship with an adult outside the family, relationship with mother, family structure, religious service attendance, and prayer/meditation. Linear regression modeled body mass index (BMI) in kg/m² at age 26-31 years as a function of categorical abuse score (no abuse, mild abuse only, severe abuse), each modifier, and abuse–modifier interaction, adjusting for sociodemographics and baseline BMI. Severe abuse was associated with 0.9 kg/m² (95% CI: 0.5, 1.2) higher adult BMI, relative to no abuse. There were no significant interactions between modifiers and abuse, and stratified analyses confirmed similar abuse–obesity point estimates. Despite evidence of several buffering factors that appear to promote resilience to mental health sequelae after abuse, we find no similar evidence for the abuse–weight association.

FRI 328
**A Socioecological Model of Risk Associated with
Campus Sexual Assault in a Representative
Sample of Liberal Arts College Students**
(Abstract #1652)

**Poster #FRI 328 (Prevent, Ethnic, Rape,
Gender, Adult) I - Industrialized**

Bobchin, Kelly¹, Wang, Shirley², Draper, Jordan¹,
Herres, Joanna¹

¹*The College of New Jersey, Ewing, New Jersey*

²*Harvard University, Cambridge, Massachusetts*

We used a socioecological model to test associations between campus sexual assault (CSA), posttraumatic stress disorder (PTSD), and hypothesized moderators. Liberal arts students completed a web-based census survey that assessed demographics, campus organization involvement, campus climate, history of sexual assault, and PTSD symptoms. Individual-level

correlates of CSA included female gender and those who reported prior sexual victimization. At the micro-level, members of Greek life were more likely and college athletes significantly less likely to report CSA. At the macro-level, individuals who reported poorer student supportiveness, college responsiveness, and college handling of reports of CSA were more likely to report CSA. The relationship between CSA and PTSD symptoms was stronger for racial/ethnic minorities, those without a history of prior sexual assault, and those who felt a poorer sense of community. This study contributes important information regarding the socioecological context of CSA. Findings emphasize a need for college and Title IX officials to develop and implement educational programs that focus on preventing violence against women, particularly for members of Greek life and students with a prior history of sexual assault. Finally, intervention should focus on enhancing CSA survivors' sense of community.

FRI 329
**Common Experiences among Active Duty
Military Fathers during Reintegration**
(Abstract #1667)

**Poster #FRI 329 (Prevent, Assess Dx, Fam/Int,
Mil/Vets, Other) I - Industrialized**

Ojeda, Alyssa¹, Zolinski, Sophie¹, Blankenship,
Abby¹, Jacoby, Vanessa², Yarvis, Jeffrey³,
Dondanville, Katherine¹

¹*University of Texas Health Science Center at San
Antonio, San Antonio, Texas*

²*University of Texas Health Science Center at San
Antonio, Ft Hood, Texas*

³*U.S. Army, Fort Hood, Texas*

Deployment and combat exposure are associated with increased risk for psychiatric disorders, including posttraumatic stress disorder (PTSD), anxiety, alcohol abuse, depression, and suicide (IOM, 2008). While the majority of US Service Members report minimal symptoms across time (Bonanno et al., 2012), many report problems with individual, family, and community reintegration. Veterans with higher levels of PTSD report more problems with reintegration and express a greater interest in reintegration programming than those without (Sayer et al., 2010). Qualitatively, service members and veterans describe their homecoming experiences as

having lost time, not being understood by family members and civilians, and having difficulty adjusting to the pace of civilian life (Demers, 2011). While these experiences are common, they tend to fall outside of the problems addressed by the Department of Defense, Veterans Affairs, and community behavioral health clinics. Utilizing a semi-structured interview, the current study qualitatively examined common homecoming experiences of Active Duty Service members (n= 15) following a deployment, and their suggestions for addressing reintegration problems across the deployment cycle. This poster will describe core experiences and suggestions as compared with previous research. Implications for prevention and reintegration programming will be discussed.

FRI 330

Perceived Peer Approval and Sexual Violence Perpetration among High School Boys
(Abstract #1669)

Poster #FRI 330 (Prevent, Aggress, Dev/Int, Prevent, Rape, Child/Adol) I - Industrialized

Orchowski, Lindsay¹, Bleiweiss, Kaitlyn², Oesterle, Daniel²

¹*Brown University Warren Alpert Medical School, Providence, Rhode Island*

²*Rhode Island Hospital & Brown University, Providence, Rhode Island*

There is a dearth of research focusing on correlates of adolescent sexual violence perpetration. This study examines the role of perceived peer approval of sexual violence, rape myth acceptance, and engagement in sexual activity as correlates of sexual violence perpetration among a sample of high school boys (N = 565, Mage=15.4). Data were collected in the context of a larger randomized controlled trial of a sexual assault prevention program for high school youth. Perpetration of sexual violence was assessed with adapted versions of two measures (i.e., unwanted sex, Black et al., 2011; and sexual harassment, Taylor et al., 2010). In this sample, 25% (N = 154) of boys reported perpetrating sexual aggression in the past year. Multivariate linear regression demonstrated that higher rape myth acceptance ($t(556) = 5.94, p < .001$), higher perceived peer approval for sexual violence ($t(556) = -2.32, p < .05$), and engagement in sexual activity ($t(556) = 6.32, p < .001$) were predictive of higher frequency of

sexual violence perpetration. These results are consistent with the Integrated Model of Sexual Aggression (Berkowitz, 2002), which suggests that a combination of variables relating to personal attitudes, experiences, and perceived peer influences serve to increase sexual assault proclivity. Prevention programs that target social norms change may be especially important.

FRI 332

Interference of Verbal and Visuospatial Processing in Trauma Memory Consolidation and Intrusions
(Abstract #1709)

Poster #FRI 332 (Prevent, Clin Res, Cog/Int, Adult) M - N/A

Rigolli, Marcelo, de Oliveira, Fernando, Silva, Gustavo, Nieves, Hector Alejandro, do Valle, Laura, Kristensen, Christian
Pontifical Catholic University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil

INTRODUCTION: PTSD has been studied as a memory disorder due to the centrality of intrusion symptoms. Previous research has indicated the potential use of competing visuospatial tasks (e.g., Tetris) in the decrease of PTSD symptoms. This study aimed to test how visuospatial and verbal tasks affect the frequency, intensity and distress of intrusive memories. **METHOD:** A trauma analogue-paradigm was conducted with a real-life footage of a motor vehicle accident aftermath. Immediately after watching the video, participants were allocated into three conditions: (a) verbal processing task (verbally describing everything you could see, hear or feel in the video for 15 min.; n=21); (b) visuospatial processing task (playing the game Tetris on a computer for 15 min.; n=27); (c) control group (no tasks were performed; n=29). **RESULTS:** No significant differences between conditions were found regarding the amount, intensity or distress of intrusions reported by participants. Although not statistically significant, participants in the visuospatial task condition reported higher number of intrusions ($M = 2.52; SD = 2.44$) than the control group ($M = 2.57; SD = 0.97$) and the verbal task group ($M = 2.19; SD = 1.78$). **CONCLUSION:** Results do not support cognitive visuospatial nor verbal tasks as a significant modifier of intrusions' frequency,

intensity and distress, although further studies are needed.

FRI 333

Association between Clinical Symptomatology and Psychophysiological Measures in PTSD Patients
(Abstract #1710)

Poster #FRI 333 (Bio Med, Health, Bio/Int, Adult) M - N/A

*de Oliveira, Fernando, Bujak, Marcelo, Volkmann, Nicole, Cargnelutti, Ezequiel, Grassi-Oliveira, Rodrigo, **Kristensen, Christian***
Pontifical Catholic University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil

Introduction: Heart Rate (HR) and the Heart Rate Variability (HRV) are important assessment tools for measuring autonomic balance in Posttraumatic Stress Disorder (PTSD). Our purpose was to verify the association between PTSD symptomatology and baseline psychophysiological variables. Method: Eighteen PTSD patients from an university-based outpatient clinic answered the following assessment instruments: Structured Clinical Interview for DSM-IV Disorders (SCID-I), Screen for Posttraumatic Stress Symptoms (SPTSS), Dissociative Experiences Scale (DES), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory Beck (BAI). The participants visualize 10 minutes of neutral images while data was captured through the POLAR RS800CX. The last 5 minutes were utilized for the analysis of the sample's physiological baseline. Data of mean Heart Rate (HR), the standard deviation of the NN interval (SDNN) and the root mean square of successive differences (RMSSD) were analyzed by the Kubios HRV software. Results: SDDN was significantly correlated with BDI ($r_s = -.58$; $p = .01$), BAI ($r_s = -.51$; $p = .03$) and DES ($r_s = -.40$; $p = .03$), while RMSSD was only correlated with BDI ($r_s = -.45$; $p = .03$). Conclusion: Higher clinical symptomatology was associated with poorer physiological balance in PTSD patients.

FRI 335

Spontaneous Neural Activity Differences in Posttraumatic Stress Disorder: A Quantitative Resting-State Meta-Analysis and fMRI Validation
(Abstract #1708)

Poster #FRI 335 (Bio Med, Bio Med, Bio/Int, Neuro, Adult) M - N/A

Disner, Seth, Marquardt, Craig, Sponheim, Scott
Minneapolis VA Health Care System, Minneapolis, Minnesota

Identifying the pathophysiology of posttraumatic stress disorder (PTSD) is a critical step toward reducing its debilitating impact. Spontaneous neural activity, measured at rest using various neuroimaging techniques (e.g. regional homogeneity [ReHo], amplitude of low frequency fluctuations [ALFF]), can provide insight about neurobiological underpinnings of PTSD symptomatology. The present study used activation likelihood estimation (ALE) to conduct the largest-to-date quantitative meta-analysis of spontaneous neural activity in PTSD, including 457 PTSD cases, 292 trauma-exposed controls (TECs), and 293 non-traumatized controls (NTCs). Five regions-of-interest (ROIs) were identified where activity differed between PTSD cases and controls: one when compared to all controls (left globus pallidus), two when compared to TECs (left inferior parietal lobule [IPL] and right lingual gyrus), and two when compared to NTCs (left amygdala and right caudate head). To corroborate these results, a second analysis was conducted using an independent sample of 205 previously-deployed US military veterans. Evidence from ReHo and ALFF showed that only left IPL activity was associated with PTSD symptom severity. By modeling the neurobiological correlates of PTSD, we can increase our understanding of this debilitating disorder and guide the development of future clinical innovations.

FRI 336

Mental Health Impact of Homecoming Experience among Deployed Veterans from the Vietnam War to Current Warzone Conflicts: Results from the Veterans' Health Study

(Abstract #1581)

Poster #FRI 336 (Bio Med, Mil/Vets, Adult) M - Industrialized

Boscarino, Joseph¹, Figley, Charles², Adams, Richard³, Urosevich, Thomas¹, Boscarino, Joseph⁴, Hoffman, Stuart¹

¹*Gesinger Clinic, Danville, Pennsylvania*

²*Tulane University, New Orleans, Louisiana*

³*Kent State University, Kent, Ohio*

⁴*Mass School of Professional Psychology, Newton, Massachusetts*

Background: Currently there is interest in social factors associated with adverse outcomes among veterans. Methods: We examined post-deployment homecoming support on health outcomes among a community-based sample of 1,730 veterans using telephone interviews. Results: The mean age of veterans was 60 and 95% were male. Altogether, 56% served in Vietnam, 23% Iraq/Afghanistan, 16% Persian Gulf, and 14% served in other conflicts. Among veterans, the prevalence of PTSD was 7.6%, depression 8.3%, anxiety disorders 12.4%, alcohol misuse 24%, and suicidality was 12.4%. Overall, 26% of veterans were classified as having low homecoming support based on the Deployment Risk & Resilience Inventory, which was more common among Vietnam compared to other veterans (OR = 22.43, $p=0.0001$). In multivariable regressions controlling for demographics, combat exposure, deployments, trauma history, service era, and social support, low post-deployment support was associated with PTSD (OR=2.49, $p=0.004$) and suicidality (2.75, $p=0.0001$), but negatively associated with alcohol misuse (OR=0.65, $p=0.014$). Conclusions: Years after deployment, lower homecoming support for services members was associated with PTSD and suicidality, regardless of service era and warzone exposure, suggesting that the impact of the community support on veterans' health may be long-term.

FRI 337

Brief Anger-aggression Questionnaire (BAAQ): Examination of the Psychometric Properties and Association with Functioning in a Clinical, Military Sample

(Abstract #1706)

Poster #FRI 337 (Res Meth, Acute, Aggress, Res Meth, Mil/Vets, Adult) M - N/A

Lento, Rene¹, Blackburn, Allyson², Goetter, Elizabeth¹, Iverson, Grant¹, Bui, Eric¹

¹*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts*

²*Massachusetts General Hospital, Boston, Massachusetts*

Posttraumatic Stress Disorder (PTSD) is common among post-9/11 veterans (Polusny et al., 2011). Some with PTSD have irritability and difficulty managing anger, suggesting a potential increased risk for aggressiveness in this population (Miles et al., 2017). This study examines the psychometric properties of the 6-item Brief Anger-Aggression Questionnaire (BAAQ; Maiuro, Vitaliano, & Cahn, 1987) in a large sample of veterans. Treatment-seeking veterans ($N=577$; 91% men; $M\text{ age}=33.8$, $SD=8.3$) completed the BAAQ, the Depression, Anxiety, and Stress Scale (DASS; Lovibond & Lovibond, 1995), and the PTSD Checklist (PCL; Weathers, Litz, Huska, & Kean, 1994). The mean endorsement rate across the 6 BAAQ items was 27%, and item 3 (easily losing patience) was the most frequently endorsed (46%). Cronbach's alpha was 0.85. The BAAQ ($M=10.1$, $SD=5.7$) correlated strongly with PCL item 14 (irritability/angry outbursts; $r=0.60$, $p<.0001$) and with PTSD symptom severity ($r=.58$, $p<.0001$), depression ($r=.57$, $p<.0001$), and stress ($r=.65$, $p<.0001$), and moderately with anxiety ($r=.49$, $p<.0001$). Confirmatory factor analyses indicated a good fit for a one-factor structure (RMSEA = 0.056; CFI=0.991; TLI=0.981). The BAAQ exhibited satisfactory psychometric properties in treatment-seeking veterans.

FRI 338

Impact of Mild TBI and PTSD Dual Diagnosis on Relationship Functioning and Community Integration

(Abstract #1717)

Poster #FRI 338 (Res Meth, Mil/Vets, Adult) I - N/A

Vitale, Amanda¹, Hazlett, Erin², Drapalski, Amy³, Spears, Angela¹, Alter, Sharon², Perlick, Deborah²

¹J. J. Peters Veterans Affairs Medical Center, Bronx, New York

²James J Peters VAMC/Mount Sinai School of Medicine, Bronx, New York

³VA Maryland Healthcare System, Baltimore, Maryland

Although PTSD and mild traumatic brain injury (mTBI) often coexist and have been found to negatively impact community and family functioning, few studies have compared Veterans with both syndromes vs. mTBI alone. We used 't' tests to compare 67 demographically-matched post-911 combat Veterans with MINI-diagnosed PTSD and research diagnosed mTBI with 11 Veterans with mTBI only on measures of functional status and emotion regulation. As hypothesized, Veterans with both syndromes had less extensive community participation assessed by the computer-adapted version of the Community Reintegration of Injured Service Members Scale (CRIS-CAT) ($p = .018$) and fewer positive interactions ($p = .05$) with their partners as assessed by the Communication Patterns Questionnaire (CPQ) and higher levels of emotion dysregulation on the Difficulties in Emotion Regulation Scale (DERS) than those with mTBI alone ($p = .002$). Comparison of the differences in correlation coefficients between groups found a trend with the mTBI group showing a stronger negative association between DERS and CPQ positive interactions ($p = .07$). While these data are preliminary with a small N, they suggest that Veterans with both PTSD and mTBI may require more intensive or more targeted rehabilitation.

FRI 339

Advancing Conceptualizations of Acculturation to Military Cultural Identity

(Abstract #1707)

Poster #FRI 339 (CulDiv, Clinical Practice, Mil/Vets, Adult) M - Industrialized

Carreño, Patricia, Hall-Clark, Brittany, Dondanville, Katherine, Christian, Iman, Hummel, Venée, Peterson, Alan
University of Texas Health Science Center at San Antonio, San Antonio, Texas

Cultural competence is recognized as necessary for education, clinical applications, and research (APA, 2002; NASW, 2015). Military cultural competency, specifically, is scarce across medical and clinical training institutions (AMMC, 2015). Over the last decade, increased awareness and advocacy have grown the recognition of military culture (MC) as a specific cultural group requiring understanding and practice considerations (Myer, Writer, & Brim, 2016; US White House, 2012). In VA Healthcare systems, providers recognize that the consideration of MC and experiences (e.g., differences in combat zones, understanding war-related trauma, stigma surrounding help-seeking) can facilitate the process of contextualizing patient symptoms, help treatment planning, and improve health outcomes (Ross, Ravindranath, Clay & Lympton, 2015). However, contemporary approaches to MC tend to assume a unidimensional experience of military identity. Espousing Berry's (2006) Model of Acculturation, we expand current conceptualizations of military identity with active duty service members and describe the negotiation of multiples identities through (1) integration (2) assimilation (3) separation and (4) marginalization. Clinical applications are used to illustrate cultural applications of acculturation to MC and demonstrate how providers can incorporate these useful principles in clinical practice.

FRI 340

The Experience and Psychological Expression of Trauma within Middle Eastern and North African Women

(Abstract #1647)

Poster #FRI 340 (Global, Anx, Cul Div, Depr, Gender, Adult) I - M East & N Africa

Dhaliwal, Sonia, Collins, Summer, Savala, Aly, Camp, Emily, Liu, Xinling
University of Missouri - Columbia, Columbia, Missouri

Background: Over the last 40 years the Middle East and North Africa region (MENA) has experienced political turmoil, civil war, terrorism, and natural disaster - events which are often traumatizing (Neria, et. al., 2010). Within this region, little research has focused on how women experience trauma. Methods: A literature review of publications relating to trauma, anxiety and depression was conducted to discern if adult females in MENA experience symptomatology aligned with anxiety or depressive disorders after a traumatic experience. Results: Our recent review of the literature revealed that there is scant research on how women in MENA experience and express trauma related symptomatology. Although diagnoses of depression and anxiety are common in MENA (Tanios, et. al., 2009), root causes of the symptoms have yet to be thoroughly explored. Conclusions: More research is needed to explore a possible correlation between traumatic experiences and diagnoses of anxiety or depression in women. Additional factors to be researched include: influence of Islamic faith & religious practices on help seeking behaviors & attitudes toward mental health treatment; impact of gender roles & restrictions on help seeking behavior and diagnosis bias; cultural attitudes toward women on diagnosis bias & familial support for treatment of mental health disorders.

FRI 341

Patient Attrition among Female Veterans Undergoing Interdisciplinary Pain Rehabilitation: Do PTSD and Depressive Symptoms Matter?

(Abstract #1676)

Poster #FRI 341 (Practice, Clin Res, Cog/Int, Depr, Mil/Vets, Adult) I - Industrialized

Anamkath, Nidhi¹, Mauer, Ezra², Palyo, Sarah¹, Strigo, Irina¹

¹*UCSF/SF VAMC, San Francisco, California*

²*San Francisco VA Medical Center (VAMC-SF), San Francisco, California*

Although patient attrition is often noted in investigations of pain treatment, factors contributing to dropout are often inadequately assessed in such examinations (Turk & Rudy, 1990). Identification of factors placing patients at risk for dropout is critical for the development of treatment strategies which target those at risk. Filling a gap in the literature, the present study is the first to our knowledge to explore factors which potentially contribute to attrition among a sample of female Veterans undergoing the "tertiary" (i.e. highest level) of interdisciplinary pain treatment offered by the Veterans Health Administration (n = 34, age = 30-66 years). Given the high rates of PTSD and depression among Veterans, this study aims to assess whether there are differences in these factors among those who dropped out and those who remained in treatment (Seal et al., 2012). Furthermore, age, pain intensity, pain catastrophizing, and pain disability were also evaluated as potential factors varying among dropouts versus completers. Results of a Mann-Whitney U test show only age (U = 77.5, p = 0.04, r = -0.13) and depressive symptoms (U = 63.0, p = 0.03, r = -0.16) were significantly higher in those who dropped out. Results indicate that identifying depressive symptoms may be critical for reducing attrition as well as increasing adherence to treatment for those who do not drop out.

FRI 342

Ketogenic Diet Effectively Manages Type 1 Diabetes in a Female Veteran Trauma Survivor

(Abstract #1685)

Poster #FRI 342 (Practice, Health, Illness, Rape, Adult) I - Industrialized

Weidner, David
Veterans Health Administration, Champaign, Illinois

A 46-year-old female veteran who was diagnosed with type 1 diabetes (T1D) 3-4 months after experiencing military sexual trauma came to the clinic for the treatment of PTSD and began receiving Prolonged Exposure therapy. After a 75% reduction

in her PTSD symptoms she self-started the Ketogenic Diet (KD). After 23 days she averaged 20 carbohydrates, 53 proteins and 86 fats. Veteran had been receiving increasing amounts of insulin for 25 years. She had been using 22 units of long acting and 8 units of short-acting insulin on a daily basis prior to the KD. After 23 days on the KD her long-acting insulin was reduced to 10 units a day and she no longer needed her short-acting insulin and Her A1C was 7.0% (6 months earlier it was 7.3%). She stopped using her short-acting insulin completely after just 1 day on the KD. Her mood “evened out” she lost 10 pounds without any change in her level of activity and her blood glucose levels stabilized. There is some data to indicate that trauma may play a role in T1D’s pathogenesis. In fact, this veteran was diagnosed with T1D shortly after experiencing trauma. Future research may consider the impact of trauma upon T1D and the possible mediating effects of trauma based therapy and the KD on this disease. The KD may be an important adjunct treatment to evidenced based trauma psychotherapy.

FRI 343

The Benefits of Feeling Uplifted and Inspired by Fellow Group Members in Residential PTSD Treatment: A Pilot Study Examining the Role of Moral Elevation

(Abstract #1713)

Poster #FRI 343 (Practice, Clin Res, Mil/Vets, Adult) M - Industrialized

McGuire, Adam¹, Nosen, Elizabeth², Lyons, Judith²

¹VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Mississippi

²G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi

There are many benefits to moral elevation—feeling uplifted and inspired by others’ virtuous actions—but no studies have assessed its impact on those with PTSD and moral injury despite theoretical links. Because group settings may provide a unique opportunity to elicit elevation, this pilot study examined how veterans experience moral elevation in response to the actions of other group members in a 12-week residential PTSD program. Using multilevel modeling, we tested whether weekly moral elevation changed over time and if it predicted concurrent and prospective group engagement. We also examined correlations between average levels of moral

elevation and post-treatment moral injury distress and clinician-rated symptoms. Weekly moral elevation showed a quadratic time effect: participants reported an initial decrease, followed by an increase after weeks 6 and 7. Grand-mean-centered weekly moral elevation predicted higher levels of perceived group engagement for the same week (concurrent) and greater week-to-week increases in engagement (prospective). Aggregated moral elevation showed significant, large correlations with lower moral injury distress and clinician-rated avoidance symptoms at post-treatment. These results suggest moral elevation may be beneficial in group settings and provides initial support for further investigation into how it could be utilized in treatment.

FRI 344

Undiagnosed Somatic-health Symptoms Predicts PTSD, Worry and Depression Severity

(Abstract #1716)

Poster #FRI 344 (Practice, Anx, Complex, Adult) M - Industrialized

Huskey, Alisa

Virginia Polytechnic Institute and State University, Blacksburg, Virginia

Somatic health symptoms have been linked with decreased quality of life and increased symptom severity in PTSD patients (Cyr et al., 2014). A meta-analysis examining the physical health consequences of trauma-related symptoms indicated that gastrointestinal symptoms, cardiorespiratory symptoms, and musculoskeletal pain are frequently associated with posttraumatic stress disorder (PTSD) as well as posttraumatic stress symptoms (PTSS; Pacella et al., 2012). Beyond PTSD, somatic health problems are commonly reported in conjunction with other anxiety and stress-related pathologies (Afari et al., 2014; Pacella et al., 2012). Participants self-reported demographic, diagnostic, and screening measures via Qualtrics, an online survey system. A canonical correlation model was used to examine the relationship between undiagnosed-somatic symptoms and psychiatric symptoms. The canonical function of the first root, the canonical relationship between somatic and psychiatric symptoms explains 56.08% of the variance in somatic symptoms and 8.78% of variance in the psychiatric symptoms ($r = .401$, $F(18, 2940) = 9.80$, $p < .001$, $\eta^2 = 0.19$). These results confirm our hypotheses, such that psychiatric

symptoms positively correlate with undiagnosed-somatic symptoms.

FRI 345

The Relationship of Burnout and Traumatic Events in a Sample of Psychiatric Hospital Staff: A Path Analysis
(Abstract #1649)

Poster #FRI 345 (Pub Health, Acc/Inj, Aggress, Self-Care, Prof) A - Industrialized

Jacobowitz, William
Adelphi University, Garden City, New York

Problem: Violence in psychiatric hospitals is a frequent occurrence. This exposes psychiatric staff to the risk of physical assault, secondary traumatic stress (witnessing others' assaults), and Burnout. **Methods:** This study is a secondary analysis of data collected in 2013 for a study examining the relationship between traumatic events and PTSD symptoms among inpatient psychiatric caregivers. The study employed a correlational design with a convenience sample of 172 MD's, RN's, SW's and assistive personnel in a psychiatric hospital in the NY metropolitan region. The rate of traumatic events (TEs) were compared to a number of related factors. This study builds on the work of the original study by exploring the relationships between Burnout, TEs, and PTSD. **Results:** Multiple Linear Regression Analysis identified 5 factors significantly associated with Burnout that explain 56% of the variance. They are secondary traumatic stress, compassion satisfaction (protective), frequency of having been assaulted in the past 6 months, job title and post-traumatic stress symptoms. A Path Analysis was constructed from the results for the prediction of Burnout in this population. The identification of the factors predictive of Burnout can contribute to facilitating resilience to workplace stress.

FRI 346

Types of Trauma and Self-Reported Pain that Limits Functioning in Different Aged-Cohorts
(Abstract #1695)

Poster #FRI 346 (Pub Health, Health, Gender, Adult) M - Industrialized

Sprang, Ginny, Bush, Heather, Coker, Ann, Brancato, Candace
University of Kentucky, Lexington, Kentucky

In this large cross-sectional analysis, authors investigated combinations of trauma types and pain resulting in functional limitations among women recruited into a statewide health registry. Combinations of traumas such as child physical abuse (CPA), child sexual abuse (CSA) and adult violence were hypothesized to be associated with greater likelihood of limiting pain and earlier symptom onset, relative to women with no or singular trauma exposures. Pain prevalence rates (PR) and adjusted prevalence rate ratios (aPRR) were highest among women experiencing multiple forms of violence (43.3% among women disclosing CPA, CSA and adult violence; aPRR 2.06, $p < .001$), intermediate for women experiencing CPA or CSA yet no adult violence (37.0%; aPRR: 1.76, $p < .001$), and lower among women experiencing adult violence only (27.1%; aPRR: 1.29, $p < .001$), relative to women never experiencing violence (20.7%). As hypothesized, the effect of combinations of trauma on chronic pain was consistently greatest for those reporting limiting pain at younger ages. Implications include the need to identify combinations of traumatic events across the lifespan, and to investigate the use of specific interventions that can increase self-efficacy and control as a way of reducing the impact of trauma on pain that limits functioning.

FRI 347

Predictors of Trigger Warning Use: Avoidance or Asserting Accommodation Needs?
(Abstract #1591)

Poster #FRI 347 (Social, Anx, Rape, Train/Ed/Dis, Adult) M - Industrialized

Bruce, Madeline, Roberts, Dawn
Bradley University, Peoria, Illinois

Trigger warnings (TWs) are alerts before media that warn readers who have post-traumatic stress disorder (PTSD) that the content may depict a trauma reminder. Some college students have requested TWs on syllabi or during lectures, which has stirred controversy. Proponents comment that TWs help people prepare to deal with trauma reminders. Opponents assert that utilizing TWs is a means to

avoid upsetting stimuli, and avoidance maintains the psychopathology experienced by those TWs are supposed to help. The present study explored predictors associated with TW utilization. A sample of MTurk workers ($N = 270$) completed scales measuring depression, entitlement, post-traumatic adjustment (PTSD, trauma centrality, avoidance, institutional betrayal, post-traumatic growth) and TW utilization. All trauma-related scales positively associated with TW use ($p < .05$) in both the overall sample and in high TW participants. Two stepwise regressions revealed that the strongest predictors in the two groups differed (general sample: avoidance and post-traumatic growth, $R^2 = .28$, $p < .001$, TW users: trauma centrality and institutional betrayal, $R^2 = .17$, $p = .02$). These findings may guide use of TWs in the future.

FRI 348

Responding to Mental Health Crises: A Need for Police Reform

(Abstract #1655)

Poster #FRI 348 (Social, Comm/Vio, Death, Pub Health, Adult) I - Industrialized

Goode, Kari¹, Floerke, Victoria², Davis, Andréa³, Demaria, Thomas⁴, Snyder, Sara³

¹Independent Research Consultant, South Ogden, Utah

²Tufts University, Medford, Massachusetts

³Long Island University, Brookville, New York

⁴LIU CW Post, Brookville, New York

Police officers are faced with an enormous responsibility: the juxtaposition between protecting a civilian experiencing a potential mental health crisis from themselves versus others. While studies have shown a decrease in the use of police force with increased crisis intervention team training (C.I.T.; Prenzler, Cawthray, Porter, & Alpert, 2016), individuals with an untreated or undertreated mental illness can be up to 16 times more likely to have a fatal encounter with police than individuals without a mental illness (TAC, 2015). The present study aims to evaluate police responses to reports of individuals with perceived mental illness. Simulating methodology from an excessive force study (Snyder et al., 2016), data was aggregated from open source reports of fatal encounters with police across the United States. Reports of fatal encounters were coded for race of the deceased, mental illness, and cause of

death. Variables were dummy-coded to allow for a hierarchical logistic regression analysis. Results suggest that individuals with a reported mental illness were significantly more likely to be killed at the hands of police by direct means than individuals without a reported mental illness. Findings suggest a need for improved mental health training, understanding, and response.

FRI 349

Battle to Badge: Operation Enduring Freedom/Operation Iraqi Freedom Combat Veterans with Post-Traumatic Stress Transitioned to Police Patrol Officer Careers

(Abstract #1646)

Poster #FRI 349 (Train/Ed/Dis, Complex, Death, Terror, Mil/Vets, Adult) A - N/A

Wegner, Juli

Oklahoma State University, Stillwater, Oklahoma

Combat mental trauma from physical injury, killing others, or watching co-warriors die and ongoing risk of violent death can lead to Post-Traumatic Stress. Veterans entering law enforcement with that diagnosis embody this complex dynamic. Historical setting aspects including terrorism-response wars render present-day troops a unique demographic. A qualitative study to mine the compounded facets of these officers focused on experiences of twelve interviewees. Methods for this qualitative dissertation research included recorded in-person interviews, verbatim transcription, and analyzing data for themes. Results and conclusions carry the concepts: military and police cultures, highly masculine, discourage help-seeking; veterans bond with co-combatants, fellow officers, and non-Taliban Iraqi and Afghanis; and seek to protect these nationals as well as American civilians. Veterans applying intensive military training and combat strengths to law enforcement could benefit jurisdictions more than they may be applying; beyond firearm expertise and maintaining calmness under fire they effectively differentiate threatening targets from innocent civilians. Current conversation of police shooting of suspects should acknowledge veterans as a resource; re-forged combat skills, utilizing this sharp judgement expertise, is an asset needed by our public.

FRI 350**Official Responses to Fatal Work Incidents and their Impact on the Mental Health of Next-of-Kin and Families**

(Abstract #1636)

Poster #FRI 350 (Pub Health, Death, Prevent, Grief, Adult) I - Industrialized*Matthews, Lynda¹, Quinlan, Michael², Bohle, Philip¹**¹University of Sydney, Sydney, New South Wales, Australia**²University of New South Wales, Sydney, New South Wales, Australia*

Much is known about the economic, social, and personal consequences of work fatalities for employers and co-workers. Little is known of the impact for next-of-kin/families. This study documented (1) the mental health consequences of work fatalities for 152 next-of-kin/families (88% female) predominantly from Australia (62%) and

North America (33%), and (2) the effects of official post-death responses on respondents' mental health. A cross-sectional web-based survey distributed through industry, community networks, and social media documented PTSD, prolonged grief disorder (PGD), and depressive disorder (MDD), and families' satisfaction with official information, support, and processes. Probable PTSD (60%), PGD (42%), and MDD (43%) were reported ($M=7.2$ years post-death, $SD=7.33$), with 63% of respondents having any one condition. Using logistic regression and controlling for time since death, dissatisfaction with both procedural justice and information about the death, and absence of support person for post-death formalities, were associated with increased likelihood of having a mental health condition. Increasing abilities for families to have a voice in formalities, providing a support person to accompany and explain formal events, and improving timing of information about the death have potential to reduce and better manage the consequences of work fatalities for families.