



International Society  
for Traumatic Stress Studies

# ISTSS 28th Annual Meeting

## Beyond Boundaries: Innovations to Expand Services and Tailor Traumatic Stress Treatments



The largest gathering of professionals  
dedicated to the advancement and exchange of  
knowledge about traumatic stress.



Boston University School of Medicine  
Continuing Medical Education

Jointly Sponsored by  
Boston University School of Medicine and the  
International Society for Traumatic Stress Studies

## Abstracts

**November 1 – 3, 2012**

Pre-Meeting Institutes, October 31, 2012

JW Marriott Los Angeles at L.A. LIVE  
Los Angeles, CA USA

[www.istss.org](http://www.istss.org)



Daily Schedule – Tuesday, October 30 and Wednesday, October 31

Daily Schedule

Tuesday, October 30

		Building/ Floor
4:00 p.m. – 6:00 p.m.	Registration Desk Open	Diamond Foyer CC3
4:00 p.m. – 6:00 p.m.	Internet Café Open	Diamond Foyer CC3

Wednesday, October 31

7:30 a.m. – 8:30 a.m.	Coffee and Tea Service	Diamond Foyer CC3
7:30 a.m. – 5:00 p.m.	Internet Café Open	Diamond Foyer CC3
7:30 a.m. – 5:00 p.m.	Registration Desk Open	Diamond Foyer CC3
10:30 a.m. – 5:00 p.m.	Book Store Open	Diamond Foyer CC3

Pre-Meeting Institutes

Wednesday, October 31, 8:30 a.m. – 5:00 p.m.

Full-Day Institutes

	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
PMI #1	An Introduction to Cognitive Processing Therapy <i>(Resick, Rodgers, Monroe, Larson)</i>	I	Practice, Violence	Global	Diamond 3	CC3
PMI #2	Training in the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Program <i>(Jaycox, Langley)</i>	M	Practice, Child/Adol	Industrialized	Diamond 6	CC3
PMI #3	Acceptance and Commitment Therapy: Mindfulness and Values in the Treatment of PTSD <i>(Walser)</i>	M	Practice, N/A	Industrialized	Diamond 2	CC3

Wednesday, October 31, 8:30 a.m. – Noon

Half-Day Institutes

PMI #4	What Trauma Therapists Should Know About Panic, Phobia and OCD <i>(Winston)</i>	M	Practice, N/A	Industrialized	Diamond 9	CC3
PMI #5	Treating Post-Traumatic Sleep Problems With CBT for Insomnia <i>(DeViva, Zayfert)</i>	A	Practice, Mil/Vets	Industrialized	Diamond 8	CC3
PMI #6	Beyond Boundaries: The Interpersonal Paradox of Trauma in Couple and Family Systems <i>(Schwerdtfeger, Goff)</i>	M	Practice, N/A	Industrialized	Diamond 10	CC3
PMI #7	Introduction to EMDR Therapy <i>(Shapiro)</i>	I	Practice, Diverse Pop	Global	Diamond 1	CC3
PMI #8	Lead User Innovation: Creating a Community of Innovators to Develop and Disseminate Trauma Informed Treatment for Children and Adolescents Across the Continuum of Care <i>(Brown, Gudino, McCauley, Nisewaner)</i>	M	Train/Ed/Dis, Child/Adol	Industrialized	Atrium 3	H3
PMI #9	Psychological First Aid <i>(Brymer, Watson, Walker, Reyes, Griffin)</i>	I	Prevent, Disaster	Global	Diamond 7	CC3



## Daily Schedule – Wednesday, October 31

### Pre-Meeting Institutes

Wednesday, October 31, 8:30 a.m. – Noon

### Half-Day Institutes

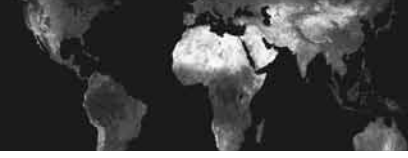
		Presentation			Building/	
		Level	Keywords	Region	Room	Floor
PMI #10	<b>Beyond Boundaries: Strategies for Enhancing Resilience in First Responders and Survivors Through Cross-Culturally Adaptive Trauma Treatment</b> <i>(Gray, Fawcett, Snider, Ehrenreich)</i>	M	Global, Disaster	Global	Atrium 2	H3
Noon – 1:30 p.m.	Lunch on Your Own					

### Wednesday, October 31, 1:30 p.m. – 5:00 p.m.

### Half-Day Institutes

PMI #11	<b>The Mental Health Module in Complex Emergencies: From Practice to Theory</b> <i>(Cherepanov)</i>	M	Global, Civil/Ref	Global	Atrium 3	H3
PMI #12	<b>An Introduction to the Neurobiology of Traumatic Stress</b> <i>(Hayes, Shin, Milad, Rasmusson, Amstadter, Nugent)</i>	I	Bio/Med, N/A	Global	Diamond 8	CC3
PMI #13	<b>Practical Applications of Evidence-Based Practice: The National Fallen Firefighters Foundation Behavioral Health Initiative</b> <i>(Gist, Saunders)</i>	I	Prevent, Emerg Wrkrs	Industrialized	Atrium 2	H3
PMI #14	<b>Parent-Child Interaction Therapy: Global Applications for an Evidence-Based Treatment</b> <i>(Gurwitch, Kamo)</i>	M	Clin Res, Child/Adol	Global	Diamond 10	CC3
PMI #15	<b>Building Knowledge and Skills to Incorporate Spirituality in Trauma Intervention</b> <i>(Eriksson, Foy, Drescher, Sreenivasan, Currier)</i>	I	Practice, Mil/Vets	Industrialized	Diamond 9	CC3
PMI #16	<b>Psychological First Aid – Skills Building Training</b> <i>(Brymer, Watson, Walker, Reyes, Griffin)</i>	M	Prevent, Disaster	Global	Diamond 7	CC3
PMI #17	<b>Regulation and Engagement for Traumatized Children and Adolescents Through Sensory Motor Input, Play and Therapeutic Co-Regulation</b> <i>(Warner, Cook, Westcott)</i>	M	Practice, Child/Adol	Industrialized	Diamond 1	CC3
8:00 p.m. – 9:30 p.m.	<i>Invisible Wounds of War: Breaking the Silence</i> Film Screening				Diamond 3	CC3
8:00 p.m. – 9:30 p.m.	<i>RETURNED: Child Soldiers of Nepal's Maoist Army</i> Film Screening				Diamond 1	CC3

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



## Daily Schedule – Thursday, November 1

### Thursday, November 1

		Room	Building/ Floor
8:00 a.m. – 9:00 a.m.	Coffee and Tea Service	Diamond Foyer	CC3
8:00 a.m. – 6:00 p.m.	Registration Desk Open	Diamond Foyer	CC3
8:00 a.m. – 6:00 p.m.	Internet Café Open	Diamond Foyer	CC3
8:00 a.m. – 6:00 p.m.	Exhibits Open	Diamond Foyer	CC3
8:00 a.m. – 7:00 p.m.	Bookstore Open	Diamond Foyer	CC3

### Thursday, November 1, 9:00 a.m. – 10:15 a.m.

#### Concurrent Session 1

	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
Keynote Address	<b>Mental Health for All-by-All</b> <i>(Patel)</i>	M	Clin Res, Diverse Pop	Global	Diamond 4 & 5	CC3
Symposium	<b>Journalists and Trauma: Innovations in Occupational Health Research</b> Chair <i>(Nelson)</i> Discussant <i>(Newman)</i>				Diamond 2	CC3
	Trauma Exposed Journalists: Post-Traumatic Growth and Post-Traumatic Stress Outcomes <i>(McMahon)</i>	M	Clin Res, Disaster	Industrialized		
	Predictors of PTSD and Occupational Dysfunction in Journalists <i>(Nelson, Newman)</i>	I	Media, Violence	Industrialized		
	Understanding Harassment Across the Globe <i>(Drevo, Parker, Newman, Brummel, Koenen)</i>	I	Media, Violence	Industrialized		
Symposium	<b>Mechanisms Underlying Sexual and Physical Revictimization: Moving Toward Prevention</b> Chair <i>(Iverson)</i> Discussant <i>(Follette)</i>				Diamond 3	CC3
	The Role of Distinct PTSD Symptoms, Dissociation, and Coping Strategies in Intimate Partner Violence Revictimization <i>(Iverson, Litwack, Pineles, Suvak, Vaughn, Resick)</i>	M	Clin Res, Violence	Industrialized		
	Reducing the Risk of IPV Revictimization Through Reduction of PTSD <i>(Dutton)</i>	M	Clin Res, Violence	Industrialized		
	Sexual Revictimization in a Large Sample of Marine Recruits <i>(Suvak, Brogan, Iverson, Shipherd)</i>	M	Prevent, Mil/Vets	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

Daily Schedule – Thursday, November 1

Thursday, November 1, 9:00 a.m. – 10:15 a.m.

Concurrent Session 1

	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
Symposium	<b>Overt and Covert Expressions of Trauma During Gynecologic Care: Implications for Medical and Mental Health Providers Treating Sexual Trauma Survivors</b> Chair <i>(Weitlauf)</i> Discussant <i>(Resick)</i>				Diamond 6	CC3
	Tiger in the Room: Overt Expressions of Psychological Trauma in Gynecologic Care <i>(Weitlauf, Wijma)</i>	A	Practice, Adult/Cmplx	Global		
	What is Left Unsaid: Covert Expressions of Trauma Related Distress in Gynecologic Care <i>(Wijma, Weitlauf)</i>	A	Practice, Adult/Cmplx	Global		
	Mastering the Pelvic Examination: Exploring Novel Adaptations of Cognitive Processing Therapy and Prolonged Exposure to Address Fearfulness of the Pelvic Examination <i>(Nazarian, Weitlauf, Wijma, Foa)</i>	A	Practice, Adult/Cmplx	Global		
Symposium	<b>Longitudinal Adaption to the Virginia Tech Shootings: Understanding Complicated Grief, Coping Self-Efficacy, Post-Traumatic Growth, and Multicultural Barriers to Treatment</b> Chair/Discussant <i>(Jones)</i>				Diamond 8	CC3
	Complicated Grief Among Survivors of the 4/16 Shootings at Virginia Tech <i>(Anderson, Jones, Hughes)</i>	A	Assess Dx, Violence	Industrialized		
	Racial Differences in Parental Overprotection, Post-Traumatic Symptoms, and Use of Mental Health Services Among Survivors of the April 16 Shootings at Virginia Tech <i>(Amatya, Anderson, Jones)</i>	I	Clin Res, Disaster	Industrialized		
	Those Who Seek Do Not Necessarily Find: PTSD Symptom Severity as a Moderator of the Relationship Between Social Support Seeking and Coping Self-Efficacy <i>(Smith, Anderson, Jones, Hughes)</i>	M	Clin Res, Disaster	Industrialized		
	Social Support Seeking and Social Constraints as Moderators of the Relationship Between Perceived Threat and Post-Traumatic Stress <i>(Donlon)</i>	I	Prevent, Disaster	Industrialized		
Symposium	<b>Innovations in Practice and Research: Early Interventions in Traumatized Children</b> Chair <i>(Landolt)</i>				Plaza 1	H3
	Screening At-Risk Children in the Early Stage After Trauma: Is This Always a Good Idea? <i>(Kenardy, De Young, March, Nixon, Cobham, McDermott)</i>	M	Clin Res, Child/Adol	Industrialized		
	Web-Based Prevention for School-Age Children After Acute Trauma <i>(Kassam-Adams, Marsac, Kohser, Kenardy, March, Winston)</i>	M	Prevent, Child/Adol	Global		
	Effectiveness of the Epicap Stepped Early Intervention in Preschool Age Children: Preliminary Results From an RCT <i>(Kramer, Landolt)</i>	M	Clin Res, Child/Adol	C & E Europe & Indep		
	Early Pharmacological Interventions: Present and Future <i>(Berkowitz)</i>	A	Prevent, Child/Adol	Industrialized		



Daily Schedule – Thursday, November 1

Thursday, November 1, 9:00 a.m. – 10:15 a.m.

Concurrent Session 1

Presentation Level    Keywords    Region    Room    Building/  
Floor

Symposium	<b>The Prevalence and Significance of Subthreshold “Orange Zone” PTSD Symptoms in Combat-Exposed Marines and Veterans</b> Chair ( <i>Nash</i> ) Discussant ( <i>Litz</i> )			Gold 2	CC1	
	Latent Classes of PTSD Symptoms in Vietnam Veterans ( <i>Nickerson</i> )	M	Assess Dx, Mil/Vets			Industrialized
	The Utility of the PTSD Checklist for Identifying Full and Partial PTSD Among Active Duty Marines ( <i>Dickstein, Weathers, Nash, Baker, Litz</i> )	M	Assess Dx, Mil/Vets			Industrialized
	The Prevalence and Significance of Subthreshold Orange Zone; PTSD Symptoms in Combat-Exposed Marines and Veterans ( <i>Carper</i> )	M	Assess Dx, Mil/Vets			Industrialized
Symposium	<b>Endocannabinoids as Synaptic Partners of Glucocorticoids Lead to Novel Treatments for PTSD</b> Chair ( <i>Neumeister</i> )			Gold 1	CC1	
	The HPA Axis in PTSD: Basal and Challenge Findings ( <i>Baker</i> )	M	Bio Med, Mil/Vets			Industrialized
	Using Epigenetic and Molecular Changes in PTSD as Therapeutic Targets ( <i>Yehuda</i> )	M	Bio Med, Mil/Vets			Industrialized
	Glucocorticoid-Endocannabinoid Crosstalk and the Regulation of Stress and Emotional Behavior ( <i>Hill</i> )	M	Bio Med, N/A			Industrialized
	CB1 Receptor Pet Imaging Reveals Abnormal Endocannabinoid Signaling in PTSD ( <i>Neumeister, Sobin</i> )	M	Bio Med, Violence			Industrialized
Symposium	<b>Tailoring Trauma Treatment for Youth: Investigating How Emotional involvement, Working Alliance and Parental Reactions is Related to Outcome</b> Chair/Discussant ( <i>Shirk</i> )			Diamond 1	CC3	
	Youth Involvement During PsychoTherapeutic Discussions of Trauma and Relationships to Treatment Outcome ( <i>Crisostomo, Shirk, DePrince</i> )	M	Clin Res, Child/Adol			Industrialized
	Trauma Self-Disclosure in PsychoTherapy: Relations With Therapeutic Alliance and Symptoms of Post-Traumatic Stress Disorder ( <i>Simpson, Shirk, Riva</i> )	M	Clin Res, Child/Adol			Industrialized
	The Mediating Role of Parental Factors on Therapy Outcome of Traumatized Youths: Results From a Randomized Controlled Study in Norway ( <i>Holt, Jensen</i> )	M	Clin Res, Child/Adol			Industrialized
	Treating Traumatized Youths: The Relationship Between Therapeutic Alliance, Treatment Method and Outcome ( <i>Ormhaug, Jensen, Shirk</i> )	M	Clin Res, Child/Adol			Industrialized

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



## Daily Schedule – Thursday, November 1

Thursday, November 1, 9:00 a.m. – 10:15 a.m.

### Concurrent Session 1

Panel	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
Panel	<b>Validation of the Moral Injury Construct for Combat Trauma</b> <i>(Flipse Vargas, Currier, Hanson, Conway, Kraus)</i>	I	Assess Dx, Mil/Vets	Industrialized	Diamond 9	CC3
Panel	<b>From Mind to Body: Trauma, Disease, and Intervention</b> <i>(Hobfoll, Cohen, Boscarino, Galea)</i>	M	Bio Med, Diverse Pop	Global	Diamond 10	CC3
Workshop	<b>Trauma and Maltreatment Evaluations of Children in Complex Cases</b> <i>(Tishelman, Reddm, Byars)</i>	M	Assess Dx, Child/Adol	Industrialized	Diamond 7	CC3

Daily Schedule

Thursday, November 1, 10:30 a.m. – 11:45 a.m.

### Concurrent Session 2

Symposium	<b>Pathways From Childhood Adversity to Illness; Epidemiological Findings and Biological Trajectories: A Look Into the Future</b> Chair <i>(Sondergaard)</i>				Diamond 2	CC3
	Pathways From Childhood Adversity to Illness; Epidemiological Findings and Biological Trajectories: A Look Into the Future <i>(Sondergaard, Felitti, Szyf)</i>	M	Bio Med, Adult/Cmplx	Global		
	The Adverse Childhood Events Study <i>(Felitti)</i>	M	Prevent, Adult/Cmplx	Global		
	DNA Methylation Mediating the Impact of Early Life Adversity of Mental Health <i>(Szyf)</i>	M	Bio Med, Adult/Cmplx	Global		
Symposium	<b>Understanding Processes and Mechanisms of Change of PTSD Treatment</b> Chair <i>(Suvak)</i> Discussant <i>(Monson)</i>				Diamond 3	CC3
	Latent Difference Score Modeling to Examine Relationships Among PTSD Symptom Clusters During Cognitive Processing Therapy <i>(Suvak, Treanor, Mitchell, Sloan, Resick)</i>	M	Clin Res, N/A	Industrialized		
	Latent Class Differences Explain Variability in PTSD Symptom Changes During Cognitive Processing Therapy for Veterans <i>(Schumm, Walter, Chard)</i>	M	Clin Res, Mil/Vets	Industrialized		
	Trajectory of Therapeutic Change for Individuals With Co-Occurring PTSD and MDD <i>(Zoellner, Feeny)</i>	M	Clin Res, N/A	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

**Daily Schedule – Thursday, November 1**

Thursday, November 1, 10:30 a.m. – 11:45 a.m.

**Concurrent Session 2**

Presentation Level    Keywords    Region    Room    Building/  
Floor

Symposium	Presentation Level	Keywords	Region	Room	Building/ Floor	
<b>Emotions Beyond Fear in PTSD</b> Chair ( <i>Lommen</i> )				Diamond 4 & 5	CC3	
	The Phenomenology of Shame and Anger and Their Interrelationship in UK Military Veterans With and Without PTSD <i>(Andrews, Brewin)</i>	M	Res Meth, Mil/Vet			Industrialized
	Shame and Shame-Proneness in Relation to PTSD and Post-Victimization Reactions <i>(Semb, Strömsten, Fransson, Henningsson, Sundbom)</i>	A	Clin Res, Violence			Global
	Anger: Predictor or Consequence of Post-Traumatic Stress? <i>(Lommen, Engelhard, van den Hout)</i>	M	Clin Res, Mil/Vets			Industrialized
	Does PTSD Influence the Consistency of Retrospective Reports of Peritraumatic Emotions? <i>(Bovin, Resick)</i>	I	Assess Dx, Violence			Industrialized
<b>ISTSS at the United Nations: 2012</b> Chair ( <i>Turner</i> )				Diamond 8	CC3	
	Working With Justice and Human Rights <i>(Danieli)</i>	M	Social, Violence			Global
	The Work of the United Nations NGO Committee on Mental Health <i>(Carlil)</i>	M	Social, N/A			Global
	Working With the United Nations in Geneva <i>(Turner)</i>	M	Social, Violence			Global
<b>Treatment of Combat-Related PTSD With Two Weeks of Intensive Prolonged Exposure Therapy</b> Chair ( <i>McLean</i> ) Discussant ( <i>Feeney</i> )				Diamond 9	CC3	
	Efficacy of Massed PE for PTSD Among Active Duty Military Personnel <i>(Foa, McLean, Fina, Wright, Lichner, Mintz, Evans, Peterson)</i>	M	Clin Res, Mil/Vets			Industrialized
	The Effects of Trauma Type on PTSD and Associated Psychopathology Among Active Duty Military Personnel <i>(Yadin, Foa, McLean, Knapp, Mintz, Peterson)</i>	M	Clin Res, Mil/Vets			Industrialized
	Massed Prolonged Exposure Therapy for PTSD Delivered to Active Duty Soldiers: Predictors of Treatment Completion and Outcome and Comparison <i>(Peterson, Mclean, Lichner, Mintz, Foa)</i>	M	Clin Res, Mil/Vets			Industrialized
	Patterns of Symptom Change During Intensive Treatment for PTSD <i>(McLean, Foa, Borah, Mintz, Evans, Peterson)</i>	M	Clin Res, Mil/Vets			Industrialized

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



**Daily Schedule – Thursday, November 1**

Thursday, November 1, 10:30 a.m. – 11:45 a.m.

**Concurrent Session 2**

	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
Symposium	<b>Where the Family After Trauma? A Global Mental Health Perspective on the Family in Trauma Prevention, Treatment, Research, and Policy</b> Chair ( <i>Griffith</i> ) Discussant ( <i>Sluzki</i> )				Plaza 1	H3
	Migration Narratives of Refugee Families: Trauma, Culture, Acculturation, and Conflict <i>(Rasmussen, De Haene, Keatley)</i>	M	Global, Civil/Ref	Industrialized		
	Family-Based Prevention of Mental Health Problems Among Children Affected by HIV/Aids in Rural Rwanda: A Pilot Feasibility Study <i>(Betancourt, Mushashi, Ingabire, Teta, Rwabukwisi Cyamatare, Stulac, Meyers-Ohki, Stevenson, Beardslee)</i>	M	Clin Res, Child/Adol	E & S Africa		
	Training Issues: What Do Trauma Researchers and Clinicians Need to Learn About Families? <i>(Griffith)</i>	M	Clin Res, Diverse Pop	Global		
	Keeping the Family in Community Resilience <i>(Weine)</i>	M	Commun, Civil/Ref	Global		
Symposium	<b>Pharmacotherapy Update: New Research on PTSD Treatment</b> Chair ( <i>Friedman</i> ) Discussant ( <i>Marmar</i> )				Gold 1	CC1
	A Prazosin Trial for PTSD With Trauma Nightmares for Active Duty Combat Soldiers <i>(Raskind, Peskind, Peterson, Homas, Hart, Hoff, Williams, Holmes)</i>	M	Clin Res, Mil/Vets	Industrialized		
	Risperidone Efficacy for Antidepressant-Resistant Military-Related PTSD Symptoms: Findings From VA Cooperative Study 504 <i>(Krystal)</i>	I	Clin Res, Mil/Vets	Industrialized		
	Quetiapine and Treatment Resistance or Psychotic Symptoms in PTSD <i>(Hamner)</i>	A	Clin Res, Mil/Vets	Industrialized		
	Evidence-Based Pharmacotherapy for PTSD <i>(Friedman)</i>	M	Clin Res, Mil/Vets	Industrialized		
Panel	<b>Conducting Successful Prospective Longitudinal Studies</b> <i>(Poulsny, Quigley, Baker, Vermetten)</i>	I	Res Meth, Mil/Vets	Industrialized	Gold 2	CC1
Workshop	<b>Promoting the Mind-Body Connection in Trauma Healing: Training and Intervention</b> <i>(Fabri, Piwowarczyk, Park, Dunwell)</i>	M	Cul Div, Diverse Pop	Global	Diamond 7	CC3

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



**Daily Schedule – Thursday, November 1**

Thursday, November 1, 10:30 a.m. – 11:45 a.m.

**Concurrent Session 2**

Presentation Level    Keywords    Region    Room    Building/  
Floor

Paper Session	Presentation Level	Keywords	Region	Room	Building/ Floor
<b>Assessment of PTSD: Symptoms and Structure</b> <i>Chair (Kohrt)</i>				Diamond 1	CC3
<b>Combat-Related PTSD: The DSM-5 Definition Results in Significantly Lower Prevalence Than DSM-IV-TR</b> <i>(Hoge, Riviere, Wilk, Bliese, Thomas)</i>	A	Assess Dx, Mil/Vets	Industrialized		
<b>Negative Alterations in Cognition and Mood Among Adolescents and Adults After the 2011 Catastrophic Violence in Norway: An Investigation of the Proposed Symptoms of PTSD for DSM-5</b> <i>(Nygaard, Dyb, Jensen, Steinberg, Pynoos)</i>	A	Assess Dx, Disaster	Industrialized		
<b>Symptom Structure of the UCLA PTSD Reaction Index</b> <i>(Elhai, Layne, Steinberg, Briggs-King, Pynoos)</i>	M	Assess Dx, Child/Adol	Industrialized		
<b>All Symptoms Were Not Created Equal: An Item Response Theory Analysis of PTSD Checklist Responses in a U.S. Veteran Sample</b> <i>(King, Street, Gradus, Vogt, Resick)</i>	M	Assess Dx, Mil/Vets	Industrialized		
<b>Psychological Impact of Trauma Across Cultures I</b> <i>Chair (Ajdukovic)</i>				Diamond 6	CC3
<b>Rates of Common Psychiatric Disorders in the Rwandan Population, 2011</b> <i>(Neugebauer, Pozen, Ntaganira, Sezibera, Zraly)</i>	M	Global, Surv/Hist	E & S Africa		
<b>Latino Children Exposed to Domestic Violence: The Role of Group Cohesion in a Group Intervention</b> <i>(Levitan, Kia-Keating, Cosden, Adams, Sprague)</i>	M	Commun, Child/Adol	Industrialized		
<b>Trauma, Resilience, and Vulnerability in Post-Genocide Rwanda: A Qualitative Hypothesis-Generating</b> <i>(Vincent)</i>	M	Cul Div, Disaster	E & S Africa		
<b>Genocide, Parental PTSD and Family Violence: A Study of the Effect of Extreme Stress on Descendants of Survivors and Former Prisoners in Rwanda After 1994</b> <i>(Rieder, Elbert)</i>	M	Clin Res, Surv/Hist	E & S Africa		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

## Daily Schedule – Thursday, November 1

Thursday, November 1, 10:30 a.m. – 11:45 a.m.

### Concurrent Session 2

		Presentation Level	Keywords	Region	Building/ Room	Floor
Roundtable	<b>Novel Adaptations of Evidence-Based Therapies</b>				Diamond 10	CC3
	<b>Expanding Evidence-Based Practice: A State-Wide Dissemination Effort Targeting Child Welfare Providers</b> <i>(Dean, Ebert, Lambert, Moser, Todd, Rogers)</i>	I	Commun, Child/Adol	Industrialized		
	<b>A Public Health Innovation: Results From the First Peer-Led Study of Seeking Safety for Trauma and Substance Abuse</b> <i>(Schmitz, Najavits, Welsh, Miller, Hamilton, Dougherty, Vargo)</i>	M	Practice, Adult/Cmplx	Industrialized		
	<b>Stepped Care Intervention for Childhood Trauma</b> <i>(Salloum, Storch, Scheeringa, Cohen, Tolin)</i>	M	Clin Res, Child/Adol	Industrialized		
	<b>Systems Applications of Evidence-Based Practices in Occupational Behavioral Health</b> <i>(Gist, Watson)</i>	M	Train/Ed/Dis, Emerg Wrkrs	Industrialized		
	<b>Treating PTSD and Its Comorbidities: The Case of PTSD and Obesity</b> <i>(Kent, Kurtz, Haller, Purdom, Parrington)</i>	M	Clin Res, Adult/Cmplx	Industrialized		
10:30 a.m. – 6:00 p.m.	Poster Viewing I				Gold 3 & 4	CC1
11:45 a.m. – 1:30 p.m.	Lunch on Your Own					

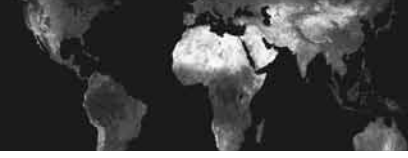
### Special Interest Group Meetings

Noon – 1:15 p.m.	Special Interest Group Meetings			
SIG	Dissemination and Implementation	Diamond 1	CC3	
SIG	Diversity and Cultural Competence	Diamond 2	CC3	
SIG	Early Interventions	Diamond 6	CC3	
SIG	Family Systems	Diamond 7	CC3	
SIG	Gender and Trauma	Diamond 8	CC3	
SIG	Intergenerational Trauma	Atrium 2	H3	
SIG	Medical Illness and Primary Care	Georgia 1	H3	
SIG	Lesbian, Gay, Bisexual and Transgendered Issues	Gold 1	CC1	
SIG	Research Methodology	Gold 2	CC1	
SIG	Theory and Traumatic Stress Studies	Diamond 9	CC3	
SIG	Trauma Assessment and Diagnosis	Diamond 10	CC3	
SIG	Traumatic Loss and Grief	Plaza 1	H3	

### Lunchtime Workshop

Noon – 1:15 p.m.	<b>Overcoming Boundaries Through Social Media: Twitter for Trauma Researchers</b> <i>(Alisic)</i>	Diamond 3	CC3
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See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



# Daily Schedule – Thursday, November 1

Thursday, November 1, 1:30 p.m. – 2:45 p.m.

## Concurrent Session 3

Presentation Level    Keywords    Region    Room    Building/  
Floor

Symposium		Presentation Level	Keywords	Region	Room	Building/ Floor
<b>Innovative Technologies Designed to Increase Smoking Cessation and Prevent Smoking Relapse Among Smokers With Post-Traumatic Stress Disorder</b> Chair ( <i>Kirby</i> )					<b>Diamond 3</b>	<b>CC3</b>
	Test Cases of a Combined Cognitive Processing Therapy and Smoking Cessation Protocol ( <i>Dedert, Beckham</i> )	<b>M</b>	<b>Clin Res, Mil/Vets</b>	<b>Industrialized</b>		
	Contingency Management for Smoking Cessation in Smokers With PTSD ( <i>Kirby, Beckham, Carpenter, Hertzberg, Calhoun</i> )	<b>I</b>	<b>Tech, N/A</b>	<b>Industrialized</b>		
	Assessment of Mood, Psychiatric Symptoms and Smoking Relapse Using Ecological Momentary Assessment Via Electronic Diaries in Smokers With PTSD ( <i>Calhoun, Levin-Aspenson, Campbell, Zaborowski, Dedert, Dennis, Kirby, Beckham</i> )	<b>I</b>	<b>Clin Res, Mil/Vets</b>	<b>Industrialized</b>		
	Stay Quit Coach: A Mobile App for Smoking Cessation in PTSD Patients ( <i>Kuhn, Hoffman, Wald, Ruzek, McFall, Saxon, Malte, Beckham, Hamlett-Berry</i> )	<b>I</b>	<b>Tech, Mil/Vets</b>	<b>Industrialized</b>		
<b>Innovations in PTSD Treatment: Expanding the Treatment Repertoire for Traumatic Stress</b> Chair ( <i>Monson</i> ) Discussant ( <i>Friedman</i> )					<b>Diamond 4 &amp; 5</b>	<b>CC3</b>
	Harnessing the Healing Power of Relationships: Results of a Randomized Controlled Trial of Cognitive-Behavioral Conjoint Therapy for PTSD ( <i>Monson, Fredman, Macdonald, Pukay-Martin, Schnurr, Resick</i> )	<b>I</b>	<b>Clin Res, N/A</b>	<b>Industrialized</b>		
	Demographic and Treatment Outcome Differences Among Veterans Receiving Cognitive Processing Therapy in Either Residential or Outpatient Settings: An Exploratory Analysis ( <i>Walter, Varkovitzky, Owens, Chard</i> )	<b>I</b>	<b>Practice, Mil/Vets</b>	<b>Industrialized</b>		
	Virtual Reality and D-Cycloserine in the Treatment of Chronic PTSD ( <i>Cukor, Difede, Wyka, Olden, Altemus, Lee</i> )	<b>M</b>	<b>Clin Res, Disaster</b>	<b>Industrialized</b>		
	Web-Based Intervention for Returning Veterans With Risky Alcohol Use and PTSD Symptoms ( <i>Brief, Rubin, Engasser, Roy, Lachowicz, Helmuth, Rosenbloom, Hermos, Keane</i> )	<b>I</b>	<b>Clin Res, Mil/Vets</b>	<b>Industrialized</b>		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

# Daily Schedule – Thursday, November 1

Thursday, November 1, 1:30 p.m. – 2:45 p.m.

## Concurrent Session 3

	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
Symposium	<b>Emotion Regulation, Violence Exposure, and Trauma-Related Outcomes in Youth and Adults Exposed to Significant Life Adversity</b> Chair ( <i>DePrince</i> )				Diamond 6	CC3
	Examining the Overlap Between Trauma Exposure and Bipolar Disorder <i>(Matlow, Shirk, DePrince)</i>	I	Practice, Child/Adol	Industrialized		
	Relationships Between Emotion Regulation ( <i>ER</i> ) Difficulties and Mental Health Symptoms in a Community-Recruited Sample of Maltreated Youth <i>(Sundermann, DePrince, Chu)</i>	I	Clin Res, Child/Adol	Industrialized		
	Inflammatory Markers and Immune Function: Associations With Emotion Regulation Difficulties, Coping Styles, and Post-Traumatic Stress Disorder <i>(Goldsmith, Heath, Chesney, Stevens, Gerhart, Luborsky, Hobfoll)</i>	M	Bio Med, Violence	Industrialized		
	Randomized Clinical Trial of Affect Regulation Versus Relational Therapy for Girls With PTSD Involved in Delinquency: Daily Self-Report Outcomes <i>(Ford, Tennen, Grasso, Zhang)</i>	M	Clin Res, Child/Adol	Industrialized		
Symposium	<b>Factors That Improve Treatment Engagement and Completion: Preliminary Findings From the NCTSN Core Data Set</b> Chair ( <i>Briggs-King</i> ) Discussant ( <i>Gerrity</i> )				Diamond 10	CC3
	Predictors of Drop Out From Trauma-Focused Treatment: What Can Make a Difference? <i>(Sprang, Craig)</i>	M	Clin Res, Child/Adol	Industrialized		
	Predictors of Treatment Engagement in Ethnically Diverse, Urban Children Receiving Treatment for Trauma Exposure <i>(Ross)</i>	M	Clin Res, Child/Adol	Industrialized		
	Predictors of Treatment Completion in a National Sample of Physically and Sexually Traumatized Youth <i>(Murphy, Sink, Ake, Appleyard Carmody, Amaya-Jackson)</i>	M	Practice, Child/Adol	Industrialized		
Symposium	<b>Trauma-Focused CBT: Implementation in Three Low-Resource Settings With Distinct Contexts</b> Chair ( <i>Dorsey</i> )				Plaza 1	H3
	Implementation of Trauma-Focused CBT for Orphaned and Vulnerable Children ( <i>OVC</i> ) Within HIV Infrastructures in Zambia <i>(Murray, Skavenski, Familiar, Jere)</i>	I	Clin Res, Child/Adol	E & S Africa		
	Group-Based Trauma-Focused CBT for Orphaned Children in Tanzania <i>(Dorsey, O'Donnell, Whetten, Itemba, Manongi, Chinyanganya, Gong)</i>	M	Global, Child/Adol	E & S Africa		
	Treatment for Formerly-Trafficked Girls in Cambodia: A Feasibility Study of Trauma-Focused Cognitive Behavior Therapy ( <i>TF-CBT</i> ) <i>(Bass, Murray, Bearup, Bolton, Skavenski)</i>	I	Clin Res, Child/Adol	S Asia		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



## Daily Schedule – Thursday, November 1

Thursday, November 1, 1:30 p.m. – 2:45 p.m.

### Concurrent Session 3

Presentation Level    Keywords    Region    Room    Building/  
Floor

	Presentation Level	Keywords	Region	Room	Building/ Floor	
Symposium	<b>Risk and Resilience Following the World Trade Center Attacks: The Next Decade</b> Chairs ( <i>Feder, Pietrzak</i> ) Discussant ( <i>Marmar</i> )				Gold 2	CC3
		I	Assess Dx, Disaster	C & E Europe & Indep		
		I	Assess Dx, Disaster	Industrialized		
		M	Bio Med, Emerg Wrks	Industrialized		
		M	Bio Med, Disaster	Industrialized		
Symposium	<b>Neuropsychobiological Mechanisms in PTSD</b> Chair ( <i>Simmons</i> )				Gold 1	CC3
		M	Bio Med, Mil/Vets	Industrialized		
		M	Bio Med, Mil/Vets	Industrialized		
		M	Bio Med, Mil/Vets	Industrialized		
		M	Bio Med, Mil/Vets	Industrialized		
Panel	M	Social, Child/Adol	Global	Diamond 2	CC3	
Workshop	M	Practice, Mil/Vets	Industrialized	Diamond 9	CC3	

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



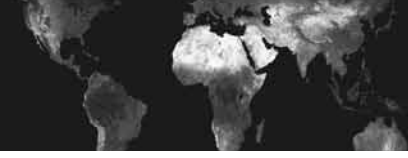
# Daily Schedule – Thursday, November 1

Thursday, November 1, 1:30 p.m. – 2:45 p.m.

## Concurrent Session 3

	Presentation			Building/		
	Level	Keywords	Region	Room	Floor	
Paper Session	<b>Models of PTSD and Vulnerability</b> Chair <i>(Astin)</i>				Diamond 1	CC3
	M	Assess Dx, Acc/Inj	Industrialized			
	I	Practice, Diverse Pop	E Asia & Pac			
	M	Social, Mil/Vets	Industrialized			
Paper Session	<b>Treatment of PTSD in Children</b> Chair <i>(Saunders)</i>				Diamond 7	CC3
	M	Assess Dx, Child/Adol	Industrialized			
	M	Clin Res, Child/Adol	E Asia & Pac			
	M	Clin Res, Child/Adol	Global			

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



**Daily Schedule – Thursday, November 1**

**Thursday, November 1, 1:30 p.m. – 2:45 p.m.**

Daily Schedule

**Concurrent Session 3**

	Presentation				Building/	
	Level	Keywords	Region	Room	Floor	
Roundtable	<b>Enhancing the Impact and Reach of PTSD Interventions Through Technology-Based Innovation</b> Chair <i>(Zatzick)</i>				Diamond 8	CC3
		M	Prevent, Mil/Vets	Industrialized		
		M	Tech, Mil/Vets	Industrialized		
		I	Tech, Mil/Vets	Industrialized		
		I	Tech, Mil/Vets	Industrialized		
		M	Tech, Mil/Vets	Industrialized		
		M	Tech, Mil/Vets	Industrialized		

**Thursday, November 1, 3:00 p.m. – 4:15 p.m.**

**Concurrent Session 4**

Symposium	<b>The Aftermath of the March 11, 2011 Great East Japan Earthquake and Fukushima Daiichi Nuclear Power Plant Accident: Psychosocial Consequences of Fukushima Residents and Disaster Workers</b> Chair <i>(Shigemura)</i>				Diamond 2	CC3
		M	Social, Disaster	E Asia & Pac		
		M	Commun, Disaster	E Asia & Pac		
		M	Clin Res, Disaster	E Asia & Pac		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

**Daily Schedule – Thursday, November 1**

Thursday, November 1, 3:00 p.m. – 4:15 p.m.

**Concurrent Session 4**

	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
Symposium	<b>Do/Can Commemorating and Documenting Massive Trauma Contribute to Healing? An International, Multimodal, Multidisciplinary, Examination</b> Chair/ Discussant ( <i>Danieli</i> )				Diamond 3	CC3
	Belzec and Treblinka: Mass Death Memorialization ( <i>Berenbaum</i> )	M	Commun, Surv/Hist	Global		
	What Do We Do With the Bones? Private Pain and Public Healing in Rwanda ( <i>Smith</i> )	M	Commun, Surv/Hist	Global		
	Representing the Unrepresentable: Film, Memory, and the Traumatic Past ( <i>Harris</i> )	M	Commun, Surv/Hist	Global		
Symposium	<b>Emerging Evidence of Relationships Between Post-Traumatic Dissociation and Somatic Problems</b> Chair ( <i>Ford</i> )				Diamond 6	CC3
	Trauma, Dissociation and Somatization in Psychiatrically Impaired Youth ( <i>Sugar, Grasso, Ford</i> )	M	Assess Dx, Child/Adol	Industrialized		
	Differentiating Somatic Problems From a Categorical, Descriptive and Structural-Dynamic Perspective and Their Relations With Childhood Trauma and Dissociation ( <i>van Dijke</i> )	M	Clin Res, Adult/Cmplx	C & E Europe & Indep		
	The Dam Is Still Holding: Dissociation and Somatization With and Without PTSD in a Perinatal Community Sample ( <i>D'Andrea, Ford, Seng</i> )	I	Assess Dx, Adult/Cmplx	Industrialized		
	A 20-Year Longitudinal Follow-Up Study: The Relationship Between Somatic Distress and Trauma Exposure ( <i>McFarlane, Van Hooff</i> )	M	Assess Dx, N/A	Industrialized		
Symposium	<b>Trauma and Stress Among LGBT Populations: Results From Research With Civilians and Veterans</b> Chair ( <i>Johnson</i> ) Discussant ( <i>Triffleman</i> )				Diamond 8	CC3
	Trauma and Stress Among LGBT Populations: Results From Research With Civilians and Veterans ( <i>Balsam, Molina, Cochran, Simpson</i> )	I	Social, Diverse Pop	Industrialized		
	A Survey of VA Providers: Working With LGBT Veterans ( <i>Johnson, Federman</i> )	M	Cul Div, Diverse Pop	Industrialized		
	The Coming Out Experience and Trauma ( <i>Schwenker</i> )	M	Cul Div, Diverse Pop	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

Daily Schedule – Thursday, November 1

Thursday, November 1, 3:00 p.m. – 4:15 p.m.

Concurrent Session 4

Presentation Level    Keywords    Region    Room    Building/  
Floor

	Presentation Level	Keywords	Region	Room	Building/ Floor
Symposium	<b>Neural Mechanisms of Fear in PTSD: Moving From Basic Science to Clinical Research</b> Chair ( <i>Neria</i> ) Discussant ( <i>Pitman</i> )			Gold 1	CC1
	M	Bio Med, Mil/Vets	Industrialized		
	M	Bio Med, N/A	C & E Europe & Indep		
	M	Bio Med, Mil/Vets	Industrialized		
	M	Bio Med, Diverse Pop	C & E Europe & Indep		
Symposium	<b>Overcoming Barriers to Care: Innovations in Outreach, Education and Treatment to Increase Mental Health Care Utilization Among Returning OIF/OEF Military Service Members and Their Families</b> Chair ( <i>Cukor</i> ) Discussant ( <i>Davis</i> )			Diamond 9	CC3
	i	Prevent, Mil/Vets	Industrialized		
	i	Practice, Mil/Vets	Industrialized		
	i	Commun, Mil/Vets	Industrialized		
	M	Clin Res, Mil/Vets	Industrialized		
Panel	M	Clin Res, Mil/Vets	Industrialized	Diamond 4 & 5	CC3
Panel	I	Prevent, Disaster	Industrialized	Plaza 1	H3
Panel	I	Clin Res, Surv/Hist	E Asia & Pac	Gold 2	CC1
Workshop	M	Practice, Child/Adol	Industrialized	Diamond 7	CC3

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

## Daily Schedule – Thursday, November 1

Thursday, November 1, 3:00 p.m. – 4:15 p.m.

### Concurrent Session 4

		Presentation		Region	Building/	
		Level	Keywords		Room	Floor
Workshop	<b>Conducting Ethical and Responsible Trauma-Focused Research With Special Populations: Developing Skills and Tools to Reduce Participant Risk</b> <i>(Schwerdtfeger, Nelson Goff)</i>	M	Ethics, Diverse Pop	Industrialized	Diamond 10	CC3
Paper Session	<b>Treatment Needs and Approaches for Adult Trauma Exposed Populations</b> Chair <i>(Ghafoori)</i>				Diamond 1	CC3
	<b>Dialectical Behavior Therapy for Patients With Post-Traumatic Stress Disorder Related to Childhood Sexual Abuse (DBT-PTSD)</b> <i>(Priebe, Krüger, Steil, Dyer, Bohus)</i>	M	Clin Res, Adult/Cmplx	Industrialized		
	<b>Mechanisms of Change in Cognitive Processing Therapy and Prolonged Exposure Therapy for PTSD: Preliminary Evidence for the Differential Effects of Hopelessness and Habituation</b> <i>(Gallagher, Resick)</i>	M	Clin Res, Violence	Industrialized		
	<b>Looking Beyond Post-Traumatic Stress Disorder: Mental Disorder Comorbidities and Treatment Needs of Victimized Women</b> <i>(Cavanaugh, Petras, Martins)</i>	A	Clin Res, Violence	Industrialized		
	<b>Military Sexual Trauma in Homeless Female Veterans: Clinical Correlates and Treatment Preferences</b> <i>(Decker, Rosenheck, Tsai, Desai, Harpaz-Rotem)</i>	M	Clin Res, Mil/Vets	Industrialized		

Thursday, November 1, 4:30 p.m. – 5:45 p.m.

### Concurrent Session 5

🕒 Master Clinician	<b>Pharmacological Strategies for Trauma-Related Mental Health Complaints</b> <i>(Mellman)</i>	I	Practice, Diverse Pop	Global	Diamond 3	CC3
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See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



# Daily Schedule – Thursday, November 1

Thursday, November 1, 4:30 p.m. – 5:45 p.m.

Daily Schedule

## Concurrent Session 5

	Presentation	Keywords			Region	Building/ Room	Floor
		Level					
Symposium	<b>Exploring the Relationship Between Trauma Exposure and Substance Use: The Role of Emotion Dysregulation and Coping</b> Chair ( <i>Goldstein</i> ) Discussant ( <i>Stewart</i> )					Diamond 1	CC3
	Trauma History, Avoidance Coping, and PTSD in Women Sexual Assault Survivors ( <i>Ullman</i> )	M	Clin Res, Violence	Industrialized			
	PTSD and Drinking Motives as Predictors of Relapse to Alcohol Use in Women ( <i>Bedard-Gilligan, Kaysen, Blayney</i> )	M	Clin Res, Violence	Industrialized			
	Child Maltreatment and Alcohol and Marijuana Problems Among Emerging Adults Transitioning out of Child Welfare: The Role of Altered Self-Capacities ( <i>Goldstein, Parikh, Campbell, Wekerle</i> )	M	Clin Res, Adult/Cmplx	Industrialized			
	Emotion Regulation as a Mediator Between PTSD Symptoms and Alcohol-Related Consequences ( <i>Williams, McDevitt-Murphy, Avery, Bracken-Minor, Monahan, Dennhardt</i> )	M	Clin Res, N/A	Industrialized			
Symposium	<b>Using Technology to Increase Access to Traumatic Stress Interventions – Lessons Learned From Low to High Technological Intervention</b> Chair ( <i>O'Donnell</i> )					Diamond 6	CC3
	A Systematic Literature Review of Telephone Delivered Treatments for PTSD and A Model for Telephone Adapted Trauma Focused Cognitive Behavior Therapy ( <i>TF-CBT</i> ) for Injury Survivors ( <i>Lau</i> )	I	Prevent, N/A	Industrialized			
	Telephone Administered Cognitive Behavioral Therapy as an Early Intervention for Post-Traumatic Anxiety and Depressive Disorders ( <i>O'Donnell, Lau, Howard, Ellen, Holmes, Creamer, Forbes</i> )	I	Prevent, Acc/Inj	E Asia & Pac			
	Web-Based Interventions for Disaster Recovery: Hurricane Ike and Bastrop Texas ( <i>Benight</i> )	I	Tech, Disaster	Industrialized			
	Phone Technology and Management of Traumatic Stress ( <i>Ruzek, Kuhn, Hoffman</i> )	M	Tech, Mil/Vets	Industrialized			

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

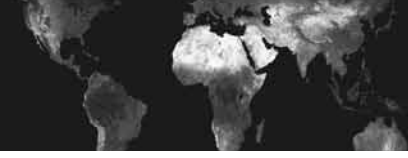


Daily Schedule – Thursday, November 1

Thursday, November 1, 4:30 p.m. – 5:45 p.m.

Concurrent Session 5

	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
Symposium	<b>Innovations to Expand Services in PTSD Residential Treatment Programs: Meeting the Needs of Returning New Veterans</b> Chair ( <i>Bernardy</i> ) Discussant ( <i>Friedman</i> )				Diamond 8	CC3
	Challenges and Solutions in Treatment Services to Meet the Needs of Returning Veterans <i>(Bernardy, Cook, Dinnen, Desai)</i>	I	Practice, Mil/Vets	Industrialized		
	Adapting Residential Programming to Respond to the Needs of OEF/OIF/OND Veterans <i>(Chard, Walter, McIlvain, Bailey)</i>	I	Clin Res, Mil/Vets	Industrialized		
	Combining Evidence-Based and Alternative Treatments in a VA Residential Program for Veterans With PTSD <i>(Wahlberg, Nagamoto, Thrall, Dausch)</i>	M	Practice, Mil/Vets	Industrialized		
	Integrated Substance Use Disorder and PTSD Treatment in a VA Substance Abuse Residential Rehabilitation Treatment Program ( <i>SARRTP</i> ) <i>(Norman, Robinson, Sevcik, Fox, Carlson)</i>	M	Practice, Mil/Vets	Industrialized		
Symposium	<b>Internet-Based Interventions for War-Related PTSD</b> Chair ( <i>Knaevelsrud</i> )				Diamond 9	CC3
	Therapist-Delivered Online Therapy for Post-Traumatic Stress Disorder in Post-War Iraq: A Randomized Controlled Trial <i>(Knaevelsrud, Brand, Schulz, Wagner)</i>	M	Clin Res, Civil/Ref	M East & N Africa		
	Online Working Alliance Predicts Treatment Outcome for Post-Traumatic Stress Symptoms in War-Traumatized Patients in Iraq <i>(Wagner, Brand, Schulz, Knaevelsrud)</i>	I	Clin Res, Civil/Ref	M East & N Africa		
	Efficacy of a Therapist-Assisted Internet-Based Writing Therapy for Traumatized Child Survivors of the 2nd World War With Post-Traumatic Stress Disorder <i>(Boettche, Kuwert, Knaevelsrud)</i>	A	Clin Res, Civil/Ref	C & E Europe & Indep		
Symposium	<b>Fear Inhibition and Fear Extinction in Post-Traumatic Stress Disorder (PTSD): Novel Findings</b> Chair ( <i>Sijbrandij</i> ) Discussant ( <i>Craske</i> )				Gold 1	CC1
	Reduced Extinction Learning Before Trauma Predicts Later Post-Traumatic Stress <i>(Lommen, Engelhard, Sijbrandij, van den Hout, Hermans)</i>	A	Bio Med, Mil/Vets	Industrialized		
	Combat Veterans From Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Display Impaired Fear Extinction and an Over-Generalization of Fear Responses <i>(Norrholm, Jovanovic, Anderson, Kwon, McCarthy, Ressler, Bradley)</i>	I	Bio Med, Mil/Vets	Global		
	Fear Expression and Inhibition in Civilian PTSD <i>(Jovanovic, Bradley, Ressler)</i>	M	Bio Med, Adult/Cmplx	Industrialized		
	Fear Inhibition Learning in the Course of Post-Traumatic Stress Symptoms in Dutch Soldiers Deployed to Afghanistan <i>(Sijbrandij, Engelhard, Lommen, Leer, Baas)</i>	A	Bio Med, Mil/Vets	Industrialized		



**Daily Schedule – Thursday, November 1**

**Thursday, November 1, 4:30 p.m. – 5:45 p.m.**

Daily Schedule

**Concurrent Session 5**

	Presentation	Presentation			Building/ Room	Floor
		Level	Keywords	Region		
Symposium	<b>Examination of the Correlates and Consequences of Potentially Traumatic Event Exposure in an Epidemiologic Sample of Norwegian Twins</b> Chair ( <i>Amstadter</i> ) Discussant ( <i>Knudsen</i> )				Gold 2	CC2
	Potentially Traumatic Event Exposure, Post-Traumatic Stress Disorder, and Axis I and II Comorbidity in a Population Based Study of Norwegian Young Adults <i>(Stratton, Amstadter, Aggen, Knudsen, Reichborn-Kjennerud, Kendler)</i>	M	Assess Dx, N/A	Industrialized		
	A Population-Based Study of Familial and Individual-Specific Environmental Contributions to Traumatic Event Exposure and Post-Traumatic Stress Disorder Symptoms in a Norwegian Twin Sample <i>(Amstadter, Aggen, Knudsen, Reichborn-Kjennerud, Kendler)</i>	M	Bio Med, Violence	Global		
	Examination of a Causal Role of Trauma Exposure on Axis I Disorders in Norwegian Young Adults Using Co-Twin Control Analysis <i>(Brown, Berenz, Aggen, Knudsen, Reichborn-Kjennerud, Kendler, Amstadter)</i>	M	Res Meth, N/A	C & E Europe & Indep		
	A Co-Twin Control Analysis of Trauma Exposure and Personality Disorder Criterion Counts in Norwegian Young Adults <i>(Berenz, Amstadter, Aggen, Knudsen, Reichborn-Kjennerud, Kendler)</i>	M	Res Meth, N/A	C & E Europe & Indep		
Panel	<b>Resiliency Comes of Age: Resiliency, Culture, and Intervention</b> <i>(Hobfoll, Norris, Weine, Bonanno)</i>	M	Cul Div, Disaster	Global	Diamond 10	CC3
Paper Session	<b>Psychological Impact of Trauma Across Cultures II</b> Chair ( <i>Fernando</i> )				Diamond 2	CC3
	<b>Parent-Child Communication in Intergenerational Effects of Genocide in Perpetrator and Victim Families of the Khmer Rouge Regime</b> <i>(Field, Strasser, Taing)</i>	I	Cul Div, Surv/Hist	Industrialized		
	<b>Social Resources and Functioning Among Female and Male Survivors of Domestic Violence in Iraqi Kurdistan</b> <i>(Kane, Hall, Bolton, Bass)</i>	I	Global, Diverse Pop	Global		
	<b>The Predictors of Psychological Problems Related to War Trauma in Iraqi Civilians</b> <i>(Koryürek, Kılıç, Magruder)</i>	A	Assess Dx, Civil/Ref	C & E Europe & Indep		
	<b>Post-Traumatic Stress Disorder and HIV Risk Behaviors Among Rural Native American Women: Implications for Trauma-Focused Interventions</b> <i>(Pearson, Kaysen, Smartlowit-Briggs, Whitefoot)</i>	I	Cul Div, Diverse Pop	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

## Daily Schedule – Thursday, November 1

Thursday, November 1, 4:30 p.m. – 5:45 p.m.

### Concurrent Session 5


Paper Session	Presentation			Region	Room	Building/ Floor
	Level	Keywords				
<b>Models of PTSD in Children and Adolescents</b> Chair <i>(Allwood)</i>	M	Assess Dx, Child/Adol	Industrialized	Diamond 7	CC3	
	<b>Trauma Histories of Youth Involved in the Juvenile Justice System: Findings From the NCTSN Core Data Set</b> <i>(Dierkhising, Ko, Briggs, Lee, Pynoos)</i>					
	M	Clin Res, Diverse Pop	Industrialized			
	M	Prevent, Child/Adol	C & E Europe & Indep			
	I	Practice, Disaster	Industrialized			
6:00 p.m. – 7:00 p.m.	<b>Author Attended Poster Session 1 (Cash Bar)</b>				Gold 3 & 4	CC1
7:15 p.m. – 8:00 p.m.	<b>Awards Ceremony</b>				Diamond 3	CC3
8:00 p.m. – 9:30 p.m.	<b>Welcome Reception</b>				Diamond 4 & 5	CC3

## Friday, November 2

8:00 a.m. – 9:00 a.m.	<b>Coffee and Tea</b>	Diamond Foyer	CC3
8:00 a.m. – 6:00 p.m.	<b>Registration Desk Open</b>	Diamond Foyer	CC3
8:00 a.m. – 6:00 p.m.	<b>Internet Café Open</b>	Diamond Foyer	CC3
8:00 a.m. – 6:00 p.m.	<b>Exhibits Open</b>	Diamond Foyer	CC3
8:00 a.m. – 7:00 p.m.	<b>Bookstore Open</b>	Diamond Foyer	CC3

## Friday, November 2, 9:00 a.m. – 10:15 a.m.

### Concurrent Session 6

 <b>Keynote Address</b>	<b>The Road Less Traveled? Bringing Effective Trauma Interventions for Youth and Families Into Community Settings</b> <i>(Hanson)</i>	I	Train/Ed/Dis, Child/Adol	Industrialized	Diamond 4 & 5	CC3
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See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



## Daily Schedule – Friday, November 2

Friday, November 2, 9:00 a.m. – 10:15 a.m.

### Concurrent Session 6

Presentation Level    Keywords    Region    Building/ Room    Floor

Symposium	<b>Maintaining the Therapeutic Force: Preventing Burnout/Compassion Fatigue Among Healthcare Providers in the U.S. Military and Department of Veterans Affairs</b> Chair ( <i>Kudler</i> ) Discussant ( <i>Stamm</i> )				Diamond 1	CC3
	Maintaining the Therapeutic Force: Preventing Burnout/Compassion Fatigue Among Healthcare Providers in the U.S. Military and Department of Veterans Affairs ( <i>Bruner</i> )	I	Self-Care, Caregvr	Global		
	Career Satisfaction, Professional Burnout, and Retention Among the Army's Specialty Mental Health Clinicians ( <i>West, Wilk</i> )	I	Practice, Mil/Vets	Global		
	Burnout/Compassion Fatigue Among Healthcare Providers in the U.S. Department of Veterans Affairs: Experience in Group Supervision for Clinicians Listening to Trauma Histories ( <i>Kudler</i> )	M	Self-Care, Mil/Vets	Industrialized		
Symposium	<b>Trauma Responses in Four Non-Western Populations: Beyond DSM Boundaries?</b> Chair ( <i>Rasmussen</i> )				Diamond 2	CC3
	Psychological Trauma and PTSD in Nepal: Adult and Child Symptom Profiles ( <i>Kohrt</i> )	M	Cul Div, Child/Adol	S Asia		
	Emic Perspectives on the Impact of Armed Conflict on Children's Mental Health in Northern Sri Lanka ( <i>Tol, Thomas, Vallipuram, Sivayokan, Jordans, Reis, de Jong</i> )	M	Clin Res, Civil/Ref	S Asia		
	A Key Idiom of Distress Among Traumatized Cambodian Refugees: Thinking a Lot ( <i>Hinton</i> )	M	Cul Div, Diverse Pop	Industrialized		
	Collective Trauma Resolution: Mass Dissociation as a Way of Processing Post-War Traumatic Stress ( <i>de Jong, Reis</i> )	M	Cul Div, Civil/Ref	Industrialized		
Symposium	<b>Translating Exposure Therapy to Group Formats: Sharing Trauma Narratives and Fostering Peer Support to Promote Recovery From PTSD</b> Chair ( <i>Mott</i> ) Discussant ( <i>Williams</i> )				Diamond 8	CC3
	A Meta-Analytic Review of Exposure in Group Cognitive Behavior Therapy for Post-Traumatic Stress Disorder ( <i>Barrera, Mott, Teng</i> )	M	Clin Res, Mil/Vets	Industrialized		
	Combining Group Based Exposure Therapy With Prolonged Exposure to Treat Vietnam Veterans With PTSD: A Case Study ( <i>Ready</i> )	M	Clin Res, Mil/Vets	Industrialized		
	Veteran Perspectives on the Effectiveness and Tolerability of Group-Based Exposure Therapy ( <i>Mott, Sutherland, Williams, Holmes Lanier, Teng</i> )	I	Clin Res, Mil/Vets	Industrialized		
	Creating Change: A Past-Focused Model for PTSD and Substance Abuse ( <i>Johnson, Najavits, Utley, Krinsley, Skidmore</i> )	M	Clin Res, Adult/Cmplx	Industrialized		

## Daily Schedule – Friday, November 2

Friday, November 2, 9:00 a.m. – 10:15 a.m.

### Concurrent Session 6

	Presentation				Building/	
	Level	Keywords	Region	Room	Floor	
Symposium	<b>Responding to the 22 July, 2011 Mass Killing in Norway</b> Chair <i>(Dyregrov)</i>				Diamond 9	CC3
	Outreach and Follow-Up in Norwegian Municipalities After the 2011 Terror Attack <i>(Dyb, Jensen, Thoresen, Glad, Nygård)</i>	I	Prevent, Disaster	Industrialized		
	Weekend Gatherings for Bereaved After a Mass Killing in Norway <i>(Dyregrov, Straume, Dyregrov, Gronvold Bugge)</i>	M	Prevent, Disaster	Industrialized		
	The Government's Follow-Up of Affected School Students After 22.07.2012 <i>(Dyregrov)</i>	M	Prevent, Child/Adol	C & E Europe & Indep		
Symposium	<b>Innovative Ways to Integrate Outreach Into Research and Implementation Efforts for Targeted Veteran Populations</b> Chair <i>(Branco)</i>				Plaza 1	H3
	Use of a Learning Collaborative to Implement Integrated Smoking Cessation Care for Veterans With PTSD <i>(Ebert, Hamlett-Berry, McFall, Saxon, Malte, Beckham)</i>	M	Train/Ed/Dis, Mil/Vets	Industrialized		
	No Wrong Door to Care: Incorporating Feedback and Education into a Research Registry Debriefing to Connect More Veterans to Care <i>(Branco, Beckham, Robbins, Fairbank)</i>	M	Train/Ed/Dis, Mil/Vets	Industrialized		
	Participation of VA Chaplains in Caring for Veterans With PTSD <i>(Nieuwsma, Jackson, Lane, Meador)</i>	M	Train/Ed/Dis, Mil/Vets	Industrialized		
	PTSD, Co-Occurring Symptoms, and Targeted Coaching Interventions Provided to Family Member Callers Seeking to Engage Veterans in Care: Data From Coaching Into Care's First Year as a National Service <i>(Mann-Wrobel, Hess, Straits-Troster, Glynn, Close, Ventimiglia, Wong, Sayers)</i>	I	Train/Ed/Dis, Mil/Vets	Industrialized		
Symposium	<b>The Role of Oxytocin in Traumatic Stress and PTSD</b> Chair <i>(Olff)</i>				Gold 1	CC3
	Oxytocin, Stress, and Social Buffering in the Socially Monogamous Prairie Vole <i>(Yee)</i>	M	Bio Med, N/A	Industrialized		
	Peripheral Oxytocin, Childhood Maltreatment and PTSD in Traumatized Adults: Implications for Treatment <i>(Bradley, Fani, Wingo, Jovanovic, Ressler)</i>	I	Bio Med, Adult/Cmplx	Industrialized		
	Boosting the Oxytocin System in Acute Trauma and PTSD <i>(Nawijn, van Zuiden, Frijling, Koch, Veltman, Olff)</i>	M	Clin Res, Acc/Inj	Industrialized		
Panel	<b>Complex Trauma Treatment: New Empirical Research and Evolving Practice Guidelines</b> <i>(Ford, Courtois, Cloitre)</i>	M	Practice, Adult/Cmplx	Industrialized	Diamond 3	CC3
Workshop	<b>From Global Need to Specific Skills: Strategies for the Identification and Psychological Assessment of Survivors of Human Trafficking</b> <i>(Heinrich, Okawa, Yacevich)</i>	M	Assess Dx, Violence	Global	Diamond 7	CC3



**Daily Schedule – Friday, November 2**

Friday, November 2, 9:00 a.m. – 10:15 a.m.

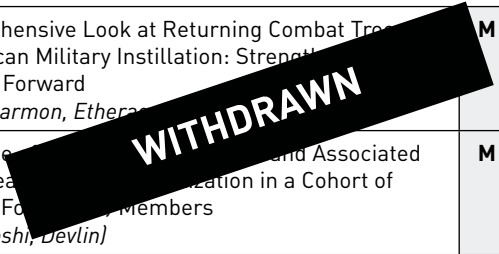
**Concurrent Session 6**

	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
Workshop	<b>A Cognitive-Behavioral Approach to Post-Traumatic Insomnia Via In-Person and Tele-Psychotherapy</b> <i>(Franklin, Thompson, Walton, Chambless, Corrigan)</i>	I	Practice, Mil/Vets	Industrialized	Diamond 10	CC3
Paper Session	<b>Trauma Symptoms and Treatment Across Cultures</b> Chair <i>(Nickerson)</i>				Diamond 6	CC3
	<b>An Innovative Model: The Impact of Global Hope in Rwanda</b> <i>(Masson)</i>	I	Commun, Surv/Hist	E & S Africa		
	<b>Informal Therapeutic Services in Post-Conflict: Lessons From Women’s Associations in Ayacucho, Peru</b> <i>(Suarez)</i>	M	Global, Civil/Ref	Latin Amer & Carib		
	<b>Decline of Complicated Grief in Anticipation of the Rwanda Genocide Commemorations in April</b> <i>(Neugebauer, Pozen, Ntaganira, Sezibera, Zraly, Fodor)</i>	M	Global, Surv/Hist	E & S Africa		
	<b>Colombia’s Internally Displaced Persons: The Trauma Signature</b> <i>(Espinel, Shultz, Ordonez, Neria)</i>	I	Global, Civil/Ref	Latin Amer & Carib		

Friday, November 2, 10:30 a.m. – 11:45 a.m.

**Concurrent Session 7**

Symposium	<b>Learning From Our International Neighbors: A Comparative Analysis of the Assessment and Treatment of Operationally-Induced Mental Health Injuries at Two Specialized Military Treatment Centers</b> Chair <i>(Devlin)</i>				Diamond 1	CC3
	A Comprehensive Look at Returning Combat Troops from an American Military Installation: Strengths, Challenges, and Ways Forward <i>(Okiishi, Harmon, Etheredge)</i>	M	Assess Dx, Mil/Vets	Industrialized		
	Prevalence of Post-Traumatic Stress Disorder and Associated Mental Health Problems in a Cohort of Canadian Forces Members <i>(Sedge, Joshi, Devlin)</i>	M	Clin Res, Mil/Vets	Industrialized		
	A Comparative Analysis of Assessment and Treatment Processes at Two Specialized Mental Health Clinics for Active Duty Soldiers With Operationally-Induced Mental Health Injuries: An International Perspective <i>(Devlin, Sedge, Okiishi)</i>	M	Clin Res, Mil/Vets	Industrialized		



See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



Daily Schedule – Friday, November 2

Friday, November 2, 10:30 a.m. – 11:45 a.m.

Concurrent Session 7

	Presentation				Building/ Room	Floor
	Level	Keywords	Region			
Symposium	<b>Evidence-Based Practices for Populations Affected by Complex Emergencies in Low and Middle Income Countries</b> Chair ( <i>Kohrt</i> )				Diamond 2	CC3
		M	Clin Res, Civil/Ref	Global		
	Sexual Violence in Areas of Armed Conflict: A Systematic Review of Mental Health Interventions ( <i>Tol</i> )					
	How to Make Interventions Evidence Based in Low Resource Settings? ( <i>Jordans, Tol, Komproe</i> )	M	Clin Res, Child/Adol	E & S Africa		
	Mental Health Response in Haiti in the Aftermath of the 2010 Earthquake: The Stepped Articulation of an Evidence-Based System of Mental Health Care to Meet Long-Term Needs ( <i>Raviola</i> )	I	Global, Disaster	Latin Amer & Carib		
Design and Evaluation of a Group Mental Health Intervention for Multi-Symptomatic War-Affected Youth in Sierra Leone ( <i>Betancourt, Hann, Newnham, Akinsulure-Smith, Hansen</i> )	M	Clin Res, Child/Adol	W & C Africa			
Symposium	<b>Group Cognitive Processing Therapy Versus Present Centered Therapy for PTSD Among Active Duty Military</b> Chair ( <i>Resick</i> )				Diamond 4 & 5	CC3
		I	Clin Res, Mil/Vets	Industrialized		
	Group Cognitive Processing Therapy for Combat-Related Post-Traumatic Stress Disorder: Main Findings on PTSD and Depression ( <i>Schuster, Resick, Mintz, Young-McCaughan, Borah, Evans, Peterson</i> )					
	The Impact of Cognitive Processing Therapy on Alcohol Abuse and Aggression in Active Duty Soldiers With PTSD ( <i>Dondanville, Resick, Wilkinson, Schuster, Mintz, Kitsmiller, Evans, Young-McCaughan, Peterson</i> )	I	Clin Res, Mil/Vets	Industrialized		
	Impact of Cognitive Processing Therapy on Suicide Risk Among Active Duty Military Personnel ( <i>Clemans, Bryan, Resick, Dondanville, Schuster, Mintz, Evans, Young-McCaughan, Peterson</i> )	M	Clin Res, Mil/Vets	Industrialized		
The Influence of Social Support and Unit Cohesion on Outcomes in Group Cognitive Processing Therapy Treatment Outcomes for Combat-Related Post-Traumatic Stress Disorder in Active Duty Soldiers ( <i>Borah, Hall-Clark, Pruiksma, Resick, Schuster, Mintz, Evans, Young-McCaughan, Peterson</i> )	M	Clin Res, Mil/Vets	Industrialized			

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



**Daily Schedule – Friday, November 2**

Friday, November 2, 10:30 a.m. – 11:45 a.m.

Daily Schedule

**Concurrent Session 7**

	Presentation	Keywords			Region	Room	Building/ Floor
		Level					
Symposium	<b>Outcome Evaluations of Randomized Clinical Trials Targeting PTSD in Hard to Reach General Medical Patient Populations</b> Chair ( <i>Zatzick</i> ) Discussant ( <i>Engel</i> )					Diamond 10	CC3
	A Randomized Stepped Care Intervention Trial Targeting Post-Traumatic Stress Disorder for Injury Survivors Treated in the Acute Care Medical Setting ( <i>Zatzick</i> )	M	Clin Res, Acc/Inj	Industrialized			
	Mitigating Barriers to Early Care ( <i>Shalev</i> )	M	Prevent, Diverse Pop	M East & N Africa			
	Respect-PTSD: Re-Engineering Systems for the Primary Care Treatment of PTSD ( <i>Schnurr, Friedman, Oxman, Dietrich, Smith, Shiner, Forshay, Gui, Thurston</i> )	M	Clin Res, Mil/Vets	Industrialized			
	Six Month Outcomes for the Telemedicine Outreach for PTSD ( <i>TOP</i> ) Study ( <i>Fortney</i> )	M	Clin Res, Acc/Inj	Industrialized			
Symposium	<b>Toward Informing a Developmentally Sensitive DSM-5: Empirical Validations of the Diagnostic Criteria for PTSD and ASD Among Preschool, School-Age, and Adolescent Samples</b> Chair ( <i>Kerig</i> )					Plaza I	H3
	Making PTSD Criteria Developmentally Appropriate ( <i>Scheeringa</i> )	M	Assess Dx, Child/Adol	Industrialized			
	PTSD as a “Gateway” Disorder in Children ( <i>Kenardy, De Young, Charlton</i> )	A	Assess Dx, Child/Adol	Industrialized			
	Child Acute Stress Symptoms: Evidence and Implications for Diagnostic Criteria ( <i>Kassam-Adams, Palmieri, Kohser, Marsac</i> )	M	Assess Dx, Child/Adol	Global			
	Is the Dysphoric Versus Anxious Arousal Distinction Relevant to Youth? Structural Equation Modeling of PTSD Symptom Structure Among Traumatized Adolescents ( <i>Bennett, Kerig, Chaplo</i> )	I	Assess Dx, Child/Adol	Industrialized			
Panel	<b>Developing A Balanced Work-Life Ethos: Mechanisms Strategies, and Anecdotes From the Experts on How to Maintain Mental and Physical Health for Graduate School and Beyond</b> ( <i>Smith, Jones, Benight, Altayli, Friedman</i> )	I	Train/Ed/Dis, N/A	Industrialized		Diamond 7	CC3
Panel	<b>Healing After Trauma Skills: Cultural Adaptations of an Intervention Program for Children After Disasters</b> ( <i>Fichter, Gurwitch, Wong, Demaria</i> )	M	Cul Div, Disaster	Global		Diamond 9	CC3
Special Workshop	<b>Beyond Significance: Understanding the Old and New Generation of Effect Size Statistics</b> ( <i>Dalenberg, Frewen</i> )	M	Res Meth, N/A	Industrialized		Diamond 3	CC3

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

## Daily Schedule – Friday, November 2

Friday, November 2, 10:30 a.m. – 11:45 a.m.

### Concurrent Session 7

	Presentation				Building/	
	Level	Keywords	Region	Room	Floor	
Paper Session	<b>Understanding Treatment Engagement and Barriers to Care Within Military Populations</b> Chair <i>(Shiner)</i>				Diamond 6	CC3
		M	Social, Mil/ Vets	Industrialized		
	<b>Longitudinal Associations Between Psychological Distress and Perceived Barriers to Care Among Marines Returning From Afghanistan</b> <i>(Dickstein, Larson, Baker, Nash, Litz)</i>					
	<b>Negative Perceptions and Low Utilization of Mental Health Care Following Combat Deployment</b> <i>(Hoge, Riviere, Wilk, Adler, Thomas)</i>	I	Practice, Mil/Vets	Industrialized		
	<b>Patterns of Utilization Among OEF/OIF Veterans Referred for Treatment for Post-Traumatic Stress Disorder</b> <i>(DeViva)</i>	I	Practice, Mil/Vets	Industrialized		
<b>OEF/OIF Military Servicewomen’s Barriers to Mental Healthcare: Deployment Provider Effects</b> <i>(Mengeling, Booth, Torner, Sadler)</i>	I	Prevent, Mil/Vets	Industrialized			
Paper Session	<b>Biological Indicators of PTSD Development and Treatment Response</b> Chair <i>(Rasmussen)</i>				Gold 1	CC1
	<b>Early Life Stress May Induce Plasticity in Fear Circuitry in Adult Humans</b> <i>(Woodward, Kuo, Schaer, Kaloupek)</i>	A	Bio Med, Mil/Vets	Industrialized		
	<b>Post-Traumatic Stress Disorder, Inflammation, and the Mediating Role of Sleep and Health Behaviors: Data From the Mind Your Heart Study</b> <i>(O’Donovan, Neylan, Li, Cohen)</i>	I	Bio Med, Mil/Vets	Industrialized		
	<b>Amplitudes of Low Frequency Fluctuation as a Measurement of Spontaneous Brain Activity in Combat Related PTSD</b> <i>(Yan)</i>	M	Bio Med, Mil/Vets	Global		
	<b>Early Intervention and Thyroid Hormones in Recent Assault Survivors</b> <i>(Walsh, Nugent, Wang, Acierno, Resnick)</i>	M	Bio Med, Violence	Industrialized		
Roundtable	<b>Mental Health Services in War-Torn and Disaster-Affected Areas</b>				Diamond 8	CC3
	<b>Psychology Beyond Borders (PBB): Addressing the Values and Challenges of Working in War-Torn, Violent and Disaster Affected Regions</b> <i>(Ryan, Cohen Silver, Friedman, Fairbank, Neria, Watson)</i>	A	Global, Disaster	Global		
	<b>Advancing the Field of Mental Health Interventions for Children in Refugee Settings</b> <i>(Boone, Puffer, Erikson)</i>	M	Clin Res, Child/Adol	Global		
	<b>Collective Trauma Erodes the Mediating Structures That Facilitate Positive Individual Development</b> <i>(Auerbach)</i>	M	Global, Surv/Hist	Global		
	<b>Building Sustainable Mental Health Services in War-Torn and Disaster-Affected Areas</b> <i>(Shapiro)</i>	I	Train/Ed/ Dis, Disaster	Global		
10:30 a.m. – 6:00 p.m.	Poster Viewing 1				Gold 3 & 4	CC1
11:45 a.m. – 1:30 p.m.	Lunch on Your Own					
11:45 a.m. – 1:30 p.m.	Student Luncheon Meeting				Gold 2	CC1



## Daily Schedule – Friday, November 2

Friday, November 2, 1:30 p.m. – 2:45 p.m.

### Concurrent Session 8

Presentation Level    Keywords    Region    Room    Building/  
Floor

Media	Talk, Listen, Connect: Sesame Workshop Multimedia Materials for Military Families <i>(Cozza, MacDermid Wadsworth, Ortiz, Osofsky)</i>	M	Media, Child/Adol	Industrialized	Diamond 7	CC3
Symposium	<b>Mindfulness-Based Interventions for PTSD: Exploring Mechanisms of Change in Innovative Treatments</b> Chair <i>(Niles)</i> Discussant <i>(Vujanovic)</i>				Diamond 2	CC3
	Change in Mindfulness Skills for Low-Income, African-American Women Exposed to Chronic Interpersonal Trauma <i>(Dutton)</i>	M	Clin Res, Violence	Industrialized		
	A Randomized Controlled Trial of Yoga for Post-Traumatic Stress Disorder in Women <i>(Mitchell, Dick, DiMartino, Smith, Niles)</i>	M	Clin Res, Violence	Industrialized		
	Acceptance and Commitment Therapy for Comorbid PTSD/SUD <i>(Hermann, Meyer, Schnurr, Batten, Seim, Walser, Klocek, Gulliver)</i>	I	Clin Res, Mil/Vets	Industrialized		
	An Event-Level Examination of the Use of Experiential Acceptance Skills on PTSD Symptoms Among Individuals With Comorbid PTSD and Alcohol Dependence <i>(Simpson, Stappenbeck, Luterek, Kaysen)</i>	M	Clin Res, N/A	Industrialized		
Symposium	<b>World Health Organization Preparation of ICD-11: Clinical Utility of Diagnostic Criteria for Trauma-Related Disorders, Part 1</b> Chair <i>(Maercker)</i> Discussant <i>(Friedman)</i>				Diamond 3	CC3
	Overview of ICD-11 Revision of Mental Disorders <i>(First)</i>	I	Assess Dx, N/A	Global		
	Attachment Disorders Across Cultures and Contexts <i>(Rousseau)</i>	M	Assess Dx, Child/Adol	Global		
	Diagnosing PTSD From Three Core Elements <i>(Brewin)</i>	I	Assess Dx, N/A	Global		
	The Clinical Utility of a Complex PTSD Diagnosis <i>(Cloitre)</i>	I	Assess Dx, Adult/Cmplx	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

## Daily Schedule – Friday, November 2

Friday, November 2, 1:30 p.m. – 2:45 p.m.

### Concurrent Session 8

	Presentation				Building/ Room	Floor	
	Level	Keywords	Region	Room			
Symposium	<b>Contextual Factors in the Treatment of PTSD and Substance Use Disorders: Reflections on the National Institute on Drug Abuse Clinical Trials Network, “Women and Trauma” Study</b> Chair ( <i>Ruglass</i> )					Diamond 4 & 5	CC3
	Promising Treatments for Women With Comorbid PTSD and Substance Use Disorders on Alcohol Outcomes: Context Matters ( <i>Hien, Morgan Lopez, Saavedra</i> )	A	Clin Res, Adult/Cmplx	Industrialized			
	The Impact of Racial/Ethnic Matching of Group Members and Group Therapists on Treatment Outcomes for Women With PTSD and Substance Use Disorders ( <i>Ruglass</i> )	I	Clin Res, Diverse Pop	Industrialized			
	Clinical and Supervisory Challenges in Implementing Evidence Based Practices for PTSD and Substance Use Disorders in Community Addiction Treatment Programs ( <i>Litt</i> )	M	Clin Res, Adult/Cmplx	Industrialized			
	Considerations in Using Social Media to Engage Women in Trauma Treatment ( <i>Miele</i> )	M	Tech, Diverse Pop	C & E Europe & Indep			
Symposium	<b>Combat Trauma and Its Impact Across Partner and Work Place Functioning</b> Chair ( <i>Wood</i> ) Discussant ( <i>Thomas</i> )					Diamond 6	CC3
	Combat Trauma and its Longitudinal Impact on Externalizing Behaviors and Intent to Divorce ( <i>Foran, Wood, Wright</i> )	M	Clin Res, Mil/Vets	C & E Europe & Indep			
	The Buffering Effects of Benefit Finding and Leadership on Combat-Related PTSD Symptoms ( <i>Wood, Foran, Britt, Wright</i> )	M	Prevent, Mil/Vets	Industrialized			
	Morale as a Buffer Against the Negative Effects of Combat Exposure on PTSD Symptoms ( <i>Britt, Adler, Bliese, Moore</i> )	M	Prevent, Mil/Vets	Industrialized			
	Victims Who Victimize: Associations Between PTSD and Intimate Partner Violence Among OEF/OIF/OND Veterans ( <i>Kar</i> )	I	Clin Res, Mil/Vets	Industrialized			
Symposium	<b>New Developments in the Research of Prolonged Grief Disorder</b> Chair ( <i>Wagner</i> ) Discussant ( <i>Rosner</i> )					Diamond 10	CC3
	Prevalence of Complicated Grief in a Representative Population-Based Sample ( <i>Wagner, Brähler, Glaesmer, Kersting</i> )	M	Assess Dx, N/A	Industrialized			
	Prolonged Grief Disorder Three Decades Post Loss in Survivors of the Khmer Rouge Regime in Cambodia ( <i>Knaevelsrud, Heeke, Bockers, Sotheara, Taing, Wagner, Stammel</i> )	M	Assess Dx, Civil/Ref	S Asia			
	Efficacy of an Outpatient Treatment for Patients With Comorbid Complicated Grief ( <i>Rosner, Pfoh, Kortoucova</i> )	M	Clin Res, N/A	Industrialized			
	Complicated Grief Following Parental Loss: Penebaker’s Writing Therapy With Adolescents in Rwanda – A Randomized Controlled Trial ( <i>Unterhitzenberger, Rosner</i> )	M	Clin Res, Child/Adol	E & S Africa			

Daily Schedule – Friday, November 2

Friday, November 2, 1:30 p.m. – 2:45 p.m.

Daily Schedule

Concurrent Session 8

	Presentation	Level	Keywords	Region	Building/		
					Room	Floor	
Symposium	<b>The Application of TF-CBT in European Countries – Scaling Up Evidence-Based Practice in Child Populations With PTSD</b> Chair <i>(Berliner)</i>				Plaza 1	H3	
	Trauma-Focused Cognitive Behavioral Therapy for Children and Adolescents in Germany: Psychological and Psychophysiological Outcomes of a Pilot Study <i>(Goldbeck)</i>	M	Clin Res, Child/Adol	Industrialized			
	The Intact Research: Investigating Treatments for Adolescents and Children After Trauma – First Results From a Randomized Controlled Trial of TF-CBT and EMDR <i>(Diehle, Boer, Lindauer)</i>	M	Clin Res, Child/Adol	C & E Europe & Indep			
	Trauma Focused Psychotherapies From a Neurodevelopmental Perspective: fMRI and Physiological Pilot Outcome Data From a RCT Conducted in the Netherlands With Children Suffering From PTSD <i>(Zantvoord)</i>	M	Bio Med, Child/Adol	C & E Europe & Indep			
	Trauma-Focused Cognitive Behavioral Therapy: The Mediating Role of Negative Trauma-Related Cognitions <i>(Jensen, Holt, Ormhaug)</i>	I	Clin Res, Child/Adol	Industrialized			
Symposium	<b>The Interconnection of Traumatic Brain Injury, Mental Health Disorders, and Cognitive Function in Veterans: Implications for Diagnosis and Novel Treatments</b> Chair <i>(Cohen)</i> Discussant <i>(Neylan)</i>				Gold 1	CC1	
	The Relationship of Mild Traumatic Brain Injury and Mental Health Symptoms in Iraq and Afghanistan Veterans: Implications for Novel Treatments <i>(Maguen, Lau, Madden, Seal)</i>	M	Clin Res, Mil/Vets	Industrialized			
	Is Cognitive Impairment More Strongly Associated With Mild Traumatic Brain Injury or Post-Traumatic Stress Disorder in Iraq and Afghanistan Veterans? <i>(Seal, Maguen, Bertenthal)</i>	M	Assess Dx, Mil/Vets	Industrialized			
	The Role of Modifiable Risk Factors in the Association of PTSD and Cognitive Impairment: Results From the Mind Your Heart Study <i>(Cohen, Yaffe, Neylan, Li, Barnes)</i>	I	Bio Med, Mil/Vets	Industrialized			
Panel	<b>Achieving Integration of Disaster Behavioral Health and Public Health: Practice, Analysis, Policy, and Planning</b> <i>(Mack, Bellamy, Shultz, McGee, Dodgen)</i>		M	Social, Disaster	Industrialized	Diamond 9	CC3

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

Daily Schedule – Friday, November 2

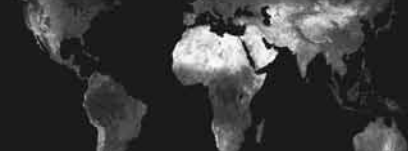
Friday, November 2, 1:30 p.m. – 2:45 p.m.

Concurrent Session 8

	Presentation			Region	Room	Building/ Floor
	Level	Keywords				
Paper Session	<b>Expanding Access to Care</b> Chair ( <i>Woodward</i> )				Diamond 1	CC3
	<b>Expanding the Delivery of Evidence-Based Treatments for Service-Related PTSD Using Video Teleconferencing</b> ( <i>Whitney, Laforce, Klassen, Enns, Walsh</i> )	M	Practice, Mil/Vets	Industrialized		
	<b>Preliminary Results of A Randomized Controlled Trial of Virtual Reality Exposure Therapy (VRET) in Active Duty Service Members With Combat Related PTSD</b> ( <i>McLay</i> )	M	Clin Res, Mil/Vets	Industrialized		
	<b>Early Telephone Cognitive Behavior Therapy (Et-CBT): A Novel Approach for Preventing PTSD</b> ( <i>Ankri, Freedman, Roytman, Gilad, Shalev</i> )	M	Prevent, Acc/Inj	M East & N Africa		
	<b>In-Car Intervention for Post-Deployment Driving Distress: A Developmental Trial</b> ( <i>Woodward, Kuhn, Gross, Samuels, Bertram</i> )	M	Clin Res, Mil/Vets	Industrialized		
Paper Session	<b>Assessment and Screening for Trauma Exposed Populations</b> Chair ( <i>Rasmussen</i> )				Diamond 8	CC3
	<b>Prevalence of Psychiatric Illness in a Group of Unaccompanied Minor Asylum-Seekers in Norway: Validation of Multicasi in Self-Report Screening Directed at a Population With Limited Reading Abilities</b> ( <i>Jakobsen</i> )	M	Assess Dx, Civil/Ref	Industrialized		
	<b>PRISM (Pictorial Representation of Illness and Self Measure) – A New Method for the Assessment of Suffering After Trauma</b> ( <i>Wittmann</i> )	I	Assess Dx, Violence	Industrialized		
	<b>The Headington Institute Resilience Inventory: A Multi-Dimensional Assessment</b> ( <i>Buckwalter, Chin, Bosch, Poling, Gryniowski-Peirson</i> )	M	Assess Dx, Child/Adol	Industrialized		
	<b>Defense Automated Neurobehavioral Assessment (DANA): A Field-Deployable Assessment and Screening Tool for Front-Line Providers and Provider-Extenders</b> ( <i>Spira</i> )	I	Assess Dx, Mil/Vets	Global		
1:45 p.m. – 3:30 p.m.	Internship & Postdoctoral Program Networking Fair				Gold 2	CC1

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.





**Daily Schedule – Friday, November 2**

Friday, November 2, 3:00 p.m. – 4:15 p.m.

Daily Schedule

**Concurrent Session 9**

Presentation Level    Keywords    Region    Room    Building/  
Floor

Symposium	<b>Overcoming Barriers to Care for Returning Veterans: Expanding Services to the College Campus</b> Chair ( <i>McCaslin</i> ) Discussant ( <i>Blumke</i> )				Diamond 1	CC3
	Increasing Accessibility to Care: Delivering VA Services on Campus ( <i>Armstrong, McCaslin, Leach, Herbst</i> )	I	Practice, Mil/Vets	Industrialized		
	Development of an Online Toolkit to Facilitate Student Veteran Success ( <i>Spangler, Prins, Smith</i> )	I	Train/Ed/Dis, Mil/Vets	Industrialized		
	Promoting Adjustment and Resiliency Through Coursework for Combat Veterans on Campus ( <i>Ihle, Dallman, Norman</i> )	M	Train/Ed/Dis, Mil/Vets	Industrialized		
Symposium	<b>Meeting the Mental Health Needs of Sexual Violence Survivors in the Democratic Republic of Congo: Analyses From a Randomized Controlled Trial of Group Cognitive Processing Therapy</b> Chair ( <i>Bass</i> )				Diamond 2	CC3
	Using Cognitive Processing Therapy ( <i>CPT</i> ) to Heal the Mind: Results From a Randomized Controlled Trial for Sexual Violence Survivors in South Kivu, Democratic Republic of Congo ( <i>Bass, Murray, Annan, Kaysen, Griffiths, Jinor, Murray, Bolton</i> )	I	Clin Res, Violence	W & C Africa		
	Implementation of Cognitive Processing Therapy Provided by Community Health Workers in the Democratic Republic of Congo ( <i>Kaysen, Griffiths, Jinor, Stappenbeck, Bass, Bolton</i> )	M	Clin Res, Violence	W & C Africa		
	Impact of Group Cognitive Processing Therapy on Early indicators of Economic Functioning ( <i>Annan, Bundervoet, Cole, Bolton, Bass</i> )	I	Clin Res, Violence	W & C Africa		
	Importance of Personal and Social Resources in Trauma Recovery Among Sexual Violence Survivors in the Democratic Republic of Congo ( <i>DRC</i> ) ( <i>Hall, Kaysen, Bolton, Bass</i> )	I	Clin Res, Violence	W & C Africa		
Symposium	<b>World Health Organization Preparation of ICD-11: Clinical Utility of Diagnostic Criteria for Trauma-Related Disorders, Part 2</b> Chair ( <i>Maercker</i> ) Discussant ( <i>van Ommeren</i> )				Diamond 3	CC3
	Overview of Philosophy for Trauma and Stress-Related Disorders ( <i>Maercker</i> )	I	Assess Dx, N/A	Global		
	Major Conceptual Change of Acute Stress Reaction ( <i>Suzuki</i> )	I	Assess Dx, N/A	Global		
	Prolonged Grief Disorder: A New Diagnostic Category ( <i>Kagee</i> )	I	Assess Dx, N/A	Global		
	Redefining Adjustment Disorder ( <i>Humayun</i> )	M	Assess Dx, N/A	Global		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

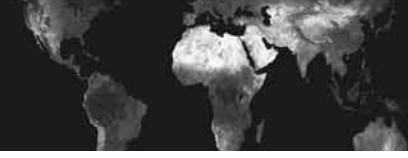
## Daily Schedule – Friday, November 2

Friday, November 2, 3:00 p.m. – 4:15 p.m.

### Concurrent Session 9

	Presentation				Region	Room	Building/ Floor
	Level	Keywords					
Symposium	<b>A Population-Level Perspective on Trauma Exposure and PTSD Across the Life-Course</b> Chair ( <i>McLaughlin</i> ) Discussant ( <i>Galea</i> )					Diamond 4 & 5	CC3
	Trauma Exposure and PTSD in a U.S. National Sample of Adolescents ( <i>McLaughlin, Koenen, Kessler</i> )	M	Res Meth, Child/Adol	Industrialized			
	The Burden of Experiencing Unexpected Loss of a Loved One: A National Study ( <i>Keyes, Platt, Shear, Koenen</i> )	I	Res Meth, Violence	Industrialized			
	Child Abuse and Psychopathology Developed During Deployment in a Sample of National Guard Soldiers ( <i>Prescott, Rudenstine, Joeseeph, Tamburrino, Liberzon, Slembarski, Chan, Fine, Goto, Shirley, Kauffman, Galea</i> )	M	Res Meth, Mil/Vets	Industrialized			
Symposium	<b>Do Veterans With Post-Traumatic Stress Disorder Receive Evidence-Based Pharmacotherapy? A Presentation of Recent Research Findings</b> Chair ( <i>Jain</i> ) Discussant ( <i>Friedman</i> )					Diamond 6	CC3
	Do Veterans With PTSD Receive Evidence-Based Antidepressants? ( <i>Spoont, Nelson, Murdoch, Rector, Nugent, Sayer, Westermeyer</i> )	A	Clin Res, Mil/Vets	Industrialized			
	Declining Benzodiazepine Use in Veterans With Post-Traumatic Stress Disorder ( <i>PTSD</i> ) ( <i>Bernardy, Lund, Alexander, Friedman</i> )	M	Practice, Mil/Vets	Industrialized			
	Concordance Between BDZ Prescribing for Veterans With PTSD and Clinical Practice Guidelines ( <i>Jain, Greenbaum, Rosen</i> )	A	Bio Med, Mil/Vets	Industrialized			
Symposium	<b>Cognitive Processing Therapy: Differential Effectiveness With Complex Clients?</b> Chair ( <i>Nixon</i> ) Discussant ( <i>Resick</i> )					Diamond 9	CC3
	Cognitive Processing Therapy for Acute Stress Disorder: Impact of Prior Sexual Victimization ( <i>Nixon</i> )	M	Clin Res, Violence	Industrialized			
	The Role of Chronic Childhood Abuse in the Rate of Change in PTSD and Depressive Symptoms in a Variable Course of Cognitive Processing Therapy ( <i>Galovski, Blain, Koucky</i> )	M	Practice, Adult/Cmplx	Industrialized			
	The Association Between PTSD and Cognitive Problems Over the Course of Treatment in a PTSD/TBI Residential Treatment Program Utilizing CPT-C ( <i>Walter, Kiefer Luhning, Schumm, Bartel, Chard</i> )	I	Practice, Mil/Vets	Industrialized			

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



## Daily Schedule – Friday, November 2

Friday, November 2, 3:00 p.m. – 4:15 p.m.

### Concurrent Session 9

Presentation Level    Keywords    Region    Room    Building/  
Floor

Symposium	<b>Partnering With Schools and Communities to Provide Trauma Treatment for Underserved Youth</b> Chair ( <i>Kataoka</i> ) Discussant ( <i>Jaycox</i> )				Plaza 1	H3
	Applying a Public Health Paradigm to Mental Health Prevention and Intervention in Schools in Chicago to Address Impact of Trauma <i>(Cicchetti)</i>	M	Commun, Child/Adol	Industrialized		
	Improving Implementation of Mental Health Services for Trauma in Multicultural Elementary Schools: Stakeholder Perspectives on Parent and Educator Engagement <i>(Langley, Rodriguez, Santiago)</i>	M	Commun, Child/Adol	Industrialized		
	Partnering With the Community to Enhance Parent Involvement in CBITS <i>(Santiago, Cordova, Maher, Alvarado-Goldberg, Kataoka)</i>	M	Clin Res, Child/Adol	Industrialized		
	Disseminating Trauma Services in Schools: Voices From the School Community <i>(Kataoka, Baweja, Langley, Vona)</i>	M	Commun, Child/Adol	Industrialized		
Symposium	<b>New Developments for Trauma Survivors in Primary Care</b> Chair ( <i>Green</i> ) Discussant ( <i>Schnyder</i> )				Gold 1	CC1
	Improving Communication Between Trauma Patients and Primary Care Providers <i>(Green, Saunders, Power, Dass-Brailsford, Bhat, Schelbert, Giller, Wissow, Hurtado de Mendoza)</i>	M	Prevent, Adult/Cmplx	Global		
	Overcoming Challenges to Implementing Quality Improvement for PTSD in Community Health Centers: The Violence and Stress Assessment (ViStA) Study <i>(Meredith, Eisenman, Green, Kaltman, Cassells, Tobin)</i>	M	Commun, Diverse Pop	Industrialized		
	Chronic Illness, Mental Health, and the United Nations Agenda <i>(Carl)</i>	M	Social, N/A	Global		
Workshop	<b>Implications for Common Elements in Trauma Treatment for Children and Adolescents</b> <i>(Strand, Hansen, Amaya-Jackson, Layne, Abramovitz)</i>		A	Train/Ed/Dis, Child/Adol	Diamond 7	CC3

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

## Daily Schedule – Friday, November 2

Friday, November 2, 3:00 p.m. – 4:15 p.m.

### Concurrent Session 9

	Presentation Level	Keywords	Region	Building/		
				Room	Floor	
Roundtable	Trauma-Exposed and Vulnerable Populations in International Settings			Diamond 8	CC3	
	Responding to Vulnerable Populations in Large-Scale Disasters: Integrating Research, Practice, and Policy <i>(Dodgen, Brown)</i>	M	Social, Disaster			Industrialized
	Holistic World-Views and Responses to Trauma, Grief and Loss in Australian Aboriginal Communities <i>(Krieg)</i>	M	Commun, Diverse Pop			Industrialized
	Building International Dialogue on Drug-Facilitated Sexual Assault: Prevalence, Prevention and a Pilot Treatment <i>(Fields)</i>	M	Prevent, Violence			Industrialized
	Trauma and Distress Among Pregnant Women in South India: Towards Intervention Development <i>(Rao, Manhart, Kumar, Mohanraj, Kaysen)</i>	M	Clin Res, Diverse Pop			S Asia
	Creating A Small Centre of Excellence: Using Translational Research to Implement and Evaluate School-Based Interventions to Improve the Learning and Developmental Outcomes for Children Who Have Experienced Trauma, Abuse and Neglect <i>(Mainwaring)</i>	M	Commun, Child/Adol			E Asia & Pac

### Friday, November 2, 4:30 p.m. – 5:45 p.m

#### Concurrent Session 10

Symposium	Expanding the Possibilities of SPARCS: Clinical Applications and Adaptations of a Manually-Guided Treatment for At-Risk Youth With Complex Trauma <i>Chair (Habib)</i>			Diamond 7	CC3	
	SPARCS of Hope: Expanding Intervention Services to Address the Needs of Underserved Adolescents <i>(Briggs-King)</i>	M	Clin Res, Child/Adol			Industrialized
	Reaching Hard-to-Reach Youth: Adaptation: Implementation of a Five Session Skills Training Curriculum (SPARCS-ST) for Traumatized Teens <i>(Habib, Labruna, Knoverek, Stefanidis, Tandon)</i>	I	Clin Res, Child/Adol			Industrialized
	Little SPARCS of Transformation: Expanding Treatment Options for School-Aged Children <i>(Knoverek)</i>	M	Clin Res, Child/Adol			Industrialized
	Implementation of SPARCS Individual Within Illinois Child Welfare: Use of an Assessment-Driven Model for Systems Application, Treatment Planning and Quality Improvement <i>(Kisiel, St. Jean, Torgersen, Habib, Labruna, Maj, McClelland)</i>	M	Clin Res, Child/Ado			Industrialized

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



**Daily Schedule – Saturday, November 3**

Saturday, November 3, 4:30 p.m. – 5:45 p.m.

Daily Schedule

**Concurrent Session 10**

Presentation Level    Keywords    Region    Room    Building/  
Floor

Symposium	<b>Understanding Sexual Violence and Exploitation Risk Among Diverse Groups of Victims</b> Chair ( <i>Littleton</i> )				Diamond 9	CC3
	La Familia Y La Vergenza: Cultural Barriers Faced by Latina Sexual Assault Survivors ( <i>Ahrens</i> )	I	Cul Div, Diverse Pop	Industrialized		
	Risk Factors Associated With Sexual Assault Among Sexual Minority Women ( <i>Kaysen, Balsam, Hughes, Hodge</i> )	I	Cul Div, Violence	Industrialized		
	Re-Victimization Risk Following Sexual Violence: Examination of Structural Models in African American and European American Women ( <i>Littleton, Ullman</i> )	M	Cul Div, Diverse Pop	Industrialized		
	Risk Factors for Ethnically Diverse Adolescent Girls Exiting Sex Trafficking ( <i>Bryant-Davis, Ellis</i> )	I	Clin Res, Child/Ado	Industrialized		
Symposium	<b>Integrating Developmentally-Informed Theory, Evidence-Based Assessment, and Evidence-Based Treatment of Childhood Maladaptive Grief</b> Chair ( <i>Layne</i> ) Discussant ( <i>Cozza</i> )				Plaza 1	H3
	Building Developmentally-Informed Theory to Support Evidence-Based Assessment and Treatment for Bereaved Youth and Families: “A Reverse-Engineering Approach” ( <i>Pynoos</i> )	M	Clin Res, Child/Adol	Global		
	Evidence-Based Assessment of Bereaved Children and Adolescents: Psychometric Properties and Correlates of the Multidimensional Grief Reactions Scale ( <i>Kaplow, Layne, Howell, Lerner, Merlanti, Pynoos</i> )	M	Assess Dx, Child/Adol	Industrialized		
	Using Developmentally-Informed Theory and Evidence-Based Assessment to Guide Intervention With Bereaved Youth and Families ( <i>Layne</i> )	M	Clin Res, Child/Adol	Global		
Symposium	<b>The Use of Neurofeedback in the Treatment of PTSD</b> Chair ( <i>van der Kolk</i> )				Gold 1	CC1
	The Impact of Deployment on Cortical Arousal: Is Intervention Warranted? ( <i>McFarlane</i> )	M	Prevent, Mil/Vets	Industrialized		
	The Effect of Self-Regulation Trainings on Stress Reduction in Dutch Soldiers Returning From Deployment ( <i>Vermetten, Dekker, Callen, Denissen, Langenberg, van Bortel</i> )	M	Clin Res, Mil/Vets	Global		
	Increased Default Mode Network Connectivity Following EEG Neurofeedback in PTSD ( <i>Kluetsch, Ros, Théberge, Frewen, Schmahl, Lanius</i> )	I	Clin Res, Adult/Cmplx	Global		
	An Exploratory Study of Neurofeedback in the Treatment of PTSD ( <i>van der Kolk, Gapeen, Hamlin, Hirschberg, Spinazzola</i> )	M	Clin Res, Adult/Cmplx	C & E Europe & Indep		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

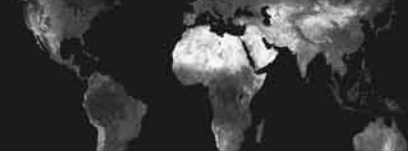
Daily Schedule – Saturday, November 3

Saturday, November 3, 4:30 p.m. – 5:45 p.m.

Concurrent Session 10

		Presentation			Building/	
		Level	Keywords	Region	Room	Floor
Panel	<b>Tailoring Trauma Interventions With Karen Refugees: Exploring Outcomes From Mental Health Screening to Community-Based Interventions</b> <i>(Shannon, Vinson, Im, Wieling)</i>	M	Cul Div, Civil/Ref	Industrialized	Diamond 2	CC3
Panel	<b>Integrating Biological, Psychological, and Social Variables in Research on Risk, Treatment, and Phenomenology of Traumatic Stress</b> <i>(Brunet, Koenen, Bradley, Borja)</i>	M	Bio Med, N/A	Global	Diamond 4 & 5	CC3
Panel	<b>From One Generation to the Next: Experts Reflect on Lessons From and Future Needs in Post-Conflict and Disaster Environments</b> <i>(Kirlic, Galea, Jordans, Brymer)</i>	I	Train/Ed/Dis, Disaster	Industrialized	Diamond 8	CC3
Workshop	<b>Initiatives of the European Commission for Target Group Oriented Psychosocial Aftercare Programs</b> <i>(Bering, Schedlich, Zurek)</i>	M	Train/Ed/Dis, Disaster	Industrialized	Diamond 10	CC3
Paper Session	<b>Trauma and Health in Military Populations</b> Chair <i>(Morland)</i>				Diamond 6	CC3
		I	Clin Res, Mil/Vets	Global		
		M	Prevent, Mil/Vets	Industrialized		
		M	Commun, Mil/Vets	Industrialized		
		M	Clin Res, Mil/Vets	Industrialized		
6:00 p.m. – 7:00 p.m.	<b>Author Attended Poster Session 2 (Cash Bar)</b>				Gold 3 & 4	CC1
7:00 p.m. – 7:45 p.m.	<b>Business Meeting</b>				Diamond 3	CC3

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



## Daily Schedule – Saturday, November 3

### Saturday, November 3

		Room	Building/ Floor
8:00 a.m. – 9:00 a.m.	Coffee and Tea Service	Diamond Foyer	CC3
8:00 a.m. – 1:30 p.m.	Exhibits Open	Diamond Foyer	CC3
8:00 a.m. – 4:30 p.m.	Registration Desk Open	Diamond Foyer	CC3
8:00 a.m. – 4:30 p.m.	Internet Café Open	Diamond Foyer	CC3
8:00 a.m. – 6:00 p.m.	Bookstore Open	Diamond Foyer	CC3

### Saturday, November 3, 9:00 a.m. – 10:15 p.m.

Concurrent Session 11		Presentation Level	Keywords	Region	Room	Building/ Floor
Master Methodologist	<b>Integrating Mediation and Moderation Analysis – Part I</b> <i>(Hayes)</i>	M	Res Meth, N/A	Global	Diamond 10	CC3
Keynote Address	<b>Internet and Mobile Technologies to Support the Implementation of Evidence-Based Practices in PTSD Treatment</b> <i>(Weingardt)</i>	M	Tech, N/A	Industrialized	Diamond 4 & 5	CC3
Symposium	<b>Predicting the Future? Prospective and Longitudinal Studies in Dutch Military Cohorts After Deployment to Afghanistan</b> Chair <i>(Vermetten)</i> Discussant <i>(Baker)</i>				Diamond 1	CC3
	Immediate and Long-Term Changes in Brain Responses After Deployment; A fMRI Study in Healthy Soldiers <i>(Vermetten, van Wingen, Geuze, Fernandez)</i>	A	Bio Med, Mil/Vets	Global		
	Vulnerabilities in the Glucocorticoid Receptor Pathway for Development of High Levels of PTSD Symptoms in Response to Military Deployment to Afghanistan <i>(van Zuiden, Geuze, Vermetten, Kavelaars, Heijns)</i>	M	Bio Med, Mil/Vets	Industrialized		
	The Role of Stress Sensitization in Progression of Post-Traumatic Distress Following Deployment <i>(Smid, Kleber, Rademaker, van Zuiden, Vermetten)</i>	M	Prevent, Mil/Vets	Industrialized		
	A Model of Resilience and Meaning After Military Deployment <i>(Schok, Kleber, Lensvelt-Mulders)</i>	M	Res Meth, Mil/Vets	C & E Europe & Indep		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



Daily Schedule – Saturday, November 3

Saturday, November 3, 9:00 a.m. – 10:15 p.m.

Concurrent Session 11

	Presentation			Region	Building/	
	Level	Keywords	Room		Floor	
Symposium	<b>The Importance of Adapting and Validating Locally-Relevant Trauma-Related Symptom Measures in Low- and Middle-Income Countries: Three Case Studies in Ethiopia, Thailand and Zambia</b> Chair ( <i>Hall</i> ) Discussant ( <i>Bass</i> )				Diamond 2	CC3
	Creating A Mental Health Assessment for Child and Adolescent Somali Refugees Living in Ethiopia: Results From a Qualitative Study and Instrument Adaptation Process <i>(Hall, Murray, Puffer, Bolton)</i>	I	Assess Dx, Civil/Ref	E & S Africa		
	Assessment of Survivors of Torture and Violence From Burma Living in Thailand: Development and Testing of a Locally-Adapted Psychosocial Assessment Instrument <i>(Haroz, Lee, Robinson, Bolton)</i>	M	Assess Dx, Surv/Hist	S Asia		
	The Post-Traumatic Stress Disorder Reaction Index, the Shame, and the Child Behavior Checklist Among Zambian Youth Who Have Experienced Child Sexual Abuse: A Validity Study <i>(Michalopoulos, Murray, Bass, Bolton)</i>	M	Assess Dx, Diverse Pop	E & S Africa		
Symposium	<b>Recent Advances in Studying Intrusive Reexperiencing: Neurobiological, Experimental and Clinical Approaches</b> Chair ( <i>Kleim</i> )				Diamond 3	CC3
	Trauma Survivors' Intrusive Reexperiencing in Real Life: A Palm Diary Study <i>(Kleim, Graham, Anke, Bryant)</i>	M	Clin Res, Violence	C & E Europe & Indep		
	Experimental Approaches to Understanding Intrusions: The Impact of Perceived Self-Efficacy <i>(Joscelyne, Brown, Marmar, Bryant)</i>	I	Clin Res, Mil/Vets	Industrialized		
	The Role of Noradrenergic and Glucocorticoid Activity in the Development of Intrusive Memories <i>(Felmingham, McGrath, Bryant)</i>	I	Bio Med, N/A	E Asia & Pac		
	Clinical and Didactic Applications of Research on Intrusive Re-Experiencing <i>(Westphal)</i>	M	Train/Ed/Dis, Diverse Pop	Industrialized		
Symposium	<b>Barriers and Facilitators of Behavioral Health Care Utilization in a Military Context: Implications for Interventions</b> Chair ( <i>Britt</i> )				Diamond 8	CC3
	Connecting Military Personnel to Mental Health Treatment: Barriers, Facilitators, and Intervention Recommendations <i>(Zinzow, Britt, Pury, Raymond)</i>	I	Clin Res, Mil/Vets	Industrialized		
	Stigma and Mental Health Service Use Among OEF/OIF Veterans <i>(Vogt, Di Leone, Wang)</i>	I	Clin Res, Mil/Vets	Industrialized		
	Trends in Mental Health Services Utilization and Stigma in U.S. infantry Soldiers With and Without PTSD From 2003 to 2011 <i>(Quartana, Wilk, Kim, Thomas, Hoge)</i>	I	Practice, Mil/Vets	Industrialized		
	Implications of an Occupational Health Model to Behavioral Health Care Utilization in Soldiers <i>(Adler, Castro)</i>	I	Prevent, Mil/Vets	Industrialized		



## Daily Schedule – Saturday, November 3

Saturday, November 3, 9:00 a.m. – 10:15 p.m.

### Concurrent Session 11

Presentation Level    Keywords    Region    Building/ Room    Floor

	Presentation Level	Keywords	Region	Building/ Room	Floor	
Symposium	<b>Complex Effects of Cumulative Interpersonal Trauma: Pathways and Integrative Models</b> Chair ( <i>Godbout</i> )				Plaza 1	H3
		M	Clin Res, Adult/Cmplx	Industrialized		
	Cumulative Trauma, Internalized Symptoms, Externalized Symptoms, and Intimate Relationships: Is Attachment a Moderator? ( <i>Godbout, Lussier, Vaillancourt-Morel</i> )					
	Attachment as a Mediator Between Cumulative Trauma and Post-Traumatic Stress Symptoms ( <i>Runtz, Godbout, Mirotnick</i> )	M	Clin Res, Adult/Cmplx	Industrialized		
	The Role of Self-Disturbance in the Link Between Interpersonal Trauma and Physical Health Outcomes ( <i>Eadie, Runtz, Rosen</i> )	M	Practice, Adult/Cmplx	Industrialized		
Complex Trauma and Recent Suicide Attempts: Results From the TSI-2 Standardization Study ( <i>Briere, Eadie</i> )	M	Clin Res, Adult/Cmplx	Industrialized			
Panel	<b>The Old Solutions Are the New Problems: Challenges in Distilling, Managing, and Disseminating Knowledge About Trauma Treatments</b> ( <i>Layne, Amaya-Jackson, Chorpita, Strand</i> )				Diamond 7	CC3
Panel	<b>Implementing Psychological First Aid and Related Approaches in High Risk Organizations</b> ( <i>Forbes, Creamer, Richardson, Varker, Watson, Gist</i> )				Diamond 9	CC3
Paper Session	<b>Treatment of PTSD Within Military Populations</b> Chair ( <i>Bradley</i> )				Diamond 6	CC3
		I	Social, Mil/Vets	Industrialized		
	<b>Needles in the Government Haystack: Operationalizing Innovative Trauma Treatment Programs</b> ( <i>Claes, Greenberg, Sierzega, Kemp, Roberts</i> )					
	<b>Differential Efficacy of Pharmacotherapy for Military Veterans versus Civilians Diagnosed With PTSD: A Meta-Analysis</b> ( <i>Messer, Sharma</i> )	M	Clin Res, Mil/Vets	Industrialized		
	<b>The Impact of Team: An Innovative Post Deployment Intervention for Traumatic Stress in U.S. Army Mortuary Affairs Soldiers</b> ( <i>Biggs, Fullerton, Cox, McCarroll, Ursano</i> )	M	Prevent, Mil/Vets	Industrialized		
<b>Tailored Online Multiple Behavior Interventions Can Reduce Symptoms of PTSD in Veterans</b> ( <i>Jordan, King, Whealin, Spira</i> )	M	Clin Res, Mil/Vets	Industrialized			


See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

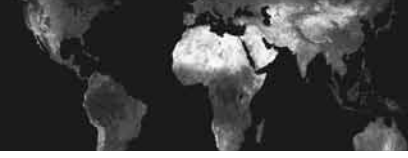
Daily Schedule – Saturday, November 3

Saturday, November 3, 10:30 a.m. – 11:45 p.m.

Concurrent Session 12

Presentation Level Keywords Region Room Building/  
Floor

		Presentation Level	Keywords	Region	Room	Building/ Floor
 Master Methodologist	<b>Integrating Mediation and Moderation Analysis – Part 2</b> <i>(Hayes)</i>	M	Res Meth, N/A	Global	Diamond 10	CC3
Symposium	<b>Triage Informed Disaster Mental Health Response: Feasibility in the Aftermath of Disasters</b> Chair <i>(Broderick)</i> Discussant <i>(Zatzick)</i>				Diamond 2	CC3
	The Evidence Base for Mental Health Triage in Disasters <i>(Broderick)</i>	I	Assess Dx, Disaster	Global		
	The PsySTART Disaster Mental Health Triage and Incident Management System: System Overview <i>(Schreiber)</i>	M	Commun, Disaster	Industrialized		
	American Red Cross Use of PsySTART Triage and Surveillance <i>(Yin)</i>	M	Commun, Disaster	Industrialized		
Symposium	<b>Applied Neuroimaging: New Findings About Differential Diagnosis, Drug Treatment, Recovery and Resilience</b> Chair <i>(Engdahl)</i>				Diamond 3	CC3
	Brain Miscommunication Patterns in Co-Occurring PTSD, Mild Traumatic Brain Injury, and Depression <i>(Georgopoulos, Engdahl, James, Leuthold, Lewis, Van Kampen, Shub)</i>	A	Assess Dx, Mil/Vets	Industrialized		
	Abnormal Cb1 Receptor Function in PTSD Suggests Novel Target for Treatment Development <i>(Neumeister, Sobin)</i>	M	Bio Med, Adult/Cmplx	Industrialized		
	Neuroimaging of Fear Correlates of Memory in PTSD <i>(Bremner)</i>	M	Bio Med, Mil/Vets	Industrialized		
	Neural Modulation as a Marker of Resilience in Trauma-Exposed Veterans <i>(James, Engdahl, Georgopoulos, Leuthold, Lewis, Van Kampen, Shub)</i>	M	Bio Med, Mil/Vets	Industrialized		
Symposium	<b>From Barriers to Mental Health Care to Barriers in Care Among Returning Soldiers From Iraq and Afghanistan</b> Chair <i>(Harpaz-Rotem)</i>				Diamond 6	CC3
	Potential Barriers to and in Care in Mental Health Treatment: A Translational Epidemiological Perspective <i>(Harpaz-Rotem, Pietrzak, Southwick, Rosenheck)</i>	I	Prevent, Mil/Vets	Industrialized		
	Perceptions of Stigma, Barriers to Mental Healthcare, and Mental Healthcare Utilization Among Older Veterans in the United States <i>(Pietrzak)</i>	I	Social, Mil/Vets	Industrialized		
	The Role of Coping, Resilience, and Social Support in Mediating the Relation Between PTSD and Social Functioning in Veterans Returning From Iraq and Afghanistan <i>(Tsai, Harpaz-Rotem, Pietrzak, Southwick)</i>	I	Clin Res, Mil/Vets	Industrialized		
	Perceived Logistical, Individual, and Community Barriers to Mental Health Treatment in Diverse U.S. Veterans <i>(Whealin, Nelson, Stotzer, Vogt, Robert)</i>	M	Prevent, Mil/Vets	Industrialized		



**Daily Schedule – Saturday, November 3**

Saturday, November 3, 10:30 a.m. – 11:45 p.m.

Daily Schedule

**Concurrent Session 12**

	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
Symposium	<b>It All Adds Up: Cumulative Risks Imposed by Exposure to Multiple Adversities With Implications for Prevention and Intervention</b> Chair <i>(Grasso)</i>				Diamond 8	CC3
	Prevalence of Sexual Revictimization and PTSD Among Three National Female Samples <i>(Walsh, Danielson, McCauley, Saunders, Kilpatrick, Resnick)</i>	I	Assess Dx, Child/Adol	Industrialized		
	The Interactive Effect of Increased Combat Exposure and Pre-Deployment Training on Exposure Therapy Outcomes in PTSD for Operation Enduring Freedom/ Operation Iraqi Freedom Veterans <i>(Price, Gros, Strachan, Ruggiero, Acierno)</i>	M	Clin Res, Mil/Vets	C & E Europe & Indep		
	Cumulative Risks Versus Repeated Victimization: Predictors of Adolescent Adjustment <i>(Reid-Quinones, Kliewer)</i>	I	Res Meth, Child/Adol	Industrialized		
	Early Trauma Exposure and Stress Sensitization in Young Children <i>(Grasso, Ford, Briggs-Gowan)</i>	I	Clin Res, Child/Adol	Industrialized		
Symposium	<b>Expanding Our Understanding: Exploring Processes of Change in PTSD Treatment</b> Chair <i>(Keller)</i> Discussant <i>(Cloitre)</i>				Diamond 9	CC3
	Changes in Post-Traumatic Cognitions and PTSD Symptoms During the Course of Prolonged Exposure Therapy <i>(Kumpula, Rauch, Pentel, Simon, Foa, LaBlanc, Bui, Cloitre)</i>	M	Clin Res, Surv/Hist	Industrialized		
	Early Therapeutic Alliance A Predictor of Homework Adherence in Prolonged Exposure for Post-Traumatic Stress Disorder <i>(Keller, Feeny, Zoellner, Cloitre)</i>	M	Clin Res, Violence	Industrialized		
	Changes in Trauma-Related Beliefs in PTSD Treatment of Prolonged Exposure and Sertraline <i>(Jun, Pruitt, Marks, Zoellner, Feeny, Cloitre)</i>	M	Clin Res, Violence	Industrialized		
Symposium	<b>Capacity Building for Trauma Interventions in Low Resource Settings: Models for Development and Implementation of Evidence-Based Practice</b> Chair <i>(Betancourt)</i>				Plaza 1	H3
	Using Lay Counselors to Promote Youth Health in Schools – The Shape Experience <i>(Patel)</i>	M	Clin Res, Caregvr	S Asia		
	Addressing the Gap in Trauma Treatment: An Integrative Model <i>(Fabri, Cohen, Mukayonga)</i>	M	Cul Div, Civil/Ref	E & S Africa		
	Some Conditions for Task Shifting in Low and Middle-Income Countries <i>(de Jong, Jordans, Komproe, Macy, Ndayisaba, Susanty, Tol)</i>	M	Clin Res, Caregvr	Global		
	A Collaborative Model for Building Capacity in Mental Healthcare: Training and Supervision for the Youth Readiness Intervention in Sierra Leone <i>(Newnham, Akinsulure-Smith, Hansen, Betancourt)</i>	M	Clin Res, Child/Adol	W & C Africa		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

Daily Schedule – Saturday, November 3

Saturday, November 3, 10:30 a.m. – 11:45 p.m.

Concurrent Session 12

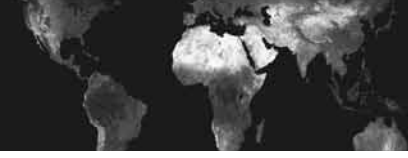
		Presentation Level	Keywords	Region	Room	Building/ Floor
Special Workshop	Applications of Dialectical Behavior Therapy to the Treatment of Dissociative Behavior and Other Complex Trauma-Related Problems <i>(Wagner)</i>	I	Practice, Adult/Cmplx	Industrialized	Diamond 1	CC3
Workshop	NIMH Funding Opportunities and Priorities in Translational Trauma Research <i>(Borja, Sarampote)</i>	M	Train/Ed/ Dis, N/A	Industrialized	Diamond 4 & 5	CC3
Workshop	Beyond Habituation: Using Prolonged Exposure to Process Trauma-Related Guilt, Shame, and Grief <i>(Hembree, Brinen)</i>	M	Practice, N/A	Industrialized	Diamond 7	CC3
11:45 p.m. – 1:30 p.m.	Lunch on Your Own					
Noon – 1:15 p.m.	Special Interest Group Meetings					
SIG	Aging, Trauma, and the Life Course				Diamond 6	CC3
SIG	Child Trauma				Diamond 10	CC3
SIG	Creative, Body, Energy Therapies				Diamond 7	CC3
SIG	Human Rights and Social Policy				Diamond 3	CC3
SIG	Media				Diamond 2	CC3
SIG	Psychodynamic Research and Practice				Diamond 8	CC3
SIG	Trauma and Substance Use Disorders				Diamond 9	CC3

Saturday, November 3, 1:30 p.m. – 2:45 p.m.

Concurrent Session 13

 Keynote Address	Public Mental Health as the Future Paradigm for Our Trauma Societies? <i>(de Jong)</i>	M	Global, Disaster	C & E Europe & Indep	Diamond 4 & 5	CC3
 Featured Presentation	Research Ethics <i>(Taube)</i>	I	Ethics, N/A	Global	Plaza 1	CC3
Symposium	Trauma-Informed Treatment With Marginalized Groups Chair <i>(DePrince)</i>					Diamond 1 CC3
	Adapting and Testing Revictimization Prevention Programming With Adolescent Girls in the Child Welfare System <i>(DePrince, Chu, Shirk, Potter)</i>	M	Clin Res, Child/Adol	Industrialized		
	Innovations in Trauma-Focused Prison Diversion Program <i>(Miller, Newman, Tarrasch, Hinther, Liles, Wiedeman, Morales)</i>	M	Clin Res, Violence	Industrialized		
	Comparative Outcomes for Depressed, Trauma Exposed Adolescents Treated in Mindfulness CBT or Usual Care <i>(Shirk, DePrince)</i>	M	Clin Res, Child/Adol	Industrialized		
	Development and Evaluation of a Sexual Violence Therapy Group for Incarcerated Women <i>(Karlsson, Bridges, Bell, Petretic)</i>	M	Clin Res, Adult/Cmplx	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



**Daily Schedule – Saturday, November 3**

Saturday, November 3, 1:30 p.m. – 4:15 p.m.

**Concurrent Session 13**

Presentation Level    Keywords    Region    Room    Building/  
Floor

Symposium	<b>Resilience in War-Affected Refugee Children, Youth and Families: Implications for Intervention Development</b> Chair <i>(Betancourt)</i>				Diamond 2	CC3
	Family Conflict and Community Support Among West African Refugee Families in New York <i>(Akinsulure-Smith, Chu, Keatley, Rasmussen)</i>	M	Cul Div, Civil/Ref	Industrialized		
	Trauma, Displacement, and Parent-Child Relationships: Understanding Mental Health Problems Among Somali Bantu Refugee Children and Adolescents <i>(Betancourt, Hussein, Hann, Falzarano, Abdirahman, Haji, Mohamed, Abdullahi)</i>	I	Cul Div, Civil/Ref	Industrialized		
	Strengthening Household Economics and Family Resilience in Burundi <i>(Annan, Armstrong, Inamahoro, Bundervoet)</i>	M	Clin Res, Civil/Ref	W & C Africa		
	Resilience and the Social Ecology of War: Mental Health Trajectories for War-Affected Youth in Sierra Leone <i>(Betancourt, Newnham)</i>	M	Clin Res, Child/Adol	W & C Africa		
Symposium	<b>Using Neuroscience to Improve PTSD End-to-End: From Detection to Treatment Response</b> Chair <i>(Allen)</i>				Diamond 3	CC3
	Neural Circuitry of Inhibitory Control as a Predictor of PTSD Response to CBT <i>(Allen)</i>	M	Bio Med, Acc/Inj	Industrialized		
	Different Neural Substrates Underlie the Four-Factor Symptom Clusters in PTSD <i>(Felmington, Allen, Bryant)</i>	I	Bio Med, Violence	E Asia & Pac		
	A Resting State fMRI Study on The Functional Connectivity, Neural Network Architecture and Neural Network Properties of PTSD <i>(Yan, Marmar)</i>	M	Bio Med, Mil/Vets	Industrialized		
	Effect of Direct Eye Contact in PTSD Related to IntERPersonal Trauma: A fMRI Study of Activation of an Innate Alarm System <i>(Lanius, Steuwe, Daniels, Frewen, Densmore)</i>	M	Clin Res, Adult/Cmplx	C & E Europe & Indep		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

Daily Schedule – Saturday, November 3

Saturday, November 3, 1:30 p.m. – 4:15 p.m.

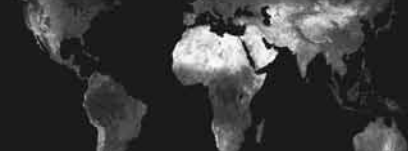
Concurrent Session 13

Presentation Level    Keywords    Region    Room    Building/  
Floor

Symposium	<b>Gender Differences in War-Zone Stressors and Post-Deployment Mental Health Among U.S. Service Members and Veterans Returning From Deployment to Afghanistan or Iraq</b> Chair ( <i>Luxton</i> )				Diamond 6	CC3
	Gender Differences in Combat-Related Stressors and Their Association With Post-Deployment Mental Health in a Nationally Representative Sample of U.S. OEF/OIF Veterans <i>(Vogt, Vaughn, Glickman, Schultz, Drainoni, Elwy, Eisen)</i>	I	Cul Div, Mil/Vets	Industrialized		
	Gender Differences in Traumatic Experiences and Mental Health in Active Duty Soldiers Redeployed From Iraq and Afghanistan: Implications for Evaluation and Treatment <i>(Maguen, Luxton, Skopp, Madden)</i>	I	Clin Res, Mil/Vets	Industrialized		
	An Investigation of Gender in Relation to the Development of Post-Traumatic Stress Symptoms Following Iraq Deployment: The Role of Intimate Relationships and Combat Exposure <i>(Skopp, Reger, Reger, Mishkind, Rashkind, Gahm)</i>	I	Cul Div, Mil/Vets	Industrialized		
	Gender Differences in Depression and PTSD Symptoms Following Combat Exposure <i>(Luxton, Skopp, Maguen)</i>	I	Assess Dx, Mil/Vets	Industrialized		
Symposium	<b>Treatment of Co-Occurring PTSD and Substance Use in Veterans: Innovations and Challenges</b> Chair ( <i>Capone</i> ) Discussant ( <i>Bernardy</i> )				Diamond 8	CC3
	Comorbid PTSD and Substance Use Disorders: Military Veterans' Perceptions of Symptoms and Treatment Preferences <i>(Reid-Quinones, Back, Killeen, Federline, Beylotte)</i>	I	Clin Res, Mil/Vets	Industrialized		
	Motivating Treatment Engagement Among Active Duty Army Personnel With Comorbid Substance Abuse Disorder and Post Traumatic Stress Disorder: Applications From the Warrior Check-Up <i>(Walker, Walton, Kaysen, Mbilinyi, Neighbors, Roffman)</i>	I	Clin Res, Mil/Vets	Industrialized		
	Methods of a New Trial Comparing Exposure Therapy to Coping Skills Therapy for Comorbid Alcohol Dependence and PTSD <i>(Norman)</i>	M	Clin Res, Mil/Vets	Industrialized		
	A Pilot Trial of Integrated CBT for PTSD and Substance Use Disorders With OEF-OIF-OND Veterans <i>(Capone, Short, Carter)</i>	M	Clin Res, Mil/Vets	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.





**Daily Schedule – Saturday, November 3**

Saturday, November 3, 1:30 p.m. – 4:15 p.m.

Daily Schedule

**Concurrent Session 13**

		Presentation Level	Keywords	Region	Room	Building/Floor
Symposium	<b>Trauma and Delinquency: The Role of Post-Traumatic Stress Symptoms and Emotional Processing</b> Chair ( <i>Allwood</i> )				Diamond 10	CC3
	Context of Violence Exposure and Diminished Emotions as Risks for Aggressive and Delinquent Behaviors Among Community Youth ( <i>Allwood, Maile, Sothmann, Baetz</i> )	M	Social, Child/Adol	Industrialized		
	The Impact of Callousness and PTSD Symptoms on Aggression in Male Juvenile offenders: Implications for Identification and Intervention ( <i>Cruise, Stimmel, Weiss</i> )	M	Practice, Child/Adol	Industrialized		
	Empirical Identification of Poly-Victims Among Justice-Detained Youth ( <i>Grasso, Ford, Hawke, Chapman</i> )	I	Clin Res, Child/Adol	Industrialized		
	Predictors of Recidivism Among Delinquent Youth: Interrelations Among Ethnicity, Gender, Age, Mental Health Problems, and Post-Traumatic Stress ( <i>Kerig</i> )	M	Res Meth, Child/Adol	Industrialized		
Panel	<b>Policy to Practice: Measuring and Understanding the Use of Evidence-Based Psychotherapy for PTSD</b> ( <i>Shiner, Carpenter-Song, Zubkoff, Watts</i> )	I	Social, Mil/Vets	Industrialized	Diamond 9	CC3
Workshop	<b>Advances in Comprehensive Assessment Strategies for Child Trauma: Applications for Treatment and Systems Planning, Consumer Engagement, and Outcomes Management</b> ( <i>Kisiel, Conradi</i> )	I	Assess Dx, Child/Adol	Industrialized	Diamond 7	CC3

Saturday, November 3, 3:00 p.m. – 4:15 p.m.

**Concurrent Session 14**

Master Methodologist	<b>New Developments in Latent Variable Modeling: Multilevel and Mixture Analysis</b> ( <i>Muthén</i> )	M	Res Meth	Global	Diamond 3	CC3
Featured Presentation	<b>Clinical Ethics</b> ( <i>Taube</i> )	I	Ethics, N/A	Global	Plaza 1	H3
Symposium	<b>A Components-Based Intervention for Low-Resource Countries: Data From Torture-Affected Populations in Southern Iraq and Thailand</b> Chair ( <i>Murray</i> )				Diamond 2	CC3
	Components-Based Intervention for Low-Resource Countries: Development, Description, Training and Fidelity Results ( <i>Murray, Dorsey, Skavenski, Ugueto</i> )	M	Clin Res, Civil/Ref	Global		
	Components-Based Intervention in Southern Iraq and Thailand: Measuring Change in Trauma Symptoms ( <i>Dorsey, Murray, Haroz, Lee, Robinson, Bolton</i> )	M	Clin Res, Diverse Pop	Global		
	Components-Based Intervention for Trauma-Affected Populations in Southern Iraq: Preliminary Data From a Randomized Controlled Trial ( <i>Weiss, Bolton, Yang</i> )	A	Clin Res, Surv/Hist	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

Daily Schedule – Saturday, November 3

Saturday, November 3, 3:00 p.m. – 4:15 p.m.

Concurrent Session 14

	Presentation	Level	Keywords	Region	Building/	
					Room	Floor
Symposium	<b>Serving Those Who Have Served: Educational Needs of Health Care Providers Working With Military Members, Veterans, and Their Families</b> Chair <i>(Kudler)</i>				Diamond 8	CC3
	Why We Did What We Did <i>(Kilpatrick)</i>	I	Res Meth, Mil/Vets	Industrialized		
	Survey Development, Delivery, and Results From Objective Data <i>(Smith)</i>	I	Res Meth, Caregvr	Industrialized		
	Open-Ended Questions: What Else Did They Want Us To Know? <i>(Best)</i>	I	Practice, Mil/Vets	Industrialized		
	Helping Community Providers Become Military/Veteran-Friendly: Employing Implementation Science to Develop Veteran-Driven Care <i>(Kudler)</i>	M	Train/Ed/ Dis, Mil/Vets	Industrialized		
Symposium	<b>Mechanisms Linking Trauma Exposure and Health Complaints Among OEF/OIF Veterans</b> Chair <i>(Williams)</i>				Diamond 9	CC3
	Residual MTBI Symptoms, PTSD, and Health Complaints: A Mediatonal Model <i>(Williams, McDevitt-Murphy, Murphy, Crouse)</i>	M	Clin Res, Mil/Vets	Industrialized		
	Pre-Deployment Sleep Disturbance as a Predictor of PTSD and Depression in National Guard Troops <i>(Koffel, Polusny, Arbisi, Erbes)</i>	M	Clin Res, Mil/Vets	Industrialized		
	Exploring the Role of Insomnia in the Relation Between PTSD and Pain in Veterans With Polytrauma Injuries <i>(Lang, Veazey-Morris, Andrasik)</i>	I	Clin Res, Mil/Vets	C & E Europe & Indep		
	A Prospective Study of Pre-Deployment Personality, Combat-Related PTSD, and Physical Health Complaints Among Deployed Soldiers <i>(Polusny, Arbisi, Erbes)</i>	M	Assess Dx, Mil/Vets	Industrialized		
Symposium	<b>Training for Trauma Providers: Adapting Content and Delivery to Maximize the Effectiveness of the Training Dollar</b> Chair <i>(Lloyd)</i>				Diamond 10	CC3
	Learning Collaborative Group Training in Case Formulation for Community-Based Providers of Mental Health Care <i>(Lloyd, Couineau, O'Connor, Forbes)</i>	I	Train/ Ed/Dis, Caregvr	Global		
	Development of Web Education for Trauma Clinicians: Lessons Learned From Translating an Anger Management Group Manual Into an Online Training Course <i>(Niles, Watson, Morland, Seligowski)</i>	M	Train/Ed/ Dis, Mil/Vets	Industrialized		
	The Development of an SPR on-Line Training Package for Teachers - Considerations and Challenges <i>(Nursej, Trethowan)</i>	I	Train/Ed/ Dis, Child/ Adol	Industrialized		
	A Randomized Controlled Trial of Online Training in Cognitive-Behavioral Skills for Treating PTSD <i>(Ruzek, Rosen, Garvert, Smith, Sears, Marceau, Harty, Stoddard)</i>	M	Train/ Ed/Dis, Caregvr	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



**Daily Schedule – Saturday, November 3**

Saturday, November 3, 3:00 p.m. – 4:15 p.m.

Daily Schedule

**Concurrent Session 14**

		Presentation			Building/	
		Level	Keywords	Region	Room	Floor
Workshop	<b>Enhancing Child Trauma Assessment Practices, Clinical Reasoning and Organizational Change Using the NCTSN Core Curriculum on Child Trauma</b> <i>(Abramovitz, Amaya Jackson, Knoverek, Layne, Ross, Conradi)</i>	A	Assess Dx, Child/Adol	Industrialized	Diamond 7	CC3
Paper Session	<b>Couples Research and Clinical Issues</b> Chair <i>(Waelde)</i>				Diamond 1	CC3
	<b>The PTSD Experience Among Spouses/Partners of Veterans With PTSD</b> <i>(Mansfield)</i>	I	Clin Res, Mil/Vets	Industrialized		
	<b>Treatment of PTSD Tailored to Victims of Intimate Partner Violence (IPV) With Two Years of Follow-Ups</b> <i>(Cáceres-Ortiz, Labrador-Encinas, Vargas-Espinosa)</i>	M	Clin Res, Violence	Industrialized		
	<b>The Relative Impact of Previous Interpersonal Trauma on Intimate Partner Violence Survivors' PTSD Symptom</b> <i>(Gobin, Iverson, Mitchell, Vaughn, Resick)</i>	I	Clin Res, Violence	Latin Amer & Carib		
Roundtable	<b>Improving Assessment, Treatments and Services for Veterans</b>				Diamond 6	CC3
	<b>Conducting Clinical Trials With Active-Duty Military Personnel</b> <i>(Wilkinson, Borah, Resick, Foa, Schuster, Young-McCaughan, Peterson)</i>	M	Res Meth, Mil/Vets	Industrialized		
	<b>Increasing Veteran Engagement in PTSD Treatment Through Patient Education and Patient Choice</b> <i>(Mott, Street, Stanley, Beckner, Hofstein, Elwood, Teng)</i>	M	Train/Ed/Dis, Mil/Vets	Industrialized		
	<b>Measuring Relationship Stress Related to Military Deployment and Traumatic Stress</b> <i>(Carlson)</i>	I	Assess Dx, Mil/Vets	Industrialized		
	<b>Assessing Risk of the Development of Persistent PTSD and Depression in Returning Military Personnel</b> <i>(Palmieri, Carlson, Harrington, Reiland, Vogt, Eisen)</i>	M	Assess Dx, Mil/Vets	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

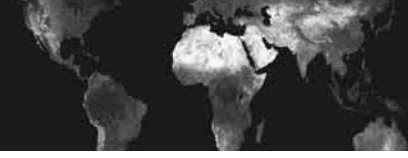
Daily Schedule – Saturday, November 3

Saturday, November 3, 4:30 p.m. – 5:45 p.m.

Concurrent Session 15

		Presentation Level	Keywords	Region	Building/ Room	Floor
Master Clinician	<b>Using Empirically Supported Mindfulness Techniques to Enhance Trauma Therapy</b> <i>(Briere)</i>	M	Practice, Adult/Cmplx	Industrialized	Diamond 3	CC3
Symposium	<b>Sleep Complaints Among Veterans: A Mental Health Symptom or a Comorbid Disorder</b> Chair <i>(Ulmer)</i> Discussant <i>(Neylan)</i>				Diamond 6	CC3
	The Association of Sleep Duration and Mental Health and Health Risk Behaviors Among OEF/OIF/OND Veterans <i>(Swinkels, Ulmer, Beckham, Calhoun)</i>	M	Clin Res, Mil/Vets	Industrialized		
	Sleep Disturbance in Veterans With Subclinical Mental Health Symptoms <i>(Ulmer, Calhoun, Swinkels, Beckham)</i>	M	Clin Res, Mil/Vets	Industrialized		
	Sleep in OEF/OIF/OND Veterans With PTSD Before and After Prolonged Exposure <i>(Drummond, Nappi, Strauss, Salamat, Anderson)</i>	M	Clin Res, Mil/Vets	Industrialized		
Symposium	<b>Sexual Trauma and Mental Health Sequelae Among Military and Veteran Samples: Prevalence and Characteristics, Treatment Needs, and Barriers to Treatment</b> Chair <i>(Walsh)</i> Discussant <i>(Kimerling)</i>				Diamond 8	CC3
	Prevalence of Sexual Trauma and Mental Health Sequelae Among Three Representative Samples of Reserve and National Guard Personnel <i>(Walsh, Cohen, Koenen, Ursano, Gifford, Calabrese, Tamburrino, Liberzon, Galea)</i>	I	Assess Dx, Mil/Vets	Industrialized		
	Characteristics of Sexual Harassment and Assault Experienced During Operation Enduring Freedom and Operation Iraqi Freedom Deployments <i>(Street, Gradus)</i>	I	Social, Mil/Vets	Industrialized		
	Is Deployment Associated With Sexual Harassment or Sexual Assault in a Large, Female Military Cohort? <i>(LeardMann, Pietrucha, Magruder, Smith, Murdoch, Jacobson, Ryan, Gackstetter, Smith)</i>	I	Clin Res, Mil/Vets	Industrialized		
	Barriers and Gender Preferences Associated With Receiving Military Sexual Trauma-Related Care Among Male Veterans: A Qualitative Analysis <i>(Turchik, McLean, Rafie, Kimerling)</i>	I	Clin Res, Mil/Vets	Industrialized		
Symposium	<b>A Longitudinal Analysis of Childhood Maltreatment and Symptom Trajectories Using Data From the Longscan Research Consortium</b> Chair <i>(Lauterbach)</i>				Diamond 10	CC3
	A Description of the LONGSCAN Longitudinal Data Set Examining Parental Characteristics and Child Maltreatment <i>(McCloskey, Calvert)</i>	M	Clin Res, Child/Adol	Industrialized		
	Longitudinal Symptom Trajectories Among Child Survivors of Maltreatment: Findings From Longscan <i>(Lauterbach, Iwanicki)</i>	M	Clin Res, Child/Adol	Industrialized		
	A Longitudinal Analysis of Causal Pathways Leading to the Emergence of Child Sexual Behavior Problems <i>(Allen)</i>	I	Practice, Child/Adol	Industrialized		

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.



## Daily Schedule – Saturday, November 3

Saturday, November 3, 4:30 p.m. – 5:45 p.m.

### Concurrent Session 15

		Presentation			Building/	
		Level	Keywords	Region	Room	Floor
Panel	<b>Caring for Survivors of Torture and Trauma: An Interdisciplinary Approach</b> <i>(Keller, Smith, Murakami)</i>	M	Practice, Diverse Pop	Industrialized	Diamond 2	CC3
Panel	<b>Benefits and Challenges of Partnering With Schools Serving Under-Resourced Urban Youth: Considerations for Implementing and Evaluating Trauma-Informed School-Based Mental Health Services</b> <i>(Dorado, Carrion, Joshi, Sumi, Martinez)</i>	M	Commun, Child/Adol	Industrialized	Diamond 7	CC3
Panel	<b>Innovative Approaches to Prevention and Intervention With High Risk and Gang-Involved Youth</b> <i>(Stolbach, Bocanegra, Habib, Hidalgo, Purtle, Gaytan, Saclarides, Tandon)</i>	M	Commun, Child/Adol	Industrialized	Diamond 9	CC3
Workshop	<b>Trauma Adapted Family Connections: Reducing Developmental and Complex Trauma Symptomatology to Prevent Child Abuse and Neglect</b> <i>(Collins, Strieder, Clarkson Freeman, Tabor)</i>	A	Clin Res, Adult/Cmplx	Industrialized	Plaza 1	H3
Roundtable	<b>Can PTSD Be Cured?</b> <i>(Peterson, Foa, Resick, Keane, Rothbaum)</i>	M	Clin Res, Violence	Global	Diamond 1	CC3
5:45 p.m.	<b>Meeting Adjourns</b>					

See pages 42 – 43 for Presentation Symbols, Keyword Type Descriptions, Regions and Presentation Levels.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 4 & 5**  
**Keynote Address**

**Mental Health for All-by-All**  
(Abstract #2141)

**Invited Speaker (Clin Res, Diverse Pop) M - Global**

**Diamond Salon 04 & 05**

**Patel, Vikram, PhD, MSc**

*London School of Hygiene and Tropical Medicine, London, United Kingdom*

The scarcity of specialized mental health human resources in all countries, but especially in low income countries, is further compounded by their inequitable distribution and inefficient utilization. This human resource gap will remain large for the foreseeable future, and is likely to be worsened as populations grow in many countries and as specialists emigrate from poorer to richer areas. In this context, this presentation considers 'task-sharing' as one of the most significant advances in improving access to affordable and effective mental health care. Task sharing, the strategy of rational redistribution of tasks among health workforce teams, has become a popular method to address specialist health human resource shortages in other areas of health care such as HIV/AIDS and maternal and child health. Specific tasks are moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of the available human resources for health. This presentation will synthesize the growing, and compelling, body of evidence on the safety and effectiveness of task-sharing to improve access to care for a range of mental disorders, by unpacking complex psychological treatments and empowering community and lay health workers to deliver specific treatment strategies. Not only are such interventions more affordable and accessible, but they also empower individuals to better manage their own mental health and care for others who are affected, thereby reducing the large 'treatment gaps'. Such task-sharing interventions are also very relevant to better resourced settings which also face high levels of 'treatment gaps' (in particular for psychological treatments), and spiraling costs of mental health care (mostly driven by the high costs of specialist delivered care). The role of mental health specialists in such intervention programs needs to expand from providing direct clinical care to incorporate a number of additional roles, for example advocacy, training, consultation, evaluation and supervision. In doing so, the goal of 'mental health for all' may be realistically achieved, in partnership 'with all'.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 2**  
**Symposium**

**Journalists and Trauma: Innovations in Occupational Health Research**  
(Abstract #897)

**Chairperson**    **Nelson, Summer, PhD Candidate**  
*University of Tulsa, Tulsa, Oklahoma, USA*

**Discussant**    **Newman, Elana, PhD**  
*University of Tulsa, Tulsa, Oklahoma, USA*

Throughout the world, journalists and media professionals are often first-on-the-scene responders to violence, natural disasters, war, and other traumatic events. Such trauma exposure constitutes an occupational hazard that may significantly impact journalists' lives and, in some cases, result in clinical disorders like post-traumatic stress disorder (PTSD) or depression (MDD). Despite expanding knowledge about this problem, much has yet to be learned about journalists' experiences with trauma, as well as the potential impact of such traumas on factors like post-traumatic growth or work performance. Panelists in this symposium will discuss three recent studies examining trauma exposure and occupational health of journalists throughout the world. Cait McMahon will discuss predictors of post-traumatic growth in a sample of 115 trauma exposed media professionals in Australia. Summer Nelson will present predictors of PTSD and occupational dysfunction in 159 print journalists in the United States. Finally, Susan Drevo will discuss data on journalists' experiences with sexual harassment globally, as well as on the organizational responses to harassment. Finally, all three panelists will discuss the implications of findings on training and treatment approaches that may be developed to help journalists prepare for or recover from potential negative effects of trauma exposure.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 2**  
**Symposium**



**Trauma Exposed Journalists: Post-Traumatic Growth and Post-Traumatic Stress Outcomes**  
(Abstract #898)

**Symposia Presentation (Clin Res, Disaster) M - Industrialized**

**Diamond Salon 02**

**McMahon, Cait, PhD Candidate**

*Swinburne University, Melbourne & Dart Centre Asia Pacific, Melbourne, Australia*

Research reports that the phenomena of post-traumatic growth is present in many professional groups that experience duty related trauma exposure - police, emergency services and therapists to name a few. Until now, no research has been undertaken on the media profession as a group who may experience work related growth. Examining 115 'trauma exposed' media professionals quantitatively, along with 15 qualitative interviews, predictors and mediators are presented to show that gender, length of time working as a journalist, Criterion A2 and post-traumatic re-experiencing (PCL-C) all have a positive relationship to post-traumatic growth (PTGI) as an outcome. Qualitative data will be presented to support the findings. The debate around the 'real' and illusory nature of growth and the potential clinical implications of post-traumatic growth within the media industry will be presented.

**Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Diamond Salon 2**

**Symposium**

**Predictors of PTSD and Occupational Dysfunction in Journalists**

(Abstract #899)

**Symposia Presentation (Media, Violence) I - Industrialized**

**Diamond Salon 02**

**Nelson, Summer, PhD Candidate; Newman, Elana, PhD**

*University of Tulsa, Tulsa, Oklahoma, USA*

Frequent exposure to potentially traumatic events is a well-documented work hazard for journalists. Previous research has examined rates of trauma exposure and PTSD in journalist samples. However, no known studies have examined the impact of trauma exposure and PTSD on journalists' job performance, until now. Examination of job performance may help organizations identify individuals most at risk for job dysfunction, and provide intervention opportunities for those who need it. This study examined Emotional Intelligence (EI) and trauma exposure as predictors of PTSD symptomology and occupational dysfunction. Among 159 print journalists working in the United States, 96.23% endorsed exposure to job-related traumatic events in the past year, 91.44% faced lifetime exposure to potentially traumatic

events outside of their job, and 10.69% met criteria for a probable PTSD diagnosis (PCL-C > 44). Hierarchical regression analyses indicated that PTSD symptoms were significantly predicted by personal trauma exposure, job-related trauma severity, and EI scales of empathy and emotional-regulation of the self. Significant predictors of occupational dysfunction included PTSD symptoms and EI emotional-regulation of the self. Regression models accounted for 39% and 60% of the variance in PTSD symptoms and occupational dysfunction respectively. Implications of findings for training, and/or treatment of journalists will be discussed.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 2**  
**Symposium**

**Understanding Harassment Across the Globe**  
(Abstract #900)

**Symposia Presentation (Media, Violence) I - Industrialized**

**Diamond Salon 02**

**Drevo, Susan, Doctoral, Student<sup>1</sup>; Parker, Kelsey, Doctoral, Student<sup>1</sup>; Newman, Elana, PhD<sup>1</sup>; Brummel, Bradley, PhD<sup>1</sup>; Koenen, Karestan, PhD<sup>2</sup>**

<sup>1</sup>*The University of Tulsa, Tulsa, Oklahoma, USA*

<sup>2</sup>*Columbia University, New York, New York, USA*

Journalists are increasingly acknowledging that sexual harassment and sexual assault are occupational hazards (Wolfe, 2011). However, the nature and extent of the problem of sexual assault and harassment of journalists, and organizational responses is unknown. An international study of harassment is underway, modeled, in part, after Department of Defense assessments (DOD; 2004, 2010) regarding sexual harassment in the military. In addition to studying harassment and Post-Traumatic Stress Disorder, this study examines journalists' overall health and well-being, specific workplace characteristics, job attitudes and behavior, personal workplace experiences, and the training and education journalists receive in the workplace. This presentation will provide information on preliminary results from journalists in English-speaking countries. Findings will inform an understanding of trauma exposure among journalists in the workplace as well as more general organizational practices for individuals working in hostile environments.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 3**  
**Symposium**

**Mechanisms Underlying Sexual and Physical Revictimization: Moving Toward Prevention**  
(Abstract #773)

**Chairperson** Iverson, Katherine, PhD, Cpsych  
*National Center for PTSD, VA Boston, Boston, Massachusetts, USA*  
**Discussant** **Follette, Victoria, PhD**  
*University of Nevada, Reno, Reno, Nevada, USA*

Sexual and physical forms of revictimization are an all-too-common occurrence for female and male survivors of interpersonal victimization. Revictimization can take the form of physical or sexual assaults from intimate partners, family members, co-workers, acquaintances, and strangers. The mental health consequences of revictimization are well-documented; however, little is known about how to prevent revictimization among those who have an interpersonal trauma history. Research is needed to identify mechanism associated with revictimization in order to inform prevention efforts. This series of presentations examine the roles of different forms of potential explanatory mechanisms, including psychiatric symptoms (such as post-traumatic stress disorder and dissociation) and coping strategies that help explain the link between interpersonal violence exposure and revictimization in women and men. As outlined by the Discussant, the research findings presented during this symposium have important implications for the development of targeted interventions aimed at preventing revictimization.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 3**  
**Symposium**

**The Role of Distinct PTSD Symptoms, Dissociation, and Coping Strategies in Intimate Partner Violence Revictimization**  
(Abstract #774)

**Iverson, Katherine, PhD<sup>1,2</sup>; Litwack, Scott, MA<sup>3</sup>; Pineles, Suzanne, PhD<sup>2</sup>; Suvak, Michael, PhD<sup>4</sup>; Vaughn, Rachel, BA<sup>5</sup>; Resick, Patricia, PhD<sup>2</sup>**

<sup>1</sup>*Women's Health Sciences Division of the National Center for PTSD, VA Boston & Boston University, Boston, Massachusetts, USA*

<sup>2</sup>*Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System & Boston University, Boston, Massachusetts, USA*

<sup>3</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*

<sup>4</sup>*Suffolk University & Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA*

<sup>5</sup>*Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA*

Psychological distress and coping strategies subsequent to intimate partner violence (IPV) victimization may impact survivors' risk for future IPV. The current study prospectively examined the impact of distinct post-traumatic stress disorder (PTSD) symptom clusters (reexperiencing, avoidance, numbing, and hyperarousal), dissociation, and coping strategies (engagement and disengagement coping) on IPV revictimization among recently abused women. This study included 69 women who participated in a larger study of the correlates of recent IPV, and completed psychometrically sound measures of physical IPV, PTSD, dissociation, and coping strategies at baseline and a 6-month follow-up. Separate Poisson regression analyses revealed that PTSD hyperarousal symptoms, dissociation, engagement coping, and disengagement coping each significantly predicted physical IPV revictimization at the 6-month follow-up. When these significant predictors were examined together in a single Poisson regression model, only engagement (IDR =0.99,  $p < .05$ ) and disengagement (IDR =1.01,  $p < .001$ ) coping were found to predict physical IPV revictimization such that engagement coping was associated with lower revictimization risk while disengagement coping was associated with higher revictimization risk. Results suggest the importance of intervening with IPV survivors to optimize their coping strategies as a means of reducing risk for IPV revictimization.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 3**  
**Symposium**

**Reducing the Risk of IPV Revictimization Through Reduction of PTSD**  
(Abstract #776)

**Dutton, Mary Ann, PhD, ABPP**

*Georgetown University Medical Center, Washington, Dist. of Columbia, USA*

Little research has explored the factors that contribute to its recurrence. Although the role of PTSD in revictimization has been recognized (Krause, Kaltman, Goodman & Dutton, 2008), the question of whether a reduction in the level of PTSD symptomatology and reduction in specific symptom clusters would also contribute to reducing the risk of revictimization has received little attention. The present study examined the naturalistic reduction in PTSD symptoms as a predictor of revictimization in the next year. A sample of low-income, African-American women (n=405) exposed to intimate partner violence participated in a longitudinal study. Re-victimization was measured prospectively over a 9-month period. Hierarchical multivariate logistic regression models included baseline variables (IPV severity, child abuse severity, number of years involved in the abusive relationship, PTSD severity and Danger Assessment score) in step 1 as covariates. Three-month PTSD change scores were entered in step 2. After adjusting for covariates, change in PTSD severity predicted revictimization by physical violence ( $p < .000$ ), sexual abuse ( $p < .01$ ), IPV-related injury ( $p < .000$ ) and stalking ( $p < .000$ ). Reductions in hyperarousal symptoms specifically were associated with reduction in risk of revictimization. Consideration of PTSD reduction is important as an IPV risk reduction strategy.

**Concurrent Session 1****Thursday, November 1, 2012****9:00 AM - 10:15 AM****Diamond Salon 3****Symposium****Sexual Revictimization in a Large Sample of Marine Recruits**

(Abstract #775)

**Suvak, Michael, PhD<sup>1</sup>; Brogan, Leah, BA<sup>2</sup>; Iverson, Katherine, PhD<sup>3</sup>; Shipherd, Jillian, PhD<sup>3</sup>**

<sup>1</sup>*Suffolk University, Boston, Massachusetts, USA*

<sup>2</sup>*VA Boston Healthcare System/National Center for PTSD, Boston, Massachusetts, USA*

<sup>3</sup>*VA Boston Healthcare System/National Center for PTSD and Boston University, Boston, Massachusetts, USA*

Childhood sexual abuse (CSA) is associated with increased risk for adulthood sexual assault (SA), but the mechanisms underlying this association remain inadequately understood. Utilizing a large sample of Marine recruits (N = 1820, 55% males) assessed five times over 11 years, the current study addresses

several gaps in the sexual revictimization literature (e.g., examination of gender differences, lengthy follow-up period, and includes several post-CSA factors such as psychological distress and affect dysregulation). Participants completed questionnaires assessing various psychosocial variables during the first week of recruit training (T1), immediately after recruit training (T2), nine months after recruit training (T3), 19 months after recruit training (T4) and approximately 11 years after initial enlistment (T5). CSA was assessed at T1 and SA was assessed at each subsequent assessment. 29 % of participants endorsed a history of CSA and 20% endorsed SA. Multilevel logistic regression revealed that gender accounted for 27% of the revictimization effect and that the presence of post-traumatic stress symptoms at T1 was the most robust predictor of revictimization for both genders. Prevention efforts should target post-traumatic stress symptoms among CSA survivors as a method for reducing risk for revictimization.

## **Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Diamond Salon 6**

**Symposium**

### **Overt and Covert Expressions of Trauma During Gynecologic Care: Implications for Medical and Mental Health Providers Treating Sexual Trauma Survivors**

(Abstract #1652)

**Chairperson**     **Weitlauf, Julie, PhD**

*VAPAHCs & Stanford University School of Medicine, Menlo Park, California, USA*

**Discussant**     **Resick, Patricia, PhD, ABPP**

*VA Boston Health Care System/Boston University, Boston, Massachusetts, USA*

Patients with prior trauma exposure, particularly those who develop PTSD, warrant special consideration in their receipt of medical care. Indeed, the psychiatric sequelae of trauma may contribute to poor compliance and non-adherence, interrupt the natural development of patient-provider rapport, and impede the patient's ability to effectively communicate their health related needs, potentially impacting the quality and effectiveness of the care they receive. Moreover, extreme fearfulness of some elements of medical care (e.g., internal examinations) can further complicate matters by perpetuating needless suffering or contributing to the development of perceptions of maltreatment by health care providers. This symposium synthesizes the empirical literature documenting traumatic reactions to gynecological care (e.g., the pelvic examination) in women with histories of sexual violence. Three interlinked talks will: a) characterize the available literature on both overt (observable) and covert (hidden or disguised) expressions of trauma in the gynecologic setting; b) synthesize the implications for medical and mental health providers who provide care to women with

prior sexual trauma; and c) discuss adaptations of two psychotherapies cognitive processing therapy and prolonged exposure to address fearfulness of gynecologic care in women with sexual trauma.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 6**  
**Symposium**

**Tiger in the Room: Overt Expressions of Psychological Trauma in Gynecologic Care**  
(Abstract #1653)

**Symposia Presentation (Practice, Adult/Cmplx) A - Global**

**Diamond Salon 06**

**Weitlauf, Julie, PhD<sup>1,2</sup>; Wijma, Barbro, MD, PhD<sup>3</sup>**

<sup>1</sup>VAPAHCS / Stanford University, Palo Alto, California, USA

<sup>2</sup>VA Palo Alto Health Care System / Stanford University, Palo Alto, California, USA

<sup>3</sup>LINKÖPING UNIVERSITY, LINKÖPING, Sweden

A growing body of literature documents the propensity for traumatic reactions to gynecologic care, particularly the insertion of the speculum during the pelvic examination amongst women with histories of sexual violence. Presence of post-traumatic stress disorder, particularly symptoms of hyper arousal (e.g., hyper-vigilance), are linked with particular vulnerability to strong reactions of distress during the examination. However, traumatic reactions to gynecologic care can vary widely, with several studies documenting the potential for intense emotional reactions, dissociative symptoms (including depersonalization and flashbacks), and transient increases in intrusive thoughts, memories and even dreams (nightmares) of prior abuse. The full clinical implications of these reactions are unknown. However, the impact of these reactions is likely compounded when medical providers (who commonly receive little or no training about PTSD) fail to sensitively and effectively address trauma reactions that occur within the context of the medical visit. This talk presents a synthesis of the empirical literature on overt or observable traumatic reactions during gynecologic care amongst women with prior sexual violence and offers insight for areas where additional education of medical providers regarding the unique needs of trauma survivors is critically needed.



**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 6**  
**Symposium**

**What Is Left Unsaid: Covert Expressions of Trauma Related Distress in Gynecologic Care**  
(Abstract #1654)

**Symposia Presentation (Practice, Adult/Cmplx) A - Global**

**Diamond Salon 06**

**Wijma, Barbro, MD, PhD<sup>1</sup>; Weitlauf, Julie, PhD<sup>2</sup>**

<sup>1</sup>*Linköping University, Linköping, Sweden*

<sup>2</sup>*VAPAHCs / Stanford University, Palo Alto, California, USA*

While many patients with prior trauma will exhibit overt and clearly observable traumatic reactions to the pelvic examination (high distress, flashbacks, anxiety), some important signals that psychological trauma is present and interfering with the patient care are covert, hidden, and less readily observable. In the arena of gynecologic care, these covert clues of underlying trauma may manifest in a variety of ways including: a diffuse and confusing symptom presentation, patients' high use of services but poor resolution of presenting problems (e.g., unresolved pelvic pain), or the overly compliant patient with high anxiety. Cardinal signals traditionally associated with cluster B pathologies (e.g., splitting) and the provider's experience of transference/counter transference reactions (e.g., provider's emotional reactions of disgust, anger/irritation or aggression which seem to appear 'out of the blue') may be important factors signaling the presence of psychological trauma. This talk focuses on the importance of educating medical providers about traumatic reactions, particularly these covert expressions of trauma, so that they can efficiently identify vulnerable patients who may need special consideration in the provision of gynecologic care.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 6**  
**Symposium**

**Mastering the Pelvic Examination: Exploring Novel Adaptations of Cognitive Processing Therapy and Prolonged Exposure to Address Fearfulness of the Pelvic Examination**  
(Abstract #1656)

**Nazarian, Deborah, PhD<sup>1</sup>; Weitlauf, Julie, PhD<sup>2</sup>; Wijma, Barbro, MD, PhD<sup>3</sup>; Foa, Edna, PhD<sup>4</sup>**

<sup>1</sup>VA Palo Alto Health Care System/Stanford University, Palo Alto, California, USA

<sup>2</sup>VAPAHCS / Stanford University, Palo Alto, California, USA

<sup>3</sup>Linköping University, Linköping, Sweden

<sup>4</sup>University of Pennsylvania, Philadelphia, Pennsylvania, USA

A substantial body of empirical evidence documents the efficacy and effectiveness of cognitive-behavioral therapies (specifically, cognitive processing therapy [CPT] and prolonged exposure [PE] therapy) for the treatment of post-traumatic stress disorder (PTSD). While these treatments explicitly target a specific trauma and its psychological sequelae (e.g., symptoms of re-experiencing, avoidance/numbing, and hyper arousal), treatment benefits can generalize beyond the target trauma and patients commonly experience improvements in other domains of functioning. For victims of interpersonal violence, particularly childhood sexual abuse or other forms of sexual violence, receipt of gynecologic care can be particularly challenging. However, little, if any, extant research addresses the generalization of the benefits of CPT and PE to gynecologic care. Furthermore, no extant psychotherapy treatments offer significant guidance for addressing this domain of functioning in victims of sexual violence. This talk will focus on a pilot project that is aimed at developing adaptations to CPT and PE which are specifically tailored designed to promote “mastery of the pelvic examination” in women with prior sexual victimization.

## **Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Diamond Salon 8**

### **Symposium**

**Longitudinal Adaption to the Virginia Tech Shootings: Understanding Complicated Grief, Coping Self-Efficacy, Post-Traumatic Growth, and Multicultural Barriers to Treatment**  
(Abstract #1798)

**Chairperson** **Jones, Russell T., PhD**

*Virginia Tech, Blacksburg, Virginia, USA*

**Discussant** **Jones, Russell T., PhD**

*Virginia Tech, Blacksburg, Virginia, USA*

The Virginia Tech shootings resulted in 49 injured and 33 deceased individuals. Online surveys administered 1-3 months post-shootings suggest high prevalence of likely PTSD (15.4%) among 4,639 respondents. Exposure to trauma and treatment seeking behaviors were assessed in great detail. Several models were tested examining the consequences of the shootings. The following empirical issues and research questions were addressed:(1) A complicated grief construct, informed heavily by proposals for the possible inclusion of this disorder in DSM-5, was developed and confirmed through confirmatory factor analysis and structural equation modeling. (2) To what extent do culturally diverse parenting practices explain racial differences in post-traumatic outcomes?(3) Is the relationship between Time 1 social support seeking and Time 2 coping self-efficacy moderated by Time 1 PTSD symptom severity?(4) Do multidimensional aspects of social support moderate the relationship between Time 1 exposure and Time 2 post-traumatic growth? The discussion will cover implications related to understanding barriers to treatment and tailoring interventions for culturally diverse populations. Limitations include low response rates and a convenience sample of university students.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 8**  
**Symposium**

**Complicated Grief Among Survivors of the 4/16 Shootings at Virginia Tech**  
(Abstract #1799)

**Symposia Presentation (Assess Dx, Violence) A - Industrialized**

**Diamond Salon 08**

**Anderson, Scott, MS (PhD, Student); Jones, Russell, PhD; Hughes, Michael, PhD**  
*Virginia Tech, Blacksburg, Virginia, USA*

Recent empirical evidence advocates for the inclusion of Complicated Grief (CG) in DSM-5 (Prigerson et al., 2009). Symptom profiles for CG that develop from traumatic and non-traumatic loss of a loved one are similar (Boelen & van den Bout, 2007), and evidence suggests that CG is distinct from other mood and anxiety disorders (Boelen et al., 2003). However, there has been little direct comparison of Post-Traumatic Stress Disorder (PTSD) and CG among individuals who have been traumatically bereaved and therefore qualify for either CG or PTSD under DSM-5 proposals (Friedman et al., 2011). This study focused on differentiating CG and PTSD symptoms among survivors of the 4/16 shootings. The authors hypothesized that (a) exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) would reveal that CG is distinct from PTSD among the entire sample and (b) bereavement would be more related to CG than to PTSD. Participants are university students who completed questionnaires 3 months and 1 year after the shootings. Results of the EFA and CFA supported the first hypothesis. The

second hypothesis will be tested via structural equation modeling to test competing models to see whether bereavement is differentially related to CG compared to PTSD.

### **Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Diamond Salon 8**

**Symposium**

### **Racial Differences in Parental Overprotection, Post-Traumatic Symptoms, and Use of Mental Health Services Among Survivors of the April 16 Shootings at Virginia Tech**

(Abstract #1801)

**Symposia Presentation (Clin Res, Disaster) I - Industrialized**

**Diamond Salon 08**

**Amatya, Kaushalendra, BS, MS; Anderson, Scott, BS, MS; Jones, Russell, PhD**

*Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA*

Empirical research supports differences in racial groups in use of mental health services, outcomes, and parenting behaviors that occur following traumatic events. Parental overprotection and intrusiveness are also supported as detrimental to post-trauma recovery. However, the influence of parental intrusiveness and overprotection on use of mental health services among diverse racial groups has not been studied. The current study examined post-Virginia Tech shootings relationships among parental overprotection, use of mental health services, and post-traumatic symptoms among students representing various racial groups. A large cross-sectional sample (N=4,639) was surveyed 1 to 3 months post-shootings. Preliminary analyses provide initial support for hypotheses, suggesting that parental intrusiveness plays a potentially important role in the relationship between race and use of mental health services and subsequent outcomes. In conclusion, it may be important to consider parental behaviors when assessing and formulating treatment plans for post-traumatic outcomes among different racial groups.

### **Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Diamond Salon 8**

**Symposium**

**Those Who Seek Do Not Necessarily Find: PTSD Symptom Severity as a Moderator of the Relationship Between Social Support Seeking and Coping Self-Efficacy**  
(Abstract #1802)

Symposia Presentation (Clin Res, Disaster) M - Industrialized

Diamond Salon 08

**Smith, Andrew, MA; Anderson, Scott, MS; Jones, Russell T., PhD; Hughes, Michael, PhD**  
*Virginia Tech, Blacksburg, Virginia, USA*

Social cognitive theory offers an explanatory framework for understanding processes that influence post-trauma adaptation, particularly that which occurs through social support processes. Whereas coping self-efficacy (CSE) is supported as a primary mediator between robustly supported predictors and posttrauma outcomes, research that longitudinally predicts CSE is lacking. With 815 survivors of the Virginia Tech shootings, this study examined PTSD symptom severity as a longitudinal moderator of the relationship between social support seeking and CSE. Both PTSD and support seeking were measured 1 to 3 months post-shootings; CSE was measured 12 months post-shootings. Hierarchical regression analyses examined this relationship; the overall model predicted 31% of the variance in CSE. Analyses show a small yet significant moderation effect ( $\beta = -.17, p < .001$ ). The ultimate value of this study came through moderation probing, yielding (a) a negative relationship between social support seeking and CSE for participants who reported high PTSD ( $\beta = -.36, p < .001$ ) and (b) a positive relationship among reported low PTSD ( $\beta = .12, p < .001$ ). Theoretical, empirical, and clinical implications are discussed, including a need to understand longitudinal determinants of CSE and negative social relationship aspects. Limitations are related to participant self-selection bias.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 8**  
**Symposium**

**Social Support Seeking and Social Constraints as Moderators of the Relationship Between Perceived Threat and Post-Traumatic Stress**  
(Abstract #1803)

Symposia Presentation (Prevent, Disaster) I - Industrialized

Diamond Salon 08

**Donlon, Katharine, BA**  
*Virginia Tech, Blacksburg, Virginia, USA*

Post-traumatic stress (PTS) can occur after trauma and can result from perceiving that well-being is threatened. Post-traumatic growth (PTG) is the positive change that can occur post-trauma. This study investigates whether social support seeking (SSS) and social constraints (SC) moderate the relationship between perceived threat, and PTS and PTG. SSS is the act of seeking social networks in times of need, and SC are the perception that social networks are unavailable in times of need. SSS and SC are underrepresented in the empirical literature, although there is evidence that they contribute to post-traumatic recovery. Students were surveyed three months after the shootings. Preliminary analyses indicate that SC ( $\beta = .14$ ,  $p < .001$ ) and SSS ( $\beta = -.15$ ,  $p < .001$ ) moderate the relationship between perceived threat and PTS. No significant interactions emerged in the relationship between perceived threat and PTG. Implications for the significant interactions of SC and SSS on the relationship between perceived threat and PTS, and the lack of significant interactions for perceived threat and PTG will be discussed. This study was designed to examine the role of social support and subsequently inform intervention strategies for post-traumatic recovery.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Plaza 1**  
**Symposium**

**Innovations in Practice and Research: Early Interventions in Traumatized Children**  
(Abstract #409)

**Chairperson** **Landolt, Markus, PhD**  
*University Children's Hospital, Zurich, Switzerland*

A recent meta-analysis on the effectiveness and characteristics of early interventions in children after single trauma has shown some promising results (Kramer & Landolt, 2011). However, we are still far from a research- and evidence-based approach in secondary prevention and early intervention in children. In this symposium four clinical researchers will present on the following topics: (1) utility of early screening measures to identify at-risk children and pros and cons of a stepped (indicated) vs. universal secondary prevention procedure, (2) theory-driven development of a web-based preventive tool for children, (3) preliminary results from the first RCT on the effectiveness of early interventions in preschool age children, and (4) early psychopharmacological interventions in children.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Plaza 1**  
**Symposium**

**Screening at-Risk Children in the Early Stage After Trauma: Is This Always A Good Idea?**  
(Abstract #411)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Plaza 01**

**Kenardy, Justin, PhD<sup>1</sup>; De Young, Alexandra, PhD<sup>1</sup>; March, Sonja, PhD<sup>2</sup>; Nixon, Reg, PhD<sup>3</sup>; Cobham, Vanessa, PhD<sup>2</sup>; McDermott, Brett, MD<sup>1</sup>**

<sup>1</sup>*University of Queensland, Herston, Australia*

<sup>2</sup>*University of Queensland, St Lucia, Australia*

<sup>3</sup>*Flinders University, Adelaide, Australia*

One of the biggest issues in addressing the impact of trauma is the need to intervene to prevent the development of ongoing problems, whilst recognizing the importance of an appropriate allocation of resources and prudent intervention. The stepped care approach is one solution to this issue where those exposed to trauma are screened to sort high from low risk so that an appropriate intervention can be delivered to those most at need. This approach has been shown to be effective, however we will argue there are a number of factors that need to be considered before applying this approach. We will use the data from a stepped-care trial for children admitted to hospital following traumatic injury to examine the validity and utility of the screen-and-treat approach. In this trial, children aged 7-14 were screened using the Child Trauma Screening Questionnaire within 2 weeks of admission, then followed up and reassessed after 1 month post admission. At this point high risk children were randomized to TF-CBT versus Waiting List. The impact of the incidence and natural remission rates of PTSD, the performance of the screening tool, the context and form of the intervention, will be discussed. Conclusions will be drawn about the relative value of a stepped care model versus a tertiary treatment model or a universal prevention model.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Plaza 1**  
**Symposium**

## **Web-Based Prevention for School-Age Children After Acute Trauma**

(Abstract #412)

**Symposia Presentation (Prevent, Child/ Adol) M - Global**

**Plaza 01**

**Kassam-Adams, Nancy, PhD<sup>1</sup>; Marsac, Meghan, PhD<sup>1</sup>; Kohser, Kristen, MSW<sup>1</sup>; Kenardy, Justin, PhD<sup>2</sup>; March, Sonja, PhD<sup>2</sup>; Winston, Flaura, MD, PhD<sup>1</sup>**

<sup>1</sup>*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*

<sup>2</sup>*University of Queensland, Brisbane, Australia*

The Internet can expand access to resources for a wide range of trauma-exposed children and families. Web-based interventions (alone or in combination with professional care) may play a key role in stepped care models for prevention / early intervention after acute trauma. This presentation will describe the development and initial evaluation of Coping Coach, a web-based prevention tool for school-aged children with recent acute trauma. Coping Coach is structured as an interactive online game. It targets likely etiological mechanisms for post-traumatic stress (PTS) in children (e.g., trauma-related appraisals and specific coping strategies) in order to reduce the development of PTS symptoms. Systematic user-testing helped optimize usability and functionality of key interactive features. Pilot-testing with children exposed to acute medical events found high acceptability and engagement with intervention activities. Next steps include a randomized, controlled trial to evaluate the effect of Coping Coach on proximal outcomes (appraisals, coping) and provide an initial estimate of efficacy in reducing PTS symptoms and improving health-related quality of life after medical events. The presentation will illustrate the use of theoretically-grounded intervention development and testing to inform etiological models of child psychological recovery after acute trauma.

### **Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Plaza 1**

**Symposium**

### **Effectiveness of the Epicap Stepped Early Intervention in Preschool Age Children: Preliminary Results from an RCT**

(Abstract #413)

**Symposia Presentation (Clin Res, Child/ Adol) M - C & E Europe & Indep**

**Plaza 01**

**Kramer, Didier, MSc; Landolt, Markus, PhD**

*University Children's Hospital Zurich, Zurich, Switzerland*



The EPICAP-intervention (Early Psychological Intervention for Children and Parents) for children aged 2-16 years was developed based on the results of previous empirical studies on the effectiveness of early interventions in children. The intervention provides a new approach by tailoring the interventions to specific age groups (2-6 y, 7-11 y, 12-16 y). Based on a risk screening procedure at 1 week posttrauma, two sessions are provided to children at risk and their parents. The two sessions contain three specific intervention modules: (1) psychoeducation, (2) creation of a trauma narrative with age-appropriate material, and (3) individualized training of coping skills. Specific interventions differ with regard to the three different age groups.

Preliminary results of an ongoing randomized controlled trial in children after road traffic accidents and burns shall be presented. Current analyses on a sample of 78 children revealed promising results specifically for preschool aged children: Six months postaccident, 2-6 years old children who participated the two-session EPICAP intervention showed better health related quality of life compared to a control group with treatment as usual (ES=1.32).

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Plaza 1**  
**Symposium**

**Early Pharmacological Interventions: Present and Future**  
(Abstract #414)

**Symposia Presentation (Prevent, Child/ Adol) A - Industrialized**

**Plaza 01**

**Berkowitz, Steven, MD**

*University of Pennsylvania, PSOM, Philadelphia, Pennsylvania, USA*

To demonstrate how research findings regarding the biomarker predictors of who develops PTSD informs the development of recent pharmacological prevention models for PTSD. This presentation will review targeted secondary prevention interventions such as the following: 1) The early administration of medication such as beta blockers (e.g. propranolol, Prozosin etc.); 2) Morphine for burned or injured children; 3) Oxytocin; 4) Hydrocortisone. Data from published research evaluations of the range pharmacological early interventions will be presented with an explanation of how these interventions are informed by both basic science and clinical research. Also, newer interventions combining psychopharmacology and psychosocial interventions will be discussed as a potential area for further development and research. Several models that attempt to provide targeted secondary prevention to prevent the development of PTSD in children and adolescents have been developed based on neuroscientific and psychological research with mixed outcomes. At present, psychosocial interventions

have proven to be more effective than medications, but increasing research in early preventative psychopharmacology is promising

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Gold Salon 2**  
**Symposium**

**The Prevalence and Significance of Subthreshold “Orange Zone” PTSD Symptoms in Combat-Exposed Marines and Veterans**  
(Abstract #1836)

**Chairperson**    **Nash, William, MD**  
*University of California, San Diego, California, USA*

**Discussant**    **Litz, Brett, PhD**  
*Boston VA Research Institute, Boston, Massachusetts, USA*

Mental disorder prevention efforts in the Department of Defense have drawn increasing attention to the importance of identifying early, subthreshold post-traumatic stress symptoms in service members so that targeted early interventions such as psychological first aid can be offered. These efforts have been limited thus far by the paucity of research on the prevalence, characteristics, and correlates of subthreshold, “orange zone” stress in military and veteran populations. In this symposium, we report data from the Marine Resiliency Study and the National Vietnam Veterans Readjustment Study on the prevalence, clinical correlates, and significance of subthreshold post-traumatic stress in combat-exposed Marines and veterans. Implications for mental disorder prevention and psychological health promotion in military and veteran populations are discussed.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Gold Salon 2**  
**Symposium**

**Latent Classes of PTSD Symptoms in Vietnam Veterans**  
(Abstract #1837)

**Nickerson, Angela, PhD**

*University of New South Wales, Sydney, Australia*

We examined heterogeneity in post-traumatic stress disorder (PTSD) symptom presentation among veterans (N=335) participating in the clinical interview subsample of the National Vietnam Veterans Readjustment Study (NVVRS). Latent class analysis was used to identify clinically homogenous subgroups of Vietnam War combat veterans. Consistent with previous research, three classes emerged from the analysis, namely veterans with no disturbance (60.5% of the cohort), intermediate disturbance (26.6%), and pervasive disturbance (12.8%). We also examined physical injury, warzone stressor exposure, peritraumatic dissociation, and general dissociation as predictors of class membership. The findings are discussed in the context of recent conceptual frameworks that posit a range of post-traumatic outcomes, and highlight the sizeable segment of military veterans who suffer from intermediate (subclinical) PTSD symptoms.

**Concurrent Session 1****Thursday, November 1, 2012****9:00 AM - 10:15 AM****Gold Salon 2****Symposium****The Utility of the PTSD Checklist for Identifying Full and Partial PTSD Among Active Duty Marines**

(Abstract #1839)

**Dickstein, Benjamin, PhD Candidate<sup>1</sup>; Weathers, Frank, PhD<sup>2</sup>; Nash, William, MD<sup>3</sup>; Baker, Dewleen, MD<sup>4</sup>; Litz, Brett, PhD<sup>5</sup>**

<sup>1</sup>*Boston University, Boston, Massachusetts, USA*

<sup>2</sup>*Auburn University, Auburn University, Alabama, USA*

<sup>3</sup>*Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury, Washington, Dist. of Columbia, USA*

<sup>4</sup>*Veterans Affairs Center of Excellence for Stress and Mental Health, San Diego, California, USA*

<sup>5</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*

To date, it appears only one study has evaluated the diagnostic utility of the PTSD Checklist (PCL) among a sample of active duty service members (Bliese et al., 2008). As a result, most research assessing PTSD

among military personnel has used cutoff scores taken from studies conducted with civilians or veterans. The aim of this study was to further examine the diagnostic utility of PCL among a sample active duty service members, namely 1,406 active duty US Marines returning from deployment to Iraq and Afghanistan. Specifically, we sought to identify optimally efficient cutoffs on the PCL for detecting full and partial PTSD (P-PTSD). Given that no consensus has yet been reached regarding P-PTSD criteria, two P-PTSD diagnoses were used: lenient and stringent P-PTSD. Participants completed assessments three and six months following return from deployment, and PTSD and P-PTSD diagnostic status was evaluated using the Clinician Administered PTSD Checklist (CAPS). Results indicate that cutoffs of 39 and 37 are optimally efficient for detecting full PTSD at three and six months post-deployment, respectively. In addition, results indicate that cutoffs ranging from 28-37 are optimally efficient for detecting P-PTSD. Implications and limitations will be discussed.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Gold Salon 2**  
**Symposium**

**The Prevalence and Significance of Subthreshold Orange Zone; PTSD Symptoms in Combat-Exposed Marines and Veterans**  
(Abstract #1840)

**Symposia Presentation (Assess Dx, Mil/Vets) M - Industrialized**

**Gold Salon 02**

**Carper, Teresa, PhD**

*Orlando VA Medical Center, Orlando, Florida, USA*

As part of the continued effort to better understand the impact of combat trauma, the Naval Center's Combat and Operational Stress Control (COSC) division has proposed the Stress Continuum Model for identifying stress symptoms prior to the onset of clinical PTSD (e.g., Nash et al., 2011). Perhaps the most important benefit of this model over the current DSM-IV dichotomous classification system is the identification of a state of significantly impairing yet sub-clinical symptoms of PTSD, termed the "Orange Zone." The current presentation reviews the preliminary findings of efforts to statistically validate and operationalize the Orange Zone among active-duty Marines. Using longitudinal data (pre-deployment, post-deployment, and two follow-up time points), latent transition analyses (LTA) were conducted to identify discrete classes of PTSD symptoms and then distinct trajectories of symptoms over time. Odds ratios were then calculated using demographic, psychological, and physiological risk and resiliency factors to examine potential Orange Zone markers. Preliminary findings from this ongoing project, and implications for the prevention of clinical levels of PTSD, are discussed.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Gold Salon 1**  
**Symposium**

**Endocannabinoids as Synaptic Partners of Glucocorticoids Lead to Novel Treatments for PTSD**  
(Abstract #859)

**Chairperson** **Neumeister, Alexander, MD**  
*New York University, New York, New York, USA*

Fear conditioning experiments highlight the role of an amygdala-hippocampal-cortico-striatal circuit as responsible for processing and storing fear-related memories and for coordinating fear-related behaviors leading to the hypothesis that post-traumatic stress disorder (PTSD) is characterized by amygdala over-activity or hyper-responsiveness to threatening stimuli in humans. While the role of glucocorticoids has been characterized over the years in the etiology of PTSD, there is emerging evidence that there exist reciprocal interactions with endocannabinoid (eCB) signaling. The glucocorticoid-eCB cross-talk could open an avenue for developing evidence-based treatments for patients with trauma-related psychopathology given their roles as regulator of rapid physiological and behavioral responses to stress. We will present unpublished data from pre-clinical models and patient populations with and without trauma history. Pre-clinical and translational models will explain glucocorticoid and eCB regulation. Neuroimaging studies using positron emission tomography (PET) and a selective CB1 receptor ligand provide evidence for abnormal eCB signaling in PTSD which could be normalized by elevating eCB tone back to normal function. These data provide the first integrative view on two interactive stress systems which could accelerate the development of novel treatments for PTSD.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Gold Salon 1**  
**Symposium**

**The HPA Axis in PTSD: Basal and Challenge Findings**  
(Abstract #868)

**Baker, Dewleen, MD**

*VA San Diego and UCSD, San Diego, California, USA*

A recently published work points to stress-related noradrenergic activity prompting large-scale neural network configuration resulting in vigilant attention reorienting which correlated with, but was not blocked by cortisol. Rather, recent studies show that exogenous cortisol reduces phobic fear and amygdala responsiveness, pointing toward a role for cortisol in preventing overshoot and down-regulation of the NE-driven stress response as likely occurs in PTSD. Thus, a better understanding of the hypothalamic-pituitary-adrenal (HPA) axis and its regulators in adaptive and non-adaptive response to stress may provide avenues for prevention. Basal and challenge studies using serial cerebral spinal fluid sampling techniques will be discussed, including recent CSF study data in OEF/OIF combatants with and without PTSD, and comparison healthy civilian controls subjects. The findings will be discussed as they relate to likely key regulatory systems, such as neuropeptide Y and endocannabinoids.

**Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Gold Salon 1**

**Symposium**

**Using Epigenetic and Molecular Changes in PTSD as Therapeutic Targets**

(Abstract #864)

**Symposia Presentation (Bio Med, Mil/Vets) M - Industrialized**

**Gold Salon 01**

**Yehuda, Rachel, PhD**

*Mount Sinai School of Medicine/J.J. Peters VA Medical Center, Bronx, New York, USA*

Alterations in several genes and molecular targets associated with glucocorticoid receptor alterations in PTSD have recently been identified. These include changes in gene expression and genotype of FK506 Binding Protein 5 (FKBP5), the glucocorticoid receptor gene exon 1F transcript containing the NGF1a binding site. We will present data on the expression of these genes as well as in cytosine methylation of the glucocorticoid receptor gene (NR3C1). Both gene expression and methylation are influenced by environmental factors that can result in enduring differences in function (e.g., via developmental programming). In this presentation we will examine the extent to which these two molecular measures and other GR-related markers change in association with changes in PTSD symptom severity in combat veterans with PTSD, based on recent longitudinal studies. Pilot data demonstrates that changes in GR cytosine methylation and FKBP5 gene expression in lymphocytes are observed in association with PTSD symptoms change, and the former has now been demonstrated in our laboratory to change from pre-to post-treatment. Although genotype is invariable, changes in genotype may influence the extent to which

molecular measures of methylation and gene expression are subject to environmental influence. The implications of these findings for identifying treatment targets will be discussed.

## **Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Gold Salon 1**

**Symposium**

### **Glucocorticoid-Endocannabinoid Crosstalk and the Regulation of Stress and Emotional Behavior**

(Abstract #866)

**Symposia Presentation (Bio Med, N/A) M - Industrialized**

**Gold Salon 01**

**Hill, Matthew, PhD**

*University of Calgary, Calgary, Alberta, Canada*

The endocannabinoid system is the neuroactive lipid signaling system in the body and brain that was first identified as the biological target for the physiological effects of cannabis. Over the past decade a substantial amount of research on the endocannabinoid system has demonstrated that it may represent a neural buffer system for the emotional, physiological and neuroendocrine effects of stress. The current state of knowledge would suggest that under steady state conditions, the endocannabinoid system functions to gate activation of stress-responsive circuits in the brain, and that following stress, glucocorticoid hormones recruit endocannabinoid signaling to help turn off these stress circuits and restore these stress circuits to their basal level of activation. Interestingly, the effects of glucocorticoid hormones on aversive memory parallel the effects of endocannabinoid signaling, having distinct effects on both consolidation and recall as well as memory extinction. Given the ability of glucocorticoids to mobilize endocannabinoid signaling, both in vitro and in vivo, one hypothesis, which has received experimental support, is that glucocorticoids engage the endocannabinoid system to mediate their effects on emotionally aversive memory. Given that the therapeutic usage of glucocorticoids can be limited by their pleiotropic actions on many physiological processes, such as metabolism, immune function and arousal, the endocannabinoid system may represent a much more therapeutically desirable target for the treatment of PTSD. A combination of both preclinical and clinical data will be discussed.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Gold Salon 1**  
**Symposium**

**CB1 Receptor Pet Imaging Reveals Abnormal Endocannabinoid Signaling in PTSD**  
(Abstract #860)

**Symposia Presentation (Bio Med, Violence) M - Industrialized**

**Gold Salon 01**

**Neumeister, Alexander, MD; Sobin, Sean, MA**  
*New York University, New York, New York, USA*

The recent development of the CB1 receptor selective radiotracer, designated [11C]OMAR now makes it possible for the first time to conduct an in vivo assessment of CB1 receptor density in PTSD using positron emission tomography (PET). Using [11C]OMAR and PET, we determined volume of distribution (VT) values, a measure of CB1 receptor density in medication-free PTSD patients (N=16/8F, age, ys 30.0±8.5, range 20-44, CAPS 78±11.5), individually-matched healthy control subjects without (N=16/8F, age, ys 30.6±7.5, range 20-45) and with (N=7/1F, age, ys 35.3±6.6, range 23-41) trauma exposure. We found elevated CB1 binding in PTSD relative to the non-traumatized healthy control subjects in all regions of the aforementioned PTSD circuit ( $p < .0017$ ). Amygdala CB1 binding was significantly higher in traumatized healthy control subjects compared to non-traumatized healthy controls ( $p < .012$ ). Independent of diagnosis, we found significantly higher CB1 binding in women relative to men ( $p < .0039$ ). Our data show that the maladaptive neurobehavioral trauma response in PTSD is associated with impaired eCB signaling as evidenced by upregulation of CB1 receptors. Elevated CB1 binding in the amygdala in trauma-exposed healthy controls further suggests that trauma exposure influences molecular adaptations in neuronal networks that are dysfunctional in PTSD.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 1**  
**Symposium**



## **Tailoring Trauma Treatment for Youth: Investigating How Emotional Involvement, Working Alliance and Parental Reactions is Related to Outcome**

(Abstract #574)

**Chairperson** Shirk, Stephen R., PhD

*Denver University, Denver, Colorado, USA*

To be able to better customize treatment for traumatized youths, more knowledge about the treatment process is needed. So far, there is a lack of studies investigating important process variables in youth populations. In this symposium four clinical researchers will look at different aspects of the therapeutic process: How are youths' avoidance symptoms related to trauma disclosure? How is youths' emotional involvement in trauma specific work related to outcome? What is the role of the working alliance compared to treatment method? How are parents' emotional reactions associated with youths' symptoms, and do they mediate outcome? Data is from two RCT studies, one conducted in the US and the other in Norway. The first is a treatment development study for depressed youths exposed to interpersonal trauma, investigating the use of a modified CBT protocol for depression. The other is an effectiveness study comparing Trauma-focused cognitive behavioral therapy (TF-CBT) to Therapy as usual (TAU). Both studies were conducted in community clinics with referred adolescents and community therapists. Results indicate that an increased focus on internal process variables can help scaling-up evidence-based practices, and provide better outcomes for youths receiving help in the general health care system. Clinical implications and suggestions for future research will be presented.

### **Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Diamond Salon 1**

**Symposium**

### **Youth involvement During PsychoTherapeutic Discussions of Trauma and Relationships to Treatment Outcome**

(Abstract #576)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 01**

**Crisostomo, Patrice, MA, PhD, Student; Shirk, Stephen, PhD; DePrince, Anne, PhD**

*University of Denver, Denver, Colorado, USA*

While efficacious treatments are available for traumatized youth, few studies have examined associations between therapeutic process and treatment outcome. Prior research suggests that youth emotional involvement (EI) in CBT for depression is related to treatment outcome. In treatments for

traumatized youth, processing emotional content related to trauma experiences may be related to therapeutic change. The present study evaluates associations between treatment outcome and EI during discussions of trauma experiences. Data are from a 12-session effectiveness trial comparing two psychotherapies (usual care vs. modified-CBT) for youth with depression and a history of interpersonal trauma (n = 44, mean age = 15.4 yrs., 81% female). EI was observationally coded from all of the in-session discussions of trauma (no sig. differences between treatments, mean total = 49.93 min.). Preliminary analyses indicate that a composite score of EI was non-significantly related to client demographic variables, depression severity or condition ( $p$ 's > 0.05). EI was related to changes in depression severity scores over the course of treatment, accounting for length of discussions ( $r = -.32$ ,  $p < 0.05$ ). Additional analyses will be conducted to examine trajectories of EI across treatment and relationships to depression outcomes. Conceptual and clinical implications will be discussed.

## **Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Diamond Salon 1**

**Symposium**

### **Trauma Self-Disclosure in Psychotherapy: Relations with Therapeutic Alliance and Symptoms of Post-Traumatic Stress Disorder**

(Abstract #578)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 01**

**Simpson, Tess S., PhD Candidate; Shirk, Stephen, PhD; Riva, Maria, PhD**

*University of Denver, Denver, Colorado, USA*

Considerable progress has been made over the past two decades identifying effective treatment models for maltreated youth and their families. Among these treatment models, both specific and non-specific therapeutic factors such as developing a trauma narrative (e.g. trauma self-disclosure) and forming a strong therapeutic alliance have been identified as "active ingredients" that contribute to positive treatment outcome in youth psychotherapy and factors that moderate youth self-disclosure could have significant implications for the treatment of victimized children and adolescents. The present study will explore the impact of the therapeutic alliance as a moderator between pre-treatment trauma avoidance symptoms and trauma self-disclosure in two forms of therapy for depressed adolescents with a history of childhood trauma.

Analyses will be based on data from a community-based randomized clinical trial for youth with a depressive disorder and a history of interpersonal trauma. Trauma self-disclosure will be observationally coded from a sample of 44 adolescents ages 12 to 17. It is hypothesized that avoidance will predict level and timing of trauma self-disclosure, but the strength of this relationship will be moderated by strength of the therapeutic alliance.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 1**  
**Symposium**

**The Mediating Role of Parental Factors on Therapy Outcome of Traumatized Youths: Results from A Randomized Controlled Study in Norway**  
(Abstract #579)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 01**

**Holt, Tonje, MA, PhD, Student; Jensen, Tine, PhD**

*Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway*

Previous studies have found that parents' emotional reactions affect the child's post trauma symptoms. Few studies have, however, investigated the parental impact on the healing process of the child. In this presentation results regarding the mediating role of parents' emotional and depressive reactions on the therapy outcome (child's post-traumatic stress) will be presented. Data come from an ongoing effectiveness study in Norway. 156 youths with severe post traumatic symptoms (aged 10-18) and their primary caregivers were randomized to receive either Trauma Focused CBT or therapy as usual. Children's symptoms were measured pre therapy (T1), after session 6 (T2) and 15 (end of therapy) (T3), Caregivers' emotional responses to their child's traumatic event were measured using Parental Emotional Reaction Questionnaire (PERQ) and caregivers' symptoms of depression were measured using the Center for Epidemiologic Studies Scale for Depression (CES-D). Results show that TF-CBT do better than TAU in reducing the child's trauma symptoms. This presentation will focus on how change in parental emotional reactions was related to child's symptom reduction in both groups. Findings contribute to the growing interest within the field of psychotherapy to identify the mechanisms and underlying processes of change in therapy with youths exposed to traumatic events.

**Concurrent Session 1**  
**Thursday, November 1, 2012**  
**9:00 AM - 10:15 AM**  
**Diamond Salon 1**  
**Symposium**

## Treating Traumatized Youths: The Relationship Between Therapeutic Alliance, Treatment Method and Outcome

(Abstract #575)

Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized

Diamond Salon 01

**Ormhaug, Silje, Doctoral, Student<sup>1</sup>; Jensen, Tine, PhD<sup>1</sup>; Shirk, Stephen, PhD<sup>2</sup>**

<sup>1</sup>Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

<sup>2</sup>University of Denver, Denver, Colorado, USA

The therapeutic alliance has been found to predict outcome across several types of treatment, but this relationship has yet to be studied in treatment of traumatized youths suffering from post-traumatic stress symptoms (PTSS). The aim of this study was to learn more about how the alliance is related to outcome in Trauma Focused CBT (TF-CBT) and in therapy as usual (TAU). Participants were 156 Norwegian youths (aged 10-18) suffering from severe PTSS, randomized to receive either TF-CBT or TAU. Symptoms were measured before treatment, after sessions 6 and 15. Alliance was assessed after 1st and 6th session with the Therapeutic Alliance Scale for Children (TASC). Results show that participants in both groups improved, but the TF-CBT group had significantly better outcome. Alliance ratings were equally high in both groups, but seemed to play a different role in the two treatments. In TF-CBT, the alliance significantly predicted outcome, but this was not found in TAU. Findings suggest that a strong alliance is necessary but not sufficient in treatment of traumatized youths, indicating that also specific techniques are needed. It further seems that the use of a manual does not impede the alliance formation. Clinical implications will be presented.

### Concurrent Session 1

Thursday, November 1, 2012

9:00 AM - 10:15 AM

Diamond Salon 9

Panel

### Validation of the Moral Injury Construct for Combat Trauma

(Abstract #751)

Panel Presentation (Assess Dx, Mil/Vets) I - Industrialized

Diamond Salon 09

**Flipse Vargas, Alison, MA<sup>1</sup>; Currier, Joseph, PhD<sup>2</sup>; Hanson, Thomas, MA<sup>1</sup>; Conway, Alison, MA<sup>1</sup>; Kraus, Douglas, MS<sup>1</sup>**

<sup>1</sup>Pepperdine University, Los Angeles, California, USA

<sup>2</sup>Fuller Theological Seminary, Pasadena, California, USA

Military combat involves a diversity of stressors that can affect service members in varying ways. To broaden our understanding of moral aspects of combat trauma experiences, Litz et al. (2009) introduced moral injury (MI), defined as acts that transgress deeply held moral beliefs and expectations. Drescher et al. (2011) recently conducted a qualitative examination of relationships between frequent combat experiences and expected moral consequences through military experts' judgments. Overall, Drescher et al. identified four major themes of potentially morally injurious situations, including betrayal, disproportionate violence, incidents involving civilians and with-in rank violence. The purpose of this panel is to present further empirical results for the MI construct. General findings from four MI related projects will serve as the basis for panel discussion. Three of the studies utilized data from the National Vietnam Veterans Readjustment Study (NVVRS) to identify proposed themes of morally injurious events and associated symptomatology reported by theater and era veterans. The fourth study examined psychometric properties of an experimental MI questionnaire in a community sample of combat veterans from the Iraq and Afghanistan wars. Findings increase the operational understanding and provide validation for the construct of MI. Implications for future clinical and research applications will be discussed.

## **Concurrent Session 1**

**Thursday, November 1, 2012**

**9:00 AM - 10:15 AM**

**Diamond Salon 10**

### **Panel**

**From Mind to Body: Trauma, Disease, and Intervention**

(Abstract #275)

**Panel Presentation (Bio Med, Diverse Pop) M - Global**

**Diamond Salon 10**

**Hobfoll, Stevan, PhD<sup>1</sup>; Cohen, Beth, MD, MsC<sup>2</sup>; Boscarino, Joseph, PhD<sup>3</sup>; Galea, Sandro, MD, DrPH<sup>4</sup>**

<sup>1</sup>*Rush University Medical Center, Chicago, Illinois, USA*

<sup>2</sup>*University of California San Francisco, San Francisco, California, USA*

<sup>3</sup>*Gesinger Clinic, Danville, Pennsylvania, USA*

<sup>4</sup>*Mailman Public Health, Columbia University, New York, New York, USA*

Studies have increasingly linked psychological trauma to greater risk of physical illness. However, conclusions are limited by the use of unconfirmed self-report or retrospective review of disease outcomes. **Although several pathways have been identified**, how trauma causes physical health problems also remains unknown, and this is a critical barrier to developing treatments. This panel will present results from several studies linking psychological trauma with physical health outcomes and identifying mechanisms of increased disease risk, including immune down-regulation, inflammation, **genetic**, and health behaviors.

Based on this research, we will highlight the role trauma may play in underlying the marked disparities in physical health observed in minority populations and other high risk populations. Finally, we will discuss the implications of this work for treatment, **including early interventions**. This will include experiences working with underserved minority populations to improve access to and acceptance of mental health care and experiences with integrated care models that address comorbid mental and physical health problems.

Participant Distress Explanation: Descriptions of traumatic events facing ethnic minority and military may be graphic.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 2**  
**Symposium**

**Pathways from Childhood Adversity to Illness; Epidemiological Findings and Biological Trajectories: A Look into the Future**  
(Abstract #548)

**Chairperson**    **Sondergaard, Hans Peter, MD, PhD**  
*Department of Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden*

In the field of psychotraumatology, it has been observed that there is an increased morbidity and mortality in multiple diagnoses from a long range of stressors, whether they occurred in childhood or adulthood. If there ever was any doubt, with the findings of the Adverse Childhood Event (ACE study), it has become indisputable that there is such a link. Possible explanations that have been advanced for this come from within the field of epidemiology; it has been shown without doubt that a great part of the variance can be explained by various co-occurring mechanisms such as use of drugs, alcohol, or tobacco, used for self-soothing. However, not everything is explained by this connection. There seem to exist yet other pathways. One such pathway is represented by the notion of stress and allostatic load leading to the existence of the poorly explained metabolic syndrome. Recent developments in molecular biology have shown that modifications of the genes created by the environment are able to have long-term effects, maybe even multigenerational. Attachment trauma seems to be a predisposing factor for mental disorders generally. The effects of early adverse events exist independently of PTSD. In the symposium, the knowledge about general health effects will be recapitulated and discussed by the participants.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 2**  
**Symposium**

**Pathways from Childhood Adversity to Illness; Epidemiological Findings and Biological Trajectories; A Look into the Future**  
(Abstract # 551)

**Symposia Presentation (Bio Med, Adult/Cmplx) M - Global**

**Diamond Salon 02**

**Sondergaard, Hans Peter, MD, PhD<sup>1,2</sup>; Felitti, Vincent, MD, PhD<sup>3</sup>; Szyf, Moshe, MD, PhD<sup>4</sup>**

<sup>1</sup>*Kris- och traumacentrum, Stockholm, Sweden*

<sup>2</sup>*Karolinska Institutet, Stockholm, Sweden*

<sup>3</sup>*University of California/Kaiser Permanente, San Diego, California, USA*

<sup>4</sup>*McGill University, Toronto, Quebec, Canada*

In this presentation, the proposed trajectories from traumatic events to illness will be reviewed briefly. Classical life event research (Holmes and Rahe, Brown) has shown significant connections between life events generally and psychiatric and somatic illness. In clinical populations suffering from PTSD, a range of somatic symptoms and diseases have been described; increased risk of arterial hypertension, coronary heart disease, fibromyalgia, and increased abuse of food, tobacco, alcohol and street drugs, with inherent risk of somatic illness. Later research that will be outlined in this symposium have shown a connection with virtually any morbidity and mortality and adverse childhood events. The classical “stress” biology has studied the adrenergic system and the hypothalamic-pituitary-adrenal (HPA) axis. Most stress effects studied experimentally are mediated by these systems. This system is however more complicated than normally assumed, because many more steroid hormones than cortisol exhibit changes, including precursors such as neuroactive steroids with a diversity of effects in different systems, for example the gamma-amino-butyric acid (GABA) system. The immune system is involved as well, with increased risk of infections and reduced risk of allergy shortly after a traumatic event, and later on, an increased risk of allergy and autoimmune disease.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 2**  
**Symposium**

**The Adverse Childhood Events Study**  
(Abstract # 549)

**Symposia Presentation (Prevent, Adult/Cmplx) M - Global**

**Diamond Salon 02**

**Felitti, Vincent, MD, PhD**

*University of California, San Diego, La Jolla, California, USA*

The Adverse Childhood Experiences (ACE) Study is a long-term collaborative study by Kaiser Permanente and CDC of over 17,000 middle-class adult Americans. It demonstrates a powerful and graded relationship between 10 categories of adverse experience in childhood and some of life's most common health risks, chronic diseases, and Public Health problems from adolescence to old age. The ACE Study documents how childhood experiences such as abuse, neglect, and exposure to major household dysfunction eventually turns into organic disease and public health and social problems in adults. ACE are unexpectedly common in the general population and are a prime determinant of adult health status in the United States, as well as of some major public health problems of the nation. The findings thus far of the ACE Study have been reported in over sixty scientific publications. They indicate that many common adult public health, biomedical, and mental health problems are the result of events and experiences present but typically not recognized in childhood. The ACE Study challenges as needlessly superficial our current conceptions of depression and addiction, showing them to have a surprisingly powerful dose-response relationship to antecedent life experiences. The implications for medical practice of this biopsychosocial information are profound.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 2**  
**Symposium**

**DNA Methylation Mediating the Impact of Early Life Adversity of Mental Health**  
(Abstract # 550)



**Szyf, Moshe, MS, PhD***McGill University, Montreal, Quebec, Canada*

A vast body of epidemiological data has suggested that childhood stress is associated with a variety of physical and mental health challenges later in life. We have been testing the hypothesis that DNA methylation, a covalent modification of the DNA, mediates the long-term effects of early life environmental exposure on genome function. DNA methylation is involved in cellular differentiation, but also involved in modulation of genome function in response to signals from the physical, biological and social environments. We propose that modulation of DNA methylation in response to environmental cues early in life serves as a mechanism of life-long genome “adaptation” that molecularly embeds the early experiences of a child (“nurture”) in the genome (“nature”). Data that supports this hypothesis from rodent, non-human primates, humans and population studies will be discussed. We tested the hypothesis that the change in methylation that associates with early life adversity is not limited to several candidate genes but that it involves multiple functional gene networks and that it is not limited to the brain. Different early life experience are associated with different DNA methylation landscapes. These data support the hypothesis that social environmental exposures early in life results in a broad genome-wide and system-wide change in the DNA methylation landscape.

**Concurrent Session 2****Thursday, November 1, 2012****10:30 AM - 11:45 AM****Diamond Salon 3****Symposium****Understanding Processes and Mechanisms of Change of PTSD Treatment**

(Abstract #678)

**Chairperson** **Suvak, Michael, PhD***Suffolk University, Boston, Massachusetts, USA***Discussant** **Monson, Candice, PhD***Ryerson University, Toronto, Ontario, Canada*

Research has documented the efficacy of cognitive behavioral therapy (CBT) for PTSD (see Cahill, Rothbaum, Resick, & Calhoun, 2009). Specifically, prolonged exposure (PE; Foa et al., 1999, 2005) and cognitive processing therapy (CPT; Resick & Schnicke, 1992) have both been shown to be efficacious with a recent study documenting the maintenance of treatment effects for at least five years following the end of treatment (Resick et al., 2011). Thus, there is considerable evidence that PE and CPT work. However, the nature and mechanisms of change during PTSD treatment have yet to be empirically

explicated. The proposed symposium will present findings from recent attempts to elucidate the nature of change during PE and CPT. The presentations will highlight recent methodological advances that allow for a more fine grained analysis of change. Using data from a recent dismantling study of CPT, Suvak and colleagues illustrate how dynamic latent difference modeling can be used to examine the relationship among the PTSD symptom clusters during the course of treatment. Schumm, Chard, & colleagues demonstrate how growth mixture modeling can investigate the existence of qualitatively distinct patterns of change during CPT. Finally, Zoellner and colleagues will explore how moderate to severe major depression impacts the trajectory of symptom change in individuals receiving PE or sertraline.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 3**  
**Symposium**

**Latent Difference Score Modeling to Examine Relationships Among PTSD Symptom Clusters During Cognitive Processing Therapy**  
(Abstract # 679)

**Symposia Presentation (Clin Res, N/A) M - Industrialized**

**Diamond Salon 03**

**Suvak, Michael, PhD<sup>1</sup>; Treanor, Michael, PhD Candidate<sup>2</sup>; Mitchell, Karen, PhD<sup>3</sup>; Sloan, Denise, PhD<sup>3</sup>; Resick, Patricia, PhD<sup>3</sup>**

<sup>1</sup>*Suffolk University, Boston, Massachusetts, USA*

<sup>2</sup>*VA Boston Healthcare System/National Center for PTSD, Boston, Massachusetts, USA*

<sup>3</sup>*VA Boston Healthcare System/National Center for PTSD and Boston University, Boston, Massachusetts, USA*

Post-traumatic stress disorder (PTSD) is comprised of separate, but correlated clusters of symptoms. Reexperiencing, avoidance, emotional numbing, and hyperarousal clusters have been identified in several factor analytic studies (King, King, Orazem, & Palmieri, 2006). Treatment studies have shown that PTSD symptom clusters exhibit different trajectories during treatment (e.g., Nishith, Resick, & Griffin, 2002). However, no studies have applied contemporary quantitative techniques to examine the temporal interplay between PTSD symptom clusters during PTSD treatment. We applied dynamic latent difference score (LDS) modeling to data from a recent dismantling trial of cognitive processing therapy (CPT). LDS is a contemporary, sophisticated, and powerful approach that models multiple sources of change including the influence of prior status on subsequent levels of a variable and the tendency for individuals to experience natural change (e.g., reductions in symptoms due to treatment). Preliminary analyses have yielded interesting findings. For instance, higher levels of avoidance symptoms were associated with smaller subsequent decreases in re-experiencing and

numbing symptoms. Similarly, higher levels of hyperarousal were predictive of smaller subsequent decreases in re-experiencing. The proposed presentation will illustrate all findings and discuss treatment implications.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 3**  
**Symposium**

**Latent Class Differences Explain Variability in PTSD Symptom Changes During Cognitive Processing Therapy for Veterans**

(Abstract # 680)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 03**

**Schumm, Jeremiah, PhD<sup>1</sup>; Walter, Kristen, PhD<sup>2</sup>; Chard, Kathleen, PhD<sup>1</sup>**

<sup>1</sup>*Cincinnati VA Medical Center & University of Cincinnati, Cincinnati, Ohio, USA*

<sup>2</sup>*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

Despite demonstrated effectiveness of cognitive-behavioral psychotherapies for post-traumatic stress disorder (PTSD), there is limited research on the trajectory of PTSD symptom change during these therapies. This study uses general growth mixture modeling (GGMM) to test the hypothesis that multiple latent classes will explain individual differences in PTSD symptom change during the course of cognitive processing therapy (CPT). Participants were 207 US Military Veterans with PTSD who received CPT through an outpatient Veterans Affairs PTSD program. The PTSD Checklist (PCL), Clinician-Administered PTSD Scale (CAPS), and Beck Depression Inventory-II (BDI-II) were administered at pre- and post-treatment; the PCL was also administered weekly to assess PTSD symptom changes during CPT. GGMM showed that a quadratic growth model with 3 latent classes best explained the trajectory of PTSD symptom reductions during CPT. Pre-treatment PCL and BDI-II, but not CAPS, predicted class membership. Class membership, in turn, significantly predicted post-treatment PCL, BDI-II and CAPS scores. This study is novel in showing that latent class differences in PTSD symptom reductions explain why individuals exhibit variable rates of PTSD symptom change during psychotherapy and differing outcomes following psychotherapy. These findings may improve the ability to anticipate individual differences in PTSD symptom changes and responses to psychotherapy.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 3**  
**Symposium**

**Trajectory of Therapeutic Change for Individuals with Co-Occurring PTSD and MDD**  
(Abstract # 681)

**Symposia Presentation (Clin Res, N/A) M - Industrialized**

**Diamond Salon 03**

**Zoellner, Lori, PhD<sup>1,1</sup>; Feeny, Norah, PhD<sup>2</sup>**

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

<sup>2</sup>*Case Western Reserve University, Cleveland, Ohio, USA*

PTSD with co-occurring major depressive disorder (MDD) is common (e.g., Kessler et al., 1995) Further, co-occurring MDD may be an important marker for more severe symptoms and more functional impairment than those without MDD (e.g., Post et al., 2011). In the present study, we examined the trajectory of change for individuals with chronic PTSD (N = 200) with and without MDD receiving treatment with either prolonged exposure or sertraline. In a doubly randomized preference design, we examined the role of treatment modality and treatment preference on the pattern of change over time through six-month follow-up. In this sample, PTSD with current co-occurring MDD was common (54% current). Preliminary completer analyses suggest that although those with MDD generally showed similar patterns of change, co-occurring MDD clearly moderated the effects of patient preference, such that those with MDD had better outcomes when allowed to choose their treatment. The role of preference interacting with existing depression and potentially impairing therapeutic motivation will be discussed.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 4 & 5**  
**Symposium**

**Emotions Beyond Fear in PTSD**  
(Abstract #1012)

**Chairperson Lommen, Miriam, PhD Candidate**

*Utrecht University, Utrecht, Netherlands*

There is a growing interest in the role of emotions beyond fear in post-traumatic stress disorder (PTSD). However, relatively little research has focused on the relation between emotions like shame, guilt and anger, and PTSD. This symposium will include 4 presentations on the role of emotions other than fear in PTSD. First, Dr. Andrews and Dr. Brewin will discuss the phenomenology of shame and anger and how they relate to PTSD in UK military veterans. Moreover, shame and anger associations with peritraumatic and current experiences will be presented. Second, Dr. Semb will present his results on event-related feelings of shame and guilt, as well as proneness to these feelings and their relation with symptomatology in victims of interpersonal violence. Third, Dr. Lommen will discuss prospective data in a military sample describing the relation between anger and PTSD, including pretraumatic level of anger. Fourth, Dr. Bovin will present longitudinal data on the consistency of retrospective reports of peritraumatic emotions, and the relation with PTSD status in a sample of women exposed to interpersonal assault. The authors will discuss the implications of the results and challenges for further understanding of PTSD development and treatment.

## **Concurrent Session 2**

**Thursday, November 1, 2012**

**10:30 AM - 11:45 AM**

**Diamond Salon 4 & 5**

### **Symposium**

#### **The Phenomenology of Shame and Anger and Their Interrelationship in UK Military Veterans with and without PTSD**

(Abstract # 1015)

**Symposia Presentation (Res Meth, Mil/Vets) M - Industrialized**

**Diamond Salon 04 & 05**

**Andrews, Bernice, PhD<sup>1</sup>; Brewin, Chris, PhD<sup>2</sup>**

<sup>1</sup>*Royal Holloway University of London, Surrey, United Kingdom*

<sup>2</sup>*University College London, London, United Kingdom*

While there is increasing clinical interest in the role of shame and anger in PTSD, their relation to its onset and course has received relatively little research attention. Little is known about how these two emotions are actually experienced and how they are related to each other in the context of trauma. Knowledge of the phenomenology, course and interrelationships of shame and anger in PTSD is important for the further development of therapy with individuals who are prone to such feelings. This study extends our findings of the relationship of shame and anger to current PTSD in UK war veterans in receipt of a pension for PTSD or physical injury (Andrews, et al., 2009, J Abnormal Psychology). We

present results from our systematic exploration of the content and focus of their shame and anger and the extent of change between peritraumatic and current feelings. In further analyses we demonstrate relationships between aspects of the two emotions and their association with peritraumatic and current dissociative experiences.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 4 & 5**  
**Symposium**

**Shame and Shame-Proneess in Relation to PTSD and Post-Victimization Reactions**  
(Abstract # 1016)

**Symposia Presentation (Clin Res, Violence) A - Global**

**Diamond Salon 04 & 05**

**Semb, Olof, PhD; Strömsten, Lotta, PhD; Fransson, Per, PhD; Henningsson, Mikael, PhD; Sundbom, Elisabet, PhD**

*Umeå University, Umeå, Sweden*

Focusing mainly on the effects of fear and helplessness in PTSD, shame has been described as being an underestimated possible factor for post trauma reactions. Shame and shame proneess have independently been shown to predict maladjustment after traumatizing events like criminal victimization, while guilt typically is described as unrelated to symptomatology. In a cross-sectional study, victims of interpersonal violence were investigated. Measures of shame and guilt proneess as well as self-rated experienced shame and guilt in association with the crime were related to symptomatology (PTSD-specific as well as general psychiatric symptoms). The shame measures were independently related to symptomatology but also to each other, while the guilt measures were unrelated to symptomatology and to each other. Further, event-related shame appeared as mediator between shame-proneess and post-victimization symptoms. A better understanding of the relationship between event-related emotions like shame and guilt and the propensity to react with shame or guilt may have important clinical implications. Some suggestions as to how we move on from here will be presented.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 4 & 5**  
**Symposium**

**Anger: Predictor or Consequence of Post-Traumatic Stress?**  
(Abstract # 1013)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 04 & 05**

**Lommen, Miriam, PhD Candidate; Engelhard, Iris, PhD; van den Hout, Marcel, PhD**  
*Utrecht University, Utrecht, Netherlands*

There is an increasing interest in the relationship between anger and post-traumatic stress disorder (PTSD). Some studies have found that anger during or shortly after a traumatic event predicts later post-traumatic stress symptoms, other studies found that PTSD symptoms predict later anger. However, many studies were cross-sectional, or without control for anger *before* trauma exposure. The aim of the current study was to prospectively assess the relationship between anger and PTSD.

We tested 249 Dutch soldiers before (approx. 2 months) and after (approx. 2 months and 9 months) their deployment to Afghanistan. PTSD symptom severity (PSS) and anger (trait scale of STAS) were measured at all assessments (attrition rates of 96% and 89% at posttest and follow-up, respectively). Structural equation modeling including cross-legged effects showed that anger at 2 months post-deployment did not significantly predict PTSD symptom severity at 9 months, and PTSD symptom severity 2 months after returning home did not predict anger at 9 months. However, higher anger *before* deployment predicted higher PTSD symptoms 2 months after deployment, and contributed indirectly to PTSD symptom severity at 9 months. Theoretical and clinical implications will be discussed.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 4 & 5**  
**Symposium**

**Does PTSD Influence the Consistency of Retrospective Reports of Peritraumatic Emotions?**  
(Abstract # 1014)

**Symposia Presentation (Assess Dx, Violence) I - Industrialized**

**Diamond Salon 04 & 05**

**Bovin, Michelle, PhD; Resick, Patricia, PhD, ABPP**

*National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA*

Research has attempted to understand the nature of traumatic memory. Several theorists have suggested that this memory may be influenced by current PTSD symptomatology. Three studies have examined how PTSD might influence consistency of retrospective reports of the peritraumatic experience (i.e., David et al., 2010; Ouimette et al., 2005; Zoellner et al., 2001). However, these studies examined consistency of scaled scores, leaving open the possibility that different sets of answers could yield the same total score across time. The current study sought to eliminate this possibility by examining consistency of reports of 13 peritraumatic emotions on an item level. One hundred and forty seven women who had experienced an interpersonal assault were assessed at 2 weeks and 3- and 6-months after the crime, and were categorized by PTSD status. Examinations of correlations between peritraumatic reports indicated that whereas more emotions were consistent for the no PTSD group, correlations were stronger for the PTSD group. However, when this relationship was examined in terms of frequency count, only one emotion (disbelief) demonstrated differential consistency by PTSD status ( $\chi^2 = 9.32; p < 01$ ). These results suggest that overall, consistency of reporting varies as a product of peritraumatic emotion rather than PTSD status.

## **Concurrent Session 2**

**Thursday, November 1, 2012**

**10:30 AM - 11:45 AM**

**Diamond Salon 8**

**Symposium**

**ISTSS at the United Nations: 2012**

(Abstract #1376)

**Chairperson Turner, Stuart, MD, MA, FRCP, FRCPsych**

*Trauma Clinic, London, United Kingdom*

In another turbulent year across the world, this symposium will report on the continuing work of the ISTSS at the United Nations in 2012. The focus will be on work for victims of crime (through the International Criminal Court and the UN Office on Drugs and Crime; mental health (through the NGO Committee on Mental Health); and victims of human rights abuse (with reference to the Geneva Summit for Human Rights and Democracy). There will be presentations from three of the Society's UN representatives.



**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 8**  
**Symposium**

**Working with Justice and Human Rights**  
(Abstract # 1377)

**Symposia Presentation (Social, Violence) M - Global**

**Diamond Salon 08**

**Daniela, Yael, PhD**

*Director of the Group Project for Holocaust Survivors and their Children, New York, New York, USA*

This presentation will report on ISTSS UN activities in the areas of crime prevention and criminal justice. Through its membership in the NGO Alliance on Crime Prevention and Criminal Justice, ISTSS led a most successful Forum@Four marking International Anti-Corruption Day. At the UN Office on Drugs and Crime Commission meeting, ISTSS advocated for reparative justice for victims of terrorism and of traumata related to life before, during, and after migration. It will also review some of the achievements and challenges of the International Criminal Court (ICC) on its 10th anniversary. A historic example is the ICC first verdict (March 14, 2012) against its first detainee. Thomas Lubanga Dyilo of the Democratic Republic of the Congo was found guilty of conscripting and enlisting children under the age of 15 and using them to participate in hostilities. Consider its meaning for the lives of child soldiers and their communities, including its deterrent message for future recruiters of child soldiers. The ICC will have to determine reparations for the first time as well. A third area of ISTSS continuous worldwide collaborative focus is developing the Human Rights for Peace which, cutting across many related international developments, presents an exciting challenge.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 8**  
**Symposium**

**The Work of the United Nations NGO Committee on Mental Health**  
(Abstract # 1379)

**Symposia Presentation (Social, N/A) M - Global**

**Diamond Salon 08**

**Carll, Elizabeth, PhD**

*Independent Practice, Center Port, New York, USA*

The NGO Committee on Mental Health was established in 1996 under the auspices of the Conference of Non-Governmental Organizations (CoNGO) in Consultative Relationship with the United Nations. The creation of this Committee has fostered a strong collaboration between NGOs that has strengthened the efforts to bring understanding and appreciation of Mental Health issues to the global agenda at the United Nations. The primary mission of the Committee is the promotion of psychosocial well-being, the improvement of mental health care services, and advocacy and education in the prevention of mental illness. The Committee works with the United Nations, and its specialized agencies, to ensure the inclusion of mental health issues within a broader context of concerns such as vulnerable populations, human rights, poverty, violence, the environment, peace and well-being. Recent activities, especially those relating to trauma, including the various monthly educational programs, development of advocacy and position statements to promote global well-being will be discussed.

**Concurrent Session 2**

**Thursday, November 1, 2012**

**10:30 AM - 11:45 AM**

**Diamond Salon 8**

**Symposium**

**Working with the United Nations in Geneva**

(Abstract # 1380)

**Symposia Presentation (Social, Violence) M - Global**

**Diamond Salon 08**

**Turner, Stuart, MD, MA, FRCP, FRCPsych**

*Trauma Clinic, London, United Kingdom*

This year we planned to start to work more systematically with the United Nations Office at Geneva. The range of UN activities based there will briefly be outlined. There will be a report specifically on the Geneva Summit for Human Rights and Democracy, established by a group of NGOs to enhance the annual session of the UN Human Rights Council. A group of dissidents and rights activists from around the world came together in March 2012 to urge an end to impunity for abusers of human rights, to boost pro-democracy dissidents worldwide and to report on experiences of what has been called the Arab spring and its ramifications across the world.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 9**  
**Symposium**

**Treatment of Combat-Related PTSD with 2 Weeks of Intensive Prolonged Exposure Therapy**  
(Abstract #854)

**Chairperson** **McLean, Carmen P., PhD**

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

**Discussant** **Feeney, Norah, PhD**

*Case Western, Cleveland, Ohio, USA*

Prolonged exposure (PE) is the most researched empirically supported exposure therapy protocol for PTSD (e.g., Foa et al., 2005; Resick et al., 2002). PE is most commonly administered in 9-12 sessions conducted once or twice weekly, with treatment lasting between 5-12 weeks. Finding ways to speed recovery from trauma will reduce suffering, allow treatment to be administered more efficiently and, in a military sample, minimize the time required for readjustment prior to continuing a military career or returning to civilian life. Four studies will be presented in this symposium, all focusing on the initial findings among participants (N=60) who were randomized to either 2-weeks of massed PE therapy (PE-M) or to a minimal contact control (MCC) group. Dr. Foa will provide an overview of the study and will present the main outcome data on PTSD and related psychopathology for the PE-M group as compared to a minimal contact control (MCC) group. Dr. Yadin will present data on the relationship between trauma type and psychopathology among active duty personnel assigned to the PE-M and MCC groups. Dr. Peterson will present the data on patterns of symptom change during PE-M, and Dr. McLean will present findings from an analysis of the psychological and behavioral predictors of treatment outcome during PE-M.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 9**  
**Symposium**

**Efficacy of Massed PE for PTSD Among Active Duty Military Personnel**

(Abstract # 855)

Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized

Diamond Salon 09

**Foa, Edna, PhD<sup>1,1</sup>; McLean, Carmen, PhD<sup>1</sup>; Fina, Brooke, MSW<sup>2</sup>; Wright, Edward, PhD<sup>3</sup>; Lichner, Tracey, PhD<sup>1</sup>; Mintz, James, PhD<sup>3</sup>; Evans, Brad, PhD<sup>4</sup>; Peterson, Alan, PhD, ABPP<sup>3</sup>**

<sup>1</sup>*University of Pennsylvania, Philadelphia, Pennsylvania, USA*

<sup>2</sup>*University of Texas, San Antonio, Texas, USA*

<sup>3</sup>*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*

<sup>4</sup>*Carl R. Darnall Army Medical Center, Fort Hood, Texas, USA*

The wars in Iraq and Afghanistan have substantially increased the number of active duty personnel and veterans who are in need of care for military-related trauma, and in particular, treatment for PTSD. To meet the current and growing demand for effective and efficient interventions for PTSD, and to prevent the development of long-term and costly chronic PTSD in OIF/OEF veterans, it is important to investigate whether the existing empirically supported treatments can be effectively delivered in an even more efficient timeframe. Prolonged exposure (PE) is the most extensively researched treatment for PTSD and is well supported as an effective and efficacious treatment when administered once or twice weekly over the course of 8-12 weeks (e.g., Foa et al., 2005; Resick et al., 2002; Schnurr et al., 2007). If PE can be delivered effectively in a shorter period of time, this would speed recovery from PTSD and, in a military sample, minimize the time required for readjustment prior to continuing a military career or returning to civilian life. The current study examines the efficacy of 10 sessions of PE delivered over two weeks ("massed PE"; PE-M) compared to a minimal contact control (MCC) group in reducing PTSD symptoms and associated psychopathology (e.g., depression, anger) among 60 active-duty military personnel.

## **Concurrent Session 2**

**Thursday, November 1, 2012**

**10:30 AM - 11:45 AM**

**Diamond Salon 9**

**Symposium**

### **The Effects of Trauma Type on PTSD and Associated Psychopathology Among Active Duty Military Personnel**

(Abstract # 858)

Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized

Diamond Salon 09

**Yadin, Elna, PhD<sup>1,1</sup>; Foa, Edna, PhD<sup>1</sup>; McLean, Carmen, PhD<sup>1</sup>; Knapp, Helen, MS<sup>2</sup>; Mintz, Jim, PhD<sup>2</sup>; Peterson, Alan, PhD<sup>2</sup>**

<sup>1</sup>University of Pennsylvania, Philadelphia, Pennsylvania, USA

<sup>2</sup>University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA

Active duty military personnel deployed to Iraq or Afghanistan are exposed to high levels of violence. For example, in survey conducted in 2003 52% of OEF/OIF soldiers and Marines reported shooting or direct firing at the enemy and 65% reported seeing dead bodies or human remains (Hoge et al., 2004). Particular types of trauma, such as those involving perpetration of harm, failure to prevent harm, or bearing witness to violent acts may be especially damaging to soldiers' wellbeing. Indeed, research indicates that prescribed killing and injury of others is predictive of post-traumatic stress disorder (PTSD) in Iraq combat veterans even when controlling for combat (Maguen, Metzler, et al., 2009; Maguen, Lucenko, et al., 2010). However, no research to date has examined this question in active-duty OEF/OIF military personnel. The current study examines levels of PTSD severity, self-blame, depression, and anger across index trauma type in a sample of 60 active duty military personnel. Participants (N = 60) will be soldiers diagnosed with PTSD who are randomly assigned to either two-weeks of intensive prolonged exposure therapy for PTSD or a minimal contact control condition. Clinical implications of these findings for the treatment of service members with PTSD will be discussed.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 9**  
**Symposium**

**Massed Prolonged Exposure Therapy for PTSD Delivered to Active Duty Soldiers: Predictors of Treatment Completion and Outcome and Comparison**  
(Abstract # 862)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 09**

**Peterson, Alan L., PhD<sup>1</sup>; Mclean, Carmen, PhD<sup>2</sup>; Lichner, Tracey, PhD<sup>2</sup>; Mintz, Jim, PhD<sup>1</sup>; Foa, Edna, PhD<sup>2</sup>**

<sup>1</sup>University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA

<sup>2</sup>University of Pennsylvania, Philadelphia, Pennsylvania, USA

Prolonged exposure (PE), the most researched empirically supported exposure therapy protocol for PTSD (e.g., Foa et al., 2005; Schnurr et al., 2007) is typically delivered once or twice weekly, with treatment lasting between 5-12 weeks. Recently, PE has been adapted for delivery in a two-week period ("massed PE") and is currently being tested in a large randomized controlled trial for PTSD in active duty military personnel. Identifying predictors of outcome will enable us to determine who is a good candidate for this novel treatment delivery format. Previous studies have identified several moderators (pre-treatment PTSD severity, high anger, perceived treatment credibility), and mediators (attendance,

therapeutic alliance) associated with good PTSD outcome following standard PE (delivered weekly or bi-weekly over 9-12 weeks). Additional factors that have received mixed results include comorbid depression, prior traumatic experiences, and use of psychotropic medication (see McLean and Foa, in press). This is first study to examine predictors of treatment outcome for massed PE among soldiers receiving 10 sessions of PE delivered over two weeks (massed PE). Previously identified moderators and mediators of standard PE will be tested as predictors of post-treatment and 2-week follow up among 30 active-duty military personnel with PTSD who were randomly assigned to PE-M.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 9**  
**Symposium**

**Patterns of Symptom Change During Intensive Treatment for PTSD**  
(Abstract # 863)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 09**

**McLean, Carmen, PhD<sup>1</sup>; Foa, Edna, PhD<sup>1</sup>; Borah, Eliza, MSW<sup>2</sup>; Mintz, Jim, PhD<sup>2</sup>; Evans, Brad, PhD<sup>3</sup>; Peterson, Alan, PhD, ABPP<sup>2</sup>**

<sup>1</sup>*University of Pennsylvania, Philadelphia, Pennsylvania, USA*

<sup>2</sup>*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*

<sup>3</sup>*Carl R. Darnall Army Medical Center, Fort Hood, Texas, USA*

Although therapeutic change is typically evaluated from pre- to post-treatment, there may be specific points during therapy at which change accelerates, decelerates, or levels off (see Collins, 2006). For example, Nishith, Resick, and Griffin, (2002) found a curvilinear pattern of initial symptom increase followed by rapid symptom decrease for two evidence-based treatment programs: 4.5 weeks of biweekly prolonged exposure (PE) therapy and 6 weeks of biweekly cognitive processing therapy sessions. Inconsistent with Nishith et al.'s results is the finding that only a minority of patients (10%) experience a temporary exacerbation of PTSD symptoms during PE that decreased two weeks later (Foa, Zoellner, Feeny, Hembree, & Alvarez-Conrad, 2002). However, it is possible that symptom exacerbation is more common when PE is delivered in an intensive format of 10 sessions over two weeks as is the case in "massed PE". The current study examines patterns of symptom change among 30 active-duty soldiers diagnosed with PTSD who were randomly assigned to receive "massed PE". Curve estimation techniques will be used to examine patterns of recovery and sudden gains in this novel treatment format. Treatment expectancy and homework compliance will be examined as moderators of therapeutic trajectory during treatment.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Plaza 1**  
**Symposium**

**Where Is the Family After Trauma? A Global Mental Health Perspective on the Family in Trauma Prevention, Treatment, Research, and Policy**

(Abstract #1456)

**Chairperson**    **Griffith, James, MD**

*The George Washington University, Washington, Dist. of Columbia, USA*

**Discussant**    **Sluzki, Carlos, MD**

*George Mason University, Washington, Dist. of Columbia, USA*

Among most cultures, the family is the most important unit of analysis to understand traumatic exposures and recovery. Traumatic experiences ranging from war to disasters to child abuse are experienced as families, rather than as events among isolated individuals. Families provide natural processes that promote resilience and recovery from traumatic stress. Families also moderate and mediate the exposure to trauma and are therefore a key locus for trauma prevention. However, most treatment models and intervention trials have focused on individuals. Family-focused systems of care for traumatic stress are in the minority. In this panel, we bring together researchers and clinicians who have examined trauma and recovery through the lens of family-experience. We explore how family-based approaches hold advantages for mobilizing systems of recovery, reducing shame and guilt, reducing intergenerational transmission of violence, and building resilience. The participants' experiences working with families include projects in Rwanda, Sierra Leone, Liberia, Haiti, Kosovo, Russia, Argentina, and Chile, in addition to extensive experience with refugees, immigrants, and survivors of torture resettled in the United States. Ultimately, greater incorporation of the family can benefit treatment, research, and policy to promote healing after exposure to traumatic events.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Plaza 1**  
**Symposium**

**Migration Narratives of Refugee Families: Trauma, Culture, Acculturation, and Conflict**  
(Abstract # 1457)

Symposia Presentation (Global, Civil/Ref) M - Industrialized

Plaza 01

**Rasmussen, Andrew, PhD<sup>1</sup>; De Haene, Lucia, PhD<sup>2</sup>; Keatley, Eva, BS<sup>1</sup>**

<sup>1</sup>*New York University School of Medicine, New York, New York, USA*

<sup>2</sup>*Katholieke Universiteit Leuven, Leuven, Belgium*

Existing literature suggests that (1) family conflict is a salient issue among migrants fleeing war and persecution; (2) this conflict is similar in many ways to conflict in voluntary migrant families; but (3) forced migrants' trauma sequelae may exacerbate the severity of conflict. The current study examines forced migrant families' migration histories in order to locate family conflict and distress within personal narratives. Forced migrant families' migration narratives are compared to voluntary migrant narratives in order to identify unique and shared predictors of family conflict. Migration history and family conflict will be examined through an in-depth qualitative narrative analysis that focuses on tensions, discontinuities and patterns within narratives. Units of analysis are 15 family narratives (five clinical asylum seekers, five community asylum seekers, five voluntary migrant families; 15 husbands, 15 wives) from Fulani and Mandinka immigrant communities from West African countries living in New York City. Findings will consist of narrative differences between forced and voluntary families, differences in reports of family functioning, and the explicit and implicit connections made by family members between migration narratives and family conflict.

**Concurrent Session 2**

**Thursday, November 1, 2012**

**10:30 AM - 11:45 AM**

**Plaza 1**

**Symposium**

**Family-Based Prevention of Mental Health Problems Among Children Affected by HIV/Aids in Rural Rwanda: A Pilot Feasibility Study**

(Abstract # 1458)

Symposia Presentation (Clin Res, Child/ Adol) M - E & S Africa

Plaza 01

**Betancourt, Theresa, ScD, MA<sup>1</sup>; Mushashi, Christina, BA<sup>2</sup>; Ingabire, Charles, BA<sup>2</sup>; Teta, Sharon, BA<sup>2</sup>; Rwabukwisi Cyamatare, Felix, MD<sup>2</sup>; Stulac, Sara, MD, MPH<sup>3</sup>; Meyers-Ohki, Sarah, BA<sup>1</sup>; Stevenson, Anne, MPH<sup>1</sup>; Beardslee, William, MD<sup>4</sup>**

<sup>1</sup>*Harvard School of Public Health/FXB Center, Boston, Massachusetts, USA*

<sup>2</sup>*Partners In Health, Rwinkwavu, Rwanda*



<sup>3</sup>*Brigham and Women's Hospital/Partners In Health, Boston, Massachusetts, USA*

<sup>4</sup>*Children's Hospital Boston, Boston, Massachusetts, USA*

In Sub Saharan Africa (SSA), the HIV epidemic has had devastating effects on children and families. Children who are HIV+, live with HIV in the family, or have experienced family deaths from HIV-related illnesses are at increased risk for a range of mental health problems including depression, anxiety, and social withdrawal. As access to HIV/AIDS testing and treatment becomes increasingly available, opportunities exist for integrating prevention-oriented, family-based mental health programs within standard HIV services. In this study, we adapted a US-developed, family-focused, and strengths-based prevention program to the context of HIV/AIDS in Rwanda, and pilot tested it within a small set of families to assess acceptability and feasibility. Outcomes of interest included improved caregiver-child relationships, family connectedness, parenting, functioning, social support, and reduced mental health symptoms and HIV risk behaviors. Analyses of the ten enrolled families (N=15 adults and N=17 children ages 8 to 17) indicate strong satisfaction among participants, as well as good feasibility for delivery in this resource-constrained setting. Trends in outcome measures indicate improved family communication and increased self esteem in children. A larger 80-family pilot will further examine feasibility, and a randomized controlled trial is planned.

## **Concurrent Session 2**

**Thursday, November 1, 2012**

**10:30 AM - 11:45 AM**

**Plaza 1**

**Symposium**

**Training Issues: What Do Trauma Researchers and Clinicians Need to Learn About Families?**

(Abstract # 1459)

**Symposia Presentation (Clin Res, Diverse Pop) M - Global**

**Plaza 01**

**Griffith, James, MD**

*George Washington University School of Medicine, Washington, Dist. of Columbia, USA*

What skills do trauma researchers and clinicians need to mobilize strengths of families in family-focused programs of prevention and care? Systemic family therapy has developed sophisticated, evidence-based clinical methods for assessing and intervening in family processes. However, trauma treatment programs that incorporate family interventions have drawn little from family therapy. This presentation suggests elements of training from systemic family therapy that can better equip trauma researchers and clinicians. These skills include (1) Respecting Family Identity-- Distinguishing family identity from personal or collective identity to form alliances with families; (2) Managing Stigma-- Interacting effectively despite stigmatization by a family for one's own cultural, ethnic, religious, or gender identity; (3) Family Assessment-- Assessing family structure in terms of hierarchy, roles, boundaries, and

communicational styles in order to guide interventions and build trust; (4) Strengthening Families-- Appraising strains, including unintended adverse impacts by relief or trauma treatment programs; (5) Family Interventions-- Tailoring interventions to buffer the impact of traumatic stress upon family relationships and child development; (6) Family Psychoeducation-- Countering blame, shame, and guilt. Acquisition of such skills enhances a capacity for engaging families respectfully, maintaining an alliance, and intervening in family processes to promote resilience to or recovery from traumatic stress.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Plaza 1**  
**Symposium**

**Keeping the Family in Community Resilience**  
(Abstract # 1460)

**Symposia Presentation (Commun, Civil/Ref) M - Global**

**Plaza 01**

**Weine, Stevan, MD**

*University of Illinois at Chicago, Chicago, Illinois, USA*

Emphasizing community resilience is at the very least a rhetorical achievement in the way that it emphasizes the positive attributes of communities that have been highly stigmatized in ways that could help open the door to community-government collaboration. But community resilience is limited when it leaves out families. This presentation considers the example of the current discourse on preventing violent extremism, which the Obama administration approaches via community resilience. Based on ethnographic research in the Somali American community in Minneapolis St. Paul, multi-level and multi-temporal risks factors and protective resources combined to create higher or lower opportunities structures for youth which could account for their involvement in violent radicalization and terrorist recruitment. Ethnographic research on families in community context can both express local voices and build contextual understandings that can inform policy and programs, in this example, a prevention model for strengthening community and family resilience to violent extremism. Mental health professionals must build an evidence base that adequately describes family resilience and family roles in trauma and global mental health contexts and which points towards solutions for policymakers and practitioner

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Gold Salon 1**  
**Symposium**

**Pharmacotherapy Update: New Research on PTSD Treatment**  
(Abstract #345)

**Chairperson** Friedman, Matthew, MD, PhD

*National Center for PTSD/Dartmouth Medical School, White River Junction, Virginia, USA*

**Discussant** **Marmar, Charles, MD**

*New York University Medical School, New York, New York, USA*

Although selective serotonin reuptake inhibitor (SSRI) and serotonin/norepinephrine reuptake inhibitor (SNRI) medications have emerged as first-line treatments for PTSD, less than half of patients receiving such treatments achieve complete remission. As a result, the search goes on for newer and more effective agents which may act through different pharmacological mechanisms. This symposium will review recent ongoing research regarding the adrenergic alpha-1 antagonist, prazosin, and two atypical antipsychotic agents, risperidone and quetiapine, respectively. The implications of these clinical trials, with regard to both monotherapy and adjunctive therapy, will be discussed within the context of the recently revised U.S. Departments of Defense and Veterans Affairs Clinical Practice Guidelines for PTSD.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Gold Salon 1**  
**Symposium**

**A Prazosin Trial for PTSD with Trauma Nightmares for Active Duty Combat Soldiers**  
(Abstract # 346)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Gold Salon 01**

**Raskind, Murray, MD<sup>1</sup>; Peskind, Elaine, MD<sup>1</sup>; Peterson, Kris, MD<sup>2</sup>; Homas, Dallas, MD<sup>2</sup>; Hart, Kimberly, Other<sup>1</sup>; Hoff, David, Other<sup>1</sup>; Williams, Tammy, LCSW<sup>2</sup>; Holmes, Hollie, BA<sup>1</sup>**

<sup>1</sup>VA Puget Sound Health Care System, Seattle, Washington, USA

<sup>2</sup>Madigan Army Medical Center, Tacoma, Washington, USA

Prazosin, a brain active alpha-1 adrenoreceptor antagonist, is effective for trauma nightmares, sleep disturbance and global clinical functional status in Vietnam veterans administered as a bedtime dose. We conducted a 15-week randomized controlled trial of prazosin in active duty soldiers returned from combat deployments in Iraq and Afghanistan with PTSD (CAPS>50, mean = 91) and frequent combat trauma nightmares. Prazosin was administered at bedtime (titrated to maximum dose 20 mg) and midmorning (maximum dose 5 mg). Sixty-eight soldiers were randomized, 49 completed, and 54 (the analysis group) had at least one post-randomization rating. Prazosin subjects demonstrated significantly greater improvement than placebo subjects on the CAPS distressing dreams (“nightmares”) item ( $3.1 \pm 2.5$  vs.  $0.9 \pm 1.7$ ,  $p < 0.001$ ), the Pittsburgh Sleep Quality Index ( $5.5 \pm 3.9$  vs.  $2.5 \pm 4.4$ ,  $p < 0.05$ ), the total 17 item CAPS ( $27.6 \pm 28.3$  vs.  $11.6 \pm 22.7$ ,  $p < 0.05$ ), the Clinical Global Impression of Change anchored to function (markedly or moderately improved, 69% vs. 19%,  $p < 0.0001$ ), the CAPS reexperiencing, avoidance and hyperarousal clusters, and the total CAPS excluding the nightmare item. Prazosin was well tolerated. These results demonstrate prazosin efficacy for both nighttime and daytime PTSD symptoms in active duty soldiers.

## **Concurrent Session 2**

**Thursday, November 1, 2012**

**10:30 AM - 11:45 AM**

**Gold Salon 1**

**Symposium**

### **Risperidone Efficacy for antidepressant-Resistant Military-Related PTSD Symptoms: Findings from VA Cooperative Study 504**

(Abstract # 347)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Gold Salon 01**

**Krystal, John, MD**

*VA National Center for PTSD, West Haven, Connecticut, USA*

This presentation will present results from the first large scale evaluation of an adjunctive medication to treat PTSD symptoms that failed to respond to antidepressant treatment. METHODS: A 6-month, randomized, double-blind, placebo-controlled multicenter trial at 23 Veterans Administration outpatient medical centers. Of the 367 patients screened, 296 were diagnosed with military-related PTSD and had ongoing symptoms despite at least 2 adequate SRI treatments, and 247 contributed to analysis of the primary outcome measure. RESULTS: Risperidone did not significantly reduce PTSD symptoms as measured by the total CAPS score. Secondary analyses revealed that risperidone produced a small but statistically significant reduction in the hyperarousal and reexperiencing symptom clusters, but it did not

significantly alter avoidance/numbing. Also, there was a modestly significant effect of risperidone on sleep, as assessed using the Pittsburgh Sleep Quality Index, principally increasing total sleep duration. In addition, risperidone reduced trauma-related nightmares, as measured by a CAPS item. However, risperidone failed to reduce anxiety (HamA), depression (MADRAS) or to improve quality of life (Boston Life Satisfaction Index, SF-36). IMPLICATIONS: Risperidone failed to show efficacy on the primary outcome measure of this study. The importance of its efficacy on secondary/exploratory endpoints is questioned by its lack of effects on overall improvement in this study.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Gold Salon 1**  
**Symposium**

**Quetiapine and Treatment Resistance or Psychotic Symptoms in PTSD**  
(Abstract # 348)

**Symposia Presentation (Clin Res, Mil/Vets) A - Industrialized**

**Gold Salon 01**

**Hamner, Mark, MD**

*VA Medical Center, Charleston, South Carolina, USA*

Psychotic symptoms or treatment-resistance may occur in a significant number of patients with chronic PTSD. The psychotic symptoms may include hallucinations or delusional thoughts that do not necessarily occur only during dissociative flashback episodes. PTSD with comorbid psychotic symptoms may be a more severe form of the disorder. These patients also may be more resistant to treatments such as antidepressants. Moreover, they may not be candidates for prolonged exposure therapy. Atypical antipsychotics have been prescribed in this population. The data is mixed regarding their efficacy. This presentation will review two placebo-controlled studies with the atypical antipsychotic quetiapine. One, a monotherapy trial with quetiapine, showed significant improvement in global PTSD symptoms, compared with placebo, as measured by the Clinician Administered PTSD scale (CAPS), and in psychotic symptoms as measured by the Positive and Negative Syndrome Scale (PANSS). The second trial included veterans with chronic PTSD who were refractory to prospective treatment with paroxetine. There was significant improvement in PTSD patients treated with adjunctive quetiapine compared with placebo as measured by the CAPS. These two clinical trials suggest that quetiapine may have a role in chronic treatment-refractory PTSD patients or in those with comorbid psychotic symptoms. Caution is warranted in light of metabolic and other potential side effects of the atypical antipsychotics.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Gold Salon 1**  
**Symposium**

**Evidence-Based Pharmacotherapy for PTSD**  
(Abstract # 349)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Gold Salon 01**

**Friedman, Matthew, MD, PhD**

*National Center for PTSD, White River Junction, Virginia, USA*

Clinical practice guidelines are systematically developed statements to assist practitioner and patient in choosing appropriate healthcare for specific clinical conditions. They seek to generate actionable recommendations based on the best scientific evidence. Guidelines attempt to incorporate all of the issues relevant to a clinical question, not just benefits and harms. They don't just tell you what the evidence is; they tell you what to do. They also provide guidance for areas where evidence is lacking. Since ISTSS proposed the first clinical practice guideline for PTSD, in 2000, a number of other guidelines have been proposed. The most recent of these was developed jointly by the U.S. Department of Veterans Affairs and Department of Defense (VA/DoD). This presentation will review recommendations from the VA/DoD guideline to provide both a clinical perspective and scientific context for the scientific investigations presented earlier in this symposium. It will also discuss areas for future investigation with specific reference to theoretically interesting medications with unique mechanisms of action.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Gold Salon 2**  
**Panel**

**Conducting Successful Prospective Longitudinal Studies**  
(Abstract # 1034)

**Panel Presentation (Res Meth, Mil/Vets) I - Industrialized**

**Gold Salon 02**

**Poulsny, Melissa, PhD, LP<sup>1</sup>; Quigley, Karen, PhD<sup>2</sup>; Baker, Dewleen, MD<sup>3</sup>; Vermetten, Eric, MD<sup>4</sup>**

<sup>1</sup>*Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis,*

Minnesota, USA

<sup>2</sup>Edith Nourse Rogers (Bedford) VA Memorial Hospital, Center for Health Quality, Outcomes & Economic Research (CHQOER), Bedford, Massachusetts, USA

<sup>3</sup>VA San Diego Healthcare System and University of California San Diego, San Diego, California, USA

<sup>4</sup>Military Mental Health, Netherlands Armed Forces at the Central Military Hospital and University Medical Centre Utrecht, Utrecht, Netherlands

Prospective, longitudinal studies are critical to advancing our understanding of PTSD. Yet, such studies have proven to be difficult to launch and successfully execute. Researchers, military commanders, health providers, and those exposed to trauma have much to gain by advancing our knowledge in this area. Aligning interests of these parties is no easy task, but one that is essential to success. In this panel presentation, four seasoned principal investigators will share their experiences, offer recommendations, and highlight challenges in successfully developing and conducting prospective, longitudinal studies with military populations. Dr. Karen Quigley will discuss the HEROES Project - a study of biological and psychosocial factors associated with post-war health and health care use in Reserve/National Guard Soldiers. Dr. Dewleen Baker will discuss the Marine Resiliency Study - a series of projects aimed at understanding risk and resilience in a cohort of approximately 2,500 U.S. Marines. Dr. Melissa Polusny will discuss the Readiness and Resilience in National Guard Soldiers (RINGS) Project - an ongoing study National Guard Soldiers and their family members before, during and after deployment. Finally, Dr. Eric Vermetten will discuss the PRISMO Project - a study of biological and psychosocial factors assessed in over 1,000 Dutch soldiers before and after deployment. Key issues to be addressed by the panel include: navigating challenges obtaining approvals for research, building a collaborative culture between investigators and military command, and achieving subject recruitment and retention over time.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 7**  
**Workshop**

**Promoting the Mind-Body Connection in Trauma Healing: Training and Intervention**  
(Abstract # 828)

**Workshop Presentation (Cul Div, Diverse Pop) M - Global**

**Diamond Salon 07**

**Fabri, Mary, PsyD<sup>1</sup>; Piwowarczyk, Linda, MD, MPH<sup>2</sup>; Park, Julie, MPH<sup>2</sup>; Dunwell, Anna, Other<sup>3</sup>**

<sup>1</sup>Heartland Alliance Kovler Center, Chicago, Illinois, USA

<sup>2</sup>Boston Medical Center, Boston, Massachusetts, USA

<sup>3</sup>Boston University Medical School, Boston, Massachusetts, USA

This workshop addresses the promotion of the mind-body connection in training psychosocial counselors in international settings and in healing severe trauma. Part one describes the linguistic and cultural adaptation of health terms from English to the indigenous language as a teaching tool with community-based counselors. A stress reaction cycle diagram, explaining the impact of external stressors on the body and potential health consequences, was translated in Rwanda and Sri Lanka with the assistance of psychosocial counselors. Translation and back-translation was used to reach accuracy of linguistic meaning, cultural context, and to learn “deeply” important mental health concepts of relevance to their work. Part two describes data related to the impact of a six session yoga class that is trauma informed with a multicultural population who fled persecution in their countries. Pre and post measures were administered using the Hopkins Symptom Checklist for Depression, the PTSD Checklist and the SF-12 acute. Preliminary results and its implications for the treatment of torture survivors suffering from depressive and anxiety symptoms in addition to chronic pain are discussed. Presenters share the development and implementation of each project and lessons learned.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 1**  
**Paper Session**

**Assessment of PTSD: Symptoms and Structure**

**Combat-Related PTSD: The DSM-5 Definition Results in Significantly Lower Prevalence Than DSM-IV-TR**

(Abstract # 1092)

**Paper Presentation (Assess Dx, Mil/Vets) A - Industrialized**

**Diamond Salon 01**

**Hoge, Charles, MD; Riviere, Lyndon, PhD; Wilk, Joshua, PhD; Bliese, Paul, PhD; Thomas, Jeffrey, PhD**  
*Walter Reed Army Institute of Research, Silver Spring, Maryland, USA*

Comparisons of PTSD prevalence between the proposed DSM-5 and DSM-IV-TR definitions are lacking. We surveyed 2572 infantry soldiers three months after returning from Afghanistan (75% response). We compared responses from the original 17-item PCL-S with a new 20-item PCL provided for DSM-5 field trials (PCL-5, National Center for PTSD). The new scale included 10 of the original PCL-S items, 6 revised items, and 4 new items per DSM-5. DSM-IV-TR (PCL-S) PTSD was defined as 1 (of 5) re-experiencing



symptom, 3 (of 7) avoidance symptoms, and 2 (of 5) hyperarousal symptoms endorsed at “moderate” or higher; DSM-5 (PCL-5) PTSD was defined as 1 (of 5) re-experiencing symptom, 1 (of 2) avoidance symptom, 3 (of 7) negative cognition/mood symptoms, and 3 (of 6) hyperarousal symptoms at “moderate” or higher. The DSM-5 criteria resulted in a significantly lower PTSD prevalence (9.1%) than the original definition (15.3%) ( $p < .0001$ ). Lowering the negative mood/cognition criteria to 2/7 increased prevalence only slightly (10.9%). Of the six revised questions, the greatest difference in prevalence was seen with the “internal reminders” avoidance question, which also has serious conceptual issues. The new definition resulted in a higher overlap with depression, suggesting that it is no more specific than the original.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 1**  
**Paper Session**

**Negative Alterations in Cognition and Mood Among Adolescents and Adults After the 2011 Catastrophic Violence in Norway: An investigation of the Proposed Symptoms of PTSD for DSM-5**  
(Abstract # 1510)

**Paper Presentation (Assess Dx, Disaster) A - Industrialized**

**Diamond Salon 01**

**Nygaard, Egil, PhD<sup>1</sup>; Dyb, Grete, MD, PhD<sup>1</sup>; Jensen, Tine, PhD<sup>1</sup>; Steinberg, Alan, PhD<sup>2</sup>; Pynoos, Robert, MD, FRCPC<sup>2</sup>**

<sup>1</sup>*Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway*

<sup>2</sup>*UCLA/Duke University National Center for Child Traumatic Stress, Los Angeles, California, USA*

Professionals have provided their insights, experiences and expertise to revise the diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) for the upcoming DSM-5. Two proposals are to include new criteria for negative alterations in cognition and mood and to alter the clustering of symptoms. In this study, we empirically investigate these proposals.

We present data collected from 325 adolescents and adults who were victims of a catastrophic shooting at Utøya, Norway on July 22<sup>nd</sup> 2011. In the attack, 69 people were killed, and most of the victims were young members of the Labor Party. The UCLA PTSD Reaction Index was used to measure the symptoms of PTSD according to the DSM-IV. In addition, 11 questions were added to assess four of the new DSM-5 criteria (Pynoos & Steinberg, 2011). The symptoms of depression and anxiety were measured with eight questions from the Hopkins Symptom Checklist (HSCL-8). The assessments were conducted 4-6 months after the shooting.

Confirmatory factor analyses will be presented to evaluate whether the symptoms cluster together as

the DSM-5 proposals suggest. Analyses of the relations between the proposed PTSD symptoms and exposure, depression/anxiety and functioning will be presented to evaluate the specificity and predictive utility of the suggested PTSD symptoms. Caseness will be compared between the DSM-IV and DSM-5 criteria.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 1**  
**Paper Session**

**Symptom Structure of the UCLA PTSD Reaction Index**  
(Abstract # 258)

**Paper Presentation (Assess Dx, Child/ Adol) M - Industrialized**

**Diamond Salon 01**

**Elhai, Jon, PhD<sup>1</sup>; Layne, Christopher, PhD<sup>2</sup>; Steinberg, Alan, PhD<sup>2</sup>; Briggs-King, Ernestine, PhD<sup>3</sup>; Pynoos, Robert, MD<sup>4</sup>**

<sup>1</sup>*University of Toledo, Toledo, Ohio, USA*

<sup>2</sup>*UCLA/Duke University National Center for Child Traumatic Stress, Los Angeles, California, USA*

<sup>3</sup>*The National Center for Child Traumatic Stress, Durham, North Carolina, USA*

<sup>4</sup>*UCLA, Los Angeles, California, USA*

In the present study, we examined the underlying factor structure of the UCLA PTSD Reaction Index. Data were extracted from 6,591 children and adolescents exposed to trauma presenting for assessment and treatment across 56 National Child Traumatic Stress Network centers. Using confirmatory factor analysis, we tested the three-factor DSM-IV PTSD model, as well as four-factor emotional numbing and dysphoria models, and the recently conceptualized five-factor dysphoric arousal model. Results demonstrated a slight but significant advantage for the dysphoria model over the emotional numbing model, but a statistically significant increase in fit for the dysphoric arousal model over all other models. Furthermore, we tested the convergent validity of the PTSD factors within the dysphoric arousal model against scales measuring aggression, anxiety and depression from the Trauma Symptom Checklist for Children. The dysphoric arousal factor was most related to aggression, while emotional numbing was most related to depression, and the remaining factors were most related to an external measure of anxiety. Results demonstrate construct validity support for the PTSD Reaction Index.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 1**  
**Paper Session**

**All Symptoms Were Not Created Equal: An Item Response Theory Analysis of PTSD Checklist Responses in a U.S. Veteran Sample**  
(Abstract # 1703)

**Paper Presentation (Assess Dx, Mil/Vets) M - Industrialized**

**Diamond Salon 01**

**King, Matthew, PhD; Street, Amy, PhD; Gradus, Jaimie, ScD, MPH; Vogt, Dawne, PhD; Resick, Patricia, PhD**

*National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA*

Clinicians and researchers who use DSM-IV criteria for PTSD are accustomed to giving all symptoms equal weight within their respective clusters in determining whether the diagnosis should be made. Given growing evidence that post-traumatic stress reactions constitute a continuum from adaptive to pathological however, there is value in investigating what information each symptom imparts about persons' dimensional level of severity and whether all symptoms actually are equally reliable indicators of the PTSD construct. We conducted an item response theory analysis of PTSD Checklist responses among 2,341 U.S. Veterans who served in support of OEF/OIF, to explore symptom information in individuals exposed to military deployment-related stressors. In general, the most informative symptoms reflected experience-specific maladaptations (e.g., reactivity to reminders, flashbacks, avoidance of places), which were also among indicators of severe pathology. In contrast, hyper-arousal symptoms and some numbing symptoms were associated with relatively lower severity and reliability, suggesting less specificity to PTSD and greater reflection of general dysphoria. Symptom severity and reliability varied within clusters, suggesting that assessments using equal weighting in this population may have suboptimal precision. As the conceptualization of PTSD evolves, it is important to be aware of how differences in symptom characteristics may impact its reliable assessment.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 6**  
**Paper Session**

**Psychological Impact of Trauma Across Cultures I**

**Rates of Common Psychiatric Disorders in the Rwandan Population, 2011**  
(Abstract # 1825)

**Paper Presentation (Global, Surv/Hist) M - E & S Africa**

**Diamond Salon 06**

**Neugebauer, Richard, PhD, MPH<sup>1</sup>; Pozen, Joanna, JD<sup>1</sup>; Ntaganira, Joseph, MD, PhD<sup>2</sup>; Sezibera, Vincent, PhD<sup>3</sup>; Zraly, Maggie, PhD<sup>4</sup>**

<sup>1</sup>*Columbia University, New York, New York, USA*

<sup>2</sup>*National University of Rwanda, Kigali, Rwanda*

<sup>3</sup>*National University of Rwanda, Butare, Rwanda*

<sup>4</sup>*Utah State University, Logan, Utah, USA*

Population based studies of psychiatric disorders in Rwanda are rare. In 2011, we drew a cluster random sample of 500 Rwandan adults (96% participation rate) in the South Province and surveyed them regarding exposure to genocidal violence; sociodemographic factors, material living conditions, household assets. We assessed major depression (MDD) and suicidality using the MINI (MINI International Neuropsychiatric Interview; Post-Traumatic Stress Disorder (PTSD) with a symptom checklist. The overall rate of MDD was 28.2%; of PTSD, 24.4%. Female MDD and PTSD rates were not significantly higher than male rates; 3% of women but no males had attempted suicide in the preceding month. Individuals 18-24 had the lowest rates for both disorders. Household conditions or assets also influenced rates, e.g., telephone access halved the odds of MDD and PTSD, AOR= 0.37 (95% 0.18\_0.74) and AOR = 0.48 (95% CI 0.23-0.97), respectively, controlling for other measured factors including income and education. The genocide's contribution to MDD and PTSD was immense and significant: the most heavily exposed individuals had a 10 fold odds of MDD and a 32 fold odds of PTSD compared with the least exposed. Plans to alleviate these mental health burdens requires nation-wide surveys of psychiatric disorders, associated disability and impairment.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 6**  
**Paper Session**

**Latino Children Exposed to Domestic Violence: The Role of Group Cohesion in A Group Intervention**  
(Abstract # 846)

**Paper Presentation (Commun, Child/ Adol) M - Industrialized**

**Diamond Salon 06**

**Levitan, Jocelyn, PhD Candidate<sup>1</sup>; Kia-Keating, Maryam, PhD<sup>1</sup>; Cosden, Merith, PhD<sup>1</sup>; Adams, Jessica, PhD<sup>2</sup>; Sprague, Cally, PhD Candidate<sup>1</sup>**

<sup>1</sup>*University of California Santa Barbara, Santa Barbara, California, USA*

<sup>2</sup>*Child Abuse Listening and Mediation, Santa Barbara, California, USA*

Group treatment has long been considered a particularly beneficial modality for children who have experienced interpersonal trauma due to the many benefits it affords (Lomonaco, Scheidlinger, & Aronson, 2000; Silvosky, 2005) including a reduction of PTSD symptoms (Graham et al., 2007), behavioral problems (Johnston, 2003) and improvements in social competence (Wagar & Rodway, 1995). Although there is a dearth of research on the mechanisms of change involved in children's groups, some researchers have found group climate and group cohesion to be among the most helpful features (Shechtman & Mor, 2010) and predictive of child outcomes (i.e., social competence, anxiety). This mixed-methods study examines therapeutic factors in a community-based group therapy program for 50 Latino children (ages 8-13) who have experienced domestic violence in order to better understand the role of group cohesion in predicting mental health. Measures included quantitative pre- and post-test measures, a semi-structured qualitative interview about group experiences, and ethnographic observations. Perceived group cohesion predicted an increase in support seeking behavior and increased use of active coping strategies at post-treatment. Quantitative and qualitative findings will be triangulated and examined in the context of cultural considerations and the role of group cohesion in trauma-exposed Latino children's groups.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 6**  
**Paper Session**

**Trauma, Resilience, and Vulnerability in Post-Genocide Rwanda: A Qualitative Hypothesis-Generating**  
(Abstract # 459)

**Paper Presentation (Cul Div, Disaster) M - E & S Africa**

**Diamond Salon 06**

**Vincent, Sezibera, PhD**

*National University of Rwanda, Butare, Rwanda*

This qualitative hypothesis-generating study examines trauma, resilience, and vulnerability in post-genocide Rwanda.

The first study examined resilience in a purposive sample of 20 research participants. All the participants had been young children during the genocide, and both of their parents had been killed during the genocide. The interviews were analyzed using a grounded theory procedure (Straus & Corbin, 1990), from which the following theoretical narrative emerged. (1) The loss and violence of the genocide shattered the participants' assumptive world. (2) Based on their educational achievements, they developed a sense of self efficacy that allowed them to put their traumatic past behind them and develop a belief in a positive future. (3) Safety, provided by the policies of the Rwandan government, (4) Connection and mutual support, provided by AERG, and (5) Ability to regulate fear and anger, provided by their church organizations.

A second study examined a vulnerable group, consisting of a convenience sample of 12 participants aged from 25 to 79. The following theoretical narrative emerged. (1) The violence and loss of the genocide shattered the participants' assumptive world. (2) The participants did not feel protected by the Rwandan government. (3) The participants felt isolated from their neighbors, whom they viewed with suspicion. (4) The participants experienced PTSD symptoms triggered by events they associated with the genocide.

These results provide guidelines for adapting existing quantitative trauma, resource, and resilience scales to a Rwandan context.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 6**  
**Paper Session**

**Genocide, Parental PTSD and Family Violence: A Study of the Effect of Extreme Stress on Descendants of Survivors and former Prisoners in Rwanda After 1994**  
(Abstract # 1549)

**Paper Presentation (Clin Res, Surv/Hist) M - E & S Africa**

**Diamond Salon 06**

**Rieder, Heide, PhD Candidate; Elbert, Thomas, PhD**

*University of Konstanz, Konstanz, Germany*

War-torn societies often have to deal with the consequences of violence over decades and several generations. Past and current traumatic experiences can have an overlapping impact on psychopathology and experienced family violence. This study aimed to examine these phenomena in Rwanda, 16 years after genocide.

N= 172 former genocide suspects and genocide survivors and one of their children in the Southern Province of Rwanda were randomly selected for the survey. Interviews were carried out by extensively trained local Bachelor level psychologists. Parents and descendants completed a) the adjusted Rwandan event scale (Schaal 2007), b) the PDS, c) the CTQ and descendants, additionally, the HSCL-25.

Linear regression analysis showed that the amount of reported maltreatment by mothers was significantly linked to the amount of maltreatment reported by their descendants. The number of traumatic events reported by descendants ( $\beta = .46$ ) explained the biggest part of the variance in their level of psychopathology, followed by the amount of reported maltreatment ( $\beta = .30$ ) and their parents' level of PTSD symptoms ( $\beta = .18$ ). Again, maternal, but not paternal PTSD symptoms demonstrated a higher risk.

Our data support the idea of a relationship between the history of maltreatment in parents, current reported family violence among their descendants and the level of psychopathology in the latter group. Due to the specific Rwandan context mothers' experiences in particular have an impact on their descendants.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 10**  
**Roundtable**

**Novel Adaptations of Evidence-based Therapies**

**Expanding Evidence-Based Practice: A State-Wide Dissemination Effort Targeting Child Welfare Providers**  
(Abstract # 432)

**Roundtable Presentation (Commun, Child/ Adol) I - Industrialized**

**Diamond Salon 10**

**Dean, Kristin, PhD<sup>1</sup>; Ebert, Jon, PsyD<sup>2</sup>; Lambert, Jennifer, LCSW<sup>3</sup>; Moser, Michele, PhD<sup>4</sup>; Todd, Janet, PhD<sup>5</sup>**

<sup>1</sup>*UT-CHS Center of Excellence, Knoxville, Tennessee, USA*

<sup>2</sup>*Vanderbilt Center of Excellence, Nashville, Tennessee, USA*

<sup>3</sup>*Southeast Center of Excellence, Chattanooga, Tennessee, USA*

<sup>4</sup>*ETSU Center of Excellence, Johnson City, Tennessee, USA*

<sup>5</sup>*UTHSC Center of Excellence, Memphis, Tennessee, USA*

The child welfare system in the state of Tennessee has faced many challenges, including accessing best practice mental health treatment, particularly for youth experiencing traumatic stress. In response, five state-funded groups, who were created to provide support and consultation to the Department of Children's Services, initiated a project to train agencies serving the child welfare system in the use of evidence-based treatment. The result of this multi-disciplinary collaboration, which included individuals from the National Child Traumatic Stress Network, was a state-wide dissemination and implementation program on the use of Trauma-Focused Cognitive Behavioral Therapy. The presenter(s) will briefly outline the development of the project; discuss gaining support in both urban and rural underserved communities; and share important lessons learned.



**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 10**  
**Roundtable**

**A Public Health Innovation: Results from the First Peer-Led Study of Seeking Safety for Trauma and Substance Abuse**  
(Abstract # 1865)

**Roundtable Presentation (Practice, Adult/Cmplx) M - Industrialized**

**Diamond Salon 10**

**Schmitz, Martha, PhD<sup>1</sup>; Najavits, Lisa, PhD<sup>2</sup>; Welsh, Thomas, Other<sup>3</sup>; Miller, Niki, Other<sup>3</sup>; Hamilton, Nancy, Other<sup>3</sup>; Dougherty, Jackie, Other<sup>3</sup>; Vargo, Mark, Other<sup>3</sup>**

<sup>1</sup>*San Francisco V.A. Medical Center, San Francisco, California, USA*

<sup>2</sup>*Boston University School of Medicine, Newton Centre, Massachusetts, USA*

<sup>3</sup>*Operation PAR, Largo, Florida, USA*

Post-traumatic stress disorder and substance use disorder is an important comorbidity in terms of its prevalence, clinical impact, and treatment challenges. To date, interventions for this comorbidity have been solely professionally led. In this pilot study, we sought to evaluate the impact of a peer-led model, using Seeking Safety (SS; Najavits, 2002), which is the most evidence-based intervention thus far for the comorbidity. We adapted it for peer-led use to help make it accessible and safe for this modality. Eighteen women in residential substance abuse treatment participated. The 25 SS topics were conducted twice weekly. They were assessed at baseline and end of treatment, with some measures also collected at monthly interims. Results showed decreases in trauma-related symptoms (Trauma Symptom Checklist-40 total scale and all subscales, i.e., dissociation, sexual problems, depression, sleep problems, anxiety, and sexual abuse); self-compassion (the Self-Compassion Scale subscales self-judgment, isolation, and overidentified); the Brief Symptom Inventory (total and all nine subscales); and a measure of use of SS coping skills (total score). Also, ratings of fidelity to SS were very high (on the SS Adherence Scale), as was satisfaction with SS. Limitations of the study and areas for future research development are discussed.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 10**  
**Roundtable**

**Stepped Care Intervention for Childhood Trauma**  
(Abstract # 1410)

**Roundtable Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 10**

**Salloum, Alison, PhD, MSW<sup>1</sup>; Storch, Eric, PhD<sup>1</sup>; Scheeringa, Michael, MD, MPH<sup>2</sup>; Cohen, Judith, MD<sup>3</sup>; Tolin, David, PhD<sup>4</sup>**

<sup>1</sup>*University of South Florida, Tampa, Florida, USA*

<sup>2</sup>*Tulane University, New Orleans, Louisiana, USA*

<sup>3</sup>*Allegheny General Hospital/Drexel University College of Medicine, Pittsburgh, Pennsylvania, USA*

<sup>4</sup>*Director, Anxiety Disorders Center and Center for Cognitive Behavioral Therapy The Institute of Living, Hartford, Connecticut, USA*

Given the prevalence of traumatic events among children, including young children, treatment approaches that can be easily applied to meet the therapeutic demands for treating childhood post-traumatic stress disorder are needed. Stepped Care approaches maximize resources by providing lower intensity and less costly interventions as a first line treatment while stepping up care for those who need more intensive personalized treatment. Stepped Care seeks to challenge the current treatment paradigm where all children, regardless of whether they need it or not, receive the “full treatment package.” Although Stepped Care models for anxiety disorders for adults are currently being tested, research on Stepped Care models for children with anxiety disorders is lagging. Given the prevalence of traumatic events and barriers to accessing treatment, the development of stepped care for children after trauma called Stepping Together is underway. Stepping Together, which is based on trauma-focused cognitive behavioral therapy (TF-CBT), includes minimal therapist assistance, a parent-child workbook, telephone support and a web-based component. Stepping Together is a parent-led therapist assisted first-line treatment. Stepping Together is provided as step one in a stepped care intervention. Children who do not respond to step one will “step-up” to receive more intensive therapist-directed individualized TF-CBT. This presentation will discuss the development and initial implementation of Stepping Together.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 10**  
**Roundtable**

**Systems Applications of Evidence Based Practices in Occupational Behavioral Health**  
(Abstract # 1488)

**Roundtable Presentation (Train/Ed/Dis, Emerg Wrkrs) M - Industrialized**

**Diamond Salon 10**

**Gist, Richard, PhD<sup>1</sup>; Watson, Patricia, PhD<sup>2</sup>**

<sup>1</sup>*Kansas City (Missouri) Fire Department, Kansas City, Missouri, USA*

<sup>2</sup>*National Center for PTSD, White River junction, Vermont, USA*

Appropriate address of occupational exposure requires structured systems of stepped intervention and assessment tailored to occupational needs and context. Popularized approaches such as critical incident stress management and its variants became entrenched in certain occupational settings despite the absence of strong empirical evidence to support their efficacy and have remained so despite accumulation of substantial empirical evidence that these interventions are at best inert and can result in paradoxical inhibition of natural recovery for some. This has become an increasing concern in occupational behavioral health, particularly in regulated industries with high incidence of exposure to potentially traumatic events where employer duty to respond has been incorporated into formal standards and regulations. This roundtable entry will present case studies from two such industries (fire service and railroads) where innovative consensus building processes linked researchers in evidence based interventions with consumer constituencies to develop full system approaches designed to translate current evidence supported best practices into practical, accessible, and effective applications that can be implemented with minimal cost and strong ecological integration. A central focus for discussion will be how the processes utilized in these industries can be adapted to enhance practice in other occupational settings.

**Concurrent Session 2**  
**Thursday, November 1, 2012**  
**10:30 AM - 11:45 AM**  
**Diamond Salon 10**  
**Roundtable**

**Treating PTSD and Its Co-Morbidities: The Case of PTSD and Obesity**  
(Abstract # 1775)

**Roundtable Presentation (Clin Res, Adult/Cmplx) M - Industrialized**

**Diamond Salon 10**

**Kent, Martha, PhD<sup>1</sup>; Kurtz, Julie, MS<sup>1</sup>; Haller, Moira, MS<sup>2</sup>; Purdom, Catherine, MA<sup>2</sup>; Parrington, Diane, PhD<sup>1</sup>**

<sup>1</sup>*Phoenix VA Healthcare System, Phoenix, Arizona, USA*

<sup>2</sup>*Arizona State University, Tempe, Arizona, USA*

The physical burden of PTSD is reflected in major physical illnesses associated with it: obesity, metabolic syndrome, diabetes, cardiovascular disease, and others. Our focus is on PTSD and obesity, since obesity is causally implicated in the above illnesses. There is increasing recognition that mental illness and physical illness are co-morbid, particularly in PTSD, and particularly in the association of PTSD with obesity. We are testing and developing a clinical trial for the treatment of both PTSD and obesity that targets the neuropsychological and behavioral features of both disorders: (1) altered attention with reward salience prominent in obesity and hyper-reactivity to fearful stimuli in PTSD; (2) reduced responses to normally rewarding activities, as seen in decreased normally rewarding pleasures (3) altered social relationships where these decline in both. Our intervention draws on exposure and skills training to (1) expanding sensation beyond food and fear to a broader and more normal range (2) expanding pleasurable experiences beyond food and increasing these in PTSD (3) expanding social relationships in both. The program ends with designing a future where food as reward and anxiety are reduced in salience in the context of broader reward systems and social relationships, with tools to help maintain this expanded and enriched life.

**Lunchtime Workshop**  
**Thursday, November 1, 2012**  
**Noon – 1:15 PM**  
**Diamond Salon 3**

**Overcoming Boundaries Through Social Media: Twitter for Trauma Researchers**  
(Abstract #1211)

**Workshop (N/A) | - Global**

**Diamond Salon 3**

**Alisic, Eva, PhD**  
Monash University, Melbourne, Australia

Twitter can provide traumatic stress researchers with important opportunities to connect, learn, engage, and inform across countries and disciplines. The presenter is an invited host for live academic discussions on the platform and has conducted Twitter workshops for academic and non-profit audiences. This introductory workshop is tailored to the domain of traumatic stress research and provides participants with hands-on skills as well as an instant ISTSS Twitter community. The workshop will cover: 1) How to set up a Twitter account, 2) How to find traumatic stress scholars and relevant organizations on Twitter, 3) Tips and tricks regarding style and content of Tweets, 4) Ethical use of Twitter, 5) How to benefit from Twitter during a conference in general and this ISTSS meeting in particular, and 6) How to participate in organized live Tweetchats. In addition, a list of helpful resources (guides, blogs, and videos) on successful use of social media by academics will be provided. Participants are encouraged to bring their laptop or tablet (ideally with a square digital picture ready) to set up their account and practice during the workshop.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 3**  
**Symposium**

**Innovative Technologies Designed to Increase Smoking Cessation and Prevent Smoking Relapse Among Smokers with Post-Traumatic Stress Disorder**  
(Abstract #996)

**Chairperson**    **Kirby, Angela, MS**  
*VA Medical Center, Durham, North Carolina, USA*

This symposium will present innovative technological approaches designed to increase abstinence and prevent relapse to smoking among smokers with PTSD. Smokers with psychiatric disorders, and in this case, smokers with PTSD, have higher current smoking and heavy smoking prevalence rates. Initial quitting and relapse are chronic challenges among this smoker group. Advances in technology are being explored to assist in smoking cessation efforts. Presentations will include: 1) development of a smoking cessation/relapse prevention smart phone app that can be used to incorporate personalized information from therapy designed to be used in the smokers' environment; 2) electronic diary monitoring designed to evaluate mechanisms of change in smoking craving in the natural environment as part of a pretreatment nicotine patch clinical trial; 3) mobile contingency management for smoking cessation that is based on a smart phone and involves transmission of carbon monoxide monitoring to administer contingencies; and 4) use of interactive phone technology to generalize therapy skills (including cognitive processing therapy and integrated smoking cessation) in a pilot clinical trial. Development, content and initial effect data of these technologies will be presented.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 3**  
**Symposium**

**Test Cases of a Combined Cognitive Processing Therapy and Smoking Cessation Protocol**  
(Abstract # 998)

**Dedert, Eric, PhD; Beckham, Jean, PhD**

*Durham Veterans Affairs and Duke University Medical Centers, Durham, North Carolina, USA*

The most effective smoking cessation approach to date for PTSD smokers, Integrated Care for Smoking Cessation (ICSC), trains PTSD therapists to deliver smoking cessation treatment in the context of PTSD treatment. However, ICSC has not been formally integrated with evidence-based PTSD treatment, suggesting an avenue for improving ICSC. We will present data on eight pilot cases for an intervention combining ICSC with a brief (six sessions) cognitive version of Cognitive Processing Therapy (CPT). To provide follow-up care after the termination of face-to-face sessions, we are using an interactive phone technology participants call to hear recorded messages from their therapist with rationale and strategies for addressing the chosen problem that are derived in-session and tailored to each patient. At six weeks post-quit, 38% of patients were fully abstinent, and those who quit had a greater reduction in PTSD symptoms relative to those who relapsed ( $M = 20.5$  reduction vs  $M = 5.4$ ). Use of the interactive phone technology, personalized components utilized in the natural environment (e.g., PTSD coping strategies, smoking cessation strategies, or both), and quantitative data from the participants will be presented.

**Concurrent Session 3****Thursday, November 1, 2012****1:30 PM - 2:45 PM****Diamond Salon 3****Symposium****Contingency Management for Smoking Cessation in Smokers with PTSD**

(Abstract # 999)

**Kirby, Angela, MS<sup>1</sup>; Beckham, Jean, PhD<sup>1</sup>; Carpenter, Vickie, MS<sup>1</sup>; Hertzberg, Jeffrey, BS<sup>2</sup>; Calhoun, Patrick, PhD<sup>1</sup>**

<sup>1</sup>*VA Medical Center, Durham, North Carolina, USA*

<sup>2</sup>*Duke University Medical Center, Durham, North Carolina, USA*

Psychiatric smokers, and in this case, PTSD smokers have tremendous difficulty stopping and remaining non-smokers. Additional methods to reduce smoking in this group are needed. One innovative treatment is the use of portable behavioral contingency management (CM). The present pilot study examined the effectiveness of CM with internet abstinence verification for smoking cessation in persons with PTSD using smart phone technology. Ten smokers with PTSD received either monetary compensation based on their own reduced CO readings transmitted twice daily (N=5), or reinforcement

that was directly related to a matched participant's compensation (i.e., yoked condition; N=5). Smokers were prescribed pre-cessation nicotine replacement therapy (NRT), post-cessation NRT, low-nicotine cigarettes, and bupropion if medically not contraindicated. Participants performed CO monitoring, and using a program designed for a smart phone, recorded and uploaded videos of their CO readings to a secured website. At six weeks post quit, 7 point prevalence abstinence ratings (CO < 10 ppm) for smokers in the active CM condition was 80% (compared to 40% for yoked smokers). These preliminary results suggest that CM may be an effective smoking cessation component to smoking cessation, and increase initial and potentially longer term quit rates for smokers with PTSD.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 3**  
**Symposium**

**Assessment of Mood, Psychiatric Symptoms and Smoking Relapse Using Ecological Momentary Assessment Via Electronic Diaries in Smokers with PTSD**  
(Abstract # 1000)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 03**

**Calhoun, Patrick, PhD<sup>1,2</sup>; Levin-Aspenson, Holly, BA<sup>3</sup>; Campbell, Caitlyn, BA<sup>3</sup>; Zaborowski, Daphne, BA<sup>4</sup>; Dedert, Eric, PhD<sup>3</sup>; Dennis, Michelle, BS<sup>5</sup>; Kirby, Angela, MS<sup>3</sup>; Beckham, Jean, PhD<sup>3</sup>**

<sup>1</sup>VA Medical Center, Durham, North Carolina, USA

<sup>2</sup>VA Mid-Atlantic Mental Illness Research, Education, & Clinical Center, Durham, North Carolina, USA

<sup>3</sup>Durham VA Medical Center, Durham, North Carolina, USA

<sup>4</sup>University of North Carolina, Chapel Hill, North Carolina, USA

<sup>5</sup>Duke University Medical Center, Durham, North Carolina, USA

Trauma exposure and PTSD are associated with the initiation and maintenance of smoking, but there is little known regarding how to help this population quit smoking. Two ongoing studies (N=48 and N=65) are evaluating the relationship between PTSD symptoms and factors associated with relapse in the context of randomized clinical smoking cessation trials that provided the use of supplemental nicotine administration during a "pre-treatment" phase before a targeted quit smoking date (TQD). Smokers with PTSD were randomly assigned to 1 of 2 pre-cessation patch therapy conditions (active patch versus placebo patch) for 2-3 weeks before their TQD. All participants received an integrated brief cognitive-behavioral therapy (CBT) and began standard nicotine replacement therapy (NRT) on their quit day. PTSD symptoms, mood, self-efficacy, smoking craving and withdrawal symptoms were carefully evaluated using electronic diary assessment. Preliminary data indicated that smokers randomized to active patch reported significantly less withdrawal/negative affect (parameter estimate = -2.7 [SE =



1.32],  $p < .001$ ) and reduced craving (parameter estimate = -0.89 [SE = 0.96],  $p < .001$ ) in the first 2 days following TQD than those on placebo. Increasing evidence suggests that smoking behavior including relapse among smokers with PTSD is significantly influenced by mood and PTSD symptoms.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 3**  
**Symposium**

**Stay Quit Coach: A Mobile App for Smoking Cessation in PTSD Patients**  
(Abstract # 1419)

Symposia Presentation (Tech, Mil/Vets) I - Industrialized

Diamond Salon 03

**Kuhn, Eric, PhD<sup>1</sup>; Hoffman, Julia, PsyD<sup>1</sup>; Wald, Laura, PhD<sup>1</sup>; Ruzek, Josef, PhD<sup>1</sup>; McFall, Miles, PhD<sup>2</sup>; Saxon, Andrew, MD<sup>2</sup>; Malte, Carol, MSW<sup>2</sup>; Beckham, Jean, PhD<sup>3</sup>; Hamlett-Berry, Kim, PhD<sup>4</sup>**

<sup>1</sup>VA Palo Alto Health Care System, Menlo Park, California, USA

<sup>2</sup>VA Puget Sound Health Care System, Seattle, Washington, USA

<sup>3</sup>Durham VA Medical Center, MIRECC, North Carolina, USA

<sup>4</sup>Department of Veterans Affairs, Washington, Dist. of Columbia, USA

U.S. VA patients with PTSD smoke at about twice the rate (30-50%) as other VA patients (21%). Individuals with PTSD are less likely to quit smoking and more likely to relapse than are those without PTSD. To address this challenging comorbidity, McFall and colleagues developed Integrated Smoking Cessation Treatment for Veterans with PTSD (IC). IC integrates smoking cessation into PTSD treatment instead of referral to other clinics. In a large clinical trial, VA PTSD patients receiving IC were twice as likely to maintain smoking abstinence at nine months as were patients referred to smoking cessation clinics (8.9% vs. 4.5%). While these results are encouraging, there is still much room for improvement. To provide relapse prevention support, a mobile app, *Stay Quit Coach*, was developed. An app is hypothesized to be an ideal augmentation to IC because the treatment involves using personalized relapse prevention tools after quitting. The app prompts users to take smoking cessation medications, provides immediate multimedia coping tools (e.g., paced breathing), and serves as a competing response to smoking. *Stay Quit Coach* resides on the phone so it requires no additional thought given that mobile phones are routinely carried and tools are readily accessible when needed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 4 & 5**  
**Symposium**

**Innovations in PTSD Treatment: Expanding the Treatment Repertoire for Traumatic Stress**  
(Abstract #1477)

**Chairperson**    **Monson, Candice, PhD**  
*Ryerson University, Toronto, Ontario, Canada*

**Discussant**    **Friedman, Matthew, MD, PhD**  
*National Center for PTSD, U.S. Veterans Affairs, White River Junction, Vermont, USA*

Existing front-line psychotherapies for traumatic stress-related conditions work for many, yet a substantial minority of clients do not respond or only partially respond to these treatments. In addition, there are important service delivery barriers that need to be overcome in order for more trauma survivors to access these treatments, and a broader range of psychosocial problems need to be addressed to improve trauma survivors' lives. Four different innovations in traumatic stress treatment will be presented. More specifically, the efficacy of cognitive-behavioral conjoint therapy, group residential treatment, virtual reality exposure therapy, and an Internet-based intervention will be presented. Implications for the future of traumatic stress treatment will be discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 4 & 5**  
**Symposium**

**Harnessing the Healing Power of Relationships: Results of a Randomized Controlled Trial of Cognitive-Behavioral Conjoint Therapy for PTSD**  
(Abstract # 1478)

**Symposia Presentation (Clin Res, N/A) | - Industrialized**

**Diamond Salon 04 & 05**

**Monson, Candice, PhD<sup>1,1</sup>; Fredman, Steffany, PhD<sup>2</sup>; Macdonald, Alexandra, PhD<sup>3</sup>; Pukay-Martin, Nicole, PhD<sup>1</sup>; Schnurr, Paula, PhD<sup>4</sup>; Resick, Patricia, PhD<sup>3</sup>**

<sup>1</sup>Ryerson University, Toronto, Ontario, Canada

<sup>2</sup>Massachusetts General Hospital, Boston, Massachusetts, USA

<sup>3</sup>U.S. Department of Veterans Affairs, National Center for PTSD, Boston, Massachusetts, USA

<sup>4</sup>U.S. Department of Veterans Affairs, National Center for PTSD, White River Junction, Vermont, USA

It is well-established that post-traumatic stress disorder (PTSD) is associated with a range of intimate relationship problems (Taft et al., 2011), and that these relationships affect individual treatment outcomes (e.g., Tarrier et al., 1999). Cognitive-behavioral conjoint therapy for PTSD (CBCT for PTSD, Monson & Fredman, in press) is a disorder-specific conjoint therapy designed to simultaneously improve PTSD symptoms and intimate relationship functioning. Several uncontrolled studies of CBCT for PTSD have demonstrated statistically significant improvements in patients' PTSD symptoms, comorbid conditions, partner mental health, and relationship adjustment (Monson et al., 2004, 2005, 2011; Schumm et al., 2011). The current paper will report the primary outcomes of a randomized controlled trial of CBCT for PTSD versus delayed treatment in a sample of 40 couples in which one partner was diagnosed with PTSD secondary to a range of traumatic events. Preliminary analyses reveal significant improvements in clinician-, self-, and partner-rated symptoms of PTSD, as well as frequently co-occurring problems (e.g., depression, general anxiety, anger, guilt). In addition, improvements in intimate relationship outcomes were found. The importance of evaluating broader psychosocial outcomes with PTSD treatment and the value of incorporating concerned significant others in PTSD interventions to maximize clinical effectiveness will be discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 4 & 5**  
**Symposium**

**Demographic and Treatment Outcome Differences Among Veterans Receiving Cognitive Processing Therapy in Either Residential or Outpatient Settings: An Exploratory Analysis**  
(Abstract # 1483)

**Symposia Presentation (Practice, Mil/Vets) I - Industrialized**

**Diamond Salon 04 & 05**

**Walter, Kristen, PhD<sup>1</sup>; Varkovitzky, Ruth, MA<sup>1</sup>; Owens, Gina, PhD<sup>2</sup>; Chard, Kathleen, PhD<sup>1</sup>**

<sup>1</sup>Cincinnati VA Medical Center, Cincinnati, Ohio, USA

<sup>2</sup>University of Tennessee - Knoxville, Knoxville, Tennessee, USA

Whether Veterans who seek outpatient or residential PTSD treatment differ, and whether or not they differ in response to PTSD treatment, has yet to be examined in the literature. We explored differences among 685 Veterans, who either sought outpatient (N=363) or residential (N=322) PTSD treatment at a VA medical center. All participants met diagnostic criteria for PTSD and attended at least one session of

cognitive processing therapy (CPT). Results showed that in terms of demographics, outpatients were more likely to be married, employed, white, and younger, to have served in Iraq, and were slightly less educated compared to residential patients. Further, outpatients attended fewer sessions and were less likely to complete treatment than residential patients. While controlling for between-subject effects for age and education, treatment outcome analyses evidenced main effects for program and time, as well as a significant time x program interaction. Self-reported and clinician-assessed PTSD symptoms both decreased over the course of treatment; however, this effect was not demonstrated for depression. The time x program interaction appears to be maintained by self-reported PTSD symptoms, as outpatients showed a steeper decline as compared to residential patients. The differences between the groups and their responses to treatment will be discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 4 & 5**  
**Symposium**

**Virtual Reality and D-Cycloserine in the Treatment of Chronic PTSD**  
(Abstract # 1484)

**Symposia Presentation (Clin Res, Disaster) M - Industrialized**

**Diamond Salon 04 & 05**

**Cukor, Judith, PhD; Difede, JoAnn, PhD; Wyka, Katarzyna, MA, PhD, Student; Olden, Megan, PhD; Altemus, Margaret, MD; Lee, Francis, MD, PhD**  
*Weill Cornell Medical College, New York, New York, USA*

Despite the successes of existing treatments for post-traumatic stress disorder, the continued presence of “treatment failures” make it imperative to develop new treatments and identify enhancements to current therapies. This presentation will present the theory, practical application, and results of the use of 2 enhancements to exposure therapy: (1) virtual reality (VR) and (2) D-cycloserine (DCS). In this double-blind, randomized pilot protocol, twenty-five participants with chronic PTSD were treated with prolonged exposure enhanced with VR. Participants were randomized to receive either 100 mg DCS (n=13) or placebo (n=12) 90 minutes prior to exposure sessions.

While VR treatment across the entire group was an effective modality for treatment, between groups differences on the CAPS revealed an additional effect of the DCS with medium to large between-group effect sizes immediately post-treatment and six-months later ( $d=0.44$  and  $d=0.85$ , respectively). Rates of PTSD remission were significantly higher for the DCS group at post-treatment (46% vs. 10%) and at 6 months (69% vs. 20%). Similar results emerged with BDI depression scores, SCID depression diagnosis, anger expression and sleep outcomes. These results suggest the potential utility of VR and DCS as

enhancements to our current arsenal of PTSD treatments. Implications of these findings will be discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 4 & 5**  
**Symposium**

**Web-Based Intervention for Returning Veterans with Risky Alcohol Use and PTSD Symptoms**  
(Abstract # 1486)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 04 & 05**

**Brief, Deborah, PhD<sup>1</sup>; Rubin, Amy, PhD<sup>1</sup>; Enggasser, Justin, PhD<sup>1</sup>; Roy, Monica, PhD<sup>1</sup>; Lachowicz, Mark, MA<sup>1</sup>; Helmuth, Eric, MA<sup>2</sup>; Rosenbloom, David, PhD<sup>2</sup>; Hermos, John, MD<sup>3</sup>; Keane, Terence, PhD<sup>1</sup>**

<sup>1</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*

<sup>2</sup>*Boston University School of Public Health, Boston, Massachusetts, USA*

<sup>3</sup>*VA Boston Healthcare System, MAVERIC, Boston, Massachusetts, USA*

Investigators describe a controlled clinical trial evaluating the efficacy of an 8-module, self-management, cognitive-behavioral Web-based intervention designed to help veterans who served in Iraq and Afghanistan reduce risky alcohol use and PTSD symptoms. Six hundred veterans were recruited via the Web and randomized to an Initial Intervention Group (IIG) or a Delayed Intervention Group (DIG), which had access to the intervention after 8 weeks (delayed control). The sample includes 86% male veterans, average age 32 years old, who were engaging in problem drinking, had a moderate level of alcohol-related problems, and reported a range of combat exposure experiences and PTSD symptom severity at baseline. Sixty three percent of the sample reported alcohol and/or mental health treatment (49% for PTSD) in the past three months. In preliminary analyses, participants in IIG demonstrated a greater reduction in alcohol consumption and PTSD symptoms at the end of the intervention compared to DIG at the end of the 8 week waiting period. Initial PTSD symptom severity did not affect drinking outcomes or retention in the intervention. These data suggest that returning veterans with risky drinking and PTSD symptoms will utilize and can benefit from a self-management Web intervention, regardless of initial PTSD symptom severity.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 6**  
**Symposium**

**Emotion Regulation, Violence Exposure, and Trauma-Related Outcomes in Youth and Adults Exposed to Significant Life Adversity**

(Abstract #629)

**Chairperson** **DePrince, Anne, PhD**

*University of Denver, Denver, Colorado, USA*

This symposium extends research on emotion regulation and trauma-related distress among violence survivors facing significant adversity, including girls involved in delinquency; adolescents in the child welfare and community mental health systems; and adults in medical settings. Using diverse research methods (from daily self-reports to structured interviews and immune function assessments), findings from this symposium inform adaptations of interventions for high-risk groups. The first study explores the contributions of emotion regulation problems, above and beyond child maltreatment characteristics, to mental health symptoms among ethnically diverse and poor adolescent girls in the child welfare system. The second study investigates how immune functioning and inflammation relate to emotional regulation and post-traumatic distress in adults. The third study examines emotion dysregulation as a shared correlate of post-traumatic distress and bipolar disorder among impoverished youth in the community mental health system. The final study reports on changes in daily symptom self-report following either emotion regulation or supportive therapy among girls involved in delinquency with complex trauma histories. Presenters will discuss applications of findings to optimize services for high-risk, underserved groups exposed to violence.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 6**  
**Symposium**

**Examining the Overlap Between Trauma Exposure and Bipolar Disorder**

(Abstract # 630)

**Matlow, Ryan, PhD Candidate; Shirk, Stephen, PhD; DePrince, Anne, PhD**

*University of Denver, Denver, Colorado, USA*

Emotional lability, sleep disturbance, psychotic symptoms, depression, and mania are common responses to trauma as well as core components of bipolar disorders. Not surprisingly, patients diagnosed with bipolar I disorder report high rates of exposure to childhood trauma and are twice as likely to meet criteria for PTSD relative to the general population. Though studies have examined the prevalence of trauma and PTSD in bipolar patients, studies examining rates of bipolar disorder in samples of individuals exposed to trauma are quite rare. The current study assessed the prevalence of bipolar and PTSD symptoms in a sample of adolescents (N=93) presenting for treatment in community mental health clinics with histories of trauma and depression. Bipolar and PTSD symptom severity were significantly correlated. Regression analyses revealed that trauma history characteristics were significantly associated with bipolar symptom severity, such that histories of psychological and sexual abuse each significantly accounted for unique variance in bipolar symptom severity. Implications of these findings for research and practice will be considered in light of two issues: PTSD is under-diagnosed in populations of patients with bipolar disorder; and bipolar patients exposed to trauma show poorer responses to treatment relative to bipolar patients without trauma exposure.

### **Concurrent Session 3**

**Thursday, November 1, 2012**

**1:30 PM - 2:45 PM**

**Diamond Salon 6**

**Symposium**

**Relationships Between Emotion Regulation (ER) Difficulties and Mental Health Symptoms in A Community-Recruited Sample of Maltreated Youth**

(Abstract # 631)

**Symposia Presentation (Clin Res, Child/ Adol) I - Industrialized**

**Diamond Salon 06**

**Sundermann, Jane, MA, Student; DePrince, Anne, PhD; Chu, Ann, PhD**

*University of Denver, Denver, Colorado, USA*

Among college and clinical samples of adults, research demonstrates strong, positive links between individuals' difficulties in emotion regulation (ER) and diverse forms of psychopathology. Relatively less research has examined relationships between ER and psychopathology among youth with especially few studies conducted among community-recruited (i.e. non treatment-seeking) youth. The current talk describes relationships between ER difficulties and mental health symptoms in a community sample of 115 female adolescents. Adolescents were recruited based on previous involvement with the child welfare system. Participants reported racial and ethnic diversity, relatively low socioeconomic status, and chronic histories of maltreatment. Results of hierarchical regressions demonstrated the unique contributions of ER difficulties to a range of mental health symptoms (including anger, anxiety,

depression, dissociation, and post-traumatic stress) above and beyond the effects of other important differences in victims' maltreatment histories (e.g., age at onset, perpetrators, types). Findings from those analyses suggest the need for continuing examinations of ER difficulties and mental health outcomes among youth. In particular, findings encourage future research with maltreated youth to examine specific links between experiences of maltreatment, ER difficulties, and mental health outcomes.

### **Concurrent Session 3**

**Thursday, November 1, 2012**

**1:30 PM - 2:45 PM**

**Diamond Salon 6**

**Symposium**

**Inflammatory Markers and Immune Function: Associations with Emotion Regulation Difficulties, Coping Styles, and Post-Traumatic Stress Disorder**

(Abstract # 633)

**Symposia Presentation (Bio Med, Violence) M - Industrialized**

**Diamond Salon 06**

**Goldsmith, Rachel, PhD; Heath, Nicole, PhD; Chesney, Samantha, BA; Stevens, Natalie, PhD; Gerhart, James, PhD; Luborsky, Judy, PhD; Hobfoll, Stevan, PhD**

*Rush University Medical Center, Chicago, Illinois, USA*

Emotion regulation difficulties, inflammation, and alterations in immune function may reflect some of the mechanisms through which trauma exposure increases risk of physical health problems. Inflammatory markers such as C-reactive protein (CRP) and immune regulation indicators such as cytomegalovirus (CMV) have been associated with life stressors, PTSD, and depression, and with health problems that include obesity, heart disease, and Type II diabetes. Although the connection between emotion regulation difficulties and trauma exposure is well established, few studies have examined links between emotion regulation difficulties and immune function. The Women's Resilience Project investigated relations among trauma exposure, emotion regulation difficulties, coping styles, CRP, and CMV antibodies in 139 women, ages 18-45, without immune-related health conditions. Results indicated that both childhood abuse and adult interpersonal violence were associated with reports of emotion regulation difficulties using the Difficulties with Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) and with coping styles as reported on the Brief COPE (Carver, 1997). Facets of emotion regulation difficulties and coping styles were linked to trauma exposure, CRP, and to CMV antibody levels, whereas PTSD was related to higher levels of CRP. Results highlight the role of emotion regulation and coping styles in traumatized individuals' emotional and physical health trajectories, and provide support for trauma treatments that develop effective emotion regulation and coping skills.



**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 6**  
**Symposium**

**Randomized Clinical Trial of Affect Regulation Versus Relational Therapy for Girls with PTSD Involved in Delinquency: Daily Self-Report Outcomes**  
(Abstract # 632)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 06**

**Ford, Julian, PhD; Tennen, Howard, PhD; Grasso, Damion, PhD; Zhang, Wanli, PhD**  
*University of Connecticut, Farmington, Connecticut, USA*

An interactive voice response (IVR) daily self-reporting procedure was used to collect data for up to 14 days before and after twelve-week manualized psychotherapy with a sub-sample ( $N=24$ ) of girls involved in delinquency with full/partial PTSD who were randomly assigned: Trauma Affect Regulation: Guide for Education and Therapy (TARGET) or relational supportive therapy (REST). Consistent with interview data (Ford et al., 2012), both therapies were associated with improvement ( $p < .10$ ) on 13 of 20 IVR outcome variables including affect regulation, coping strategies, self/world schemas, risky behavior, relationships, and PTSD symptoms. TARGET was associated with greater improvement than REST on the other 7 outcomes including increased calm mood and reduced perceived rejection ( $p < .05$ ), increased positive affect ( $p = .08$ ), reduced alcohol use ( $p = .11$ ), and improved positive self-perceptions, hyperarousal, and aversion to touch (trends,  $p > .30$ ). Study findings provide further support for TARGET in enhancing emotion regulation and adaptive coping, and reducing PTSD and associated symptoms, cognitive self/world schemas, and behavioral/relational problems on a daily basis. Daily self-reporting may help to clarify the *in vivo* effects of therapeutic interventions by providing a proximal alternative to the distal retrospective interview/questionnaire assessments typically used in randomized clinical trial studies.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 10**  
**Symposium**

## **Factors that Improve Treatment Engagement and Completion: Preliminary Findings from the NCTSN Core Data Set**

(Abstract #1350)

**Chairperson** Briggs-King, Ernestine, PhD

*UCLA-Duke National Center for Child Traumatic Stress, Durham, North Carolina, USA*

**Discussant** Gerrity, Ellen, PhD

*UCLA-Duke University National Center for Child Trauma, Durham, North Carolina, USA*

Despite advances in effective trauma-informed treatments, there is much to learn about how to improve treatment engagement and completion rates particularly among children and adolescents. Estimates suggest between 25-60% of children seeking mental health services terminate treatment prematurely (Cohen & Mannarino, 2000; McKay, Lynn & Bannon, 2005). This presentation will utilize data collected from the National Child Traumatic Stress Network (NCTSN), a federally funded child mental health service initiative designed to raise the standard of care for traumatized children and their families across the U.S. This presentation will delineate initial findings from the NCTSN Core Data Set (CDS), which includes data on over 14,000 traumatized youth (ages 0 – 21). The CDS consists of comprehensive information on trauma history, demographics, treatment, services, functional impairments, and psychosocial outcomes assessed via standardized measures (e.g., PTSD). The three projects included in this symposium will examine: 1) specific child, family, event, and problem factors that predict treatment completion; 2) racial/ethnic disparities in treatment engagement among African American and Latino children; and 3) relationships among trauma exposure type, child PTSD symptom severity, and treatment completion. Implications for assessment, treatment, and public policy will be discussed.

### **Concurrent Session 3**

**Thursday, November 1, 2012**

**1:30 PM - 2:45 PM**

**Diamond Salon 10**

**Symposium**

### **Predictors of Drop out from Trauma-Focused Treatment: What Can Make a Difference?**

(Abstract # 1351)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 10**

**Sprang, Ginny, PhD; Craig, Carlton, PhD**

*University of Kentucky, Lexington, Kentucky, USA*

This study expands our understanding of treatment attrition by investigating factors predicting treatment drop out in a large national data set of clinic-referred children and parents seeking trauma-specific psychotherapy services. Using de-identified data (N= 2579) generated by the National Child

Traumatic Stress Network (NCTSN) Core Data Set (CDS) collected between Spring 2004 and Fall 2010, the study uses sequential logistic regression analyses to assess prediction of the probability of a given subject having prematurely dropped out of treatment. The findings of this study suggest that African American race, placement in state custody, and a diagnosis of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Major Depressive Disorder predict treatment attrition. Based on the findings of this study, drop out management recommendations are made, as are implications for further research and ongoing practice.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 10**  
**Symposium**

**Predictors of Treatment Engagement in Ethnically Diverse, Urban Children Receiving Treatment for Trauma Exposure**  
(Abstract # 1352)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 10**

**Ross, Leslie, PsyD**

*Children's Institute Inc., Los Angeles, California, USA*

Keeping children and their families engaged in treatment is a major problem for mental health clinics (Kazdin, 1996;& Wierzbicki & Pekarik, 1993). This study used data collected as part of the National Child Traumatic Stress Network Core Data Set to examine whether racial/ethnic disparities in treatment engagement exist in children seeking treatment for trauma exposure, and if these disparities persist after accounting for other variables that may be associated with length of treatment and premature termination. The sample consisted of 562 children receiving services from a child abuse treatment and prevention agency in Los Angeles County. The results indicated that African American children were consistently less engaged in treatment than Spanish-speaking Latino children. These disparities persisted even after controlling for other variables associated with treatment engagement outcomes. Child age, level of functional impairment, and receipt of group and field services were consistent predictors of treatment engagement.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 10**  
**Symposium**

**Predictors of Treatment Completion in a National Sample of Physically and Sexually Traumatized Youth**  
(Abstract # 1356)

**Symposia Presentation (Practice, Child/ Adol) M - Industrialized**

**Diamond Salon 10**

**Murphy, Robert, PhD; Sink, Holli, PhD; Ake, III, George, PhD; Appleyard Carmody, Karen, PhD; Amaya-Jackson, Lisa, MD, MPH**

*Duke University School of Medicine, Durham, North Carolina, USA*

Despite advances in effective trauma-informed treatments, there remains a dearth of research on treatment completion among traumatized youth. This study investigated the relations among child physical and sexual trauma, Post-Traumatic Stress Disorder (PTSD) symptomatology, and treatment completion utilizing a large sample representative of US community treatment centers specializing in childhood trauma. Results of regression analyses indicated that both physical trauma and sexual trauma are associated with PTSD symptoms, with different patterns of symptomatology by trauma type. Furthermore, avoidance symptoms mediated the relation between sexual trauma and treatment completion, suggesting that victims of sexual trauma who develop avoidance symptoms are at increased risk for premature termination of treatment. Similarly, results indicated a trend for overall PTSD symptoms mediating the association between sexual trauma and treatment completion. Practice implications, especially those relevant to community mental health providers, are discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Plaza 1**  
**Symposium**

**Trauma-Focused CBT: Implementation in Three Low-Resource Settings with Distinct Contexts**  
(Abstract #1318)

**Chairperson** Dorsey, Shannon, PhD

*University of Washington, Seattle, Washington, USA*

Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is the intervention for child and adolescent trauma exposure with the greatest evidence of effectiveness in high resource settings. We provide data from three feasibility studies in low-resource countries with unique contexts and cultural factors. In Zambia, TF-CBT was provided to HIV-affected, sexually abused children. In Cambodia, TF-CBT was implemented by counselors with their own trauma histories of trafficking, for a population of similarly traumatized girls. In Tanzania, TF-CBT was implemented in groups for single and double orphans.

### **Concurrent Session 3**

**Thursday, November 1, 2012**

**1:30 PM - 2:45 PM**

**Plaza 1**

**Symposium**

#### **Implementation of Trauma-Focused CBT for Orphaned and Vulnerable Children (OVC) Within HIV infrastructures in Zambia**

(Abstract # 1320)

**Symposia Presentation (Clin Res, Child/ Adol) | - E & S Africa**

**Plaza 01**

**Murray, Laura, PhD<sup>1</sup>; Skavenski, Stephanie, MPH, MSW<sup>1</sup>; Familiar, Itziar, MD, MPH<sup>1</sup>; Jere, Elizabeth, MPH<sup>2</sup>**

<sup>1</sup>*Johns Hopkins University School of Public Health, Baltimore, Maryland, USA*

<sup>2</sup>*Catholic Relief Services, Lusaka, Zambia*

There is limited data on evidence-based trauma treatments for youth in low-resource countries. Researchers examined the feasibility of implementing Trauma-Focused Cognitive Behavioral therapy (TF-CBT) and whether OVC who receive TF-CBT exhibit reduced trauma and shame symptoms. TF-CBT was implemented in Lusaka and Kabwe, Zambia as part of ongoing HIV-related programming within Catholic Relief Services. Children met criteria if they experienced  $\geq 1$  traumatic event(s), and scored  $\geq 39$  on the PTSD-RI that was locally validated (Murray, et al., 2011). Weekly TF-CBT sessions lasted 1-2 hours, and were conducted over an average of 11 weeks (range 8-23). TF-CBT training was provided to 18 local counselors who had no mental health background (Task-shifting model; WHO, 2008). Training and supervision followed the Apprenticeship Model (Murray, et. al., 2011). Paired-sample t-tests were performed to compare trauma and shame symptom scores, pre- and post-treatment for TF-CBT completers that had both data points (N=58). The mean PTSD and Shame scores after treatment (27.6; 2.2, respectively) were significantly lower than the mean pre-treatment scores (49.6,  $p < 0.0001$ ; 8.3,  $p < 0.0001$ , respectively). Results suggest that TF-CBT may be a feasible and effective treatment for

HIV-affected OVC with trauma symptoms. Discussion will include strengths and challenges of implementing within HIV infrastructures.

### **Concurrent Session 3**

**Thursday, November 1, 2012**

**1:30 PM - 2:45 PM**

**Plaza 1**

**Symposium**

#### **Group-based Trauma-focused CBT for Orphaned Children in Tanzania**

(Abstract # 1319)

**Symposia Presentation (Global, Child/ Adol) M - E & S Africa**

**Plaza 01**

**Dorsey, Shannon, PhD<sup>1</sup>; O'Donnell, Karen, PhD<sup>2</sup>; Whetten, Kathryn, PhD, MPH<sup>2</sup>; Itemba, Dafrosa, BA<sup>3</sup>; Manongi, Rachel, PhD<sup>4</sup>; Chinyanganya, Lillian, MD, MPH<sup>2</sup>; Gong, Wenfeng, BS, MS<sup>2</sup>**

<sup>1</sup>*University of Washington, School of Medicine., Seattle, Washington, USA*

<sup>2</sup>*Duke University, Durham, North Carolina, USA*

<sup>3</sup>*TAWREF, Moshi, Tanzania, United Republic of*

<sup>4</sup>*KCMC, Moshi, Tanzania, United Republic of*

Randomized clinical trials of psychotherapy interventions in low resource countries (LRC) have demonstrated the effectiveness of evidence-based practices; however, few have focused on children. We examined feasibility and clinical outcomes for Trauma-focused Cognitive Behavioral Therapy (TF-CBT) in Moshi, Tanzania, an area of HIV prevalence and orphaned children.

TF-CBT was provided in single sex groups (ages 7-10; 11-13) to single or double orphans with traumatic stress or grief subsequent to parental death. Children and one guardian received 12 concurrent group sessions and 3 individual sessions (mid-group, for imaginal exposure). A task-shifting approach was taken, training local counselors with little to no prior mental health experience to deliver the intervention.

Post-traumatic stress, grief, and depression were assessed pre and post-treatment and 3-months post-treatment. Six of 8 groups have been completed (final 2 completed March, 2012; n = 48). Analyses indicate significantly reduced PTSD and traumatic grief post-treatment (e.g., UCLA PTSD-RI Child-report:  $\beta=15.38$ ;  $p<.001$ ; Guardian report:  $\beta=11.19$ ;  $p<.001$ ) with improvements maintained at 3-months.

Children reported greater reductions. This presentation will focus on issues related to providing and supervising trauma treatment predominantly provided via group intervention, using local lay counselors. Group and individual session content and specific supervision needs will be highlighted.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Plaza 1**  
**Symposium**

**Treatment for formerly-Trafficked Girls in Cambodia: A Feasibility Study of Trauma-Focused Cognitive Behavior Therapy (TF-CBT)**

(Abstract # 1321)

**Symposia Presentation (Clin Res, Child/ Adol) | - S Asia**

**Plaza 01**

**Bass, Judith, PhD, MPH<sup>1</sup>; Murray, Laura, PhD<sup>1</sup>; Bearup, Luke, PhD Candidate<sup>2</sup>; Bolton, Paul, MB, BS<sup>1</sup>; Skavenski, Stephanie, MPH, MSW<sup>1</sup>**

<sup>1</sup>*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

<sup>2</sup>*Deakin University, Melbourne, Australia*

Cambodia is identified by the US Department of State as a major source, transit, and destination country for child trafficking. Prior qualitative research indicated mental distress was common among formerly-trafficked girls as a result of their abuse, worries, and stigmatization and rejection by friends, family and community. This study evaluates the feasibility of implementing TF-CBT in shelters with local counselors. Eleven formerly-trafficked girls and 11 Cambodian counselors currently living in shelters in the capital Phnom Penh completed 12 weekly treatment sessions lasting 1-2 hours each. Results from the pre-post quantitative assessment showed averages of 21% reduction in depression symptoms (CES-D), 26% reduction in PTSD symptoms (PTSD-RI), and 44% reduction in shame symptoms (My Feelings of Abuse scale). Qualitatively, children reported a reduction in arguing and aggression and talked about improved ability to study and focus. Counselors reported having more confidence in their ability to provide treatment and how the skills in the intervention helped themselves release stress and relax. Supervision was found to be critical to assist counselors with self-care, since in this context most counselors had their own history of trauma. The results indicated that with proper supervision, TF-CBT can be appropriately provided in this context with sex-trafficked youth.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Gold Salon 2**  
**Symposium**

**Risk and Resilience Following the World Trade Center Attacks: The Next Decade**  
(Abstract #537)

**Chairperson**    **Feder, Adriana, MD**

*Mount Sinai School of Medicine, New York City, New York, USA*

**Discussant**    **Marmar, Charles, MD**

*New York University, New York City, New York, USA*

The magnitude and effects of the 9/11 attacks have been unprecedented in scope. An expert panel of researchers will present novel longitudinal and biological findings in diverse populations of 9/11 survivors. Dr. Neria will present results from his longitudinal study of psychiatric and medical conditions in an urban primary care cohort following the attacks. He will discuss exposure determinants, medical service utilization, and implications for prevention and treatment availability after mass trauma. Drs. Feder and Pietrzak will discuss results from their study of psychological risk and resilience trajectories over a span of eight years in a cohort of 12,000 WTC rescue and recovery workers, using latent growth mixture modeling methodology. The presentation will include findings on demographic, exposure and psychosocial predictors of risk and resilience trajectories. Dr. Bromet will present findings on the extensive co-morbidity between PTSD and respiratory disorders, the two sentinel chronic conditions among WTC rescue and recovery workers. She will discuss potential mechanisms underlying this co-morbidity, as well as their associations with quality of life and health risk perceptions. Dr. Yehuda will conclude by presenting data on gene expression profiles and hypothalamic-pituitary-adrenal (HPA) axis predictors of symptomatic PTSD, recovery and resilience in 9/11 survivors.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Gold Salon 2**  
**Symposium**



## **Mental and Physical Health Consequences of 9/11 Attacks: A Longitudinal Study in Primary Care**

(Abstract # 539)

**Symposia Presentation (Assess Dx, Disaster) I - C & E Europe & Indep**

**Gold Salon 02**

**Neria, Yuval, PhD; Wickramaratne, Priya, PhD; Olfson, Mark, MD, MPH; Gameroff, Marc, PhD; Pilowsky, Daniel, MD, MPH; Weissman, Myrna, PhD**

*Columbia University and New York State Psychiatric Institute, New York, New York, USA*

The magnitude of the 9/11 attacks was without precedent in the US, but long-term longitudinal research on its health consequences for primary care patients is limited. We assessed prevalence and exposure determinants of mental disorders, functioning, general medical conditions and service use, 1 and 4 years after the 9/11 attacks, in an urban, primarily immigrant, primary care cohort (N = 444) in New York City. Results suggest that while prevalence of PTSD and levels of functional impairment have declined over time, most medical outcomes and service utilization indicators demonstrated a short-term increase after 9/11 attacks followed by a decrease or no change. A substantial increase in suicidal ideation and missed work was observed, and loss of a close person was associated with the highest risk for poor mental health and functional status over time. These findings highlight the importance of ongoing screening and the availability of treatment for urban populations exposed to mass trauma.

### **Concurrent Session 3**

**Thursday, November 1, 2012**

**1:30 PM - 2:45 PM**

**Gold Salon 2**

**Symposium**

## **Trajectories of Psychological Risk and Resilience in World Trade Center Responders**

(Abstract # 538)

**Symposia Presentation (Assess Dx, Disaster) I - Industrialized**

**Gold Salon 02**

**Feder, Adriana, MD<sup>1</sup>; Pietrzak, Robert, PhD<sup>2</sup>; Singh, Ritika, BSc<sup>1</sup>; Schechter, Clyde, MD<sup>3</sup>; Barron, Jill, MD<sup>2</sup>; Southwick, Steven, MD<sup>2</sup>**

<sup>1</sup>*Mount Sinai School of Medicine, New York, New York, USA*

<sup>2</sup>*Yale University, New Haven, Connecticut, USA*

<sup>3</sup>*Albert Einstein College of Medicine, New York, New York, USA*

Worker exposure to traumatic experiences during and following the World Trade Center (WTC) disaster was unprecedented, giving rise to elevated and persistent rates of PTSD. Further, great heterogeneity of risk has been reported in trained first responders, such as police, compared to non-traditional responders, such as construction workers. Using data from the WTC Medical Monitoring and Treatment

Program, we examined longitudinal trajectories of WTC-related PTSD symptoms in a cohort of 10,835 WTC responders at 3 assessments, conducted an average of 4, 6 and 8 years after 9/11. Preliminary latent growth mixture models of WTC-related PTSD symptoms in the police cohort (N=4,035) yielded 4 distinct symptom trajectories: chronic (5.3%), delayed onset (8.5%), recovering (8.4%) and asymptomatic (77.8%). Analyses of non-traditional responders (N=6,800) yielded 6 symptom trajectories: chronic (13.3%), mild subsyndromal (13.4%), moderate subsyndromal (9.3%), delayed onset (8.6%), recovering (6.8%) and asymptomatic (48.6%). Complete analyses examining how demographic characteristics, WTC exposures, and potentially protective factors are associated with PTSD symptom trajectories will be presented. Understanding such differences is key to preventing PTSD and related mental health problems in future disaster responders and in further assisting WTC responders in treatment and recovery.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Gold Salon 2**  
**Symposium**

**Comorbidity of PTSD and Respiratory Conditions in World Trade Center Responders**  
(Abstract # 540)

**Symposia Presentation (Bio Med, Emerg Wrkrs) M - Industrialized**

**Gold Salon 02**

**Bromet, Evelyn, PhD<sup>1</sup>; Kotov, Roman, PhD<sup>1</sup>; Schechter, Clyde, MD<sup>2</sup>; Luft, Benjamin, MD<sup>1</sup>**

<sup>1</sup>*Stony Brook University, Stony Brook, New York, USA*

<sup>2</sup>*Albert Einstein College of Medicine, Bronx, New York, USA*

Respiratory conditions and post-traumatic stress disorder (PTSD) are the two signature health problems experienced by World Trade Center (WTC) rescue, recovery, and clean-up workers. Among >20,000 responders evaluated at NIOSH-funded WTC Health Programs, ~25% have respiratory problems and ~15% have probable PTSD. Both are associated with WTC exposures and are significantly comorbid in police and non-traditional responders (OR ~2.5). Cross-sectional analyses using structural equation modeling suggest that PTSD could be mediating the association of exposure with WTC-respiratory problems independent of smoking and BMI. This presentation tests the mediation hypothesis using longitudinal data from the second monitoring visit with ~18,000 responders. In addition, we present preliminary findings on (a) whether PTSD/respiratory comorbidity is more strongly associated with impairment in quality of life than non-comorbid illness; and (b) the role of health risk perceptions in relation to illness onset, progression, and comorbidity. The results will shed light on identifying vulnerable responders at risk for developing persistent health problems or incident health problems at the time of their second clinic visit and provide information vital to designing tailored treatment protocols for this population.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Gold Salon 2**  
**Symposium**

**Genetic Markers for PTSD Risk and Resilience Among Survivors of the World Trade Center Attacks**

(Abstract # 541)

**Symposia Presentation (Bio Med, Disaster) M - Industrialized**

**Gold Salon 02**

**Yehuda, Rachel, PhD**

*Mount Sinai School of Medicine/J.J. Peters VAMC, Bronx, New York, USA*

This presentation will discuss gene expression findings from a genome-wide gene expression study of survivors of the 9/11 attacks in which we compared similarly exposed persons with and without current and lifetime PTSD. The analyses identified 25 genes that could be associated with current and lifetime PTSD. We focus in this presentation on a more expanded analyses than what has been previously published focusing on FKBP5, a modulator of glucocorticoid receptor (GR) sensitivity. Data on genotype and gene expression will be presented and related to symptoms and lifetime trauma exposure. Our emphasis will be that different patterns of genes are associated with risk for developing PTSD, resilience, and symptom recovery. The 40 Caucasians in the study (20 with and 20 without PTSD, matched for exposure, age, and gender) were selected from a population representative sample of persons exposed to the 9/11 attacks from which longitudinal data had been collected in four previous waves. Comparison of lifetime versus current PTSD identified overlapping genes with altered expression suggesting enduring markers, while some markers present only in current PTSD may reflect state measures.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Gold Salon 1**  
**Symposium**

**Neuropsychobiological Mechanisms in PTSD**

(Abstract #1517)

**Chairperson Simmons, Alan, PhD**

*VA/UCSD, San Diego, California, USA*

Post-traumatic stress disorder (PTSD) is a prevalent and debilitating condition that adversely impacts the individual's health. PTSD is often aggravated by a number of co-morbid conditions that can negatively affect treatment and worsen the clinical course of PTSD. Among these co-morbid conditions the most prevalent are alcohol dependence, depression, and chronic pain disorders. We examine the biological underpinnings of PTSD through the relationship between PTSD and the co-morbid conditions using a number of different modalities such as functional brain imaging, measurement of cerebral blood flow, quantification of cerebrospinal fluid, behavioral measurement, and psychiatric evaluation. Four independent data driven research projects are integrated to create a proposed model of aversive stimulus response in PTSD. We further discuss how empirically validated therapy may affect change on these critical mechanisms. This symposium will synthesize the projects with prior literature to identify and validate clinically important neural biomarkers of PTSD and then propose how to use these biomarkers as outcome for intervention evaluation.

### **Concurrent Session 3**

**Thursday, November 1, 2012**

**1:30 PM - 2:45 PM**

**Gold Salon 1**

**Symposium**

#### **Modeling Pain States in Post-Traumatic Stress Disorder**

(Abstract # 1676)

**Symposia Presentation (Bio Med, Mil/Vets) M - Industrialized**

**Gold Salon 01**

**Moeller-Bertram, Tobias, MD, PhD**

*University of California San Diego, San Diego, California, USA*

Post-Traumatic Stress Disorder(PTSD) profoundly affects the individual's health and quality of life. One of the most common co-morbidities is chronic pain, particularly musculoskeletal pain. The underlying mechanisms connecting PTSD and musculoskeletal pain are poorly understood, but it is speculated that heightened central processing of incoming stimuli may be involved. Several behavioral experiments and one brain imaging were conducted across more than 50 participants during an experimentally induced muscle pain stimulus. Specifically, each subject received an injection of capsaicin and continuously reported current pain intensity and unpleasantness were using visual analog scale(VAS). In a subsample VAS scales were related to CBF(measured using ASL). We found no significant difference in the mean peak pain ratings for both groups. There was a significant difference in the slope of the pain duration curve over the 30min between both groups. The PTSD group showed higher pain intensity and unpleasantness ratings for much longer than the controls. Our results suggest that capsaicin-induced

experimental muscle pain causes significantly prolonged and more intense pain sensation in subjects with PTSD compared to healthy controls with no difference in the peak pain intensity and unpleasantness ratings.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Gold Salon 1**  
**Symposium**

**Understanding PTSD and Major Depression Through Pain Processing Pathways**  
(Abstract # 1522)

**Symposia Presentation (Bio Med, Mil/Vets) M - Industrialized**

**Gold Salon 01**

**Strigo, Irina, PhD**

*University of California San Diego, San Diego, California, USA*

Background: Post-traumatic stress disorder (PTSD) is highly co-morbid with Major Depressive Disorder (MDD) and both are highly co-morbid with chronic pain. Both, PTSD and MDD show greater than 50% co-morbidity with pain disorders, which contributes significantly to poorer outcomes, greater disability and increased cost of treatment. Despite such high co-occurrence little is known about the neurobiological basis of altered pain processing in these disorders and how altered pain processing contributes to neurobehavioral model of PTSD and MDD.

Methods: Several brain imaging and behavioral experiments incorporating over 100 participants were conducted in individuals with PTSD, MDD and healthy controls when they underwent experimental pain testing. Behavioral pain responses and pain-related brain activation were computed and compared between patients and controls.

Results: The results of these experiments show that individuals with these disorders when compared to healthy controls exhibit hyperarousal of pain-processing circuitry, which is related to maladaptive coping cognitions (e.g., avoidance, helplessness) and possibly to the impaired ability to modulate pain experience.

Conclusions: Future studies should extend these findings into several domains, such as examining whether aberrant pain-related brain responses in individuals with depressive and anxiety disorders predict the development of chronic pain conditions.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Gold Salon 1**  
**Symposium**

**Neural Correlates of Emotional Face Processing in Individuals with PTSD, with and without a History of Alcohol Dependence**

(Abstract # 1523)

**Symposia Presentation (Bio Med, Mil/Vets) M - Industrialized**

**Gold Salon 01**

**Spadoni, Andrea, PhD; Strigo, Irina, PhD; Moeller-Bertram, Tobias, MD; Simmons, Alan, PhD**

*VA San Diego Healthcare System and University of California, San Diego, San Diego, California, USA*

Rates of alcohol dependence (AD) are markedly increased among individuals with posttraumatic stress disorder (PTSD). However, the neural mechanisms driving this comorbidity are unknown. Linear-mixed effects modeling was used to examine patterns of blood oxygen level dependent (BOLD) response to an affective face processing task between individuals with current PTSD (n=13), or current PTSD and a history of AD (CAD; n=12). All CAD subjects were at least 30 days from their date of last drink. Analysis of BOLD response revealed multiple group by condition interactions in widespread cortical and subcortical regions during fearful relative to happy face processing (clusters > 896 $\mu$ l; voxelwise  $p < .05$ ). CAD individuals showed differential patterns of response to fearful relative to happy faces as compared to PTSD subjects, despite equivalent symptom severity and non-drinking status. Differences in reactivity to affective cues in abstinent, alcohol dependent individuals with PTSD may indicate (1) an increased vulnerability for problematic alcohol use, or (2) neural response patterns resultant of previous alcohol dependence. Future studies examining the shared and dissociative patterns of affective processing in PTSD and AD individuals are necessary to elucidate the neural mechanisms involved in the development, maintenance, and recovery of these frequently comorbid disorders.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Gold Salon 1**  
**Symposium**

**Treatment in Post-Traumatic Stress Disorder: Neurosubstrates of Prolonged Exposure Therapy**

(Abstract # 1518)

**Symposia Presentation (Bio Med, Mil/Vets) M - Industrialized**

**Gold Salon 01**

**Simmons, Alan, PhD**

*VA, San Diego, San Diego, California, USA*

Prolonged Exposure (PE) is the first-line treatment for PTSD in combat veterans and can lead to remittance of PTSD symptoms. To better understand the brain systems involved, 24 veterans with PTSD completed an fMRI affective anticipation task at baseline and follow-up while enrolled in PE. At follow-up, 15 of the 24 completers did not remit and still had diagnosable PTSD (NR-PTSD) and 9 of the 24 completers showed complete remittance from PTSD (R-PTSD), i.e., they did not meet diagnostic criteria for PTSD. The left anterior insula showed a significant group by scan session interaction. Specifically, R-PTSD group showed decreased activation during anticipation of negative images from pre-treatment to post-treatment scans, while NR-PTSD group showed increased activation during anticipation of positive images in this region. In addition, increased connectivity was observed between the right anterior insular and the right cingulate and mid-posterior insular cortices in R-PTSD subjects. These findings suggest that the capacity to effectively remit from PTSD symptoms through PE treatment requires the ability to connect with physiological signals and moderate discomfort of anticipatory anxiety of exposure therapy. These processes appear to be controlled by a network of the anterior insula and connective cognitive regions.

**Concurrent Session 3**

**Thursday, November 1, 2012**

**1:30 PM - 2:45 PM**

**Diamond Salon 2**

**Panel**

**Trauma Histories and Recruitment of Gang-Involved Youth in the U.S. and Child Soldiers in Other Countries: Parallels and Implications for Intervention and Prevention**

(Abstract # 469)

**Panel Presentation (Social, Child/ Adol) M - Global**

**Diamond Salon 02**

**Stolbach, Bradley, PhD<sup>1</sup>; Bocanegra, Eduardo, BS<sup>2</sup>; Wainryb, Cecilia, PhD<sup>3</sup>; Upadhaya, Nawaraj, MA, MSc<sup>4</sup>; Kerig, Patricia, PhD<sup>3</sup>; Chaplo, Shannon, MA<sup>3</sup>; Kohrt, Brandon, MD, PhD<sup>5</sup>**

<sup>1</sup>*La Rabida Children's Hospital/U. Chicago, Chicago, Illinois, USA*

<sup>2</sup>*University of Chicago, Chicago, Illinois, USA*

<sup>3</sup>*University of Utah, Salt Lake City, Utah, USA*

<sup>4</sup>*HealthNetTPO, The Netherlands and Ministry of Public Health, Afghanistan, Jumla, Nepal*

<sup>5</sup>*The George Washington University, Washington, Dist. of Columbia, USA*

Gang-involved youth in the US have been likened to “America’s child soldiers”, particularly in regard to their exposure to trauma. Involvement in armed groups, from revolutionary movements to gangs, is a major contributor to children’s experience of trauma and concomitant psychological sequelae. Research has been conducted on exposure to trauma and subsequent mental health problems in violence-affected youth, but little has been done to examine the pathway by which children join armed groups. Although in some situations children are forcibly recruited into armed groups, in many contexts recruitment processes and reasons for joining are complex and involve a degree of choice and social agency. In this panel, experts on youth affiliated with violent groups in diverse settings will present qualitative and quantitative data from: current and formerly gang-involved youth in Chicago (Bocanegra), child soldiers in Columbia and youth detained in the U.S. juvenile justice system (Wainryb), and child soldiers in Nepal (Upadhaya). Similarities and differences across groups with regard to trauma exposure, family and community context, age of recruitment, recruitment process, and motivation for affiliation, will be explored in order to deepen understanding of the causes (individual and societal) of and pathways to youth violence, as well as implications for prevention and intervention.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 9**  
**Workshop**

**Tailoring PTSD Treatment: Treating Co-Morbid Depression in Military Related PTSD**  
(Abstract # 385)

**Workshop Presentation (Practice, Mil/Vets) M - Industrialized**

**Diamond Salon 09**

**Smith, Wanda, PhD, Cpsych<sup>1</sup>; Richardson, J Don, MD, FRCPC<sup>2</sup>**

*<sup>1</sup>Private Practice & McMaster University, Hamilton, Ontario, Canada*

*<sup>2</sup>Parkwood Operational Stress Injury Clinic/Veterans Affairs Canada, London, Ontario, Canada*

The war in Afghanistan has resulted in many Canadian veterans presenting with military-related PTSD (Fikretoglu et al, 2006). Military-related PTSD has been documented to present with unique features including pervasive dysfunction and significant co-morbidity such as depression, substance abuse, chronic pain and anger (Forbes et al, 2003). Despite treatment guidelines (Foa et al, 2009) it remains challenging to tailor clinical practice in such a diverse presentation. It has been widely accepted that treatment of PTSD must start with a stabilization phase which includes treatment of co-morbid disorders (Keane & Barlow, 2002; Richardson et al, 2010). Depression, the most prevalent co-morbid disorder is estimated to be present in more than 50% of veterans with PTSD (Keane & Wolfe, 1990). Treatment of depression has resulted in reduction of trauma symptoms in veterans (Jakupcak et al, 2006, 2010) as



well as facilitating trauma focused psychotherapy. Using case examples including video footage, this workshop will review the treatment of co-morbid depression in military-related PTSD utilizing pharmacologic interventions, behavioral activation, mindfulness based meditation, CBT and acceptance and commitment therapy. The workshop will also demonstrate the benefits of tailoring treatment, collaborative care and utilizing standardized outcome measures to promote recovery in an often treatment resistant population.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 1**  
**Paper Session**

**Models of PTSD and Vulnerability**

**Internalizing and Externalizing Comorbidity in PTSD: A Latent Class Analysis in a Sample of Recent Motor Vehicle Accident Victims**

(Abstract # 1616)

**Paper Presentation (Assess Dx, Acc/Inj) M - Industrialized**

**Diamond Salon 01**

**Hruska, Bryce, MA<sup>1</sup>; Irish, Leah, PhD<sup>2</sup>; Pacella, Maria, MA<sup>1</sup>; Delahanty, Douglas, PhD<sup>1</sup>**

<sup>1</sup>*Kent State University, Kent, Ohio, USA*

<sup>2</sup>*University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, USA*

PTSD comorbidities have been categorized as existing along an internalizing-externalizing dimension with some people with PTSD more likely to display alcohol and substance use disorders, and others more likely to display major depression. However, few studies have examined this in recent trauma victims or prospectively over time. The current study tested the internalizing-externalizing model of PTSD comorbidity using latent class analysis in a sample of recent motor vehicle accident victims (N=249). Six weeks post-trauma, participants were assessed for diagnoses of major depression, alcohol and substance use disorders, current PTSD symptoms (PTSS), and avoidance coping. Follow up PTSS assessments were conducted at 6-and 12-months post-trauma. Results supported a 3-class model including a low pathology class that was relatively asymptomatic (n=186), an externalizing class that was more likely to be male with elevated PTSS, alcohol and substance use disorders (n=38), and an internalizing class that was more likely to be female with elevated PTSS and major depression (n=25). In addition, PTSS patterns varied across time ( $F [4, 332]=8.43, p<0.001$ ), such that PTSS increased from

6-to 12- months in the internalizing class, but decreased for the remaining two classes. Results support the internalizing-externalizing model of PTSD comorbidity and support appropriately targeting intervention approaches.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 1**  
**Paper Session**

**The Roles of Positive Cognitive Bias in Post-Traumatic Growth**  
(Abstract # 1493)

**Paper Presentation (Practice, Diverse Pop) | - E Asia & Pac**

**Diamond Salon 01**

**Ho, Samuel, PhD, PsyD<sup>1</sup>; Chan, Michelle, PhD, PsyD<sup>2</sup>; Chan, Michelle W.C., PhD, PsyD<sup>3</sup>**

<sup>1</sup>*City University of Hong Kong, Hong Kong, Hong Kong*

<sup>2</sup>*Alice Ho Miu Ling Nethersole Hospital, Hospital Authority, Hong Kong, Hong Kong*

<sup>3</sup>*The Chinese University of Hong Kong, Hong Kong, Hong Kong*

Many existing models posit that negative cognitive bias in terms of both negative attentional bias and negative interpretation bias are related to anxiety symptoms. Few studies so far have investigated the relationship between cognitive biases and post-traumatic growth (PTG). In this presentation, findings from two studies among breast cancer patients on the above research question will be presented. The first study examined the relationship between interpretation bias and PTG (Ho, Chan, Yau, & Yeung, 2011). Ninety Chinese breast cancer women completed the Attributional Style Questionnaire and the Post-Traumatic Growth Inventory (PTGI). The results showed that women who attributed the causes of positive events to internal, global and stable factors tended to report more post-traumatic growth. Regression analysis showed that the tendency to globalize the causes of good events was the most important predictor of self-perceived PTG among the three dimensions of attributional style. In the second study (Chan, Ho, Tedeschi, & Leung, 2011), 170 breast cancer women completed the Attention to Positive and Negative Information Scale (APNIS); the cancer-related rumination scale, and the PTGI. It was found out that both positive attentional bias and positive cancer-related rumination were positively related to PTG. Furthermore, positive cancer-related rumination partially mediated the relationship between positive attentional bias and PTG. The feasibility and strategies to conduct cognitive bias modification to facilitate PTG will be discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 1**  
**Paper Session**

**PTSD, Past Combat Experiences, and Intimate Partner Violence in National Guard Soldiers Prior to Deployment**  
(Abstract # 1388)

**Paper Presentation (Social, Mil/Vets) M - Industrialized**

**Diamond Salon 01**

**Erbes, Christopher, PhD; Meis, Laura, PhD; Polusny, Melissa, PhD**  
*Minneapolis VA Healthcare System, Minneapolis, Minnesota, USA*

Research has accumulated demonstrating that symptoms of PTSD are robust and consistent predictors of intimate partner violence (IPV) perpetrated by combat exposed Veterans. Questions remain regarding the applicability of these findings to our newest generation of Veterans and the rates of IPV among those soldiers facing multiple deployments. We examined rates of IPV and associations between IPV, as measured by the short form of the Conflict Tactics Scale - 2, and PTSD, prior combat deployments, prior combat experiences, and alcohol abuse in a sample of 862 male National Guard soldiers and their spouse/partners. Preliminary analyses show that rates of IPV reported by either soldier or partner in the past year were 12.5% for any reported aggression and 4.6% for more severe aggression. Rates of IPV leading to injuries (as reported by soldier or partner) were 10.6% for any injury due to IPV and 3.5% for more severe injury. Rates of physical aggression and injury were not higher among soldiers with a prior combat deployment (n = 343). Among these soldiers, bivariate relationships were found between physical aggression and each of our predictors of interest: PTSD, alcohol abuse, and combat experiences. In logistic regression analyses, combat experiences and alcohol abuse emerged as independent predictors of physical aggression, while associations with PTSD were non-significant. None of the predictors were related to injury on a bivariate or multivariate level. Potential mediators and moderators will be examined and discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 7**  
**Paper Session**

**Treatment of PTSD in Children**

**Prevalence, Course and Profile of Post-Traumatic Stress in Children Following Pediatric Intensive Care Unit Admission**  
(Abstract # 1494)

**Paper Presentation (Assess Dx, Child/ Adol) M - Industrialized**

**Diamond Salon 07**

**Dow, Belinda, PhD Candidate; Kenardy, Justin, PhD; Le Brocque, Robyne, PhD**

*The University of Queensland, Herston, Australia*

Research to date has identified that admission to the Paediatric Intensive Care Unit (PICU) is a high-risk event for the development of post-traumatic stress (PTS; Dow, Kenardy, Long & Le Brocque, 2012). However, due to a paucity of longitudinal research, significant gaps remain in our understanding of the prevalence, course and presentation of PTS in children post-PICU. The current prospective longitudinal study investigated the prevalence, course and diagnostic profile of PTS in children post-PICU. Fifty-five children aged 6-16 years were assessed 3 weeks (acute) and 6 months (delayed) following PICU discharge. PTS was assessed using the Children's Revised Impact of Event Scale (CRIES-13; acute & delayed) and clinical diagnosis of PTSD was made using the Children's PTSD Inventory (delayed). Approximately 40% of children reported elevated PTS 3 weeks following PICU admission. Visual inspection of the course of PTS over time revealed four recovery patterns: resilient (46%), recovery (18%), chronic (24%) and delayed onset (13%). Six months post-PICU, 25% met full diagnostic criteria for PTSD. The profile of PTS symptoms and symptom clusters will be discussed and compared to that of other traumatized children. The utility of DSM-IV PTSD Criterion C3 in this sample will also be discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 7**  
**Paper Session**

**A Community-Based Study of the Effectiveness of Trauma-Focused Cognitive Behavioral with Trauma-Exposed School-Aged Children in Toronto, Canada**  
(Abstract # 1862)

**Paper Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 07**

**Konanur, Sheila, MA, PhD, Student; Muller, Robert, PhD, Cpsych**  
*York University, Toronto, Ontario, Canada*

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is widely supported in the treatment children and adolescents who have experienced a range of traumatic events, including maltreatment (Cohen, Mannarino, & Deblinger, 2006; Deblinger, Lippman, & Steer, 1996). The present study examined the generalizability of the effectiveness of TF-CBT with a multicultural population in Toronto, Canada. The Healthy Coping Project is an ongoing, multi-site, community-based study of school-aged children who experienced at least one traumatic event, and non-offending caregivers (Muller & Di Paolo, 2008). A total of 75 study participants referred for treatment at a child mental health centers were administered a battery of psychometrics pre-therapy, post-therapy, and six months following therapy. Therapy was provided by 35 clinicians of varying theoretical orientations, educational backgrounds, and levels of experience working with trauma-exposed children. Findings support the effectiveness of TF-CBT in reducing post-traumatic symptomatology in children at post-therapy and six-month follow-up. Predictors of therapeutic outcome including type of trauma, chronicity of trauma, and clinician variables will be presented. The use of the treatment model with diverse populations will be discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 7**  
**Paper Session**

**Trauma Focused CBT in Asia: A Pilot Study with High-Needs and Severely Traumatized Child Welfare Clientele**  
(Abstract # 1275)

**Tan, Li-Jen, MA, MSc; Goh, Amanda, BSc, Hons, Psychology; Liu, Denise, MA, MSc; Tan, Jolie, BSc, Hons, Psychology**

*Ministry of Community Development, Youth & Sports, Singapore, Singapore*

Systematic evaluations of evidence-based child trauma therapy in Asia are rare. In this pilot effectiveness study, 25 children and adolescents referred from child protection services in Singapore who experienced severe physical, sexual and/or emotional abuse were provided with Trauma Focused-Cognitive Behavior Therapy by psychologists. Pre-, post- and follow-up assessments were conducted using internationally validated scales such as the UCLA PTSD Index and the Strengths and Difficulties Questionnaire. The emotional and behavioral impact of abuse in this group of children with complex trauma issues will be discussed. Preliminary findings on the treatment outcomes of these high-needs, multiply traumatized children will be presented. Learning points on the cross-cultural applications of TF-CBT for Asian children, as well as the challenges of adapting traditional service delivery models to enable the provision of evidence-based trauma services to children in residential and foster care settings will also be explored.

### **Concurrent Session 3**

**Thursday, November 1, 2012**

**1:30 PM - 2:45 PM**

**Diamond Salon 7**

**Paper Session**

### **A Meta-Analysis of Trauma-Focused Cognitive-Behavioral Interventions for Child Adolescent Traumatic Stress**

(Abstract # 544)

**Allen, Brian, PsyD<sup>1</sup>; Henderson, Craig, PhD<sup>2</sup>; Johnson, Jennifer, MA<sup>2</sup>; Gharagozloo, Laadan, PhD Candidate<sup>2</sup>**

<sup>1</sup>*Primary Children's Medical Center, Salt Lake City, Utah, USA*

<sup>2</sup>*Sam Houston State University, Huntsville, Texas, USA*

One of the most researched treatment approaches for child and adolescent traumatic stress is cognitive-behavioral therapy that focuses specifically on exposure to and processing of the traumatic event. Although numerous treatment packages are available designed to target myriad traumatic experiences, each of the protocols include similar techniques. This meta-analysis combines results of 17 different treatment outcome studies, incorporating 21 different samples and 883 children and adolescents, to

determine the collective effectiveness of these interventions. Results revealed a large pre-post weighted mean effect size (ES) of 1.32 for the treatment of traumatic stress; however, the size of the effect fluctuated significantly depending on the method of outcome assessment. For instance, child self-report methods resulted in an ES of 1.11, while structured/semi-structured interview methods resulted in an ES of 1.82. Moderator analyses revealed that the size of the effect was not dependent on the gender or ethnic compositions of the samples or age of the participants. In addition, the size of the effect was not dependent on the number of treatment sessions, parental involvement, or the index trauma. Lastly, these interventions were also found to be effective for the treatment of anxiety (ES = .70) and depression (ES = .51). Greater explication of methods, including inter-rater reliability and intraclass correlation coefficients will be provided, and clinical implications and directions for future research will be discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 8**  
**Roundtable**

**Enhancing the Impact and Reach of PTSD Interventions Through Technology-based Innovation**

**Implementing Mobile Trauma Support Technologies in the Context of Combat Stress Control Operations**

(Abstract # 2154)

**Roundtable Presentation**

**Diamond Salon 08**

**Reger, Greg,**

*National Center for Telehealth and Technology, Tacoma, Washington, USA*

As a result of military operations in Iraq and Afghanistan, broad access to PTSD interventions remains an urgent need among previously deployed Service Members and Veterans. Barriers to access include practical challenges (ie - time away from work), adequate access to specialty care in remote regions of the country, and stigma. The capabilities afforded by smartphone platforms provide a unique opportunity to expand the reach of trauma support in a manner that may facilitate dissemination, engender engagement, and mitigate stigma. Several Department of Defense and Department of Veterans Affairs mobile applications have been developed to address these concerns, including a PTSD self-administered trauma support application (PTSD Coach), an anxiety management app (Breath2Relax), and an application to support evidence-based treatment protocols for PTSD (PE Coach). The relevance of such applications increases when they can be incorporated into the acute care settings

in which trauma-exposed individuals present. In the deployed setting, these contexts include contacts with the combat medic, unit aid stations, the chaplain, and the combat support hospital. A model for delivering these applications in the context of combat stress control operations will be discussed. Based on this model, future directions for innovative technologies to support deployed Service Members, will be reviewed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 8**  
**Roundtable**

**Innovations in Technology-Based Interventions: Meeting Mental Health Needs of Returning Veterans and Service Members**  
(Abstract # 2155)

**Roundtable Presentation (Tech, Mil/Vets) M - Industrialized**

**Diamond Salon 08**

**Greene, Carolyn, PhD**

*VA Center for Health Care Evaluation, Menlo Park, California, USA*

Innovations in Technology-based interventions: Meeting Mental Health Needs of Returning Veterans and Service Members. The high prevalence of Post-Traumatic Stress in troops returning from combat in Iraq or Afghanistan has been well documented. However, despite the unprecedented availability of evidence-based psychotherapy for PTSD, a relatively small percentage of this population has received such services. Barriers such as stigma, distrust of mental health professionals, geographic isolation, busy schedules, physical limitation due to injury, and inadequate problem recognition continue to limit access to treatment. Further, these barriers persist across the spectrum of care including psycho-education, assessment and identification of symptoms, self-help, clinician-provided interventions, and aftercare/recovery. The presentations in this symposium will identify the unique affordances of technology-based assessments and interventions, including web-based interventions, mobile applications, and in-home clinical video-teleconferencing, to mitigate those barriers across the spectrum. Each presentation will highlight a specific initiative or innovative product developed by the Department of Veteran Affairs and/or the Department of Defense and demonstrate how it meets the mental health needs of returning service members and Veterans.



**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 8**  
**Roundtable**

**PTSD Coach: A Mobile Application to Extend Standard Care for Veterans and Service Members**

(Abstract # 2156)

**Roundtable Presentation (Tech, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Hoffman, Julia, PsyD<sup>1</sup>; Kuhn, Eric, PhD<sup>2</sup>; Wald, Laura, PhD<sup>1</sup>; Green, Carolyn, PhD<sup>3</sup>; Weingardt, Kenneth, PhD<sup>3</sup>; Ruzek, Joseph, PhD<sup>1</sup>**

<sup>1</sup>*National Center for PTSD, Menlo Park, California, USA*

<sup>2</sup>*VA Sierra Pacific MIRECC, Menlo Park, California, USA*

<sup>3</sup>*Department of Veterans Affairs, Menlo Park, California, USA*

PTSD Coach is a mobile phone application that was developed by VA's National Center for PTSD and DoD's National Center for Telehealth and Technology. It has been downloaded over 50,000 times in 60 countries since being released in April of 2011. PTSD Coach provides education about PTSD and available treatments, a validated self-assessment with personalized feedback and tracking capacity, opportunities to get support from personal contacts and national hotlines, and various self-management tools for reducing PTSD-associated stress. It can be used as a self-help tool or as an adjunct to clinical care. This presentation focuses on how PTSD Coach can extend the reach of effective VA treatments and clinicians. For example, rurality and other logistical challenges can make treatment utilization difficult for many Veterans and PTSD Coach can be used to expand assessment and intervention to times and locations that are convenient for the patient. Veterans may also fail to engage in care due to stigma or lack of problem-recognition, which can be addressed by PTSD Coach's psychoeducation with normalizing themes and a validated self-assessment tool (PCL). Following treatment, patients may still struggle with various day-to-day challenges and mobile apps like PTSD Coach can provide ongoing support.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 8**  
**Roundtable**

**Evaluating the Effectiveness of the Afterdeployment.org: Adjusting to War Memories Online  
PTS Workshop for Military Service Members and Veterans**  
(Abstract # 2157)

**Roundtable Presentation (Tech, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Bush, Nigel, ACSW<sup>1</sup>; Prins, Annabel, PhD<sup>2</sup>; Laraway, Sean, PhD<sup>3</sup>; Ruzek, Josef, PhD<sup>4</sup>; Ciulla, Robert, PhD<sup>1</sup>**

<sup>1</sup>*National Center for Telehealth and Technology (T2), Tacoma, Washington, USA*

<sup>2</sup>*National Center for PTSD, San Jose, California, USA*

<sup>3</sup>*San Jose State University, San Jose, California, USA*

<sup>4</sup>*National Center for PTSD, Menlo Park, California, USA*

Many military Service Members (SMs) returning from deployment face significant psychological, physical and social issues. Some SMs however, are reluctant to seek in-person mental health services because of stigma. Others, including National Guard and Reserves returning to their homes, may not have easy access to resources. The anonymity of online workshops and facility for remote use have clear advantages for these SMs. The Department of Defense has developed the afterdeployment.org (AD) online multimedia resource to help address those issues. AD currently provides web-based self-management workshops for 18 deployment-related topics. Using a multiple baseline, single case design, we pilot-tested the effectiveness of "Adjusting to War Memories" (AWM), the AD post-traumatic stress (PTS) workshop. Over the course of 8 weekly online workshop sessions, 10 of 11 case-study Veterans of Iraq and/or Afghanistan demonstrated decreased PTS by standardized self-assessments (PCL), 4 of those significantly ( $p < .05$ , mean standardized change =  $-2.45$  SDs). Self-assessed depression, functional impairment, and educational impairment also decreased from baseline through the intervention in a majority of participants. Participants additionally reported that the AWM online self-management workshop was satisfying, convenient, effective, and easy to use, and would recommend AWM to a fellow SM with PTS. Detailed results suggest that, for some individuals with PTS, AD, and AWM in particular, has potential in the self-management of post-deployment issues or as an accessory to direct care.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 8**  
**Roundtable**

**Home-Based Clinical Videoteleconferencing for PTSD: A Patient Centered Model**  
(Abstract # 2158)

**Roundtable Presentation (Tech, Mil/Vets) M - Industrialized**

**Diamond Salon 08**

**Morland, Leslie, PsyD<sup>1</sup>; Thorp, Steven, PhD<sup>2</sup>; Acierno, Ronald, PhD<sup>3</sup>**

<sup>1</sup>*National Center for PTSD Pacific Island Division, Honolulu, Hawaii, USA*

<sup>2</sup>*VA San Diego Healthcare System, San Diego, California, USA*

<sup>3</sup>*Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA*

Research has identified several evidence based psychotherapies (EBP) for PTSD. As a result, the Department of Veterans Affairs has mandated that all veterans with PTSD be offered EBP for PTSD, regardless of geographic location. However, many veterans who need mental health services do not access these services and many veterans who initiate services drop out prematurely (Hoge, 2011). In an attempt to increase access to PTSD services, VA clinicians across the nation have begun to harness the benefits of clinical video teleconferencing (CVT) technology as a modality to deliver specialized EBP to rural or remote populations. Psychotherapy provided via CVT may enhance utilization of treatment for veterans who face access barriers such as geographic distance, transportation, medical limitations or work responsibilities. Home-based psychotherapy over a CVT modality may additionally enhance treatment acceptance and adherence, reduce stigma, increase trust, and reduce early termination (Hicken & Plowhead, 2010). Although Home-based CVT treatment delivery poses some unique challenges, there is preliminary evidence that it can be used safely and effectively to improve symptoms (Hicken & Plowhead, 2010; Luxton, Sirotnin, & Mishkind, 2010). The unique advantages and challenges of providing PTSD psychotherapy over a CVT modality will be discussed.

**Concurrent Session 3**  
**Thursday, November 1, 2012**  
**1:30 PM - 2:45 PM**  
**Diamond Salon 8**  
**Roundtable**

**Virtual Reality Goes to War: Recent Advances in Military Behavioral Healthcare**

(Abstract # 403)

**Symposia Presentation (Tech, Mil/Vets) M - Industrialized**

**Diamond Salon 08**

**Rizzo, Albert, PhD**<sup>1,2</sup>

<sup>1</sup>*USC Institute for Creative Technologies, Playa Vista, California, USA*

<sup>2</sup>*University of Southern California, Playa Vista, California, USA*

Numerous reports indicate that the incidence of post-traumatic stress disorder (PTSD) in returning OEF/OIF Service Members and Veterans is creating a significant healthcare challenge. This situation has served to motivate research on how to better develop and disseminate evidence-based treatments for PTSD and other psychosocial conditions. At the same time a virtual revolution has taken place in the use of Virtual Reality (VR) simulation technology for clinical purposes. This presentation will detail how virtual reality applications that leverage behavioral principles are being designed and implemented across various points in the military deployment cycle to prevent, identify and treat combat-related PTSD. This will include a diverse overview of projects developed to deliver exposure therapy, assess PTSD and cognitive function, and provide stress resilience training prior to deployment. We will also present our recent work with artificially intelligent virtual humans that serve in the role as “Virtual Patients” for clinical training of healthcare providers in both military and civilian settings and as online healthcare guides for breaking down barriers to care. These are all areas of relevance to a generation of psychologists who will likely be called upon to address the needs of OIF/OEF wounded warriors for many years to come.

Participant Distress Explanation: AudioVisual videoclips of Virtual Reality simulations of combat environments.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**The Aftermath of the March 11, 2011 Great East Japan Earthquake and Fukushima Daiichi Nuclear Power Plant Accident: Psychosocial Consequences of Fukushima Residents and Disaster Workers**

(Abstract #731)

**Chairperson**    **Shigemura, Jun, MD, PhD**

*National Defense Medical College, Tokorozawa, Japan*

March 11, 2011 Great East Japan Earthquake affected the 500-km coastal region of eastern Japan, and death/missing toll counts to more than 19,000. Fukushima Daiichi Nuclear Power Plant accident brought complexity and uncertainty to this already tragic disaster. While the recovery is still evolving, mandatory evacuation measure is in effect within the 20-km region, and the displaced people are uncertain of if they will ever be able to go back to their hometown. In the surrounding areas, radiation concerns are prominent, young ones are moving out, and there have been reports of discrimination to the affected people. A large number of nuclear plant workers are also local victims, and they not only experience the clean-up responsibility but also strong guilt for the outcome of their workplace. This symposium will have talks from three Japanese professionals from three perspectives: psychosocial complexity (Maeda), public health efforts (Suzuki), and nuclear plant worker support (Shigemura).

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Psychological Distress of the Residents in Fukushima: Fear, Sadness, Anger and Guilt**  
(Abstract # 734)

**Symposia Presentation (Social, Disaster) M - E Asia & Pac**

**Diamond Salon 02**

**Maeda, Masaharu, MD, PhD**

*Kurume University, School of Medicine, Kurume, Japan*

The Fukushima Daiichi nuclear disaster following the Great East Japan Earthquake greatly changed the lives of the people living in Fukushima prefecture. Especially, the area near the Fukushima Daiichi Nuclear Power Plant was terribly affected with radioactive contamination and more than 200,000 people evacuated voluntarily or involuntarily. Most of them still cannot make any plans for their future, suffering from isolation and prejudice. Also, the people who decided to remain in or return to their hometown have complicated feelings as well. Many residents don't have stable jobs because the many industries (e.g. agriculture and fishery) and important facilities (e.g. schools and hospitals) are still closed. In addition, positive efforts of decontamination do not sufficiently improve safety for radioactive contamination. Especially, there are great conflicts among many mothers having young children and, actually, they often leave their children in the relatives living far from Fukushima. In general, the residents living in Fukushima have complex feelings: fear for radioactive contamination, sadness for loss of "ordinariness", great anger for Tokyo Electric Power Company and the government, and guilty for staying in their hometown. In the symposium, we will demonstrate the current situation of Minamisoma city in Fukushima Prefecture and the psychological problems of the residents will be discussed.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Public Mental Health Response to Fukushima Daiichi Power Plant Accident**  
(Abstract # 733)

Symposia Presentation (Commun, Disaster) M - E Asia & Pac

Diamond Salon 02

**Suzuki, Yuriko, MD, PhD<sup>1</sup>; Yuki, Michiko, RN, MA<sup>2</sup>; Nakayama, Yoko, RN, MA<sup>2</sup>; Hata, Akinobu, MD, PhD<sup>3</sup>; Yabe, Hirooki, MD, PhD<sup>2</sup>; Mashiko, Hirofumi, MD, PhD<sup>2</sup>; Niwa, Shinichi, MD, PhD<sup>2</sup>; Yasumura, Seiji, MD, PhD<sup>2</sup>**

<sup>1</sup>*National Center of Neurology and Psychiatry, Tokyo, Japan*

<sup>2</sup>*Fukushima Medical University, Fukushima, Japan*

<sup>3</sup>*Fukushima Mental Health and Welfare Center, Fukushima, Japan*

People in Fukushima experienced multiple adversities after the Great East Japan Earthquake, massive earthquake, tsunami, and the nuclear power plant accident, which forced about 210,000 residents to evacuate from their land. In a review of the consequences 20 years after the Chernobyl accidents, the WHO concluded that mental health was the most serious public health problem, and similar consequences are anticipated in Fukushima. Those who were fearful about the effect left Fukushima and exercise precaution, at the cost of family separation, and other life style change. Those who stay in Fukushima try to cope with the situation, but with resentment inside.

To monitor the health status of affected population, Fukushima Medical University was commissioned to conduct a health maintenance survey for 30 years. Age-appropriate mental health assessments were incorporated and the team identify those at high risk on the self-administering mental health survey, and subsequently made a telephone follow-up for such person to liaise with local resources. Based on the interactions with the respondents, people have various problems, traumatic reactions and other psychological problems, stigmatization, object of being bullied, desperation that they lost everything, and anger, etc. More detailed results of the survey will be presented at the symposium.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

## **Complexity of Traumatic Stress Among Workers at the Fukushima Daiichi Nuclear Power Plant**

(Abstract # 732)

**Symposia Presentation (Clin Res, Disaster) M - E Asia & Pac**

**Diamond Salon 02**

**Shigemura, Jun, MD<sup>1</sup>; Tanigawa, Takeshi, MD<sup>2</sup>; Sano, Shinya, MD<sup>1</sup>; Sato, Yutaka, MA<sup>1</sup>; Yoshino, Aihide, MD<sup>1</sup>; Fujii, Chiyo, MD<sup>3</sup>; Tatsuzawa, Yasutaka, MD<sup>1</sup>; Kuwahara, Tatsuro, MD<sup>1</sup>; Tachibana, Shoichi, MD<sup>1</sup>; Nomura, Soichiro, MD<sup>1</sup>**

<sup>1</sup>*National Defense Medical College, Tokorozawa, Japan*

<sup>2</sup>*Ehime University, Toon, Japan*

<sup>3</sup>*Saitama Prefectural University, Koshigaya, Japan*

On March 11, 2011, the Great East Japan Earthquake triggered the Fukushima Daiichi Nuclear Power Plant accident, the worst nuclear disaster since the 1986 Chernobyl accident. The plant workers have been exposed to a wide realm of traumatic stress, including workplace trauma (evacuations from tsunamis, plant explosions, and irradiation fear), trauma as local victims (home evacuation, property loss, loss of loved ones), and experience of discriminations and slurs, owing to public criticism to the company's disaster responses. This experience is associated with their guilt as "perpetrators", and this perception has been a crucial topic upon providing mental health care.

Future clean-up efforts are expected to take decades, and the workers face uncertainties of their working environment along with radiation-related health concerns. Given our experience as an exclusive on-site mental health care team, we will describe the complexity of their traumatic stress as well as need for long-term support systems.

### **Concurrent Session 4**

**Thursday, November 1, 2012**

**Diamond Salon 3**

**3:00 PM - 4:15 PM**

**Symposium**

**Do/Can Commemorating and Documenting Massive Trauma Contribute to Healing? An International, Multimodal, Multidisciplinary, Examination**

(Abstract #1650)

**Chairperson Danieli, Yael, PhD**

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

**Discussant     Gerrity, Ellen, PhD**

*UCLA-Duke University National Center for Child Trauma, Durham, North Carolina, USA*

This symposium will present international, multicultural, multimodal (building memorials and museums; making films) attempts at representing and commemorating massive trauma (Holocaust, genocide, torture) from multidisciplinary perspectives, including history, theology, archeology, art, film making, writing, psychology and traumatology. That all presenters have themselves been noted developers and creators rather than mere observers, will allow them to include analysis of their own dilemmas and agonies in making key choices in the process of realizing their visions. All presenters will examine the complexity (what, where, how, who, with whom) of giving meaning to meaninglessness -- the healing potential of documentation and commemoration massive trauma both individually and collectively.

## **Concurrent Session 4**

**Thursday, November 1, 2012**

**Diamond Salon 3**

**3:00 PM - 4:15 PM**

**Symposium**

### **Belzec and Treblinka: Mass Death Memorialization**

(Abstract # 1659)

**Symposia Presentation (Commun, Surv/Hist) M - Global**

**Diamond Salon 03**

**Berenbaum, Michael, PhD**

*American Jewish University, Los Angeles, California, USA*

Belzec and Treblinka were two of the three Aktion Reinhard camps - Sobibor was the third. During the 10<sup>th</sup> months of Belzec's existence from February to December 1942 some 500,000 Jews were killed. There were two - only two known survivors, In the fourteen months of Treblinka's operations between 750,000 and 900,000 Jews were killed with but some 100 survivors of the Uprising of August 1942. Both camps were the site of powerful memorials erected by the Polish authorities. At Belzec the strategy was to confront the crime and at Treblinka **to encounter the victim** . Both are poignant efforts to memorialize and to heal but two very different concepts of what was required to achieve both tasks were employed. This presentation will examine the nature of the mass murder at both of these camps, the evidence of archeology, the strategy and effectiveness of memorialization and the testimony of the witnesses.

Participant Distress Explanation: The subject matter of the Holocaust can be difficult and should be difficult.



**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 3**  
**3:00 PM - 4:15 PM**  
**Symposium**

**What Do We Do with the Bones? Private Pain and Public Healing in Rwanda**  
(Abstract # 1662)

**Symposia Presentation (Commun, Surv/Hist) M - Global**

**Diamond Salon 03**

**Smith, Stephen David, PhD<sup>1</sup>; Harris, Mark, BA<sup>2</sup>; Berenbaum, Michael, PhD<sup>3</sup>**

<sup>1</sup>*USC Shoah Foundation Institute, Los Angeles, California, USA*

<sup>2</sup>*USC School of Cinematic Arts, Los Angeles, California, USA*

<sup>3</sup>*American Jewish University, Brandeis, California, USA*

The case of human remains on sites of the genocide in Rwanda are at the heart of the post-genocide recovery. If they are interred the evidence of the past may be obfuscated. If they are left on display the wound may be forever open and the dead may be dishonored. So why were they left so long in tin sheds on display? In this presentation I will talk about how I navigated the issue of human remains, which symbolized the trauma of the survivors on many levels. I will describe how I ultimately drew agonizing conclusions about what to do with the bones of the victims and the bones of memory - which they had come to represent - during the building of the Kigali Genocide Memorial. The presentation will explore the link between personal pain and public commemoration and the practical implications of both in memorial spaces.

Participant Distress Explanation: Genocide memorials' imagery might be distressing to some attendees

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 3**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Representing the Unrepresentable: Film, Memory, and the Traumatic Past**  
(Abstract # 1663)

**Symposia Presentation (Commun, Surv/Hist) M - Global**

**Diamond Salon 03**

**Harris, Mark, BA**

*University of Southern California, Los Angeles, California, USA*

For over 60 years filmmakers from Alain Resnais to Steven Spielberg to Claude Lanzmann have been trying to make sense of the Holocaust and arguing about how to best represent it cinematically. Films about the Holocaust constantly run the risk of sentimental optimism or trivialization, what I call the Hollywoodization of the Holocaust-- the attempt to give it a happy ending. But doesn't any good outcome, any act of dignity or defiance, falsify or sentimentalize the general condition where everyone lived in the realistic expectation of death and where nearly everyone died? As a filmmaker who has struggled to depict the Holocaust as well genocide and torture, I want to explore both the possibilities for healing and the risks of distortion and simplification in documentaries and fiction films about these subjects. What impact do films on these subjects have on their viewers? What impact do they have on their subjects? How do they affect the filmmaker who tells their stories? How can films about such traumatic events promote both private and/or public healing?

Participant Distress Explanation: Film images documenting massive trauma might be distressing to attendees

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Emerging Evidence of Relationships Between Post-Traumatic Dissociation and Somatic Problems**

(Abstract #302)

**Chairperson Ford, Julian, PhD**

*University of Connecticut, Farmington, Connecticut, USA*

Dissociative and somatic problems are consistent sequelae of childhood interpersonal trauma (D'Andrea et al., 2012). Some studies find dissociative and somatic problems related (Dimoulas et al., 2007; Diseth et al., 2006; Saxe et al., 1994) and others not (Eklit & Christiansen, 2009; Scoboria et al., 2008), but these relationships remain under-studied. Sugar describes findings with a child psychiatric sample indicating that trait, but not peritraumatic, dissociation partially mediates the relationship between interpersonal trauma and somatic problems, consistent with previous results with adults (Hagenaars et al., 2007; Romans et al., 2002). McFarlane extends findings of his (2009) two decade follow-up of traumatized children to describe prospective relationships of dissociation and somatic problems. Van Dijke extends

findings of her (2010a, b) studies with adults diagnosed with somatoform, borderline, or other psychiatric disorders to delineate associations between childhood trauma by caregivers, somatoform and psychoform dissociation, and somatoform disorder severity and somatic complaints. Seng extends findings of her (2009; 2012) studies with pregnant women to describe associations between interpersonal trauma in childhood and adulthood and the severity of dissociative and somatic problems. Research and clinical hypotheses suggested by these findings are discussed by Ford.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Trauma, Dissociation and Somatization in Psychiatrically Impaired Youth**  
(Abstract # 303)

**Symposia Presentation (Assess Dx, Child/ Adol) M - Industrialized**

**Diamond Salon 06**

**Sugar, Jeff, MD<sup>1</sup>; Grasso, Damion, PhD<sup>2</sup>; Ford, Julian, PhD<sup>2</sup>**

<sup>1</sup>*University of Southern California Keck School of Medicine, Los Angeles, California, USA*

<sup>2</sup>*University of Connecticut Health Center, Farmington, Connecticut, USA*

Somatization and dissociation represent frequent consequences of chronic interpersonal trauma. Somatization may be related to dissociation, possibly involving a subtype of “somatoform” dissociation. Data from 90 psychiatrically impaired youth were used to investigate the link between trauma, dissociation and somatization, using the Children’s Somatization Inventory (CSI), a validated self-report instrument, to measure the frequency of somatic symptoms, the overt dissociation subscale from the Trauma Symptom Checklist for Children (TSC-C) to measure dissociation, and the Traumatic Experiences Screening Inventory to ascertain the number of types of trauma experienced. A path analysis with CSI total somatization symptoms as dependent variable, total number of victimizations as independent variable, and TSC-C overt dissociation as proposed mediating variable, using maximum likelihood estimation and bootstrapped (5000 draws) standard errors, revealed a partial mediation: there was a direct positive effect from number of victimizations to somatization ( $B = 1.10$ ,  $SE = 0.50$ ,  $p < .029$ ), a direct effect from overt dissociation to somatization ( $B = 0.71$ ,  $SE = 0.10$ ,  $p < .001$ ), and an indirect effect from trauma status to overt dissociation to somatization ( $B = 1.70$ ,  $SE = 0.69$ ,  $p < .014$ ). Further study of possible links between dissociation and somatization in traumatized children is warranted.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Differentiating Somatic Problems from A Categorical, Descriptive and Structural-Dynamic Perspective and Their Relations with Childhood Trauma and Dissociation**  
(Abstract # 304)

**Symposia Presentation (Clin Res, Adult/Cmplx) M - C & E Europe & Indep**

**Diamond Salon 06**

**van Dijke, Annemiek, PhD**

*Delta Psychiatric Hospital, Poortugaal, Netherlands*

In N=471 psychiatric inpatients, diagnoses of BPD, somatoform disorder (SoD), or other psychiatric disorders were confirmed, and history of trauma-in-childhood-by-a-primary-caregiver (TPC), psychoform and somatoform dissociative symptoms (DS), somatic complaints, and somatizing as a personality feature were assessed. Correlational and path analyses revealed no significant associations between psychoform or somatoform DS with somatoform disorder severity. However, both psychoform and somatoform DS mediated the relation between TPC and somatic complaints. Both somatoform and psychoform DS negatively correlated with somatizing as a personality feature. In SoD nearly 30% reported early narcissistic personality organization (PO) and somatizing was negatively associated with fear of abandonment. Results suggest that somatizing takes several forms that are related to TPC via dissociation primarily on the level of somatic complaints. Somatizing also may manifest in the form of interpersonal symptoms that may reflect an attempt to alleviate distress related to self-pathology or fear of abandonment, although this is not associated specifically with TPC or dissociation. By differentiating in adulthood the nature and dynamics of somatizing, patients reporting TPC, dissociation, and somatic complaints can be better understood and symptoms can be more specifically addressed in trauma-focused treatments.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Symposium**

## **The Dam Is Still Holding: Dissociation and Somatization with and without PTSD in A Perinatal Community Sample**

(Abstract # 305)

**Symposia Presentation (Assess Dx, Adult/Cmplx) I - Industrialized**

**Diamond Salon 06**

**D'Andrea, Wendy, PhD<sup>1</sup>; Ford, Julian, PhD<sup>2</sup>; Seng, Julia, PhD, RN<sup>3,3</sup>**

<sup>1</sup>*The New School, New York, New York, USA*

<sup>2</sup>*University of Connecticut, Farmington, Connecticut, USA*

<sup>3</sup>*University of Michigan, Ann Arbor, Michigan, USA*

While dissociation is an oft-noted correlate of trauma, its functionality invokes speculation. It may be a mechanism for keeping painful material out of awareness. Similarly, some propose that somatization manifests in lieu of psychiatric distress. We examined the overlap between dissociation, somatization and PTSD in women whose physical state is at the fore of their experience, namely, pregnant women. This community perinatal sample of 1,581 women was interviewed for trauma history, physical and psychiatric symptoms. We found that women with PTSD and dissociation (PTSD+/Diss+) experience elevated somatization, whereas women with low PTSD, but high dissociation (PTSD-/Diss+), experience decreased somatization symptoms. Furthermore, the PTSD-/Diss+ women do not report childhood trauma, while women in the PTSD+/Diss+ group do report childhood trauma. Somatization was not accounted for by adulthood trauma exposure, depression, or SES; PTSD, dissociation and childhood trauma exposure account for 28% of the variance in somatization. These data suggest that dissociation may, but does not always, keep physical and emotional distress "at bay." Given that this is a perinatal sample, and that maternal dissociation predicts adverse developmental consequences in offspring, we will discuss these findings in the context of women who may have high clinical need and risk, but low distress.

**Concurrent Session 4**  
**Thursday, November 1, 2012**

**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Symposium**

**A 20 Year Longitudinal Follow-Up Study: The Relationship Between Somatic Distress and Trauma Exposure**

(Abstract # 332)

**Symposia Presentation (Assess Dx, N/A) M - Industrialized**

**Diamond Salon 06**

**McFarlane, Alexander, MD; Van Hooff, Miranda, PhD**

*University of Adelaide, Adelaide, Australia*

The cause of medically unexplained symptoms and their relationship to psychological symptoms is an ongoing conundrum (McFarlane et al, 2008). This paper will explore the extent to which traumatic stress plays an important role in the presence of such somatic symptoms (Zatzick et al, 2003). This study will explore the intervening role of traumatic dissociation symptoms as measured by the TDQ (Murray et al, 2002) and somatic and physical distress in a population of 1,011 children followed up over a 20 year period as part of a longitudinal study ("The Impact of Exposure to a Natural Disaster in Childhood". McFarlane and Van Hooff, 2008). Psychiatric disorder was assessed using the CIDI (WHO 1997) and childhood trauma was measured using the ACE (Felitti et al, 1998) and the trauma questions of the CIDI. Analysis using logistic regression demonstrated that non-specific somatic symptoms and psychiatric disorder are confounded constructs. There was no unitary model explained by dissociation about the relationship between these phenomenon.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Trauma and Stress Among LGBT Populations: Results from Research with Civilians and Veterans**

(Abstract #362)

**Chairperson**    **Johnson, Laura, PsyD**

*Edith Nourse Rogers Memorial Veterans Hospital, Bedford, Massachusetts, USA*

**Discussant**    **Triffleman, Elisa, MD**

*Independent Practice, Port Washington, New York, USA*

This symposium presents research addressing the needs and environments of lesbian, gay, bisexual and transgender (LGBT) trauma survivors. Both civilian and veteran experiences are highlighted. The experience of LGBT survivors is considered from multiple angles: a national sample LGB veterans, a national survey of VA psychologists' perceptions of LGBT veterans, and a mixed design study of gay men. Findings from a national survey of 379 LGB veterans will be presented. While in the service, participants experienced high rates of victimization, including incidents based on sexual orientation. Victimization while in the military was associated with current mental health. Findings from a survey of VA psychologists serving LGBT veterans will identify attitudes towards LGBT individuals within the VA system as well as clinical experience with LGBT individuals. These findings will be juxtaposed with current literature on culturally competent practice to determine areas of need within the VA system. Mixed design research will be presented that focuses on contributing and mediating factors to the coming out experience in gay men. Factors such as internalized homophobia and rejection by one's

primary support group are expected to negatively impact one's psychological functioning during the coming out process and may contribute to an experience equivalent to trauma.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Trauma and Stress Among LGBT Populations: Results from Research with Civilians and Veterans**  
(Abstract # 363)

**Symposia Presentation (Social, Diverse Pop) I - Industrialized**

**Diamond Salon 08**

**Balsam, Kimberly, PhD<sup>1</sup>; Molina, Yamile, PhD<sup>2</sup>; Cochran, Bryan, PhD<sup>3</sup>; Simpson, Tracy, PhD<sup>4</sup>**

<sup>1</sup>*Palo Alto University, Palo Alto, California, USA*

<sup>2</sup>*Fred Hutchison Cancer Research Center, Seattle, Washington, USA*

<sup>3</sup>*University of Montana, Missoula, Montana, USA*

<sup>4</sup>*VA Puget Sound Healthcare System, Seattle, Washington, USA*

Although anecdotal and clinical experience suggest that many veterans identify as lesbian, gay, or bisexual (LGB) and have unique experiences in the military based on their sexual orientation, little research addresses this unique population. Historically, policies that restricted LGB people from serving openly in the military rendered this group invisible and vulnerable to negative military experiences. The current paper presents findings from a national survey of 379 LGB veterans of the U.S. armed forces conducted in 2004-5. Participants, on average, were aware of but had not disclosed their LGB identities to anyone else before entering military service. While in the service, participants experienced high rates of discrimination and victimization, including many incidents (e.g., unwanted sex experiences, property crime) that were based on their sexual orientation. Overall, 47.4% of participants reported at least one type of victimization experience that they attributed to their sexual orientation. Differences between male and female participants were found on many variables; for example, men were more likely to attribute victimization experiences to their sexual orientation. For all participants, victimization while in the military was significantly associated with current mental health, including depression and PTSD symptoms. Implications for clinical practice with both current and former LGB service members, as well as directions for future research, will be discussed.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Symposium**

**A Survey of VA Providers: Working with LGBT Veterans**  
(Abstract # 364)

**Symposia Presentation (Cul Div, Diverse Pop) M - Industrialized**

**Diamond Salon 08**

**Johnson, Laura, PsyD; Federman, Edward, PhD**

*Edith Nourse Rogers Memorial Veterans Hospital, Bedford, Massachusetts, USA*

Objective: To assess the climate that lesbian, gay, bisexual, and transgender (LGBT) veterans, members of two populations with high rates of trauma experiences (LGBT population and veterans), face when they engage in healthcare services through the Veterans' Health Administration (VHA). Design: Psychologists working in VHA were reached through an online survey that consisted of quantitative information about their practices at VHA as well as an open-ended question that asked psychologists to offer their thoughts about the needs of LGBT veterans in VHA and current VHA resources. The psychologists' answers (N = 384) were analyzed to determine what lessons can be learned from their experiences with LGBT veterans in the VHA system. Results and conclusions: Four major themes emerged from the qualitative data: Concern about the current culture of the medical facilities (veterans, staff, environment), concern for the safeguarding of privacy and dignity of clients through the electronic medical record, need for training, and need for resources. Additionally, information about training and attitudes can be statistically determined, and are shown to vary by region of the country. Both the qualitative themes and the variance in the levels of training and types of attitudes towards LGBT veterans suggest potential changes at VA to make it a more welcoming place for LGBT-veterans.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Symposium**

**The Coming out Experience and Trauma**  
(Abstract # 365)

**Symposia Presentation (Cul Div, Diverse Pop) M - Industrialized**

**Diamond Salon 08**



**Schwenker, Jason, MA**

*Spalding University, Louisville, Kentucky, USA*

This study looks at data collected from 25 college-age gay men and will discuss influential factors associated with the coming out experience as well as the relationship between negative coming out experiences and trauma. Coming out can be both stressful and difficult for lesbian, gay, bisexual, and transgender individuals. Several factors, such as social supports and internalized homophobia, can influence the overall stress of this experience. Additionally, coming out experiences that are perceived as more negative than positive are likely to adversely affect mental health and social functioning. This study utilized three measures to assess the aforementioned factors and their influence: the Rorschach inkblot method, the Brief Symptom Inventory, and the Coming Out Questionnaire. The Rorschach is particularly suited to assess a variety of personality structures germane to this experience and current research identifies indicators within the Comprehensive System that are related to trauma exposure and post-traumatic stress. The study hypothesized that several indicators on the Rorschach would be sensitive to the coming out experience, internalized homophobia, and social supports. Post hoc analyses assessed the relationship between Rorschach indicators of trauma and self-reported negative coming out experiences.

**Concurrent Session 4**

**Thursday, November 1, 2012**

**Gold Salon 1**

**3:00 PM - 4:15 PM**

**Symposium**

**Neural Mechanisms of Fear in PTSD: Moving from Basic Science to Clinical Research**

(Abstract #762)

**Chairperson**    **Neria, Yuval, PhD**

*Columbia University, New York, New York, USA*

**Discussant**    **Pitman, Roger, MD**

*Harvard University, Boston, Massachusetts, USA*

PTSD is defined by a fearful response to traumatic events that endures and represents a process of deficient recovery. Recent efforts to apply translation of basic science paradigms to individuals with PTSD using functional neuroimaging have significantly advanced the understanding of the cognitive and emotional deficiencies and their underlying neural circuitries. We will present emerging data from four ongoing studies using functional magnetic resonance imaging (fMRI) in PTSD: 1) a study assessing the neural correlates of negatively biased interpretations of ambiguous social signals (Dr. Lina Shin); 2) a

project employing a fear extinction paradigm aiming to identify neural regions involved in deficient extinction recall (Dr. Mohammed Milad); 3) an investigation of the neural processes subserving the overgeneralization of conditioned fear to stimuli resembling learned danger-cues (Dr. Shmuel Lissek); and 4) a study of fear extinction in PTSD patients undergoing Prolonged Exposure treatment, aiming to identify neural circuits underlying response to extinction based treatment (Dr. Yuval Neria). Together these studies may contribute to increasing efforts to clarify biomarkers for the psychopathology and treatment outcomes of PTSD, and provide novel information regarding neural mechanisms of emotional and cognitive deficiencies in PTSD.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Gold Salon 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Behavioral and Brain Responses to Ambiguous Facial Expressions in Post-Traumatic Stress Disorder**  
(Abstract # 763)

**Symposia Presentation (Bio Med, Mil/Vets) M - Industrialized**

**Gold Salon 01**

**Shin, Lisa, PhD<sup>1,1</sup>; VanElzakker, Michael, PhD Candidate<sup>2</sup>; Staples, Lindsay, BA<sup>3</sup>; Dubois, Stacey, MA<sup>3</sup>; Panic, Philip, BA<sup>3</sup>; Offringa, Reid, PhD Candidate<sup>2</sup>; Hakim, Belal, Undergraduate<sup>2</sup>; Carter, Nicole, Undergraduate<sup>2</sup>; Cruz, Fernando, Undergraduate<sup>2</sup>; Lasko, Natasha, PhD<sup>3</sup>; Orr, Scott, PhD<sup>3</sup>; Pitman, Roger, MD<sup>3</sup>**

<sup>1</sup>*Tufts University and The Massachusetts General Hospital/Harvard Medical School, Medford, Massachusetts, USA*

<sup>2</sup>*Tufts University, Medford, Massachusetts, USA*

<sup>3</sup>*Massachusetts General Hospital, Charlestown, Massachusetts, USA*

Previous research has shown that post-traumatic stress disorder (PTSD) is associated with exaggerated amygdala activation to clear indicators of potential threat in the environment (i.e., fearful facial expressions) (e.g., Rauch et al, 2000; Shin et al., 2005; Williams et al., 2005). However, many individuals with PTSD are hypervigilant when threat is not clearly present. In the current research, we sought to study amygdala responses to ambiguous social signals (i.e., surprised facial expressions, which can be interpreted positively or negatively [Kim et al., 2003]) in PTSD. Using functional magnetic resonance imaging (fMRI) and a well-validated set of surprised facial expressions (Ekman & Friesen, 1976), we studied Vietnam combat veterans with PTSD (n=11) and without PTSD (n=7). The two groups did not significantly differ in their categorization or valence ratings of the surprised faces, but the PTSD group demonstrated greater amygdala activation to the surprised expressions than the non-PTSD group. Thus,

although there appeared to be no interpretation bias on the behavioral level, greater amygdala activation in the PTSD group could reflect greater evaluation of the ambiguous social stimuli.

Participant Distress Explanation: The slides may contain examples of standard photos used in research that may depict violence (e.g., a person with a gun pointing at them). No blood or overt injury will be shown.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Gold Salon 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Clinical Implications to Understanding the Neurobiology of Fear Extinction**  
(Abstract # 764)

**Symposia Presentation (Bio Med, N/A) M - C & E Europe & Indep**

**Gold Salon 01**

**Milad, Mohammed, PhD**

*Harvard Medical School and MGH, Charlestown, Massachusetts, USA*

Much has been learned about the neural mechanisms underlying fear extinction in rodents and humans. These studies have led to the identification of a number of brain regions that are important in both the initial phase of fear extinction training as well as in the consolidation and expression of the memory for fear extinction. These brain regions include the ventromedial prefrontal cortex, the amygdala, and the hippocampus, and the dorsal anterior cingulate cortex. My talk will focus on current research that is focused on examining the function of these brain regions in anxiety disorders, development of biological markers to predict fear learning and its subsequent extinction, and the influence of a number of factors on the functional activation of this circuitry, including sex differences and gonadal hormones.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Gold Salon 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Generalization of Classically Conditioned Fear: A Central Yet Understudied Marker of PTSD**  
(Abstract # 765)

**Lissek, Shmuel, PhD**

*University of Minnesota-Twin Cities Campus, Minneapolis, Minnesota, USA*

A review of classical conditioning studies in the anxiety disorders implicates over-generalization of fear from conditioned danger-cues to resembling neutral stimuli as a robust conditioning marker of anxiety pathology, generally, and PTSD specifically. Such findings are consistent with the clinically observed PTSD process, by which fear to a traumatic event transfers to safe conditions that 'resemble' aspects of the trauma (DSM-IV). Unfortunately, no psychobiological studies prior to the current program of work have examined this generalization process in PTSD using systematic *generalization-gradient* methods developed in animals. Generalization gradients refer to slopes of conditioned responding that decline as the test stimulus gradually differentiates from the conditioned danger-cue. The current program of work assesses generalization gradients in PTSD patients using behavioral, psychophysiological, and fMRI methods. Presented results demonstrate generalization abnormalities in PTSD and elucidate the neural substrates of generalization from which a working neural-model of over-generalization is formulated.

**Concurrent Session 4****Thursday, November 1, 2012****Gold Salon 1****3:00 PM - 4:15 PM****Symposium****Longitudinal Changes in Fear Circuits Among PTSD Patients Undergoing Prolonged Exposure Therapy: An fMRI Study**

(Abstract # 766)

**Neria, Yuval, PhD<sup>1</sup>; Schafer, Scott, MA<sup>2</sup>; Milad, Mohammed, PhD<sup>3</sup>; Malaga, Maria, MD<sup>1</sup>; Neria, Mariana, MA<sup>1</sup>; Shvil, Erel, PhD<sup>1</sup>; Wager, Tor, PhD<sup>2</sup>; Markowitz, John, MD<sup>1</sup>; Sullivan, Gregory, MD<sup>1</sup>**

<sup>1</sup>*Columbia University and New York State Psychiatric Institute, New York, New York, USA*

<sup>2</sup>*University of Colorado, Boulder, Colorado, USA*

<sup>3</sup>*Harvard University, Boston, Massachusetts, USA*

Background: Recent research found impaired extinction recall in PTSD mediated by dysfunctional activation of fear circuitry. To advance identification of biomarkers of treatment response in PTSD we are examining whether Prolonged Exposure (PE) treatment produces beneficial neural changes in fear circuitries while relieving PTSD symptoms. Methods: 24 PTSD and 18 trauma-exposed healthy control subjects underwent a 2-day fear learning/ extinction paradigm with skin conductance response (SCR) and fMRI assessments. Results: At baseline, SCR and fMRI data from early extinction recall showed

deficient extinction recall and deactivation in right ventromedial prefrontal cortex (vmPFC), left vmPFC, and greater right amygdala activation in the PTSD group compared to TE-HCs. At post-treatment assessment, fMRI data showed no differences between PTSD and TE-HCs in any of those regions of interests. A comparison between treatment responders (reduction of 50% or more on PTSD CAPS scores) to non-responders revealed increased activation in the left and right vmPFC and hippocampus in treatment responders compared to non-responders. Significance: These findings suggest that extinction-based psychotherapies may not only relieve clinical symptoms, but also improve fear extinction capacities and normalize dysfunctional activation in relevant brain structures.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 9**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Overcoming Barriers to Care: Innovations in Outreach, Education and Treatment to Increase Mental Health Care Utilization Among Returning OIF/OEF Military Service Members and Their Families**

(Abstract # 1471)

**Cukor, Judith, PhD**

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

Despite high rates of distress among returning service members, few are accessing mental health resources. Obstacles to treatment include stigma, the military culture of strength, the fear of detriment to career, inability to access resources, distance from care, and the burdens of transportation or cost. This symposium contains presentations from 4 sites across the United States who are actively implementing their own efforts in this area. The first presentation describes results of a survey conducted in 3 waves over 5 years, including data on symptoms, services use, and barriers to care as reported by members of a Midwestern State Guard. The second presentation illustrates a model designed to address these barriers including the development of a family based clinic and coordination with VA services. The third presentation describes the novel application of a computer-based interface to provide education and resources, and wide scale outreach efforts. The final presentation describes the implementation and data from two telemedicine programs: a six-session telemedicine-delivered wellness workshop series in the National Guard and a translational videoconference-based psychotherapy intervention for PTSD. The discussant will synthesize the cutting edge research related to barriers to care and strategies designed to enhance outreach, education and utilization of services.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 9**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Barriers to Care in Midwestern Guard Organization: Changes Over Time**  
(Abstract # 1472)

**Symposia Presentation (Prevent, Mil/Vets) I - Industrialized**

**Diamond Salon 09**

**Valenstein, Marcia, MD, MS<sup>1</sup>; Blow, Adrian, PhD<sup>2</sup>; Kees, Michelle, PhD<sup>3</sup>; Gorman, Lisa, PhD<sup>4</sup>**

<sup>1</sup>*University of Michigan/Department of Veterans Affairs, Ann Arbor, Michigan, USA*

<sup>2</sup>*Michigan State University, East Lansing, Michigan, USA*

<sup>3</sup>*University of Michigan, Ann Arbor, Michigan, USA*

<sup>4</sup>*Michigan Public Health Institute, East Lansing, Michigan, USA*

Background: Reserve and NG soldiers experience a disproportionate burden of mental health symptoms following their return from OEF/OIF conflicts, faring significantly worse than active component soldiers. Up to 42% report mental health and psychosocial issues that suggest a need for further evaluation by three months following their return. Unfortunately, many returning soldiers with mental health need do not initiate or stay in treatment long enough to receive evidence-based care. Soldiers report numerous barriers to accessing mental health care, with barriers related to stigma being particularly salient, including concerns about confidentiality, promotion, and the perceptions of others.

Methods: Team members have collected data on symptoms, services use, and barriers to care in a Midwestern State Guard with three different waves of data collection, September 2007- June 2008; February-September 2009; and July 2011- ongoing.

Results: We will describe changes in endorsement of barriers to care over a 5 year period in a large Midwestern National Guard organization, including concerns related to stigma. We will also describe concurrent changes in reports of mental health services use during this period of time.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 9**  
**3:00 PM - 4:15 PM**  
**Symposium**

## **Overcoming Barriers to Care and Supporting Resiliency Amongst Service Members: Lessons Learned from the Home Base Program**

(Abstract # 1474)

**Symposia Presentation (Practice, Mil/Vets) I - Industrialized**

**Diamond Salon 09**

**Simon, Naomi, MD; Rauch, Paula, MD; Brendel, Rebecca, MD; Ohye, Bonnie, PhD; Fredman, Steffany, PhD; Allard, Michael, Other**

*Massachusetts General Hospital, Boston, Massachusetts, USA*

After more than 10 years of war in Iraq and Afghanistan, attempts to identify, motivate and retain veterans and families affected by deployment stress, PTSD and Traumatic Brain Injury into care have been only partially successful. Barriers include stigma related to mental health, lack of recognition of symptoms or identification of resources, and characteristics of the disorders themselves such as avoidance. While some veterans and families seek care in the community, understanding of military culture, resources and knowledge of symptoms and treatment approaches are hurdles facing community providers. Issues facing our country's military families are little understood in the general public and greater awareness is needed.

The Red Sox Foundation and Massachusetts General Hospital Home Base Program is a multidisciplinary program that combines efforts in clinical treatment, family support, education, peer-to-peer outreach and research. This presentation will discuss the Home Base Program's model for addressing barriers to care and supporting resiliency in the care of service members, veterans and families. Examples include the development of a family based clinic with veteran and family outreach and support components that coordinate with the VA, as well as a telemedicine program available for psychotherapy from clinic to homes.

### **Concurrent Session 4**

**Thursday, November 1, 2012**

**Diamond Salon 9**

**3:00 PM - 4:15 PM**

**Symposium**

### **Braveheart: Welcome Back Veterans Southeast Initiative**

(Abstract # 1475)

**Symposia Presentation (Commun, Mil/Vets) I - Industrialized**

**Diamond Salon 09**

**Rothbaum, Barbara, PhD; Gerardi, Maryrose, PhD; Hammond-Susten, Michelle, LCSW, CTS; Kearns, Megan, PhD; Burton, Mark, BA; Youngner, Cole, BA**

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

BraveHeart: Welcome Back Veterans Southeast Initiative is a partnership between Emory University School of Medicine and the Atlanta Braves dedicated to assisting OIF/OEF/OND Veterans and their families in Alabama, Georgia and South Carolina with PTSD. Our goals include outreach; creating a greater understanding about PTSD among Veterans, healthcare professionals and communities; decreasing stigma and reducing barriers to care; and providing Veterans and their families with local treatment resources. The cornerstone of BraveHeart is a comprehensive, confidential website in which Veterans and families can directly access information about PTSD and treatment, locate treatment resources in their area with a zip code search and utilize cutting edge technology, Sim Coach, a virtual human that walks them through a PTSD self-assessment. PTSD screener cards and BraveHeart website information are located in over 1,000 primary care physician offices throughout the southeast. BraveHeart's Clinical Care Coordinator is available to answer additional questions they may have about PTSD or treatment and coordinate care. To further decrease barriers to care, in addition to providing individual treatment to Veterans in the Metro Atlanta area and spouse/partner psychoeducational support groups, BraveHeart has a particular emphasis on providing care to rural Veterans, via telehealth treatment throughout underserved areas of Georgia.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 9**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Telemedicine Treatment Delivery Strategies to Reduce Barriers to Care for Veterans with PTSD**  
(Abstract # 1476)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 09**

**Olden, Megan, PhD<sup>1</sup>; Rabinowitz, Terry, MD<sup>2</sup>; Cukor, Judith, PhD<sup>1</sup>; Wyka, Katarzyna, MA<sup>3</sup>;**  
**Chiaromonte, Gabrielle, PhD<sup>4</sup>; Mello, Brittany, BA<sup>3</sup>; Difede, JoAnn, PhD<sup>1</sup>**

<sup>1</sup>*Weill Cornell Medical College, New York, New York, USA*

<sup>2</sup>*University of Vermont College of Medicine/Fletcher Allen Health Care, Burlington, Vermont, USA*

<sup>3</sup>*New York Presbyterian Hospital, New York, New York, USA*

<sup>4</sup>*private practice, New York, New York, USA*

Geographic location significantly limits uniformed service members' and veterans' access to mental health services. Telemedicine-based services can extend access to specialized care regardless of participants' locations. Although telemedicine has grown in clinical practice, few studies have examined its use, and almost no investigations exist on its use with workshop-based interventions and more complicated research designs, such as translational science investigations. This talk will discuss two innovative telemedicine-research initiatives. The first is the implementation of a telemedicine-delivered



wellness workshop series designed to increase resilience and coping in the National Guard. Six psychologist-led workshops were offered in conjunction with a complementary wellness activity (e.g., yoga) and integrated into the New York National Guard's training schedule. Participant satisfaction and workshop outcome data will be presented. This talk will also discuss a translational videoconference-based psychotherapy intervention for active-duty military, veterans, and emergency workers with occupation-related PTSD. The 12-session prolonged exposure protocol also includes a randomized double-blind investigation of the cognitive enhancer D-Cycloserine, versus placebo, and genotyping for BDNF polymorphism. Outcome data including CAPS, SCID, therapeutic alliance, and patient satisfaction data will be presented. The practicalities and pitfalls of implementing videoconference-delivered workshops and translational protocols with military and veteran populations will be discussed.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 4 & 5**  
**3:00 PM - 4:15 PM**  
**Panel**

**Challenges and Successes in Delivering Prolonged Exposure to Active Duty Soldiers**  
(Abstract # 1097)

**Panel Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 04 & 05**

***Foa, Edna, PhD<sup>1</sup>; Lichner, Tracey, PhD<sup>1</sup>; Fina, Brooke, MSW<sup>2</sup>; Wright, Edward, PhD<sup>3</sup>; Hall-Clark, Brittany, PhD<sup>3</sup>***

<sup>1</sup>*University of Pennsylvania, Philadelphia, Pennsylvania, USA*

<sup>2</sup>*University of Texas, Fort Hood, Texas, USA*

<sup>3</sup>*University of Texas, San Antonio, Texas, USA*

It has been estimated that 10-20% of military personnel returning from Iraq and Afghanistan suffers from Post-Traumatic Stress Disorder (PTSD) (Hoge et al., 2004). Prolonged exposure (PE) therapy is a well-established treatment for PTSD (e.g., Foa et al., 1999, Resick et al., 2002; Schnurr et al., 2007), but it's efficacy has not been examined with a large sample of active service members. A large randomized controlled trial is currently underway to examine the efficacy of PE with an active-duty military population by comparing 10 sessions of PE delivered over 10 weeks ("spaced PE"), 10 sessions delivered over 2 weeks ("massed PE"), and an active counseling condition, present-centered therapy (PCT). Panel members include Dr. Tracy Lichner, who serves as the clinical supervisor for the trial, and Drs. Hall-Clark, Wright, and Fina who serve as the study therapists. Topics will include: challenges and success in working with the military, procedures that have facilitated recruitment and engagement, training and supervision of therapists, specific considerations and strategies for using PE with soldiers, factors that seem to enhance or hinder treatment success, and the influence of military cultural values. Presenters

will also discuss the experience of providing PE treatment, with an emphasis on addressing common worries about conducting PE.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Plaza 1**  
**3:00 PM - 4:15 PM**  
**Panel**

**Innovative Tools and Training Strategies for Disaster Behavioral Health**  
(Abstract # 451)

**Panel Presentation (Prevent, Disaster) I - Industrialized**

**Plaza 01**

**Watson, Patricia, PhD<sup>1</sup>; Brymer, Melissa, PhD, PsyD<sup>1</sup>; Hoffman, Julia, PsyD<sup>2</sup>; Selzler, Bonnie, PhD<sup>3</sup>; Lloyd, Delyth, MA<sup>4</sup>**

<sup>1</sup>*National Center for Child Traumatic Stress, Los Angeles, California, USA*

<sup>2</sup>*National Center for PTSD, Menlo Park, California, USA*

<sup>3</sup>*University of North Dakota, Grand Forks, North Dakota, USA*

<sup>4</sup>*Australian Centre for Post-Traumatic Mental Health, Melbourne, Australia*

Following disasters, the high demand for behavioral health services, coupled with limited availability of well-trained providers, creates a demand for disaster behavioral health support and training that is modified and delivered according to the local needs of the community. This panel will describe innovative disaster behavioral health tools and training strategies, including an interactive Psychological First Aid (PFA) e-learning course that has had over 10,000 trainees from over 60 countries, 96% of whom would recommend it to others, a mobile PFA application to assist providers in the field, an online treatment program for trauma survivors, and two online education and self-help programs for those interested in self-education, with evaluation data showing their effectiveness. The panelists will describe these strategies, discuss how they fit into an overall integrated disaster behavioral health plan, describe evaluation strategies for each of these initiatives, and engage the audience in a discussion of next steps.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Gold Salon 2**  
**3:00 PM - 4:15 PM**  
**Panel**

**Cambodia's Hidden Scars: Panel Discussion on Access to Trauma Mental Health for Cambodia  
in the Context of the Khmer Rouge Tribunal**

(Abstract # 1195)

**Panel Presentation (Clin Res, Surv/Hist) | - E Asia & Pac**

**Gold Salon 02**

***Reicherter, Daryn, MD<sup>1</sup>; Gray, Gerald, LCSW<sup>2</sup>; Boehnlein, James, MD<sup>3</sup>; Sarkarati, Nushin, JD<sup>4</sup>***

<sup>1</sup>*Stanford University, Stanford, California, USA*

<sup>2</sup>*Institute of Redress and Recovery, Santa Clara, California, USA*

<sup>3</sup>*Oregon Health Science University, Portland, Oregon, USA*

<sup>4</sup>*Center for Justice and Accountability, San Francisco, California, USA*

The Victims of Torture Project at the Documentation Center of Cambodia performed an analysis of the country situation with regard to trauma related psychiatric disorders, including level of need and access to care. The data was published recently as "Cambodia's Hidden Wounds: Trauma Psychology in the Wake of the Khmer Rouge," a collaborative effort that includes input from the Cambodian Mental Health System as well as outside psychiatry experts and human rights attorneys involved in the current UN/Cambodia war crimes tribunal.

The co-authors will conduct a panel discussing the findings of the book including the current state of trauma mental health in Cambodia in the context of the ongoing Khmer Rouge Tribunal. The panel will consist of members of the data collection team and experts in the legal aspects of the KR tribunal. We will discuss the burden of trauma related mental health pathology in Cambodia, recommendations for improved access to care for PTSD in Cambodia, and legal updates on the impact of the court on attention to traumatic stress in Cambodia. Panelists will discuss the multi-systems approach to psychiatric illness in Cambodia that includes Western, alternative, and spiritual approaches to dealing with PTSD.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 7**  
**3:00 PM - 4:15 PM**  
**Workshop**

**Sibling Violence**  
(Abstract # 228)

**Workshop Presentation (Practice, Child/ Adol) M - Industrialized**

**Diamond Salon 07**

**Caffaro, John, PhD**

*California School of Professional Psychology, Del Mar, California, USA*

Society's awareness of sibling violence, and its response, has lagged behind other concerns. Sibling abuse is generally underreported by parents, teachers, social workers, and mental health professionals. Child welfare services and the legal system are reluctant to respond to reports. This workshop reviews an integrative, evidence-based approach for assessment and clinical intervention with children and families. Examples and research results are included to illustrate fundamentals of treating victims of sibling violence and their families. Content includes: (1) integrative-developmental approach to sibling violence, (2) evidence based risk and protective factors (3) individual and family assessment concerns, (4) review of the Sibling Abuse Interview [SAI] (5) impact of family size, gender, culture, ethnicity, (6) evidence demonstrating the effects of sibling violence on marriage rates and family ties in adulthood. Format will be an interactive combination of discussion and power point presentation, case examples, presentation of research findings, and case consultation. Workshop is intended for mental health professionals, psychiatrists, psychologists, and child welfare services personnel.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 10**  
**3:00 PM - 4:15 PM**  
**Workshop**

**Conducting Ethical and Responsible Trauma-Focused Research with Special Populations:  
Developing Skills and Tools to Reduce Participant Risk**  
(Abstract # 583)

**Workshop Presentation (Ethics, Diverse Pop) M - Industrialized**

**Diamond Salon 10**

**Schwerdtfeger, Kami, PhD<sup>1</sup>; Nelson Goff, Briana, PhD<sup>2</sup>**

<sup>1</sup>*Oklahoma State University, Stillwater, Oklahoma, USA*

<sup>2</sup>*Kansas State University, Manhattan, Kansas, USA*

Recent emphasis on the ethical conduct of researchers has resulted in a growing body of literature exploring the impact of trauma-focused research on participants. Applying the ethical principles of research, this workshop will further the discussion of ethical trauma focused research protocol by focusing on specific research procedures. Participants will be provided with a set of practical suggestions for maintaining the ethical integrity of research involving trauma survivors. To illustrate these ethical procedures, the presenters' experience conducting research with special populations of trauma survivors, specifically pregnant females and couples in which one or both partners have a trauma history will be described. These are two groups of participants that are unique for trauma research, primarily because of the Institutional Review Board and ethical considerations for research with these populations, as well as the broader systemic impact trauma may have. The presenters will provide examples of techniques to implement throughout the process of research, including working with the IRB, participant recruitment, participants as research partners, methods to reduce stress during research procedures, debriefing, referrals, and follow-up letters to participants. Best practices for conducting ethical trauma-focused research will be provided.

## **Concurrent Session 4**

**Thursday, November 1, 2012**

**Diamond Salon 1**

**3:00 PM - 4:15 PM**

**Paper Session**

### **Treatment Needs and Approaches for Adult Trauma Exposed Populations**

#### **Dialectical Behavior Therapy for Patients with Post-Traumatic Stress Disorder Related to Childhood Sexual Abuse (DBT-PTSD)**

(Abstract # 1734)

**Paper Presentation (Clin Res, Adult/Cmplx) M - Industrialized**

**Diamond Salon 01**

**Priebe, Kathlen, Dipl, Psych<sup>1</sup>; Krüger, Antje, Dipl, Psych<sup>1</sup>; Steil, Regina, PhD<sup>2</sup>; Dyer, Anne, PhD<sup>3</sup>; Bohus, Martin, MD<sup>1</sup>**

<sup>1</sup>*Central Institute of Mental Health, Mannheim, Germany*

<sup>2</sup>*Goethe-University, Frankfurt, Germany*

<sup>3</sup>*University Mannheim, Mannheim, Germany*

Cognitive-behavioral treatments are effective in reducing PTSD related to childhood sexual abuse (CSA). However, there is a limited database regarding patients with suicidal ideation and self-injurious behavior. There is lingering concern that an exposure-based treatment might lead to symptom exacerbation in these patients. Moreover, it is unclear, whether the effects of exposure regarding the most disturbing memory will generalize to other traumatic memories. DBT-PTSD combines principles of DBT and trauma-focused interventions. This presentation provides data on the efficacy and on safety issues of this newly developed treatment program. Women with CSA-related PTSD were randomized to a 12-week residential DBT-PTSD program or a treatment-as-usual wait list. PTSD-symptoms were assessed with respect to the most distressing CSA-event (index-trauma) and with respect to three major traumatic events. Patients monitored PTSD-symptoms on a weekly basis, and self-injury urges and behaviors on a daily basis. Results of Hierarchical linear models indicate that: 1) PTSD-symptoms improved significantly more in the DBT-PTSD group than in the wait list with large between-group effect sizes, and 2) this was the case with respect to both the index-trauma and the three major traumatic events. There was no increase in dysfunctional behavior. The findings indicate efficacy and safety of the DBT-PTSD program, and reveal that successful processing of the most disturbing memory will generalize to other traumatic memories.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 1**  
**3:00 PM - 4:15 PM**  
**Paper Session**

**Mechanisms of Change in Cognitive Processing Therapy and Prolonged Exposure Therapy for PTSD: Preliminary Evidence for the Differential Effects of Hopelessness and Habituation**  
(Abstract # 372)

**Paper Presentation (Clin Res, Violence) M - Industrialized**

**Diamond Salon 01**

**Gallagher, Matthew, PhD<sup>1</sup>; Resick, Patricia, PhD, ABPP<sup>2</sup>**

<sup>1</sup>*Boston University, Boston, Massachusetts, USA*

<sup>2</sup>*National Center for PTSD, VA Boston & Boston University, Boston, Massachusetts, USA*

There is extensive evidence that cognitive processing therapy (CPT) and prolonged exposure therapy (PE) are effective treatments for post-traumatic stress disorder (PTSD), but much less is known about the mechanisms of change of these treatments. The present study examined two potential mechanisms of change, hopelessness cognitions and habituation, in a large randomized controlled trial of CPT and PE. Participants were 171 adult women with a current primary diagnosis of sexual assault related PTSD. The potential mechanisms were examined by evaluating the intraindividual change in hopelessness within the course of both treatments and subjective units distress (SUDS) ratings (a proxy for habituation) within the course of PE. The effects of intraindividual change in the proposed mechanisms were then

examined on intraindividual changes in PTSD symptoms. Findings indicated that the participants who received CPT had significantly greater pre-post reductions in hopelessness than those who received PE and that the changes in hopelessness predicted changes in PTSD symptoms ( $R^2 = .24$ ). Intraindividual changes in SUDS ratings for participants in the PE treatment condition also predicted changes in PTSD symptoms and did so independently of the effect of changes in hopelessness. These results suggest that CPT and PE may achieve equivalent outcomes via different mechanisms.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 1**  
**3:00 PM - 4:15 PM**  
**Paper Session**

**Looking Beyond Post-Traumatic Stress Disorder. Mental Disorder Comorbidities and Treatment Needs of Victimized Women**  
(Abstract # 1308)

Paper Presentation (Clin Res, Violence) A - Industrialized

Diamond Salon 01

**Cavanaugh, Courtenay, PhD<sup>1</sup>; Petras, Hanno, PhD<sup>2</sup>; Martins, Silvia, MD, PhD<sup>3</sup>**

<sup>1</sup>*Rutgers University, Camden, New Jersey, USA*

<sup>2</sup>*JBS International Inc., North Bethesda, Maryland, USA*

<sup>3</sup>*Johns Hopkins University, Baltimore, Maryland, USA*

Post-traumatic stress disorder (PTSD) is twice as high among women as in men and highly comorbid with other mental disorders. Yet, no studies have examined the heterogeneity of mental disorders including PTSD among women. In order to address this gap in the literature and to inform treatment needs of women, this study examined (1) patterns of mental disorders including PTSD among U.S. women and (2) associations between different patterns of mental disorders and violence against women (VAW). Participants were 19,816 women from the wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Latent class analysis was used to identify homogenous patterns or “classes” of eleven mental disorders including 1) PTSD, 2) major depressive episode, 3) dysthymic episode, 4) manic/hypomanic episode, 5) panic disorder, 6) social phobia, 7) specific phobia, 8) generalized anxiety disorder, 9) attention-deficit/hyperactivity disorder (ADHD), 10) alcohol abuse/dependence, and 11) drug abuse/dependence. The best model consisted of 5-classes of mental disorders, which were characterized by the following profiles: high alcohol abuse/dependence (Class 1: 9.1%), low mental disorders (Class 2: 59.7%), moderate PTSD and depression (Class 3: 8.5%), moderate to high all except ADHD (Class 4: 7.2%), and high depression (Class 5: 15.4%). The latent class regression analysis revealed significant associations between patterns of mental disorders and VAW. Study implications for tailored mental health treatments among subpopulations of victimized women will be discussed.

**Concurrent Session 4**  
**Thursday, November 1, 2012**  
**Diamond Salon 1**  
**3:00 PM - 4:15 PM**  
**Paper Session**

**Military Sexual Trauma in Homeless Female Veterans: Clinical Correlates and Treatment Preferences**

(Abstract # 1384)

Paper Presentation (Clin Res, Mil/Vets) M - Industrialized

Diamond Salon 01

**Decker, Suzanne, PhD<sup>1</sup>; Rosenheck, Robert, MD<sup>2</sup>; Tsai, Jack, PhD<sup>3</sup>; Desai, Rani, PhD, MPH<sup>4</sup>; Harpaz-Rotem, Ilan, PhD<sup>5</sup>**

<sup>1</sup>VISN 1 MIRECC / VA Connecticut / Yale University Medical School, West Haven, Connecticut, USA

<sup>2</sup>VISN 1 MIRECC / VA Connecticut Healthcare System / Department of Psychiatry, Yale University School of Medicine, West Haven, Connecticut, USA

<sup>3</sup>VISN 1 MIRECC / VA Connecticut Healthcare System / Department of Psychiatry, Yale University School of Medicine, West Haven, Connecticut, USA

<sup>4</sup>Northeast Program Evaluation Center / Evaluation Division, National Center for PTSD / Department of Psychiatry, Yale University School of Medicine, West Haven, Connecticut, USA

<sup>5</sup>National Center for PTSD, VISN 1 MIRECC / VA Connecticut Healthcare System / Department of Psychiatry, Yale University School of Medicine, West Haven, Connecticut, USA

Severe sexual harassment or assault occurring during military service, or military sexual trauma (MST), is associated with increased risk for PTSD in female service members (Kimerling et al. 2010; Kimerling et al. 2007). In some studies, MST is predicted by childhood sexual abuse (Murdoch et al., 2010), consistent with studies on revictimization (Roodman & Clum, 2001). Homelessness is also associated with increased risk for victimization (Kushel et al., 2003) and revictimization (Hudson et al., 2010). However, little is known about the mental health status and treatment needs of female Veterans experiencing both homelessness and MST. This study examined clinical correlates, victimization, and treatment preferences among treatment-seeking homeless female Veterans with and without MST experiences ( $N = 671$ ) using data from a larger study within specialized Homeless Women Veterans Programs (redacted, 2008). Participants who endorsed MST had greater PTSD symptoms ( $t(511.00) = 7.41, p = .00$ ), and were more likely to endorse childhood sexual abuse ( $\chi^2(1, 664) = 18.64, p = .00$ ) and recent intimate partner violence ( $t(410.44) = 3.05, p = .00$ ). Participants with MST were also more likely to express interest in treatment that focused on methods of coping and safety. Results suggest that homeless female Veterans with MST are at risk for increased symptoms and ongoing violence, and interested in treatment targeted to their needs. Clinical implications of these data will be discussed.



**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 3**  
**4:30 PM - 5:45 PM**  
**Master Clinician**

**Master Clinician: Pharmacological Strategies for Trauma-Related Mental Health Complaints**  
(Abstract # 2146)

**Master Clinician (Practice, Diverse Pop) M - Global**

**Diamond Salon 03**

**Mellman, Thomas, MD**

*Howard University, Washington DC, Dist. of Columbia, USA*

Accumulation of findings implicating neurobiological dysregulations as well as overlapping features and frequent comorbidity with disorders that respond to pharmacotherapy have spurred interest in medication treatment for post-traumatic stress disorder (PTSD). While two medications from the selective serotonin reuptake inhibitor class have U.S. Food and Drug Administration approval for PTSD, there remains controversy regarding their overall efficacy and population specificity. Other classes of medications are widely applied to PTSD treatment with mixed evidence bases. Medications have also been applied to symptom specific targets (most notably prazosin for sleep disturbance), acute intervention for preventing PTSD, and enhancing cognitive behavioral therapy. Dr. Mellman brings experience in clinical trials, published syntheses and interpretations of the research evidence, and most notably, treating patients from both veteran and civilian settings. He will present relevant clinical pharmacology, review of research studies, and respond to questions and facilitate discussion regarding clinical scenarios involving medication treatment (and consideration of prescribing) and PTSD. The session will accommodate the interests of prescribing and non-prescribing clinicians.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Exploring the Relationship Between Trauma Exposure and Substance Use: The Role of Emotion Dysregulation and Coping**  
(Abstract #822)

**Chairperson**    **Goldstein, Abby, PhD, Cpsych**  
*University of Toronto, Toronto, Ontario, Canada*

**Discussant**    **Stewart, Sherry, PhD**  
*Dalhousie University, Halifax, Nova Scotia, Canada*

It is well established that individuals who have experienced interpersonal trauma are at a greater risk of substance use disorders. In many cases, substances are used to alleviate emotional pain associated with trauma. Although the self-medication model has received research support, the relationship between trauma and substance abuse is complex and further research is needed to better understand the mechanisms underlying this relationship. This symposium brings together four presentations that examine how experiences of trauma contribute to substance use and substance-related problems in four diverse samples: sexual assault survivors, women in treatment, young adults transitioning out of child welfare, and college students. All four studies highlight the important role of using substances for emotion regulation, with each study providing a different perspective on the specific mechanisms and the role of other trauma-related factors, including PTSD symptoms, coping styles, and substance-related coping motives. This symposium will begin to synthesize some of the work in this area, with the goal of enhancing theoretical models of trauma and substance abuse and informing the development of interventions that address mechanisms underlying the relationship between trauma and substance use.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Trauma History, Avoidance Coping, and PTSD in Women Sexual Assault Survivors**  
(Abstract # 823)

**Symposia Presentation (Clin Res, Violence) M - Industrialized**

**Diamond Salon 01**

**Ullman, Sarah, PhD**  
*University of Illinois at Chicago, Chicago, Illinois, USA*

Women sexual assault survivors have greater histories of child and adult traumatic events than women without sexual assault. Survivors with multiple trauma histories may be at increased risk of such negative outcomes compared with those without other traumas. We examined the links between trauma history, avoidance coping strategies, and PTSD in women survivors of sexual assault from a diverse community sample (N= 1,500). Participants were 1,500 women sexual assault survivors. Eighty-five percent of these women had experienced a completed or attempted rape. They

were primarily African American (45.3 %) or White (34.6 %) or and ranged in age from 18 to 78 ( $M = 36.57$  %). Participants have completed Wave 1 of a longitudinal survey. Results from this study will be reported in this presentation. Trauma history was assessed with measures of: child abuse, including sexual abuse, physical abuse, and other traumatic life events, using the Revised Stressful Life Events Questionnaire. Coping strategies were assessed with Carver's Brief COPE, including various avoidance coping strategies (e.g., mental and behavioral disengagement, denial, use of substances to cope). PTSD symptoms were assessed with Foa's Post-Traumatic Stress Diagnostic Scale. Structural equation modeling analyses will be conducted to examine whether the associations of two types of childhood trauma (i.e., sexual abuse, physical abuse) with PTSD symptoms are mediated by other adult traumatic events and victims' use avoidant coping strategies, controlling for background characteristics.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**PTSD and Drinking Motives as Predictors of Relapse to Alcohol Use in Women**  
(Abstract # 824)

**Symposia Presentation (Clin Res, Violence) M - Industrialized**

**Diamond Salon 01**

**Bedard-Gilligan, Michele, PhD; Kaysen, Debra, PhD; Blayney, Jessica, BA**

*University of Washington, Seattle, Washington, USA*

PTSD and alcohol use disorders (AUD) frequently co-occur (Kessler et al., 1995). PTSD predicts increased alcohol relapse following treatment for AUD (Ouimette et al., 1997), potentially because alcohol is used to cope with trauma-related distress (e.g., Read et al., 2004; Saladin et al., 1995). However, few investigations have focused specifically on PTSD symptomatology and related processes, such as drinking to cope and beliefs about symptoms, as mechanisms of alcohol relapse. We examined PTSD symptom clusters, interpretation of symptoms, and drinking motives as predictors of drinking following residential AUD treatment. In a preliminary sample of 29 women PTSD symptoms and beliefs about PTSD symptoms significantly predicted drinking three months following treatment ( $R^2 = .62$ ,  $F(5, 23) = 5.88$ ,  $p < .005$ ), with numbing symptoms ( $\beta = 1.08$ ,  $t(23) = 3.79$ ,  $p < .005$ ) and belief that PTSD symptoms are intolerable ( $\beta = 1.06$ ,  $t(23) = 4.11$ ,  $p < .005$ ) strongly predicting increased alcohol consumption. Furthermore, drinking to cope with anxiety ( $\beta = -2.01$ ,  $t(23) = -2.62$ ,  $p < .05$ ) significantly predicted increased drinking. Results suggest that following AUD treatment numbing, doubts about symptom tolerance, and drinking to cope with anxiety are risk factors for alcohol use, and addressing these factors may decrease alcohol relapse.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Child Maltreatment and Alcohol and Marijuana Problems Among Emerging Adults  
Transitioning out of Child Welfare: The Role of Altered Self-Capacities**  
(Abstract # 826)

**Symposia Presentation (Clin Res, Adult/Cmplx) M - Industrialized**

**Diamond Salon 01**

**Goldstein, Abby, PhD, Cpsych<sup>1</sup>; Parikh, Preeyam, BSc, Hons, Psychology<sup>1</sup>; Campbell, Mallory, BA (Hons)<sup>1</sup>; Wekerle, Christine, PhD<sup>2</sup>**

<sup>1</sup>*University of Toronto, Toronto, Ontario, Canada*

<sup>2</sup>*McMaster University, Hamilton, Ontario, Canada*

Additional research is needed to better understand the mechanisms involved in the relationship between CM and substance abuse. The current study explored the mediating role of difficulties in three areas - relatedness, identity, and affect control - which are collectively referred to as altered self-capacities (Briere, 2000). Participants in this study were 103 emerging adults (24.3% male, ages 18-25) making the transition out of child welfare. Participants completed several measures, including the Inventory of Altered Self-Capacities (IASC; Briere, 2000). On average, scores on the IASC were elevated, with mean T-scores above 70 for all but one subscale (susceptibility to influence), and CM was significantly associated with all IASC subscales. The IASC subscales were examined as mediators of the relationship between CM and alcohol and marijuana problems using multiple mediation analysis (Preacher & Hayes, 2008). For the relationship between CM and alcohol problems, tension reduction activities, a component of affect control difficulties (i.e., emotion dysregulation), emerged as a significant mediator, over and above all other IASC subscales ( $Z=1.09$ ,  $p<.05$ ). These same findings emerged for marijuana problems ( $Z=2.04$ ,  $p<.05$ ). Results from this study have important implications for policy and practice, including the need for services for emerging adults transitioning out of child welfare, with an emphasis on trauma-focused substance abuse interventions that target mediating mechanisms (e.g., skills for managing painful emotions).

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Emotion Regulation as a Mediator Between PTSD Symptoms and Alcohol-Related Consequences**  
(Abstract # 825)

**Symposia Presentation (Clin Res, N/A) M - Industrialized**

**Diamond Salon 01**

**Williams, Joah, MS (PhD, Student); McDevitt-Murphy, Meghan, PhD; Avery, Megan, MS (PhD, Student); Bracken-Minor, Katherine, MS (PhD, Student); Monahan, Christopher, MS (PhD, Student); Dennhardt, Ashley, MS (PhD, Student)**

*University of Memphis, Memphis, Tennessee, USA*

Alcohol misuse may function as a strategy for regulating trauma-related emotional distress (Grayson & Nolen-Hoeksema, 2005), potentially increasing the risk of alcohol-related consequences among individuals with PTSD. The nature of associations between emotion regulation strategies, PTSD, and alcohol misuse is unclear. This study aimed to explore whether particular deficits in emotion regulation mediate the relation between PTSD and alcohol consequences among trauma-exposed college students. Participants were 400 students who are predominately female (77.5%) and Caucasian (50%) or African American (38.8%). PTSD was assessed using the PCL (Weathers et al., 1993). Emotion regulation difficulties and alcohol consequences were assessed using the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004) and Young Adult Alcohol Consequences Questionnaire (Read et al., 2006), respectively. A series of mediation analyses using bootstrap resampling methods suggested that the relation between PTSD and alcohol consequences was fully mediated by four DERS scales: *nonacceptance of emotional responses, difficulty engaging in goal-directed behavior, impulse control difficulties, and limited access to emotion regulation strategies*. These results may help elucidate the specific processes involved in self-medication, and may suggest potentially modifiable mechanisms explaining the high rate of PTSD-SUD comorbidity. Results will be discussed in terms of their clinical and theoretical implications.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Using Technology to Increase Access to Traumatic Stress Interventions -- Lessons Learned from Low to High Technological Intervention**

(Abstract #636)

**Chairperson**    **O'Donnell, Meaghan, PhD**  
*University of Melbourne, Melbourne, Australia*

It has long been established that most trauma survivors who develop mental health difficulties fail to access mental health services in a timely way. As such there has been much focus on how technology can help decrease barriers to care. In this symposium we will present a range of interventions which have utilized technology in a novel way try to increase access to care. These interventions include low technology approaches (telephone), to high tech (internet) and novel technologies (phone apps). The efficacy of these interventions will be discussed as will lessons learned.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Symposium**

**A Systematic Literature Review of Telephone Delivered Treatments for PTSD and A Model for Telephone Adapted Trauma Focused Cognitive Behavior Therapy (TF-CBT) for Injury Survivors**  
(Abstract # 2118)

**Symposia Presentation (Prevent, N/A) I - Industrialized**

**Diamond Salon 06**

**Lau, Winnie, BA (Hons)**  
*University of Melbourne, Melbourne, Australia*

The evidence base for trauma focused cognitive behavioral therapy (TF-CBT) in the treatment of PTSD is very strong and clinical guidelines internationally recommend it as the first line treatment for PTSD. Despite increasing support for TF-CBT, many trauma survivors do not access treatment, let alone

evidenced based interventions. The identified barriers to treatment often include geographical isolation, avoidance, stigma, lack of knowledge of how and where to access help, cost, physical injury or illness and transport and mobility issues. Telephone-administered psychotherapy is one strategy that can reduce these barriers and enhance engagement to therapy. While there is good evidence to support telephone CBT interventions in disorders such as depression or panic, there are only a few studies which investigate its effectiveness with PTSD. This presentation will systematically review the literature in telephone-administered psychotherapy for PTSD and propose a model adapted from face to face TF-CBT, for treating PTSD in injury survivors over the telephone. The implications of telephone administered TF-CBT, particularly the administration of prolonged exposure for re-experiencing phenomena and other clinical strategies in this mode of TF-CBT are discussed.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Telephone Administered Cognitive Behavioral Therapy as an Early Intervention for Post-Traumatic Anxiety and Depressive Disorders**  
(Abstract # 637)

**Symposia Presentation (Prevent, Acc/Inj) I - E Asia & Pac**

**Diamond Salon 06**

**O'Donnell, Meaghan, PhD<sup>1</sup>; Lau, Winnie, MA<sup>1</sup>; Howard, Alexandra, MA<sup>1</sup>; Ellen, Steven, MBBS(Hons)MDFRANZCP<sup>2</sup>; Holmes, Alexamder, MBBS(Hons)MDFRANZCP<sup>3</sup>; Creamer, Mark, PhD<sup>3</sup>; Forbes, David, PhD<sup>1</sup>**

<sup>1</sup>*Australian Centre for Post-Traumatic Mental Health, East Melbourne, Australia*

<sup>2</sup>*Monash Alfred Psychiatric Research Centre, Prahran, Australia*

<sup>3</sup>*University of Melbourne, Parkville, Australia*

There are many barriers that prevent trauma survivors from accessing early psychological intervention. This study aimed to test the effectiveness of a stepped model of telephone administered early psychological intervention following traumatic injury. A total of 773 consecutively admitted injury patients were screened during hospitalization. High risk patients were followed-up at four weeks post-injury and assessed for high anxiety/depression symptoms. Patients with elevated symptoms were randomly assigned to receive 4-10 sessions of telephone administered cognitive-behavioral therapy ( $n = 30$ ) or usual care ( $n = 30$ ). Follow-up assessments were conducted at 6 months and 12 months. Random regression will be used to identify between group differences. Results will be presented.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Web-Based Interventions for Disaster Recovery: Hurricane Ike and Bastrop Texas**  
(Abstract # 638)

**Symposia Presentation (Tech, Disaster) I - Industrialized**

**Diamond Salon 06**

**Benight, Charles, PhD**

*University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA*

Web-based interventions for traumatic stress have received some empirical support. However, websites designed to support disaster mental health recovery are just now emerging. This paper will address the available empirical evidence for web-interventions for disaster recovery, the significant limitations identified in rolling out web-systems following a major event, and suggestions for future technological and public health development in harnessing the power of the internet to assist in disaster mental health support.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Phone Technology and Management of Traumatic Stress**  
(Abstract # 639)

**Symposia Presentation (Tech, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Ruzek, Josef, PhD<sup>1</sup>; Kuhn, Eric, PhD<sup>2</sup>; Hoffman, Julia, PhD<sup>1</sup>**

<sup>1</sup>*National Center for PTSD, Menlo Park, California, USA*

<sup>2</sup>*Sierra-Pacific MIRECC/National Center for PTSD, Menlo Park, California, USA*

Smartphone apps represent a potentially important technical innovation that can significantly improve care for individuals with PTSD and other trauma-related problems. Potentially, apps can strengthen patient self-management of symptoms and health behaviors, extend care into the natural environment



of the patient where problems actually occur, enable providers to increase delivery of evidence-based treatments and evidence-based behavior change methods, motivate reluctant consumers to enter face-to-face care if necessary, and enhance training and education for healthcare providers to support optimal care delivery. Data gathered via phone can inform patient-provider collaboration and decision-making, and facilitate the gathering of aggregate health care data that can inform policy development, improve accountability, and facilitate treatment quality improvement. In this presentation, we describe a range of phone apps currently under development: a secondary prevention app that seeks to prevent development of PTSD; an app that supports delivery of Prolonged Exposure evidence-based treatment for PTSD; apps that facilitate improved sleep, smoking cessation, and improved mood; and an app that helps providers deliver Psychological First Aid to disaster survivors. We also describe efforts to gather data via phones and enable provider and patient to collaboratively review that information via visual interface.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 8**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Innovations to Expand Services in PTSD Residential Treatment Programs: Meeting the Needs of Returning New Veterans**

(Abstract #1044)

**Chairperson**    **Bernardy, Nancy, PhD**

*National Center for PTSD/Dartmouth Medical School, White River Junction, Vermont, USA*

**Discussant**    **Friedman, Matthew, MD, PhD**

*National Center for PTSD/Dartmouth Medical School, White River Junction, Vermont, USA*

This symposium brings together three clinical research teams from different PTSD residential treatment programs in the Department of Veterans Affairs (VA) to discuss creative changes which address the unique treatment needs of returning OEF/OIF/OND war Veterans. The first presentation will be based on a mixed-method quality improvement study of PTSD residential programs in the VA that discusses issues and creative solutions that programs face in meeting the unique needs of returning war Veterans. The second speaker will discuss changes which address specific programming for co-occurring PTSD and mild traumatic brain injury and will share outcomes data from treatment cohorts that have focused on the co-occurring disorders. The third speaker will present on program design modifications that enhance the delivery of evidence-based PTSD treatment and flow of new Veterans into a program that serves

large numbers of active duty military members. The final speaker will describe the design of a new treatment program that considers the needs of Veterans with a co-occurring substance use disorders and innovations that influenced the design. Dr Matthew Friedman will reflect on what we can learn from the program innovations to improve care for returning Veterans throughout the broader treatment community.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 8**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Challenges and Solutions in Treatment Services to Meet the Needs of Returning Veterans**  
(Abstract # 1046)

**Symposia Presentation (Practice, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Bernardy, Nancy, <sup>1</sup>; Cook, Joan, PhD<sup>2</sup>; Dinnen, Stephanie, BA<sup>2</sup>; Desai, Rani, PhD<sup>2</sup>**

<sup>1</sup>National Center for PTSD, White River Junction, Vermont, USA

<sup>2</sup>Yale University, New Haven, Connecticut, USA

*Objective:* Residential PTSD treatment has existed in the Department of Veterans Affairs (VA) for almost 30 years. The National Center for PTSD has recently worked on a mixed-method quality improvement effort to visit each PTSD residential program in the country to characterize and identify program services at a time of changing treatment needs.

*Methods:* Interview responses of over 250 staff members were combined with comprehensive survey data to identify specific challenges and solutions that PTSD residential programs face in terms of treatment services.

*Results:* PTSD treatment program staff recognizes that the returning war veterans have created challenges for their programs (50%) but cite issues such as inadequate staffing (79%) and lack of time (82%) as their major concerns in providing treatments for all veterans. Creative solutions include increased use of technology to assist with classes, redesign of cohorts to offer effective evidence-based treatments and to increase flow, and active recreational activities.

*Conclusions:* Creative approaches by residential program staff have developed solutions to many challenges faced in treating a returning veteran population with complex needs. It remains to be determined if these treatment delivery solutions result in improve clinical outcomes.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 8**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Adapting Residential Programming to Respond to the Needs of OEF/OIF/OND Veterans**  
(Abstract # 1049)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Chard, Kathleen, PhD; Walter, Kristen, PhD; McIlvain, Susan, MSW; Bailey, Greg, PhD**  
*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

The Cincinnati VA Medical Center PTSD program has gone through a number of changes in the past 5 years including creation of a women's residential treatment program and the first VA traumatic brain injury/PTSD residential treatment program. This presentation will provide data on these programs and will discuss alterations made to the environment and the curriculum to be inclusive of the needs of all Veterans that are treated within these programs. All three programs utilize group and individual Cognitive Processing Therapy as the main trauma intervention, which is then augmented with 25 hours of psychoeducational group programming. In the TBI program CogSmart, a cognitive behavioral retraining program, is offered and in the women's program an additional focus on interpersonal communication and women's health is included. Pre and post residential data on 209 men, 114 women and 42 male TBI/PTSD patients showed that Veterans in all three programs showed strong clinical improvements at discharge. Interestingly, while all three groups started with similar levels of severity, women and TBI/PTSD Veterans did better at post-treatment than those Veterans in the male residential program on measures of PTSD and Depression. Specific recommendations will be offered on ways to successfully integrate returning Veterans into existing programs.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 8**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Combining Evidence-Based and Alternative Treatments in a VA Residential Program for Veterans with PTSD**  
(Abstract # 1052)

**Wahlberg, Lawrence, PhD<sup>1</sup>; Nagamoto, Herbert T., MD<sup>1</sup>; Thrall, Carrie, LCSW<sup>2</sup>; Dausch, Barbara, PhD<sup>1</sup>**

<sup>1</sup>*Department of Veterans Affairs, Eastern Colorado Healthcare System and University of Colorado Denver, Denver, Colorado, USA*

<sup>2</sup>*Department of Veterans Affairs, Eastern Colorado Healthcare System, Denver, Colorado, USA*

The PTSD Residential Rehabilitation Treatment Program (PTSD RRTP) at the Denver VA Medical Center is a Recovery-oriented program with low re-hospitalization rates and high bed occupancy. Veterans and soldiers with military-related PTSD, 12% of whom are on Active Duty status, also show improvement in PTSD symptoms after treatment. The program combines evidence-based practices, such as Cognitive Processing Therapy (CPT), with alternative treatments, such as Yoga, Tai Chi, and Preventive Medicine. Other treatments, including Acceptance and Commitment Therapy, Seeking Safety, and Dialectic Behavior Therapy, have been adapted for the residential setting and 46 day median length of stay. The Program also provides CPT “booster” sessions via telehealth in the month following treatment. This presentation will include a discussion of program design issues which impact treatment response and bed occupancy, as well as cooperative work with the Department of Defense to facilitate early intervention after military service.

## **Concurrent Session 5**

**Thursday, November 1, 2012**

**Diamond Salon 8**

**4:30 PM - 5:45 PM**

**Symposium**

### **Integrated Substance Use Disorder and PTSD Treatment in A VA Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)**

(Abstract # 1051)

**Norman, Sonya, PhD; Robinson, Shannon, MD; Sevcik, John, MSW; Fox, Ruthlyn, PhD; Carlson, Martha, PhD**

*VA San Diego Healthcare System, San Diego, California, USA*

Data collected at the San Diego VA over the past decade suggests that approximately 30% of veterans in the facility’s residential substance abuse treatment program meet criteria for post-traumatic stress disorder (PTSD). Based on these data, the San Diego VA recently initiated an eight bed PTSD-specific track within the existing 28-day residential Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). Veterans in this track are on-site almost exclusively during their stay except for one day each week spent off-site to find housing and employment and make connections with community

resources they will use post-discharge. Because of the brevity of the residential stay, it was decided that the overall program aim in regard to PTSD would be readiness for evidence based PTSD treatment post-discharge. Specific goals during the program include helping veterans increase psychological flexibility and perceived choices, increase distress tolerance, decrease experiential avoidance, increase interpersonal skills, increase self-efficacy for treatment and understand rationale for exposure based treatment. Group programming was developed to meet these goals. Measures linked to each goal are administered to veterans pre and post discharge and at 3-month follow-up. Treatment participation post-discharge will also be tracked.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 9**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Internet Based Interventions for War-Related PTSD**  
(Abstract #1539)

**Chairperson** **Knaevelsrud, Christine, PhD**  
*Freie University Berlin, Berlin, Germany*

Three clinician researchers present findings from treatment development and clinical trials research examining internet-based manualized treatments for adult survivors of war-related violence in post-war Iraq and in a sample of child survivors of WWII. Internet-based exposure, narrative components and cognitive restructuring are combined and evaluated in RCTs. The relevance of the working alliance in the internet-based treatment of PTSD patients in post-war Iraq is examined. Results indicate that each approach has distinct benefits and limitations. The results confirm the relevance of the quality of the working alliance for the outcome of an internet-based treatment for PTSD.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 9**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Therapist-Delivered Online Therapy for Post-Traumatic Stress Disorder in Post-War Iraq: A Randomized Controlled Trial**  
(Abstract # 1540)

**Knaevelsrud, Christine, PhD<sup>1,1</sup>; Brand, Janine, BA<sup>2</sup>; Schulz, Wassima, BA<sup>2</sup>; Wagner, Birgit, PhD<sup>3</sup>**

<sup>1</sup>*Freie University Berlin, Berlin, Germany*

<sup>2</sup>*Berlin Center for Torture Victims, Berlin, Germany*

<sup>3</sup>*University Clinic for Psychosomatic Medicine and Psychotherapy, University of Leipzig, Germany, Leipzig, Germany*

Internet-based interventions for post-traumatic stress disorder are feasible and effectively used in Western countries. Its applicability and efficacy in war and conflict regions is yet unknown. We investigated the efficacy of a therapist-assisted CBT delivered online for traumatized patients in post-war Iraq with PTSD.

In this randomized controlled trial, conducted from January 2009 to August 2011, 129 individuals (M=28.4 years, SD=7.52) with war-related PTSD were included. Sixty-five participants were randomly allocated to a manualized six-week online CBT (exposure, cognitive restructuring, social sharing) or a waiting list control (n=64). Participants received two weekly 45-minute writing assignments over a 5-week period. The primary outcome was PTSD symptom severity, secondary outcomes were depression and anxiety. Data were collected at three assessment points (pre, post, three-months follow-up). Intent-to-treat analysis revealed a significant decrease of PTSD symptom severity (F(1,127)= 21.47, p<.001 intrusions; F(1,127)= 25.68, p<.001 avoidance; F(1,127)= 23.84, p<.001 hyperarousal) with effect sizes ranging from d=0.74 for intrusion; d=0.78 for avoidance to d=0.84 for hyperarousal. Effect sizes were d=0.86 for anxiety and 0.92 for depression. Treatment effects remained stable at three-months follow-up. CBT seems to be effective when delivered online by a therapist, even in an unstable and insecure setting with ongoing exposure to human right violations. This method of delivery could broaden access to humanitarian aid even in areas that remain highly unstable.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 9**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Online Working Alliance Predicts Treatment Outcome for Post-Traumatic Stress Symptoms in War-Traumatized Patients in Iraq**  
(Abstract # 1541)

**Wagner, Birgit, PhD, Cpsych<sup>1</sup>; Brand, Janine, BSc<sup>2</sup>; Schulz, Wassima, BA<sup>2</sup>; Knaevelsrud, Christine, PhD, Cpsych<sup>3</sup>**

<sup>1</sup>*University of Leipzig, Leipzig, Germany*

<sup>2</sup>*Treatment Center of Torture Victims, Berlin, Germany*

<sup>3</sup>*Free University of Berlin, Berlin, Germany*

Previous studies have shown that Internet-based interventions for post-traumatic stress disorder are feasible. However, little is known about how therapeutic process factors impact online interventions in war and conflict regions. This study aims to assess the quality of the working alliance at midtreatment and posttreatment and its relationship with therapy outcome in an Internet-based cognitive-behavioral intervention for traumatized patients in Iraq. A trial was conducted with patients recruited in Iraq. 55 participants with post-traumatic stress disorder (PTSD) completed the Working Alliance Inventory (WAI) after at least session 4. Participants received two weekly 45-minute Internet-based cognitive-behavioral interventions over a 5-week period. High ratings of the therapeutic alliance were obtained early in treatment, and results remained stable from session 4 to 10, indicating that it was possible to establish a positive and stable online therapeutic relationship. The working alliance at both assessment points predicted treatment outcome for PTSD. Despite the instability of the settings and patients' ongoing exposure to human right violations through war and dictatorships, it was possible to establish a stable online therapeutic relationship.

## **Concurrent Session 5**

**Thursday, November 1, 2012**

**Diamond Salon 9**

**4:30 PM - 5:45 PM**

**Symposium**

### **Efficacy of A Therapist-Assisted Internet-Based Writing Therapy for Traumatized Child Survivors of the 2nd World War with Post-Traumatic Stress Disorder**

(Abstract # 1542)

**Symposia Presentation (Clin Res, Civil/Ref) A - C & E Europe & Indep**

**Diamond Salon 09**

**Boettche, Maria, PhD Candidate<sup>1</sup>; Kuwert, Philipp, MD<sup>2</sup>; Knaevelsrud, Christine, PhD<sup>3</sup>**

<sup>1</sup>*Treatment Center for Torture Victims, Berlin, Germany*

<sup>2</sup>*Ernst-Moritz-Arndt- University of Greifswald, Greifswald, Germany*

<sup>3</sup>*Free University of Berlin, Berlin, Germany*

Epidemiological studies indicate that Post-Traumatic Stress Disorder (PTSD) is a common condition in older adults. Nevertheless, only a few studies have evaluated the efficacy of existing therapies and age-specific treatment approaches. The aim of this study was to evaluate an internet-based manualized cognitive-behavioral writing therapy (Integrative Testimonial Therapy, ITT) combining life-review with exposure and cognitive restructuring. In a randomized controlled trial, eighty-eight child survivors of WWII with war-associated (subsyndromal) PTSD were assigned to a treatment or waiting list group (ITT: n = 43, M = 74.4 years, waiting list: n = 45, M = 71.8 years). Primary outcome was PTSD symptom

severity. Secondary outcomes were depression, anxiety, and resource-oriented variables. Data were collected at five assessment points (pre, post, three-, six- and twelve-months follow-up). Intent-to-treat analysis revealed a significant decrease of PTSD symptom severity and a significant increase of quality of life and self-efficacy in the treatment group compared to waiting list (group x time interaction: PTSD:  $F(1,86) = 8.36, p = .005$ ; quality of life:  $F(1,86) = 10.78, p = .001$ ; self-efficacy,  $F(1, 85) = 7.35, p = .008$ ). These changes maintained stable at 12-month follow-up. This newly developed approach was highly accepted (dropout 11%) and resulted in significant and stable improvements in PTSD and general psychopathology in older adults traumatized 65 years ago.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Gold Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Fear Inhibition and Fear Extinction in Post-Traumatic Stress Disorder (PTSD): Novel Findings**  
(Abstract #973)

**Chairperson**    **Sijbrandij, Marit, PhD**  
*VU University Clinical Psychology, Amsterdam, Netherland*

**Discussant**    **Craske, Michelle, PhD**  
*UCLA Anxiety Disorders Research Center, Los Angeles, California, USA*

Post-traumatic stress disorder (PTSD) develops in a minority of individuals after trauma exposure. Recent theory suggests that abnormalities in fear conditioning and extinction may explain who develops PTSD. More specifically, the development of PTSD has been linked to impaired fear inhibition learning (i.e., the inability to suppress learned fear during conditions of safety) and/ or impaired fear extinction (i.e., the impaired reduction of fear responses after repeated exposures to the conditioned stimulus in the absence of the aversive consequence). In this symposium, studies on the role of deficient fear inhibition and fear extinction in PTSD, which employed conditioning paradigms including psychophysiological and cognitive measures will be presented. Prospective studies that tested whether impaired pre-trauma fear extinction and impaired fear inhibition learning are implicated in the development or persistence of PTSD in deployed soldiers will be presented. In addition, two cross-sectional studies comparing impaired fear inhibition learning in trauma-exposed individuals (civilians and combat veterans) with PTSD vs. controls without PTSD will be presented. The studies presented here will provide new information concerning fear conditioning mechanisms underlying the etiology of PTSD. Prevention and treatment implications of the findings will be discussed.



**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Gold Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Reduced Extinction Learning Before Trauma Predicts Later Post-Traumatic Stress**  
(Abstract # 977)

**Symposia Presentation (Bio Med, Mil/Vets) A - Industrialized**

**Gold Salon 01**

**Lommen, Miriam, PhD Candidate<sup>1,1</sup>; Engelhard, Iris, PhD<sup>1</sup>; Sijbrandij, Marit, PhD<sup>1</sup>; van den Hout, Marcel, PhD<sup>1</sup>; Hermans, Dirk, PhD<sup>2</sup>**

<sup>1</sup>*Utrecht University, Utrecht, Netherlands*

<sup>2</sup>*University of Leuven, Leuven, Belgium*

Individuals with post-traumatic stress disorder (PTSD) show reduced extinction learning, compared to trauma-exposed controls. Reduced extinction learning may reflect a pre-trauma vulnerability factor for PTSD, but prospective data using large samples are lacking. This study prospectively examined whether extinction learning before trauma predicted later PTSD symptom severity.

Before deployment to Afghanistan, 249 Dutch soldiers were administered a conditioning task that consisted of an acquisition phase, in which one conditioned stimulus (CS+) was followed by an aversive unconditioned stimulus (US), whereas another stimulus (CS-) was not, and an extinction phase, in which the CS+ and CS- were presented without the US. On-line US-expectancies were measured throughout the task. About two months after deployment, 247 (99%) participants were retested, using structured clinical interviews and measures assessing PTSD symptom severity (PSS) and stressor severity (PTES). Reduced extinction learning predicted higher PSS scores, even after controlling for 'baseline' symptoms and stressor severity. To our knowledge, this is the first prospective study showing that reduced extinction of US-expectancies before trauma predicts later PTSD symptoms, over and above 'baseline' symptoms and stressor severity. The findings suggest that reduced extinction learning may be a vulnerability factor that increases the risk of PTSD. Implications will be discussed.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Gold Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Combat Veterans from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)**  
**Display Impaired Fear Extinction and an Over-Generalization of Fear Responses**  
(Abstract # 979)

**Symposia Presentation (Bio Med, Mil/Vets) I - Global**

**Gold Salon 01**

**Norrholm, Seth, PhD<sup>1</sup>; Jovanovic, Tanja, PhD<sup>1</sup>; Anderson, Kemp, BS<sup>1</sup>; Kwon, Cliffe, BS<sup>1</sup>; McCarthy, Alexander, BA<sup>1</sup>; Ressler, Kerry, MD, PhD<sup>1</sup>; Bradley, Bekh, PhD<sup>2</sup>**

<sup>1</sup>*Emory University School of Medicine, Atlanta, Georgia, USA*

<sup>2</sup>*Atlanta VAMC, Decatur, Georgia, USA*

Post-traumatic stress disorder (PTSD) symptoms can be conceptualized as a failure to inhibit fear following trauma exposure. We have employed an established fear-potentiated startle paradigm for studying fear extinction and stimulus generalization in veterans from Operations Enduring Freedom and Iraqi Freedom. In the Fear Extinction study, all participants displayed robust acquisition of fear-potentiated startle to the DANGER signal and clear discrimination between DANGER and SAFETY. In addition, participants without PTSD significantly extinguished fear responses to the DANGER signal and displayed little or no fear in the presence of SAFETY signals during Extinction. However, combat-exposed patients with PTSD displayed persistently elevated fear to the DANGER and SAFETY signals during Extinction. In the Stimulus Generalization study, participants without PTSD showed a significant “steep” generalization gradient from the previously reinforced DANGER signal (500 Hz tone) to the SAFETY signal (4000 Hz) when presented with a range of pure tones from 250 to 8000 Hz. Combat veterans with PTSD demonstrated more generalized responses to the tones (e.g., a “shallow” generalization gradient). Impaired safety learning and/or stimulus *over*-generalization may serve as potential biomarkers for PTSD diagnosis and an objective measure of treatment outcome.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Gold Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Fear Expression and Inhibition in Civilian PTSD**  
(Abstract # 980)

**Symposia Presentation (Bio Med, Adult/Cmplx) M - Industrialized**

**Gold Salon 01**

**Jovanovic, Tanja, PhD; Bradley, Bekh, PhD; Ressler, Kerry, MD, PhD**  
*Emory University School of Medicine, Atlanta, Georgia, USA*

The symptoms of PTSD can be explained, at least in part, as an inability to inhibit learned fear during conditions of safety. Our group has shown that fear inhibition is impaired in both combat and civilian PTSD populations. In the present study, fear-potentiated startle was examined in 253 individuals exposed to civilian trauma with and without PTSD. We used a differential fear conditioning protocol in which one colored shape (reinforced conditioned stimulus, CS+) was paired with an aversive airblast to the larynx and a different colored shape was not paired to the airblast (nonreinforced condition stimulus, CS-). Fear was extinguished 10 minutes later through repeated presentations of the CSs without reinforcement. Both groups demonstrated successful fear conditioning, however, participants with PTSD displayed greater fear-potentiated startle responses to the CS+ and CS- compared to the group without PTSD. During fear extinction, the PTSD group showed elevated fear-potentiated startle responses to the previously reinforced CS+ during the early and middle stages of extinction. These results suggest that PTSD is associated with enhanced fear expression of fear to the danger signal (CS+), impaired inhibition of fear during presentation of the safety signal (CS-) and deficits in extinction of fear to the CS+.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Gold Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Fear Inhibition Learning in the Course of Post-Traumatic Stress Symptoms in Dutch Soldiers Deployed to Afghanistan**

(Abstract # 981)

Symposia Presentation (Bio Med, Mil/Vets) A - Industrialized

Gold Salon 01

**Sijbrandij, Marit, PhD<sup>1,2</sup>; Engelhard, Iris, PhD<sup>2</sup>; Lommen, Miriam, MSc<sup>2</sup>; Leer, Arne, MSc<sup>2</sup>; Baas, Joke, PhD<sup>2</sup>**

<sup>1</sup>*VU University Clinical Psychology, Amsterdam, Netherlands*

<sup>2</sup>*Utrecht University, Utrecht, Netherlands*

After traumatic events, chronic symptoms of post-traumatic stress disorder (PTSD) develop in a minority of individuals. Individual differences in fear learning may play a critical role in the onset and course of PTSD. Indeed, recent studies have shown that patients with high PTSD symptom-levels show deficient fear inhibition learning compared to patients with low PTSD symptom-levels (Jovanovic et al., 2009). That is, patients with high PTSD symptom-levels were not able to suppress the fear-potentiated startle response to an aversive stimulus in the presence of safety cues. However, it is unclear whether reduced fear inhibition predicts a chronic PTSD course.

At approximately 2 months after deployment to Afghanistan, 144 trauma-exposed Dutch soldiers were administered a conditional discrimination task (AX+/BX-), in which one set of shapes (AX+) was paired with an aversive stimulus and another set of shapes (BX-) was not. Then fear inhibition was measured (AB trials). Startle electromyogram (EMG) responses and expectancy ratings were recorded. Participants were retested about 6-8 months after deployment. PTSD symptoms were measured both times. Results show that greater startle responses and higher expectancy of the aversive stimulus during the AB trials predicted the PTSD severity at 6-8 months. For startle reactions, this predictive effect remained after controlling for PTSD symptoms at 2 months.

We conclude that impaired fear inhibition is a crucial factor in the development of PTSD. Intervention strategies for individuals at risk for chronic PTSD may focus on strengthening inhibitory fear associations.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Gold Salon 2**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Examination of the Correlates and Consequences of Potentially Traumatic Event Exposure in an Epidemiologic Sample of Norwegian Twins**

(Abstract #1627)

**Chairperson**     **Amstadter, Ananda, PhD**

*Virginia Commonwealth University, Richmond, Virginia, USA*

**Discussant Knudsen, Gun Peggy, PhD**

*Division of Mental Health, Norwegian Institute of, Oslo, Norway*

There has been ongoing effort to study the role of potentially traumatic event exposure (PTE) in the etiology of a number of psychiatric conditions, including post-traumatic stress disorder (PTSD) and other axis I and II disorders. Generally, PTE exposure is related to greater likelihood of meeting criteria for a number of psychiatric conditions. However, most study designs are not able to account for the effects of common familial factors (i.e., genetic and shared environmental factors) in the relationships between PTE exposure and psychiatric disorders. Additionally, many questions remain regarding the nature of PTEs. For example, are risk factors for PTEs and PTSD common or unique? Does PTE exposure play a causal role in the etiology of disorders? The goal of this symposium is to demonstrate how an epidemiologic twin dataset (i.e., the Norwegian National Medical Birth Registry) can enhance our understanding of PTEs and related phenotypes. Specifically, we will present: (1) data from the first epidemiologic study of PTEs in Norway; (2) a behavioral genetic causal, contingent, common pathway model for PTE exposure and PTSD; (3) the causal role of PTE exposure in axis I disorders; and (4) the causal role of PTE exposure in axis II disorders.

**Concurrent Session 5**

**Thursday, November 1, 2012**

**Gold Salon 2**

**4:30 PM - 5:45 PM**

**Symposium**

**Potentially Traumatic Event Exposure, Post-Traumatic Stress Disorder, and Axis I and II Comorbidity in A Population Based Study of Norwegian Young Adults**

(Abstract # 1630)

**Symposia Presentation (Assess Dx, N/A) M - Industrialized**

**Gold Salon 02**

**Stratton, Kelcey, PhD<sup>1</sup>; Amstadter, Ananda, PhD<sup>2</sup>; Aggen, Steven, PhD<sup>2</sup>; Knudsen, Gun Peggy, PhD<sup>3</sup>; Reichborn-Kjennerud, Ted, MD<sup>4</sup>; Kendler, Kenneth, MD<sup>5</sup>**

<sup>1</sup>*Department of Psychiatry, Virginia Institute of Psychiatric and Behavioral Genetics, Virginia Commonwealth University; Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA*

<sup>2</sup>*Department of Psychiatry, Virginia Institute of Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, Virginia, USA*

<sup>3</sup>*Division of Mental Health, Norwegian Institute of Public Health, Oslo, Norway*

<sup>4</sup>*Division of Mental Health, Norwegian Institute of Public Health, The Institute of Psychiatry, University of Oslo, Oslo, Norway*

<sup>5</sup>*Department of Psychiatry, Virginia Institute of Psychiatric and Behavioral Genetics, Virginia*

*Commonwealth University; Department of Human and Molecular Genetics, Virginia Commonwealth University, Richmond, Virginia, USA*

Prevalence and correlates of exposure to potentially traumatic events (PTEs) and Post-traumatic stress disorder (PTSD) were examined in an epidemiologic sample of Norwegian young adults. Patterns of comorbidity with DSM-IV Axis I and II disorders were also investigated. The current study assessed PTEs, DSM-IV diagnoses, and demographic features in 2,794 participants of the Norwegian Institute of Public Health Twin Panel. Approximately one-quarter of participants had lifetime PTE exposure, and most forms of PTEs were more common in men than in women. Lifetime prevalence of PTSD was 2.6%, and was significantly more common in women than in men. Female sex and total PTE exposure were associated with increased PTSD symptoms, whereas higher education was associated with lower symptoms. PTSD was related to increased odds of most Axis I and II conditions. PTE exposure and PTSD prevalence were lower than in US samples, but comparable to other European countries. Sex differences replicated previous research. This study represents the first population-based study in Norway that estimates lifetime PTE exposure and PTSD prevalence, as well as demographic correlates and psychiatric comorbidity patterns.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Gold Salon 2**  
**4:30 PM - 5:45 PM**  
**Symposium**

**A Population-Based Study of Familial and Individual-Specific Environmental Contributions to Traumatic Event Exposure and Post-Traumatic Stress Disorder Symptoms in a Norwegian Twin Sample**  
(Abstract # 1631)

**Symposia Presentation (Bio Med, Violence) M - Global**

**Gold Salon 02**

**Amstadter, Ananda, PhD<sup>1,2</sup>; Aggen, Steven, PhD<sup>2</sup>; Knudsen, Gun Peggy, PhD<sup>3</sup>; Reichborn-Kjennerud, Ted, MD<sup>3</sup>; Kendler, Kenneth, MD<sup>2</sup>**

<sup>1</sup>*Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia, USA*

<sup>2</sup>*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA*

<sup>3</sup>*Norwegian Institute of Public Health, Oslo, Norway*

Post-traumatic stress disorder (PTSD) is one of the only DSM-IV disorders that requires an environmental exposure. The relationship between liability factors for trauma exposure and those for PTSD symptoms following exposure are unclear. A modified causal, contingent, common pathway (CCC) model was used to examine trauma exposure and liability for PTSD. Genetic and common environmental factors could not be distinguished, so a model that included only familial and individual specific

components was fit. The best-fitting model suggested that familial factors played an important role in liability for trauma exposure and for resulting PTSD symptoms, and that there was a modest transmission between trauma exposure and subsequent PTSD symptoms. One third of the variance in liability of PTSD symptoms is due to familial factors, and of this, approximately one-fifth overlaps with the familial liability for trauma exposure while the other four-fifths of the variance is specific to the risk of PTSD symptoms following exposure. The hypothesis that PTSD is etiologically similar to exposures to a traumatic event is not supported, suggesting that the factors that confer risk for trauma do not overlap completely with those that confer risk for PTSD.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Gold Salon 2**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Examination of a Causal Role of Trauma Exposure on Axis I Disorders in Norwegian Young Adults Using Co-Twin Control Analysis**  
(Abstract # 1633)

**Symposia Presentation (Res Meth, N/A) M - C & E Europe & Indep**

**Gold Salon 02**

**Brown, Ruth, PhD<sup>1</sup>; Berenz, Erin, PhD<sup>1</sup>; Aggen, Steven, PhD<sup>1</sup>; Knudsen, Gun Peggy, PhD<sup>2</sup>; Reichborn-Kjennerud, Ted, MD<sup>3</sup>; Kendler, Kenneth, MD<sup>1</sup>; Amstadter, Ananda, PhD<sup>1</sup>**

<sup>1</sup>*Virginia Commonwealth University, Richmond, Virginia, USA*

<sup>2</sup>*Norwegian Institute of Public Health, Oslo, Norway*

<sup>3</sup>*University of Oslo, Oslo, Norway*

Epidemiologic and longitudinal studies have reported onset of Axis I disorders such as panic disorder, phobias, and major depression after trauma exposure (TE), leading many to speculate a causal relationship between TE and Axis I psychopathology. However, these studies are not able to discern the effects of the TE from the potentially confounding factors of shared genes or common familial environment. The current study used a co-twin control method to examine a causal model of TE, as well as family environment and genetic models, on Axis I diagnoses (i.e. absence, subthreshold, and presence). Data for the current study included participants from the Norwegian National Medical Birth Registry (N = 2,780) who completed the Norwegian version of the Composite International Diagnostic Interview, including a subset of twin pairs (n=898; 449 pairs, 45% monozygotic [MZ]) discordant for TE. Odds ratios (OR) were calculated for the general population, MZ twins, and dizygotic (DZ) twins discordant for trauma exposure. The OR pattern varied across the Axis I diagnoses with a causal influence of TE being observed for some Axis I disorders but not others (e.g., panic disorder output were

consistent with a family environment model; alcohol abuse results were consistent with a genetic model).

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Gold Salon 2**  
**4:30 PM - 5:45 PM**  
**Symposium**

**A Co-Twin Control Analysis of Trauma Exposure and Personality Disorder Criterion Counts in Norwegian Young Adults**  
(Abstract # 1629)

**Symposia Presentation (Res Meth, N/A) M - C & E Europe & Indep**

**Gold Salon 02**

**Berenz, Erin, PhD<sup>1</sup>; Amstadter, Ananda, PhD<sup>1</sup>; Aggen, Steven, PhD<sup>1</sup>; Knudsen, Gun Peggy, PhD<sup>2</sup>; Reichborn-Kjennerud, Ted, MD<sup>3</sup>; Kendler, Kenneth, MD<sup>1</sup>**

<sup>1</sup>*Virginia Commonwealth University, Richmond, Virginia, USA*

<sup>2</sup>*Norwegian Institute of Public Health, Oslo, Norway*

<sup>3</sup>*Norwegian Institute of Public Health and Institute of Psychiatry, University of Oslo, Oslo, Norway*

Correlational studies consistently report relationships between exposure to a potentially traumatic event and personality disorder (PD) criteria and diagnoses. However, it is not clear whether trauma exposure is causally related to PDs or whether common familial factors (i.e., shared environment and/or genetic factors) better account for that relationship. The current study used a co-twin control design to examine a causal relationship between trauma exposure and PD symptom counts. Data for the current investigation included participants from the Norwegian National Medical Birth Registry (N = 2,780), as well as a subset of the general sample (n = 898) comprised of twin pairs (449 pairs, 45% monozygotic [MZ]) that were discordant for DSM-IV Criterion A trauma exposure. All participants completed structured diagnostic interviews. No evidence was found to support a causal role of trauma exposure in PD criterion count development, with 9 out of the 10 MZ twin odds ratios being smaller than those in DZ twins. Results are consistent with a non-causal, genetic model (i.e., underlying genetic factors account for variability in both likelihood of experiencing trauma and PD etiology). The current data are consistent with past studies indicating the importance of genetic factors, but not shared environment, in PDs.



**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 10**  
**4:30 PM - 5:45 PM**  
**Panel**

**Resiliency Comes of Age: Resiliency, Culture, and Intervention**  
(Abstract # 277)

**Panel Presentation (Cul Div, Disaster) M - Global**

**Diamond Salon 10**

**Hobfoll, Stevan, PhD<sup>1</sup>; Norris, Fran, PhD<sup>2</sup>; Weine, Stevan, MD<sup>3</sup>; Bonanno, George, PhD<sup>4</sup>**

<sup>1</sup>*Rush University Medical Center, Chicago, Illinois, USA*

<sup>2</sup>*National Center for PTSD, White River Junction, Vermont, USA*

<sup>3</sup>*University of Illinois at Chicago, Chicago, Illinois, USA*

<sup>4</sup>*Columbia Teachers College, New York, New York, USA*

The field of trauma has focused on pathological responses. Many individuals, however, do not develop pathological responding, others hardly develop symptoms whatsoever, and still others initially show upset, but recover quickly. The panel presenters have addressed the pathways of resilience following personal and community trauma, and across cultures and contexts. This panel will examine the epidemiology of resilience, how it might be defined, how it is expressed in different cultures, and the limits of resiliency. This work is critical for broadening our theoretical understanding of people's responding to trauma, key to public health intervention, and carries enormous potential for building a Psychology of Human Strength in the face of adversity that has been absent in trauma studies. Our work on the consequences of terrorism, mass conflict, disaster, refugee flight and resettlement, and war from the World Trade Center attacks, disasters in Mexico, refugees in Russia, and Israel and Palestine will be presented.

This more complex understanding of resilience suggests important roles for individual differences in vulnerability and resiliency-related characteristics, situational differences in levels of exposure, the chronicity of exposure, and environmental contingencies. It also highlights the important concept of the relativity of resilience in light of the severity and chronicity of what people are facing. These identifiable trajectories suggest a need to fit interventions differentially to the processes of support of recovery, support of continued well-being, and chronic distress.

Participant Distress Explanation: Materials of trauma and mass casualty may be graphic in description or photos.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 2**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**Psychological Impact of Trauma Across Cultures II**

**Parent-Child Communication in Intergenerational Effects of Genocide in Perpetrator and Victim Families of the Khmer Rouge Regime**  
(Abstract # 1017)

**Paper Presentation (Cul Div, Surv/Hist) I - Industrialized**

**Diamond Salon 02**

**Field, Nigel, PhD<sup>1</sup>; Strasser, Judith, MA<sup>2</sup>; Taing, Sopheap, BA<sup>2</sup>**

<sup>1</sup>*Palo Alto University, Palo Alto, California, USA*

<sup>2</sup>*Transcultural Psychsocial Organization, Phnom Penh, Cambodia*

Research on intergenerational effects of genocide has focused largely on individuals who were victimized with less attention to perpetrators. This study addressed this in comparing families of former Khmer Rouge (KR) perpetrators with their non-KR victim counterparts in Cambodia. Because many KR members were also exposed to considerable trauma during the KR regime, they were expected to indicate similar psychological effects to that shown among victims, with implications for their offspring. A central focus of the study involved parent-child communication regarding parents' experiences during the KR regime as a possible mechanism for intergenerational effects of trauma. 48 former KR families and 47 non-KR families consisting of a father, mother, and young adult child born after the KR regime participated in a structured interview that included parent-child communication, trauma exposure, and symptom measures. The results indicated that perpetrator and victim groups of parents experienced comparable levels of KR trauma exposure. In support of trauma transmission, a positive relationship was found between mothers' trauma exposure and PTSD hyperarousal symptoms and her child's anxiety in both groups. Moreover, mother-child communication mediated this relationship - wherein mothers with greater trauma talked more openly with her child that, in turn, increased the child's anxiety. Differences in parent-child communication between the two groups and their implications for the child's adjustment will also be discussed.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 2**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**Social resources and functioning among female and male survivors of domestic violence in Iraqi Kurdistan**  
(Abstract # 1187)

**Paper Presentation (Global, Diverse Pop) | - Global**

**Diamond Salon 02**

**Kane, Jeremy, MPH; Hall, Brian, PhD; Bolton, Paul, Other; Bass, Judith, PhD, MPH**

*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

Domestic violence (DV) is highly prevalent in Iraq and has been associated in other settings with an increased risk for poor overall functioning within the domain of culturally determined gender role-related activities. Research has demonstrated that social resources are associated with better mental health and functioning outcomes for survivors of trauma, but little research has been conducted to determine which types of social resources may be important within non-Western cultural contexts and whether that importance varies by the type of trauma experienced. This study investigated the cross-sectional associations of 3 domains of 'social resources': perceived social support, social integration, and frequency of social contact, with overall functioning among 451 female and 434 male trauma survivors in Kurdistan, Iraq. Multivariable linear regressions were conducted to test whether associations between social resources and functioning were stronger among those had experienced DV compared with those that had experienced other types of trauma (e.g. torture, rape, imprisonment) but not DV. Among those who experienced DV, we also explored whether the association between social resources and functioning was modified by gender; that is, whether social resources were more strongly associated with better daily functioning among males or females. These results will be presented along with a discussion of the utility of these 3 social resource domains and how investigation into their association with functioning may enhance our ability to develop culturally relevant intervention strategies for both male and female survivors of DV and other types of trauma.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 2**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**The Predictors of Psychological Problems Related to War Trauma in Iraqi Civilians**  
(Abstract # 1665)

**Paper Presentation (Assess Dx, Civil/Ref) A - C & E Europe & Indep**

**Diamond Salon 02**

***Koryürek, Mehmet, MD<sup>1</sup>; Kılıç, Cengiz, MD, PhD<sup>2</sup>; Magruder, Kathryn, MPH, PhD<sup>3</sup>***

*<sup>1</sup>Yenimahalle State Hospital and Hacettepe University Medical School, Ankara, Turkey*

*<sup>2</sup>Hacettepe University Medical School, Ankara, Turkey*

*<sup>3</sup>Medical University of South Carolina and Hacettepe University Medical School, Charleston, South Carolina, USA*

Most studies on war-related psychological trauma have focused on post-traumatic stress disorder (PTSD) in soldiers returning home after deployment. Yet, the number of civilians affected by wars is rising. Following the invasion of Iraq by USA between 2003 and 2006, approximately four million Iraqis were displaced, including Turkmens, who are the third largest ethnic group in Iraq after Arabs and Kurds. Because of their cultural links with Turkey, many young Iraqi Turkmen pursue higher education in Turkey. This paper aims to detect the prevalence and predictors of psychological symptoms caused by war trauma in young Iraqi Turkmen students who came to Ankara for higher education. The sample consists of 203 Iraqi Turkmen students who were surveyed in a group setting using standardized instruments to measure depression and PTSD. Results show that the prevalence of PTSD and depression was 17.2% and 23.2%, respectively. Additionally, the number of traumatic events was the strongest predictor of PTSD in our sample, while non-traumatic negative life events predicted both PTSD and depression. Our results show significant rates of war-related psychopathology (PTSD and depression) among Iraqi youth, despite the fact that they are safely away from war zone.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 2**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**Post-Traumatic Stress Disorder and HIV Risk Behaviors Among Rural Native American Women: Implications for Trauma Focused Interventions**  
(Abstract # 1167)

**Paper Presentation (Cul Div, Diverse Pop) I - Industrialized**

**Diamond Salon 02**

**Pearson, Cynthia, PhD<sup>1</sup>; Kaysen, Debra, PhD<sup>2</sup>; Smartlowit-Briggs, Lucy, MA<sup>3</sup>; Whitefoot, Patricia, MA<sup>3</sup>**

<sup>1</sup>*Indigenous Wellness Research Institute - University of Washington, Seattle, Washington, USA*

<sup>2</sup>*University of Washington, Seattle, Washington, USA*

<sup>3</sup>*Yakama Reservation Wellness Coalition, Toppenish, Washington, USA*

Native Americans (NA) have survived centuries of forced relocation, genocide, discrimination, and other stressors such as sexual and physical abuse associated with boarding schools that have led to disproportionately high poverty, substance use, suicide rates, HIV, and lower-than-average life expectancies. Despite these known risk factors, few studies have examined the relationship between PTSD and HIV risk within NA communities. This study tests the relationship between PTSD and HIV risk behaviors among 146 rural NA women recruited from a venue-based sample. We used multivariate analyses to examine the associations between PTSD and HIV risk behavior after adjustment for potentially confounding variables: substance use, childhood abuse, and interpersonal violence. A total of 57(39.0%) respondents met PTSD diagnosis or sub threshold PTSD. Almost half (48.0%) met DSM-IV criteria-B (reexperiencing symptom), 35.6% met criteria-C (avoidance symptoms), and 41.1% met criteria-D (hyperarousal symptoms). In the adjusted analysis women who met the PTSD criteria or avoidance cluster reported more sexual partners ( $\beta=0.49$ , 95%CI=0.13, 0.85,  $\beta=0.45$ , 95%CI=0.09, 0.81, respectively). The hyperarousal cluster was associated with having a sexual partners at high risk for HIV (O.R.=0.29, 95%CI=0.15, 1.00). PTSD is associated with HIV sexual risk behaviors; therefore, treatment of PTSD may be an important factor in HIV prevention.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 7**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**Models of PTSD in Children and Adolescents**

**Trauma Histories of Youth Involved in the Juvenile Justice System: Findings from the NCTSN Core Data Set**

(Abstract # 1634)

**Paper Presentation (Assess Dx, Child/ Adol) M - Industrialized**

**Diamond Salon 07**

**Dierkhising, Carly, PhD Candidate<sup>1</sup>; Ko, Susan, PhD<sup>1</sup>; Briggs, Ernestine, PhD<sup>2</sup>; Lee, Robert, MS<sup>2</sup>; Pynoos, Robert, MD<sup>1</sup>**

<sup>1</sup>*National Center for Child Traumatic Stress, Los Angeles, California, USA*

<sup>2</sup>*National Center for Child Traumatic Stress, Durham, North Carolina, USA*

Early trauma exposure is a robust predictor for later involvement in the justice system (Widom & Maxfield, 1996) and heightened risk for continued exposure to trauma (Finkelhor, Ormrod, & Turner, 2007). Justice-involved youth often have complex trauma histories, spanning from early childhood through adolescence. The current study reports preliminary findings of justice-involved youth in the National Child Traumatic Stress Network Core Data Set (NCTSN-CDS). The NCTSN-CDS (N=14,088) is a national sample of children referred for trauma-focused treatment with approximately eight percent of the sample (n=658) reporting recent involvement in the justice system. The current study evaluates: (1) prevalence and type of lifetime trauma exposure, (2) current mental health problems, and (3) related impairments. Justice-involved youth (46% male; mean age 15.7) were exposed to multiple traumas (M=4.9, SD= 2.9), the most prevalent were traumatic loss/separation (61%), domestic violence (52%), and psychological maltreatment (49%). On standardized assessments nearly one quarter of youth reported clinical levels of PTSD (24%) and internalizing problems (22%). Related impairments include academic problems (72%), substance abuse (40%), and child welfare involvement (38%). Additional analyses examine developmental trauma histories and their relation to mental health outcomes. Results indicate an urgent need for expanding trauma-focused services for justice-involved youth.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 7**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**Exposure to Violence and Reinforcement Sensitivity in Latino Adolescents: Making Sense of the Heterogeneity in Trauma Responses**  
(Abstract # 1448)

**Paper Presentation (Clin Res, Diverse Pop) M - Industrialized**

**Diamond Salon 07**

**Gudiño, Omar, PhD**

*University of Denver, Denver, Colorado, USA*

Latino youths living in urban communities marked by poverty are at high risk of being exposed to violence and developing a wide range of trauma-related difficulties. A growing body of research suggests that behavioral inhibition (BIS) and approach (BAS), as described in Reinforcement Sensitivity Theory, are uniquely associated with internalizing and externalizing problems, respectively. The current study sought to improve our understanding of the heterogeneity in trauma responses by testing whether BIS/BAS moderates the association between violence exposure and specific clinical outcomes. Latino adolescents (N=168) participating in a short-term longitudinal study provided reports of psychopathology and reinforcement sensitivity at Time 1, with violence exposure and psychopathology assessed prospectively for 6 months (Time 2). Results from structural equation modeling analyses suggested that BIS was associated with increased risk for internalizing problems and PTSD symptoms following exposure to violence whereas BAS was associated with increased risk for externalizing problems following exposure to violence. Additional results suggested that BIS was a specific risk factor for the development of PTSD avoidance symptoms following exposure to violence. Implications of these findings for conceptualizing trauma responses and tailoring interventions are discussed.

**Concurrent Session 5**  
**Thursday, November 1, 2012**  
**Diamond Salon 7**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**Associations Between Being Bullied, Conduct Problems, Mental Health and PTSD Symptoms**  
(Abstract # 1568)

**Idsoe, Thormod, PhD<sup>1</sup>; Idsoe, Ella Cosmovici, PhD<sup>1</sup>; Jonassen, Kjell Reidar, MA<sup>2</sup>**

<sup>1</sup>*University of Stavanger, Stavanger, Norway*

<sup>2</sup>*Center for Adaptive Education, Stavanger, Norway*

School bullying is related to PTSD symptoms (Idsoe, Dyregrov & Idsoe, 2012) and other mental health outcomes, school attendance and performance (e.g. Arsenault et al. 2010). When it comes to conduct problems following trauma, it seems to depend on the type of trauma experienced. We extended previous research on school bullying by investigating conduct problems, as well as psychiatric distress (anxiety/depressive symptoms) and PTSD symptoms among victims of bullying. Our study comprised a representative sample of Norwegian pupils in grades 8 and 9 (n = 963). Measures were The Children's Impact of Event Scale (CRIES-8), Hopkins Symptom Checklist, and Alsaker's conduct scale (Alsaker et al., 1991). Bullied students reported higher levels of conduct problems and psychiatric distress. 31.9% of the boys and 51.5% of the girls scored above the clinical cutoff (1.85) for psychiatric distress. We also found that 27.6% of the bullied boys and 40.5% of the bullied girls scored above the clinical cutoff for PTSD symptoms. SEM-models with latent variables showed that the three outcomes were positively correlated for boys and girls. Frequency of bullying exposure was positively related to all three outcomes, but the effects were moderated by gender. Implications for practice and further research are discussed.

## **Concurrent Session 5**

**Thursday, November 1, 2012**

**Diamond Salon 7**

**4:30 PM - 5:45 PM**

**Paper Session**

### **Coping in the Midst of Terror: Adolescents' Self-Perceived Coping Reactions During the 22 July Terror Attack at Utoya in Norway**

(Abstract # 1500)

**Jensen, Tine, PhD; Thoresen, Siri, PhD; Dyb, Grete, PhD**

*Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway*

Studies show that coping strategies relates to distress and adjustment. Also, some suggest that problem-focused coping is more adaptive for controllable circumstances, and that emotion-focused is more appropriate for uncontrollable circumstances. However, very few studies have examined adolescents coping strategies during an acute traumatic incident where they have little control. This presentation reports results from an interview study with survivors from the 22. July 2011 shooting in Norway, where



69 people were killed. About 500 youth were trapped on an island over an hour while being shot at. Altogether, 314 youth (response rate = 66%) participated in the study approximately 4 months after the terror attack. We used an adapted and shortened version of the CCSC-HICUPS to measure the youths self-perceived coping strategies. Several coping strategies were prevalent (e.g. 64.7% reported that they often or most of the time “did something to make things better”, 55.4 % reported that they often or most of the time said to themselves that “everything will be OK”). In this presentation we will discuss how coping strategies in these highly traumatized youths are related to level of exposure, subjective distress during the traumatic event, and subsequent stress reactions. Coping skills are often included in conceptual models of factors leading to adjustment. Studying peri-traumatic coping responses may add to this understanding.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**9:00 AM - 10:15 AM**  
**Keynote Address**

**The Road Less Traveled? Bringing Effective Trauma Interventions for Youth and Families Into Community Settings**  
(Abstract # 2142)

**Invited Speaker (Train/Ed/Dis, Child/ Adol) I - Industrialized**

**Diamond Salon 04 & 05**

**Hanson, Rochelle, PhD**

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

Transporting and implementing efficacious treatments into communities to reach all individuals who need them is an ongoing challenge. Implementation strategies involving multi-stakeholder participation have not yet specifically focused on empirically-supported trauma-focused treatments, particularly those that target youth and their families. As a result, these interventions are still not well-integrated within communities, nor are they yet the standard practice of care throughout many countries' mental health and public health systems. This presentation will describe some promising examples of multilevel implementation models designed to promote and support sustained use of evidence-based, trauma-focused interventions in community settings. Research on delivery of trauma interventions in community settings will be reviewed with an emphasis on methods to promote adoption, uptake, and sustained use. Challenges to implementation, particularly involving interventions that target traumatized youth and their families will be highlighted. The presentation will conclude with a discussion on directions for the future, including implications for clinicians, administrators, researchers, public policy makers, as well as other key community stakeholders.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Maintaining the Therapeutic force: Preventing Burnout/Compassion Fatigue Among Healthcare Providers in the US Military and Department of Veterans Affairs**  
(Abstract #508)

**Chairperson**    **Kudler, Harold, MD**  
*Mid-Atlantic MIRECC/Duke University, Chapel Hill, North Carolina, USA*

**Discussant**    **Stamm, Beth, PhD**  
*Idaho State University, Pocatello, Idaho, USA*

Experience in disaster management has taught responders to attend to their own self-care but less is known about Burnout/Compassion Fatigue (BO/CF) among United States Department of Defense (DoD) and Veterans Affairs (VA) providers responding to acute and chronic deployment health needs of Service Members/Veterans and their families. This session reviews the conceptual and evidence basis for BO/CF and their potential impact on provider skills, resilience, and retention. Data from the Army Behavioral Health Practice and Treatment Study will highlight levels of professional burnout, career satisfaction and retention among Army behavioral health clinicians. A DoD combat trauma provider will describe the etiology, symptomatology and consequences of exposure to trauma history and provide strategies for self evaluation and care. Findings from a pilot program, Group Supervision for VA Clinicians Listening to Trauma Histories, will explore related issues among the VA workforce. This session will conclude with a discussion led by Dr. Beth Hudnall Stamm, developer of the Professional Quality of Life Scale (ProQUAL 5), a validated research measure of BO/CF employed by two of the three presenters.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Maintaining the Therapeutic force: Preventing Burnout/Compassion Fatigue Among Healthcare Providers in the Us Military and Department of Veterans Affairs**  
(Abstract # 510)

**Symposia Presentation (Self-Care, Caregvrns) I - Global**

**Diamond Salon 01**

**Bruner, Victoria, LCSW-C, BCETS**

*Department of Defense, Cabin John, Maryland, USA*

Experience in disaster management has taught responders to attend to their own self-care but less is known about Burnout/Compassion Fatigue (BO/CF) among United States Military and Veterans Affairs (VA) providers responding to acute and chronic deployment health needs of Service Members/Veterans and their families. This session reviews the conceptual and evidence basis for BO/CF and their potential impact on provider skills, resilience, and retention. Data from the Army Behavioral Health Practice and Treatment Study will highlight levels of professional burnout, career satisfaction and retention among Army behavioral health clinicians. A Department of Defense combat trauma provider will describe the etiology, symptomology, consequences of exposure to trauma history and strategies for self evaluation and care. Findings from a pilot program, Group Supervision for VA Clinicians Listening to Trauma Histories, will explore related issues among the VA workforce. This session will conclude with a discussion led by Dr. Beth Hudnall Stamm, developer of the Professional Quality of Life (ProQUAL 5), a validated research measure of BO/CF employed in two of these three independent studies.

Participant Distress Explanation: Examples of profession distress of trauma treatment providers

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Career Satisfaction, Professional Burnout, and Retention Among the Army's Specialty Mental Health Clinicians**

(Abstract # 511)

**Symposia Presentation (Practice, Mil/Vets) I - Global**

**Diamond Salon 01**

**West, Joyce, PhD<sup>1</sup>; Wilk, Joshua, PhD<sup>2</sup>**

<sup>1</sup>*American Psychiatric Institute for Research and Education, Arlington, Virginia, USA*

<sup>2</sup>*Walter Reed Army Institute of Research, Silver Spring, Maryland, USA*

Given the increased demand for mental health treatment among service members in the military, there is a need to better understand the current capacity and challenges being faced by behavioral health clinicians. This presentation uses data from “The Army Behavioral Health Practice and Treatment Study,” conducted by the Walter Reed Army Institute of Research (WRAIR) and the American Psychiatric Institute for Research and Education (APIRE) and the Army’s Mental Health Advisory teams (MHAT), to highlight current levels of professional burnout, career satisfaction and other measures of retention reported by the Army’s behavioral health clinicians. In the WRAIR study, 2,311 clinicians, including psychiatrists, psychologists, and social workers, were invited to participate in this electronic survey, fielded May-September, 2010, with approximately one-quarter participating. Data from 552 deployed providers from the MHAT will also be presented.

## **Concurrent Session 6**

**Friday, November 2, 2012**

**Diamond Salon 1**

**9:00 AM - 10:15 AM**

**Symposium**

**Burnout/Compassion Fatigue Among Healthcare Providers in the Us Department of Veterans Affairs: Experience in Group Supervision for Clinicians Listening to Trauma Histories**

(Abstract # 509)

**Symposia Presentation (Self-Care, Mil/Vets) M - Industrialized**

**Diamond Salon 01**

**Kudler, Harold, MD**

*Mid-Atlantic MIRECC/Duke University, Durham, North Carolina, USA*

The United States Department of Veterans Affairs (VA) has succeeded in an historic rollout of evidence-based therapy (EBT) training for PTSD but, while EBT training reliably fosters therapist adherence to models, it does not routinely focus on preparing therapists to attend to or deal with important aspects of their responses in work with trauma survivors. EBT clinicians may not be prepared to explore their relationships with their patients or examine personal responses to patients. Failure to attend to personal and interpersonal phenomena with trauma survivors creates missed opportunities to: 1) Better understand and treat Veterans; 2) Enhance the skills and resilience of VA clinicians, and; 3) Retain this new generation of VA clinicians. The VISN 6 MIRECC began offering monthly Group Supervision for

Clinicians Listening to Trauma Histories in June 2007. Over 400 clinicians from across the VA system have taken part. Continuous evaluation documents that Group Supervision effectively assists participants in developing new personal and professional strategies and clinical understanding and in recognizing potential effects of trauma narratives on themselves and their colleagues. New findings on Compassion Fatigue and Clinician Burnout among VA clinicians as measured by the ProQOL 5 will be shared.

Participant Distress Explanation: We will ask clinicians to consider how listening to their patient's trauma narratives may have been distressing to them. We will NOT elicit specific trauma material or conduct exercises in this session but it is conceivable that some attendees might find this distressing.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Trauma Responses in Four Non-Western Populations: Beyond DSM Boundaries?**  
(Abstract #1018)

**Chairperson** **Rasmussen, Andrew, PhD**

*New York University School of Medicine, New York, New York, USA*

Four researchers present findings from emic (culturally-specific) studies of post-traumatic clinical and psychosocial stress from Sri Lanka, Nepal, Guinea Bissau, and Cambodia. Symptom- and construct-level descriptions of each are compared to post-traumatic stress in DSM-IV and proposals for DSM-5. Discussion will focus on assessing posttrauma psychopathology beyond the boundaries of European and North American mainstream cultures.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Psychological Trauma and PTSD in Nepal: Adult and Child Symptom Profiles**  
(Abstract # 1019)

**Kohrt, Brandon, MD, PhD**

*The George Washington University, Washington, Dist. of Columbia, USA*

Psychiatrists and anthropologists have claimed that Cartesian duality splitting the mind and body characterizes Western psychology whereas mind-body holism is common in non-Western cultures. However, 'emic' (culturally-specific) psychologies across most cultures reveal complex divisions of the self. Employing methods of ethnography, validation studies of PTSD instruments, and epidemiological studies of child soldiers and adults, this presentation explores how models of self in Nepal influence the type of PTSD symptoms, DSM categories, and social stigma following trauma. In Nepal, the self is divided into brain-mind, heart-mind, physical body, spirit, and social self. Traumatic events have different effects among these aspects of the self. Trauma survivors suffer from depression, somatization, psychosis, and local idioms of distress, in addition to PTSD. The types of post-traumatic symptoms are described by Nepali trauma survivors in relation to the different aspects of the self, such as brain-mind, heart-mind, and social self. When compared with DSM psychiatric categories, symptoms related to avoidance are less relevant for Nepali populations, and interpersonal sequelae of traumatic events show the strongest association with impaired functioning. The ethnopsychological framing strongly associates with the type and severity of social stigma following trauma exposure.

**Concurrent Session 6**

**Friday, November 2, 2012**

**Diamond Salon 2**

**9:00 AM - 10:15 AM**

**Symposium**

**Emic Perspectives on the Impact of Armed Conflict on Children's Mental Health in Northern Sri Lanka**

(Abstract # 1021)

**Symposia Presentation (Clin Res, Civil/Ref) M - S Asia**

**Diamond Salon 02**

**Tol, Wietse, PhD<sup>1</sup>; Thomas, Fiona, MSc<sup>2</sup>; Vallipuram, Anavarathan, MD<sup>3</sup>; Sivayokan, Sambasivamoorthy, MD<sup>4</sup>; Jordans, Mark, PhD<sup>5</sup>; Reis, Ria, PhD<sup>6</sup>; de Jong, Joop, MD, PhD<sup>7</sup>**

<sup>1</sup>*Yale University, New Haven, Connecticut, USA*

<sup>2</sup>*Center for Mental Health and Addiction, Toronto, Ontario, Canada*

<sup>3</sup>*Shanthiham, Jaffna, Sri Lanka*

<sup>4</sup>*Jaffna University Teaching Hospital, Jaffna, Sri Lanka*

<sup>5</sup>*HealthNet TPO & LSHTM, Amsterdam, Netherlands*

<sup>6</sup>*Leiden University Medical Center, Leiden, Netherlands*

<sup>7</sup>*University of Amsterdam, Amsterdam, Netherlands*

Examining emic perspectives, i.e. locally held insider views, on the mental health consequences of armed conflicts on diverse populations, has the potential to make services more accessible and effective, e.g. by incorporating ways that people conceptualize, seek help for, and support each other when facing mental health problems. The current study aimed to describe emic perspectives in war-affected northern Sri Lanka, using rapid ethnographic research methods. Trained staff of a Sri Lankan non-governmental organization (NGO) conducted: (a) focus group discussions with children (n=7), parents (n=8), and teachers (n=5); (b) key informant interviews with traditional and religious healers, health workers, and NGO staff (n=18), and (c) semi-structured interviews with families particularly affected by armed conflict (n=12). Thematic analyses showed a large range of mental health and psychosocial responses, including spiritual concerns (e.g. evil spirits and witchcraft) and moral concerns (e.g. violence as a means to solve conflict, imitating fighting forces, 'moral degradation'). Most problems are addressed within the family, but eclectic care across the formal and traditional health sector is sought when symptoms persist or worsen. We conclude that mental health services in northern Sri Lanka could be improved by building on local mental health conceptualizations and available resources.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**9:00 AM - 10:15 AM**  
**Symposium**

**A Key Idiom of Distress Among Traumatized Cambodian Refugees: Thinking A Lot**  
(Abstract # 1332)

**Symposia Presentation (Cul Div, Diverse Pop) M - Industrialized**

**Diamond Salon 02**

**Hinton, Devon, MD, PhD**

*Harvard, Boston, California, USA*

We examined the prevalence of the cultural syndrome of "thinking a lot" among 150 Cambodian refugees attending a psychiatric clinic in Lowell, MA, USA, and we conducted a phenomenological and psychometric study. We analyzed what patients were thinking about when "thinking a lot," what somatic symptoms were induced by thinking a lot, and what catastrophic cognitions they had about how "thinking a lot" might harm the body or mind or about how "thinking a lot" might indicate a disturbance of mind or body. We analyzed the odds ratio of Cambodians with "thinking a lot" having GAD, panic attack, panic disorder, or PTSD. Using a PTSD checklist cut-off score to determine PTSD presence, we determined whether "thinking a lot" would perform better than those PCL items in predicting PTSD presence in a discriminant function analysis. Among the findings were that "thinking a lot" produced multiple somatic symptoms and gave rise to considerable catastrophic cognitions. We found that the odds ratio of having GAD, panic attack, panic disorder, and PTSD were quite elevated among those with

“thinking a lot,” particularly PTSD. We found that “thinking a lot” was the best predictor of PTSD presence in the discriminant function analysis.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Collective Trauma Resolution: Mass Dissociation as a Way of Processing Post-War Traumatic Stress**

(Abstract # 1023)

**Symposia Presentation (Cul Div, Civil/Ref) M - Industrialized**

**Diamond Salon 02**

**de Jong, Joop, MD, PhD<sup>1,2</sup>; Reis, Ria, PhD<sup>3</sup>**

<sup>1</sup>*VU University, UvA, Boston University, Rhodes University, Amsterdam, Netherlands*

<sup>2</sup>*University of Amsterdam, Amsterdam, Netherlands*

<sup>3</sup>*Leiden University Medical Center, Leiden, Netherlands*

Guidelines on psychosocial interventions in post-conflict areas commonly mention that interventions should be based on local needs, be culture-informed and be built on culture-specific expertise. However, there are few studies into how (post-)conflict communities in Africa cope with extreme stress.

This paper is based on a mass dissociative cult, the Kiyang-yang (KYY), in Guinea Bissau. The paper uses a new concept, collective trauma resolution, to analyse how the cult and its idiom of distress of mass dissociation offered the local population a pathway to mitigate the consequences of protracted and widespread political violence. To be able to compare trauma resolution mechanisms across the globe, we propose to analyze them with the help of a model discerning five universal dimensions of human being and becoming. After presenting the five dimensions, our paper will describe similarities and differences between academic psychological healing traditions and collective trauma resolution in different African contexts including Guinea Bissau, Mozambique and the LRA of Joseph Kony in Uganda.



**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Translating Exposure Therapy to Group Formats: Sharing Trauma Narratives and Fostering Peer Support to Promote Recovery from PTSD**  
(Abstract #416)

**Chairperson**    **Mott, Juliette, PhD**  
*Michael E. DeBakey VA Medical Center, Houston, Texas, USA*

**Discussant**    **Williams, Wright, PhD, ABPP**  
*Michael E. DeBakey VA Medical Center, Houston, Texas, USA*

This symposium features a series of four presentations highlighting recent research related to the efficacy and acceptability of group-based approaches to exposure therapy. Presenters will address the effectiveness of group-based PTSD treatments utilizing in-session exposure techniques compared with those that do not. Pilot results from two new manualized treatment models that explore novel approaches to group exposure will be featured. These studies include the hybridization of empirically-supported individual exposure models with group-based techniques applied in complex patient populations (e.g., Veterans with chronic PTSD, individuals with comorbid diagnoses of PTSD/SUD.) To augment clinical effectiveness data, patient perspectives on the benefits and tolerability of in-group exposure will also be highlighted. Overall, results suggest that group exposure treatments offer unique advantages related to peer support and normalization, and hold great potential in the treatment of PTSD.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**9:00 AM - 10:15 AM**  
**Symposium**

**A Meta-analytic Review of Exposure in Group Cognitive Behavior Therapy for Post-Traumatic Stress Disorder**  
(Abstract # 417)

**Barrera, Terri, MA<sup>1</sup>; Mott, Juliette, PhD<sup>2</sup>; Teng, Ellen, PhD<sup>2</sup>**

<sup>1</sup>*University of Houston, Houston, Texas, USA*

<sup>2</sup>*Michael E. DeBakey VA Medical Center, Houston, Texas, USA*

Although the efficacy of exposure is well established in individual cognitive behavioral treatments for post-traumatic stress disorder (PTSD), some clinicians and researchers have expressed concerns regarding the use of in-session disclosure of trauma details through imaginal exposure in group cognitive behavioral therapy (GCBT) for PTSD. Thus, the aim of the present study was to conduct a systematic review of the empirical support for GCBT in the treatment of PTSD and to compare GCBT protocols that encourage the disclosure of trauma details via in-session exposure to GCBT protocols that do not include in-session exposure. A total of 899 participants with PTSD were included in the 17 eligible GCBT treatment conditions (9 conditions included in-group exposure, 8 conditions did not include in-group exposure). The overall pre-post effect size of GCBT for PTSD (1.09) suggests that GCBT is an effective intervention for individuals with PTSD. No significant differences in effect sizes or attrition rates were found between GCBT treatments that included group exposure and those that did not. The results from this meta-analysis suggest that concerns about the potentially negative impact of group exposure may be unwarranted, and support the use of exposure-based GCBT as a promising treatment option for PTSD.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Combining Group Based Exposure Therapy with Prolonged Exposure to Treat Vietnam Veterans with PTSD: A Case Study**

(Abstract # 419)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 08**

**Ready, David, PhD**

*Atlanta VA Medical Center, Decatur, Georgia, USA*

Group Based Exposure Therapy (GBET) reduced post-traumatic stress disorder (PTSD) symptoms in three open trials with combat veterans. Prolonged Exposure (PE) has more empirical support than any other PTSD treatment. However, it has a 20.5% dropout rate in controlled studies and often higher rates of non-completion in clinical practice. A US VA PTSD program found a four percent dropout rate for 267 mainly Vietnam veterans treated with GBET and a 28% non-completion rate for PE with a similar sample of 101 veterans. Components of GBET and PE were combined to treat eight Vietnam combat veterans for 12-weeks, twice per week with an intervention that included two within-group war-trauma

presentations, six PE-style individual sessions, daily listening to recorded imaginal exposure sessions and daily in vivo exposure exercises. All participants completed treatment. Significant reductions were found on all measures of PTSD and seven participants no longer met criteria for PTSD on treating clinician administered interviews and a self-report measure at post-treatment. Significant improvements in self-reported depression, quality and quantity of sleep and PTSD-related cognitions were also found. Most gains were maintained six months post-treatment. This model seems to be more effective than GBET and to be well tolerated by older veterans.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Veteran Perspectives on the Effectiveness and Tolerability of Group-Based Exposure Therapy**  
(Abstract # 418)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Mott, Juliette, PhD<sup>1</sup>; Sutherland, John, PhD<sup>2</sup>; Williams, Wright, PhD, ABPP<sup>1</sup>; Holmes Lanier, Stacey, PhD<sup>1</sup>; Teng, Ellen, PhD<sup>1</sup>**

<sup>1</sup>Michael E. DeBakey VA Medical Center, Houston, Texas, USA

<sup>2</sup>HealthEast Care System, St. Joseph's Hospital, Minneapolis, Minnesota, USA

Although an extensive body of empirical literature supports the efficacy of individual exposure therapy for post-traumatic stress disorder (PTSD), there is substantial debate about the suitability of exposure-based techniques in group treatment settings. Whereas some clinicians and researchers have predicted that these techniques may vicariously traumatize patients, others have argued that the group setting may facilitate exposure work by offering opportunities for normalization and social support. Little is known, however, about patients' views on group exposure. The present study examined Veterans' perspectives on the effectiveness and tolerability of a 12-week model of Group Based Exposure Therapy (GBET). Analysis of qualitative and quantitative self-report data from 20 combat Veterans indicated that participants were highly satisfied with treatment and experienced it as both helpful and acceptable. Eighty-five percent of the sample ( $n = 16$ ) evidenced reliable reductions in PTSD symptoms from pre- to post-treatment without experiencing an exacerbation of their symptoms over the course of treatment. The observed dropout rate was low (5%,  $n = 1$ ), and treatment completers reported that commitment to the group was instrumental in their decision to remain in treatment. Veterans described that hearing other group members' in-session imaginal exposures had a normalizing effect and indicated that feedback from fellow Veterans on their own imaginal exposures was the most helpful aspect of GBET.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Creating Change: A Past-Focused Model for PTSD and Substance Abuse**  
(Abstract # 514)

**Symposia Presentation (Clin Res, Adult/Cmplx) M - Industrialized**

**Diamond Salon 08**

**Johnson, Kay, LICSW<sup>1</sup>; Najavits, Lisa, PhD<sup>1</sup>; Utley, Joni, PsyD<sup>2</sup>; Krinsley, Karen, PhD<sup>2</sup>; Skidmore, Chris, PhD<sup>2</sup>**

<sup>1</sup>*Treatment Innovations, Newton Centre, Massachusetts, USA*

<sup>2</sup>*VA Boston, Boston, Massachusetts, USA*

Creating Change (CC) is a past-focused behavioral therapy developed for comorbid post-traumatic stress disorder (PTSD) and substance use disorder (SUD). It was designed to address current gaps in the field, including the need for a past-focused PTSD/SUD model with flexibility, for complex clients, that works well within staffing/resource limitations typical in community-based programs, that can be implemented with groups or individuals. It follows the style, tone, and format of Seeking Safety, a successful present-focused PTSD/SUD model.

Results of our pilot outcome trial of the model with seven predominantly minority and low-income men and women outpatients diagnosed with current and longstanding PTSD and SUD will be discussed.

Assessments were conducted pre- and post-treatment and evidenced significant improvements in multiple domains including PTSD and trauma-related symptoms (e.g., dissociation, anxiety, depression, sexual problems); broader psychopathology (e.g., paranoia, psychotic symptoms, obsessive symptoms, interpersonal sensitivity); daily life functioning; PTSD-related cognitions; coping strategies; and suicidal ideation. Effect sizes were consistently large; no negative outcomes were found. Methodological limitations, promising implications of this study, and future research considerations will be reviewed.

Secondly, we will discuss clinical considerations in implementing the model including the clinician's role in treatment, supervising clinicians on fidelity, and client comments about the therapy.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Responding to the 22 July, 2011 Mass Killing in Norway**  
(Abstract #1304)

**Chairperson** **Dyregrov, Atle, PhD**  
*Center for Crisis Psychology, Bergen, Norway*

On July 22nd 2011, Norway experienced two sequential terrorist attacks by the same perpetrator. First he set off a bomb in the Governmental quarter killing 8 people and injuring several hundred. Then he shot and killed 69 politically active youth on the island of Utøya, injured 60, while around 500 mostly adolescent and young adult survivors escaped under extreme danger. A massive psychosocial outreach program was instigated with the help of local communities and central authorities to help bereaved families, survivors, helpers and others. This symposium covers three aspects of this intervention: a) the outreach model that was used to follow-up and screen the survivors, b) the intervention for bereaved families with gatherings over three weekends during the first year following the tragedy, c) the response from schools throughout Norway to secure that this young population's educational needs were met. The presenters and their organizations have been involved with follow-up on both local and governmental level. Using their theoretical and practical knowledge and experience from the disaster, grief and trauma field they have guided politicians and health planners in their decisions regarding the psychosocial intervention for those affected by the disaster.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Outreach and Follow-Up in Norwegian Municipalities After the 2011 Terror Attack**  
(Abstract # 1306)

**Symposia Presentation (Practice, Disaster) I - Industrialized**

**Diamond Salon 09**

**Dyb, Grete, MD, PhD**; **Jensen, Tine, PhD**; **Thoresen, Siri, PhD**; **Glad, Kristin, PsyD**; **Nygård, Egil, PhD**  
*Norwegian Center for Violence and Traumatic Stress Studies, Oslo, Norway*

Little is known about how to organize early interventions after massive shooting incidents or terror attacks, and few studies have been able to assess the effect of such interventions. On July 22nd 2011, Norway experienced two sequential terrorist attacks against the Government, the civilian population, and an island summer camp for young members of the Labor Party.

Approximately 500 survived the attack on the island, and 69 people were killed.

An outreach program was suggested based on several knowledge bases. One was our experiences with early and proactive response after the 2004 south-east Asian tsunami. The second was international consensus of watchful waiting. The third was developmental theory related to youth and the particular developmental challenges they face at this age. The outreach program suggested that crisis teams in the municipalities were to respond immediately by contacting the youth, provide information, assess their basic needs, and facilitate referrals to other health services. To insure continuity and that future needs would be identified, a follow-up period of at least one year was recommended. In this presentation results from semi-structured interviews of 320 youth and their parents on whether they received services from the crisis teams and their satisfaction with the use of mental health services five months after the attack will be presented.

Participant Distress Explanation: The presentation contains descriptions of a shooting attack where 69 youth died.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Weekend Gatherings for Bereaved After A Mass Killing in Norway**  
(Abstract # 1305)

**Symposia Presentation (Prevent, Disaster) M - Industrialized**

**Diamond Salon 09**

**Dyregrov, Atle, PhD; Straume, Marianne, C.Psychol.; Dyregrov, Kari, PhD; Gronvold Bugge, Renate, C.Psychol.**

*Center for Crisis Psychology, Bergen, Norway*

The bereaved families, including parents, stepparents, siblings, partners of adult siblings, children and partners of adults who died, were gathered over three weekends to promote mutual support and coping following the terror. A temporary organization of helpers from different professions with expertise in trauma, grief led the group interventions and assisted the families. The format was a mixture of plenary sessions, parallel sessions and work in smaller groups. Activities and groups were organized for children of various ages. A psychoeducational approach was used in the plenary and parallel sessions, while small group discussions of a variety of different themes allowed for

normalization and support, preparation for the court case and help to live with their loss. Themes discussed reflected issues known to be especially important at the time points when the weekend gatherings took place (at 4, 8 and 12 months post-loss) The participants remained in the same small groups throughout all weekends, spending time with other bereaved in their respective groups, i.e. siblings in some groups, parents in other groups etc. The self-evaluation from the weekends has been very positive with 94-96 % reporting that the gatherings was of much or very much help to them.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**9:00 AM - 10:15 AM**  
**Symposium**

**The Government's Follow-Up of Affected School Students After 22.07.2012**  
(Abstract # 1307)

**Symposia Presentation (Prevent, Child/ Adol) M - C & E Europe & Indep**

**Diamond Salon 09**

**Dyregrov, Kari, PhD, MSc**

*Center for Crisis Psychology, Bergen, Norway*

After the terror attack of July 20<sup>th</sup>, the Norwegian Directorate for Education and Training and Health Directorate decided to join forces for a psycho-social follow-up for young survivors in the schools. The aim was to give support and care and prevent drop-outs in the school. Based on the Education Act of Norway, several preventive measures have been implemented. Among these are: 1) the establishments of a national interdisciplinary expert committee of professionals (i.e. grief/trauma/ crisis expertise from research, clinic and counseling, school administrators, nurses, The Support Group after 22.07), 2) letters and advice to schools through the County Governor, 3) Collection of information to websites, 4) a national crisis network for schools, and 5) two national gatherings with schoolteachers and headmasters from affected schools. This presentation will elaborate on the content of these efforts, and sum up what we know about the impact of the measures.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Plaza 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Innovative Ways to Integrate Outreach into Research and Implementation Efforts for Targeted Veteran Populations**

(Abstract #555)

**Chairperson**    **Brancu, Mira, PhD**

*MIRECC, Durham VA Medical Center, Durham, North Carolina, USA*

The prevalence of PTSD among Iraq and Afghanistan era Veterans and the apparent under-utilization of mental health treatment necessitates the development of new outreach initiatives for the purpose of improving access to care for underserved Veterans. Four clinician researchers present targeted ways to improve access to services via innovative engagement, assessment and treatment delivery mechanisms tailored to the needs of Veterans. The symposium will focus on findings from specific interventions targeting treatment- and non-treatment-seeking Veterans with PTSD in hospital, research, and community settings who have one of the following treatment challenges: (1) subpopulations of Veterans with PTSD may not seek treatment via traditional methods; (2) standard approaches to delivering smoking cessation treatments do not adequately meet the needs of Veteran smokers with PTSD; and (3) Veterans often first seek help from non-mental health providers who are not familiar with their treatment needs. The following four programs will be discussed: (a) a learning collaborative model of disseminating an evidenced-based integrated smoking cessation and PTSD treatment, (b) a national family coaching program, (c) a national integrated chaplaincy and mental health program, and (d) a research registry that includes an outreach component to facilitate increased access to care.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Plaza 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Use of A Learning Collaborative to Implement Integrated Smoking Cessation Care for Veterans with PTSD**

(Abstract # 558)



**Ebert, Lori, PhD<sup>1</sup>; Hamlett-Berry, Kim, PhD<sup>2</sup>; McFall, Miles, PhD<sup>3</sup>; Saxon, Andrew, MD<sup>3</sup>; Malte, Carol, MSW<sup>3</sup>; Beckham, Jean, PhD<sup>4</sup>**

<sup>1</sup>*Duke University Medical Center, Durham, North Carolina, USA*

<sup>2</sup>*DVA Public Health Strategic Health Care Group (13B), 810 Vermont Ave., NW, Dist. of Columbia, USA*

<sup>3</sup>*VA Puget Sound Health Care System, Seattle, Washington, USA*

<sup>4</sup>*Durham VA Medical Center, Durham, North Carolina, USA*

PTSD is associated with a high prevalence of smoking and low cessation rates. Existing models of smoking cessation treatment do not meet the needs of smokers with PTSD. Integrated Smoking Cessation Care, which combines evidence-based smoking cessation treatment with mental health treatment for PTSD, has been shown to be superior to referral to specialized smoking cessation care, but not broadly implemented. In 2010 VA Clinical Public Health partnered with Duke University Evidence-Based Practice Implementation Center to conduct a series of Learning Collaboratives (LC) with six VA PTSD Clinics to foster the successful implementation of Integrated Care. LCs meld best practices and training and consultation with quality improvement methods to help organizations rapidly implement and sustain evidence-based interventions in “real world” settings. This presentation will provide an overview of the LC model with specific attention to its application to making effective smoking cessation treatment available to Veterans with PTSD through a multi-level implementation approach that emphasized flexible delivery with fidelity to optimize patient care while minimizing provider burden. Evaluation findings will be summarized including participant feedback on the model and data on implementation during the collaborative and one year later.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Plaza 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**No Wrong Door to Care: Incorporating Feedback and Education into a Research Registry  
Debriefing to Connect More Veterans to Care**  
(Abstract # 559)

**Branco, Mira, PhD; Beckham, Jean, PhD; Robbins, Allison, BA; Fairbank, John, PhD**  
*Durham VA Medical Center, Department of Veterans Affairs, Durham, North Carolina, USA*

Previous research has indicated that Veterans who do not seek care, particularly those with PTSD, tend to be less knowledgeable about treatment options (Sayer et al., 2009), have more stigma-related

concerns (Pietrzak et al., 2009), and have more negative perceptions of accessibility and delivery of services (Ouimette et al., 2011). Veterans' reluctance to independently seek treatment presents researchers with the opportunity to implement innovative outreach methods to engage and assist underserved Veterans toward getting the appropriate care they need. This presentation will provide an overview of a unique effort implemented during the debriefing portion of a multi-site research registry study of Iraq and Afghanistan era service members and Veterans (n = 2,089). Implications for how research studies can be utilized to help reluctant patients seek and access care will be discussed. Evaluation indicated that when Veterans were diagnosed with a new mental health condition during the study and provided with specific feedback, education, and resources, up to 62% agreed to a referral for mental health treatment. The presentation will also include differences between how patients newly diagnosed with PTSD responded as compared to those diagnosed with other mental health conditions.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Plaza 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Participation of VA Chaplains in Caring for Veterans with PTSD**  
(Abstract # 560)

**Symposia Presentation (Train/Ed/Dis, Mil/Vets) M - Industrialized**

**Plaza 01**

**Nieuwsma, Jason, PhD<sup>1</sup>; Jackson, George, PhD<sup>2</sup>; Lane, Marion, PhD<sup>3</sup>; Meador, Keith, MD, MPH<sup>4</sup>**

<sup>1</sup>*VISN 6 MIRECC and Duke University Medical Center, Durham, North Carolina, USA*

<sup>2</sup>*Durham VA and Duke University Medical Center, Durham, North Carolina, USA*

<sup>3</sup>*RTI, Durham, North Carolina, USA*

<sup>4</sup>*VISN 6 MIRECC and Vanderbilt University, Nashville, Tennessee, USA*

Previous research suggests that in Veterans with PTSD the decision to seek VA services is less motivated by severity of PTSD symptoms than by a search for life meaning (Fontana & Rosenheck, 2004). Other research has evidenced that Veterans with PTSD frequently have difficulties with forgiveness (Witvliet et al., 2004) and feelings of abandonment by God (Drescher et al., 2010). Predictably, many Veterans prefer to seek help from clergypersons (Fontana & Rosenheck, 2005). This presentation will report on findings from two sources: 1) a nationwide survey of all VA chaplains (n = 460, an 80.3% response rate); and 2) a questionnaire administered as part of a series of eight two-day conferences focused on training chaplains in evidence-based mental health treatment approaches (current n = 112, with data to be collected at three remaining conferences by June 2012). In the nationwide survey, 66% of chaplains reported frequently seeing Veterans with PTSD, yet only 50% reported feeling well prepared to care for

these Veterans and only 24% reported being included on a PTSD Clinical Team. Additional findings from the survey and from the educational conference series will be expounded on in the presentation.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Plaza 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**PTSD, Co-Occurring Symptoms, and Targeted Coaching Interventions Provided to Family Member Callers Seeking to Engage Veterans in Care: Data from Coaching into Care's First Year as a National Service**

(Abstract # 561)

**Symposia Presentation (Train/Ed/Dis, Mil/Vets) I - Industrialized**

**Plaza 01**

**Mann-Wrobel, Monica, PhD<sup>1</sup>; Hess, Tanya, PhD<sup>2</sup>; Straits-Troster, Kristy, PhD<sup>1</sup>; Glynn, Shirley, PhD<sup>3</sup>; Close, Joy, MSW<sup>1</sup>; Ventimiglia, Alyssa, BA<sup>4</sup>; Wong, Madrienne, BA<sup>1</sup>; Sayers, Steven, PhD<sup>2</sup>**

<sup>1</sup>*Durham VA Medical Center/VISN 6 MIRECC, Durham, North Carolina, USA*

<sup>2</sup>*Philadelphia VA Medical Center/VISN 4 MIRECC, Philadelphia, Pennsylvania, USA*

<sup>3</sup>*VA Greater Los Angeles Healthcare System/VISN 22 MIRECC, Los Angeles, California, USA*

<sup>4</sup>*Durham VA Medical Center/VISN 6, Durham, North Carolina, USA*

Coaching Into Care is a VA program that provides assistance to family members seeking to connect Veterans with health care, particularly mental health care. In 2011, Coaching Into Care transitioned from a pilot project to a national service, offering resources and coaching to family members who reported challenges in engaging the Veteran in treatment. During the past year, 671 initial calls were received, with 31-33% of initial calls indicating the presence of each of the following: PTSD symptoms, relationship problems, substance abuse. Fifty-three percent of calls were referred by first-line call responders to a professional coach for targeted intervention. Thirty-nine percent of calls focused specifically on Veterans from the Iraq and Afghanistan era. This presentation will provide information on psychoeducational coaching models utilized to target PTSD, comorbid symptoms, as well as treatment engagement. The population served by Coaching Into Care provides a unique clinical picture - one of Veterans and their families who have not yet engaged in care, a population often unseen by mental health providers. The program provides unique opportunities to not only describe and assist a non-enrolled population, but also to begin to explore the utility of coaching interventions for this population.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**The Role of Oxytocin in Traumatic Stress and PTSD**  
(Abstract #1217)

**Chairperson** **Olf, Miranda, PhD**  
*Academic Medical Center, Amsterdam, Netherlands*

Post-traumatic stress disorder (PTSD) is associated with dysregulation of stress, fear and socio-emotional responses. Risk factors for developing PTSD and other trauma-related psychopathology after trauma include high levels of distress and lack of social support. The bonding hormone oxytocin influences stress, fear and social functioning and is therefore thought to be involved in stress- and trauma-related psychopathology. Oxytocin administration may prevent or ameliorate trauma-related psychopathology, by regulation of fear and stress responses and by increasing the susceptibility for positive effects of social interaction. In this symposium, three researchers will present oxytocin research from different fields, including preclinical results on the role of oxytocin in stress in prairie voles and clinical findings from studies in trauma-exposed individuals and individuals with PTSD. The neurobiological mechanisms underlying the role of oxytocin in trauma-related psychopathology will be discussed, as well as future clinical applications of oxytocin in treatment of trauma-exposed individuals.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Oxytocin, Stress, and Social Buffering in the Socially Monogamous Prairie Vole**  
(Abstract # 1218)

**Symposia Presentation (Bio Med, N/A) M - Industrialized**

**Gold Salon 01**

**Yee, Jason, PhD**  
*University of Illinois at Chicago, Chicago, Illinois, USA*

The neuropeptide oxytocin (OT) is well-known for its positive effects on dampening stress responses and increasing prosocial behavior. This view of OT has led to increased interest in its application for the treatment of a wide range of disorders that include autism, anxiety, trauma, and schizophrenia. However, paradoxical findings in recent work have revealed that OT may play a more nuanced role in regulating physiology and behavior. This work is beginning to shed new light on contextual factors that may influence the direction of OT's effects. In the present study, we used female prairie voles (*Microtus ochrogaster*) to study the mechanisms through which OT treatment and social context interact to influence the stress response. Prairie voles were chosen as a model to examine interactions between stress and sociality because, like humans, they exhibit vagal cardiorespiratory dominance and selective preferences for familiar social partners. We found that OT treatment was associated with changes in behavior, plasma hormone concentrations, and patterns of functional coupling between brain areas known to be critically involved in stress responses and social cognition. This talk will discuss recent work, from our lab and others, that examines the role of OT at the interface of stress and social behavior.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Peripheral Oxytocin, Childhood Maltreatment and PTSD in Traumatized Adults: Implications for Treatment**

(Abstract # 1219)

**Symposia Presentation (Bio Med, Adult/Cmplx) I - Industrialized**

**Gold Salon 01**

**Bradley, Bekh, PhD<sup>1</sup>; Fani, Negar, PhD<sup>2</sup>; Wingo, Aliza, MD<sup>1</sup>; Jovanovic, Tanja, PhD<sup>2</sup>; Ressler, Kerry, MD, PhD<sup>2</sup>**

<sup>1</sup>*Atlanta VAMC/Emory University, Decatur, Georgia, USA*

<sup>2</sup>*Emory University, Atlanta, Georgia, USA*

Oxytocin influences stress response and social affiliation. Although many conceptualizations of PTSD focus on threat response/fear learning, PTSD is also associated with social/interpersonal deficits. Understanding the relationships between childhood maltreatment (CM), PTSD and oxytocin may increase knowledge of PTSD and lead to novel treatments (e.g., oxytocin-augmented psychotherapy). We examined peripheral oxytocin level, CM, and PTSD in 67 traumatized adults. Data showed that an interaction of CM and PTSD predicted plasma oxytocin level ( $p=.047$ ). CM independently predicted a lower level of peripheral oxytocin, whereas an interaction of PTSD and CM predicted a higher level of peripheral oxytocin. Although some research shows an association of CM with lower oxytocin levels (Heim et. al, 2008), our finding that PTSD and CM predict increased peripheral oxytocin is inconsistent

the idea that that oxytocin is associated with attenuated stress response. Some research shows CM may be associated hypo-reactive stress response (Lanius et al 2010) and that peripheral oxytocin level is associated with relational stress (Tabak et. al., 2010). We will discuss the possibility that CM may lead to hypervigilance to potential interpersonal threat and overall increased relational stress. Implications for the role of oxytocin in treatment (e.g., to increase positive social interactions) will be discussed.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Boosting the Oxytocin System in Acute Trauma and PTSD**  
(Abstract # 1220)

**Symposia Presentation (Clin Res, Acc/Inj ) M - Industrialized**

**Gold Salon 01**

**Nawijn, Laura, PhD Candidate; van Zuiden, Mirjam, PhD; Frijling, Jessie, PhD Candidate; Koch, Saskia, PhD Candidate; Veltman, Dick, PhD; Olf, Miranda, PhD**  
*Academic Medical Center, Amsterdam, Netherlands*

Oxytocin regulates stress-responses at the level of the autonomic nervous system and HPA axis. Furthermore, it reduces amygdala activation and its coupling to brain regions involved in fear-responses. Beyond the reduction of fear and anxiety, oxytocin also influences social functioning and reward circuits. Oxytocin thus acts on several important areas of functioning that are affected in PTSD. Therefore, oxytocin administration appears to be a promising (preventive) treatment for PTSD, hypothetically ameliorating dysregulated stress and fear responses as well as facilitating adaptive social functioning. Our research aims to study the effects of oxytocin after trauma and in PTSD in several studies. Currently, we are carrying out clinical trials to examine the effects of oxytocin manipulation on development of trauma-related psychopathology in trauma victims at risk for developing PTSD, and on exposure therapy efficacy in PTSD patients. In parallel, fundamental neuroimaging (fMRI) studies are carried out to examine the acute effects of oxytocin on behavioral and psychophysiological stress measures, and on fear-, stress- and reward-related brain activation patterns and functional connectivity. Data from a pilot RCT investigating the effects of intranasal oxytocin administration on the prevention of post-traumatic psychopathology in acute trauma victims will be presented.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**9:00 AM - 10:15 AM**  
**Panel**

**Complex Trauma Treatment: New Empirical Research and Evolving Practice Guidelines**  
(Abstract # 1113)

**Panel Presentation (Practice, Adult/Cmplx) M - Industrialized**

**Diamond Salon 03**

**Ford, Julian, PhD<sup>1</sup>; Courtois, Christine, PhD<sup>2</sup>; Cloitre, Marylene, PhD<sup>3</sup>**

<sup>1</sup>*University of Connecticut, Farmington, Connecticut, USA*

<sup>2</sup>*Private Practice, Washington, Dist. of Columbia, USA*

<sup>3</sup>*VA Healthcare System, Menlo Park, California, USA*

Treatment outcome research and practice guidelines for complex trauma provide a rapidly evolving resource for scientist professionals working to advance the field's understanding and ability to help severely traumatized individuals. The panel presents: (1) new research from a randomized controlled trial (Ford et al., 2012) using latent class analyses to document profiles of change across multiple outcome measures and domains (Log-likelihood = -7585.60, Sample-size adjusted BIC (aBIC) = 15276.81, Entropy = 0.898, Lo-Mendell-Rubin adjusted LRT Test: Value = 283.96,  $p = .039$ ), revealing a two-class solution with one class characterized by a distinct profile of change consistent with a complex trauma conceptualization; (2) multivariate analyses of variance comparing self-identified "classic" and "complex" PTSD clinician experts from an ISTSS survey (Cloitre, Courtois, et al., 2012), showing expected differences in endorsement of self-regulation-focused interventions by the complex PTSD experts but comparable endorsement of trauma processing, cognitive restructuring, anxiety management, psychoeducation, and social support interventions for both complex and traditional PTSD cases; (3) an update on the complex trauma practice guidelines being developed by ISTSS and by American Psychological Association Division 56, highlighting similarities and differences relevant for traumatic stress clinicians as they utilize and expand the evidence base for complex trauma treatment.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 7**  
**9:00 AM - 10:15 AM**  
**Workshop**

**From Global Need to Specific Skills: Strategies for the Identification and Psychological Assessment of Survivors of Human Trafficking**

(Abstract # 1449)

**Workshop Presentation (Assess Dx, Violence) M - Global**

**Diamond Salon 07**

**Heinrich, Kelly, JD<sup>1</sup>; Okawa, Judy, PhD<sup>2</sup>; Hopper, Elizabeth, PhD<sup>3</sup>**

<sup>1</sup>*Global Freedom Center, San Francisco, California, USA*

<sup>2</sup>*Pacific Psychological Services, Honolulu, Hawaii, USA*

<sup>3</sup>*The Trauma Center at JRI, Brookline, Massachusetts, USA*

Two psychologists with expertise in evaluating human trafficking victims and an attorney who is former Senior Counsel to the State Dept. Ambassador-at-Large for human trafficking describe techniques for identification and assessment of human trafficking survivors. Lessons learned from a global perspective will be described, including the critical need for mental health professionals to provide psychological evaluations to be used in court and to train service providers and attorneys in effective interviewing of survivors. The use of the Inventory of Trafficking Offenses to assess a wide range of offenses to which trafficking persons are subjected (including multiple forms of deprivation, legal instability, abusive working conditions, physical/psychological/sexual abuse, and psychological coercion) will be described. Implications for treatment are discussed with examples of refugee survivors of human trafficking. Skills necessary to conduct evaluations of trafficking survivors will be presented, detailing unique factors involved in these cases. Cultural factors and diagnostic challenges will be addressed. Potential uses for psychological reports will be discussed, including treatment planning, education of service providers, and advocacy regarding issues of social justice. Examples of psychological evaluations will be provided and discussed.

Excerpts from the film *Psychology of Human Trafficking* will be used to illustrate trafficking offenses.

Participant Distress Explanation: Descriptions of human trafficking abuses may be graphic at times.



**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**9:00 AM - 10:15 AM**  
**Workshop**

**A Cognitive-Behavioral Approach to Post-Traumatic Insomnia via in Person and Tele-Psychotherapy**  
(Abstract # 240)

**Workshop Presentation (Practice, Mil/Vets) I - Industrialized**

**Diamond Salon 10**

**Franklin, C, PhD<sup>1</sup>; Thompson, Karin, PhD<sup>2</sup>; Walton, Jessica, PhD<sup>1</sup>; Chambliss, Jessica, MA<sup>1</sup>; Corrigan, Sheila, PhD<sup>1</sup>**

<sup>1</sup>*Southeast Louisiana Veterans Health Care System, New Orleans, Louisiana, USA*

<sup>2</sup>*Michael E. DeBakey VA Medical Center, Houston, Texas, USA*

Insomnia is a disruptive and debilitating symptom that often develops after a traumatic event. Trauma survivors with insomnia and nightmares exhibit greater distress and impairment than those without sleep disturbance. Increasing evidence indicates that post-traumatic insomnia is resistant to standard PTSD treatments and warrants independent clinical attention.

This workshop will guide clinicians through a six-session evidence-based sleep protocol using cognitive-behavioral therapy (CBT) to target post-traumatic-insomnia. The protocol uses standard CBT for insomnia techniques and also addresses post-traumatic issues that obstruct initiating and maintaining sleep.

Participants will learn to assess post-traumatic-insomnia and apply each of the sessions in an in-person format or via tele-psychotherapy. Application in group and individual settings will be described. Sessions include education on post-traumatic insomnia; rationale for using CBT strategies; relaxation for sleep; cognitive control and reducing hyperarousal; sleep hygiene; stimulus control with attention to hypervigilance; sleep restriction; cognitive restructuring; and coping with nightmares and chronic pain. Given the importance of providing effective treatments to individuals in rural locations or who have limited access to treatment, special attention will be given to application via tele-psychotherapy. Common treatment challenges will be illustrated through the use of case discussion. Outcome data from using the techniques will be presented.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**9:00 AM - 10:15 AM**  
**Paper Session**

**Trauma Symptoms and Treatment Across Cultures**

**An Innovative Model: The Impact of Global Hope in Rwanda**  
(Abstract # 437)

**Paper Presentation (Commun, Surv/Hist) I - E & S Africa**

**Diamond Salon 06**

**Masson, Tiffany, PsyD**

*The Chicago School of Professional Psychology, Chicago, Illinois, USA*

The 1994 Genocide in Rwanda has left its mark on adults and children alike. Children who have been exposed to trauma are more likely to suffer negative consequences such as: being more vulnerable to illnesses and difficulty controlling emotions and behavior. Childcare professionals are charged with the responsibility of providing skills that enhance and manage the reactions of children as well as to help them improve their psychosocial well-being. This presentation will outline the culturally specific model used in the development of Global HOPE (Healing Opportunities through Purposeful Engagement) in Rwanda and the overall research outcomes on the efficacy of the model. Global HOPE, supported by the Ministry of Education in Rwanda, aids teachers to recognize, assess, and effectively intervene with children who have experienced trauma. The Global HOPE program is a 12-day train-the-trainer program that incorporates a three phase program- lectures, hands-on field experience with live consultation, and telemedicine 6-months post training to ensure skill acquisition. This model creates broader dissemination of information and ensures sustainability of the project. Pre and post-measures suggest a significant difference in participants' knowledge of trauma and overall feeling of competence. Participants also endorse a high level of satisfaction with the training program. As a result of these trainings, Global HOPE has expanded to other neighboring African countries and participants have implemented their own initiatives (e.g., after school programs) that strive to further prevent the effects of childhood trauma.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**9:00 AM - 10:15 AM**  
**Paper Session**

**Informal Therapeutic Services in Post-Conflict: Lessons from Women's Associations in Ayacucho, Peru**  
(Abstract # 1197)

**Paper Presentation (Global, Civil/Ref) M - Latin Amer & Carib**

**Diamond Salon 06**

**Suarez, Eliana, PhD, MSW**

*Wilfrid Laurier University, Kitchener, Ontario, Canada*

Resilience is an essential concept for enhancing mental health practices after episodes of mass violence (Panter-Brick, 2010). Even though post-conflict resilience processes in non-Western contexts are under researched, available studies indicate that gender and culture play a defining role in determining what constitutes risk, protection, and resilience (Zraly & Nyirazinyoye, 2010). Following an earlier study that evaluated the resilience and post-traumatic responses of 151 Quechua women (Suarez, 2011), the current study examines membership in civic associations as a contributing factor to the resilience of Indigenous Quechua women in the aftermath of the Peruvian armed conflict (1980 -2000). Findings from in-depth interviews and focus groups indicate that participants attributed empowering as well as therapeutic value to their participation in these associations. In terms of mental health services, these findings suggest that post-conflict women's associations should be considered an example of what the World Health Organization (WHO, 2007) called 'informal community mental health services' where women cope with the continuum of violence they experience post-war. Using case vignettes, will be discussed how these associations, in particular, if centered on social and political activism, should be considered essential elements for understanding and promoting women's resilience and mental wellness in post-conflict zones.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**9:00 AM - 10:15 AM**  
**Paper Session**

**Decline of Complicated Grief in Anticipation of the Rwanda Genocide Commemorations in April**

(Abstract # 2119)

**Paper Presentation (Global, Surv/Hist) M - E & S Africa**

**Diamond Salon 06**

**Neugebauer, Richard, PhD, MPH<sup>1</sup>; Pozen, Joanna, JD<sup>1</sup>; Ntaganira, Joseph, MD, PhD<sup>2</sup>; Sezibera, Vincent, PhD<sup>2</sup>; Zraly, Maggie, PhD<sup>3</sup>; Fodor, Kinga, MA<sup>4</sup>**

<sup>1</sup>*Columbia University, New York, New York, USA*

<sup>2</sup>*National University of Rwanda, Kigali, Rwanda*

<sup>3</sup>*Utah State University, Logan, Utah, USA*

<sup>4</sup>*Semmelweis Egyetem, Budapest, Hungary*

Complicated grief (CG) resulting from bereavement is characterized by marked subjective distress including persistent intense yearning for the deceased, ruminations about the circumstances of the death, disbelief, anger, emotional numbness. To date, the great majority of studies of this proposed new diagnostic entity for DSM-V have examined grief phenomena among individuals who experience the loss of a loved one in a relatively ordered and pacific environment. The experience of bereavement and of CG in global settings often involves catastrophic loss of life in the context of the temporary but near extinction of civil society. In 2011 we examined the rate, sociodemographic correlates and trajectory of CG in an adult population in Rwanda in the 6 weeks preceding the annual period of national mourning for losses sustained during the 1994 Genocide against the Tutsi. We selected a cluster random sample of 500 Rwandan adults (96% participation rate) residing in 46 villages (surveyed in random order) in a region of Rwanda especially heavily affected by the genocide. We assessed the presence of CG using a 13 item measure (Prolonged Grief-13) designed to screen for persons likely to meet full criteria for this disorder, hereafter "probable CG". Neither the odds of MDD nor of PTSD was associated with the distance in time from the start of April. These counterintuitive findings suggest that *anticipation* of community mourning may ameliorate symptoms of CG; it may, therefore, provide leads to group-based activities that afford some relief to persons suffering from this frequently intractable condition.

**Concurrent Session 6**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**9:00 AM - 10:15 AM**  
**Paper Session**

**Colombia's Internally Displaced Persons: The Trauma Signature**  
(Abstract # 1702)

**Paper Presentation (Global, Civil/Ref) I - Latin Amer & Carib**

**Diamond Salon 06**

**Espinell, Zelde, MD, MA, MPH<sup>1</sup>; Shultz, James, PhD<sup>2</sup>; Ordonez, Anna, MD<sup>3</sup>; Neria, Yuval, PhD<sup>4</sup>**

<sup>1</sup>*University of Miami Miller School of Medicine, Sunny Isles Beach, Florida, USA*

<sup>2</sup>*University of Miami Miller School of Medicine, Miami, Florida, USA*

<sup>3</sup>*University of California San Francisco, San Francisco, California, USA*

<sup>4</sup>*Columbia University, New York, New York, USA*

**Introduction:** In 2010, Colombia had 3.6-5.2 million internally displaced persons (IDPs), a consequence of 50 years of armed guerrilla conflict, compounded by drug trafficking, kidnapping, and criminal activities. Colombia has the largest IDP population in the world, accounting for 19% of IDPs internationally and 96% in the Western Hemisphere. We conducted a Trauma Signature (TSIG) analysis to identify prominent evidence-based psychological risk factors for Colombian IDPs.

**Methods:** For this complex humanitarian emergency, we constructed a hazard profile, a matrix of psychological stressors, and a detailed “trauma signature” summary.

**Results:** Detailed TSIG analysis results will be presented. The initial traumatic event typically involves direct threats by armed actors against families or communities leading to forcible displacement. Most displacement flows from rural areas to impoverished urban settings. Abrupt dispossession of livelihood, home, and personal property is followed by difficult adaptation to resource-poor environments and lack of sustainable income. Few IDPs have access to housing or humanitarian aid. Large areas of Colombia remain under control of armed actors and paramilitary groups have experienced recent resurgence.

**Conclusions:** TSIG analysis reveals the spectrum of psychological risk factors at play for the world’s largest IDP population and highlights the unmet need for mental health and psychosocial support.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Evidence-Based Practices for Populations Affected by Complex Emergencies in Low and Middle Income Countries**  
(Abstract #690)

**Chairperson** **Kohrt, Brandon, MD, PhD**  
*The George Washington University, Washington, Dist. of Columbia, USA*

The proliferation of mental health and psychosocial support interventions in low and middle income countries (LMIC) affected by complex humanitarian emergencies presents both benefits and risk to trauma-affected populations. In this panel, we present models for developing and promoting evidence-based approaches for interventions with trauma-affected populations in LMIC. A systematic review using the GRADE quality rating method is presented for interventions with survivors of sexual violence. A research-informed procedure for the development of interventions for children in LMIC is presented from Burundi. The stepped articulation of an evidence-based system of mental health care to meet long-term needs is discussed in the context of the 2010 earthquake in Haiti. The design and evaluation of an intervention for war-affected youth in Sierra Leone is presented as an example of addressing both structural and mental health needs of a conflict-affected vulnerable group. Using the example of Liberian mental health services, the final presentation highlights the need to develop evidence-based approaches to reduce stigma associated with trauma. These presentations give an overview of some of the latest developments in creating an evidence base for mental health interventions in LMIC.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Sexual Violence in Areas of Armed Conflict: A Systematic Review of Mental Health Interventions**  
(Abstract # 691)

**Tol, Wietse, PhD**

*Yale University, New Haven, Connecticut, USA*

Sexual violence has long been part of armed conflicts across the globe, and may have both severe mental and social consequences. This presentation discusses the results of a systematic review commissioned as part of an international technical meeting convened by WHO (with UNICEF and UNFPA), concerning studies that evaluated the effectiveness of mental health interventions for survivors of sexual violence in areas of armed conflict. We conducted a broad and inclusive search of both the academic (PubMed, PsycInfo, Cochrane, PILOTS) and grey literature (program reports, key websites, Google) using a systematic set of keywords, aiming to identify any reports containing original data, with minimal inclusion criteria regarding type of methodology and strength of evaluation design. After screening over 10,000 records, we assessed 76 eligible full-text manuscripts for inclusion criteria, 5 of which met inclusion criteria. One of these studies applied a control group, 2 applied non-controlled pre-post evaluation designs, and 2 concerned single-case studies. All studies had methodological shortcomings that make definite conclusions on efficacy challenging. Despite significant media attention and the popularity of mental health interventions, we conclude that very little remains known about effective prevention and treatment approaches. We discuss research challenges and possible ways forward.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**10:30 AM - 11:45 AM**  
**Symposium**

**How to Make Interventions Evidence Based in Low Resource Settings?**  
(Abstract # 692)

**Symposia Presentation (Clin Res, Child/ Adol) M - E & S Africa**

**Diamond Salon 02**

**Jordans, Mark, PhD<sup>1</sup>; Tol, Wietse, PhD<sup>2</sup>; Komproe, Ivan, PhD<sup>1</sup>**

<sup>1</sup>*HealthNet TPO, Amsterdam, Netherlands*

<sup>2</sup>*Yale University, New Haven, Connecticut, USA*

This paper presents a research strategy aimed at facilitating informed decision making for selecting interventions within low- and middle-income countries, combining practice- and evidence-driven resources [1]. The study aimed to address the critical lack of translation of research findings into policy and practice. The research strategy was piloted for development of a family-based intervention in violence-affected areas in Burundi. The research comprised four phases; (a) a qualitative phase to assess needs and determine tentative intervention objectives; (b) a global expert panel to identify and prioritize intervention modalities for low-resource settings; (c) systematic literature review and

distillation of practice elements from evidence-based treatments; and (d) stakeholder meetings to explore social-cultural feasibility and acceptability of the developed intervention. The study was conducted between January and November 2010. The research strategy resulted in the development of a stepped family-based care intervention, which combines community mobilization, parent-management training and cognitive behavior therapy elements. This pilot-tested research strategy, encompassing global and local knowledge on needs, feasibility and effectiveness, has the potential to be useful for developing mental health and psychosocial interventions in other settings.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Mental Health Response in Haiti in the Aftermath of the 2010 Earthquake: The Stepped Articulation of an Evidence-Based System of Mental Health Care to Meet Long-Term Needs**  
(Abstract # 693)

**Symposia Presentation (Global, Disaster) 1 - Latin Amer & Carib**

**Diamond Salon 02**

**Raviola, Giuseppe, MD**

*Harvard Medical School, Boston, Massachusetts, USA*

Significant challenges exist in providing safe, effective, and culturally sound mental health and psychosocial services when an unforeseen disaster strikes in a low-resource setting. We present here a case study describing the experience of a transnational team in expanding mental health and psychosocial services as part of the emergency response to the 2010 Haiti earthquake. Historically, the problem with such acute responses is that they can tend to be carried out with insufficient attention to key components necessary for sustainable delivery of care in low-resource settings. We describe the development of a model to guide the expansion and scaling up of community-based mental health services in the Partners In Health care system over the long-term, with potential for broader scale-up in Haiti. This model identifies key skill packages and implementation rules for developing evidence-based pathways and algorithms for treating common mental disorders. With the necessary functionality in place, new care pathways for other mental disorders can be added sequentially over time. The model articulates a platform for the development of interventions for trauma-affected populations. One such project under way includes a research capacity-building project to develop a school-based mental health intervention for youth in Haiti's Central Plateau.



**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Design and Evaluation of A Group Mental Health Intervention for Multi-Symptomatic War-Affected Youth in Sierra Leone**

(Abstract # 694)

**Symposia Presentation (Clin Res, Child/ Adol) M - W & C Africa**

**Diamond Salon 02**

**Betancourt, Theresa, ScD, MA<sup>1</sup>; Hann, Katrina, MA<sup>1</sup>; Newnham, Elizabeth, PhD<sup>1</sup>; Akinsulure-Smith, Adeyinka, PhD<sup>2</sup>; Hansen, Nathan, PhD<sup>3</sup>**

<sup>1</sup>Harvard School of Public Health/FXB Center, Boston, Massachusetts, USA

<sup>2</sup>City College of the City University of New York, New York, New York, USA

<sup>3</sup>Yale School of Medicine, New Haven, Connecticut, USA

The global burden of mental disorders due to violence and conflict is substantial, particularly in Sub Saharan Africa where the impact of war has been disproportionately high. Children exposed to war suffer from high rates of traumatic stress reactions, comorbid internalizing, externalizing problems and high risk behaviors, as well as interpersonal deficits and problems in emotion regulation, all of which may limit youth in fulfilling healthy and productive lives. We present data from a study in Sierra Leone to develop and evaluate a culturally-informed group mental health intervention for war-affected youth intended to reduce symptoms and improve functioning. The *Youth Readiness Intervention* (YRI) was developed as a Stage 1 trauma intervention with a focus on interpersonal skills, emotion regulation, and daily functioning, and integrates common elements of evidence-based interventions for survivors of complex trauma. In preliminary intervention development work, the YRI was culturally-adapted using focus groups and key informant interviews. Preliminary results from a feasibility trial with N=128 youth indicate high feasibility and acceptability. A randomized controlled trial to examine the YRI's effectiveness in preparing youth for further educational/employment opportunities is planned.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Group Cognitive Processing Therapy versus Present Centered Therapy for PTSD Among Active Duty Military**

(Abstract #889)

**Chairperson** **Resick, Patricia, PhD, ABPP**

*VA Boston Healthcare /National Center for PTSD, Boston, Massachusetts, USA*

Although CPT was developed as a group treatment, no research has compared group CPT to some other group format. The purpose of this symposium is to present first findings from a study comparing CPT with present-centered therapy (PCT) conducted at Fort Hood Texas, funded by the Department of Defense. PCT has been a control condition in large studies in VA and been found effective in reducing symptoms of PTSD. The question is whether CPT will work better than PCT. In this study, 16-20 soldiers with PTSD were recruited and randomized into CPT or PCT. Five cohorts of groups have been completed and the sixth and final cohort will be completed by April with an expected intention to treat sample of 110. Therapy was 12 sessions, twice a week for 6 weeks, and assessed 2 weeks posttreatment, 6 months, and 1 year following therapy. We will present pretreatment to posttreatment effects. Dr. Resick will chair the session. Dr. Schuster will present overall findings on PTSD and depression including weekly assessments conducted during therapy. Dr. Dondaville will present findings on alcohol abuse and aggression. Dr. Clemans will present on effects of treatment on suicide risk. Dr. Borah will present on social support and unit cohesion.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Group Cognitive Processing Therapy for Combat-Related Post-Traumatic Stress Disorder: Main Findings on PTSD and Depression**

(Abstract # 890)

**Schuster, Jennifer, PhD<sup>1</sup>; Resick, Patricia, PhD<sup>1</sup>; Mintz, Jim, PhD<sup>2</sup>; Young-McCaughan, Stacey, PhD<sup>2</sup>; Borah, Elisa, PhD<sup>2</sup>; Evans, Brad, PsyD<sup>3</sup>; Peterson, Alan, PhD<sup>2</sup>**

<sup>1</sup>VA Boston Healthcare System, Boston, Massachusetts, USA

<sup>2</sup>University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA

<sup>3</sup>Carl R. Darnall Army Medical Center, Fort Hood, Texas, USA

There is little research validating effective treatments for combat-related PTSD in military personnel. Because of large numbers of returning service members with PTSD, it is often necessary to provide psychotherapy in groups. Cognitive processing therapy (CPT) is an evidence-based treatment for PTSD. CPT was originally developed as a group intervention, but it has mostly been studied as an individual treatment. This project is a multi-phase randomized controlled trial examining group CPT in active duty military personnel. In the first phase, CPT-Cognitive-only version (CPT-C) is compared to group Present-Centered Therapy (PCT). Ninety participants with war deployment history have been randomized to receive CPT-C or PCT. The final sample size will be 110 (by April 2012). Participants are assessed prior to treatment, and 2-weeks, 6-months, and 12-months following treatment. We will present data through the 2-week follow-up which will be completed by May. Results of mixed effects regression and hierarchical linear modeling will be presented on the PTSD Check List and Beck Depression Inventory-II that includes weekly assessment as well as the major assessment points. Diagnostics and PTSD severity will also be presented using the PTSD Symptom Scale Interview for the pre and post data. Cohort will be included as a covariate.

**Concurrent Session 7  
Friday, November 2, 2012  
Diamond Salon 4 & 5  
10:30 AM - 11:45 AM  
Symposium**

**The Impact of Cognitive Processing Therapy on Alcohol Abuse and Aggression in Active Duty Soldiers with PTSD**

(Abstract # 891)

**Dondanville, Katherine, PsyD<sup>1</sup>; Resick, Patricia, PhD, ABPP<sup>2</sup>; Wilkinson, Charity, PsyD<sup>1</sup>; Schuster, Jennifer, PhD<sup>2</sup>; Mintz, Jim, PhD<sup>1</sup>; Kitsmiller, Emily, BA<sup>1</sup>; Evans, Brad, PsyD<sup>3</sup>; Young-McCaughan, Stacy, RN, PhD<sup>1</sup>; Peterson, Alan, PhD, ABPP<sup>1</sup>**

<sup>1</sup>University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA

<sup>2</sup>National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

<sup>3</sup>Carl R. Darnall Army Medical Center, Fort Hood, Texas, USA

There is substantial controversy regarding best practices of psychotherapy for individuals with PTSD who exhibit substance abuse, aggression and violence. To date, research has focused on exploring relationships between PTSD and substance abuse or hostility. The primary goal of the parent study is to investigate the efficacy of group cognitive processing therapy (CPT) and present centered therapy (PCT) among active duty Army personnel with PTSD in a randomized clinical trial. The current study examines the associations between changes in alcohol abuse and aggression and the primary treatment outcomes of PTSD symptoms over time among 110 participants who were randomized into either CPT or PCT group treatment and self-reported alcohol use (AUDIT) and aggression (Conflict Tactics Scale) were assessed at pretreatment and 2-weeks post-treatment. Regression and path analyses will be conducted on levels of alcohol use, aggression, and PTSD symptom cluster scores on the PCL and PSSI over time to assess how much treatment affects these variables, when these changes occur relative to each other, and if there is evidence suggesting the directions of causal influence. We hypothesize that improvement in alcohol use and aggression follow and result from improvements in the primary symptoms of PTSD.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Impact of Cognitive Processing Therapy on Suicide Risk Among Active Duty Military Personnel**  
(Abstract # 892)

Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized

Diamond Salon 04 & 05

**Clemans, Tracy, PsyD<sup>1</sup>; Bryan, Craig, PsyD<sup>2</sup>; Resick, Patricia, PhD, ABPP<sup>3</sup>; Dondanville, Katherine, PsyD<sup>4</sup>; Schuster, Jennifer, PhD<sup>3</sup>; Mintz, Jim, PhD<sup>4</sup>; Evans, Brad, PsyD<sup>5</sup>; Young-McCaughan, Stacey, PhD<sup>4</sup>; Peterson, Alan, PhD, ABPP<sup>4</sup>**

<sup>1</sup>VA Eastern Colorado Health Care System- VISN 19 Denver VA MIRECC, Denver, Colorado, USA

<sup>2</sup>The University of Utah - National Center for Veterans' Studies, Salt Lake City, Utah, USA

<sup>3</sup>VA Boston Healthcare System- National Center for PTSD, Boston, Massachusetts, USA

<sup>4</sup>University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA

<sup>5</sup>Carl. R. Darnall Army Medical Center, Ft. Hood, Texas, USA

Increased attention has been given to the serious emotional issues faced by service members deployed in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). It is estimated that 15% of all current OEF/OIF casualties are the result of suicidal behavior and suicide. General concerns about the safety of trauma-focused therapies with suicidal patients have slowed our understanding of the impact of these treatments on suicide risk. The larger Randomized Controlled Trial evaluated the efficacy of group Cognitive Processing Therapy (CPT) and Present Centered Therapy (PCT) with active

duty military personnel with PTSD. CPT is a brief cognitive, trauma-focused therapy utilized for the treatment of PTSD. PCT is a problem-oriented, supportive therapy that focuses on the participant's current life stressors. The current study evaluated the frequency and intensity of suicide-related behaviors, including suicide attempts, nonsuicidal self-injury, and suicidal ideation, among 110 active duty Army personnel with PTSD. Participants were randomized to CPT or PCT and were assessed pre-treatment, weekly during treatment, and post-treatment. Suicide related-behaviors, PTSD and depression were measured at 14 time points. A mixed effects regression analysis will be implemented to determine results. These findings are beneficial to inform best practices for this complicated population.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**10:30 AM - 11:45 AM**  
**Symposium**

**The Influence of Social Support and Unit Cohesion on Outcomes in Group Cognitive Processing Therapy Treatment Outcomes for Combat-Related Post-Traumatic Stress Disorder in Active Duty Soldiers**

(Abstract # 893)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 04 & 05**

**Borah, Elisa, PhD<sup>1</sup>; Hall-Clark, Brittany, PhD<sup>1</sup>; Pruiksmas, Kristi, PhD<sup>1</sup>; Resick, Patricia, PhD<sup>2</sup>; Schuster, Jennifer, PhD<sup>2</sup>; Mintz, Jim, PhD<sup>1</sup>; Evans, Brad, PsyD<sup>3</sup>; Young-McCaughan, Stacey, RN, PhD<sup>1</sup>; Peterson, Alan, PhD<sup>1</sup>**

<sup>1</sup>*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*

<sup>2</sup>*National Center for PTSD and VA Boston Healthcare System, Boston, Massachusetts, USA*

<sup>3</sup>*Carl R. Darnall Army Medical Center, Ft Hood, Texas, USA*

Several types of support, including spousal, unit and post-deployment social support, have been shown to influence the development of post-traumatic stress disorder (PTSD). Research has also shown that social support is an important factor in natural recovery from PTSD, and that it predicts PTSD treatment outcomes in civilians. Our data come from the first randomized clinical trial comparing cognitive processing therapy (CPT) to present-centered therapy for combat-related post-traumatic stress disorder in 110 active duty service members. Social support (SS, measured by the Interpersonal Support Evaluation List) and unit cohesion (UC; measured by the Walter Reed Army Institute of Research Military Vertical & Horizontal Cohesion Scales) are being assessed at pre-treatment and 2-weeks post-treatment (to be completed in April). Measures of SS and UC over time will be examined to evaluate their separate and combined utility as predictors of positive CPT treatment outcomes.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Outcome Evaluations of Randomized Clinical Trials Targeting PTSD in Hard to Reach General Medical Patient Populations**

(Abstract #394)

**Chairperson**    **Zatzick, Douglas, MD**

*University of Washington, Seattle, Washington, USA*

**Discussant**    **Engel, Charles, MD, MPH**

*Uniformed Services University, Bethesda, Maryland, USA*

The efficacy of PTSD Interventions in patients presenting to specialty settings is relatively well established. Few randomized trials describe PTSD treatment effectiveness in hard to reach general medical patient populations. This symposium will present the results of four large scale trials targeting PTSD in acute and primary care medical settings.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**10:30 AM - 11:45 AM**  
**Symposium**

**A Randomized Stepped Care Intervention Trial Targeting Post-Traumatic Stress Disorder for Injury Survivors Treated in the Acute Care Medical Setting**

(Abstract # 2159)

**Symposia Presentation (Clin Res, Acc/Inj) M - Industrialized**

**Diamond Salon 10**

**Zatzick, Douglas, MD**

*University of Washington, Seattle, Washington, USA*

Few investigations have evaluated interventions for injured patients with PTSD and related impairments that can be feasibly implemented in trauma surgical settings. The investigation was a pragmatic effectiveness trial in which 207 acutely injured hospitalized trauma survivors were screened for high

PTSD symptom levels and then randomized to a stepped combined, case management, psychopharmacology and cognitive behavioral psychotherapy intervention (n=104) or usual care control (n=103) conditions. The symptoms of PTSD and functional limitations were assessed at baseline and one, three, six, nine and twelve months after the index injury hospital admission. Regression analyses demonstrated that over the course of the year after injury, intervention patients had significantly reduced PTSD symptoms when compared to controls (group by time effect, CAPS,  $F(2,185)=5.50$ ,  $P<0.01$ ; PCL-C,  $F(4,185)=5.45$ ,  $P<0.001$ ). Clinically and statistically significant PTSD treatment effects were observed at the six, nine and twelve month post-injury assessments. Over the course of the year after injury, intervention patients also demonstrated significant improvements in physical function. Stepped care interventions can reduce PTSD symptoms and improve functioning over the course of the year after surgical injury hospitalization. Orchestrated investigative and policy efforts could systematically introduce and evaluate screening and intervention procedures for PTSD at United States trauma centers.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Mitigating Barriers to Early Care**  
(Abstract # 397)

Symposia Presentation (Prevent, Diverse Pop) M - M East & N Africa

Diamond Salon 10

**Shalev, Arie, MD**

*Hadassah University Hospital, Jerusalem, Israel*

Barriers to receiving early care are the major limitation for implementing preventive therapies for PTSD. This presentation will summarize findings from two large studies of early treatment for PTSD. The first study evaluated the extent of treatment acceptance and the outcome of declining clinical treatment and the second (and ongoing) study is an attempt to overcome barriers to clinical care by providing early telephone-based cognitive behavioral interventions. The presentation will also outline ways to match survivors' beliefs, expectations and readiness for treatment during outreach, and monitor barriers to progress during therapy. We shall discuss the tension between the desirability of providing evidence based protocols and the need to adapt their principles to changing circumstances.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Respect-PTSD: Re-Engineering Systems for the Primary Care Treatment of PTSD**  
(Abstract # 395)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 10**

**Schnurr, Paula, PhD<sup>1</sup>; Friedman, Matthew, MD, PhD<sup>1</sup>; Oxman, Thomas, MD<sup>2</sup>; Dietrich, Allen, MD<sup>2</sup>; Smith, Mark, PhD<sup>3</sup>; Shiner, Brian, MD, MPH<sup>1</sup>; Forshay, Elizabeth, MSW<sup>1</sup>; Gui, Jiang, PhD<sup>4</sup>; Thurston, Veronica, MBA<sup>1</sup>**

<sup>1</sup>*National Center for PTSD, White River Junction, Vermont, USA*

<sup>2</sup>*Dartmouth Medical School and 3CM, LLC, Hanover, New Hampshire, USA*

<sup>3</sup>*Thomson Reuters, Washington, Dist. of Columbia, USA*

<sup>4</sup>*Dartmouth Medical School, Hanover, New Hampshire, USA*

Enhancing strategies for managing PTSD in primary care is important. It is neither feasible nor necessary to refer all cases of PTSD to mental health. However, there have been no RCTs of primary care-based treatment for PTSD patients. Because depression often co-occurs with PTSD, collaborative care models proven to work for depression offer a promising strategy for treating PTSD in primary care. RESPECT-PTSD is an RCT of the Three Component Model of collaborative care (3CM), which consists of a prepared practice, telephone care management, and enhanced mental health support. We evaluated the effects of 3CM on patient outcomes, provider behavior, and costs. We recruited 195 Veterans with PTSD at 5 VA primary care clinics and randomized them to receive usual care or usual care plus 3CM. There were no differences between 3CM and usual care in symptoms or functioning. Improvement was modest in both groups. 3CM participants were more likely to have a mental health visit and fill an antidepressant prescription. 3CM participants had more mental health visits and higher outpatient pharmacy costs. Results suggest the need to carefully examine how collaborative care is implemented for PTSD, and for additional supports to encourage primary care providers to manage PTSD.



**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Six Month Outcomes for the Telemedicine Outreach for PTSD (TOP) Study**  
(Abstract # 398)

**Symposia Presentation (Clin Res, Acc/Inj) M - Industrialized**

**Diamond Salon 10**

**Fortney, John, PhD**

*Central Arkansas Veterans Healthcare System, North Little Rock, Arkansas, USA*

Although psychotherapy and pharmacotherapy for PTSD have proven to be efficacious in controlled trials, geographic barriers often prevent rural Veterans from accessing these treatments. This effectiveness study evaluated a telemedicine-based collaborative care model designed to improve the outcomes of Veterans with PTSD treated in VA Community Based Outpatient Clinics (CBOCs) without on-site psychiatrists. Patients were recruited from 11 CBOCs using a combination of self-referral, provider-referral and opt-out-letters. For consenting participants, eligibility was assessed using the CAPS administered via interactive video. 265 Veterans were enrolled. Outcomes were assessed by telephone at 6- and 12-month follow-ups using the PDS. At baseline, the mean CAPS score was 75 and the mean PDS score was 34. Most (90%) of the sample was male and the average age was 52.2. Almost 40% of the subjects were Vietnam era Veterans and 17% were OEF/OIF Veterans. About half were service connected for PTSD and about half report that their worst trauma was combat related. Mental health comorbidity was common according to the MINI (depression - 79%, generalized anxiety disorder - 67% and panic - 44%). SF12V MCS and PCS scores were about one and a half standard deviations below the national mean. Six month outcomes will be reported.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Plaza 1**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Toward Informing a Developmentally Sensitive DSM-5: Empirical Validations of the Diagnostic Criteria for PTSD and ASD Among Preschool, School-Age, and Adolescent Samples**  
(Abstract #489)

**Chairperson** **Kerig, Patricia, PhD**

*University of Utah, Salt Lake City, Utah, USA*

The developers of the DSM-5 only recently have begun turning their attention to the question of whether there is a need for developmentally-sensitive criteria for diagnosing disorders in the stress response spectrum, including Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD). Increasing the accuracy and specificity of these diagnoses among young people is essential for ensuring that children in need of services are identified and referred for appropriate interventions. Although various alternative diagnostic algorithms have been proposed for young persons, there is a need for carefully designed research including ethnically diverse and culturally representative samples to help inform these decisions in the most empirically sound way. To that end, this international symposium brings together researchers from four independent laboratories who assess the associations between various proposed diagnostic criteria for PTSD and ASD and to investigate the clinical presentations and longitudinal outcomes associated with these diagnoses among preschool-age, school-age, and teenaged youth drawn from samples in Australia, Switzerland, the UK, and the US. The findings of these studies suggest both evidence for validity as well as the need for greater developmental specificity of the proposed DSM-5 diagnostic criteria for disorders in the stress response spectrum.

## **Concurrent Session 7**

**Friday, November 2, 2012**

**Plaza 1**

**10:30 AM - 11:45 AM**

**Symposium**

### **Making PTSD Criteria Developmentally Appropriate**

(Abstract # 493)

**Symposia Presentation (Assess Dx, Child/ Adol) M - Industrialized**

**Plaza 01**

**Scheeringa, Michael, MD, MPH**

*Tulane University, New Orleans, Louisiana, USA*

Prior studies argued that the Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) criteria set for post-traumatic stress disorder (PTSD) contains a threshold that is too high to identify many young children with severe symptoms and functional impairment (Scheeringa et al., 2011). Four diagnostic criteria sets were examined in 284 3-6 year-old trauma-exposed children. Significantly fewer cases (13%) were diagnosed with the DSM-IV compared to the alternative algorithm for young children (PTSD-AA, 45%), the proposed DSM, Fifth Edition post-traumatic stress in preschool children (DSM-5-P, 44%), and DSM-5-P with two symptoms that are under-consideration (49%). Misclassified cases had means of more than 7 PTSD symptoms and were functionally impaired in a median of 2 domains. Convergent

validation was supported for the proposed diagnoses with elevations on comorbid disorders and Child Behavior Checklist (CBCL) Total scores compared to a control group. Different criteria sets were also examined for older children from a study of 136 7-18 year-old youth enrolled in a treatment study. The results suggest that an alternative criteria set may also be appropriate for an older population. Adopting a developmental subtype for PTSD in young children, and also possibly for older children would facilitate the expansion of treatment to impaired children.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Plaza 1**  
**10:30 AM - 11:45 AM**  
**Symposium**

**PTSD as a "Gateway" Disorder in Children**  
(Abstract # 492)

**Symposia Presentation (Assess Dx, Child/ Adol) A - Industrialized**

**Plaza 01**

**Kenardy, Justin, PhD; De Young, Alexandra, PhD; Charlton, Erin, BSc, Hons, Psychology**  
*University of Queensland, Herston, Australia*

Children experience a range of psychiatric diagnoses following exposure to trauma. These include Post-Traumatic Stress Disorder (PTSD) but also internalizing and externalizing disorders. What is unclear is the relationship between these other disorders and both PTSD and exposure to the trauma itself. In this paper we will explore longitudinal relationships between trauma exposure, PTSD and subsequent other diagnoses. Using structured clinical interview data from studies of 290 children aged 1-14 following traumatic injury we demonstrate that PTSD at 1 month post-trauma is predictive of new onset non-PTSD diagnoses at 6 months, whether or not PTSD is comorbid. These findings have significant implications for our understanding of trauma diagnosis in children as they suggest that PTSD is acting as a "gateway" to the development of new psychopathology that, if assessed cross-sectionally, would not necessarily present as comorbid with PTSD. This has implications for the validity of the DSM-V conceptualization of the psychiatric response of children to trauma. Furthermore since post-trauma reactions in children appear to be very dynamic in nature and therefore likely to be under-recognized as functionally related to a post-trauma reaction, there needs to be a greater flexibility in our understanding of targets of treatment following trauma.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Plaza 1**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Child Acute Stress Symptoms: Evidence and Implications for Diagnostic Criteria**  
(Abstract # 491)

**Symposia Presentation (Assess Dx, Child/ Adol) M - Global**

**Plaza 01**

**Kassam-Adams, Nancy, PhD<sup>1</sup>; Palmieri, Patrick, PhD<sup>2</sup>; Kohser, Kristen, MSW<sup>1</sup>; Marsac, Meghan, PhD<sup>1</sup>**

<sup>1</sup>*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*

<sup>2</sup>*Summa Health System, Akron, Ohio, USA*

Empirically-validated diagnostic criteria can advance efforts to identify children with significant distress who need increased psychosocial supports or formal clinical attention in the acute post-trauma period. Optimal criteria for traumatic stress disorders in school-age children and adolescents may differ from those for adults. Using the PACT Data Archive, we combined individual-level data from 15 studies which assessed 1645 children (age 5 to 17) within one month of acute trauma, in the US, UK, Australia, and Switzerland. Analyses described the prevalence of ASD symptoms and examined proposed DSM-5 symptom criteria for ASD in relation to concurrent functional impairment in these children. Each ASD symptom was endorsed by 14% to 51% of children; 41% reported clinically-relevant impairment. The proposed 8-symptom requirement was met by 12.3% of children, and had low sensitivity (.25) in predicting concurrent clinically-relevant impairment. Requiring fewer symptoms improved sensitivity while maintaining moderate specificity. The proposed set of ASD symptoms appears to capture acute stress reactions that create distress and can interfere with children's ability to function in the acute post-trauma phase, but symptom requirements for the ASD diagnosis may need to be modified to optimally identify children whose acute distress warrants clinical attention.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Plaza 1**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Is the Dysphoric Versus anxious Arousal Distinction Relevant to Youth? Structural Equation Modeling of PTSD Symptom Structure Among Traumatized Adolescents**

(Abstract # 490)

**Symposia Presentation (Assess Dx, Child/ Adol) I - Industrialized**

**Plaza 01**

**Bennett, Diana, BA; Kerig, Patricia, PhD; Chaplo, Shannon, BA**

*University of Utah, Salt Lake City, Utah, USA*

Efforts to better understand the underlying structure of the symptom clusters comprising the PTSD diagnosis are especially timely considering the revisions to the DSM's fifth edition currently underway. However, few studies to date have investigated the appropriateness of various factor structure models for youth even though emerging research suggests that the DSM-IV tripartite model may not reflect the actual presentation of PTSD symptoms among children and adolescents and thus may lead to an under-identification of youth in need of services (Cohen & Scheeringa, 2009). The current study investigated the fit of three proposed models of PTSD symptom structure among a sample of traumatized adolescents (808 boys, 322 girls) detained in a juvenile correctional facility, utilizing youth reports on the UCLA PTSD-Reaction Index. Structural equation modeling indicated that the DSM-IV tripartite model fit poorly whereas the Elhai et al. (2011) five-factor model provided the best fit to the data across both genders. Further analyses will be presented showing gender differences in the patterns of interrelations among interpersonal and noninterpersonal trauma, PTSD symptom clusters, and internalizing and externalizing symptoms for boys and girls. These findings hold implications for developmental considerations that might help to inform the proposed DSM-5 criteria.

## **Concurrent Session 7**

**Friday, November 2, 2012**

**Diamond Salon 7**

**10:30 AM - 11:45 AM**

**Panel**

**Developing A Balanced Work-Life Ethos: Mechanisms Strategies, and anecdotes from the Experts on How to Maintain Mental and Physical Health for Graduate School and Beyond**

(Abstract # 684)

**Panel Presentation (Train/Ed/Dis, N/A) I - Industrialized**

**Diamond Salon 07**

**Smith, Andrew, MA<sup>1</sup>; Jones, Russell, PhD<sup>1</sup>; Benight, Charles, PhD<sup>2</sup>; Altayli, Z. Benek, PsyD<sup>3</sup>; Friedman, Matthew, MD<sup>4</sup>**

<sup>1</sup>*Virginia Tech, Blacksburg, Virginia, USA*

<sup>2</sup>*Trauma Health & Hazards Center, University of Colorado, Colorado Springs, Colorado, USA*

<sup>3</sup>*University Counseling Center, University of Colorado, Colorado Springs, Colorado, USA*

<sup>4</sup>*National Center for PTSD, White River Junction, Vermont, USA*

On behalf of the ISTSS student section, this panel will focus on how to maintain a reasonable balance between one's personal and professional life. The panel discussion will consider maintenance of physical health, mental health, and fulfilling social relationships throughout one's career. Discussion of underlying mechanisms and strategies aimed at healthy work-life balance, both while in graduate school and throughout one's career will be approached empirically and anecdotally. Panelists will cover information related to their specific areas of experience and expertise. Discussion topics will include: (a) the importance of building social relationships both within one's work environment and the community at large, (b) the importance of maintaining physical and mental health through exercise and self-care, (c) empirically founded self-efficacy building processes and strategies, (d) normalization and management of the difficult, often times burdensome process that newly developing practitioners face in learning the "trade," and (e) time management strategies aimed at efficiency in the process of learning to developing habits consistent with building a healthy work-life balance. Questions and discussion will be aimed at facilitating an interactive atmosphere among panelists and audience members.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**10:30 AM - 11:45 AM**  
**Panel**

**Healing After Trauma Skills: Cultural Adaptations of an Intervention Program for Children After Disasters**  
(Abstract # 1004)

**Panel Presentation (Cul Div, Disaster) M - Global**

**Diamond Salon 09**

**Fichter, Cassie, PsyD Candidate<sup>1</sup>; Gurwitch, Robin, PhD<sup>2</sup>; Wong, Marleen, PhD, MSW<sup>3</sup>; Demaria, Thomas, PhD<sup>4</sup>**

<sup>1</sup>*Long Island University, Post, New York, New York, USA*

<sup>2</sup>*Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA*

<sup>3</sup>*University of Southern California, Los Angeles, California, USA*

<sup>4</sup>*Long Island University, Post, Brookville, New York, USA*

The purpose of this panel is to discuss the feasibility and acceptability of various cultural adaptations of the school-based, evidence-informed, psychoeducational intervention Healing After Trauma Skills (HATS; Gurwitch, 2010). HATS is an 11-session manualized cognitive-behavioral group treatment program that was developed for use with children in the wake of community wide traumatic events. An increase in the incidence of natural disasters across the globe (Bankoff, Frerks, & Hilhorst, 2004) has escalated the need for effective interventions that are culturally versatile. An overview of the HATS intervention and the existent evidence base will be presented. While the core components of this program are not culture specific, culturally competent treatment has generally been found to increase

intervention effectiveness (Bernal, 2006). Tailored treatments can help children and families better interpret and manage trauma-related distress, and ultimately overcome traumatic experiences. Panelists will present cultural adaptations of the HATS intervention as implemented after natural disasters in China and American Samoa as well as with different populations in the United States, including Haitian-Americans. These adjustments will be examined in the context of a community partnership model (Ngo et al., 2008) and the panel will explore key cultural adaptations made at the following levels: 1) local community engagement/outreach, 2) program development, 3) pre implementation planning, 4) culturally sensitive tailoring, 5) local implementation, and 6) training and supervision.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**10:30 AM - 11:45 AM**  
**Special Workshop**

**Beyond Significance: Understanding the Old and New Generation of Effect Size Statistics**  
(Abstract # 1784)

**Workshop Presentation (Res Meth, N/A) M - Industrialized**

**Diamond Salon 03**

**Dalenberg, Constance, PhD<sup>1</sup>; Frewen, Paul, PhD<sup>2</sup>**

<sup>1</sup>*Alliant International University, San Diego, California, USA*

<sup>2</sup>*Schulich School of Medicine & Dentistry, Western University, London, Ontario, Canada*

Growing numbers of journals are now either strongly advising or even requiring the use of effect size statistics in the presentation of results. This workshop is constructed around a brief description and history of the major families of effect size statistics (zero order and adjusted), including rules of computation, transformation (how to you turn chi square into r or g into d), and appropriate presentation and use. The workshop will include introduction to the newer "common language" effect size statistics.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**10:30 AM - 11:45 AM**  
**Paper Session**

**Understanding Treatment Engagement and Barriers to Care within Military Populations**

**Longitudinal Associations Between Psychological Distress and Perceived Barriers to Care Among Marines Returning from Afghanistan**

(Abstract # 1003)

Paper Presentation (Social, Mil/Vets) M - Industrialized

Diamond Salon 06

**Dickstein, Benjamin, PhD Candidate<sup>1</sup>; Larson, Gerald, PhD<sup>2</sup>; Baker, Dewleen, MD<sup>3</sup>; Nash, William, MD<sup>4</sup>; Litz, Brett, PhD<sup>5</sup>**

<sup>1</sup>*Boston University, Boston, Massachusetts, USA*

<sup>2</sup>*Naval Health Research Center, San Diego, California, USA*

<sup>3</sup>*Veterans Affairs Center of Excellence for Stress and Mental Health, San Diego, California, USA*

<sup>4</sup>*Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury, Washington, Dist. of Columbia, USA*

<sup>5</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*

Several studies have found a positive relationship between psychological distress and perceived barriers to mental healthcare among service members returning from combat (e.g., Hoge et al., 2004; Kim et al., 2010; Pietrzak et al., 2009). However, because research in this area has been predominantly cross-sectional, the temporal relationship between these constructs remains unclear. It may be that perceptions of treatment-barriers, such as stigma, increase as symptoms mount, or that perception of treatment-barriers exacerbates existing symptomatology. Uncertainty about this relationship limits understanding of how perceived treatment-barriers affect military service members.

To investigate the temporal relationship between these constructs, we used cross-lagged panel structural equation modeling (e.g., Hays, Marshall, Wang, & Sherbourne, 1994) with a sample of 447 active-duty Marines who completed assessments at 1 week, 3 months, and 6 months following return from deployment to Afghanistan (Times 1 - 3, respectively).

Results indicate that the temporal relationship between psychological distress and perceived barriers to care changes over time. Distress at Time 1 was found to predict perceived barriers at Time 2 (and not vice versa), and perceived barriers at Time 2 was found to predict distress at Time 3 (and not vice versa). Implications and limitations will be discussed.



**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**10:30 AM - 11:45 AM**  
**Paper Session**

**Negative Perceptions and Low Utilization of Mental Health Care Following Combat Deployment**  
(Abstract # 1772)

Paper Presentation (Practice, Mil/Vets) I - Industrialized

Diamond Salon 06

**Hoge, Charles, MD<sup>1</sup>; Riviere, Lyndon, PhD<sup>2</sup>; Wilk, Joshua, PhD<sup>2</sup>; Adler, Amy, PhD<sup>3</sup>; Thomas, Jeffrey, PhD<sup>2</sup>**

<sup>1</sup>Walter Reed Army Institute of Research (WRAIR), Silver Spring, Maryland, USA

<sup>2</sup>WRAIR, Silver Spring, Maryland, USA

<sup>3</sup>U.S. Army Research Unit-Europe, Heidelberg, Germany

Few studies have examined the population-level reach of treatment for war-related mental health (MH) problems or reasons for dropping out of care. We surveyed 2572 soldiers from one infantry brigade 3-4 months after returning from Afghanistan (75% response); 296 (11.5%) met strict (specific) criteria for PTSD (total PCL score  $\geq$  50) or major depression (PHQ-9 with serious functional impairment). Of the 296, 129 (44%) received some type of MH care in the past 6 months, with 68 (23%) currently in treatment, and 32 (10.8%) who reported dropping out of care. The median number of MH visits over six months was 3, and only 42 soldiers (14%) received more than 5 visits. Of 68 soldiers currently in MH treatment, 13 (19%) were "very satisfied," 33 (49%) were "somewhat satisfied," and 22 (32%) were "dissatisfied." For those reporting dropping out of MH care, leading reasons included feeling like they could take care of problems on their own (17/32 soldiers, 53%), insufficient time with the MH professional (16/32; 50%), too busy with work (15/32; 47%); lack of confidentiality (13/32; 41%), discomfort with the MH professional (12/32; 38%), treatment not being effective (12/32; 38%), and feeling judged or misunderstood by the MH professional (11/32; 34%). In conclusion, less than 14% of soldiers in need of treatment reported receiving more than 5 sessions, satisfaction was moderate, and negative perceptions were prevalent. The findings suggest a need for new strategies that are responsive to the preferences and perceptions of soldiers.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**10:30 AM - 11:45 AM**  
**Paper Session**

**Patterns of Utilization Among OEF/OIF Veterans Referred for Treatment for Post-Traumatic Stress Disorder**  
(Abstract # 476)

**Paper Presentation (Practice, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**DeViva, Jason, PhD**

*VA Connecticut Health Care System, Newington, Connecticut, USA*

Research indicates many OEF/OIF veterans with mental health needs do not seek treatment, and those who seek treatment tend not to engage in therapy. This paper will describe the results of a study examining patterns of treatment utilization among 200 consecutive OEF/OIF referrals to a PTSD Specialist at a VA Medical Center from 2008-2010. Cases were coded as having engaged in therapy if they received 8 or more sessions of group or individual therapy for PTSD. Among the 185 cases no longer active at the time of data collection, 45 had received 8 or more sessions of group or individual therapy. Analyses indicated that married referrals were more likely to engage in therapy than single or divorced/separated referrals, and cases deployed while on active duty were more likely to engage than those deployed as Guard members/Reservists. Among the 45 cases that received 8 or more sessions of psychotherapy for PTSD, 24 completed treatment by mutual agreement of therapist and patient. Treatment-engagers who were deployed while on active duty were more likely to complete treatment than those deployed in Guard/Reserve units, and employed treatment-engagers were more likely to complete than those who were unemployed. Among cases that engaged, completers were significantly older than non-completers. Neither engagement nor completion was related to school enrollment, race, TBI screen, total deployments, time since last deployment, service connection, medication prescription, or presence of pain or legal problems. The relation of these results to previous research as well as their implications for treatment planning will be discussed.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**10:30 AM - 11:45 AM**  
**Paper Session**

**OEF/OIF Military Servicewomen's Barriers to Mental Healthcare: Deployment Provider Effects**  
(Abstract # 688)

**Paper Presentation (Prevent, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Mengeling, Michelle, PhD<sup>1</sup>; Booth, Brenda, PhD<sup>2</sup>; Torner, James, PhD<sup>3</sup>; Sadler, Anne, PhD, RN<sup>4</sup>**

<sup>1</sup>*Iowa City VA Health Care System & The University of Iowa, Iowa City, Iowa, USA*

<sup>2</sup>*Central Arkansas Veterans Health Care System & University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA*

<sup>3</sup>*College of Public Health & Carver College of Medicine, University of Iowa, Iowa City, Iowa, USA*

<sup>4</sup>*Iowa City VA Health Care System, Iowa City, Iowa, USA*

A cross-sectional study to determine if deployment status is associated with greater self-reported barriers to mental health (MH) care.

1,339 OEF/OIF-era Active Component (AC) and Reserve and National Guard (RNG) servicewomen were surveyed about current health, health risk behaviors, and care utilization; sampled from 5 Midwestern states and stratified by deployment (never deployed, deployed to Iraq or Afghanistan (I/A), deployed elsewhere).

AC were no more likely to be deployed than RNG ( $p=.12$ ). Deployed participants were more likely to know where to receive MH counseling (93% v 85%,  $p<.001$ ); to believe MH prescriptions could interfere with their job performance (48%v40%,  $p<.01$ ); that they would be seen as weak (38% v 29%,  $p<.001$ ); but less likely to believe their unit would lose confidence in them (49% v 35%,  $p<.002$ ) if they sought MH care. Half of those deployed to I/A had concerns their MH care would not remain confidential. Half said they would informally talk with off-duty healthcare providers if they had a MH concern during deployment. Those who believed their care would not remain confidential were more likely to endorse presenting a physical complaint to see a provider in order to bring up MH concerns (53% v 39%;  $p<.001$ ). Deployed servicewomen report unique barriers and facilitators to MH care compared to their non-deployed counterparts. Clinicians must be educated that deployed servicewomen may have concerns about confidentiality and if so are acculturated to access MH care by presentation with physical complaints. Deployed healthcare providers may be a high risk population for burnout or secondary traumatization.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**10:30 AM - 11:45 AM**  
**Paper Session**

**Biological Indicators of PTSD Development and Treatment Response**

**Early Life Stress May Induce Plasticity in Fear Circuitry in Adult Humans**  
(Abstract # 1424)

**Paper Presentation (Bio Med, Mil/Vets) A - Industrialized**

**Gold Salon 01**

**Woodward, Steven, PhD<sup>1</sup>; Kuo, Janice, PhD<sup>2</sup>; Schaer, Marie, MD, PhD<sup>3</sup>; Kaloupek, Danny, PhD<sup>4</sup>**

<sup>1</sup>*National Center for PTSD, Palo Alto, California, USA*

<sup>2</sup>*Ryerson University, Toronto, Ontario, Canada*

<sup>3</sup>*University of Geneva, Geneva, Switzerland*

<sup>4</sup>*National Center for PTSD, Boston, Massachusetts, USA*

Early stress is associated with widespread alterations in brain structure and function. Kuo et al (in press) considered influences on amygdala volume (adjusted for total cerebral tissue volume) in a sample of 87 combat veterans. An hierarchical regression model entering early trauma (one or more Criterion A events before age 13), combat trauma (Combat Exposure Scale), and PTSD found that the interaction of childhood trauma and combat exposure accounted for unique variance in amygdala volume independent of PTSD diagnosis. Specifically, among participants reporting early trauma, increases in combat exposure were negatively associated with amygdala volume, while among participants without early trauma, there was no relation between CES and amygdala volume. This relationship has now been replicated in dorsal anterior cingulate cortical (ACC) volume. The same regression model was applied to manually-delineated ACC volumes in the same sample of combat veterans. As in amygdala, the interaction of early trauma with adult combat exposure explained unique variance in dorsal ACC volume ( $p < 0.005$ ). As in amygdala, among those with early trauma, more combat exposure was associated with smaller ACC volume ( $r = -0.41$ ,  $p = 0.01$ ), while among those without early trauma, this correlation did not approach significance. As in amygdala, this association was independent of a relationship between PTSD and ACC volume. These findings are compatible with the possibility that early trauma induces excess plasticity in human fear circuitry apparent in the macrostructure of key components in those re-exposed to extreme stress as adults.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**10:30 AM - 11:45 AM**  
**Paper Session**

**Post-Traumatic Stress Disorder, inflammation, and the Mediating Role of Sleep and Health Behaviors: Data from the Mind Your Heart Study**  
(Abstract # 1129)

**Paper Presentation (Bio Med, Mil/Vets) I - Industrialized**

**Gold Salon 01**

**O'Donovan, Aoife, PhD<sup>1</sup>; Neylan, Thomas, MD<sup>1</sup>; Li, Yongmei, PhD<sup>2</sup>; Cohen, Beth, MD, MAS<sup>1</sup>**

<sup>1</sup>*San Francisco VA Medical Center/University of California, San Francisco, San Francisco, California, USA*

<sup>2</sup>*San Francisco VA Medical Center, San Francisco, California, USA*

Several studies have found patients with PTSD have higher levels of inflammatory biomarkers, though most studies have small samples and some have conflicting results. In addition, it is not known why patients with PTSD have greater inflammation. We used baseline data from 735 participants in the Mind Your Heart Study to examine the association between PTSD and inflammatory activity as indexed by C-reactive protein (CRP), white blood cell count (WBC), and fibrinogen. PTSD was assessed by semi-structured interview, inflammatory biomarkers were measured from fasting venous blood samples, and standardized questionnaires were used to evaluate sleep quality and health behaviors, including tobacco and alcohol use, and physical activity. After adjusting for age, sex, race, and kidney function, patients with PTSD had significantly higher levels of CRP ( $p=.009$ ) and WBC ( $p=.03$ ) but not fibrinogen ( $p=.12$ ). Sleep quality and physical activity were the strongest mediators of this association. These data demonstrate that patients with PTSD have elevated inflammation that could increase their risk for developing chronic physical diseases such as cardiovascular, autoimmune and neurodegenerative disorders. They also suggest that targeting sleep and health behaviors, particularly exercise, could improve the health and longevity of patients with PTSD.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**10:30 AM - 11:45 AM**  
**Paper Session**

**Amplitudes of Low Frequency Fluctuation as a Measurement Of Spontaneous Brain Activity in Combat Related PTSD**  
(Abstract # 1028)

**Paper Presentation (Bio Med, Mil/Vets) M - Global**

**Gold Salon 01**

**Yan, Xiaodan, MS, PhD**

*New York University, New YORK, New York, USA*

This study used resting state fMRI to study the spontaneous activity of combat-related PTSD. 80 male veterans of OIF/OEF, with 40 PTSD+ and 40 PTSD-, were diagnosed with CAPS. The two groups were matched on age, gender, ethnicity, and education levels. Several self report questionnaires were administered including the PTSD Checklist (PCL), Beck Depression Index (BDI), Emotion Regulation Scale (ERS) and Peritraumatic Dissociative Experiences Questionnaire (PDEQ). MRI data were acquired on a SIEMENS 3T Trio whole-body scanner. Subjects were instructed to lay in the scanner supine, relaxed, stay awake, remain still and keep their eyes open while resting state fMRI data was acquired. Amplitudes of low frequency fluctuation (ALFF) was processed on rs-fMRI data with a published protocol (Zang et al., 2007, Brain & Development). Compared to PTSD-, PTSD+ group showed decreased ALFF at dorsal lateral prefrontal cortex (DLPFC), precuneus, PCC, and thalamus, and increased ALFF at orbital frontal cortex (OFC), ventral ACC, insula and amygdala. Among the PTSD+only, Pearson correlation analysis was conducted between regional ALFF values and clinical scales. Bonferroni correction was applied. ALFF values of DLPFC, vACC, thalamus, OFC, right anterior insula, and precuneus showed significant correlation with clinical scores, which indicate that spontaneous activity plays a protective role in PTSD pathology with stronger spontaneous activity associated with less pathology.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**10:30 AM - 11:45 AM**  
**Paper Session**

**Early Intervention and Thyroid Hormones in Recent Assault Survivors**

(Abstract # 1057)

**Paper Presentation (Bio Med, Violence) M - Industrialized**

**Gold Salon 01**

**Walsh, Kate, PhD<sup>1</sup>, Nugent, Nicole, PhD<sup>2</sup>; Wang, Sheila, PhD<sup>3</sup>; Acierno, Ron, PhD<sup>4</sup>; Resnick, Heidi, PhD<sup>4</sup>**

<sup>1</sup>*Columbia, New York, New York, USA*

<sup>2</sup>*Brown, Providence, Rhode Island, USA*

<sup>3</sup>*Children's Memorial Hospital, Chicago, Illinois, USA*

<sup>4</sup>*Medical University of South Carolina, Charleston, South Carolina, USA*

The hypothalamic-pituitary-thyroid axis has been implicated in PTSD (see Wang, 2006). To our knowledge, only one small study (Haviland et al, 2006) examined thyroid hormones in the early aftermath of trauma and no studies have tested the effects of psychological intervention on thyroid hormones. We examined the effects of a brief video intervention shown to female (15+ years of age) survivors of sexual assault prior to forensic exam on thyroid hormones (TSH, free and total T3, free and total T4, TT3/FT4, FT3/TT3) (Resnick et al 1999, 2007). 323 women provided blood samples. Using Maximum Likelihood estimation procedures, we modeled the relationship between intervention and the thyroid hormone outcomes while controlling for covariates (age, race, time from assault to blood draw, injury, and prior assault history). Relative to women receiving standard services, participants in the video condition evidenced higher total T3 (estimate = 10.49, z-score = 2.21,  $p < .05$ ). Age was negatively associated with total T3 ( $p < .05$ ). These findings are potentially consistent with the therapeutic impact of the video condition, as prior research during forensic exam demonstrated a negative association between acute total T3 and depression, general distress, and PTSD arousal symptoms (Haviland et al., 2006).

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**10:30 AM - 11:45 AM**  
**Roundtable**

**Mental Health Services in War-torn and Disaster-affected Areas**

**Psychology Beyond Borders (PBB): Addressing the Values and Challenges of Working in War-Torn, Violent and Disaster Affected Regions**

(Abstract # 1622)

**Roundtable Presentation (Global, Disaster) A - Global**

**Diamond Salon 08**

**Ryan, Pamela, PhD<sup>1</sup>; Cohen Silver, Roxane, PhD<sup>2</sup>; Friedman, Merle, PhD<sup>3</sup>; Fairbank, John, PhD<sup>4</sup>; Neria, Yuval, PhD<sup>5</sup>; Watson, Patricia, PhD<sup>6</sup>**

<sup>1</sup>*Psychology Beyond Borders, Austin, Texas, USA*

<sup>2</sup>*University of California, Irvine, Irvine, California, USA*

<sup>3</sup>*PsychAction Corporate Psychology, Knsyna, South Africa*

<sup>4</sup>*Duke University Medical Center, Durham, North Carolina, USA*

<sup>5</sup>*Columbia University, New York, New York, USA*

<sup>6</sup>*National Center for PTSD, White River Junction, Vermont, USA*

In the immediate aftermath of large-scale disaster, as local governments grapple with the scope of what they are confronting, multitudes of well-meaning government and non-government organizations flock en masse to the scene. Literal plane-loads of journalists from all over the world descend into the chaos, dispatching indelible heart wrenching images of individual and collective tragedies around the globe over and over and over again. While the UN's Inter-Agency Standing Committee (IASC) Guidelines for humanitarian aid in emergency settings urge a "Do No Harm" imperative, in the mayhem of those first days, weeks and months following disaster, the challenges in implementing such an imperative can be mammoth. Observations and lessons gleaned from Psychology Beyond Borders (PBB) work in various settings will be discussed in detail in the context of three presentations from members of the PBB Board of Directors. Discussion will invite those who have and are working in other environments beyond borders to relate to such findings.

**1. Doing no further harm beyond borders: Lessons from Haiti, Java, Ethiopia, New Orleans and beyond. Presenter: Pamela Ryan**

**2. Transporting evidence-informed research across borders: Designing and conducting intervention research in Indonesia. Presenter: Roxane Cohen Silver**

**3. The Values and Challenges of Living and Working in a Violent Society (South Africa). Presenter: Merle Friedman**

Chair/Moderator: John A. Fairbank

Discussants: Yuval Neria & Patricia J. Watson

## **Concurrent Session 7**

**Friday, November 2, 2012**

**Diamond Salon 8**

**10:30 AM - 11:45 AM**

**Roundtable**

**Advancing the Field of Mental Health Interventions for Children in Refugee Settings**

(Abstract # 1515)



**Boone, Laura, MA<sup>1</sup>; Puffer, Eve, PhD<sup>2</sup>; Erikson, Abigail, LICSW<sup>3</sup>**

<sup>1</sup>*The International Rescue Committee, London, United Kingdom*

<sup>2</sup>*The International Rescue Committee, New York, New Jersey, USA*

<sup>3</sup>*The International Rescue Committee, Washington D.C., Washington, USA*

Children living in refugee settings are at high risk for developing psychological distress. While humanitarian organizations routinely provide basic psychosocial services (e.g. case management for children who are abused, abandoned) in refugee settings, the question remains whether providing specialized mental health treatment is feasible and effective in communities which are unstable, where even basic needs are hard to meet and where such treatment will be implemented by para-professionals.

The IRC provides gender-based violence and child protection services in over fifteen conflict- and disaster-affected countries and has recognized the gap in specialized mental health services for children experiencing symptoms of traumatic stress and evidence for which interventions are best suited to address this. The IRC and Johns Hopkins University are partnering to implement and evaluate the impact of an evidence-based mental health intervention for children in refugee camps on the Thailand-Burma and Ethiopia-Somalia borders. In this roundtable, the IRC will discuss the process of integrating a components-based mental health intervention into a refugee setting alongside more traditional humanitarian assistance programming, focusing on what facilitates and hinders both the intervention implementation and research.

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**10:30 AM - 11:45 AM**  
**Roundtable**

**Collective Trauma Erodes the Mediating Structures that Facilitate Positive Individual Development**

(Abstract # 1409)

**Roundtable Presentation (Global, Surv/Hist) M - Global**

**Diamond Salon 08**

**Auerbach, Carl, PhD**

*Yeshiva University, New York, New York, USA*

Collective trauma may be defined as violence inflicted upon single large groups of people, targeted because of their ethnic, religious, racial, or cultural identity. Research has shown that collective trauma can disrupt the social fabric of entire communities and cultures (Erikson, 1994). Studies using conservation of resources theory (COR) (Hobfoll, 1989) have shown that resource loss predicts

unfavorable outcomes for individuals exposed to collective trauma. This roundtable presentation examines the nature of the social resource losses produced by collective trauma, and how these losses affect individual lives. It is hypothesized that mediating structures at the social level facilitate positive individual development by providing the social and emotional capital that facilitates this development. The effect of collective trauma is to disrupt these mediating structures, and thus disrupt positive development. As a corollary, recovery from collective trauma can be facilitated by promoting growth of reparative mediating structures, thus giving individuals access to the emotional and social capital these structures provide. The hypothesis is illustrated with data from the United States and Rwanda

**Concurrent Session 7**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**10:30 AM - 11:45 AM**  
**Roundtable**

**Building Sustainable Mental Health Services in War-Torn and Disaster-Affected Areas**  
(Abstract # 1340)

**Roundtable Presentation (Train/Ed/Dis, Disaster) I - Global**

**Diamond Salon 08**

**Shapiro, Francine, PhD**

*Mental Research Institute, Palo Alto, California, USA*

The aftereffects of trauma can be transmitted across generations, resulting in ongoing cycles of violence and pain that affect individuals, families and societies. For those people and organizations working in countries in need of significant conflict prevention, mediation, reconstruction and reconciliation, these unprocessed memories can present a grave challenge.

EMDR therapy is an empirically supported treatment for trauma. Since it does not demand a description of the event, it has proved successful in those cultures where self-disclosure is problematic. Since it does not need homework, it can also be implemented on consecutive days, making it amenable to the use of field teams after both natural and manmade disasters. Program evaluations have documented positive and rapid treatment effects using both individual and group protocols.

The EMDR-Humanitarian Assistance Programs (HAP) is a global network of volunteer educator/clinicians working to prevent and/or remediate the psychological aftereffects of trauma. HAP projects worldwide have provided education about trauma and stabilization techniques, and taught local clinicians how to provide both individual and group treatment in war-torn and disaster-affected areas. The primary goal is to train clinicians to build sustainable mental health services that will meet not only immediate crisis needs, but also comprehensively serve future generations.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 7**  
**1:30 PM - 2:45 PM**  
**Media Presentation**

**Talk, Listen, Connect: Sesame Workshop Multimedia Materials for Military Families**  
(Abstract # 781)

**Media Presentation (Media, Child/ Adol) M - Industrialized**

**Diamond Salon 07**

**Cozza, Stephen, MD<sup>1</sup>; MacDermid Wadsworth, Shelley, PhD<sup>2</sup>; Ortiz, Claudio, PhD<sup>1</sup>; Osofsky, Joy, PhD<sup>3</sup>**

<sup>1</sup>*Center for the Study of Traumatic Stress, USUHS, Bethesda, Maryland, USA*

<sup>2</sup>*Military Family Research Institute, Purdue University, West Lafayette, Indiana, USA*

<sup>3</sup>*LSU Health Sciences Center, New Orleans, Louisiana, USA*

Sesame Workshop, the producers of the television show *Sesame Street*, created multimedia kit materials to support military families with young children. This **Talk, Listen, Connect** series included three independent products (**TLC I, II, III**) that addressed the challenges of separation and reunification of combat deployment, impact of combat injury (to include "invisible injuries" such as post-traumatic stress disorder and traumatic brain injury) and family member death on families with young children, respectively. In this presentation, a condensed and edited video version of these three products will be shown to the audience, followed by presentations by professionals from the Military Family Research Institute, Purdue University and the Center for the Study of Traumatic Stress, Uniformed Services University describing evaluations of these products. Finally, a national expert in early child development will comment on the materials, evaluation findings, and the future implication of such products for use with young children exposed to traumatic stress.

Participant Distress Explanation: The Sesame Street materials include images and stories of combat injured or bereaved families

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Mindfulness-Based Interventions for PTSD: Exploring Mechanisms of Change in Innovative Treatments**

(Abstract #1090)

**Chairperson**    **Niles, Barbara, PhD**

*National Center for PTSD and Boston University, Boston, Massachusetts, USA*

**Discussant**    **Vujanovic, Anka, PhD**

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

Although empirically supported treatments for PTSD, such as prolonged exposure or cognitive processing therapy, have demonstrated efficacy in decreasing PTSD symptoms for many individuals, a large proportion of individuals with PTSD do not seek help, drop out of treatment, refuse these treatments, or are not substantially helped by them. Mindfulness-based interventions have emerged as promising adjunctive or stand-alone treatments for PTSD and individuals who refuse current evidence-based treatments may find these approaches more appealing. Emerging empirical support documents inverse relations between mindfulness and PTSD symptoms as well as emotion regulation, anxiety, and depressive symptoms. Thus, the clinical utility of implementing mindfulness-based interventions with trauma-exposed populations “with clinical and subclinical PTSD” warrants further attention in the field. This symposium will showcase recent, methodologically rigorous investigations related to various mindfulness-based interventions for PTSD and common comorbid conditions, including mindfulness-based stress reduction, yoga, and acceptance and commitment therapy. We will discuss possible mechanisms of change and highlight the clinical implications so as to facilitate the advancement of mindfulness-based therapies for PTSD across diverse populations and therapeutic settings.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Change in Mindfulness Skills for Low-Income, African-American Women Exposed to Chronic Interpersonal Trauma**  
(Abstract # 1091)

**Symposia Presentation (Clin Res, Violence) M - Industrialized**

**Diamond Salon 02**

**Dutton, Mary Ann, PhD, ABPP**

*Georgetown University Medical Center, Washington, Dist. of Columbia, USA*

Mindfulness interventions for traumatized populations have the potential to improve a broad spectrum of outcomes. A randomized clinical trial of Mindfulness-Based Stress Reduction (MBSR) showed reductions for PTSD and depressive symptoms among low-income, minority women exposed to chronic trauma (Dutton, 2011). This study examines differences in level of change in mindfulness skills (Five Factor Mindfulness Scale, FFMS) for participants randomized to MBSR (n=53) or treatment as usual (TaU) control (n=53) groups. Improvement in mindfulness skills has the potential to improve functioning as well as quality of life. Eligible participants were recruited from the community, had a lifetime history of intimate partner violence (IPV) and a PCL score above 35. Baseline scores for PCL and FFMS did not differ at baseline across groups. Increase in FFMS total scores following 10 weeks of group intervention was significantly greater for the MBSR compared to the TAU group (M=16.1 vs. 5.6, df=1,67;  $p < .02$ ). Analysis of individual FFMS subscales revealed overall change was accounted for by changes in two subscales: awareness and non-reactivity. Implications for changes in day-to-day functioning that may result from these improvements are discussed, using narrative data from participants.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**1:30 PM - 2:45 PM**  
**Symposium**

**A Randomized Controlled Trial of Yoga for Post-Traumatic Stress Disorder in Women**  
(Abstract # 1094)

**Symposia Presentation (Clin Res, Violence) M - Industrialized**

**Diamond Salon 02**

**Mitchell, Karen, PhD<sup>1</sup>; Dick, Alexandra, MA<sup>1</sup>; DiMartino, Dawn, MSW Candidate<sup>2</sup>; Smith, Brian, PhD<sup>1</sup>; Niles, Barbara, PhD<sup>1</sup>**

<sup>1</sup>VA Boston Healthcare System, Boston, Massachusetts, USA

<sup>2</sup>Simmons College, Boston, Massachusetts, USA

Research suggests that yoga may counteract the biobehavioral response to stress associated with post-traumatic stress disorder (PTSD). However, there is a need for randomized controlled trials (RCTs) to evaluate its effectiveness. We conducted an RCT of yoga for PTSD among female Veterans and community members. Participants completed assessments of PTSD, depression, and anxiety at baseline (T1). Surveys also were administered following the yoga intervention (T2) and at the one-month follow-up (T3). Participants (N=26) were randomized to the yoga or wait-list control group. Yoga sessions occurred weekly or twice-weekly; control participants completed weekly questionnaires. Both groups showed clinically significant improvements in PTSD symptoms at the T2 and T3 assessments. There were no differences between yoga and control participants' PTSD, depression, or state anxiety scores ( $p's > .05$ ); however, there was a marginally significant difference in trait anxiety between the yoga group (M=44.33) and the control group (M=49.25) at T3. This study is one of the first RCTs to assess yoga for PTSD. There were few differences between the yoga and control groups following the intervention, due to low power and effects of self-monitoring on control participants' symptoms. However, reductions in anxiety suggest that yoga may have a positive impact on psychiatric symptoms.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Acceptance and Commitment Therapy for Comorbid PTSD/SUD**  
(Abstract # 1096)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 02**

**Hermann, Barbara, PhD<sup>1</sup>; Meyer, Eric, PhD<sup>2</sup>; Schnurr, Paula, PhD<sup>1</sup>; Batten, Sonja, PhD<sup>3</sup>; Seim, Richard, PhD<sup>2</sup>; Walser, Robyn, PhD<sup>4</sup>; Klocek, John, PhD<sup>2</sup>; Gulliver, Suzy, PhD<sup>2</sup>**

<sup>1</sup>VA National Center for PTSD, White River Junction, Vermont, USA

<sup>2</sup>VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA

<sup>3</sup>VA Office of Mental Health Services, Washington, Dist. of Columbia, USA

<sup>4</sup>VA National Center for PTSD, Menlo Park, California, USA

**Background:** Substance abuse disorders (SUD) are commonly associated with post-traumatic stress disorder (PTSD) and the presence of one disorder has been associated with poorer outcomes with respect to the other. Acceptance and Commitment Therapy (ACT) is a mindfulness-informed behavioral

therapy that sees PTSD and SUD as functionally related and thus is readily customizable as an integrated treatment. However, no manual or published trials of ACT for PTSD/SUD exist. This pilot study addresses this gap. **Methods:** An individual 12-session ACT manual targeting PTSD and SUD was drafted and is being administered to a Veteran sample. A total of 8 treatment completers are being sought. In addition to perceived credibility and satisfaction, data on PTSD, substance use, and functioning at pre-, mid-, post-treatment, and 3-month follow-up are being collected. Processes purported to drive the effects of ACT, including experiential avoidance and valued living, are also assessed. Treatment administration is expected to be complete by July 2012. **Impact:** A transdiagnostic therapy for PTSD/SUD such as ACT may increase treatment coherency, reach, and efficiency. This study is a first step towards the establishment of a tailored and integrative ACT-based intervention for PTSD/SUD that improves health outcomes and decreases cost and length of care.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**1:30 PM - 2:45 PM**  
**Symposium**

**An Event-Level Examination of the Use of Experiential Acceptance Skills on PTSD Symptoms Among Individuals with Comorbid PTSD and Alcohol Dependence**  
(Abstract # 1098)

**Symposia Presentation (Clin Res, N/A) M - Industrialized**

**Diamond Salon 02**

**Simpson, Tracy, PhD<sup>1</sup>; Stappenbeck, Cynthia, PhD<sup>2</sup>; Luterek, Jane, PhD<sup>1</sup>; Kaysen, Debra, PhD<sup>2</sup>**

<sup>1</sup>*VA Puget Sound Health Care System, Seattle, Washington, USA*

<sup>2</sup>*University of Washington, Seattle, Washington, USA*

The goal of this study was to evaluate whether experiential acceptance (EA) or cognitive restructuring (CR) decreased PTSD symptoms in individuals who met DSM-IV criteria for alcohol dependence and PTSD. Seventy-nine individuals (48% female) were randomized to a brief EA or CR intervention, or a nutrition control condition. Current analyses focused on the effects of using EA skills on PTSD symptoms during a five week daily monitoring post-treatment assessment. A generalized estimating equation (GEE) model controlling for gender, monitoring day, and baseline PTSD and use of EA skills found that individuals who received EA reported fewer symptoms of PTSD compared to controls ( $b = -0.64, p < .05$ ). Increased use of EA skills predicted decreased PTSD symptoms for those in the CR condition compared to control ( $b = -0.09, p < .05$ ), but not among those in the EA condition compared to control. Although individuals in the CR condition were not specifically instructed on the EA skills, there may be some conceptual overlap between the EA skills and CR. Increased awareness of thoughts and feelings and willingness to tolerate unpleasant feelings may be facilitated by work on challenging and restructuring thoughts. Clinical implications of these findings will be discussed.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**1:30 PM - 2:45 PM**  
**Symposium**

**World Health Organization Preparation of ICD-11: Clinical Utility of New Proposals PTSD, Complex PTSD and Stress or Adversity-Related Disorders in Childhood and Adolescence**  
**Chairperson Maercker, Andreas, PhD, MD**  
*University of Zurich & World Health Organization, Geneva, Switzerland*

**Discussant Friedman, Matthew, MD, PhD**  
*National Center for PTSD, Hanover, New Hampshire, USA*

World Health Organization is preparing its new classification of mental and behavioral disorders (ICD-11, 05 chapter). The working group on the classification of stress-related disorders includes 12 experts (psychiatrists, psychologists, social workers) from all regions in the world. A main goal is to deliver a globally applicable nomenclature for primary and specialized care in the trauma field. At the current stage proposals of five disorders in adulthood and three in childhood and adolescence are prepared for further discussion among clinicians and researchers. The ICD-11 preparation process is independently from the DSM-5 preparation, but for harmonization purposes the two working groups interact with each other. The symposium will particularly discuss potential differences in defining Acute Stress Reaction, Prolonged Grief Disorder and Adjustment Disorder. All speakers are members of the WHO ICD working group.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Overview of ICD-11- Revision of Mental Disorders**  
(Abstract # 1215)

**Symposia Presentation) (Assess Dx, Child/ N/A) I - Global**

**Diamond Salon 03**

**First, Michael B.,**

As part of its organization of the mental disorders chapter of the ICD-11, a new block has been created for Disorders Specifically Associated with Stress. Accordingly, the WHO Department of Mental Health



and Substance Abuse has appointed a Working Group on the Classification of Stress-Related Disorders that seeks to adopt a consistent conceptual approach to disorders precipitated by stressors, such as trauma, loss, or neglect. Dr. First will present on the general principles of the ICD 11 mental health chapter revision, such as the overall plans for reorganizing the classification of mental disorders into 22 blocks, its emphasis on clinical utility, and plans for internet-based field trials

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Attachment Disorders Across Cultures and Contexts**  
(Abstract # 848)

**Symposia Presentation (Assess Dx, Child/ Adol) M - Global**

**Diamond Salon 03**

**Rousseau, Cécile, MD**

*McGill University, Montreal, Quebec, Canada*

Although attachment is universal, a number of cultural features in attachment related behaviors may be specific. Because of the cultural and contextual differences in clinical settings and because of the increase in situations where the health professionals and the family may not share the same culture, assessing attachment and assigning a diagnostic category may be challenging for clinicians. This presentation will address the clinical usefulness of the ICD-II categories related to childhood emotional deprivation and abuse, emphasizing the cultural variations associated with differences in family structure (nuclear versus extended families, multiple caregivers already mentioned) and differences in markers of social reciprocity (eye contact, adult-child verbal interactions, physical markers of care: hugging, kissing and so on).

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Diagnosing PTSD from Three Core Elements**  
(Abstract # 849)

**Brewin, Chris, PhD**

*University College London, London, United Kingdom*

The proposed definition of PTSD for ICD-11 diverges markedly from the direction proposed for DSM-V. In ICD-10 the PTSD diagnosis already differs from DSM-IV in not having a formal stressor criterion and in placing greater weight on re-experiencing in flashbacks and nightmares. The new proposal retains these elements while making the diagnosis simpler and more systematic. PTSD is defined as consisting of three core elements: (a) Reexperiencing: vivid intrusive memories, flashbacks, or nightmares that involve reexperiencing in the present, accompanied by fear or horror; (b) Avoidance: marked internal avoidance of thoughts and memories or external avoidance of activities or situations reminiscent of the traumatic event(s); (c) Hyperarousal: a state of perceived current threat in the form of hypervigilance or an enhanced startle reaction. The symptoms must also last for several weeks and interfere with normal functioning. In DSM-V there will be over 8000 different combinations of symptoms that can yield a diagnosis of PTSD: in ICD-11 there will only be 27 possible combinations of symptoms.

**Concurrent Session 8****Friday, November 2, 2012****Diamond Salon 3****1:30 PM - 2:45 PM****Symposium****The Clinical Utility of A Complex PTSD Diagnosis**

(Abstract # 850)

**Cloitre, Marylene, PhD**

*Division of Training and Dissemination, NCPTSD, Palo Alto, California, USA*

This presentation will describe the rationale for and clinical utility of the diagnosis of Complex PTSD in the ICD. In the WHO ICD-11 proposals, both PTSD and Complex PTSD symptoms are limited in number and bear a clear relationship to one another. The PTSD symptom profile reflects a fear response as described in and supported by neurobiological models of fear circuitry. Complex PTSD includes the addition of persistent and pervasive impairments in affective, self and relational functioning. Evidence supporting Complex PTSD will be presented and include a confirmatory factor analysis that distinguishes different symptom clusters as predicted by the model and the presence of different types of trauma histories associated with different risk for each of the disorders.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Contextual Factors in the Treatment of PTSD and Substance Use Disorders: Reflections on the National Institute on Drug Abuse Clinical Trials Network, “Women and Trauma” Study**  
(Abstract #919)

**Chairperson**    **Ruglass, Lesia, PhD**

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

Epidemiological findings have demonstrated the ubiquity of traumatic stress related disorders among individuals in treatment for addictions. Over the past decade, advances in new evidence based practices (EBPs) for PTSD among those with substance addictions have brought the field to a new and interesting stage: that of examining questions such as how, for whom and when do our EBPs work best? A set of corollary questions involves elucidation of the challenges EBPs face as the field advances to implementation and translation of efficacious treatments into community substance abuse treatment settings. This presentation will explore these questions, presenting background on the stage of science for EBPs on trauma and addiction and will use empirical and clinical examples from the National Institute on Drug Abuse's Clinical Trials Network Women and Trauma<sup>®</sup> Study to highlight some of the contextual factors that inform treatment outcome. Dr. Hien, the lead investigator of the trial, will discuss the relationship between PTSD improvements and subsequent substance use reductions. Dr. Ruglass will explore the relationship between racial/ethnic match and treatment outcomes. Dr. Litt will discuss clinical and supervisory challenges. Dr. Miele will discuss the use of social media to expand treatment options for women with PTSD and addictions.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Promising Treatments for Women with Co-Morbid PTSD and Substance Use Disorders on Alcohol Outcomes: Context Matters**

(Abstract # 921)

**Symposia Presentation (Clin Res, Adult/Cmplx) A - Industrialized**

**Diamond Salon 04 & 05**

**Hien, Denise, PhD, ABPP<sup>1</sup>; Morgan Lopez, Antonio, PhD<sup>2</sup>; Saavedra, Lissette, PhD<sup>3</sup>**

<sup>1</sup>*City University of New York, New York, New York, USA*

<sup>2</sup>*University of South Carolina, Chapel Hill, North Carolina, USA*

<sup>3</sup>*Research Triangle Institute International, Research Triangle Park, North Carolina, USA*

Recent advances in evidence-based practices (EBP) for traumatic stress among those with substance comorbidity raise critically important corollary questions involving how to translate EBPs into community settings. This presentation uses secondary analyses from the National Institute on Drug Abuse's Clinical Trials Network "Women and Trauma" Study to highlight contextual elements impacting outcomes. This study is the largest randomized, multi-site trial comparing group therapy treatment outcomes for 353 women randomized Seeking Safety (SS) or Health Education (WHE). Statistical methods (Latent Class Pattern Mixture Modeling (LCPMM)) that account for group turnover and context revealed differential outcomes for SS across AA/NA attendance over one year post-treatment: those who attended AA/NA derived significant benefits from SS versus WHE, whereas those who did not attend AA/NA revealed no benefits. Further mediational analyses using LCPMM revealed a significant impact of SS compared to WHE on alcohol use mediated by decreasing PTSD symptoms. Findings underscore significant benefits of trauma-focused therapy on alcohol outcomes, but only when contextual factors such as other kinds of treatments received over the study period and the specific functional relationships between PTSD symptoms and substance outcomes are considered. These findings provide strong support for personalized approaches accounting for individual differences in treatment matching.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**1:30 PM - 2:45 PM**  
**Symposium**

**The Impact of Racial/Ethnic Matching of Group Members and Group Therapists on Treatment Outcomes for Women with PTSD and Substance Use Disorders**

(Abstract # 920)

**Symposia Presentation (Clin Res, Diverse Pop) I - Industrialized**

**Diamond Salon 04 & 05**

**Ruglass, Lesia, PhD**

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

To date, research findings have been mixed regarding the impact of racial/ethnic matching on treatment outcomes and most of the studies have focused on individual treatment modalities. We examined: 1) whether groups with a higher proportion of same-race group members lead to better treatment outcomes and 2) whether group members' racial/ethnic match with their group therapist lead to better treatment outcomes. A significant three-way interaction was found between race/ethnicity, baseline level of PTSD symptoms, and racial/ethnic composition of the groups; the strongest effect was found among White participants. Specifically, White participants with severe PTSD symptoms at baseline were more likely to have lower PTSD symptoms at follow-up when the treatment groups had a higher proportion of same-raced participants [ $\beta = -0.94$ ;  $SE = 0.46$ ;  $p < .05$ ]. For substance use outcomes, when participants were abstinent or had light substance use at baseline and were not racially/ethnically matched with their group therapists, it was related to higher post-treatment substance use than those who were matched, but not significantly so ( $\beta = 0.57$ ,  $SE = 0.69$ ,  $p = 0.41$ ). The findings suggest that racial/ethnic matching may influence treatment outcomes depending on pre-treatment symptom severity. Implications of these findings will be discussed.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Clinical and Supervisory Challenges in Implementing Evidence Based Practices for PTSD and Substance Use Disorders in Community Addiction Treatment Programs**

(Abstract # 922)

**Symposia Presentation (Clin Res, Adult/Cmplx) M - Industrialized**

**Diamond Salon 04 & 05**

**Litt, Lisa, PhD**

*Columbia University College of Physicians and Surgeons, New York, New York, USA*

NIDA's "Women and Trauma" study provided a valuable opportunity to adapt and implement evidence based practices in the treatment of post-traumatic stress disorder and substance use disorders in community addiction settings around the United States. This presentation explores the elements of training and supervision that were useful in successfully implementing integrated treatment models for traumatic stress and addiction in these settings. Clinicians implementing these treatments presented with a range of training backgrounds and clinical orientations and skills. The study offered a view into the kinds of specific training that were helpful to bring these addiction-focused counselors into a trauma-informed treatment perspective. With supervision and careful monitoring, counselors were able to effectively deliver a particular model to address these dual disorders and to learn to train and supervise other clinicians in a train-the-trainer model. The success of this study supports the translation of trauma-focused behavioral interventions, such as Seeking Safety (Najavits, 2002), into addiction treatment. Useful adaptations to the Seeking Safety model will be described, as well as general suggestions for enhancing counselor skill sets in providing trauma informed treatment.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Considerations in Using Social Media to Engage Women in Trauma Treatment**

(Abstract # 923)

**Symposia Presentation (Tech, Diverse Pop) M - C & E Europe & Indep**

**Diamond Salon 04 & 05**

**Miele, Gloria, PhD**

*Columbia University College of Physicians and Surgeons, New York, New York, USA*

The vast majority of adults in the US and throughout the world are using new media tools, such as social media, text messaging and email, to keep in touch with others, gather information and communicate on a daily basis. Researchers and practitioners are just beginning to recognize the benefits of these tools and have begun using them to engage, contact and locate participants in clinical settings and research trials. This presentation will cover some of the logistical and practical issues in setting up a social media campaign to engage women with trauma, including regulatory issues, different options for setting up social media accounts, and developing an appropriate social media strategy for the needs of different

populations. Considerations in applying these tools for women in trauma treatment, especially related to maintaining confidentiality and avoiding retraumatization, will be addressed.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Combat Trauma and its Impact Across Partner and Work Place Functioning**  
(Abstract #1543)

**Chairperson**    **Wood, Michael, PhD**  
*US Army Medical Research Unit, Heidelberg, Germany*

**Discussant**    **Thomas, Jeffrey, PhD**  
*Walter Reed Army Institute of Research, Silver Spring, Maryland, USA*

The psychological aftermath of combat exposure often impacts work place and family functioning long after a soldier's return home from duty. This symposium will contribute to previous research to clarify the impact of combat exposure on social and family functioning during the postdeployment adjustment period. In this symposium we identify key clinical concerns and highlight clinical implications in studies that clarify the impact of combat exposure and PTSD as it applies to psychosocial functioning and intimate partner relationships. A detailed analysis of the relationship between combat and externalizing behaviors while accounting for community and internalizing behaviors will be presented. In addition, two papers will clarify the role of perceived social support and positive psychological coping approaches (i.e., morale and benefit finding) as a mechanism to manage the impact of combat stress on PTSD symptoms. The last paper will address the risk levels of intimate partner violence (IPV) and clarify the relationship between PTSD, emotional intimacy, and IPV in married combat veterans diagnosed with PTSD.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Combat Trauma and its Longitudinal Impact on Externalizing Behaviors and Intent to Divorce**

(Abstract # 1545)

**Symposia Presentation (Clin Res, Mil/Vets) M - C & E Europe & Indep**

**Diamond Salon 06**

**Foran, Heather, PhD; Wood, Michael, PhD; Wright, Kathleen, PhD**

*Walter Reed Army Institute of Research, Heidelberg, Germany*

The time following return from a combat deployment is a dynamic period for many military personnel and their families. In addition to post-traumatic stress disorder (PTSD) symptoms, returning military personnel experience elevated rates of externalizing behaviors (e.g., alcohol problems, aggression) and marital problems. In this paper, we examine the role of combat experiences, mental health, and relationship functioning in a longitudinal sample of soldiers 4 and 9 months following deployment to Iraq. In the first study, we test a theoretical model of combat exposure and externalizing behaviors, taking into account both community factors and internalizing behaviors (N = 1,397). In the second study with the subsample of married soldiers, we take a closer look at predictors of intent to divorce or separate over the post-deployment period. Taken together, the findings of these two studies suggests that severity of combat exposure has a direct link with externalizing behaviors and intent to divorce over time that is not accounted for by internalizing symptoms such as PTSD. Alternative mechanisms through which combat experiences impact military personnel and their marriages will be discussed.

## **Concurrent Session 8**

**Friday, November 2, 2012**

**Diamond Salon 6**

**1:30 PM - 2:45 PM**

**Symposium**

### **The Buffering Effects of Benefit Finding and Leadership on Combat-Related PTSD Symptoms**

(Abstract # 1544)

**Symposia Presentation (Prevent, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Wood, Michael, PhD<sup>1</sup>; Foran, Heather, PhD<sup>1</sup>; Britt, Thomas, PhD<sup>2</sup>; Wright, Kathleen, PhD<sup>1</sup>**

<sup>1</sup>*US Army Medical Research Unit Europe, Heidelberg, Germany*

<sup>2</sup>*Walter Reed Army Institute of Research, Silver Spring, Maryland, USA*

Both individual coping factors (benefit finding) and social support factors (officer and non-commissioned officer leadership) have been identified as buffers against the negative effects of combat stress on mental health outcomes in separate studies. However, little is known about how these types of buffers interrelate when applied to the combat exposure - mental health link. In a sample of 1,917 soldiers 4-months post-deployment, benefit finding and non-commissioned officer leadership were associated with fewer post-traumatic stress disorder (PTSD) symptoms. However, high officer leadership was



associated with a decrease in the strength of the combat exposure-PTSD link only when high benefit finding was also present. Implications of these findings for military settings are discussed.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Morale as a Buffer Against the Negative Effects of Combat Exposure on PTSD Symptoms**  
(Abstract # 1546)

**Symposia Presentation (Prevent, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Britt, Thomas, PhD<sup>1</sup>; Adler, Amy, PhD<sup>2</sup>; Bliese, Paul, PhD<sup>3</sup>; Moore, DeWayne, PhD<sup>4</sup>**

<sup>1</sup>*US Army Medical Research Unit-Europe, Heidelberg, Germany*

<sup>2</sup>*U.S. Army Medical Research Unit-Europe, Heidelberg, Germany*

<sup>3</sup>*Walter Reed Army Institute of Research, Silver Spring, Maryland, USA*

<sup>4</sup>*Clemson University, Clemson, South Carolina, USA*

Researchers have long considered morale an important psychological resource for dealing with the demands faced by military personnel (Britt & Dickinson, 2006; Manning, 1991). However, surprisingly little research has examined morale as a buffer against the demands facing service members. In the present study morale was hypothesized to provide soldiers with the positive attitude and energy needed to cope with their combat experiences, and therefore to decrease the negative effects of combat exposure on PTSD symptoms. Soldiers ( $N = 636$ ) completed assessments at 4 (Time 1) and 10 (Time 2) months following their combat deployment. Combat exposure (both breadth and perceived stressfulness), morale, and PTSD symptoms were assessed at Time 1, and PTSD symptoms were assessed again at Time 2. Results of moderated multiple regressions revealed that morale at Time 1 interacted with both the breadth and stressfulness of combat exposure to predict PTSD symptoms at both Time 1 and Time 2, even when controlling for unit support. The slope of the given combat exposure-PTSD symptoms relationship was weaker when reports of morale were higher. The results suggest that morale may buffer soldiers from the negative consequences of combat stressors, and that interventions to enhance morale should be developed.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Victims Who Victimize: Associations Between PTSD and Intimate Partner Violence Among OEF/OIF/OND Veterans**  
(Abstract # 1547)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Kar, Heidi, PhD, MPH**

*San Francisco VA Medical Center, San Francisco, California, USA*

Veterans with post-traumatic stress disorder (PTSD) are at elevated risk for perpetrating physical intimate partner violence (IPV) than are other veterans or civilians. However, little research exists on the link and context of post-traumatic stress disorder and physical intimate partner violence in *Operational Enduring Freedom/Operation Iraqi Freedom* (OEF/OIF) veterans. A sample of 110 male participants was recruited from the Northport Veterans Affairs Medical Center. Three separate models were compared to determine which best explained the relationships between post-traumatic stress disorder, intimate partner violence, emotional intimacy, and marital satisfaction. Constructs were assessed via a battery of standardized, self-report instruments. Thirty-three percent of the veterans had clinically elevated PTSD scores, and 31% of the men reported that they engaged in physical IPV in the past year. Poor emotional intimacy mediated the association between PTSD symptoms and perpetration of physical IPV. Past, pre-deployment IPV perpetration was shown to be a predictor for current, post-deployment physical IPV perpetration. Finally, over 39% of male veterans reported physical victimization within their romantic relationships which highlights an area that has so far, not been adequately addressed.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**1:30 PM - 2:45 PM**  
**Symposium**

**New Developments in the Research of Prolonged Grief Disorder**  
(Abstract #1266)

**Chairperson** Wagner, Birgit, PhD, PsyD

*University of Leipzig, Leipzig, Germany*

**Discussant** Rosner, Rita, PhD, PsyD

*Catholic University Eichstätt, Eichstätt, Germany*

Prolonged grief disorder has been proposed as a distinct diagnostic category for the next edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). There are, however, only few studies available on the epidemiology, and interventions for prolonged grief report mixed results. Four clinical researchers present findings from epidemiological studies in Cambodia und Germany and from two clinical trials examining an outpatient treatment for patients with co-morbid complicated grief and a writing intervention for bereaved Rwandan adolescents. Results indicate that decades after war- or genocide-related trauma prolonged grief was prevalent in both epidemiological studies among the elderly. Further, the clinical trials showed mixed results and mirror the general efficacy of grief interventions.

## **Concurrent Session 8**

**Friday, November 2, 2012**

**Diamond Salon 10**

**1:30 PM - 2:45 PM**

**Symposium**

### **Prevalence of Complicated Grief in a Representative Population-Based Sample**

(Abstract # 1267)

**Symposia Presentation (Assess Dx, N/A) I - Industrialized**

**Diamond Salon 10**

**Wagner, Birgit, PhD<sup>1</sup>; Brähler, Elmar, PhD<sup>1</sup>; Glaesmer, Heide, PhD<sup>2</sup>; Kersting, Anette, MD, PhD<sup>1</sup>**

<sup>1</sup>*University of Leipzig, Leipzig, Germany*

<sup>2</sup>*University of Leipzig, Department of Medical Psychology and Medical Socio, Germany*

Prolonged grief disorder (PGD) has been proposed as a distinct diagnostic category in the next edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). However, few epidemiological studies to date have measured PGD in the general population. Prevalence of PGD, sociodemographic characteristics, and grief-related factors were examined in a representative population-based survey (N = 2520) through face-to-face contact. The sample included all bereaved subpopulations and all age groups from 14 to 95 years. In this sample the conditional prevalence of developing CG after major bereavement was 6.7%; the prevalence of PGD in the general sample was 3.7%. Predictors of higher risk for developing PGD were female gender, lower income (< €1250/month). Bereaved individuals aged above 61 years were significantly more likely to develop PGD than were those in younger age groups

older age (> 61 years). The results indicate that PGD is prevalent in the population, and risk factors were identified.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Prolonged Grief Disorder Three Decades Post Loss in Survivors of the Khmer Rouge Regime in Cambodia**

(Abstract # 1270)

**Symposia Presentation (Assess Dx, Civil/Ref) M - S Asia**

**Diamond Salon 10**

**Knaevelsrud, Christine, PhD<sup>1</sup>; Heeke, Carina, MA<sup>2</sup>; Bockers, Estelle, PhD Candidate<sup>1</sup>; Sotheara, Chhim, MD, PhD<sup>3</sup>; Taing, Sopheap, MA<sup>3</sup>; Wagner, Birgit, PhD<sup>4</sup>; Stammel, Nadine, PhD Candidate<sup>2</sup>**

<sup>1</sup>*Freie University Berlin, Berlin, Germany*

<sup>2</sup>*Berlin Center for Torture Victims, Berlin, Germany*

<sup>3</sup>*Transcultural Psychosocial Organization Cambodia, Phnom Penh, Cambodia*

<sup>4</sup>*Department of Psychosomatic Medicine and Psychotherapy, University of Leipzig, Leipzig, Germany*

During the Khmer Rouge (KR) regime from 1975 to 1979 millions of Cambodians were confronted with the death or murder of family members. The long-term psychological consequences of these traumatic losses have not yet been investigated. The purpose of this study was to determine the rate and potential predictors of Prolonged Grief Disorder (PGD) in survivors of the KR regime.

The Inventory of Complicated Grief-Revised (ICG-R) was administered in a sample of N=775 Cambodians in face-to-face interviews who had lost at least one family member during the KR regime. Symptoms of PTSD were assessed with the PTSD Checklist-Civilian Version and symptoms of depression and anxiety with the Hopkins Symptom Checklist-25.

The prevalence of PGD in the sample was 14.3%. PGD was moderately associated with symptoms of depression, anxiety and PTSD. The loss of a spouse, a child, or a parent was associated with higher symptom severity of PGD than was the loss of a sibling or distant relatives ( $F(2/770)=16.96, p<.001$ ).

PGD was predicted by the relationship to the deceased and symptoms of depression and PTSD.

The vast majority of Cambodians lost family members during the KR regime. Even three decades later, PGD was prevalent in a substantial proportion of the present sample and related to other psychiatric disorders. The results underline the importance of examining PGD in studies of war-related psychological impairment.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Efficacy of an Outpatient Treatment for Patients with Co-Morbid Complicated Grief**  
(Abstract # 1271)

**Symposia Presentation (Clin Res, N/A) M - Industrialized**

**Diamond Salon 10**

**Rosner, Rita, PhD<sup>1</sup>; Pfoh, Gabriele, PhD<sup>2</sup>; Kortoucova, Michaela, PhD<sup>2</sup>**

<sup>1</sup>*Catholic University Eichstaett-Ingolstadt, Eichstaett, Germany*

<sup>2</sup>*Ludwig-Maximilians-University, Munich, Germany*

Purpose of the study is to assess the efficacy of a manualized individual cognitive behavioral treatment (CBT) in a university outpatient setting for a randomized sample of patients diagnosed with co-morbid complicated grief. 56 patients fulfilled intake criteria and were randomized in either CBT for Complicated Grief (CBT-CG) or in a wait list control group. Furthermore patients were stratified according to natural/non-natural causes of death and loss of a child/other. Assessment included the score sheet for Prolonged Grief Disorder (PG - 13), the computer version of a structured interview for DSM-IV (Diagnostisches Expertensystem; DIA-X), and the Symptom Checklist (SCL-90-R). The manualized treatment for complicated grief consists of 25 individual sessions. Of those, 5 are optional, directed towards special situations and not relevant for all patients. The remaining twenty sessions are divided into three parts and provide the standard treatment for all patients. Results showed that CBT-CG completers improved significantly in complicated grief symptoms (ES =1.85), general distress symptoms (GSI; ES = 1.85) and the number of comorbid diagnoses was reduced significantly (Major depression, PTSD, pain). Study completers improved further during a 1.5 follow-up. Results show that the individual outpatient treatment for complicated grief in patients with co-morbid diagnoses is effective.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Complicated Grief Following Parental Loss: Pennebaker's Writing Therapy with Adolescents in Rwanda - A Randomized Controlled Trial**

(Abstract # 1273)

**Unterhitzberger, Johanna, Doctoral, Student; Rosner, Rita, PhD**

*Catholic University Eichstaett-Ingolstadt, Eichstaett, Germany*

14 years after the Rwandan genocide there are numerous orphans living under mental health consequences due to parental loss. This study examines the hypothesis that a short-time writing therapy based on Pennebaker's Emotional Disclosure Paradigm can help reducing CG in a fast and economic way like it is needed in post-conflict countries. We assessed the mental health of 69 adolescents and allocated them randomly to one of three experimental conditions: an emotional disclosure, a trivial writing or a non-writing control group. CG, depression and functioning were assessed at two times (pre, post). An unexpected loss, loss of both parents, living with relatives and diagnosed depression were found to be predictors of CG. After five weeks participants in all three conditions showed reduced symptoms of CG. There was a significant main effect for time to be found. Higher symptom severity at pre-testing came along with better effects after treatment. Surprisingly the non-writing control group showed the best results on all outcome variables. Depressive symptoms increased in subjects writing emotionally. Results suggest that writing about a significant loss is not an effective way to reduce mental health problems in orphans suffering from CG. Reasons for missing effects are to be discussed.

## **Concurrent Session 8**

**Friday, November 2, 2012**

**Plaza 1**

**1:30 PM - 2:45 PM**

**Symposium**

### **The Application of TF-CBT in European Countries - Scaling Up Evidence Based Practice in Child Populations with PTSD**

(Abstract #1229)

**Chairperson Berliner, Lucy, MSW**

*Harborview Medical Center, Seattle, Washington, USA*

Children with PTSD often show difficulties in social, behavioral, and educational functioning. Besides, children who experience chronic stress are at risk to develop mental health problems in adulthood. Therefore effective interventions are necessary to prevent negative long term effects. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as developed by Cohen, Mannarino and Deblinger (2006) is a short and feasible treatment for children and adolescents with PTSD-symptoms. The current symposium presents results of treatment effectiveness studies from Germany, the Netherlands and Norway in

which this protocol has been used. The aim of the symposium is threefold:1) Presenting outcome data measuring PTSD and co-morbid symptoms. Data from a randomized controlled trial (the Netherlands) and a pilot study (Germany).2) Presenting outcome data on physiological and fMRI measures. Preliminary results from 2 pilot studies (Germany and the Netherlands).3) Presenting data on the mediating role of cognitions. Results from a randomized controlled trial (Norway). Together these presentations will provide new insights in the applicability of an evidence based trauma-focused treatment for children and adolescents in European countries with a different social, cultural and health services system background.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Plaza 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Trauma focused Cognitive-Behavioral Therapy for Children and Adolescents in Germany: Psychological and Psychophysiological Outcomes of A Pilot Study**  
(Abstract # 1230)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Plaza 01**

**Goldbeck, Lutz, PhD**

*University Ulm, Ulm, Germany*

Background: Post-traumatic stress disorder (PTSD) is common after maltreatment during childhood and adolescence. This pilot study describes feasibility and preliminary treatment effects of trauma-focused cognitive behavioral therapy (Tf-CBT) in this target group.

Methods: PTSD symptomatology is analyzed for relevant symptom reduction after therapy (n=15; 6 female; age M=10.5; SD=3.7). Heart rate and skin conductance level during exposure to the trauma narrative pre and post treatment are evaluated.

Results: Tf-CBT leads to a significant symptom reduction (Total symptom severity CAPS-CA pre treatment: 40.6; SD=10.5; post treatment: M=15.2; SD=14.3;  $p < .001$ ;  $d = 1.8$ ). Preliminary analyses of physiological parameter after Tf-CBT show a tendency towards less hyperarousal during the trauma narrative.

Conclusion: Tf-CBT is a promising treatment for maltreated children and adolescents with clinically relevant symptoms of PTSD. The results of an ongoing RCT will provide further evidence of its effectiveness in German mental healthcare settings.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Plaza 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**The Intact Research: Investigating Treatments for Adolescents and Children After Trauma - First Results from A Randomized Controlled Trial of TF-CBT and EMDR**  
(Abstract # 1231)

**Symposia Presentation (Clin Res, Child/ Adol) M - C & E Europe & Indep**

**Plaza 01**

**Diehle, Julia, PhD Candidate; Boer, Frits, PhD, MD; Lindauer, Ramon, PhD, MD**  
*AMC- de Bascule, Amsterdam, Netherlands*

Every day, children are exposed to traumatic events. As a result, a significant subgroup of these children develops post-traumatic stress symptoms and co-morbid problems. Although Post-Traumatic Stress Disorder (PTSD) is a major problem in children and adolescents, European treatment outcome studies are still scarce in this population.

The current study is a randomized controlled trial of the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) protocol as designed by Cohen, Mannarino, and Deblinger; and the Dutch eye movement desensitization and reprocessing (EMDR) protocol for children (de Roos, Beer, de Jongh en ten Broeke). Up to now a direct comparison of these treatment protocols is lacking.

Children between the age of 8 and 18 years with (partial) PTSD were randomly assigned to either 8 sessions TF-CBT or 8 sessions EMDR. In this presentation we will present first results from our trial. Treatment results will be presented on outcome measures including PTSD-symptoms, co-morbid symptoms and cognitions.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Plaza 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Trauma Focused Psychotherapies from A Neurodevelopmental Perspective: fMRI and Physiological Pilot Outcome Data from a RCT Conducted in the Netherlands with Children Suffering from PTSD**  
(Abstract # 1232)



**Zantvoord, Jasper, PhD Candidate***AMC/deBascule, Amsterdam, Netherlands*

Neurobiological treatment outcome studies in adults with PTSD have shown that successful treatment is associated with changes in activity of frontal brain areas and the amygdala, brain areas which are involved in fear conditioning and extinction. Frontal brain regions undergo considerable maturation during childhood and adolescence and only reach anatomical and functional maturity well within the third decade of life. In this light, results obtained in neurobiological studies in adults can't be readily translated to children and adolescents. Neurobiological treatment outcome studies in children with PTSD are thus required, yet are almost nonexistent to date. Neurobiological treatment outcome studies addressing the mechanism involved in treatment response or non response can contribute to improve treatment strategies for non responders especially for treatment non responders and in time help clinicians to tailor treatment for individuals with PTSD.

In this part of the symposium we will present treatment outcome data of our neurobiological pilot study conducted in children with PTSD in the Netherlands. Children aged 8 to 18 with PTSD were randomly assigned to receive either 8 sessions of manualized Trauma Focus cognitive behavioral therapy or EMDR. fMRI data of a working memory task with emotional distracters and physiological data obtained during script driven imagery will be presented. Treatment outcome results will be placed in a neurodevelopmental framework.

**Concurrent Session 8****Friday, November 2, 2012****Plaza 1****1:30 PM - 2:45 PM****Symposium****Trauma-Focused Cognitive Behavioral Therapy - the Mediating Role of Negative Trauma-Related Cognitions**

(Abstract # 1233)

**Jensen, Tine, PhD; Holt, Tonje, Doctoral, Student; Ormhaug, Silje, Doctoral, Student***Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway*

Although the evidence for trauma-focused cognitive behavioral therapy (TF-CBT) for children is documented in several studies, little is known about what mediates treatment outcome. Since some studies have shown that negative trauma-related cognitions are a significant factor in the maintenance of post-traumatic stress reactions, we wanted to examine whether treatment effects are mediated

through changes in negative cognitions. Results from a randomized clinical effectiveness study that compared TF-CBT (n= 79) with treatment as usual (n=77) in 8 mental health clinics in Norway will be presented. Inclusion criteria were children between ages 10-18 that had experienced trauma and had severe post-traumatic stress reactions. The child and at least one parent had to speak Norwegian. Exclusion criteria were psychosis, suicidal behavior or mental retardation. The main outcome measures were post-traumatic stress, depression and anxiety. Negative trauma-related cognitions were measured using the Children's Post-Traumatic Cognitions Inventory. This presentation will present findings regarding the effectiveness of TF-CBT and the possible mediating role that changes in negative trauma-related cognitions may have for treatment outcome. The implication of these findings for clinicians working with traumatized children and their families will be discussed.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**The Interconnection of Traumatic Brain Injury, Mental Health Disorders, and Cognitive Function in Veterans: Implications for Diagnosis and Novel Treatments**  
(Abstract #527)

**Chairperson**    **Cohen, Beth, MD, MAS**

*San Francisco VA Medical Center/UC San Francisco, San Francisco, California, USA*

**Discussant**    **Neylan, Thomas, MD**

*San Francisco VA Medical Center/UCSF, San Francisco, California, USA*

Three clinician researchers present results of studies focused on disentangling the complex relationships between psychological trauma, TBI, and cognitive impairment in veterans in order to identify novel evaluation strategies and treatment interventions. The first presentation identified overlapping and distinct features of PTSD, depression and TBI in returning veterans as well as a novel fourth factor of hypervigilance and sleep problems using factor analytic techniques. The second study compared the association of TBI and mental health disorders with cognitive impairment in returning veterans and found surprisingly, PTSD and depression were more strongly associated with cognitive impairment than TBI. These studies highlight the need to go beyond population-based screens to better differentiate potential causes of cognitive impairment. The second study also underscores the importance of assessing cognitive function in veterans with mental health problems regardless of TBI status. The third study used data from an older VA cohort to identify specific domains of cognitive impairment in patients with PTSD and demonstrated modifiable cardiovascular risk factors mediated the association between

PTSD and cognitive deficits. Together, these presentations provide a strong rationale for a multidisciplinary approach to the assessment and treatment of cognitive dysfunction in veterans.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**The Relationship of Mild Traumatic Brain Injury and Mental Health Symptoms in Iraq and Afghanistan Veterans: Implications for Novel Treatments**  
(Abstract # 528)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Gold Salon 01**

**Maguen, Shira, PhD<sup>1</sup>; Lau, Karen, PhD<sup>2</sup>; Madden, Erin, MPH<sup>2</sup>; Seal, Karen, MD, MPH<sup>1</sup>**

<sup>1</sup>*San Francisco VA Medical Center and University of California, San Francisco, San Francisco, California, USA*

<sup>2</sup>*San Francisco VA Medical Center, San Francisco, California, USA*

Prior studies have identified diagnostic overlap between traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), and depression, yet a better understanding of the specific symptoms that overlap and help differentiate these diagnoses is needed. Using factor analytic techniques, we aimed to differentiate distinct from overlapping symptoms of TBI, PTSD, and depression in Iraq and Afghanistan War veterans ( $N = 1,549$ ). These symptoms were derived from VA post-deployment screens between 4/07 and 1/10. Irritability was a shared symptom between TBI and PTSD, and emotional numbing was a shared symptom between PTSD and depression. Symptoms unique to TBI included dizziness, headaches, memory problems and light sensitivity. Four separate constructs emerged: TBI, PTSD, depression, and a novel fourth factor consisting of hypervigilance and sleep problems. These findings illuminate areas of overlap between TBI and post-deployment mental health problems. Better understanding areas of overlap can facilitate the development and implementation of targeted interventions in novel settings, such as integrated care clinics. The emergence of a fourth factor consisting of sleep disturbances and hypervigilance symptoms highlights the need to attend to specific post-deployment symptoms in the initial screening process, typically occurring in medical settings, and may reveal new intervention opportunities in integrated primary care settings.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Is Cognitive Impairment More Strongly Associated with Mild Traumatic Brain Injury or Post-Traumatic Stress Disorder in Iraq and Afghanistan Veterans?**

(Abstract # 529)

**Symposia Presentation (Assess Dx, Mil/Vets) M - Industrialized**

**Gold Salon 01**

**Seal, Karen, MD, MPH<sup>1</sup>; Maguen, Shira, PhD<sup>1</sup>; Bertenthal, Daniel, MPH<sup>2</sup>**

<sup>1</sup>*University of California, San Francisco, San Francisco, California, USA*

<sup>2</sup>*San Francisco VA Medical Center, San Francisco, California, USA*

Veterans returning from war experience cognitive problems, but the etiology of these problems is not well understood. This study investigated correlates of “cognitive impairment” in 47,032 Iraq and Afghanistan veterans in VA healthcare who screened positive for traumatic brain injury (TBI) on first-level screening (4/14/07 through 12/31/10) and attended second-level comprehensive TBI evaluation. VA administrative data were used to obtain information about: (1) “moderate cognitive impairment” [at least 2 of 4 cognitive symptoms that impair daily function on the Neurobehavioral Symptom Inventory], (2) determination of TBI diagnosis, (3) PTSD and depression diagnoses, and (4) sociodemographic and military service characteristics. Of veterans determined to have TBI diagnoses, 71.6% endorsed moderate cognitive impairment. There was a progression of increasing risk of moderate cognitive impairment: the lowest risk was in veterans with a TBI diagnosis only (no PTSD, no depression), adjusted relative risk (ARR) =1.43; greater risk in those with PTSD (no TBI, no depression) (ARR=1.67); still greater risk in veterans with PTSD and depression (no TBI) (ARR=1.98), with the greatest risk in veterans with PTSD, depression and TBI (ARR=2.24). These results signal a need to evaluate and treat cognitive impairment in veterans with PTSD and depression, not only in veterans with TBI.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**The Role of Modifiable Risk Factors in the Association of PTSD and Cognitive Impairment:  
Results from the Mind Your Heart Study**  
(Abstract # 531)

**Symposia Presentation (Bio Med, Mil/Vets) I - Industrialized**

**Gold Salon 01**

**Cohen, Beth, MD, MAS<sup>1</sup>; Yaffe, Kristine, MD<sup>1</sup>; Neylan, Thomas, MD<sup>1</sup>; Li, Yongmei, PhD<sup>2</sup>; Barnes, Deborah, PhD, MPH<sup>1</sup>**

<sup>1</sup>*San Francisco VA Medical Center/University of California, San Francisco, San Francisco, California, USA*

<sup>2</sup>*San Francisco VA Medical Center, San Francisco, California, USA*

Prior studies have linked PTSD to increased risk of dementia diagnosis and poorer performance on cognitive tests. Yet, how PTSD may impair cognitive function remains unknown, and identifying modifiable risk factors will inform prevention and treatment efforts. We examined the association of PTSD (assessed by the CAPS) and performance on a cognitive function test battery in 731 adult VA patients participating in the Mind Your Heart Study who did not report a history of dementia or Parkinson's disease. After adjusting for demographics and education, participants with PTSD had significantly lower scores on tests involved in processing speed (digit symbol substitution), category fluency (animal categories), and learning/memory (Hopkins verbal learning test) but no differences on tests involved in executive function (Trails B) and language fluency (L-/F-words). Next, we adjusted for several potential mediators of the association between PTSD and cognitive function, including alcohol use, exercise, sleep quality, and traditional cardiovascular risk factors (smoking, hypertension, diabetes, and cholesterol problems). The association of PTSD and cognitive function was mediated by cardiovascular risk factors, particularly hypertension, diabetes, and smoking. These results suggest screening for and treating these modifiable risk factors could prevent cognitive decline in patients with PTSD.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**1:30 PM - 2:45 PM**  
**Panel**

**Achieving Integration of Disaster Behavioral Health and Public Health: Practice, Analysis, Policy, and Planning**  
(Abstract # 1251)

**Panel Presentation (Social, Disaster) M - Industrialized**

**Diamond Salon 09**

**Mack, Amy, PsyD<sup>1</sup>; Bellamy, Nikki, PhD<sup>2</sup>; Shultz, James, MS, PhD<sup>3</sup>; Dodgen, Daniel, PhD<sup>4</sup>; Kaul, Rachel, LCSW<sup>4</sup>; McGee, Lori, MA<sup>1</sup>**

<sup>1</sup>*ICF International, Bethesda, Maryland, USA*

<sup>2</sup>*Substance Abuse and Mental Health Services Administration, Rockville, Maryland, USA*

<sup>3</sup>*Center for Disaster & Extreme Event Preparedness (DEEP Center), Miami, Florida, USA*

<sup>4</sup>*Assistant Secretary for Preparedness and Response Office of the Secretary U.S. Department of Health and Human Services, Washington, Dist. of Columbia, USA*

This panel will provide evidence-informed perspectives on increasing integration of public health and disaster behavioral health (DBH) preparedness and response in the US from three vantage points: state/territory/tribal/local (STTL) DBH provider needs; rapid post-impact disaster-specific guidance for DBH response; and the Department of Health and Human Services (HHS) DBH Concept of Operations (CONOPS) policy and implementation. First, results from a nationwide needs assessment survey of DBH providers and data compiled from Crisis Counseling Assistance and Training Program grantees will provide a picture of STTL provider needs and involvement in disaster preparedness and response. Second, trauma signature (TSIG) analyses from diverse US disaster events will demonstrate how each disaster exposes the affected population to a novel pattern of potentially traumatizing hazards, loss, and change. TSIG accrues information from disaster situation reports in the immediate aftermath to create an inventory of psychological risk factors that can be converted into actionable guidance for DBH response. Third, the CONOPS plan will be overviewed in terms of core functions and implementation in response to emergencies. The panel's overarching focus will be on integration of public health and DBH preparedness, response, and provision of care targeted to the defining features of each disaster.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 1**  
**1:30 PM - 2:45 PM**  
**Paper Session**

**Expanding Access to Care**

**Expanding the Delivery of Evidence-Based Treatments for Service-Related PTSD Using Video Teleconferencing**

(Abstract # 588)

**Paper Presentation (Practice, Mil/Vets) M - Industrialized**

**Diamond Salon 01**

**Whitney, Debbie, PhD, Cpsych<sup>1</sup>; Laforce, Jennifer, PhD, Cpsych<sup>1</sup>; Klassen, Kristin, MSc<sup>1</sup>; Enns, Chris, MSW<sup>2</sup>; Walsh, Trudi, PhD, Cpsych<sup>1</sup>**

<sup>1</sup>*University of Manitoba, Winnipeg, Manitoba, Canada*

<sup>2</sup>*Deer Lodge Centre, Winnipeg, Manitoba, Canada*

Many military personnel, both active and retired, do not seek treatment for mental health concerns such as PTSD. These individuals cite travel time, costs, and attitudes and stigma surrounding treatment-seeking as barriers to care. Technology-based treatment modalities such as video teleconferencing (VTC) have been proposed as a way to ameliorate these barriers. The present study is an ongoing investigation of the effectiveness of using VTC to deliver empirically-validated psychotherapies for PTSD (e.g., prolonged exposure, cognitive processing therapy, and cognitive-behavioral conjoint therapy) in an outpatient clinic for military members and police. Treatment outcomes on three symptom measures (the PTSD Checklist - Military Version, the Beck Depression Inventory - II, and the Beck Anxiety Inventory) were compared across two groups: VTC clients ( $n=11$ ) and a matched sample of clients who received therapy for PTSD in-person. The VTC sample showed a statistically significant ( $p<0.05$ ) decrease on all three symptom measures. Furthermore, independent sample  $t$ -tests showed that the VTC group did not have significantly different outcome scores from the in-person treatment group on any measure. Results support the use of VTC as an effective modality to deliver treatments for PTSD.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 1**  
**1:30 PM - 2:45 PM**  
**Paper Session**

**Preliminary Results of a Randomized Controlled Trial of Virtual Reality Exposure Therapy (VRET) in Active Duty Service Members with Combat Related PTSD**  
(Abstract # 1302)

**Paper Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 01**

**McLay, Robert, MD, PhD**

*Naval Medical Center San Diego, San Diego, California, USA*

Virtual Reality Exposure Therapy (VRET) is an emerging technology to treat PTSD. Earlier results suggested that patients can improve with this treatment, and that gains are greater than might be expected with traditional Prolonged Exposure (PE). Head-to-head trials between VRET and PE have been lacking. We are conducting such a trial. Active Duty Service Members with combat related PTSD are assessed using the Clinician Administered PTSD Scale (CAPS), and randomly assigned to receive 9 weeks of either VRET or PE. To compensate for expectations about technology, participants in the control condition view a still computer image, and the condition is called "Static VR." One week after completion of treatment, and 3 months later participants are assessed again using the CAPS. Assessments are administered on an intent-to-treat basis. This study intends to enroll 80 participants total. So far we have completed three month follow up in 33, and trends are starting to emerge. Statistically and clinically significant improvements were seen after initial treatment for both groups, with no significant differences between treatments. At three month follow up, however, both groups lost some ground. Improvements in the control PE group were no longer statistically significant. Improvements in those who received VRET remained statistically significant ( $p < 0.05$ ), and there was a statistical trend ( $p = 0.069$ ) towards differences in T3 scores between VRET and VE. This supports earlier findings that indicate that Active Duty Service Members with PTSD may not do well with traditional treatment, and that VRET may offer a useful alternative.



**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 1**  
**1:30 PM - 2:45 PM**  
**Paper Session**

**Early Telephone Cognitive Behavior Therapy (Et-CBT): A Novel Approach for Preventing PTSD**  
(Abstract # 962)

**Paper Presentation (Prevent, Acc/Inj ) M - M East & N Africa**

**Diamond Salon 01**

**Ankri, Yael, MA<sup>1</sup>; Freedman, Sara, PhD<sup>2</sup>; Roytman, Pablo, MD<sup>1</sup>; Gilad, Moran, MA<sup>1</sup>; Shalev, Arie, MD<sup>1</sup>**

<sup>1</sup>*Center for Traumatic Stress Hadassah University Hospital, Jerusalem, Israel*

<sup>2</sup>*Bar Ilan University, Ramat Gan, Israel*

Early Cognitive Behavior Therapy (CBT) effectively prevents PTSD among recent trauma survivors. However, significant barriers to face-to-face treatment exist, and such treatment requires significant resources. Developing alternative ways of delivering CBT may increase treatment effectiveness. We present a preliminary study of early telephone-based CBT (ET-CBT). Recent trauma survivors with full PTSD symptoms, two weeks after a traumatic event, were randomized to either five weekly sessions of ET-CBT or a waitlist control. Treatment began within a month of the traumatic event. Waitlist participants and ET-CBT participants who did not recover received face-to-face CBT. The Clinician Administered PTSD Scale (CAPS) evaluated PTSD and PTSD symptoms before and after ET-CBT, and after face-to-face CBT.

Preliminary results indicate that the provision of ET-CBT is feasible, with good treatment uptake and limited dropout rate. The average length of ET-CBT was about 39 minutes during which there had been no difficulties to implement the CBT protocol. Tentative findings indicate that ET-CBT effectively reduces PTSD symptoms, but a significant minority required additional face-to-face CBT. Comparison with the waitlist group will be presented.

Following proof of efficacy ET-CBT might be the preferred solution for populations under continuous threat and for treatment delivery in remote and under-served areas.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 1**  
**1:30 PM - 2:45 PM**  
**Paper Session**

**in-Car Intervention for Post-Deployment Driving Distress: A Developmental Trial**  
(Abstract # 1787)

**Paper Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 01**

**Woodward, Steven, PhD<sup>1</sup>; Kuhn, Eric, PhD<sup>2</sup>; Gross, James, PhD<sup>3</sup>; Samuels, Marc, BA<sup>4</sup>; Bertram, Franziska, PhD Candidate<sup>5</sup>**

<sup>1</sup>*National Center for PTSD, Palo Alto, California, USA*

<sup>2</sup>*Mental Illness Research, Education and Clinical Center, Palo Alto, California, USA*

<sup>3</sup>*Stanford University, Stanford, California, USA*

<sup>4</sup>*VA Palo Alto Health Care System, Palo Alto, California, USA*

<sup>5</sup>*VA Palo Alto HCS, Palo Alto, California, USA*

Actuarial data collected by the primary insurer of US military staff and their dependents (USAA) has confirmed in a sample of 170,373 OEF/OIF deployments an excess of at-fault motor vehicle accidents (MVAs) in the first six months post-deployment relative to the six months prior to deployment. The overall increase in at-fault MVAs was 14%, though this figure varied by branch and rank. While evidence-based interventions for anger and “road rage” represent reasonable stop-gaps, evidence-based treatments are needed targeting the additional dimension of post-deployment driving distress. These include the impact of specific trauma reminders, combat driving training, and PTSD. We have developed a preliminary in-car intervention built upon a standard driving rehabilitation framework and incorporating cognitive re-appraisal and breathing retraining. In parallel, we have developed, in partnership with Fujitsu Laboratories America, Inc., a treatment support and evaluation platform that integrates continuous data from the vehicle, driver, and therapist in order to quantify the impact of the intervention on known and presumed indices of driving risk. To date, we have completed 16 in-car sessions with one withdrawal. Available data from completers are not adequate for group comparisons; however, individual participants have exhibited patterns of change over sessions in line with reduced autonomic arousal during driving.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**1:30 PM - 2:45 PM**  
**Paper Session**

**Assessment and Screening for Trauma Exposed Populations**

**Prevalence of Psychiatric Illness in a Group of Unaccompanied Minor Asylum-Seekers in Norway. Validation of MulticasI in Self-Report Screening Directed at a Population with Limited Reading Abilities**  
(Abstract # 664)

**Paper Presentation (Assess Dx, Civil/Ref) M - Industrialized**

**Diamond Salon 08**

**Jakobsen, Marianne, MD**

*Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway*

The main research aim in this study was to evaluate a group based early intervention for newly arrived unaccompanied minors (boys) aged 15-18, mainly from Afghanistan(74%) and Somalia(22%) at a transit reception centre. Earlier screening for this group has been difficult, largely due to poor reading/writing skills. "Behandlungszentrum fur Folteropfer Berlin" have developed a computer-based self screening (MultiCASI), using«touch screen»-computers. Self report instruments can be installed in different language versions, and sound files are added. All items can be answered by directly touching the screen, as written and audio versions appear simultaneously, and can be repeated by touch. All participants can be tested in the same way, no matter their reading abilities.

In order to validate the use of MultiCASI, 160 participants have been diagnosed according to the Composite International Diagnostic Interview (CIDI). This has been done simultaneously with the 3 month self-report test (Instruments tested: HSCL-37, and PTSS-16).

The presentation will focus on the prevalence of PTSD, depression and anxiety disorders in this population, and the validity of the MultiCASI as a way of testing a population with a variety of languages and a high proportion of illiterate informants.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**1:30 PM - 2:45 PM**  
**Paper Session**

**PRISM (Pictorial Representation of Illness and Self Measure) - A New Method for the Assessment of Suffering After Trauma**  
(Abstract # 818)

**Paper Presentation (Assess Dx, Violence) I - Industrialized**

**Diamond Salon 08**

**Wittmann, Lutz, PhD**

*University Hospital Zurich, Zurich, Switzerland*

To our knowledge, no single measure assesses the perceived impact (rather than mere occurrence) of the consequences of a given traumatic event considering all individually relevant dimensions (e.g., psychopathology, physical health, work situation, social circumstances). The construct of trauma-related suffering may be best suited to reflect the entirety of this subjective impact. Pictorial Representation of Illness and Self Measure (PRISM) has been validated as a visualization tool to measure the burden of suffering in conditions such as chronic illness and pain. As a pilot study on its validity as a measure of trauma-related suffering, PRISM was administered 5 times during the course of a PTSD treatment outcome study ( $N = 29$ ). PRISM scores declined significantly under trauma-focused psychotherapy and differentiated between participants with and without PTSD diagnoses. Test-retest reliability over a 6-month period was high ( $r = .85$ ). PRISM showed significant correlations with measures of PTSD, depression, and psychopathology symptom load ( $r = -.38$  to  $r = -.81$ ; convergent validity). At the same time, PRISM was not significantly related to trauma history (discriminant validity). Furthermore, PRISM was more closely related to trauma-specific than to non-trauma-specific psychopathology (discriminant validity) and sensitive to change. In summary, PRISM appears to be a valid tool for the assessment of trauma-related suffering and may be considered an important expansion of multimethod approaches in trauma research.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**1:30 PM - 2:45 PM**  
**Paper Session**

**The Headington Institute Resilience Inventory: A Multi-Dimensional Assessment**  
(Abstract # 291)

**Paper Presentation (Assess Dx, Child/ Adol) M - Industrialized**

**Diamond Salon 08**

**Buckwalter, PhD, J. Galen, PhD<sup>1</sup>; Chin, Esther, MSc<sup>2</sup>; Bosch, Donald, PhD<sup>3</sup>; Poling, Ryan, BA<sup>2</sup>;**  
**Gryniewski-Peirson, Matthew, BA<sup>2</sup>**

<sup>1</sup>*Institute for Creative Technologies, Playa Vista, California, USA*

<sup>2</sup>*Fuller Graduate School of Psychology, Pasadena, California, USA*

<sup>3</sup>*Headington Institute, Pasadena, California, USA*

A great deal of effort has been invested in the study of resilience, but unfortunately a satisfying model of the construct or an assessment instrument that shows multi-dimensional construct validity has yet to emerge. Many authors have proposed models of resilience, but these models typically only describe the traits of resilient people instead of giving a model of what resilience is and how it works. This presentation introduces the Headington Institute Resilience Inventory (HIRI). Several clinical and research experts working in the area of resilience theorized six dimensions contributing to resilience; relational supports, physical hardiness, problem solving strategies, coping skills, cognitive styles, and spiritual resources. Combining psychological research with new work on allostatic load, the authors introduce a model of how resilience functions from a combined physiological-psychological perspective and how this perspective relates to the findings of a validation study using the HIRI. The authors will also present a factor analysis of this 85 item scale based on results from over 1600 college students (currently there are approximately 1250 completions). We hope to introduce the HIRI as a measure for quantifying a person's resilience profile.

**Concurrent Session 8**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**1:30 PM - 2:45 PM**  
**Paper Session**

**Defense Automated Neurobehavioral Assessment (Dana): A Field-Deployable Assessment and Screening Tool for Front-Line Providers and Provider-Extenders**  
(Abstract # 246)

**Paper Presentation (Assess Dx, Mil/Vets) A - Global**

**Diamond Salon 08**

**Spira, James, PhD**

*National Center for PTSD, Honolulu, Hawaii, USA*

Behavioral and cognitive assessment is an important indicator of initial and ongoing functioning of patients experiencing a traumatic event. Yet assessing patients in proximity to index events to initiate treatment in a timely and appropriate manner is difficult. Efforts to assess baseline functioning prior to deployment and reassess postdeployment to detect post-traumatic changes in functioning have been unsuccessful due to the inability to distinguish between deployment stress, psychological distress, and postconcussive symptoms. It is also unlikely that most patients with PTSD or postconcussive symptoms are able to receive neuropsychological evaluation at commencement or throughout their care to reveal objective changes resulting from their treatment or suggest ability to return to work.

To remedy these barriers to optimal care, the DOD has developed DANA to be used in the field on a military grade handheld Android Device, with VA support to develop DANA on a tablet useful in clinics. DANA has both Brief Screens and Standard Assessments for PTSD, Depression, Insomnia, Anger, Postconcussive Symptoms, as well as simple and complex cognitive speed-accuracy measures. Intended for use by front-line providers and provider extenders, DANA is easy to use and interpret with simple menus and reports. Studies of the reliability and validity of DANA will be presented with reference norms for 700 predeployed and postdeployed service members with and without PTSD, Depression, and concussion, and 100 veterans with and without compensation. Potential for use following index event and point of service will be discussed.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Overcoming Barriers to Care for Returning Veterans: Expanding Services to the College Campus**  
(Abstract #1602)

**Chairperson**    **McCaslin, Shannon, PhD**  
*National Center for PTSD, VA Palo Alto HCS, Menlo Park, California, USA*

**Discussant**    **Blumke, Derek, BA**  
*Department of Veterans Affairs, Washington DC, Dist. of Columbia, USA*

Over two million men and women have served in Operations Iraqi Freedom (OIF), Enduring Freedom (OEF), and/or New Dawn (OND). The Post-9/11 GI Bill greatly expanded educational benefits for these Veterans, resulting in unprecedented numbers of former service members enrolling in higher education programs. Despite this increase in enrollment, in general, student Veterans have had lower graduation rates compared to their civilian counterparts. This indicates a critical need to better understand and respond to underlying support needs. In addition to military cultural differences that influence adjustment to college, returning Veterans are at risk for a number of psychological and physical problems, including PTSD, depression, pain and mTBI. Partnerships with college campuses can enhance community collaboration, overcome barriers to care and provide Veterans with needed support. This session highlights innovative models of outreach and provision of care on campus in 3 key domains, (a) mental health and social work services, (b) education and training of campus faculty, staff, and students, and (c) integration of psychological support into the classroom. Co-founder of the Student Veterans of America (SVA) and lead on the VA's VITAL Initiative, Derek Blumke, will discuss these themes in the context of National efforts to support student Veterans.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Increasing Accessibility to Care: Delivering VA Services on Campus**

(Abstract # 1604)

**Symposia Presentation (Practice, Mil/Vets) I - Industrialized**

**Diamond Salon 01**

**Armstrong, Keith, LCSW<sup>1</sup>; McCaslin, Shannon, PhD<sup>2</sup>; Leach, Bridget, LCSW<sup>1</sup>; Herbst, Ellen, MD<sup>1</sup>**

<sup>1</sup>*Department of Veterans Affairs, San Francisco, California, USA*

<sup>2</sup>*Department of Veterans Affairs, Menlo Park, California, USA*

With the exception of VA Readjustment Counseling Centers, VA mental health treatment has been provided almost exclusively at medical centers or community based outpatient clinics. Given the need to provide treatment and resources to an ever growing population of newly returned war Veterans, there is an imperative to expand care into the community and to partner with community organizations and educational institutions. The San Francisco VAMC, in collaboration with City College of San Francisco developed a program to bring on-site enrollment in VA health care as well as direct mental health and social work services to Veterans on campus. This strategy of outreaching and intervening changes the way these services can and should be delivered for our Veterans, increasing accessibility and facilitating adjustment to college life. The nature of these services also helps to de-stigmatize the perception of and increase the likelihood of engagement in mental health services. Initiated in the fall of 2010, the CCSF VOP has outreached to over 600 Veterans, enrolled over 200 in VA healthcare, and provided mental health and social work services to student Veterans. We will describe the need for such expansion and provide a conceptualization and replicable model of care for student Veterans.

## **Concurrent Session 9**

**Friday, November 2, 2012**

**Diamond Salon 1**

**3:00 PM - 4:15 PM**

**Symposium**

### **Development of an Online Toolkit to Facilitate Student Veteran Success**

(Abstract # 1605)

**Symposia Presentation (Train/Ed/Dis, Mil/Vets) I - Industrialized**

**Diamond Salon 01**

**Spangler, Shana, PsyD<sup>1</sup>; Prins, Annabel, PhD<sup>2</sup>; Smith, Justin, PhD<sup>3</sup>**

<sup>1</sup>*VA Palo Alto Health Care System/National Center for PTSD, Menlo Park, California, USA*

<sup>2</sup>*National Center for PTSD/San Jose State University, Menlo Park, California, USA*

<sup>3</sup>*University of South Dakota, Vermillion, South Dakota, USA*

In today's colleges, Veterans and Service Members are returning to school, sometimes 10 years after leaving formal education. Both faculty members and staff are not always well-equipped or culturally prepared to serve these non-traditional students. In order to best serve both of these populations the National Center for PTSD (NC-PTSD) and FIDES conducted surveys and focus groups (N=32) to determine



what kind of trainings and materials would be most useful to facilitate Veteran educational success. In recognition of the internet as an invaluable vehicle for sharing knowledge, and in response to the survey responses, the NC-PTSD developed an online toolkit for campuses with specific, applicable strategies and tools, including tips for making the classroom a better environment for learning, information on VA programs and resources, and trainings to better understand how military service may impact current performance. Links to salient student stories provide personal transition stories to sensitize staff to current issues. Discussion will include results of the focus groups and materials developed in response, viewing of the toolkit, considerations for additional materials for students, and plans for assessment of current and needed tools.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Promoting Adjustment and Resiliency Through Coursework for Combat Veterans on Campus**  
(Abstract # 1606)

**Symposia Presentation (Train/Ed/Dis, Mil/Vets) M - Industrialized**

**Diamond Salon 01**

**Ihle, Eva, MD, PhD; Dallman, Mary, PhD; Norman, Kim, MD**

*University of California, San Francisco, San Francisco, California, USA*

A key challenge to engagement in treatment programs for combat Veterans are barriers to care such as stigma, concerns over career implications, and the distinct cultural values of the military. In contrast to a lack of emphasis on traditional mental health treatment, the concept of training and education is intricately woven into military culture. These cultural attributes include the idea that the military is a mechanism through which education and skills for the future can be acquired, and that service members are capable of being trained for any assignment based on rank and military specialty. Engaging Veterans in the classroom setting is consistent with this view and provides an excellent opportunity to overcome barriers to care. We have developed a college course focused on facilitating readjustment and resiliency which has been piloted over two semesters in a community college setting. Students could audit (“auditors”) or take the full course for 3 elective credits (“participants”). All participants (N = 9) were male; 89% were Army or Marine OEF/OIF Veterans. We will review the process of developing and implementing such a course on a college campus, provide an overview of the course, and discuss preliminary outcome data.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Meeting the Mental Health Needs of Sexual Violence Survivors in the Democratic Republic of Congo: Analyses from A Randomized Controlled Trial of Group Cognitive Processing Therapy**  
(Abstract #717)

**Chairperson Bass, Judith, PhD, MPH**  
*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

The Democratic Republic of Congo has become synonymous with sexual violence by armed groups. Tens of thousands of women and girls have been raped, sexually assaulted, attacked and abducted in eastern portions of the country. Access to mental health services remains a major challenge. Limited services as well as the potential stigma of seeking services mean that many survivors never receive adequate care. Results of a preliminary study found that those who do seek care have substantially reduced ability to function, including reduced ability to perform basic tasks related to self care, caring for family, and contributing to their communities. These survivors also describe high rates of mental health and psychosocial problems including depression, anxiety, withdrawal, and stigmatization and rejection by family and community. This symposium presents results from a community-based randomized controlled trial of group Cognitive Processing Therapy (CPT) provided by lay-health workers. The first speaker will present on the main outcomes: mental health and functioning. The second speaker will present on treatment implementation and discuss the monitoring process. The third speaker will present on economic outcomes. And the final speaker will present on the inter-relationship between trauma and social support. The group will discuss implications for scale-up and sustainability.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Using Cognitive Processing Therapy (CPT) to Heal the Mind: Results from A Randomized Controlled Trial for Sexual Violence Survivors in South Kivu, Democratic Republic of Congo**

(Abstract # 718)

**Symposia Presentation (Clin Res, Violence) I - W & C Africa**

**Diamond Salon 02**

**Bass, Judith, PhD, MPH<sup>1</sup>; Murray, Sarah, MS (PhD, Student)<sup>1</sup>; Annan, Jeannie, PhD<sup>2</sup>; Kaysen, Debra, PhD<sup>3</sup>; Griffiths, Shelly, MSW, LCSW<sup>4</sup>; Jinor, Janny, MSW, LCSW<sup>5</sup>; Murray, Laura, PhD<sup>1</sup>; Bolton, Paul, MB, BS<sup>1</sup>**

<sup>1</sup>*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

<sup>2</sup>*International Rescue Committee, New York, New York, USA*

<sup>3</sup>*University of Washington, Seattle, Washington, USA*

<sup>4</sup>*Harborview Center for Sexual Assault and Traumatic Stress, Seattle, Washington, USA*

<sup>5</sup>*Morgan State University, Baltimore, Maryland, USA*

We present results from an RCT of group CPT provided by lay-health providers employed by Congolese NGOs and supported by the International Rescue Committee. Fifteen villages were randomly assigned to provide CPT (n=7) or to provide supportive counseling already provided by the NGOs as the control condition (n=8). 494 women were assessed for eligibility based on sexual violence history, symptom severity and functional impairment. 439 (88.9%) met inclusion criteria and 422 (174 CPT; 248 control) were invited to participate. Follow-up assessments were completed 6 months post-baseline (after the 12-session CPT treatment was complete) and again 6-months later. At baseline, 87.9% of the study participants met standard criteria for clinical significance (HSCL scores  $\geq$  1.7). At the first follow up, preliminary analyses show that CPT participants experienced, on average, twice the symptom reduction compared to controls (53-62% for CPT vs. 23-27% for controls) across all mental health outcomes (depression, anxiety, post-traumatic stress symptoms) and for functional impairment. At follow-up, 61.5% of controls continued to meet criteria for clinically significant distress (HSCL scores  $\geq$  1.7) compared with only 14.5% of CPT participants. Data will be presented on treatment participation and from the 6-month maintenance period.

## **Concurrent Session 9**

**Friday, November 2, 2012**

**Diamond Salon 2**

**3:00 PM - 4:15 PM**

**Symposium**

**Implementation of Cognitive Processing Therapy Provided by Community Health Workers in the Democratic Republic of Congo**

(Abstract # 719)

**Symposia Presentation (Clin Res, Violence) M - W & C Africa**

**Diamond Salon 02**

**Kaysen, Debra, PhD<sup>1</sup>; Griffiths, Shelly, LCSW<sup>1</sup>; Jinor, Janny, LCSW<sup>2</sup>; Stappenbeck, Cynthia, PhD<sup>1</sup>; Bass, Judith, PhD, MPH<sup>3</sup>; Bolton, Paul, MD, MPH<sup>3</sup>**

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

<sup>2</sup>*Morgan State University, Baltimore, Maryland, USA*

<sup>3</sup>*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

Need for mental health care services for sexual violence victims in eastern Democratic Republic of Congo (DRC) has been documented but few services exist. Therapies developed in the West with established efficacy with female rape victims (Foa et al., 1991; Resick et al., 2002) have not been tested in low resource settings like DRC. Moreover, these therapies are typically delivered by doctoral or masters-level clinicians (Foa et al., 2005) which are unavailable in DRC. Other challenges include low rates of literacy, poverty, stigma, and ongoing violence. Growing literature addresses the adaptability of evidence-based psychotherapies cross-culturally and in resource-poor contexts. In this study, we will discuss results of adapted Cognitive Processing Therapy for use in DRC. Congolese community health workers were trained and supervised in delivering group CPT. Hierarchical linear modeling was used to examine change over time. Based on weekly self-report measures, there was a significant reduction in mental health symptoms over time ( $b = -2.04$ ,  $p < .001$ ). Women whose therapists post-training were rated as more competent in CPT delivery showed a greater decrease in symptoms over time ( $b = -0.42$ ,  $p = .015$ ). Findings suggest that complex therapies can be administered successfully by paraprofessionals with training and supervision.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Impact of Group Cognitive Processing Therapy on Early indicators of Economic Functioning**  
(Abstract # 721)

**Symposia Presentation (Clin Res, Violence) I - W & C Africa**

**Diamond Salon 02**

**Annan, Jeannie, PhD<sup>1</sup>; Bundervoet, Tom, PhD<sup>2</sup>; Cole, Gabrielle, BA<sup>1</sup>; Bolton, Paul, MB, BS<sup>3</sup>; Bass, Judith, PhD<sup>3</sup>**

<sup>1</sup>*International Rescue Committee, New York, New York, USA*

<sup>2</sup>*International Rescue Committee, Burundi, Burundi*

<sup>3</sup>*Johns Hopkins University, Baltimore, Maryland, USA*

Research supports the observation that poverty and mental ill health form a negative cycle and the social drift hypothesis suggests that mental illness increases one's risk of remaining poor because of impaired functioning, stigma, and increased spending on healthcare. Very limited research suggests that

mental health programs can have secondary benefits and increase economic productivity (Lund et al., 2011). In the Democratic Republic of the Congo, most survivors of sexual violence live in extreme poverty. The limited evidence on interventions that improve economic outcomes for those who experience high levels of traumatic and depressive symptoms makes it challenging for practitioners to know how best to provide services. We will present results on secondary economic outcomes from our RCT of group cognitive processing therapy (CPT). Preliminary results suggest that relative to the control group, women who benefited from CPT increased the number of hours worked by seven hours per week for paid work and six hours for unpaid economic work. There is no effect for domestic labor. This increase in economic activity for the treatment group translated into a statistically significant increase in food consumption expenditures--the traditional welfare metric in rural Africa.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Importance of Personal and Social Resources in Trauma Recovery Among Sexual Violence Survivors in the Democratic Republic of Congo (DRC)**  
(Abstract # 720)

**Symposia Presentation (Clin Res, Violence) I - W & C Africa**

**Diamond Salon 02**

**Hall, Brian, PhD<sup>1</sup>; Kaysen, Debra, PhD<sup>2</sup>; Bolton, Paul, MB, BS<sup>1</sup>; Bass, Judith, PhD, MPH<sup>1</sup>**

<sup>1</sup>*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

<sup>2</sup>*University of Washington School of Medicine, Seattle, Washington, USA*

Gender-based violence (GBV) increases the risk of psychological distress. Studies have suggested that social resources (e.g., social support) may aid in naturalistic recovery following such traumas and may also increase intervention effectiveness. The current study was conducted in the DRC with 422 female GBV survivors living in 15 villages randomized to either CPT (n=174) or control (n=248) condition, assessed at baseline and 2 post-treatment follow-ups. Linear regression models, adjusting for baseline distress, demographic and trauma-related characteristics, tested whether baseline social resources were related to symptoms of distress over time and whether social resources moderated the relationship between receiving mental health treatment and later psychological distress. It was expected that social resources would assist both study groups but that those receiving CPT would receive the most benefit. Preliminary analysis did not find a direct effect for social resources on psychological distress for either study group. However, greater baseline social support in the control group was associated with higher levels of initial follow-up distress whereas greater baseline social support in the CPT group was related

to less distress at initial follow up. These findings suggest that skills learned in CPT may aid in the usefulness of social resources.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**3:00 PM - 4:15 PM**  
**Symposium**

**World Health Organization Preparation of ICD-11: Clinical Utility of New Proposals: Acute Stress Reaction, Adjustment Disorder and Prolonged Grief Disorder**  
(Abstract #838)

**Chairperson**    **Maercker, Andreas, PhD, MD**  
*Univ of Zurich & World Health Organization, Geneva, Switzerland*

**Discussant**    **van Ommeren, Mark, PhD**  
*World Health Organization, Geneva, Switzerland*

Part II: While Part I of this symposium presents on Acute Stress Reaction, Prolonged Grief Disorder and Adjustment Disorder, part II discusses PTSD, Complex PTSD and childhood disorders (e.g., Reactive attachment disorder, Disinhibited social engagement disorder). Again, all speakers are members of the WHO ICD working group.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Overview of Philosophy for Trauma and Stress-Related Disorders**  
(Abstract # 839)

**Symposia Presentation (Assess Dx, N/A) I - Global**

**Diamond Salon 03**

**Maercker, Andreas, MD, PhD**  
*University of Zurich, Zurich, Switzerland*

Stress-related disorders (such as PTSD, acute stress reaction) must be differentiated from other mental disorders and from normal, self-limited stress responses. WHO is aware of concern about an overuse of certain stress-related diagnoses, especially among populations that have been exposed to a natural or human-made disaster. A tendency to focus on stress-related diagnoses may be related to the appeal of the simple, external explanation for symptoms, which is suggested by names such as PTSD. There is also significant controversy in the field about some existing or proposed categories that are seen as 'milder', such as adjustment disorder or prolonged grief disorder. Some have challenged the validity and utility of these categories. At the same time, there is evidence that some clinical phenomena that have up to now been considered sub-threshold for diagnosis are associated with poor adjustment and a variety of negative mental health outcomes over time. In general, to help countries to reduce disease burden associated with mental disorders, the classification system must be usable and useful for health care workers around the world. With ICD-11, there appears to be a unique opportunity to produce such a system.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Major Conceptual Change of Acute Stress Reaction**  
(Abstract # 840)

**Symposia Presentation (Assess Dx, N/A) I - Global**

**Diamond Salon 03**

**Suzuki, Yuriko, MD, PhD**

*National Center of Neurology and Psychiatry, Tokyo, Japan*

In ICD-10, acute stress reaction (ASR) is a diagnosis with the aim of managing a wide range of immediate psychological reactions to stressful and traumatic events. This aim differs from that of acute stress disorder in DSM, which aims for early detection and treatment of future PTSD. The current definition of ASR in ICD-10 itself bears problems in increasing its clinical utility. Here, fugue, dissociated or dazed states are given prominence while they are not so common, and a normal response to the stressor tended to be pathologised in time of disaster or emergency. In ICD-11, it is proposed that ASR be moved to becoming a normal reaction category (Z code), from being a disorder category (F code). With this conceptual change, a better balance of psychosocial care and normalization of human reactions in time of emergency is expected.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Prolonged Grief Disorder: A New Diagnostic Category**  
(Abstract # 841)

**Symposia Presentation (Assess Dx, N/A) I - Global**

**Diamond Salon 03**

**Kagee, Ashraf, PhD**

*Stellenbosch University, Stellenbosch, South Africa*

The presentation will introduce a new diagnostic category that has been proposed for the forthcoming ICD-11, namely, Prolonged Grief Disorder. We argue that PGD warrants inclusion and is appropriate as a sub-category of stress-related disorders rather than mood disorders. The issue of timing is central to the diagnosis in order to distinguish normal grief from pathological grief, and we make the case for guidelines of at least 6 months and up to 12 months within which the diagnosis may be made. The core features of PGD are presented where the grief response is beyond expected social or cultural and causes significant disruption to the person's functioning. Evidence indicates that the symptoms of PGD are associated with impairment in social activities in particular because of excessive reliance on the deceased. Randomized controlled trials of psychotherapy designed specifically for PGD have demonstrated efficacy for PGD symptom reduction, adding further to its utility as a discrete nosological entity.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 3**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Redefining Adjustment Disorder**  
(Abstract # 844)

**Symposia Presentation (Assess Dx, N/A) M - Global**

**Diamond Salon 03**

**Humayun, Asma, MBChB, MRCPsych**

*Institute of Psychiatry, Rawalpindi, Pakistan*



Adjustment Disorder has been redefined as part of the spectrum of stress responses on a continuum between normal reaction to stress and acute stress reactions, PTSD and Prolonged Grief Disorder. It is differentiated from normal adaptation processes by the associated intensity of distress and impairment. The new definition introduces more specific criteria based on stress responses, i.e., preoccupation (with the nature or consequences of the stressor) and failure to adapt (a range of symptoms reflecting impaired functioning). This definition focuses on stressor-related symptoms, but still describes the broad range of clinical presentations following a stressful event. Since there is no evidence for the clinical utility of the existing sub-types, these have been deleted. A major change from DSM-5 is the introduction of a separate category for Prolonged Grief Disorder under stress-related disorders, and so bereavement related presentation is excluded from Adjustment Disorder.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**3:00 PM - 4:15 PM**  
**Symposium**

**A Population-Level Perspective on Trauma Exposure and PTSD Across the Life-Course**  
(Abstract #1548)

**Chairperson**    **McLaughlin, Katie, PhD**  
*Harvard Medical School, Boston, Massachusetts, USA*

**Discussant**    **Galea, Sandro, PhD, MPH**  
*Columbia, Mailman School of Public Health, New York, New York, USA*

This symposium draws on a life-course epidemiology perspective to examine the relationship between trauma exposure and PTSD across development. Each presentation uses population-based data to examine how both timing of trauma occurrence and exposure to prior traumatic events influence risk for PTSD. The first talk presents data from a national sample of over 10,000 adolescents aged 13-17, providing the first national data on the prevalence and distribution of trauma exposure and PTSD in adolescents. Socio-demographic factors, prior mental disorders, and prior trauma history are examined as determinants of trauma exposure and PTSD onset. The second talk utilizes data from a national sample of 35,000 adults to examine the impact of a specific type of trauma sudden unexpected death of a loved one on risk for PTSD onset. This research explores how the relationship between unexpected death of a loved one and PTSD varies across development. The final talk examines the impact of childhood trauma on the risk of first onset psychopathology after deployment in a sample of 1142 Ohio National Guard soldiers. The impact of developmental timing and prior experiences of trauma on PTSD following deployment are examined. Together, these talks provide important insights into the developmental epidemiology of PTSD that has relevance for the timing of preventive interventions.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Trauma Exposure and PTSD in a US National Sample of Adolescents**  
(Abstract # 1551)

**Symposia Presentation (Res Meth, Child/ Adol) M - Industrialized**

**Diamond Salon 04 & 05**

**McLaughlin, Katie, PhD<sup>1</sup>; Koenen, Karestan, PhD<sup>2</sup>; Kessler, Ron, PhD<sup>1</sup>**

<sup>1</sup>*Harvard Medical School, Boston, Massachusetts, USA*

<sup>2</sup>*Columbia, Mailman School of Public Health, New York, New York, USA*

Introduction: Despite evidence that exposure to violence is common in children, national data on the prevalence and distribution of trauma exposure and PTSD in U.S. youth are lacking.

Methods: Data come from the National Comorbidity Survey Adolescent Supplement, a national survey of 10,484 adolescents aged 13-17. Lifetime trauma exposure, PTSD, and other DSM-IV mental disorders were assessed with the Composite International Diagnostic Interview. Age-of-onset was determined for traumatic events and mental disorders.

Results: 61.8% of adolescents were exposed to at least one lifetime trauma. Lifetime prevalence of PTSD was 2.2% among males and 7.4% among females. Prior mental disorders were associated strongly with trauma exposure and risk of PTSD. Females had elevated odds of PTSD relative to males (OR=2.1) even after adjustment for socio-demographics, type and number of traumatic events, and prior mental disorders. One-third of adolescents with lifetime PTSD met criteria for the disorder in the month before the survey, and few correlates of recovery were found.

Conclusions: Trauma exposure is pervasive in U.S. youth. Females are at greater risk of developing PTSD, even after accounting for type and number of traumatic events. Early-onset mental disorders are robust predictors of both trauma exposure and PTSD risk in youth.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**3:00 PM - 4:15 PM**  
**Symposium**

**The Burden of Experiencing Unexpected Loss of a Loved One: A National Study**

(Abstract # 1552)

**Symposia Presentation (Res Meth, Violence) I - Industrialized**

**Diamond Salon 04 & 05**

**Keyes, Katherine, PhD; Platt, Jonathan, BA; Shear, Katherine, MD; Koenen, Karestan, PhD**

*Columbia University, New York, New York, USA*

Introduction: Despite high prevalence, little is known about the specific burden and psychiatric consequences associated with unexpectedly losing a loved one.

Methods: Data were drawn from the 2004-2005 National Epidemiologic Survey on Alcohol and Related Conditions, a face-to-face survey of 34,653 adults living in households and group quarters. Individuals were assessed for 14 DSM-IV Axis I disorders. Unexpected loss of a loved one was queried for each respondent, as was age of the first and most recent loss.

Results: 41.6% of respondents experienced unexpected loss, and it was most frequently reported as the worst traumatic event experienced among those with >5 lifetime traumatic events. The conditional risk of lifetime PTSD given unexpected loss was 11.5%, and unexpected loss was responsible for 26% of PTSD cases, more than any other trauma. The risk of major depression and substance disorders was significantly increased in the year following an unexpected loss across 14 different age groups age when a loss occurred.

Conclusions: Unexpected loss of a loved one is prevalent and often profoundly traumatic, resulting in an increased risk of psychiatric disorders across the life course. These results indicate that distress following loss and during bereavement deserve greater clinical attention.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Child Abuse and Psychopathology Developed During Deployment in a Sample of National Guard Soldiers**

(Abstract # 1553)

**Symposia Presentation (Res Meth, Mil/Vets) M - Industrialized**

**Diamond Salon 04 & 05**

**Prescott, Marta, PhD, MPH<sup>1</sup>; Rudenstine, Sasha, DPsych(Clin)<sup>1</sup>; Joeseeph, Calabrese, MD<sup>2</sup>; Tamburrino, Marijo, MD<sup>3</sup>; Liberzon, Israel, MD<sup>4</sup>; Slembarski, Renee, MBA<sup>2</sup>; Chan, Philip, MSc<sup>2</sup>; Fine, Thomas, MA<sup>3</sup>; Goto, Toyomi, MA<sup>2</sup>; Shirley, Edwin, PhD<sup>2</sup>; Kauffman, Jeremy, PhD<sup>5</sup>; Galea, Sandro, MD, DrPH<sup>1</sup>**

<sup>1</sup>*Columbia University, New York, New York, USA*

<sup>2</sup>*University Hospitals Case Medical Center, Cleveland, Ohio, USA*

<sup>3</sup>*University of Toledo, Toledo, Ohio, USA*

<sup>4</sup>*University of Michigan, Ann Arbor, Michigan, USA*

<sup>5</sup>*Ohio Army National Guard, Columbus, Ohio, USA*

While childhood trauma affects the risk of psychopathology after subsequent trauma, it is not well understood how childhood experiences affect the risk of developing psychopathology in soldiers who are deployed. We recruited a sample of 1770 Ohio Army National Guard soldiers and conducted structured interviews to assess traumatic event exposure, deployment history and psychopathology (post-traumatic stress disorder (PTSD), depressive symptoms and alcohol abuse) first occurring in relation to the soldiers' most recent deployment. Among the 1143 soldiers who had been deployed, 15.7% had experienced a form of child abuse. The prevalence of psychopathology first developed during or after deployment ranged from 9.3% for depression to 6.3% for alcohol abuse. In logistic models adjusted for demographic characteristics and exposure to conflict, soldiers reporting at least two forms of child abuse had significantly higher odds of depression developed during deployment (odds ratio (OR)= 2.0, 95% confidence interval (CI): 1.1,3.7) as compared to those without any form of child abuse. Results suggest that early childhood exposure to multiple types of abuse may predispose soldiers to develop depressive symptoms. Intervention for soldiers returning from overseas deployment may target this high-risk population to better mitigate the effects of war.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Do Veterans with Post-Traumatic Stress Disorder Receive Evidence Based Pharmacotherapy?**  
**A Presentation of Recent Research Findings**  
(Abstract #616)

**Chairperson**    **Jain, Shaili, MD**

*National Center for PTSD/Stanford University, Menlo Park, California, USA*

**Discussant**    **Friedman, Matthew, MD**

*National Center for PTSD/Dartmouth Medical School, White River Junction, Vermont, USA*

Evidence based PTSD clinical practice guidelines support the use of antidepressants as first line pharmacotherapy for patients with PTSD, do not support the use of benzodiazepines, and cite insufficient evidence to recommend second generation antipsychotics or mood stabilizers as adjunct medication. This symposium brings together speakers from the Department of Veterans Affairs to present recent research findings investigating whether veterans actually receive evidence based

pharmacotherapy for PTSD. The first speaker will present on rates of antidepressant prescription and maintenance of such pharmacotherapy (at least four 30-day supplies) in the 6 months after being diagnosed with PTSD (Spoont et al., 2010). The second speaker will present on recent trends in benzodiazepine prescribing amongst veterans with PTSD in terms of frequency of use, duration of use, and dose (Bernardy, Lund, Alexander, & Friedman, in press). The third speaker will present data on prescribing patterns of mood stabilizers and second-generation antipsychotics and identifies clinical characteristics of veterans with PTSD that are associated with receipt of such prescriptions (Jain, Greenbaum, & Rosen, 2012). Dr. Friedman will reflect on the broader implications of the presentations and the scaling up of efforts to inform evidence based prescribing for this population.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Do Veterans with PTSD Receive Evidence Based Antidepressants?**  
(Abstract # 619)

**Symposia Presentation (Clin Res, Mil/Vets) A - Industrialized**

**Diamond Salon 06**

**Spoont, Michele, PhD; Nelson, David, PhD; Murdoch, Maureen, MD, MPH; Rector, Thomas, PhD; Nugent, Sean, BA; Sayer, Nina, PhD; Westermeyer, Joseph, MD, PhD**  
*Minneapolis VA Healthcare System, Minneapolis, Minnesota, USA*

*Objective:* PTSD Clinical Practice Guidelines (CPG) recommend selective serotonin re-uptake inhibitors (SSRI) and serotonin-norepinephrine re-uptake inhibitors (SNRI). This study examined predisposing, need and enabling factors associated with CPG antidepressant treatment initiation and persistence in the first six months following a PTSD diagnosis.

*Methods:* Rates of antidepressant initiation and receipt of a minimum antidepressant trial (at least four months) were determined on a national sample of Veterans recently diagnosed with PTSD (n= 104,946). A subsample (n=7,645) participated in a prospective national cohort survey study assessing predictors of treatment receipt. Data sources included self-administered surveys and VA administrative databases.

*Results:* Nationally, 38.6% of Veterans recently diagnosed with PTSD received a CPG recommended antidepressant. About half (19.8% of total) received a minimum trial. Although equally likely to initiate treatment, African American and Hispanic Veterans were less likely to receive minimum trials controlling for need and access/enabling factors (OR=0.66, CI=0.54-0.81; OR=0.75 CI=0.61-0.93). Beliefs about antidepressant effectiveness partially mediated lower persistence rates for Hispanic Veterans.

*Conclusions:* Less than half of Veterans recently diagnosed with PTSD initiated CPG antidepressants

within six months, and only half of those who initiated treatment received a minimum trial. The odds of a minimum trial were lower for some minorities.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Declining Benzodiazepine Use in Veterans with Post-Traumatic Stress Disorder (PTSD)**  
(Abstract # 621)

**Symposia Presentation (Practice, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Bernardy, Nancy, PhD<sup>1</sup>; Lund, Brian, Other<sup>2</sup>; Alexander, Bruce, Other<sup>2</sup>; Friedman, Matthew, MD, PhD<sup>1</sup>**

<sup>1</sup>NCPTSD/Dartmouth Medical School, White River Junction, Vermont, USA

<sup>2</sup>Veterans Affairs Medical Center, Iowa City, Iowa, USA

*Objective:* Clinical practice guidelines issued by the Department of Veterans Affairs (VA) and Department of Defense caution against benzodiazepine use among Veterans with PTSD because of inadequate efficacy evidence and rising safety concerns. This study examined trends in benzodiazepine prescribing among Veterans with PTSD in terms of frequency and duration of use and dose.

*Methods:* Administrative VA data from fiscal years 1999 through 2009 were used to identify Veterans with PTSD according to ICD-9 codes extracted from inpatient discharges and outpatient encounters. Benzodiazepine use was determined for each fiscal year by using prescription drug files. Modal daily doses were examined by using standard daily dosage units.

*Results:* The number of Veterans receiving care for PTSD in the VA increased from 170,685 in 1999 to 498,081 in 2009. The proportion receiving a benzodiazepine decreased during this time period from 36.7% to 30.6%. In addition, the proportion of long-term users (>90 days) decreased from 69.2% to 64.1% and dose decreased 2.1 to 1.8 standard daily dosage units.

*Conclusions:* Decreasing benzodiazepine use among Veterans with PTSD is encouraging. However, frequency of use remains above 30% and focused interventions may be required to achieve further reductions.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Concordance Between BDZ Prescribing for Veterans With PTSD and Clinical Practice Guidelines**

(Abstract # 618)

**Symposia Presentation (Bio Med, Mil/Vets) A - Industrialized**

**Diamond Salon 06**

**Jain, Shaili, MD<sup>1</sup>; Greenbaum, Mark, BA<sup>2</sup>; Rosen, Craig, PhD<sup>1</sup>**

<sup>1</sup>*National Center for PTSD, Menlo Park, California, USA*

<sup>2</sup>*VA Palo Alto Health Care System, Menlo Park, California, USA*

Clinical practice guidelines for the pharmacological treatment of PTSD cite insufficient evidence to recommend mood stabilizers and second-generation antipsychotics as adjunct medication. This study aimed to determine which characteristics of veterans with diagnosed PTSD were associated with receiving prescriptions for mood stabilizers and second-generation antipsychotics. The survey responses of 482 veterans with PTSD were combined with prescription information from Veterans Affairs national pharmacy databases. The researchers assessed the use of eight classes of psychotropics prescribed for patients with PTSD in the year after a new PTSD diagnosis. Multivariate logistic regressions identified demographic characteristics, symptom severity, co-occurring psychiatric diagnoses, health service use, and attitudinal characteristics associated with prescribing of second-generation antipsychotics, and mood stabilizers. In the absence of a clearly indicated co-occurring psychiatric diagnosis, second-generation antipsychotics were prescribed to 15%, and mood stabilizers to 18% of veterans with PTSD. Having a mental health inpatient stay (odds ratio [OR]=8.01,  $p<.001$ ) and at least one psychotherapy visit (OR=5.37,  $p<.001$ ) were predictors of being prescribed a second-generation antipsychotic. Reporting more symptom severity (OR=1.84,  $p<.001$ ) and fewer alcohol use problems (OR=.36,  $p<.03$ ) predicted being prescribed a mood stabilizer. Prescribing patterns appeared generally consistent with treatment guidelines. Exceptions and areas worthy of future attention are discussed.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Cognitive Processing Therapy: Differential Effectiveness with Complex Clients?**  
(Abstract #533)

**Chairperson**    **Nixon, Reg, PhD**  
*Flinders University, School of Psychology, Adelaide, Australia*

**Discussant**    **Resick, Patricia, PhD, ABPP**  
*National Center for PTSD and Boston University, Boston, Massachusetts, USA*

Cognitive Processing Therapy (CPT) is a time-limited, trauma-focused therapy for PTSD with a strong evidence base across a number of client groups (e.g., combat-trauma, physical and sexual assault). The question of how applicable CPT is for 'real-world' clinical practice is a significant one. It is an issue that represents a significant barrier for the uptake of empirically supported therapies in routine clinical practice. This is relevant for trauma-focussed therapies as a whole, not just CPT. Accordingly, the symposium consists of 3 papers that examine this issue in relation to client presentations that some have proposed will interfere with optimal outcomes following therapy. Paper 1 (Nixon) examines the role of prior sexual assault on CPT outcome for treatment-seeking victims of recent sexual assault. Paper 2 (Galovski) examines whether history of chronic childhood trauma moderates PTSD treatment outcome following CPT for physical and sexual assault. Paper 3 (Walter) examines the relationship between cognitive impairment and PTSD over the course of CPT for Veterans with PTSD and a history of traumatic brain injury. Together these series of papers provide a better understanding of the generalizability of CPT to complex clients and will inform clinical services of the latest findings on this critical issue.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Cognitive Processing Therapy for Acute Stress Disorder: Impact of Prior Sexual Victimization**  
(Abstract # 534)



**Nixon, Reginald, PhD**

*Flinders University, Adelaide, Australia*

Re-victimization rates in sexual assault samples are high, and for recent victims of sexual assault, a history of prior sexual assault is considered by some clinicians to either contra-indicate short-term trauma-focused therapy or to be associated with poorer outcome. To examine this issue, findings from an effectiveness study of abbreviated CPT for recent sexual assault victims (N=46) seeking treatment in a community rape crisis centre will be reported. The project employed a randomized 2 (Treatment Condition) x 5 (Assessment Point) factorial design. That is, participants received (a) CPT or (b) Treatment As Usual (TAU) and were assessed at pre- and post-treatment, and at 3-, 6-, and 12-month follow-up. Six month follow-ups are complete and 12-month follow-up will be completed by November. Analysis of interviewer rated (Clinician-Administered PTSD Scale) and self-reported PTSD (PCL) and depression (BDI-2) indicated that prior sexual victimization history had little impact on immediate treatment outcome or later follow-up. Absolute reductions in symptom scores were similar for those with and without sexual assault histories. Although nonsignificant, participants with sexual assault histories in both CPT and TAU remained in treatment longer than those without a sexual assault history, thus prior sexual victimization was not associated with premature therapy termination. The implications of the findings for clinical services will be discussed.

**Concurrent Session 9**

**Friday, November 2, 2012**

**Diamond Salon 9**

**3:00 PM - 4:15 PM**

**Symposium**

**The Role of Chronic Childhood Abuse in the Rate of Change in PTSD and Depressive Symptoms in A Variable Course of Cognitive Processing Therapy**

(Abstract # 535)

**Symposia Presentation (Practice, Adult/Cmplx) M - Industrialized**

**Diamond Salon 09**

**Galovski, Tara, PhD; Blain, Leah, MA; Koucky, Ellen, MA**

*University of Missouri-St. Louis, St. Louis, Missouri, USA*

A history of chronic childhood abuse (CCA) has been named as a risk factor for increased complexity and severity of PTSD and comorbid conditions. It has been suggested that survivors of CCA may require additional and specific treatment. This study compares a PTSD positive, CCA (12 or more instances of childhood abuse) sample to a non-chronic, PTSD sample (non-CCA), testing the relative efficacy of Cognitive Processing Therapy. In the present study, CPT was administered as a variable course of treatment with termination dependent on meeting stringent end state criteria. CCA survivors were no more likely to drop out than non-CCA survivors ( $\chi^2 = .47, p = .49$ ), but showed a trend toward longer

treatment required to reach good end-state criteria ( $t = -1.89, p = .065$ ). Within the ITT group ( $N = 69$ ), the CCA group showed no difference in their treatment trajectory on improvement on PTSD or depression as measured by CAPS and BDI-II. The same analyses were conducted with the completer sample ( $N = 50$ ). The results were similar on measures of PTSD suggesting that groups improved similarly irrespective of CCA ( $t$ 's  $< .99, p$ 's  $> .33$ ). Within the completer sample, a difference in rate of change of depression across treatment and follow-up emerged suggesting that participants with CCA and non-CCA both decreased in depressive symptoms similarly throughout treatment ( $t = -1.68, p = .10$ ), but non-CCA participants continued this improvement while the CCA did not ( $t = 2.03, p = .04$ ). Sub-analyses will be conducted to partial out differences in the rate of change between survivors with chronic childhood physical assault versus childhood sexual assault.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**3:00 PM - 4:15 PM**  
**Symposium**

**The Association Between PTSD and Cognitive Problems Over the Course of Treatment in A PTSD/TBI Residential Treatment Program Utilizing CPT-C**  
(Abstract # 536)

**Symposia Presentation (Practice, Mil/Vets) I - Industrialized**

**Diamond Salon 09**

**Walter, Kristen, PhD<sup>1</sup>; Kiefer Luhring, Sarah, MA<sup>1</sup>; Schumm, Jeremy, PhD<sup>1</sup>; Bartel, Alisa, BA<sup>2</sup>; Chard, Kathleen, PhD<sup>1</sup>**

<sup>1</sup>*Cincinnati VAMC, Cincinnati, Ohio, USA*

<sup>2</sup>*University of Dayton, Dayton, Ohio, USA*

Research has begun to explore treatment for Veterans with post-traumatic stress disorder (PTSD) and a history of traumatic brain injury (TBI); however, further identification of presenting symptoms and the appropriate treatment to reduce these symptoms is needed. Cognitive problems, due to either PTSD or a history of TBI, may be a symptom complaint or affect treatment. This study examined whether (1) self-reported PTSD symptoms and self-reported cognitive problems improved over the course of treatment for Veterans in a residential PTSD/TBI program and (2) improvement in PTSD symptoms was associated with improvement in cognitive problems. Thirty-six Veterans who met diagnostic criteria for PTSD and had a history of TBI were included. Veterans received 8 weeks of Cognitive-Processing Therapy-Cognitive Only (CPT-C) as the primary PTSD treatment approach, but also received psychoeducation groups, speech/cognitive therapy, and occupational therapy. Results indicated that reported PTSD symptoms and cognitive problems significantly decreased following treatment. Additionally, the decreases in PTSD and cognitive problems were significantly related. Further inspection of correlations

between weekly self-report of PTSD and cognitive problems show positive associations during earlier and later weeks of treatment. Implications of these findings and how they may influence treatment for this specific population will be presented.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Plaza 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Partnering with Schools and Communities to Provide Trauma Treatment for Underserved Youth**

(Abstract #1439)

**Chairperson**    **Kataoka, Sheryl, MD, MPH**  
*UCLA, Los Angeles, California, USA*

**Discussant**    **Jaycox, Lisa, PhD**  
*RAND Corporation, Arlington, Virginia, USA*

This symposium presents innovative trauma treatment adaptation strategies through school-community partnerships. Providing trauma treatments on school campuses can decrease barriers to services. However, overcoming challenges in gaining buy-in from schools and coordinating services between agencies and schools are critical. First we describe the development of school-community partnerships in the Chicago Public Schools. Steps that were taken to create effective school-community partnerships including resource mapping of school and community resources will be discussed. Next, development of a new trauma intervention for elementary school children will be presented. Findings from the perspective of teachers and parents will outline important factors in providing services to younger traumatized children. The third presenter will illustrate the importance of a community-based participatory approach to intervention development aimed at engaging Latino parents in a school-based trauma treatment. Results from a pilot evaluation will be presented. Finally, school-community partnerships in the dissemination of trauma services in schools and communities across three regions will be discussed. Key informant interviews with multiple stakeholders will be presented that highlight challenges of implementation in schools and sustainability of trauma services.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Plaza 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Applying A Public Health Paradigm to Mental Health Prevention and Intervention in Schools in Chicago to Address Impact of Trauma**

(Abstract # 1442)

**Symposia Presentation (Commun, Child/ Adol) M - Industrialized**

**Plaza 01**

**Cicchetti, Colleen, PhD**

*Children's Memorial Hospital; Feinberg School of Medicine Northwestern University, Chicago, Illinois, USA*

The presentation will describe the 8-year history of work in Chicago to integrate prevention and intervention services for students exposed to trauma through a school-community collaborative model. This will include a brief history of efforts in Illinois to develop a comprehensive plan for addressing unmet mental health needs from a three-tiered public health approach that included adoption of Social-Emotional Learning Standards by the State Board of Education (2004). It will also describe how Chicago Public Schools and community partners have leveraged various grant initiatives to increase workforce capacity in the school and community-mental health care delivery system to deliver evidence-based intervention; as well as to create, develop, implement and evaluate a supported-implementation model to insure fidelity of service delivery for over 750 clinicians trained in specific manualized interventions. In addition, the presentation will include an introduction to the Illinois Children's Mental Health Partnership Guidelines for School-Community Collaboration (2011). This document outlines critical steps for building effective partnerships in communities through readiness and needs assessment procedures; resource mapping, collaborative structures/procedures and building stakeholder support from families and community members.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Plaza 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Improving Implementation of Mental Health Services for Trauma in Multicultural Elementary Schools: Stakeholder Perspectives on Parent and Educator Engagement**

(Abstract # 1446)

**Symposia Presentation (Commun, Child/ Adol) M - Industrialized**

**Plaza 01**

**Langley, Audra, PhD<sup>1</sup>; Rodriguez, Adriana, MA, PhD, Student<sup>2</sup>; Santiago, Cate, PhD<sup>3</sup>**

<sup>1</sup>*UCLA Seme Institute for Neuroscience and Human Behavior, Los Angeles, California, USA*

<sup>2</sup>*Virginia Commonwealth University, Richmond, Virginia, USA*

<sup>3</sup>*UCLA Center for Health Services and Society, Los Angeles, California, USA*

Although more schools are offering mental health programs, few studies have involved the school community in research to improve their uptake and successful implementation. In this community partnered study, focus groups were conducted with educators and parents to explore issues related to community engagement and feasibility of a mental health intervention for elementary school students exposed to traumatic events, given pragmatic personnel, school organizational, and community issues. Four educator focus groups, including 23 participants, and 2 parent focus groups, consisting of 9 Spanish-speaking and 7 English-speaking parents were conducted. Participants discussed potential facilitators and barriers to successful implementation of the program. Participants identified the importance of pre-implementation parent education and addressing barriers to parent consent, raising awareness of the impact of student mental health among educators, maintaining ongoing communication during the intervention process, and addressing logistical concerns. Participants described clear considerations for parent and educator engagement both at the pre-implementation phase and during implementation of the program aimed at supporting students following traumatic events. Implications for incorporating findings from this community partnered approach to school-based interventions for trauma are discussed.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Plaza 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Partnering with the Community to Enhance Parent involvement in CBITS**  
(Abstract # 1444)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Plaza 01**

**Santiago, Catherine, PhD<sup>1</sup>; Cordova, Maria, MSW<sup>2</sup>; Maher, Lauren, MSW<sup>2</sup>; Alvarado-Goldberg, Karla, MSW<sup>2</sup>; Kataoka, Sheryl, MD, MS<sup>1</sup>**

<sup>1</sup>*UCLA, Los Angeles, California, USA*

<sup>2</sup>*Los Angeles Unified School District, Los Angeles, California, USA*

Parental participation in child treatment is considered a key component of numerous evidence-based interventions. However, engaging low-income Latino parents in services has proven challenging. To develop and pilot-test a family treatment component for the Cognitive Behavioral Intervention for Trauma in Schools (CBITS), we partnered with school-based clinicians and community parents. The family component incorporated research-based findings in addition to community identified needs and goals in order to enhance parent participation in the trauma program. This study provided a preliminary test of this community-partnered intervention. We employed a quasi-experimental design, capitalizing on ongoing CBITS implementation within a school system. A total of 19 parent/student dyads participated in CBITS groups and 22 parent/student dyads participated in CBITS+Family groups (5th-8th grades). Parents and students in both conditions completed pre- and post-treatment measures. Follow-up data collection (6-9 months post-treatment) is ongoing. Families were low-income and predominately Latino. Children were 59% female with an average age of 11.83. Parents that received CBITS+Family attended more sessions than those who received CBITS as usual. CBITS+Family parents also reported greater satisfaction, more school involvement, and more positive attitudes toward mental health. In addition, CBITS+Family parents reported improvements in coping and more positive parenting at post-intervention.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Plaza 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Disseminating Trauma Services in Schools: Voices from the School Community**  
(Abstract # 1441)

**Symposia Presentation (Commun, Child/ Adol) M - Industrialized**

**Plaza 01**

**Kataoka, Sheryl, MD; Baweja, Shilpa, MS (PhD, Student); Langley, Audra, PhD; Vona, Pamela, MA**  
*UCLA Semel Institute, Los Angeles, California, USA*

Background. There has been growing recognition that providing mental health services in schools can improve access to care for children. One intervention for traumatized youth, the Cognitive Behavioral Intervention for Trauma in Schools, has been shown to be effective in decreasing PTSD and depressive symptoms as well as improving school performance. As CBITS, a school-based group trauma intervention, has disseminated to schools across the country, leveraging school supports, community resources, and developing plans for sustainability have been critical for providers in delivering this program in schools. Method. Qualitative key informant interviews were conducted with administrators, funders, clinicians, teachers, and parents about the delivery of CBITS in a wide variety of schools. The sample consists of these stakeholders across multiple schools in three regions, Los Angeles, CA; New Orleans, LA; and Madison, WI. Results. This study examines the contextual factors of schools and communities that affect the implementation and dissemination of CBITS. Data will be presented that address parent participation in trauma treatment, funding and policy issues, and clinician innovations and adaptations in delivering CBITS for specific populations. Conclusion. Treating traumatized youth in schools can address many barriers to getting services. Therefore, understanding how school-based trauma programs can be sustained and meet the needs of youth and families can inform future development of trauma services in schools.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**New Developments for Trauma Survivors in Primary Care**  
(Abstract #1133)

**Chairperson** **Green, Bonnie, PhD**  
*Georgetown University Medical School, Washington, Dist. of Columbia, USA*

**Discussant** **Schnyder, Ulrich, MD**  
*University Hospital, Zurich, Switzerland*

Trauma and mental health issues are most often addressed in primary care, especially for the poor and uninsured and others without access to specialty care. In this symposium we will provide an update of recent developments in addressing trauma-related mental health concerns in primary care settings, including provider focused interventions, patient and system-focused interventions, and recent global developments acknowledging the role of mental health in the development and course of chronic health conditions. Discussion will focus on the range of approaches to addressing these concerns in accessible settings.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Improving Communication Between Trauma Patients and Primary Care Providers**  
(Abstract # 1134)

**Symposia Presentation (Prevent, Adult/Cmplx) M - Global**

**Gold Salon 01**

**Green, Bonnie, PhD<sup>1,2</sup>; Saunders, Pamela, PhD<sup>2</sup>; Power, Elizabeth, MEd<sup>3</sup>; Dass-Brailsford, Priscilla, EdD<sup>2</sup>; Bhat Schelbert, Kavitha, MD, MS<sup>4</sup>; Giller, Esther, MA<sup>5</sup>; Wissow, Larry, MD<sup>6</sup>; Hurtado de Mendoza, Alejandra, PhD<sup>2</sup>**

<sup>1</sup>*Georgetown University Medical School, Washington DC, Dist. of Columbia, USA*

<sup>2</sup>*Georgetown University, Washington, Dist. of Columbia, USA*



<sup>3</sup>*EPower & Associates, Nashville, Tennessee, USA*

<sup>4</sup>*University of Pittsburgh, Pittsburgh, Pennsylvania, USA*

<sup>5</sup>*Sidran Institute, Baltimore, Maryland, USA*

<sup>6</sup>*Johns Hopkins School of Public Health, Baltimore, Maryland, USA*

Risking Connection (RC) is a theory-based approach to help providers work with patients who are trauma survivors. We adapted RC for primary care providers (PCPs) as a continuing medical education curriculum, including reduction in length to a 6-hour, 2-session training, using feedback from PCPs and patients. After evaluating feasibility and acceptability, a randomized trial was conducted. Four groups of PCPs were randomized to immediate or delayed training conditions. Primary outcomes were based on audio taped PCP visits by standardized patients (SPs), and consisted of changes in dialogue codes (RIAS) of independent raters in areas linked theoretically with the RC training. Secondary outcomes included the short-term impact on a subset of PCPs' actual patients. PCPs included residents (n=16) and community physicians (n=12) divided between immediate and delayed conditions. 400 patients from two community and two residency clinics completed surveys before or after their provider received training. PCPs showed an increased use of RIAS codes for interpersonal communication and patient-centeredness in interactions with SPs. PCPs were also rated more highly by their real patients post-training on partnership-related variables and being understood by and trusting the doctor. These communication behaviors promote better patient health and higher compliance with medical treatment plans.

## **Concurrent Session 9**

**Friday, November 2, 2012**

**Gold Salon 1**

**3:00 PM - 4:15 PM**

**Symposium**

### **Overcoming Challenges to Implementing Quality Improvement for PTSD in Community Health Centers: The Violence and Stress Assessment (ViStA) Study**

(Abstract # 1135)

**Symposia Presentation (Commun, Diverse Pop) M - Industrialized**

**Gold Salon 01**

**Meredith, Lisa, PhD<sup>1</sup>; Eisenman, David, MD, MPH<sup>2</sup>; Green, Bonnie, PhD<sup>3</sup>; Kaltman, Stacey, PhD<sup>3</sup>; Cassells, Andrea, MPH<sup>4</sup>; Tobin, Jonathan, PhD<sup>4</sup>**

<sup>1</sup>*RAND Corporation, Santa Monica, California, USA*

<sup>2</sup>*David Geffen School of Medicine, UCLA and RAND Corporation, Los Angeles, California, USA*

<sup>3</sup>*Georgetown University, Washington DC, Dist. of Columbia, USA*

<sup>4</sup>*Clinical Directors Network, New York, New York, USA*

Implementing quality improvement for mental health is fraught with challenges, particularly in limited-resource settings serving low-income populations with complex health and social problems. Despite the development of efficacious treatments, little is known about how to improve care for PTSD in community health centers (CHCs). ViStA implemented a 1-year Care Manager intervention program to improve care for PTSD in six CHCs in New York and New Jersey. Of roughly 5,000 patients meeting eligibility criteria, 85% took a brief screener for PTSD symptoms and of those, 30% were at-risk for PTSD. Most patients at-risk consented to the study (72%) and had a DSM-IV PTSD diagnosis (69%). The overall rate of PTSD was 8%. This presentation will highlight how the study team overcame implementation challenges ranging from complex patient circumstances, busy primary care practices with competing demands on clinical staff, limited resources, as well as lack of standardized management systems and clinical processes. We addressed these challenges by designing the program to fit the culture of the settings (e.g., involving community input and planning for changes), seeking buy-in from all stakeholders, simplifying processes and adopting those that can fit across centers, and working creatively to implement changes gradually before broadening.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Chronic Illness, Mental Health, and the United Nations Agenda**  
(Abstract # 1136)

**Symposia Presentation (Social, N/A) M - Global**

**Gold Salon 01**

**Carll, Elizabeth, PhD**

*Independent Practice, Center Port, New York, USA*

An historic Summit took place at the September 2011 meeting of the United Nations General Assembly (UNGA) focusing on the prevention and control of non-communicable diseases (NCDs). NCDs are defined by the UNGA as consisting of four main global chronic diseases: cardiovascular disease, cancer, diabetes and respiratory illnesses. These diseases are expected to become an increasingly enormous burden on society in the next 10 to 20 years and are rapidly evolving into an epidemic, particularly in lower income nations. The United Nations NGO Committee on Mental Health, a consortium of non-governmental organizations (NGOs) partnered with the NGO Forum on Health in Geneva, a network of NGOs, to focus advocacy efforts on the 193 countries of the UNGA for the inclusion of mental health as a risk factor for prevention and control of NCDs in the Declaration of the UNGA Summit on NCDs. Along with the support of other NGOs, mental health was successfully included. This presentation will focus on new developments resulting from the support by the World Health Organization and civil society and the

recognition by world governments of the need for an immediate and focused agenda via primary care for the control and prevention of this growing epidemic.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 7**  
**3:00 PM - 4:15 PM**  
**Workshop**

**Implications for Common Elements in Trauma Treatment for Children and Adolescents**  
(Abstract # 1260)

**Workshop Presentation (Train/Ed/Dis, Child/ Adol) A - Industrialized**

**Diamond Salon 07**

**Strand, Virginia, DSW<sup>1</sup>; Hansen, Susan, MSW, LCSW<sup>1</sup>; Amaya-Jackson, Lisa, MD<sup>2</sup>; Layne, Christopher, PhD<sup>3</sup>; Abramovitz, Robert, MD<sup>4</sup>**

<sup>1</sup>*Fordham University, West Harrison, New York, USA*

<sup>2</sup>*Duke University, Durham, North Carolina, USA*

<sup>3</sup>*UCLA, Los Angeles, California, USA*

<sup>4</sup>*Hunter College, New York, New York, USA*

Efforts to identify common concepts, components and skills across evidence-based trauma treatments in preparation for the development of a training curriculum on child trauma will be reviewed. Following the initial development of the core concepts portion of the curriculum, the identification of common Intervention Objectives and Practice elements (components) began. The use of a qualitative content analysis in the development of a coding manual for analyzing evidence-based trauma treatments (EBTTs) will be described, as well as the findings of an analysis aimed at identifying common Intervention Objectives and Practice Elements across 26 evidence-based treatments. Organizing the findings into practice domains, implications for curriculum development will be presented. Importantly, the relevance of these findings for mental health funding will be examined. A compelling rationale for a social policy shift in mental health services funding in order to facilitate a more rapid adoption of evidence-based trauma treatment will be presented. Findings of the analysis of trauma treatments suggest that core trauma interventions involve activities outside of the 45-minute- hour for which mental health clinicians can typically claim reimbursement. The imperative for a shift in social policy to ensure funding support for all the necessary components of trauma treatments will be discussed.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Roundtable**

**Trauma-Exposed and Vulnerable Populations in International Settings**

**Responding to Vulnerable Populations in Large-Scale Disasters: Integrating Research, Practice, and Policy**

(Abstract # 968)

**Roundtable Presentation (Social, Disaster) M - Industrialized**

**Diamond Salon 08**

**Dodgen, Daniel, PhD<sup>1</sup>; Brown, Lisa, PhD<sup>2</sup>**

<sup>1</sup>*HHS/ASPR, Washington, Dist. of Columbia, USA*

<sup>2</sup>*University of South Florida, Tampa, Florida, USA*

Vulnerable populations have long been recognized by disaster planners, policy makers, and response organizations as groups that may require special assistance during natural and human made disasters. However, policies to link the unique risk factors and needs of various vulnerable populations with disaster preparedness and response plans are rare. This roundtable will briefly present recent policy, research, and practice perspectives on disaster preparedness, response, and recovery to provide a framework for discussion focused on conceptualizing ways to better address the needs of special populations during traumatic events. Special populations to be addressed during this roundtable discussion include different subgroups of particular concern: homeless people, people with development delays, those with severe and persistent mental illness, nursing home residents, and older adults. This roundtable will provide a venue for discussion about the best ways to address the needs of these populations from a research and policy perspective, in addition to clinical concerns for providing mental health services after traumatic events. Next steps toward refining policies to best serve special populations during disasters will be identified.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Roundtable**

**Holistic World-Views and Responses to Trauma, Grief and Loss in Australian Aboriginal Communities**  
(Abstract # 1507)

**Roundtable Presentation (Commun, Diverse Pop) M - Industrialized**

**Diamond Salon 08**

**Krieg, Anthea, MD, MPH**

*Flinders University, Adelaide, Australia*

Indigenous communities world-wide have highlighted the need to acknowledge the centrality of indigenous world views when developing culturally-safe health and social responses for indigenous communities.

Western constructs of holism and complexity theory provide a meeting place between Indigenous knowledge systems and Eurocentric scientific foundations for health and healing. These approaches, will be contrasted with current western approaches to individual clinical care.

A brief overview of the core scientific concepts embodied in holism and complexity theory as they apply to traumatized populations will be outlined.

Practical examples, taken from a community-based mental health program for traumatized Aboriginal families in Australia, will illustrate the application of these principles to improve access, assessment and healing responses.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Roundtable**

**Building International Dialogue on Drug-Facilitated Sexual Assault: Prevalence, Prevention and A Pilot Treatment**  
(Abstract # 1811)

**Roundtable Presentation (Prevent, Violence) M - Industrialized**

**Diamond Salon 08**

**Fields, Laurie, PhD**

*University of California, San Francisco, San Francisco, California, USA*

This roundtable presentation briefly summarizes our recent findings on alarming increases in rates of drug-facilitated sexual assault (DFSA), updated definitional algorithms for DFSA subtypes, and unique symptom patterns identified. These indicated urgent needs to increase awareness at an international level and to generate a comprehensive prevention program that includes educators, families, criminal, forensic, and law enforcement agencies, as well as medical and mental health clinicians. Because study findings identified unique issues for DFSA victims such as preoccupation with inability to remember, feelings of unsafety due to inability to recognize the perpetrator, distress over the added victimization of being drugged, and/or greater self-blame due to voluntary drinking, as well as the fact that amnesia for the assault poses a challenge to therapists who typically utilize exposure or narrative techniques, a specialized DFSA-specific brief therapy was developed and manualized. Discussion is welcomed around collaboration in development of an international prevention program and collaboration in piloting the integrative DFSA-specific manualized therapy.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Roundtable**

**Trauma and Distress Among Pregnant Women in South India: Towards Intervention Development**  
(Abstract # 1309)

**Roundtable Presentation (Clin Res, Diverse Pop) M - S Asia**

**Diamond Salon 08**

**Rao, Deepa, PhD<sup>1</sup>; Manhart, Lisa, PhD, MPH<sup>1</sup>; Kumar, Shuba, PhD<sup>2</sup>; Mohanraj, Rani, PhD<sup>2</sup>; Kaysen, Debra, PhD<sup>1</sup>**

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

<sup>2</sup>*Samarth, Chennai, India*

In India, domestic violence has been closely linked with depression and post-traumatic stress disorder (PTSD) among pregnant women. In India and throughout the world, perinatal mental illnesses are associated with low birth weight and prematurity, and a decreased tendency for breastfeeding, subsequently reducing the child's ability to fight off infection. Clearly, reducing psychological distress among pregnant women should be a public health priority, as these disorders affect not only the mother, but also the next generation. Yet, in India, mental health screening is not systematically implemented in antenatal clinics and other non-specialty settings, and pregnant women with anxiety and depression suffer, as do their children, undiagnosed and untreated. The World Health Organization

(WHO) reports that the obstetrical service delivery sector is a primary point of healthcare contact for many women with mental health disturbances in low income countries. Our research group will be developing and feasibility testing culturally appropriate approaches for treatment of perinatal trauma and depression that stem from experiences of domestic violence, using materials from cognitive processing and interpersonal therapies. We expect that our work will help women in India receive evidence based treatments through antenatal clinics, and to help them cope with experiences of gender based violence.

**Concurrent Session 9**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Roundtable**

**Creating A Small Centre of Excellence: Using Translational Research to Implement and Evaluate School-Based Interventions to Improve the Learning and Developmental Outcomes for Children Who Have Experienced Trauma, Abuse and Neglect**  
(Abstract # 1506)

**Roundtable Presentation (Commun, Child/ Adol) M - E Asia & Pac**

**Diamond Salon 08**

**Mainwaring, Debra, M.Sc. (Ed. Psych.)**

*Life Without Barriers & Edmund Rice Education Australia Youth +, Beenleigh, Australia*

Educational outcomes for children in foster care are appalling low. Research has revealed that while 90% of Children in Queensland achieve the minimum benchmarks for literacy in Year 5, only 54% of Children in Out of Home Care reach this minimum level. The same disparity is true for measures taken with Year 9 pupils (CCYPCG, 2010). Many of these children are frequently suspended or expelled from mainstream schools; at best attend minimally. As part of a collaborative project between an out of home care provider and a flexible learning organization, an Educational Consultant has identified a mainstream school for the creation of a centre of excellence to explore what works when supporting learners with complex needs. The school was selected on the basis of relational style of leadership, willingness to develop a nurture group approach and the capacity to provide individualized developmental and learning opportunities for young people. The Educational Consultant is supporting the school at a systems, group and individual level implementing research-based interventions. A translational approach to research is adopted where successes with children are evaluated and used to transform practice with a view to influence regional inclusion policy for children in out of home care.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 7**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Expanding the Possibilities of SPARCS: Clinical Applications and Adaptations of A Manually-Guided Treatment for at-Risk Youth with Complex Trauma**

(Abstract #1706)

**Chairperson**    **Habib, Mandy, PsyD**

*North Shore University Hospital, Manhasset, New York, USA*

The psychological and behavioral correlates of complex traumatic exposure in childhood and adolescence are profound and lasting. While there are a number of trauma-specific interventions for youth, more information is needed regarding how these interventions translate into real-world settings where logistical constraints (e.g. length of stay), client-specific factors (extreme behavioral dysregulation, inability to engage in exposure-based treatment), and contextual factors (access to a primary caretaker, placement stability), may limit the applicability of a given intervention with a particular population. SPARCS is a 16-session empirically-supported group treatment designed to improve emotional, social, academic, & behavioral functioning of adolescents exposed to chronic interpersonal trauma (e.g. ongoing physical abuse) and/or separate types of trauma (e.g. community violence, sexual assault). SPARCS incorporates developmental considerations specific to adolescence and has been successfully implemented with at-risk youth in various service systems (e.g. juvenile justice, child-welfare) in over a dozen states. This symposium provides a treatment overview, highlights 3 manualized adaptations, and includes case examples, quantitative outcomes, and common treatment challenges (e.g. assessment, fidelity, cultural & developmental factors) and strategies for overcoming barriers.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 7**  
**4:30 PM - 5:45 PM**  
**Symposium**

**SPARCS of Hope: Expanding Intervention Services to Address the Needs of Underserved Adolescents**



(Abstract # 1707)

Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized

Diamond Salon 07

**Briggs-King, Ernestine, PhD**

*Duke University Medical Center/ National Center for Child Traumatic Stress, Durham, North Carolina, USA*

Mounting evidence suggests that adolescents growing up in high-risk environments are more likely to experience multiple traumas and significant adverse life events, and to subsequently develop complex symptoms of traumatic stress. Repeated exposure creates a complicated set of reactions that carry long-term developmental risks. Despite advances in trauma-informed interventions for youth, there is still limited practice research available to guide the delivery of services to underserved and highly impacted adolescents. This presentation will describe the core components of a manually-guided, trauma-informed intervention for adolescents encountering chronic stress, Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), in diverse community based settings (e.g., alternative schools, juvenile justice facilities, and programs serving youth with substance abuse histories). Preliminary findings from these efforts to expand services to underserved populations of adolescents have been promising and include pre to post treatment reductions in: PTSD, Depression, school dropout, disciplinary actions, and substance use. Additionally, common implementation barriers to providing services in these diverse settings as well as strategies for overcoming these barriers will be addressed. Implications for treatment, work force development, and intervention adoption and adaptation will also be discussed.

**Concurrent Session 10**

**Friday, November 2, 2012**

**Diamond Salon 7**

**4:30 PM - 5:45 PM**

**Symposium**

**Reaching Hard-to-Reach Youth: Adaptation: Implementation of A 5-Session Skills-Training Curriculum (SPARCS-ST) for Traumatized Teens**

(Abstract # 1708)

Symposia Presentation (Clin Res, Child/ Adol) I - Industrialized

Diamond Salon 07

**Habib, Mandy, PsyD<sup>1</sup>; Labruna, Victor, PhD<sup>2</sup>; Knoverek, Angel, PhD<sup>3</sup>; Stefanidis, Nikolaos, PhD<sup>4</sup>; Tandon, Darius, PhD<sup>5</sup>**

<sup>1</sup>*North Shore University Hospital, Manhasset, New York, USA*

<sup>2</sup>*Long Island University, Brookville, New York, USA*

<sup>3</sup>*Chaddock, Quincy, Illinois, USA*

<sup>4</sup>*Children's Hospital Los Angeles, Los Angeles, California, USA*

<sup>5</sup>*Johns Hopkins University, Baltimore, Maryland, USA*

Although a variety of evidence-based trauma treatments have been delivered successfully across a variety of service systems, many adolescents continue to have limited access to trauma-informed care. SPARCS-ST (Structured Psychotherapy for Adolescents Responding to Chronic Stress - Skills Training) is a brief psycho-educational skill-building curriculum for adolescents lacking access to traditional, extended, trauma-focused care. The curriculum can be co-led by clinicians or young adult/peer mentors and addresses the effects of trauma on the body and skill acquisition (e.g. mindfulness, emotion-regulation, problem-solving, and communication skills). The feasibility of a "skills-only" program for traumatized youth has been tested with over 300 youth in settings with short lengths of stay or where parental consent required for formal psychotherapy is not feasible. Preliminary qualitative and quantitative outcomes vary by setting and indicate: a reduction in disciplinary referrals in an alternative school in a rural community; a decrease in depressive symptoms in youth exposed to community violence and enrolled in an inner-city employment/work-force development center; a reduction in maladaptive coping skills (e.g. substance use) at drop-in centers for runaway & homeless youth. The presentation will also include brief case examples, video, and creative innovations to engage at-risk underserved youth.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 7**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Little SPARCS of Transformation: Expanding Treatment Options for School-Aged Children**  
(Abstract # 1710)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 07**

**Knoverek, Angel, PhD**

*Chaddock Trauma Initiative, Quincy, Illinois, USA*

Treatment interventions that demonstrate effectiveness with the intended population often serve as a catalyst for practitioners to begin considering issues of feasibility in using the intervention with other groups. Developmental considerations helped shape an adaptation of SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) for younger children ages 9-11. A pilot of this adaptation, referred to as SPARCS-Junior, was conducted in a rural setting, with significant findings reported following eight weeks of treatment. For youth who reported moderate to severe post-traumatic stress (PTS) symptoms pre-treatment there were significant differences noted in overall PTS and re-experiencing symptoms. Results of regression analyses indicated that baseline post-traumatic stress (PTS) was a significant predictor of response to treatment, whereas age, gender, and number of

trauma exposures were not significant predictors of change in treatment outcomes. There were significant reductions in functional impairments post-treatment, including improvements noted in the following areas: academic, attachment, behaviors at home, behaviors in school and community, and other medical problems or disabilities.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 7**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Implementation of SPARCS Individual Within Illinois Child Welfare: Use of an Assessment-Driven Model for Systems Application, Treatment Planning and Quality Improvement**  
(Abstract # 1711)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 07**

**Kisiel, Cassandra, PhD<sup>1</sup>; St. Jean, Nicole, PsyD<sup>1</sup>; Torgersen, Elizabeth, BA<sup>1</sup>; Habib, Mandy, PsyD<sup>2</sup>; Labruna, Victor, PhD<sup>3</sup>; Maj, Nicole, BS<sup>1</sup>; McClelland, Gary, PhD<sup>1</sup>**

<sup>1</sup>*Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA*

<sup>2</sup>*North Shore University Hospital, Manhasset, NY, New York, USA*

<sup>3</sup>*Long Island University, Brookville, New York, USA*

Youth entering the child welfare system often have chronic and complex trauma histories and exhibit a range of trauma-related symptoms and functional difficulties. Patterns of trauma exposure, symptoms, and strengths were identified within a large dataset (N= 12,588) of youth entering the Illinois child welfare system and with a more targeted group of youth (N=1598) receiving outpatient therapy services. SPARCS-Individual was identified as appropriate for this population based on an assessment-driven approach to planning, using the Child and Adolescent Needs & Strengths (CANS) to determine clinical profiles for these youth and qualitative data from providers across the state that highlighted challenges with existing interventions. A unique adaptation of SPARCS-I is being implemented with 13 provider agencies targeting 100 youth. As an innovative assessment, treatment planning, and outcomes tool, the CANS is embedded in the clinical consultation process, used to track and monitor outcomes (pre-mid-post) and to facilitate improvements at the client and agency level. Initial qualitative and quantitative data suggest that SPARCS-I has a positive impact on a range of mental health symptoms and areas of strength and is effectively integrated in provider settings. Findings will be discussed in relation to a matched sample of child welfare youth receiving outpatient therapy and based on mapping of CANS items onto SPARCS components to determine if there was a greater impact on the proposed targets of the intervention. These results inform applications of SPARCS within child welfare and other child-serving settings.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Understanding Sexual Violence and Exploitation Risk Among Diverse Groups of Victims**  
(Abstract #668)

**Chairperson** **Littleton, Heather, PhD**  
*East Carolina University, Greenville, North Carolina, USA*

Sexual violence and sexual exploitation remain major public health problems, associated with numerous deleterious outcomes including mental health problems, substance use problems, chronic health problems, and risk for further interpersonal violence victimization and exploitation (e.g., Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Koss & Woodruff, 1991; Miller, Decker, Silverman, & Raj, 2007; Najdowski & Ullman, 2009; Testa, Hoffman, & Livingston, 2010). Thus, there is a clear need to determine what factors place women at risk for sexual violence and exploitation in order to develop effective prevention and intervention programs. Unfortunately, there is limited work focused on identifying risk factors, particularly among ethnic and sexual minority women. The four presentations in the current symposium focus on the experiences of African American women, Latina women, sexual minority women, and female trafficking victims. Risk factors investigated in these diverse groups include disclosure experiences, trauma history, PTSD, cultural barriers to disclosure, economic disadvantage and poverty, and gender and sexual identity. Implications of the findings for interventions to reduce risk for victimization and exploitation are discussed.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**4:30 PM - 5:45 PM**  
**Symposium**

**La Familia Y La Vergenza: Cultural Barriers Faced by Latina Sexual Assault Survivors**  
(Abstract # 670)

**Ahrens, Courtney, PhD**

*California State University at Long Beach, Long Beach, California, USA*

National prevalence studies consistently find slightly lower rates of sexual victimization among Latina women, but controversy about these findings remains high. Do these findings reflect true differences in prevalence or are they the consequence of cultural barriers that make it difficult for some Latinas to identify and disclose abuse? As a preliminary step toward answering this question, the current study conducted 10 focus groups with a diverse group of 65 Spanish-speaking Latinas recruited from the campus and community. Participants were asked to identify cultural beliefs and practices that might make it difficult for survivors to define and talk about sexual assault. Results suggested that gender role ideologies, traditional beliefs about marriage, an emphasis on family loyalty, taboos against talking about sex, and respect for authority may make it difficult for some survivors to identify and disclose sexual assault. During this presentation, specific examples will be provided and the mechanisms through which these cultural beliefs affect survivors' ability to identify and define sexual assault will be discussed. Implications for future research and the design of culturally-based interventions will also be discussed.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Risk Factors Associated with Sexual Assault Among Sexual Minority Women**  
(Abstract # 671)

**Symposia Presentation (Cul Div, Violence) I - Industrialized**

**Diamond Salon 09**

**Kaysen, Debra, PhD<sup>1</sup>; Balsam, Kimberly, PhD<sup>1</sup>; Hughes, Tonda, PhD, RN<sup>2</sup>; Hodge, Kimberly, BA<sup>1</sup>**

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

<sup>2</sup>*University of Illinois, Chicago, Chicago, Illinois, USA*

Previous research has shown that compared with heterosexual women, lesbian and bisexual women (sexual minority women) are at higher risk of sexual victimization (Balsam et al., 2005; Hughes et al., 2010). However, little research has examined risk factors for sexual assault in this population. We examined predictors of sexual victimization in a sample of 1,090 women (59% bisexual; 41% lesbian) recruited for a national longitudinal study using targeted advertising on social networking sites. Bisexual women were at higher risk than lesbians for adult sexual victimization (bisexual=58%, lesbian=44%,  $\chi^2$  (df=2, N=1090)=19.47,  $p<.001$ ) but were not at higher risk of child sexual abuse (bisexual=39%, lesbian=37%). Logistic regression analyses were conducted examining gender, outness, sexual risk, and trauma history as potential risk factors. Each overall model was significant (lesbians  $\chi^2$  13,

(N=427)=81.53,  $p < .001$ ; bisexuals  $\chi^2 13$ , (N=637)=101.47,  $p < .001$ ). For lesbians, age, gender nonconformity, number of lifetime male sexual partners, and number of bias crimes predicted sexual victimization. For bisexual women, age, a history of homelessness, childhood sexual abuse, and exposure to bias crimes predicted sexual victimization. This study demonstrates differential relationships between risk factors and victimization between sexual minority women. Implications for assessment and prevention within this population will be discussed.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Re-Victimization Risk Following Sexual Violence: Examination of Structural Models in African American and European American Women**  
(Abstract # 669)

Symposia Presentation (Cul Div, Diverse Pop) M - Industrialized

Diamond Salon 09

**Littleton, Heather, PhD<sup>1</sup>; Ullman, Sarah, PhD<sup>2</sup>**

<sup>1</sup>*East Carolina University, Greenville, North Carolina, USA*

<sup>2</sup>*University of Illinois Chicago, Chicago, Illinois, USA*

Experiencing sexual violence remains a significant public health problem affecting women. Unfortunately, women who have previously been victimized are at elevated risk for experiencing further victimization (e.g., Messman-Moore, Ward, & Brown, 2008). Thus, there is a clear need to identify factors that place women at risk. Two such potential factors are hazardous drinking and PTSD symptomatology. However, research on re-victimization remains limited, particularly among ethnic minority women. The current study examined structural models including hazardous drinking and PTSD symptoms as predictors of experiencing new incapacitated and forcible rapes over one year in a sample of 489 community recruited women who completed two mail surveys. Both hazardous drinking and PTSD symptoms predicted experiencing a new incapacitated rape. PTSD also indirectly predicted experiencing a new incapacitated rape through hazardous drinking in African American, but not European American women. PTSD predicted experiencing a new forcible rape among both groups of women. Finally, having a history of adolescent/adult rape predicted PTSD symptoms among European American, but not African American women, whereas a history of childhood sexual abuse predicted PTSD in both groups. Implications of the results for understanding re-victimization risk among African American and European American women are discussed.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 9**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Risk Factors for Ethnically Diverse Adolescent Girls Exiting Sex Trafficking**  
(Abstract # 672)

Symposia Presentation (Clin Res, Child/ Adol) 1 - Industrialized

Diamond Salon 09

**Bryant-Davis, Thema, PhD<sup>1</sup>; Ellis, Monica, MA, PhD, Student<sup>2</sup>**

<sup>1</sup>*Pepperdine University, Malibu, California, USA*

<sup>2</sup>*Fuller Theological Seminary, Pasadena, California, USA*

Adolescent females are at increased risk for sex trafficking as compared to males of all ages and older women. There is a dearth of research on the counseling process of rehabilitation for persons exiting sex trafficking. A qualitative study was conducted by a team of research-practitioners based on in-depth interviews with 10 therapists who provide assistance to adolescents who have been sexually trafficked. The majority of girls in the program are impoverished and ethnic minority, specifically African American and Latina. The interviews aimed to explore counseling approaches with this vulnerable population, including the barriers to treatment such as the risk factors that increase the likelihood of adolescents prematurely terminating and returning to the street. The interviews were independently coded by three researchers and the emerging themes were then reviewed by an independent auditor. Factors which increased the risk of returning to traffickers included instability in the family of origin, lack of supportive response to prior trauma disclosures, difficulty with authority figures and regulations, the belief that the pimp was emotionally invested in them, unrealistic expectations/goals, and lack of resource access/persistent poverty. These factors are explored as well as their implications for counseling, research, and advocacy needs of trafficking victims.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Plaza 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Integrating Developmentally-Informed Theory, Evidence-Based Assessment, and Evidence-Based Treatment of Childhood Maladaptive Grief**  
(Abstract #1638)

**Chairperson** Layne, Christopher, PhD

*UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA*

**Discussant** Cozza, Stephen, MD

*Uniformed Services University School of Medicine, Bethesda, Maryland, USA*

We are just beginning to understand how normative grief differs from maladaptive grief in youth, how to best assess grief reactions in children, and how biopsychosocial factors may contribute to grief and inform intervention. We first introduce a newly-developed multidimensional theory of grief that encompasses a broad range of adaptive and maladaptive grief domains including separation distress, existential/identity distress, and circumstance-related (traumatic) grief. Next, we discuss challenges inherent in assessing multidimensional grief constructs, including complications arising from which specific instruments are used, and risks of confounding measures with developmental level (adult vs. child populations), or circumstances of the death (traumatic vs. peaceful). Using data from a diverse sample of bereaved children and adolescents, we present psychometric properties of the Multidimensional Grief Reactions Scale, a theoretically-derived, developmentally sensitive measure conforming to DSM-V Bereavement Related Disorder criteria. We then describe ongoing efforts to address these challenges through the synergy arising from (1) constructing a test useful for both theory-building and clinical applications, (2) refining Trauma and Grief Component Therapy, a modularized, assessment-driven, flexibly tailored treatment, and (3) refining the theory that undergirds both.

## **Concurrent Session 10**

**Friday, November 2, 2012**

**Plaza 1**

**4:30 PM - 5:45 PM**

**Symposium**

### **Building Developmentally-Informed Theory to Support Evidence-Based Assessment and Treatment for Bereaved Youth and Families: A "Reverse-Engineering" Approach**

(Abstract # 1671)

**Symposia Presentation (Clin Res, Child/ Adol) M - Global**

**Plaza 01**

**Pynoos, Robert, MD, MPH**

*UCLA/Duke University National Center for Child Traumatic Stress, Los Angeles, California, USA*

We first describe the crucial role that developmentally-informed theory must play in guiding both evidence-based assessment (especially test construction) and evidence-based treatment of bereaved children and adolescents. Essential functions of theory include: (1) addressing contextual factors that influence youths' grief reactions, including the critical role of caregivers in facilitating grief and



adjustment; (2) discriminating between adaptive vs. less adaptive grief reactions within specific contexts; (3) addressing probable multidimensionality in grief reactions; (4) addressing developmentally- and culturally-linked variations in grief reactions; (5) explaining differential relations linking specific dimensions of grief reactions with specific risk and protective factors; and (6) supporting evidence-based assessment and intervention. Next, we describe ongoing efforts to build theory capable of supporting both the construction of the Multidimensional Grief Reactions Scale and the adaptation of Trauma and Grief Component Therapy. This theory is based on a multidimensional conception of grief, which taps into content domains corresponding with DSM-V Bereavement Related Disorder criteria, including Separation Distress, Reactive Distress, Existential/Identity Related Distress, and Distress over Circumstances of the Death. The theory is based on the assumption that both maladjustment and positive adjustment can manifest within each conceptual domain, and that positive and negative adjustment processes can and frequently do co-occur.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Plaza 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Evidence-Based Assessment of Bereaved Children and Adolescents: Psychometric Properties and Correlates of the Multidimensional Grief Reactions Scale**  
(Abstract # 1670)

**Symposia Presentation (Assess Dx, Child/ Adol) M - Industrialized**

**Plaza 01**

**Kaplow, Julie, PhD, ABPP<sup>1</sup>; Layne, Christopher, PhD<sup>2</sup>; Howell, Kathryn, PhD<sup>1</sup>; Lerner, Emilie, BA<sup>1</sup>; Merlanti, Meredith, BA<sup>1</sup>; Pynoos, Robert, MD, MPH<sup>2</sup>**

<sup>1</sup>*University of Michigan Medical School, Ann Arbor, Michigan, USA*

<sup>2</sup>*UCLA/Duke National Center for Child Traumatic Stress, Los Angeles, California, USA*

Approximately 10% of bereaved children appear to develop clinically significant bereavement-related distress, varyingly referred to as “complicated grief”, “childhood traumatic grief”, or “maladaptive grief”. The task of evaluating maladaptive grief in youth is complicated by the instruments used to assess grief reactions, which are confounded by differences in developmental level and types of death under study. The Multidimensional Grief Reactions Scale (MGRS; Layne, Kaplow, & Pynoos, 2011) is a theoretically-derived, developmentally-informed instrument, based on a multidimensional conception of grief, that taps into content domains corresponding to DSM-V Bereavement Related Disorder criteria. We examined the factor structure of the MGRS and the differential relations of its dimensions to various risk and protective factors in a sample of 56 bereaved youth ages 6 to 17 (M = 10.8). An exploratory factor analysis with oblique rotation yielded five factors: Separation Distress, Existential/Identity Distress, Cognitive/Behavioral Avoidance, Preoccupation with the Memory of the Deceased, and Social

Estrangement/Traumatic Grief. These factors relate differentially to circumstances of the death and to the child's relationship to the deceased. We discuss how these findings are guiding our efforts to refine the undergirding theory and to adapt an evidence-based group treatment for youth at risk for maladaptive grief.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Plaza 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Using Developmentally-Informed Theory and Evidence-Based Assessment to Guide Intervention with Bereaved Youth and Families**  
(Abstract # 1642)

**Symposia Presentation (Clin Res, Child/ Adol) M - Global**

**Plaza 01**

**Layne, Christopher, PhD**

*UCLA/Duke University National Center for Child Traumatic Stress, Los Angeles, California, USA*

DSM-V will include a new Bereavement-Related Adjustment Disorder that will increase the need for clinically effective measures and interventions. This symposium focuses on ways in which adopting a scientist-practitioner approach--specifically by concurrently building developmentally-informed theory, theory-based assessment instruments, and theory-based interventions--can address this need through strengthening evidence-based assessment and practice. We illustrate the potential of this integrative approach by describing our adaptation of Trauma and Grief Component Therapy for bereaved youth and families in mental health clinics. This group-based, assessment-driven, modularized intervention draws upon a multidimensional grief theory to both promote adaptive grieving and treat specific types of maladaptive grief. The theory proposes that different dimensions of grief may differentially relate to specific causal risk and protective factors; have different manifestations, clinical courses, and consequences; and call for different intervention objectives and strategies. We describe ways in which two newly-created "practice-based" measures (the Multidimensional Grief Reactions Scale and the Bereavement Risk and Resilience Index) can help to identify at-risk subgroups and tailor intervention. We conclude by presenting results of test pilot cases and discussing how theory and measures can work together to guide case conceptualization and treatment planning, facilitate client engagement, monitor treatment response, and evaluate outcomes.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**The Use of Neurofeedback in the Treatment of PTSD**  
(Abstract #985)

**Chairperson** van der Kolk, Bessel, MD  
*Boston University, Boston, Massachusetts, USA*

A converging model of post-traumatic stress disorder (PTSD) implicates an unbalanced recruitment of neural resources that are normally responsible for adaptive behavior in response to stressful conditions, such as emotion regulation, self-reflection, behavioral inhibition and fear expression. In this symposium we discuss the use of an innovative, neural-substrate based, and more organic approach towards restoring normal brain function in psychiatric populations called neurofeedback (NF), a promising tool for non-invasively and non-pharmacologically modulating brain activity, which has recently been observed to induce plastic changes in cortical function. As a special application of brain-computer interface technology, NFB may offer the unique opportunity to induce brain changes intrinsically and in an anatomically specific manner, beyond what current drug treatments can achieve; however, such an approach is still underused and underexplored. Preliminary evidence for the use of NF in PTSD will be explored as part of this symposium.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**The Impact of Deployment on Cortical Arousal: Is Intervention Warranted?**  
(Abstract # 994)

**Symposia Presentation (Prevent, Mil/Vets) M - Industrialized**

**Gold Salon 01**

McFarlane, Alexander, MBBS(Hons)MDFRANZCP  
*Centre for Traumatic Stress Studies, Adelaide, Australia*

Quantitative electroencephalography (qEEG) is a recognised method of measuring cortical arousal (Clarke et al, 2009). Previous studies of combat veterans have demonstrated abnormalities in veterans with PTSD, including decreased alpha power and increased beta power (Jokic-Begic and Begic, 2003). However, not study to date has previously reported the effect of deployment in those without PTSD on cortical arousal. In this study of 261 veterans who had had a range of deployments and did not have active PTSD, a detailed spectral analysis of qEEG was conducted. Decreased alpha, beta, and delta power were observed across all regions of interest. This pattern of hyperarousal had little relationship with reported symptomatology on the K10 or PCL. These data suggest that veterans who have had multiple exposures remain in a state of cortical hyperarousal, although they do not report symptomatology. To date, prevention in the PTSD field has not focused on the identification of pre-disease states which represent dysregulation following traumatic stress. qEEG provides an opportunity to identify individuals at risk who can then be targeted for interventions such as neurotherapy.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**The Effect of Self-Regulation Trainings on Stress Reduction in Dutch Soldiers Returning from Deployment**  
(Abstract # 992)

**Symposia Presentation (Clin Res, Mil/Vets) M - Global**

**Gold Salon 01**

**Vermetten, Eric, MD, PhD<sup>1</sup>; Dekker, Marjan, PhD Candidate<sup>2</sup>; Callen, Victor, PhD<sup>3</sup>; Denissen, Ad, Other<sup>4</sup>; Langenberg, Jan, PhD<sup>5</sup>; van Boxtel, Geert, PhD<sup>2</sup>**

<sup>1</sup>*Military Mental Health Research, Utrecht, Netherlands*

<sup>2</sup>*Tilburg University, Tilburg, Netherlands*

<sup>3</sup>*TNO Defence Safety and Security, Soesterberg, Netherlands*

<sup>4</sup>*Philips Research, Eindhoven, Netherlands*

<sup>5</sup>*TNO Defence Safety and Security, Rijswijk, Netherlands*

**BACKGROUND:** Biofeedback training (BFT) allows individuals to train awareness of and control over peripheral stress responses. Neurofeedback training (NFT) can assist in altering brain activity and thereby influencing behavior. It is hypothesized that specific techniques may stimulate relaxation and recuperation after stressful events, or (psychologically) demanding periods such as exposure to combat. **METHOD:** The current study was designed to assess the effects of audio-based alpha power neurofeedback training to enhance alpha power (NFT) and visual game based biofeedback training on stress reduction, relaxation, self-efficacy and quality of life in a group of 40 soldiers after their return from deployment to Afghanistan, all healthy soldiers aged 18-55. They have been invited to 10 NFTs or

BFTs sessions, conducted in a balanced and controlled experiment (age, sex, time period since returning, and deployment experience). The effect of the training was measured by psychophysiological responses, heart-rate variability (HRV), early morning cortisol response, QEEG measurements, psychometric and cognitive assessments. A two week double blind NFT was assessed (10 sessions, 45 min, 5 days/wk) in 40 subjects. A equal sized control NFT group was assembled. A two week single blind BFT was assessed (10 sessions, 20 min, 5 days/wk) and balanced with 40 subjects who participate in treatment as usual. RESULTS AND CONCLUSION: Preliminary data on first responders will be presented. These findings will be discussed in relation to potentially beneficial consequences in terms of both cognition and mood.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Increased Default Mode Network Connectivity Following EEG Neurofeedback in PTSD**  
(Abstract # 1001)

**Symposia Presentation (Clin Res, Adult/Cmplx) I - Global**

**Gold Salon 01**

**Kluetsch, Rosemarie, MSc<sup>1</sup>; Ros, Tomas, PhD<sup>2</sup>; Théberge, Jean, PhD<sup>3</sup>; Frewen, Paul, PhD<sup>3</sup>; Schmahl, Christian, MD<sup>1</sup>; Lanius, Ruth, MD, PhD<sup>3</sup>**

<sup>1</sup>*Central Institute of Mental Health, Mannheim, Germany*

<sup>2</sup>*University of Geneva, Geneva, Switzerland*

<sup>3</sup>*The University of Western Ontario, London, Ontario, Canada*

Patients with Post-Traumatic Stress Disorder (PTSD) have been shown to exhibit impairments in emotional/self-awareness, emotion regulation, social emotional processing and self-referential processing. These psychological functions appear to be mediated partly by the default mode network (DMN). Given that recent studies have linked the DMN to EEG activity in the alpha frequency range (8-12 Hz), we propose that EEG neurofeedback (NFB) could offer therapeutic benefits for PTSD. We examined the short-term effects of EEG alpha rhythm desynchronization on DMN connectivity using independent component analysis in 21 patients with PTSD. They underwent two separate resting-state fMRI recordings immediately before and after a 30-min NFB session of alpha-band reduction. Power spectral analysis revealed that the majority of patients successfully decreased their alpha power during NFB relative to baseline. After training, participants reported greater mental clarity/focus, calmness and relaxation. The fMRI analysis further showed significantly increased DMN connectivity (medial prefrontal cortex, retrosplenial cortex, posterior parietal cortices) following NFB, which was detectable 30 minutes after termination of training. These short-term effects suggest that NFB aimed at alpha-band reduction may be a potential new treatment intervention for dysfunction related to the DMN.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Gold Salon 1**  
**4:30 PM - 5:45 PM**  
**Symposium**

**An Exploratory Study of Neurofeedback in the Treatment of PTSD**  
(Abstract # 995)

**Symposia Presentation (Clin Res, Adult/Cmplx) M - C & E Europe & Indep**

**Gold Salon 01**

**van der Kolk, Bessel, MD<sup>1</sup>; Gapsen, Mark, PhD<sup>1</sup>; Hamlin, Ed, PhD<sup>2</sup>; Hirschberg, Lawrence, PhD<sup>3</sup>;  
Spinazzola, Joseph, PhD<sup>1</sup>**

<sup>1</sup>*Boston University, Boston, Massachusetts, USA*

<sup>2</sup>*The Pisgah Institute's, Asheville, North Carolina, USA*

<sup>3</sup>*The NeuroDevelopment Center, Providence, Rhode Island, USA*

Over the past two years our laboratory has routinely collected and analyzed pretreatment qEEGs of all people receiving NF at the Trauma Center. To date we have administered and analyzed over 60 qEEGs. In addition, seventeen subjects received 24 sessions of NF training either at T4-P4 or T3-T4. At pre-, mid- and post-treatment, subjects filled out Davidson Trauma Scales (DTS)68, as well as an Inventory of Altered Self Capacities (IASC)69 to measure various dimensions of affect regulation. The training parameters followed a flexible, principle-based manual that provided rules to make adjustments based on clinical response. Using standard growth curve modeling, we found significant decreases in PTSD symptoms associated with a large effect size ( $r^2 = 0.48$ - Cohen's  $d = 1.1$ ) and stronger decreases in affect dysregulation ( $r^2 = 0.65$  Cohen's  $d = 2.7$ ). A preliminary multilevel mediation model showed that decreases in affect dysregulation significantly accounted for decreases in PTSD symptoms occurring during NF training. The model specifying AR as a mediator of PTSD symptom change was substantially stronger (58% mediation) than an alternative model specifying PTSD symptom change as a mediator of change in AR (34%).

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 2**  
**4:30 PM - 5:45 PM**  
**Panel**

**Tailoring Trauma Interventions with Karen Refugees: Exploring Outcomes from Mental Health Screening to Community-Based Interventions**

(Abstract # 1026)

**Panel Presentation (Cul Div, Civil/Ref) M - Industrialized**

**Diamond Salon 02**

**Shannon, Patricia, PhD, LP<sup>1</sup>; Vinson, Gregory, PhD<sup>2</sup>; Im, Hyojin, PhD, MSW<sup>3</sup>; Wieling, Elizabeth, PhD<sup>1</sup>**

<sup>1</sup>*University of Minnesota, St. Paul, Minnesota, USA*

<sup>2</sup>*The Center for Victims of Torture, St. Paul, Minnesota, USA*

<sup>3</sup>*University of California, Berkeley, Berkeley, California, USA*

This panel discusses activities and presents the results from a state wide, Minnesota effort to develop culturally adapted mental health screening tools and community-based psychoeducation interventions for newly arriving refugees. Karen refugees are escaping conflict areas and numerous traumatic experiences that exacerbate difficulties in adapting successfully to life in resettlement. This panel reports on efforts to adequately screen for mental health issues for a group of Karen refugees, provide services, and address mental health stigma. First, the process to develop a culturally appropriate and valid screener of relevant mental health-related items will be discussed, including initial psychometric results from approximately 250 screened Karen refugees. Second, the panelists will discuss the cultural adaptations and mental health outcomes for community-based and immigrant-led psychoeducation groups with 30 Karen refugees. Client outcomes include depression, anxiety, PTSD, and somatic complaints measured with adaptations of conventional measures as well as qualitative findings. Third, efforts to develop a measure of social capital and mental health stigma will be described and exploratory outcomes will be discussed with 30 Karen refugees. Lastly, lessons learned, tips, and pitfalls to avoid will be shared and discussed among all panelists for those possibly embarking on similar work.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 4 & 5**  
**4:30 PM - 5:45 PM**  
**Panel**

**Integrating Biological, Psychological, and Social Variables in Research on Risk, Treatment, and Phenomenology of Traumatic Stress**

(Abstract # 2151)

**Panel Presentation (Bio Med, N/A) M - Global**

**Diamond Salon 04 & 05**

**Brunet, Alain, PhD<sup>1</sup>; Koenen, Karestan, PhD<sup>2</sup>; Bradley, Bekh, PhD<sup>3</sup>; Borja, Susan, PhD<sup>4</sup>**

<sup>1</sup>*Douglas Mental Health University Institute and McGill University, Verdun, Quebec, Canada*

<sup>2</sup>*Columbia University, New York, New York, USA*

<sup>3</sup>*Veterans Affairs Medical Center, Decatur, Georgia, USA*

<sup>4</sup>*National Institute of Mental Health, Bethesda, Maryland, USA*

This panel discussion will include presentations describing some of the research that has successfully integrated biological and psychosocial variables in studies of traumatic stress and discussion of ideas for future research. The first presentation by ISTSS President-Elect Dr. Karestan Koenen will focus on the interplay of genetic variables, including DNA sequence variation and epigenetic markers, and psychosocial variables in risk for traumatic stress over the life course. In the second presentation, Dr. Bekh Bradley will describe research on the role of neurohormones in trauma responses and recovery and the interaction of trauma-related physiological and psychological processes and how they might inform treatment. Presenters will also identify critical questions that need to be addressed, methods that need to be developed, and potential obstacles to progress in these areas. Discussion of ideas about how the field might expand on this work and how National Institute of Mental Health (NIMH) program priorities can inform that expansion will be led by Dr. Susan Borja who is program chief of the Dimensional Measurement and Intervention Program in the Division of Adult Translational Research and Treatment Development of the NIMH (US).



**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 8**  
**4:30 PM - 5:45 PM**  
**Panel**

**From One Generation to the Next: Experts Reflect on Lessons from and Future Needs in Post-Conflict and Disaster Environments**

(Abstract # 1203)

**Panel Presentation (Train/Ed/Dis, Disaster) I - Global**

**Diamond Salon 08**

***Kirlic, Namik, BA<sup>1</sup>; Galea, Sandro, MD, MPH<sup>2</sup>; Jordans, Mark, PhD<sup>3</sup>; Brymer, Melissa, PhD, PsyD<sup>4</sup>***

*<sup>1</sup>The University of Tulsa, Tulsa, Oklahoma, USA*

*<sup>2</sup>Department of Epidemiology Mailman School of Public Health Columbia University, New York, New York, USA*

*<sup>3</sup>HealthNet TPO, London School of Hygiene and Tropical Medicine, Amsterdam, Netherlands*

*<sup>4</sup>National Center for Child Traumatic Stress - UCLA, Los Angeles, California, USA*

This panel, hosted by the ISTSS student section, will reflect on experiences and knowledge of experts conducting research or clinical work in post-conflict and disaster environments. Each panelist will share lessons from working in these settings, challenges they faced as researchers or clinicians, and the skills used to overcome them. Additionally, panelists will draw on own professional observations to discuss future needs for trauma workers in these settings. Dr. Galea is an epidemiologist who has conducted large scale and longitudinal studies examining mental health outcomes, traumatic stress, and health care access in Ethiopia, Liberia, Tanzania, and Israel. Dr. Jordans has directed intervention and research programs, focusing on building research-informed intervention packages for torture survivors, children affected by political violence, former child soldiers, and refugees and trafficked youth in South Asia and Africa. Dr. Brymer has developed several psychosocial interventions for survivors of disasters, as well as examined strategies on how to improve service delivery for survivors across different cultures. The audience will hear personal accounts about working in post-conflict and disaster environments, as well as become better informed about the roles to be fulfilled by new generations of researchers and clinicians in these settings.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 10**  
**4:30 PM - 5:45 PM**  
**Workshop**

**Initiatives of the European Commission for Target Group Oriented Psychosocial Aftercare Programs**

(Abstract # 1739)

**Workshop Presentation (Train/Ed/Dis, Disaster) M - C & E Europe & Indep**

**Diamond Salon 10**

**Bering, Robert, MD, PhD<sup>1</sup>; Schedlich, Claudia, Dipl, Psych<sup>2</sup>; Zurek, Gisela, Dipl, Psych<sup>2</sup>**

<sup>1</sup>*University of Cologne, Cologne, Germany*

<sup>2</sup>*Alexianer-Institute for Psychotraumatology, Krefeld, Germany*

Following disaster psychological after-effects such as post traumatic stress related disorders are to be expected among the survivors, their relatives, and among first aid uniformed services. For these reasons the European Commission (EC) initialized the pan-European coordination of multidisciplinary guidelines (MG) for crisis intervention programs for psychosocial aftercare. In this context the workshop has the following objectives: First, former and current projects supported by the EC are going to be summarized. Second, the latest development on the Target Group Intervention Program (TGIP) is given. TGIP is considered a secondary preventive concept of individual psychosocial aftercare and describes every intervention step from psychological primary care to indicated psychotherapy/ rehabilitation more specifically. Our concept is based on the identification of risk-groups. The TGIP will be discussed in the frame of our field studies and meta-analyses on risk factors for stress response syndromes. Our workshop provides practical training in different measures of the TGIP. Special attention will be given to the application of the Cologne Risk Index.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**Trauma and Health in Military Populations**

**Do the Associations Between Deployment-Related TBI and Mental and Physical Health Conditions Differ by Gender Among OEF/OIF Veterans?**

(Abstract # 1246)

**Paper Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Iverson, Katherine, PhD<sup>1</sup>; Pogoda, Terri, PhD<sup>2</sup>; Gradus, Jaimie, PhD<sup>1</sup>; Street, Amy, PhD<sup>1</sup>**

<sup>1</sup>*Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System & Boston University, Jamaica Plain, Massachusetts, USA*

<sup>2</sup>*VA Boston Healthcare System & Boston University, Jamaica Plain, Massachusetts, USA*

Research on traumatic brain injury (TBI) among Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans has focused primarily on males, limiting our understanding of the health effects of TBI in females. Using data from a national mail survey of 2,348 OEF/OIF Veterans (1,209 women, 1,139 men) we examined associations of probable TBI with post-deployment mental (PTSD, depression, anxiety, alcohol misuse) and physical health conditions, separately by gender. 10.7% of females and 19.7% of males screened positive for probable deployment-related TBI. Probable TBI was associated with an increased risk of all health conditions for both women and men. In an effort to elucidate the role of PTSD in the association between TBI and health conditions, we also examined these associations among subsamples with and without a probable PTSD diagnosis. Among the subsample with probable PTSD, the strength of most associations diminished. Among the subsample without probable PTSD, TBI remained strongly associated with all health conditions for females, suggesting that the health effects of TBI cannot be fully accounted for by PTSD. While probable TBI occurs less frequently among women, the pattern of associations with health conditions confirms the importance of screening for TBI and associated health conditions for all OEF/OIF Veterans.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**Evaluation of a Mind-Body Resilience Training Program in the Military: Health Outcomes Results**

(Abstract # 1714)

**Paper Presentation (Prevent, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Libretto, Salvatore, PhD; Wallerstedt, Dawn, Other; Zhang, Weimin, PhD; Walter, Joan, JD**  
*Samueli Institute, Alexandria, Virginia, USA*

Military personnel are among the most at-risk populations for exposure to traumatic events and the subsequent development of psychiatric and physical illness. It has been shown that skills training in mind-body techniques may be effective for the mitigation of stress. A systematic program evaluation of a mind-body skills training was conducted to assess its feasibility, acceptability, and impact on health-related outcomes including resilience, post-traumatic stress symptoms, and post-deployment reintegration. The training was delivered to soldiers (N=3729) before and after deployment and health-related and other outcomes data were collected at three time points: pre-; mid-; and post-deployment. Outcomes of interest include knowledge gained, satisfaction, use of skill during deployment, resilience (CD-RISC), post-traumatic stress symptoms (PCL-M), post-deployment reintegration (PDRI), and general health status/quality of life (SF-36). Results indicate that trained soldiers had better health outcomes in multiple areas including resilience, PTSD symptoms, post-deployment reintegration, and general health than a comparison group of soldiers who did not participate in the training. In addition, participants who reported using the skills during deployment had better health-related outcomes than those who did not.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**Post-Traumatic Treatment for Military Veteran's in Primary Care: A Collaborative and Stepped intensity Service Model**

(Abstract # 464)

**Haslam, David, MD, MS**

*St. Joseph's Hospital - London, London, Ontario, Canada*

Military veterans report high rates of under-treated traumatic stress and related disorders (TSRD-V) following deployment. Systems-based, stepped intensity, collaborative care models have demonstrated effectiveness for treatment of depression and other anxiety disorders in primary care (PC) populations. The objective of this study is to test the feasibility, safety, acceptability, and associated clinical improvement of such a model modified for TSRD-V treatment in primary care. Key elements involve a “Step-Up” in service intensity phase including screening, brief standardized PC diagnostic assessment, active treatment, symptom monitoring, and collaborative care, which includes primary care visits, “Care Facilitator” follow-up, and more intensive care, through specialty consultation, for complicated or difficult cases. Transition back to PC based service, the “Step Down” phase, includes “Care Facilitator” coordinated decrease intensity of service with enhanced and collaborative PC - specialist service interface remaining responsive to further “Step-Up” interventions as indicated. This model is proposed as a potentially practical and cost effective method for improving TSRD-V care in military personal and as an innovative solution for expanding care in this frequently resource-poor setting. Preliminary findings will be discussed.

**Concurrent Session 10**  
**Friday, November 2, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Paper Session**

**Web-Based Nurse-Assisted PTSD Self-Management Intervention for Primary Care to Increase Access to Care for Combat Veterans: A Randomized Controlled Trial**  
(Abstract # 615)

**Engel, Charles, MD, MPH<sup>1</sup>; Harper Cordova, Elizabeth, MA<sup>2</sup>; Gore, Kristie, PhD<sup>2</sup>; Litz, Brett, PhD<sup>3</sup>;  
Magruder, Kathy, PhD, MPH<sup>4</sup>**

<sup>1</sup>*Walter Reed National Military Medical Center/Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*

<sup>2</sup>*Walter Reed National Military Medical Center, Bethesda, Maryland, USA*

<sup>3</sup>*National Center for PTSD/VA Boston Healthcare System, Boston, Massachusetts, USA*

<sup>4</sup>*Medical University of South Carolina/Charleston VA, Charleston, South Carolina, USA*

Improved access to effective primary care-based interventions for PTSD may allow underserved service members to receive necessary treatment. This RCT compared DESTRESS-PC, a brief, self-managed, cognitive-behavioral, web-based intervention for the treatment of war-related PTSD, to Optimized Usual Primary Care PTSD Treatment (OUC). Participants were 80 veterans of recent conflicts with PTSD seeking treatment at one of three Veterans Affairs (VA) and four Army clinics. DESTRESS-PC consisted of logins to a secure website three times per week for six weeks and supervision by a study nurse. All participants received nurse care management by way of phone check-ins every two weeks and feedback to their primary care providers. Outcomes were assessed at 6, 12, and 18 weeks. DESTRESS-PC participants showed a significantly greater decrease in PTSD (PCL\_primary outcome) and depression (PHQ-8) symptoms compared to those in OUC at 12 weeks (PCL =  $12.6 \pm 16.6$  versus  $5.7 \pm 12.5$ ,  $p < 0.05$ ; PHQ-8 =  $3.6 \pm 4.9$  versus  $1.5 \pm 4.4$ ,  $p < .05$ ). VA participants evidenced a similar pattern of results; however, between-group effect sizes were larger. There was a dose effect: number of logins correlated significantly with PTSD outcomes. The remaining secondary outcomes were not significant. DESTRESS-PC may present an innovative means of increasing access to effective treatment for Veterans.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**9:00 AM - 10:15 AM**  
**Master Methodologist**

**Master Methodologist: Integrating Mediation and Moderation Analysis: Part I**  
(Abstract # 2145)

**Invited Speaker (Res Meth, N/A) M - Global**

**Diamond Salon 10**

**Hayes, Andrew, PhD**

*The Ohio State University, Columbus, Ohio, USA*

As research in any particular area develops and evolves, attention naturally shifts away from establishing the existence of some kind of causal effect between two variables to understanding how the effect operates (mediation) and when the effect exists or is strong versus when it is absent or weak (moderation). Few would dispute that all effects exist through some kind of mechanism, and all effects have boundary conditions. Thus, an analysis which attempts to answer only how or when but not both is necessarily incomplete in significant ways. Recently, methodologists have been describing approaches to integrating moderation and mediation analysis into a single integrated model. This session has four basic objectives: to introduce the audience to the theoretical and substantive rationale for combining moderation and mediation analysis in a single integrated statistical model, (2) to provide a tutorial on some of the basic statistical concepts including modern approaches to inference, (3) to illustrate by example how such analytical integration has been undertaken in some existing published research, and

(4) to demonstrate an easy-to-use statistical tool developed for SPSS and SAS that makes this analytical approach extremely simple to conduct.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 4 & 5**  
**9:00 AM - 10:15 AM**  
**Keynote Address**

**Internet and Mobile Technologies to Support the Implementation of Evidence-Based Practices in PTSD Treatment**  
(Abstract # 2143)

**Invited Speaker (Tech, N/A) M - Industrialized**

**Diamond Salon 04 & 05**

**Weingardt, Kenneth, PhD**

*United States Department of Veterans Affairs, Washington, Dist. of Columbia, USA*

Widespread adoption of Internet and mobile technologies is transforming the way in which we screen, assess, and intervene with clients who have post-traumatic stress disorder (PTSD). This presentation begins with a high level overview of the scientific literature regarding technologies to support evidence-based PTSD care, including provider-facing resources such as online clinical training programs and decision support systems, and patient-facing resources such as online self-help programs, and mobile apps. Next, the Consolidated Framework for Implementation Research (CFIR) will be reviewed, and its utility in understanding the factors that drive the sustained adoption of these technologies in clinical practice will be discussed. Case studies of a mobile app and a Web-based self help tool will be used to illustrate how the CFIRs framework can help researchers and clinical leaders to attend to the many contextual factors that influence whether a new technology is embraced by providers and patients. The presentation concludes with a discussion of the concept of scalability, and a call for researchers to think about how technology interventions can be taken to scale throughout all stages of their work, rather than waiting until they have completed pilot testing and efficacy studies.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Predicting the Future? Prospective and Longitudinal Studies in Dutch Military Cohorts after Deployment to Afghanistan**  
(Abstract #1520)

**Chairperson** Vermetten, Eric, MD, PhD  
*Military Mental Health Defense, Utrecht, Netherlands*

**Discussant** **Baker, Dewleen, MD**  
*University California San Diego, San Diego, California, USA*

Prospective studies can be informative in understanding trajectories of resiliency as well as disease. The presentations in this symposium cover related aspects of the initial and long-term trajectory of illness and resilience in soldiers after deployment. The PRISMO Project (Prospective Research in Stress Related Military Organization) is a longitudinal study of biological and psychosocial factors measured in Dutch soldiers before deployment as well as after their return. The study stretches to cover a 10 years<sup>€™</sup> time span. The true prospective design as well as longitudinal follow up enables identification of candidate biomarkers for illness, and the relationship of these factors to post-war health. It is conducted by a team from the Military Mental Health Research Center, in collaboration with several partners, e.g. University Medical Center Utrecht, Arq psychotrauma, and the Veterans Institute, Doorn. Previous deployments have provided information about the occurrence of deployment related illnesses, e.g. PTSD, depression and fatigue. It is unknown what the contribution of biological parameters or the biological make up to these disorders is. Studies like this one enable identification of trajectories for illness as well as recovery. They also provide insight in resiliency factors since not all soldiers will develop symptoms.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Immediate and Long-Term Changes in Brain Responses After Deployment; a fMRI Study in Healthy Soldiers**



(Abstract # 1521)

Symposia Presentation (Bio Med, Mil/Vets) A - Global

Diamond Salon 01

**Vermetten, Eric, MD, PhD<sup>1</sup>; van Wingen, Guido, PhD<sup>2</sup>; Geuze, Elbert, PhD<sup>1</sup>; Fernandez, Guillen, MD, PhD<sup>3</sup>**

<sup>1</sup>*Military Mental Health Defence, Utrecht, Netherlands*

<sup>2</sup>*Academic Medical Center Amsterdam, Amsterdam, Netherlands*

<sup>3</sup>*Radboud University, Nijmegen, Netherlands*

Background: Little is known about long-term influences of severe stress on the human brain. We previously reported that combat stress lead to changes in activity and connectivity within an amygdala-centered neural network. Method: To evaluate whether these changes endure over a longer period of time, we assessed amygdala functioning again approximately 1.5 years after soldiers had returned from military deployment. Participants for the combat stress group were recruited from a larger prospective study on the development of stress-related disorders following military deployment in the Dutch armed forces. Results: Combat stress reduced midbrain activity and integrity, which was associated to cognitive compromise. Long-term follow-up showed that the functional changes (amygdala reactivity) had normalized within 1.5 years. In contrast, combat stress also induced a persistent reduction in functional connectivity between the midbrain and prefrontal cortex. Conclusion: These results demonstrate that prolonged stress has reversible effects on the human brain and suggest that some of these alterations are long lasting.

**Concurrent 11-09**

**Saturday, November 3, 2012**

**Diamond Salon 1**

**9:00 AM - 10:15 AM**

**Symposium**

**Vulnerabilities in the Glucocorticoid Receptor Pathway for Development of High Levels of PTSD Symptoms in Response to Military Deployment to Afghanistan**

(Abstract # 1526)

Symposia Presentation (Bio Med, Mil/Vets) M - Industrialized

Diamond Salon 01

**Van Zuiden, Mirjam, PhD<sup>1</sup>; Geuze, Elbert, PhD<sup>2</sup>; Vermetten, Eric, PhD<sup>2</sup>; Kavelaars, Annemieke, PhD<sup>1</sup>; Heijnen, Cobi, PhD<sup>1</sup>**

<sup>1</sup>*University Medical Center Utrecht, Utrecht, Netherlands*

<sup>2</sup>*Research Centre Military Mental Health, Utrecht, Netherlands*

PTSD is associated with changes in the glucocorticoid receptor pathway, but it remains unknown whether these changes precede trauma-exposure and development of PTSD. We hypothesized that

altered functioning of the glucocorticoid receptor pathway may represent a biological vulnerability factor for development of PTSD. Therefore, we investigated the predictive value of several GR pathway components for the development of high levels of PTSD symptoms. We included approximately 1000 Dutch soldiers prior to deployment to Afghanistan.

A high GR number, high GILZ mRNA expression and low FKBP5 mRNA expression in leukocytes prior to deployment were independently associated with development of high levels of PTSD symptoms, as assessed six months after return from deployment. In addition, sensitivity of T-cells for regulation by the synthetic glucocorticoid dexamethasone was associated with development of high levels of PTSD symptoms. However, the direction of the association between dexamethasone-sensitivity and PTSD depended on the presence of co-morbid depressive symptoms.

These results show that the glucocorticoid receptor pathway in leukocytes is a vulnerability factor for development of high levels of PTSD symptoms. The identification of such biological vulnerability factors could facilitate selection of individuals for preventive treatment within groups at risk for trauma-exposure.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**The Role of Stress Sensitization in Progression of Post-Traumatic Distress Following Deployment**  
(Abstract # 1525)

**Symposia Presentation (Prevent, Mil/Vets) M - Industrialized**

**Diamond Salon 01**

**Smid, Geert, MD, PhD<sup>1</sup>; Kleber, Rolf, PhD<sup>2</sup>; Rademaker, Arthur, PhD<sup>3</sup>; van Zuiden, Mirjam, PhD<sup>4</sup>;  
Vermetten, Eric, MD, PhD<sup>3</sup>**

<sup>1</sup>*Foundation Centrum '45, Diemen, Netherlands*

<sup>2</sup>*Utrecht University, Utrecht, Netherlands*

<sup>3</sup>*Research Centre – Military Mental Health, Utrecht, Netherlands*

<sup>4</sup>*Academic Medical Center, Amsterdam, Netherlands*

Background: Military personnel exposed to combat stressors are at risk for experiencing post-traumatic distress that can progress over time following deployment. According to the stress sensitization hypothesis, progression of post-traumatic distress may be related to enhanced susceptibility to post deployment stressors.

Aims: This study aimed at examining the stress sensitization hypothesis prospectively in a sample of Dutch military personnel deployed in support of the conflicts in Afghanistan.

Method: In a cohort of soldiers (N=661), symptoms of post-traumatic stress disorder (PTSD) were

assessed before deployment as well as 2, 7, 14, and 26 months after their return. Data were analyzed using latent growth modeling. Using multiple group analysis, we examined whether high combat exposure during deployment enhanced the relation between post deployment stressors and linear change in post-traumatic distress after deployment.

Results: Baseline level of post-traumatic distress was associated with endorsement of early life stressors prior to deployment, and change during deployment with deployment stressors. Linear change in post-traumatic distress post deployment was predicted by post deployment stressors in high combat exposed soldiers, but not in a less combat exposed group. The difference in predictive effects of post deployment stressors between these groups was significant.

Conclusions: Persistence or progression of post-traumatic distress following combat exposure may be related to sensitization to the effects of post deployment stressors during the first year following return from deployment.

## **Concurrent 11-09**

**Saturday, November 3, 2012**

**Diamond Salon 1**

**9:00 AM - 10:15 AM**

**Symposium**

### **A Model of Resilience and Meaning After Military Deployment**

(Abstract # 1524)

**Symposia Presentation (Res Meth, Mil/Vets) M - C & E Europe & Indep**

**Diamond Salon 01**

**Schok, Michaela, PhD<sup>1</sup>; Kleber, Rolf, PhD<sup>2</sup>; Lensvelt-Mulders, Gerty, PhD<sup>3</sup>**

<sup>1</sup>*Veterans Institute, Doorn, Netherlands*

<sup>2</sup>*Department of Clinical & Health Psychology, Utrecht University and ARQ Psychotrauma Foundation, Utrecht / Diemen, Netherlands*

<sup>3</sup>*Department of Theory of Sciences and Methodology, University for Humanistics, Utrecht, Netherlands*

The aim of the present study was to examine whether the specific personal resources of self-esteem, optimism and perceived control, combined in the latent variable called 'resilience', were associated with cognitive processing of war zone experiences. Data were collected by questionnaire from a sample of 1.561 veterans who had participated in various war or peacekeeping operations. Structural Equation Modelling was performed to assess the expected relationships between the observed and latent variables. The construct of resilience was well defined and proved to be strongly associated with both construals of meaning, comprehensibility versus personal significance, after military deployment. According to our model, higher resilience predicted less distrust in others and the world, more personal growth and less intrusions and avoidance after military deployment.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**9:00 AM - 10:15 AM**  
**Symposium**

**The Importance of Adapting and Validating Locally-Relevant Trauma-Related Symptom Measures in Low- and Middle- Income Countries: Three Case Studies in Ethiopia, Thailand and Zambia**

(Abstract #782)

**Chairperson**    **Hall, Brian, MA**

*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

**Discussant**    **Bass, Judith, PhD, MPH**

*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

Cross-cultural research has shown that the content and idioms of mental illness can vary across populations and cultures. The nosology represented by the Diagnostic and Statistical Manual of Mental Disorders (DSM) and disorder assessment measures based on the DSM may therefore have limited validity or utility in cross-cultural contexts. Using mixed-methods (qualitative and quantitative) approaches have proven helpful in the cross-cultural adaptation and validation of these types of assessment measures. This symposium presents three examples of the implementation of an innovative mixed-methods approach (Bolton, 2001) to the adaptation and validation of assessment measures for mental health problems among trauma-exposed populations in complex sociopolitical contexts. Together, the presentations will provide an in-depth exploration of these methods. The first presenter will highlight the process of instrument selection and adaptation, the second will focus on the methods for testing criterion-related validity, and the third will discuss the practical realities of carrying out this work. The discussant will further highlight the utility of the methods through the results of each study, and the complexities and challenges in developing locally relevant measures to identify the mental health needs of vulnerable populations globally.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Creating A Mental Health Assessment for Child and Adolescent Somali Refugees Living in Ethiopia: Results from a Qualitative Study and Instrument Adaptation Process**  
(Abstract # 783)

**Symposia Presentation (Assess Dx, Civil/Ref) I - E & S Africa**

**Diamond Salon 02**

**Hall, Brian, PhD<sup>1</sup>; Murray, Laura, PhD<sup>1</sup>; Puffer, Eve, PhD<sup>2</sup>; Bolton, Paul, MB, BS<sup>1</sup>**

<sup>1</sup>*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

<sup>2</sup>*International Rescue Committee, New York, New York, USA*

A qualitative study was conducted to understand the major mental health and psychosocial problems of Somali children and adolescents living in three refugee camps in Ethiopia. The research team conducted 81 Free List interviews (37 children ages 6-18; 44 caregivers) and 43 Key Informants (KI) interviews with 10 KI's having a second follow-up interview. Problems identified included internalizing, externalizing, and traumatic stress symptoms. KI's cited "abuse of children by adults" as a primary cause of mental health symptoms and also described harsh camp conditions and cultural traditions such as female genital mutilation. Following this study, the research team collaborated with field staff from International Rescue Committee to examine standardized mental health assessment tools that included items commonly mentioned in the qualitative study and selected these (CPSS for trauma, CBCL, YSR, Parental Acceptance-Rejection Questionnaire) for adaptation to the local context. The adaptation process included translation of the tools and additions of items that were reported in the qualitative study but were not found in the tools. The adapted tools will be tested in a quantitative validation study. This presentation will describe the process for selection of instruments and adaptation.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Assessment of Survivors of Torture and Violence from Burma Living in Thailand: Development and Testing of a Locally-Adapted Psychosocial Assessment Instrument**  
(Abstract # 784)

**Haroz, Emily, MA, PhD, Student; Lee, Catherine, MPH; Robinson, W. Courtland, PhD; Bolton, Paul, MBBS, MRCPCH**

*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

The purpose of the study was to test an instrument to assess priority psychosocial problems among Burmese survivors of systematic violence displaced in Thailand. Analyses consisted of testing reliability (internal consistency, combined test-retest/inter-rater), and criterion validity. To examine criterion validity in the absence of a gold standard, we used concordant key-informant- and self-reports of two syndromes (depression and PTSD) to determine caseness/non-caseness. A total of N = 195 first-round interviews were completed. Overall the instrument showed good internal consistency (0.80-0.94) and combined test-retest reliability was satisfactory (0.63-0.85). Criterion validity failed for both symptom categories (depression and PTSD) and the alcohol and functioning scales relatively underperformed. After revision of the problematic scales, they were tested again. This second-round (n = 66) yielded good internal consistency for the function scale (0.90-0.92) and acceptable internal consistency for the alcohol scale (0.70). Test-retest/inter-rater reliability was strong for both scales (0.86-0.89). Results indicate acceptable use among the study population. The generally good performance of the symptom scales indicates that the poor criterion validity may be due to problems with the testing procedure, rather than the instrument itself. The implications of these findings for the testing process and for validity testing in general will be discussed.

## **Concurrent 11-09**

**Saturday, November 3, 2012**

**Diamond Salon 2**

**9:00 AM - 10:15 AM**

**Symposium**

**The Post-Traumatic Stress Disorder Reaction Index, the Shame, and the Child Behavior Checklist Among Zambian Youth Who Have Experienced Child Sexual Abuse: A Validity Study**  
(Abstract # 1248)

**Michalopoulos, Lynn, MA<sup>1</sup>; Murray, Laura, PhD<sup>2</sup>; Bass, Judith, PhD<sup>2</sup>; Bolton, Paul, MBBS, MRCPCH<sup>2</sup>**

<sup>1</sup>*University of Maryland School of Social Work, Baltimore, Maryland, USA*

<sup>2</sup>*Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA*

Researchers used methods designed for low-resource countries to adapt and validate three trauma-focused assessment tools: the Child Behavior Checklist (CBCL), the Post-traumatic Stress Disorder-Reaction Index (PTSD-RI) and the Shame among sexually abused children in Zambia (N = 332). Culture-

specific items were added to the PTSD-RI measure. Each measure was validated by comparing children identified by self and people who knew them as having or not having the problem. Most youth experienced more than a single trauma ( $M=2.40$ ,  $SD=1.40$ ), with 62% being sexually touched, 37% seeing someone shot at, beaten or threatened, and 29% seeing a dead body. Analysis indicated the adapted measures demonstrated good reliability ( $\alpha = 0.93$  original PTSD-RI;  $\alpha = 0.94$  local added items;  $\alpha = 0.86$  for Shame;  $\alpha = 0.77$  for internalizing;  $\alpha = 0.88$  for externalizing of CBCL). Adequate criterion validity was indicated with mean scale scores for cases and non-cases significantly differing for the PTSD-RI (47.3 for cases and 18.5 for non-cases,  $p<.001$ ) the Shame (6.63 for cases and .97 for non-cases,  $p<.01$ ), CBCL internalizing (10.82 for cases and 5.25 for non-cases,  $p<.01$ ) and CBCL externalizing (12.79 for cases and 4.41 for non-cases,  $p<.01$ ). This study demonstrates that these adapted measures are valid assessment tools for traumatic stress symptoms among Zambian youth. Results will be discussed in relation to sustainable use of these instruments among trauma-affected children in Zambia.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Recent Advances in Studying Intrusive Reexperiencing: Neurobiological, Experimental and Clinical Approaches**

(Abstract #1401)

**Chairperson** **Kleim, Birgit, PhD**  
*University Zurich, Zurich, Switzerland*

This symposium will discuss novel developments in the investigation of intrusive reexperiencing following traumatic events. It will unite studies using different methodologies (e.g., palm diary, experimental paradigms) and unique research perspectives to study intrusive memories, a hallmark symptom of post-traumatic stress disorder. Speakers will present results from a palm diary study to investigate intrusive memories in trauma survivors' everyday life (Kleim), and from an experimental study on the effects of perceived self-efficacy on intrusion development (Joscelyne). Moreover, research on the role of arousal and emotionality in the development of intrusions is presented (Felmingham). The symposium closes with a presentation on clinical and didactic applications of research on intrusive re-experiencing (Westphal). Together, these studies are part of a current effort to better understand intrusive re-experiencing and to ensure that experimental and naturalistic clinical studies are translated into clinical applications and used to improve PTSD therapy.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Trauma Survivors' Intrusive Reexperiencing in Real Life: A Palm Diary Study**  
(Abstract # 1402)

**Symposia Presentation (Clin Res, Violence) M - C & E Europe & Indep**

**Diamond Salon 03**

**Kleim, Birgit,<sup>1</sup>; Graham, Belinda, DPsych(Clin)<sup>2</sup>; Anke, Ehlers, PhD<sup>3</sup>; Bryant, Richard, PhD<sup>4</sup>**

<sup>1</sup>*University Zurich, Zurich, Switzerland*

<sup>2</sup>*University College London, London, United Kingdom*

<sup>3</sup>*Oxford University, Oxford, United Kingdom*

<sup>4</sup>*University of New South Wales, Sydney, Australia*

Intrusive memories are a core feature of human response to traumatic events and a hallmark symptom of Post-Traumatic Stress Disorder (PTSD). Despite the importance of intrusions, the exact nature and mechanisms underpinning these sorts of memories are not yet fully understood. Aim of the current study was to investigate intrusive memories in trauma survivors' everyday life. Electronic diaries (Palms) were used to allow participants to note when intrusive memories occur, along with their emotional and coping responses.

We recruited 50 trauma survivors with and without PTSD, who completed a palm diary and questions about intrusive memories as they occurred in everyday life for a period of one

Respondents reported a total of 292 intrusions across the week. On average, they had 6 intrusive memories. Only 5% of all respondents did not report any intrusive memories during the assessment week. Trauma survivors with more intrusive memories also reported more severe PTSD symptoms. Moreover, the „here- and now“ quality and the vividness of intrusive memories were both significantly related to PTSD symptom severity,  $r=0.41$ ,  $p=0.01$   $r=0.32$ ,  $p=0.05$ , respectively. Finally, significant relationships emerged between emotions arising in the context of intrusions, e.g., guilt, and PTSD symptom severity,  $r=0.33$ ,  $p=0.05$ .

This naturalistic research is essential because intrusions occur in the context of real life activity rather than the potentially artificial surrounds of the laboratory. Theoretical and clinical implications of the present findings are discussed.



**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Experimental Approaches to Understanding Intrusions: The Impact of Perceived Self-Efficacy**  
(Abstract # 1405)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 03**

**Joscelyne, Amy, PhD<sup>1</sup>; Brown, Adam, PhD<sup>1</sup>; Marmar, Charles, MD<sup>1</sup>; Bryant, Richard, PhD<sup>2</sup>**

<sup>1</sup>*NYU, New York, New York, USA*

<sup>2</sup>*UNSW, Sydney, Australia*

Although intrusive memories are considered a hallmark symptom of PTSD, the mechanisms underlying their onset and how best to reduce them are not fully understood. This talk will discuss a series of studies employing experimental techniques to examine the mechanisms underlying intrusions. We build on theoretical models and naturalistic evidence suggesting that intrusions arise from high levels of distress and maladaptive cognitions and coping strategies (such as cognitive suppression), during and after trauma exposure. Specifically, we developed a novel induction to examine whether increasing perceptions of self-efficacy would lead to less distress and fewer intrusions following exposure to negative stimuli. In Study 1, healthy individuals were randomly assigned to a high or low self-efficacy induction. Following the induction, all participants watched a trauma film-paradigm. Results showed that individuals in the high self-efficacy condition reported fewer intrusions and less distress to the video immediately and 24 hours later. In Study 2, we employed a modified version of the self-efficacy induction with a sample of OEF/OIF veterans and found that those with enhanced self-efficacy exhibited greater distress tolerance to negative images and fewer intrusions. Theoretical implications and the potential use of enhancing self-efficacy in treatment will be discussed.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**9:00 AM - 10:15 AM**  
**Symposium**

**The Role of Noradrenergic and Glucocorticoid Activity in the Development of Intrusive Memories**  
(Abstract # 1404)

**Felmingham, Kim, BA (Hons), PhD<sup>1</sup>; McGrath, Chloe, BBSoc, MPsych<sup>2</sup>; Bryant, Richard, BA (Hons), PhD<sup>2</sup>**

<sup>1</sup>*University of Tasmania, Sandy Bay, Australia*

<sup>2</sup>*University of New South Wales, Sydney, Australia*

#### Abstract

Intrusive memories are a common feature of many psychological disorders. This study investigated the roles of arousal and emotionality of the encoded stimulus in the development of intrusive memories. Seventy-eight university students (37 men and 41 women) viewed 20 emotive and 20 neutral IAPS images. Half the participants then underwent a cold pressor test (CPT), immersing their hand in ice water, while the remaining participants immersed their hand in warm water. Samples of salivary alpha-amylase (sAA), a biomarker for noradrenergic activity, and cortisol were collected from participants at various intervals. Participants completed intrusion questionnaires two days later. Participants in the High Arousal condition who underwent the CPT reported more intrusions of emotive images than participants in the control condition. The interaction of increased noradrenergic and cortisol activation predicted intrusive memories of emotional stimuli for men but not women. These findings are consistent with recent evidence of the combined effects of epinephrine and corticoid responses to stress on emotional memories, and also with increasing evidence of gender differences in how stress hormones influence retrieval of emotional memories. These findings point to possible mechanisms by which development of intrusions may be prevented after encoding of traumatic experiences.

#### **Concurrent 11-09**

**Saturday, November 3, 2012**

**Diamond Salon 3**

**9:00 AM - 10:15 AM**

**Symposium**

#### **Clinical and Didactic Applications of Research on Intrusive Re-Experiencing**

(Abstract # 1403)

**Westphal, Maren, PhD**

*Arcadia University, Glenside, Pennsylvania, USA*

This presentation will tie together findings from the previous three presentations and discuss their relevance to the psychological treatment of post-traumatic stress disorder (PTSD). In keeping with the goal of the conference to facilitate broader dissemination of information about trauma and to increase access to care among underserved trauma survivors, this presentation will describe strategies to translate research on intrusive re-experiencing into clinical practice. For example, the relevance of

investigations into biological and neural correlates of intrusive memories in cognitive behavioral therapy (CBT) case conceptualization and the use of cell phone technology for tracking changes in intrusive re-experiencing over the course of therapy will be discussed. A second focus of the presentation is on demonstrating applications of this research in the education of mental health professionals serving socioeconomically disadvantaged populations. Drawing on clinical cases and examples from her experience teaching graduate students working in wide variety of community settings and outreach programs in the Philadelphia area (e.g., Lenape Valley Foundation, Women Organized Against Rape [WOAR], Cherry Hill Women's Center), the presenter will illustrate how findings from neuroimaging and experimental studies on intrusive re-experiencing can inform CBT for PTSD tailored to patients with histories of severe and repeated trauma.

Participant Distress Explanation: Case examples contain brief description of traumatic events

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Barriers and Facilitators of Behavioral Health Care Utilization in a Military Context:  
Implications for Interventions**  
(Abstract #1140)

**Chairperson** **Britt, Thomas, PhD**  
*Clemson University, Clemson, South Carolina, USA*

Four researchers present findings and frameworks regarding barriers and facilitators of behavioral health care utilization among military personnel. Results indicate that stigma, practical barriers, and attitudes toward mental health treatment play a role in treatment-seeking behavior. Each presentation highlights recommendations for facilitating treatment seeking, including modifications to existing mental health treatments.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Connecting Military Personnel to Mental Health Treatment: Barriers, Facilitators, and Intervention Recommendations**

(Abstract # 1142)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Zinzow, Heidi, PhD; Britt, Thomas, PhD; Pury, Cynthia, PhD; Raymond, Mary Anne, PhD**

*Clemson University, Clemson, South Carolina, USA*

Despite high rates of mental health problems among current military personnel, rates of treatment-seeking are relatively low. Two qualitative studies were conducted to identify barriers and facilitators of treatment-seeking, as well as recommendations for encouraging treatment-seeking. Study 1 involved 12 focus groups with active duty Army personnel from different ranks (3 focus groups each of junior enlisted, NCOs, junior officers, and field grade officers;  $n = 78$ ). Study 2 involved 28 individual interviews with soldiers who had sought mental health treatment. Results of content analyses performed by independent coders will be presented. Barriers included: differential treatment and career concerns, a concern with letting unit members down, stigma, poor symptom recognition, and negative attitudes toward treatment. Facilitators included: supportive leaders, unit members, and family members, and recognition of treatment benefits. Soldier recommendations included: a) presenting testimonials from successful treatment-seekers, b) presenting information in interactive formats to counteract stigma and increase knowledge of mental health problems/treatments, c) increasing familiarity with clinicians, d) increasing leadership support, and e) improving therapist availability. We describe empirically supported treatment adaptations that can reduce these barriers to care, including early/brief interventions, incorporation of flexibility and technology, integrating clinicians into the military context, and addressing negative treatment perceptions.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Stigma and Mental Health Service Use Among OEF/OIF Veterans**

(Abstract # 1143)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Vogt, Dawne, PhD; Di Leone, Brooke, PhD; Wang, Joyce, PhD**

*VA Boston Healthcare System, Boston, Massachusetts, USA*

Research results indicate that many Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans who would benefit from mental health treatment do not seek care. This finding underscores the importance of identifying barriers to care for this cohort. A national survey study assessed mental health problems, mental health-care use, and stigma-related barriers to care in a random sample of 650 OEF/OIF Veterans. Nearly half of this sample of Veterans who had separated from service were identified as having probable PTSD, depression, or an alcohol abuse problem (45%). However, only 42% indicated having received mental health care. Multivariate logistic regression analyses revealed that both self-stigma (i.e., personal beliefs about mental illness and mental health treatment) and, to a lesser extent, concerns about public stigma (i.e., concerns about being stigmatized by others for having a mental health problem) were associated with use of mental health treatment. Findings suggest that stigma, and especially self-stigma, may be a key barrier to care that warrants additional attention in future efforts to reduce barriers to care. Implications of findings for targeting treatment to address key aspects of stigma that interfere with treatment are discussed, as are implications for anti-stigma outreach and education efforts.

**Concurrent 11-09**

**Saturday, November 3, 2012**

**Diamond Salon 8**

**9:00 AM - 10:15 AM**

**Symposium**

**Trends in Mental Health Services Utilization and Stigma in U.S. infantry Soldiers with and without PTSD from 2003 to 2011**

(Abstract # 1145)

**Symposia Presentation (Practice, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Quartana, Phillip, PhD; Wilk, Josh, PhD; Kim, Paul, MA; Thomas, Jeffrey, PhD; Hoge, Charles, MD**

*Walter Reed Army Institute of Research, Silver Spring, Maryland, USA*

We characterized trends in mental health services utilization and stigma over the course of the Afghanistan and Iraq wars among active component U.S. soldiers. Data were analyzed from Land Combat Study (LCS) surveys administered to soldier cohorts from 2003-2009 and 2011 (N=22,627). We assessed self-reported utilization of civilian and military sources of care, mental health stigma and PTSD. Logistic regressions indicated substantial increases in mental health services utilization from 2003 to

2011. Analysis of variance revealed significant reductions in stigma, though the effect was notably small. These trends were consistent for soldiers who did and did not meet criteria for PTSD. Additional analyses suggested that PTSD symptom levels were more strongly associated with utilizing mental health services from 2003 to 2011. Mental health services utilization has steadily increased over the course of the Iraq and Afghanistan wars. Changes in stigma, though statistically significant, were very slight, suggesting that: (a) changes in utilization were likely not fully attributable to changes in stigma; and (b) additional efforts are needed to decrease stigma. Targeting soldier's perceptions of mental health professionals represents one such effort. Based on these data, though promising overall, it is clear that there exists significant room for improvement.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Implications of an Occupational Health Model to Behavioral Health Care Utilization in Soldiers**  
(Abstract # 1147)

**Symposia Presentation (Prevent, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Adler, Amy, PhD<sup>1</sup>; Castro, Carl, PhD<sup>2</sup>**

<sup>1</sup>*Walter Reed Army Institute of Research, APO, Armed Forces, USA*

<sup>2</sup>*US Army Medical Research and Materiel Command, Frederick, Maryland, USA*

Several studies have demonstrated the gap between significant symptom reporting by Soldiers and their decisions regarding behavioral health care. Addressing this gap can be enhanced by placing Soldier reactions to high-risk occupational events, their understanding of these reactions, and their decision to seek behavioral health care and remain in treatment within a larger occupational context. A critical assumption in this occupational health model is that Soldiers are not passive victims of potentially traumatic events but that these events are encountered as part of their occupation for which they are trained and that they may be active participants. Thus, the model can account for the presence of psychological reactions prior to exposure to potentially traumatic events, widens the domain of reactions typically considered, and suggests a different trajectory of symptoms. Such a context highlights the role of organizational culture, training and the social environment in understanding Soldier reactions to events and their behavioral health care decision making. Taking this occupational context into account has implications for how treatment is timed, marketed, delivered, and adapted.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Plaza 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Complex Effects of Cumulative Interpersonal Trauma: Pathways and Integrative Models**  
(Abstract #1158)

**Chairperson** **Godbout, Natacha, PhD**  
*Université du Québec à Montréal (UQAM), Montreal, Quebec, Canada*

It is well-established that traumatic interpersonal events across the lifespan are associated with a host of negative psychological and behavioral sequelae. However, there is considerable variability among trauma survivors. Clinicians working with survivors are confronted with diverse patterns of symptomatology that require empirically-tested frameworks on which to base assessments and interventions. In this symposium, four integrative models reflecting the complex effects of cumulative trauma are presented. The first half of the symposium emphasizes the role of attachment in the relation between cumulative trauma and subsequent outcomes. Trauma-related internalizing and externalizing symptoms are examined as predictors of dyadic adjustment in a sample of young French-Canadians with low versus high levels of insecure attachment. Next, the role of adult attachment in the link between cumulative trauma and post-traumatic stress symptoms is examined. The second half of the symposium addresses specific trauma-related outcomes. First, a study examining the association between trauma-related symptoms and physical health outcomes in a population of adult women is presented. The last presentation demonstrates the link between complex post-traumatic symptoms and recent suicidal behavior. Implications for the assessment and treatment of cumulative and complex trauma will be discussed.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Plaza 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Cumulative Trauma, Internalized Symptoms, Externalized Symptoms, and Intimate Relationships: Is Attachment a Moderator?**  
(Abstract # 1160)

**Godbout, Natacha, PhD<sup>1</sup>; Lussier, Yvan, PhD<sup>2</sup>; Vaillancourt-Morel, Marie-Pier, PhD Candidate<sup>3</sup>**

<sup>1</sup>*Université du Québec à Montréal (UQAM), Montreal, Quebec, Canada*

<sup>2</sup>*Université du Québec à Trois-Rivières (UQTR), Trois-Rivières, Quebec, Canada*

<sup>3</sup>*Laval University, Quebec, Quebec, Canada*

Experiencing many types of interpersonal trauma as a child may lead to robust long lasting psychological and relational distress. The current study examines whether survivors who report negative models of self and others (insecure attachment) are at higher risk of acute symptoms, in a model where trauma-related symptoms predict dyadic adjustment. A total of 1345 young French-Canadians in a dating relationship completed measures of trauma (parental violence, death of a parent, childhood sexual abuse, witnessing parental violence), attachment, internalized symptoms (psychological distress, neuroticism), externalized symptoms (dating violence, anger) and dyadic adjustment. Structural equation models indicate a strong link between cumulative trauma and poor dyadic adjustment in individuals with insecure attachment. Cumulative trauma relates to diminished dyadic adjustment through increased internalized and externalized symptoms, with attachment acting as moderator. For example, the link between trauma and externalized symptoms was twice as strong in the group with high levels of abandonment anxiety, compared to the group with lower levels. Results highlight the role of relational dynamics and the importance of continuously refining our understanding of the complex pathways of trauma-related symptomatology to offer well-tailored services to trauma survivors.

## **Concurrent 11-09**

**Saturday, November 3, 2012**

**Plaza 1**

**9:00 AM - 10:15 AM**

**Symposium**

**Attachment as a Mediator Between Cumulative Trauma and Post-Traumatic Stress Symptoms**  
(Abstract # 1159)

**Runtz, Marsha, PhD<sup>1</sup>; Godbout, Natacha, PhD<sup>2</sup>; Mirotchnick, Carolyn, BSc, Hons, Psychology<sup>1</sup>**

<sup>1</sup>*University of Victoria, Victoria, British Columbia, Canada*

<sup>2</sup>*Université du Québec à Montréal (UQAM), Montréal, Quebec, Canada*

Research and clinical experience indicates that interpersonal trauma across the lifespan contributes to classic PTSD symptoms as well as to complex reactions including altered views of self and others. This study examined insecure adult attachment as a mediator of the link between cumulative interpersonal trauma and post-traumatic stress symptoms. Participants (n=954; 74% women) were recruited online (in



the USA) and from a Canadian university. Most (74%) were exposed to at least one type of interpersonal trauma (average 2.3 events) such as sexual, physical, or psychological victimization as adults or children. Structural Equation Modeling indicated a well-fitting latent variable representing post-traumatic stress symptoms. A direct path from cumulative trauma to post-traumatic stress symptoms was significant and explained 18% of symptom variance. The well-fitting mediation model highlighted the influence of attachment on trauma symptoms. Cumulative trauma was linked to negative internal models of self and others (abandonment anxiety and intimacy avoidance) which in turn predicted post-traumatic symptoms, although a direct link remained between trauma and post-traumatic symptoms. Trauma and attachment together accounted for 34% of the variance in post-traumatic stress, indicating that attachment is an important factor to address in the treatment of cumulative trauma survivors.

## **Concurrent 11-09**

**Saturday, November 3, 2012**

**Plaza 1**

**9:00 AM - 10:15 AM**

**Symposium**

### **The Role of Self-Disturbance in the Link Between Interpersonal Trauma and Physical Health Outcomes**

(Abstract # 1163)

**Symposia Presentation (Practice, Adult/Cmplx) M - Industrialized**

**Plaza 01**

**Eadie, Erin, PhD Candidate; Runtz, Marsha, PhD; Rosen, Lianne, BA (Hons)**

*University of Victoria, Victoria, British Columbia, Canada*

The association between interpersonal trauma and adverse physical health is well-established, but not always well understood. One factor that may help to better explain this link is the altered perceptions of the self and others that tend to arise following a traumatic experience, and particularly trauma of an interpersonal nature. The present study examines the role of trauma-related identity disturbance using the self-disturbance (SELF) factor from the Second Edition of the Trauma Symptom Inventory (TSI-2). The sample consists of adult women who were recruited online and from a Canadian university. Most of these women experienced at least one type of interpersonal trauma including physical, sexual, or psychological maltreatment in childhood, adolescence, or adulthood. An integrative mediation model is tested using structural equation modeling and reveals a well-fitting model with self-disturbance fully mediating the association between interpersonal trauma and physical health concerns. Results will inform clinical interventions that target the detrimental impact of trauma on survivors' views of themselves and others. Furthermore, the potential benefits of treating of trauma-related psychological problems in consideration of overall physical health will be discussed.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Plaza 1**  
**9:00 AM - 10:15 AM**  
**Symposium**

**Complex Trauma and Recent Suicide Attempts: Results from the TSI-2 Standardization Study**  
(Abstract # 1161)

**Symposia Presentation (Clin Res, Adult/Cmplx) M - Industrialized**

**Plaza 01**

**Briere, John, PhD<sup>1</sup>; Eadie, Erin, MSc<sup>2</sup>**

<sup>1</sup>*University of Southern California, Los Angeles, California, USA*

<sup>2</sup>*University of Victoria, Victoria, British Columbia, Canada*

This study examined the Trauma Symptom Inventory, 2<sup>nd</sup> edition (TSI-2) standardization sample (N=679) to evaluate the relationship between various types of complex post-traumatic symptoms and recent suicidal behavior. In this sample, 32 individuals (4.7%) reported having attempted suicide within the prior six months. Discriminant analysis indicated that age, gender, and lifetime exposure to a trauma or “upsetting event” predicted suicide attempts. In particular, of those reporting a prior trauma/upsetting event, 9.5% had recently attempted to kill themselves, as opposed to 2.4% of those not reporting trauma. Multivariate analysis of variance indicated that, controlling for age and gender, those who had made a suicide attempt scored significantly higher on all TSI-2 scales ( $p < .001$ ), especially (by decreasing magnitude) *Tension Reduction Behavior, Depression, Dissociation, and Intrusive Experiences*. Classification analysis indicated that 81% of suicide attempters and 87% of non-attempters could be discriminated on the basis of their TSI-2 scale scores alone, irrespective of demographics. These results indicate that a wide range of symptoms associated with complex trauma -- not just depression -- predict serious, acute, suicidal behavior.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 7**  
**9:00 AM - 10:15 AM**  
**Panel**

**The Old Solutions Are the New Problems: Challenges in Distilling, Managing, and Disseminating Knowledge About Trauma Treatments**  
(Abstract # 1198)

Layne, Christopher, PhD<sup>1</sup>; Amaya-Jackson, Lisa, MD, MPH<sup>2</sup>; Chorpita, Bruce, PhD<sup>3</sup>; Strand, Virginia, DSW<sup>4</sup>

<sup>1</sup>*UCLA/Duke University National Center for Child Traumatic Stress, Los Angeles, California, USA*

<sup>2</sup>*UCLA-Duke National Center for Child Traumatic Stress, Durham, North Carolina, USA*

<sup>3</sup>*University of California, Los Angeles, Los Angeles, California, USA*

<sup>4</sup>*National Center for Social Work Trauma Education and Workforce Development, West Harrison, New York, USA*

The adoption of evidence-based practice as a guiding framework for developing, evaluating, and disseminating mental health interventions, although a major advance, has led to an unchecked proliferation of manualized interventions that can overwhelm training programs, treatment centers, and practitioners alike. This dilemma is further complicated by the imminent arrival of DSM-V and its new psychiatric disorders, as well as by calls to develop flexible assessment-driven treatments that support clinicians in tailoring treatment according to clients' needs, strengths, life circumstances, informed wishes, and clinicians' professional judgment. Chorpita et al. (2011) advocate for a shift away from knowledge proliferation towards knowledge management (developing new ways to design, apply, and organize existing treatments) to increase the effectiveness and efficiency of treatment delivery and resource allocation. We will focus on these problems and proposed solutions as they apply to childhood traumatic stress. We will discuss current challenges in workforce and graduate training, including evidence that flexibly tailored, modularized interventions outperform both standard treatments and treatment as usual. We will describe an ongoing collaboration between the National Child Traumatic Stress Network and Dr. Chorpita to "distill" common intervention objectives and practice elements of 26 treatments and incorporate them into the Core Curriculum on Childhood Trauma.

**Concurrent 11-09**

**Saturday, November 3, 2012**

**Diamond Salon 9**

**9:00 AM - 10:15 AM**

**Panel**

**Implementing Psychological First Aid and Related Approaches in High Risk Organizations**

(Abstract # 500)

Forbes, David, PhD<sup>1</sup>; Creamer, Mark, PhD<sup>2</sup>; Richardson, J. Don, MD, FRCPC<sup>3</sup>; Varker, Tracey, PhD<sup>4</sup>; Watson, Patricia, PhD<sup>5</sup>; Gist, Richard, PhD<sup>6</sup>

<sup>1</sup>*Australian Centre for Post-Traumatic Mental Health, Melbourne, Australia*

<sup>2</sup>*University of Melbourne, Melbourne, Australia*

<sup>3</sup>*Parkwood Operational Stress Injury Clinic-St. Joseph's Health Care, London, Ontario, Canada*

<sup>4</sup>*Australian Centre for Post-Traumatic Mental Health, East Melbourne, Australia*

<sup>5</sup>*UCLA/Duke University National Centre for Child Traumatic Stress, Los Angeles, California, USA*

<sup>6</sup>*Kansas City (Missouri) Fire Department, Kansas City, Missouri, USA*

Psychological first aid (PFA) and related approaches are increasingly being adopted in organizations whose employees are routinely exposed to potentially traumatic events. The goal of these interventions is to promote normal recovery and minimize long term adjustment problems. A variety of models are used, tailored to the specific needs of the target population. This panel brings together five presenters with experience in this field from Canada, the US, and Australia. Each will briefly describe a practical example of implementing PFA models in police, firefighters, military, and veteran populations, along with key challenges and how they were overcome. An international consensus approach to peer support models will also be discussed. Following these brief introductions, the panel will debate some of the key issues raised by this work. Particular emphasis will be placed on how best to evaluate these interventions and how we can be confident that they are achieving their goal. Audience participation in the form of questions and comments will be encouraged.

## **Concurrent 11-09**

**Saturday, November 3, 2012**

**Diamond Salon 6**

**9:00 AM - 10:15 AM**

**Paper Session**

### **Treatment of PTSD within Military Populations**

#### **Needles in the Government Haystack: Operationalizing Innovative Trauma Treatment Programs**

(Abstract # 963)

**Paper Presentation (Social, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Claes, Nathan, PhD Candidate<sup>1</sup>; Greenberg, Jeffrey, PhD<sup>2</sup>; Sierzega, Renata, MS<sup>1</sup>; Kemp, Jan, PhD, RN<sup>3</sup>; Roberts, Miguel, PhD<sup>2</sup>**

<sup>1</sup>*U.S. Department of Veterans Affairs, Canandaigua, New York, USA*

<sup>2</sup>*U.S. Department of Defense, Silver Spring, Maryland, USA*

<sup>3</sup>*U.S. Department of Veterans Affairs, Washington, Dist. of Columbia, USA*

Interventions for survivors of traumatic events continue to shift from diagnosis/treatment paradigms to the promotion of overall mental health and well-being. As this movement progresses, the ability to tailor assessments and treatment modalities to the specific needs of individuals will become increasingly important. Advances in theoretical and clinical mechanisms for characterizing traumatic experiences have outpaced the development of demonstrated, effective treatment modalities. In order to better leverage increasingly nuanced characterizations of trauma, further development and testing of novel treatment options will be required. To this end, the Departments of Defense and Veterans Affairs have begun developing and pilot testing joint methods for finding promising practices, measuring their effectiveness, and operationalizing them for wide-scale dissemination. Field surveys were conducted to discover informal but innovative treatment techniques for mental health conditions. Pre-existing, locally developed programs using meditation to treat PTSD symptoms were identified at nine sites. Each site agreed to participate in a pilot test of the formalization process including standardization of measurement tools, program definitions, and population descriptors. Lessons learned during the first phase of the process will be discussed and specific examples of clinical integrity and feasibility concerns, as well as areas of future development, will be provided.

## **Concurrent 11-09**

**Saturday, November 3, 2012**

**Diamond Salon 6**

**9:00 AM - 10:15 AM**

**Paper Session**

### **Differential Efficacy of Pharmacotherapy for Military Veterans vs. Civilians Diagnosed with PTSD: A Meta-Analysis**

(Abstract # 1701)

**Paper Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Messer, Stephen, PhD; Sharma, Vivek, BA**

*Nova Southeastern University, Fort Lauderdale, Florida, USA*

Background: Advances in PTSD treatment document efficacy of both psychological and pharmacological interventions in controlled trials.

Evidence supports the SSRI/SNRI class as the front-line pharmacotherapy. Anecdotal and clinical reports describe veterans as more "treatment resistant" though empirical evidence is sparse. The current study applies meta-analysis to evaluate differential treatment outcomes in veterans vs. civilians with PTSD. Method: A systematic review and meta-analysis of RCTs of SSRI/SNRI for the acute treatment of PTSD was conducted. The primary effect size measure was the CAPS raw difference severity score. Random effects meta-analyses of both between-and within-group effect sizes and moderator analyses were conducted.

Results: Preliminary analyses suggest that the SSRI/SNRI group outcome effects were not statistically

different, though substantial heterogeneity of effects and relatively low power were observed. Depression severity was associated with a decreased effect size. Conclusion: The maxim that military veterans with PTSD are more "treatment resistant" compared with civilians was not supported. Conclusion: The maxim that military veterans with PTSD are more "treatment resistant" compared with civilians was not supported. More SSRI/SNRI RCTs are needed and the substantial heterogeneity in outcomes requires further examination.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**9:00 AM - 10:15 AM**  
**Paper Session**

**The Impact of Team: An Innovative Post Deployment Intervention for Traumatic Stress in U.S. Army Mortuary Affairs Soldiers**  
(Abstract # 704)

**Paper Presentation (Prevent, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Biggs, Quinn, PhD, MPH; Fullerton, Carol, PhD; Cox, Daniel, PhD; McCarroll, James, PhD, MPH; Ursano, Robert, MD**

*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*

U.S. Army mortuary affairs soldiers (MA) returning from Iraq and Afghanistan report high rates of post-traumatic stress disorder (PTSD), personal and family stress, functional impairment and needing but not obtaining health care. TEAM (Troop Education for Army Morale), an innovative educational intervention, is designed to foster adaptive functioning and reduce distress, stigma, and barriers to care. Based on evidence informed principles of Psychological First Aid (safety, calming, self-efficacy, hope/optimism, connectedness), TEAM is delivered through workshops, handouts, a website and phone line. Soldiers and spouses learn skills for self-care, supporting others (buddy care, spouse support), and promoting health care utilization. MA soldiers, randomized to TEAM or a no intervention control group, completed questionnaires approximately 10 days, 1, 2, 3, 6 and 9 months post deployment. We present data on the impact of the TEAM intervention (vs. no intervention) on symptoms of PTSD and depression, morale, personal functioning, quality of life, social interactions, safety, and the helpfulness of specific components of TEAM (e.g., managing stress, relaxation, obtaining support). These data increase our knowledge of PFA-based early interventions. Implications include tailoring TEAM's components to high risk groups including other military populations, first responders, disaster workers, and others exposed to the dead.

**Concurrent 11-09**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**9:00 AM - 10:15 AM**  
**Paper Session**

**Tailored Online Multiple Behavior Interventions Can Reduce Symptoms of PTSD in Veterans**  
(Abstract # 1805)

**Paper Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Jordan, Patricia, PhD<sup>1</sup>; King, Laurel, PhD<sup>1</sup>; Whealin, Julia, PhD<sup>2</sup>; Spira, James, PhD, MPH<sup>3</sup>**

<sup>1</sup>*VA Pacific Islands Health Care System, Honolulu, Hawaii, USA*

<sup>2</sup>*National Center for PTSD, Pacific Region, Honolulu, Hawaii, USA*

<sup>3</sup>*National Center for PTSD, Honolulu, Hawaii, USA*

Frequently, veterans suffering from PTSD are reluctant or resistant to traditional treatment, and many who seek help live in rural areas with limited access to mental health care. Online interventions offer a means of increasing access to PTSD treatment. In this study, an innovative computerized tailored intervention (CTI) addressing three target behaviors was delivered to 57 veterans who reported mild to moderate PTSD symptoms. The CTI, focused on three health behaviors associated with PTSD, smoking, depression prevention, and stress management. The pre-post design feasibility study assessed the effectiveness of the CTI at baseline, 1- and 3-months. At 3 months, participants showed a significant reduction in PTSD symptoms, even though PTSD was not directly targeted by the multi-behavioral intervention. In addition, there were significant improvements in self-reported perceived stress and depression. These results and related conclusions will be presented. The improvement in PTSD symptoms and other co-action effects associated with the multi-behavioral intervention will be discussed.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**10:30 AM - 11:45 AM**  
**Master Methodologist**

**Master Methodologist: Integrating Mediation and Moderation Analysis: Part II**  
(Abstract # 2145)

**Invited Speaker (Res Meth, N/A) M - Global**

**Diamond Salon 10**

**Hayes, Andrew, PhD**

*The Ohio State University, Columbus, Ohio, USA*

As research in any particular area develops and evolves, attention naturally shifts away from establishing the existence of some kind of causal effect between two variables to understanding how the effect operates (mediation) and when the effect exists or is strong versus when it is absent or weak (moderation). Few would dispute that all effects exist through some kind of mechanism, and all effects have boundary conditions. Thus, an analysis which attempts to answer only how or when but not both is necessarily incomplete in significant ways. Recently, methodologists have been describing approaches to integrating moderation and mediation analysis into a single integrated model. This session has four basic objectives: to introduce the audience to the theoretical and substantive rationale for combining moderation and mediation analysis in a single integrated statistical model, (2) to provide a tutorial on some of the basic statistical concepts including modern approaches to inference, (3) to illustrate by example how such analytical integration has been undertaken in some existing published research, and (4) to demonstrate an easy-to-use statistical tool developed for SPSS and SAS that makes this analytical approach extremely simple to conduct.

**Concurrent Session 12**

**Saturday, November 3, 2012**

**Diamond Salon 2**

**10:30 AM - 11:45 AM**

**Symposium**

**Triage Informed Disaster Mental Health Response: Feasibility in the Aftermath of Disasters**

(Abstract #478)

**Chairperson Broderick, Joan, PhD**

*Stony Brook University, Stony Brook, New York, USA*



**Discussant     Zatzick, Douglas, MD**

*University of Washington, Seattle, Washington, USA*

*Many disaster survivors demonstrate resilience. However, epidemiological evidence has also revealed elevated risk for subsequent disorder and impairment among a subset of survivors. PsySTART is a disaster mental health incident management system that contains a rapid triage<sup>2</sup> for estimating survivors' risk and need for secondary assessment and/or care. This symposium reviews the conceptual, practical, and empirical foundations of the PsySTART system. It will describe the PsySTART system for collating psychological triage from multiple sources forming a common operating picture and situation awareness of mental health needs. The PsySTART system provides geocoding of population risk patterns, deployment of providers, and projections for acute and longer-term recovery needs. A description of how the American Red Cross has implemented PsySTART in disasters and how this information can improve short-term and long-term delivery of service will be presented. American Red Cross PsySTART data from 2011 disasters will be reviewed. The discussant describes the integration of the PsySTART system with stepped care models for population level reach.*

## **Concurrent Session 12**

**Saturday, November 3, 2012**

**Diamond Salon 2**

**10:30 AM - 11:45 AM**

**Symposium**

### **The Evidence Base for Mental Health Triage in Disasters**

(Abstract # 577)

**Symposia Presentation (Assess Dx, Disaster) I - Global**

**Diamond Salon 02**

**Broderick, Joan, PhD**

*Stony Brook University, Stony Brook, New York, USA*

In the immediate aftermath of large-scale disasters, community mental health assets can be compromised and disaster mental health assets can be limited. The ability to triage disaster survivors for timely secondary assessment and intervention is vital in order to apply those resources effectively and mitigate impact of risk factors. Acute distress is ubiquitous in disaster; therefore, triage must focus on additional factors that are associated with increased risk for short and long-term psychological impairment. Epidemiological work has identified a number of traumatic experiences that convey increased mental health risk. Examples include perception of threat to life, extreme fear or panic, delayed evacuation, death of family member, and toxic contamination. This presentation will present epidemiological findings on trauma exposure risk that are associated with increased odds of psychological impairment. These risk factors appear to be valid cross culturally allowing for a standard international approach to disaster mental health triage. A triage tag that has incorporated the evidence-

based exposure factors will be presented. Utilization of this tag in several international and national disasters will be described.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**10:30 AM - 11:45 AM**  
**Symposium**

**The PsySTART Disaster Mental Health Triage and Incident Management System: System Overview**  
(Abstract # 479)

**Symposia Presentation (Commun, Disaster) M - Industrialized**

**Diamond Salon 02**

**Schreiber, Merritt, PhD**

*UC Irvine School of Medicine, Orange, California, USA*

PsySTART Disaster Mental Health Incident Management System and Concept of Operations  
This presentation will review the development and evolution of the PsySTART triage and incident management system including individual triage, risk surveillance, and disaster response incident management all forming the PsySTART model. The PsySTART Incident Management System forms the core of disaster mental health concepts of operations(CONOPS) developed for Los Angeles County, Public Health Seattle/King County and a National Children's Disaster Mental Health CONOPS for use throughout the United States. In the PsySTART system, aggregated triage data is geo-coded and mapped to provide real time situational awareness and a common operating picture of risk. This information allows evidence based risk metrics to guide to allocation of limited professional resources, inform mutual aid needs from outside agencies, guide public behavioral health messaging and plan for a continuum of acute and long term service delivery.

The current experience of the PsySTART system now in 83 hospital and 90 community clinics in Los Angeles County and in the State of Minnesota is presented. Results of PsySTART accuracy in the California Disaster Medical Exercise involving 1300 simulated patients are reviewed.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**10:30 AM - 11:45 AM**  
**Symposium**

**American Red Cross Use of PsySTART Triage and Surveillance**  
(Abstract # 480)

**Symposia Presentation (Commun, Disaster) M - Industrialized**

**Diamond Salon 02**

**Yin, Rob, LCSW**

*National American Red Cross, Washington, D.C., Dist. of Columbia, USA*

Epidemiological evidence reveals that an average of 30-40% of direct disaster survivors are at elevated risk for subsequent psychiatric disorders and impairment. The American Red Cross utilizes the PsySTART triage system to identify survivor risk factors that include exposure, traumatic loss, persistent stressors, disaster related injury or illness. This enables rapid referral of high risk individuals requiring further care to community mental health providers and mental health surveillance in near-real time to efficiently deploy disaster mental health workers to high risk areas. This presentation will explain how the individual triage and mental health surveillance tools are used and how they fit within the broader disaster mental health strategy of the American Red Cross. Surveillance data from several 2011 disaster relief operations will be reviewed. Participants will also discuss how PsySTART data is shared with disaster response partners and state public mental health leadership to create a “common operating picture” and common situational awareness of mental health risk and needs that can better inform joint response and recovery efforts. Finally, future triage and surveillance strategies will be shared including the use of geo-mapping to provide clear and actionable imagery of client risk levels.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Applied Neuroimaging: New Findings about Differential Diagnosis, Drug Treatment, Recovery, & Resilience**  
(Abstract #856)

**Chairperson** Engdahl, Brian, PhD

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

Illustrating neuroimaging's versatility, we present findings drawn from adults exposed to a wide range of trauma, using multiple imaging technologies and experimental designs. We describe how neuroimaging can: 1) Identify disease-specific patterns of brain interconnections and, thereby improve differential diagnosis of PTSD and co-occurring disorders such as mild traumatic brain injury and depression. 2) Identify a novel PTSD drug treatment that enhances endocannabinoid signaling, reducing behavioral (anxiety, impaired extinction) and molecular adaptations (increased CB1 receptor expression) associated with PTSD. 3) Document increased hippocampal volume following treatment with paroxetine and Phenytoin plus increased N-acetyl aspartate with paroxetine in PTSD. Paroxetine is also associated with normalization of medial prefrontal cortical function in response to traumatic memories. Such treatment may counteract the effects of stress on the brain in PTSD patients. 4) Define differences in brain activity between trauma-exposed controls and those with chronic PTSD. Both global and localized neural activity in controls was modulated by trauma exposure; no evidence of neural modulation in any area of the brain was found in PTSD patients. Resilience is therefore characterized in part by the brain's ability to effectively adapt following exposure to potentially traumatic events.

## **Concurrent Session 12**

**Saturday, November 3, 2012**

**Diamond Salon 3**

**10:30 AM - 11:45 AM**

**Symposium**

### **Brain Miscommunication Patterns in Co-Occurring PTSD, Mild Traumatic Brain Injury, and Depression**

(Abstract # 867)

**Symposia Presentation (Assess Dx, Mil/Vets) A - Industrialized**

**Diamond Salon 03**

**Georgopoulos, Apostolos, MD, PhD<sup>1</sup>; Engdahl, Brian, PhD<sup>2</sup>; James, Lisa, PhD<sup>1</sup>; Leuthold, Arthur, PhD<sup>1</sup>; Lewis, Scott, MD, PhD<sup>1</sup>; Van Kampen, Emily, MS<sup>1</sup>; Shub, Alina, BS<sup>1</sup>**

<sup>1</sup>*Brain Sciences Center, Minneapolis, Minnesota, USA*

<sup>2</sup>*VA Health Care System, Minneapolis, Minnesota, USA*

Magnetoencephalography (MEG) can detect disease-specific synchronous neural interaction (SNI) patterns in subjects with various disease combinations. SNI patterns can also be used to differentiate symptomatic individuals from control subjects. Here we show that the main differences in cortical communication circuitry among these diagnostic groups lie in the miscommunication patterns across brain regions. For example, PTSD is characterized by miscommunication patterns of temporal and

parietal and/or parieto-occipital right hemispheric areas with other brain areas. Mild traumatic brain injury (mTBI) is characterized by a “blurring” of the communication pattern across most of the 248 MEG sensors. Those with PTSD and mTBI display **both** patterns. We will present data indicating that these patterns are also measurable using functional magnetic resonance imaging (fMRI). We studied about 100 U.S. military veteran controls, free from psychiatric disorders, plus approximately 200 symptomatic veterans, half with relatively uncomplicated PTSD and half with mixtures of PTSD, mild TBI, and depression. Trauma exposures include not only combat, but abuse, violence, and accidents, experienced before, during, and after military service. Used in this manner, MEG and fMRI can improve treatment research, diagnoses, and the understanding of disease pathophysiology.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Abnormal Cb1 Receptor Function in PTSD Suggests Novel Target for Treatment Development**  
(Abstract # 865)

**Symposia Presentation (Bio Med, Adult/Cmplx) M - Industrialized**

**Diamond Salon 03**

**Neumeister, Alexander, MD; Sobin, Sean, MA**  
*New York University, New York, New York, USA*

Research on the endocannabinoid (eCB) system suggests that it may represent a neural buffer system for the emotional, physiological and neuroendocrine effects of stress. Using neuroimaging and positron emission tomography (PET), we investigated CB1 receptor-mediated eCB signaling in patients with PTSD. Medication-free PTSD patients (N=16/8F, age, ys 30.0±8.5, range 20-44, CAPS 78±11.5), individually-matched healthy control subjects without (N=16/8F, age, ys 30.6±7.5, range 20-45) and with (N=7/1F, age, ys 35.3±6.6, range 23-41) trauma exposure. We found elevated CB1 binding in PTSD relative to the non-traumatized healthy control subjects in a limbic-cortical-striatal PTSD circuit ( $p < .0017$ ). Amygdala CB1 binding was significantly higher in traumatized healthy control subjects compared to non-traumatized healthy controls ( $p < .012$ ). Independent of diagnosis, we found significantly higher CB1 binding in women relative to men ( $p < .0039$ ). Therefore, we propose to enhance eCB signaling as a novel, evidence-based treatment for PTSD with the potential to prevent both the behavioral (anxiety, impaired extinction) and molecular adaptations to trauma (increased CB1 receptor expression) associated with PTSD.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Neuroimaging of Fear Correlates of Memory in PTSD**  
(Abstract # 861)

Symposia Presentation (Bio Med, Mil/Vets) M - Industrialized

Diamond Salon 03

**Bremner, J. Douglas, MD**

*Emory U, Atlanta, Georgia, USA*

Brain imaging studies have implicated areas including the hippocampus, amygdala and medial prefrontal cortex in PTSD. These changes in the brain are associated with deficits in declarative memory and alterations in fear learning in PTSD. Imaging studies in PTSD have found smaller volume of the hippocampus and lower concentrations of N-acetyl aspartate (NAA) as measured with magnetic resonance imaging (MRI) in patients with PTSD related to both combat and childhood abuse. Functional imaging studies using positron emission tomography (PET) found deficits in function in medial prefrontal cortex as well as hippocampus with provocation of PTSD symptoms using traumatic reminders or emotionally valenced memory tasks, and increased amygdala function with fear-learning paradigms. We have found increased hippocampal volume following treatment with paroxetine and Phenytoin in PTSD and increased NAA with paroxetine in PTSD. Paroxetine is also associated with normalization of medial prefrontal cortical function in response to traumatic memories. Fear learning is associated with altered function in amygdala and medial prefrontal cortex. These studies show that PTSD is associated with lasting changes in brain and neurobiology and suggest that treatment may counteract the effects of stress on the brain in patients with PTSD.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Neural Modulation as a Marker of Resilience in Trauma-Exposed Veterans**  
(Abstract # 857)

Symposia Presentation (Bio Med, Mil/Vets) M - Industrialized

Diamond Salon 03

**James, Lisa, PhD<sup>1</sup>; Engdahl, Brian, PhD<sup>1</sup>; Georgopoulos, Apostolos, MD, PhD<sup>1</sup>; Leuthold, Art, PhD<sup>1</sup>;  
Lewis, Scott, MD<sup>1</sup>; Van Kampen, Emily, MS<sup>2</sup>; Shub, Alina, BS<sup>2</sup>**

<sup>1</sup>*Minneapolis VA Health Care System; University of Minnesota, Minneapolis, Minnesota, USA*

<sup>2</sup>*Minneapolis VA Health Care System, Minneapolis, Minnesota, USA*

Growing evidence suggests that resilience, or the ability to maintain healthy functioning in the face of adversity, represents the modal outcome following exposure to potentially traumatic events (PTEs). Consequently, there has been a burgeoning emphasis on research aimed at understanding the neurobiological underpinnings of resilience and healthy functioning following exposure to PTEs. In the present study, we utilized magnetoencephalography (MEG) to examine the association between trauma exposure and neural activity in veterans with current PTSD (n=76) and resilient Control veterans (n=110). Results indicated a strong inverse relationship between lifetime trauma exposure and global neural activity in Controls ( $p = 10^{-4}$ ). Furthermore, the neural modulation to lifetime trauma observed in Controls occurred primarily around the right superior temporal gyrus. In contrast, veterans with PTSD exhibited global hypersynchrony relative to Controls with no significant relationship between lifetime trauma scores and global synchrony ( $p = 0.134$ ). Notably, there was no evidence of localized neural modulation in any area of the brain in veterans with PTSD. The findings indicate that the ability of neural networks to effectively adapt following exposure to PTEs is characteristic of resilience and distinguishes healthy functioning from PTSD.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**10:30 AM - 11:45 AM**  
**Symposium**

**From Barriers to Mental Health Care to Barriers in Care Among Returning Soldiers from Iraq and Afghanistan**  
(Abstract #1107)

**Chairperson**    **Harpaz-Rotem, Ilan, PhD**  
*Clinical Neurosciences Division the NC-PTSD, West Haven, Connecticut, USA*

*There are growing concerns about the mental health status of returning veterans from the recent conflicts in Iraq and Afghanistan and of their engagement and retention in mental health treatment. This symposium will present four different studies which assessed mental health treatment seeking behavior and the retention rates of these veterans in mental health treatment. The studies will shade new light on both the objective and perceived barriers to psychiatric care experienced by these Veterans. We also will use mixed method to address this important topic, moving from a system perspective (epidemiology) to qualitative data analysis examining engagement in mental health care.*

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Potential Barriers to and in Care in Mental Health Treatment - A Translational Epidemiological Perspective**

(Abstract # 1112)

**Symposia Presentation (Prevent, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Harpaz-Rotem, Ilan, PhD<sup>1,1</sup>; Pietrzak, Robert, PhD<sup>2</sup>**; Southwick, Steven, MD<sup>2</sup>; Rosenheck, Robert, MD<sup>3</sup>

<sup>1</sup>*The Clinical Neurosciences Division the NC-PTSD/Yale School of Medicine, West Haven, Connecticut, USA*

<sup>2</sup>*Clinical Neurosciences Division NC-PTSD/Yale School of Medicine, West Haven, Connecticut, USA*

<sup>3</sup>*VACHS MIRECC/Yale School of Medicine, West Haven, Connecticut, USA*

This presentation will share data from two studies. The first, is a combined administrative data set from the Department of Veterans Affairs and the Department of Defense which identified veterans who were newly diagnosed with PTSD (N= 204,184) and their service era. We compared the retention and numbers of visits of OIF and OEF Veterans, who were newly diagnosed with PTSD, with that of Veterans from other service eras. The second are data set is a one year longitudinal quantitative and qualitative data which were collected from veterans who received mental health services at the West Haven VA healthcare system looking at predictors of service utilization and retention in treatment. The presentation will highlight the risk and protective factors associated with barriers to mental health care and service utilization.



**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Perceptions of Stigma, Barriers to Mental Healthcare, and Mental Healthcare Utilization  
Among Older Veterans in the United States**

(Abstract # 1108)

**Symposia Presentation (Social, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Pietrzak, Robert, PhD, MPH**

*National Center for Post-Traumatic Stress Disorder and Yale University School of Medicine, West Haven, Connecticut, USA*

Increased perceptions of stigma and barriers to mental healthcare may be associated with lower rates of mental healthcare utilization among older veterans with psychiatric conditions such as post-traumatic stress disorder. Using data from a large, nationally representative sample of more than 3,000 U.S. older veterans, we will: (1) describe perceptions of stigma and barriers to mental healthcare among older veterans with and without a current psychiatric disorder; (2) evaluate demographic, medical, and psychosocial factors associated with perceptions of stigma and barriers to mental healthcare; and (3) examine the relation between perceptions of stigma and barriers to mental healthcare, and mental healthcare utilization. Results of this study will be among the first to provide a systematic characterization of specific perceptions of stigma and barriers to mental healthcare, and their relation to mental healthcare utilization in a large, nationally representative sample of U.S. older veterans. Implications of the study findings with regard to clinical practice and public policy will be discussed.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**10:30 AM - 11:45 AM**  
**Symposium**

**The Role of Coping, Resilience, and Social Support in Mediating the Relation Between PTSD  
and Social Functioning in Veterans Returning from Iraq and Afghanistan**

(Abstract # 1109)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Tsai, Jack, PhD; Harpaz-Rotem, Ilan, PhD; Pietrzak, Robert, PhD, MPH; Southwick, Steve, MD**  
*Yale University School of Medicine; VA Connecticut Healthcare System, West Haven, Connecticut, USA*

Post-traumatic stress disorder (PTSD) is one of the most common psychiatric disorders among veterans returning from Iraq and Afghanistan. Little research has examined variables that may mediate the relation between PTSD and aspects of social functioning, such as relationship satisfaction and family functioning. In this cross-sectional study, a total of 164 veterans who were seeking VA primary care or mental health care within one year after returning from Iraq and/or Afghanistan were screened for PTSD and completed a series of questionnaires that assessed social functioning, coping, and life satisfaction. Results showed that the 86 (52%) veterans who screened positive for PTSD reported greater difficulties in their relationships with romantic partners, less cohesion in their families, less social support, poorer social functioning, and lower life satisfaction compared to other treatment-seeking veterans. Less social support from the community, excessive worry, decreased acceptance of change, and lower availability of secure relationships mediated the association between PTSD and poor social functioning. The relation between PTSD and lower partner satisfaction was mediated by greater cognitive social avoidance and lower availability of secure relationships. These results suggest that psychotherapeutic interventions that address these mediating variables may help improve social functioning in treatment-seeking veterans with PTSD.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Perceived Logistical, Individual, and Community Barriers to Mental Health Treatment in Diverse U. S. Veterans**  
(Abstract # 1110)

**Symposia Presentation (Prevent, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Whealin, Julia, PhD<sup>1</sup>; Nelson, Dawna, MSW<sup>1</sup>; Stotzer, Rebecca, PhD, MSW<sup>2</sup>; Vogt, Dawne, PhD<sup>3</sup>;  
Robert, Pietrzak, PhD<sup>4</sup>**

<sup>1</sup>*National Center for PTSD, Honolulu, Hawaii, USA*

<sup>2</sup>*University of Hawaii, Manoa, Hawaii, USA*

<sup>3</sup>*National Center for PTSD, Boston, Massachusetts, USA*

<sup>4</sup>*National Center for PTSD, West Haven, Connecticut, USA*

Research has shown that veterans with post-traumatic stress under-utilize mental health services. Between 2002 and 2008, for example, less than 10% of Veterans newly diagnosed with PTSD followed through with the recommended mental health treatment to alleviate their symptoms (Seal, Maguen,

Cohen, Gima, Metzler, Ren, et al., 2010 ). The present study examined factors that impact utilization of mental health services in an ethnoculturally diverse sample of Veterans. Two hundred thirty five Veterans, randomly selected from the Hawaii VA Registry of Iraq and Afghanistan War Veterans, completed mailed surveys. Quantitative analyses compared perceived barriers to care in Veterans with PTSD to those without PTSD. Additionally, open-ended questions queried the principal concern(s) Veterans reported would prevent them from seeking care. Qualitative analyses of these items revealed eight inter-connected themes. Examples will be provided that illustrate each theme. Last, Dr. Whealin will discuss implications of these results, including strategies to increase mental health utilization.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**10:30 AM - 11:45 AM**  
**Symposium**

**It All Adds Up: Cumulative Risks Imposed by Exposure to Multiple Adversities with Implications for Prevention and Intervention**

(Abstract #831)

**Chairperson**    **Grasso, Damion, PhD**

*University of Connecticut Health Center, Farmington, Connecticut, USA*

A growing literature suggests that exposure to a greater degree of violence/adversity imposes more severe consequences. The current symposium is comprised of four studies that explore this relationship in different populations and consider implications for prevention and intervention. The first study emphasizes the significance of screening for sexual revictimization and PTSD in various settings by demonstrating remarkably increased odds of having PTSD in adolescent girls, college-age women, and adult women with histories of two or more accounts of sexual victimization. In the second study, military veterans with PTSD show differential responses to treatment as a function of degree of combat exposure and pre-deployment preparedness training. The third study examines the impact of exposure to multiple adversities on emotional and behavioral adjustment and high-risk behavior within a sample of low-income, African American adolescents living in high violence neighborhoods. The final study examines stress sensitization in a sample of young children and reports an association between early trauma-exposure and elevated internalizing and externalizing behavior problems in the context of non-traumatic stressors. Together, these studies highlight the relationship between multiple exposures and cumulative risk, and emphasize the need to incorporate this concept into clinical outreach.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Prevalence of Sexual Revictimization and PTSD Among Three National Female Samples**  
(Abstract # 835)

**Symposia Presentation (Assess Dx, Child/ Adol) I - Industrialized**

**Diamond Salon 08**

**Walsh, Kate, PhD; Danielson, Carla, PhD; McCauley, Jenna, PhD; Saunders, Benjamin, PhD; Kilpatrick, Dean, PhD; Resnick, Heidi, PhD**

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

Despite links between sexual revictimization (i.e., two or more sexual assaults) and post-traumatic stress disorder (PTSD), no epidemiological studies document the prevalence of sexual revictimization and PTSD. The present study examined the prevalence of sexual revictimization and PTSD among three national samples (1,763 adolescent girls, 2,000 college women, 3,001 household-residing women) using survey data from the National Women's Study - Replication (2006; college) as well as household probability samples from the National Survey of Adolescents-Replication (2005) and the National Women's Study-Replication (2006; household-residing). Behaviorally specific questions assessed unwanted sexual acts occurring over the lifespan due to force, threat of force, or incapacitation via drug or alcohol use. PTSD was assessed with a module validated against the Structured Clinical Interview for DSM-IV. Among victims, 52.7% of adolescents, 50.0% of college women, and 58.8% of household-residing women reported sexual revictimization. Current PTSD was reported by 20.0% of revictimized adolescents, 40.0% of revictimized college women, and 27.2% of revictimized household-residing women. Compared to non-victims, odds of meeting current PTSD were 4.3-8.2 times higher for revictimized respondents and 2.4-3.5 times higher for single victims. Findings highlight the importance of screening for sexual revictimization and PTSD in pediatric, college, and primary care settings.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**10:30 AM - 11:45 AM**  
**Symposium**

**The Interactive Effect of Increased Combat Exposure and Pre-Deployment Training on Exposure Therapy Outcomes in PTSD for Operation Enduring Freedom/Operation Iraqi Freedom Veterans**

(Abstract # 833)

**Symposia Presentation (Clin Res, Mil/Vets) M - C & E Europe & Indep**

**Diamond Salon 08**

**Price, Matthew, PhD; Gros, Daniel, PhD; Strachan, Martha, PhD; Ruggiero, Kenneth, PhD; Acierno, Ron, PhD**

*Ralph H. Johnson Veterans Affairs Medical Center, Charleston, South Carolina, USA*

The association between multiple traumatic events and increased risk of PTSD in recently returning veterans is an area of concern. OEF/OIF veterans report increased combat exposure compared to veterans of other operations. Two studies demonstrated that increased exposure to combat is related to PTSD symptoms during deployment in active duty soldiers. However, pre-deployment training has recently been shown to provide a protective effect against this association. Less is known about the relation between exposure to increased combat and treatment outcome. Further, there has been little research examining military specific protective factors, such as pre- deployment preparedness, on PTSD treatment response. The current study investigated combat exposure and pre- deployment preparedness as moderators on treatment outcome for exposure therapy in OEF/OIF veterans (N = 111) with PTSD. Veterans underwent eight weeks of exposure therapy. A multilevel modeling approach supported a significant pre-deployment preparedness by combat exposure interaction on treatment response ( $\beta = 0.01$ ,  $p < 0.01$ ). Two measures of combat exposure indicated that elevated pre-deployment training attenuated the association between combat exposure and treatment response for PTSD. These findings highlight the important role of increased combat exposure in treatment and provide preliminary evidence as to additive benefits of combat training.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Cumulative Risks Versus Repeated Victimization: Predictors of Adolescent Adjustment**  
(Abstract # 836)

**Symposia Presentation (Res Meth, Child/ Adol) I - Industrialized**

**Diamond Salon 08**

**Reid-Quinones, Kathryn, PhD<sup>1</sup>; Kliewer, Wendy, PhD<sup>2</sup>**

<sup>1</sup>*Medical University of South Carolina, Charleston, South Carolina, USA*

<sup>2</sup>*Virginia Commonwealth University, Richmond, Virginia, USA*

Cumulative risk models suggest that chronic, repeated exposure to stressors result in more serious negative outcomes for youth than exposure to fewer stressors over time. Research indicates that it is strongly associated with internalizing and externalizing problems in children and adolescents. Cumulative risk indices, often calculated by a summation of the multiple risk categories, permit the simultaneous modeling of a large number of risk factors without the statistical problems posed by multiplicative interactions. However, cumulative risk models have failed to fully account for the impact of repeated victimization on adjustment since such models assign equal weight to the occurrence of victimization regardless of frequency. The current study examined cumulative risk in relation to internalizing problems and drug use in a longitudinal sample of 358 adolescents (92% African American; 46% male;  $M = 14.1$  yrs). Greater cumulative risk was associated with significantly higher levels of anxiety, depression, and drug use severity. However, once victimization was added to the model, cumulative risk was no longer significantly related to these outcomes. Furthermore, repeated victimization, but not single victimization, was associated with greater depressive symptoms and drug use severity when compared to youth who reported zero victimization events. Findings highlight the importance of examining victimization separately from cumulative risk models.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Early Trauma Exposure and Stress Sensitization in Young Children**  
(Abstract # 832)

**Grasso, Damion, PhD; Ford, Julian, PhD; Briggs-Gowan, Margaret, PhD**

*University of Connecticut Health Center, Farmington, Connecticut, USA*

Studies examining stress sensitization in adults highlight the relationship between trauma exposure and greater distress in response to subsequent, non-traumatic life stressors (Antelman, Eichler, Black, & Kocan, 1980; Harkness, Bruce, & Lumley, 2006; Smid et al., 2011). The current study replicates and extends this work in a sample of 213 2- to 5-year-old children (28.6% Female), in which 64.32% had a parent-reported history of trauma exposure. Children were categorized into four groups based on history of trauma exposure and evidence of current life stressors for the child or family. In a multivariate analysis of variance, trauma-exposed children with current life stressors had elevated internalizing and externalizing behavior problems compared to trauma-exposed children without current stress and non-exposed children with and without current stressors, Pillai's Trace:  $F(6,334) = 4.48, p < .001$ . However, the trauma-exposed groups with or without current stressors did not differ on PTSD symptom severity. Accounting for number of traumatic events also did not change the pattern of results. Despite limitation (e.g., retrospective study design; parent-report data), these findings suggest that early life trauma exposure may sensitize young children and place them at risk for internalizing or externalizing problems when exposed to subsequent, non-traumatic life stressors.

## **Concurrent Session 12**

**Saturday, November 3, 2012**

**Diamond Salon 9**

**10:30 AM - 11:45 AM**

**Symposium**

### **Expanding Our Understanding: Exploring Processes of Change in PTSD Treatment**

(Abstract #1078)

**Chairperson Keller, Stephanie, MA**

*Case Western Reserve University, Cleveland, Ohio, USA*

**Discussant Cloitre, Marylene, PhD**

*The National Center for PTSD, Menlo Park, California, USA*

Examining factors associated with symptom improvement has the potential to improve our current treatments for PTSD (Kazdin, 2007). Understanding for whom and under what conditions treatment exerts optimal effects may allow researchers and clinicians to tailor current treatments for individual client needs (e.g., Laurenceau et al., 2007). In this symposium we will examine multiple facets of the

therapy process (e.g., therapeutic alliance and cognitive change) and their associations with overall treatment improvement. Mandy Kumpula will lead off the symposium discussing cognitive changes during prolonged exposure (PE) for adults with PTSD. Stephanie Keller will then examine the association between early therapeutic alliance and homework adherence for adults receiving PE for chronic PTSD. Janie Jun will then compare patterns of negative trauma-related beliefs between PE and sertraline treatment, and examine the effects of treatment preference discrepancy on beliefs. Finally, our discussant, Marylene Cloitre, will provide an integration and consolidation of these talks, highlighting the clinical implications of these results.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 9**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Changes in Post-Traumatic Cognitions and PTSD Symptoms During the Course of Prolonged Exposure Therapy**  
(Abstract # 1081)

**Symposia Presentation (Clin Res, Surv/Hist) M - Industrialized**

**Diamond Salon 09**

**Kumpula, Mandy, PhD<sup>1</sup>; Rauch, Sheila, PhD, ABPP<sup>2</sup>; Pentel, Kimberly, BS<sup>3</sup>; Simon, Naomi, MD, MSc<sup>3</sup>; Foa, Edna, PhD<sup>4</sup>; LaBlanc, Nicole, BS<sup>3</sup>; Bui, Eric, MD, PhD<sup>3</sup>; Cloitre, Marylène, PhD<sup>5</sup>**

<sup>1</sup>*VA Ann Arbor Healthcare System, Ann Arbor, Michigan, USA*

<sup>2</sup>*VA Ann Arbor Healthcare System/University of Michigan Medical School, Ann Arbor, Michigan, USA*

<sup>3</sup>*Massachusetts General Hospital, Boston, Massachusetts, USA*

<sup>4</sup>*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*

<sup>5</sup>*The National Center for PTSD, Menlo Park, California, USA*

Prolonged Exposure (PE) effectively reduces negative cognitions about self, world, and self-blame associated with PTSD, and changes in post-traumatic cognitions are associated with reductions in PTSD symptoms (Foa & Rauch, 2004). The present study examined patterns of change among post-traumatic cognitions and PTSD symptoms during the course of PE. Adult outpatients meeting diagnostic criteria for PTSD were recruited at 4 treatment centers. Patients engaged in 8 sessions of PE over 4- to 6-weeks. PTSD symptoms and post-traumatic cognitions were assessed at pre-treatment and sessions 2, 4, 6, and 8. Post-traumatic cognitions and PTSD symptoms each decreased significantly from pre- to post-treatment and were significantly correlated with one another at all assessments aside from pre-treatment. Examination of changes during the course of PE revealed that PTSD symptoms decreased significantly between pre-treatment and session 2 and between sessions 4 and 6. Negative cognitions about the self and world demonstrated significant changes between sessions 4 and 6 and 6 and 8. The largest reduction in self-blame cognitions was also observed between sessions 4 and 6; however, this



trend failed to reach statistical significance ( $p = .06$ ). Results indicate that reductions in negative cognitions during PE correspond with a decrease in PTSD symptoms.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 9**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Early Therapeutic Alliance A Predictor of Homework Adherence in Prolonged Exposure for Post-Traumatic Stress Disorder**  
(Abstract # 1079)

**Symposia Presentation (Clin Res, Violence) M - Industrialized**

**Diamond Salon 09**

**Keller, Stephanie, MA, Student<sup>1</sup>; Feeny, Norah, PhD<sup>1</sup>; Zoellner, Lori, PhD<sup>2</sup>; Cloitre, Marylene, PhD<sup>3</sup>**

<sup>1</sup>*Case Western Reserve University, Cleveland, Ohio, USA*

<sup>2</sup>*University of Washington, Seattle, Washington, USA*

<sup>3</sup>*The National Center for PTSD, Menlo Park, California, USA*

Completion of homework is consistently related to improved cognitive behavioral therapy outcome (Beutler et al., 2004; Kazantzis et al., 2000). Yet, clinicians commonly report low or moderate levels of patient homework adherence (Kazantzis et al., 2005). Patients with PTSD may have difficulty engaging in between session activities, given that avoidance of trauma-reminders is a core symptom of the disorder (Scott & Stradling, 1997). A weak or strained relationship (e.g., client mistrust of therapist) may be an obstacle for homework adherence (Kazantzis & Shinkfield, 2007). The present study examined the association between early alliance and homework adherence for individuals with chronic PTSD (N = 116) receiving 10 weekly sessions of prolonged exposure. We also examined the role of homework adherence in predicting treatment outcome. Therapist, but not client-rated, early alliance was associated with improved in vivo homework completion (e.g., going to the mall, driving). Both early client- and therapist-rated alliance was associated with higher levels of imaginal exposure homework completion (i.e., listening to imaginal exposure tape). Finally, completion of in-vivo and imaginal homework was associated with lower post-treatment PTSD and depression severity. Clinicians may want to focus on building a strong alliance early in therapy, in order to increase patient adherence.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 9**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Changes in Trauma-Related Beliefs in PTSD Treatment of Prolonged Exposure and Sertraline**  
(Abstract # 1080)

Symposia Presentation (Clin Res, Violence) I - Industrialized

Diamond Salon 09

**Jun, Janie, MS (PhD, Student)<sup>1</sup>; Pruitt, Larry, PhD<sup>1</sup>; Marks, Elizabeth, BA<sup>1</sup>; Zoellner, Lori, PhD<sup>1</sup>; Feeny, Norah, PhD<sup>2</sup>; Cloitre, Marylene, PhD<sup>3</sup>**

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

<sup>2</sup>*Case Western Reserve University, Cleveland, Ohio, USA*

<sup>3</sup>*The National Center for PTSD, Menlo Park, California, USA*

Negative views about oneself (incompetence) and others or world (threatening) are associated with greater PTSD severity (Ehlers et al., 2005). These beliefs change with successful treatment (Foa & Rauch, 2004) - possibly a key process of change in PTSD treatment, due to their impact on emotional responses to a trauma. Treatment preference influences treatment seeking and selection decisions (Zoellner et al., 2003). Thus, receiving treatment of choice may contribute to greater changes in negative beliefs. 200 men and women with chronic PTSD, in a doubly randomized preference design, received either 10 sessions of prolonged exposure (PE) or sertraline (SER). Individuals completed the Post-Traumatic Cognitions Inventory (PTCI; Foa et al., 1999) at baseline, weekly sessions, post-treatment, 3-months, and 6-months follow-up. We examined changes in PTCI, impact of treatment type, and discrepancy between preferred and received treatment. Overall, changes in PTCI between PE and SER were comparable. We found an interaction of treatment discrepancy, treatment type, and time on PTCI,  $F(1,1793.21)=3.83$ ,  $p=.05$ . At 3-months follow-up, those who received treatment of choice, individuals in SER exhibited greater negative beliefs than those in PE,  $F(1,95)=5.48$ ,  $p=.02$ , suggesting better maintenance of gains in PE. Thus, both treatments effectively address negative beliefs, possibly through different mechanisms.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Plaza 1**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Capacity Building for Trauma Interventions in Low Resource Settings: Models for Development and Implementation of Evidence-Based Practice**

(Abstract #881)

**Chairperson** **Betancourt, Theresa, ScD, MA**

*Harvard School of Public Health/FXB Center, Boston, Massachusetts, USA*

Evidence of treatment effectiveness in low and middle income nations is growing, yet there is a paucity of literature informing the training and professional development of mental health workers in these settings. Conflict and disasters typically affect fragile states, and increase risk for development of post-traumatic stress disorder, depression, anxiety and substance use disorders, yet the vast need for evidence-based psychotherapies is largely unmet. This progress is hindered by limited human resources for mental health provision in LMIC. Given this reality, collaborative models of training and professional development have the potential to improve the feasibility, acceptability and cost-effectiveness of mental health services to include capacity building for community mental health workers and other lay professionals. This panel will highlight the development of evidence-based and culturally-valid psychosocial interventions, models for training and ongoing supervision of local clinicians, and implementation of mental health interventions in low-resource settings affected by trauma.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Plaza 1**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Using Lay Counselors to Promote Youth Health in Schools - the Shape Experience**

(Abstract # 882)

**Symposia Presentation (Clin Res, Caregvr) M - S Asia**

**Plaza 01**

**Patel, Vikram, PhD, MSc**

*Centre for Global Mental Health/London School of Hygiene & Tropical Medicine, Goa, India*

Studies in resource limited settings have shown that there are constraints to the use of teachers, peers or health professionals to deliver school health promotion interventions. School health programmes

delivered by trained lay health counselors could offer a cost-effective alternative. This paper presents a mixed-methods case study of a multi-component school health promotion intervention in India delivered by lay school health counselors, who possessed neither formal educational nor health provider qualifications. The intervention was based on the WHO's Health Promoting Schools framework, and included implementing anti-bullying and violence policies in schools; health screening camps; an anonymous letter box for student questions and complaints; classroom-based life skills training; and, individual psycho-social counseling for students. Preliminary evidence of positive intervention effects included qualitative evidence of improvement in the mental health and health-related knowledge and behavior of students, and high feasibility and acceptability as reported by participants and counselors. A task-shifting approach of delegating school health promotion activities to lay school health counselors shows promise as a scalable model for promoting the health and wellbeing of school based adolescents in resource constrained settings.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Plaza 1**  
**10:30 AM - 11:45 AM**  
**Symposium**

**Addressing the Gap in Trauma Treatment: An Integrative Model**  
(Abstract # 883)

**Symposia Presentation (Cul Div, Civil/Ref) M - E & S Africa**

**Plaza 01**

**Fabri, Mary, PsyD<sup>1</sup>; Cohen, Mardge, MD<sup>2</sup>; Mukayonga, Henriette, BA<sup>3</sup>**

<sup>1</sup>*Heartland Alliance Marjorie Kovler Center, Chicago, Illinois, USA*

<sup>2</sup>*Boston Medical Center, Boston, Massachusetts, USA*

<sup>3</sup>*WE\_ACTx, Kigali, Rwanda*

The 1994 genocide in Rwanda resulted in massive and persistent trauma and in 2012 is compounded by HIV and poverty. This presentation will discuss mental health programming in Rwanda with Women's Equity for Access to Care & Treatment (WE-ACTx), a NGO that was established in 2004 to provide care to HIV+ women, many who were raped during the genocide. WE-ACTx is an example of ongoing collaboration between U.S. based providers and Rwandan providers, academics, and program participants. The guiding principles of the mental health services involve an exchange of knowledge, examination of commonalities and differences, and agreed upon modifications and adjustments to instruments and services that promote client-focused and trauma-informed methodologies. To illustrate this model, the development of an evidenced-based and trauma-informed cognitive behavioral intervention that was culturally and linguistically adapted for use in Rwanda will be highlighted. A discussion of the challenges and successes of training local providers involving translation, cultural modifications, the introduction of new concepts, and ongoing supervision will be included. Providing

trauma-informed mental health services in a HIV primary care setting has created access and diminished a gap in care and is a model that can be used in other post-conflict and low resource countries.

## **Concurrent Session 12**

**Saturday, November 3, 2012**

**Plaza 1**

**10:30 AM - 11:45 AM**

**Symposium**

### **Some Conditions for Task Shifting in Low and Middle-Income Countries**

(Abstract # 884)

**Symposia Presentation (Clin Res, Caregvr) M - Global**

**Plaza 01**

**de Jong, Joop, MD, PhD<sup>1</sup>; Jordans, Mark, PhD<sup>2</sup>; Komproe, Ivan, PhD, MSc<sup>3</sup>; Macy, Robert, PhD<sup>4</sup>; Ndayisaba, Aline & Herman, BA<sup>5</sup>; Susanty, Dessy, BA<sup>6</sup>; Tol, Wietse, PhD<sup>7</sup>**

<sup>1</sup>*VU University Medical Center/University of Amsterdam/Boston University, Amsterdam, Netherlands*

<sup>2</sup>*HealthNet TPO, Amsterdam, Netherlands*

<sup>3</sup>*HealthNet TPO/Utrecht University, Amsterdam, Netherlands*

<sup>4</sup>*International Center for Disaster Resilience/Beth Israel Deaconess Medical Center/Harvard Medical School, Boston, Massachusetts, USA*

<sup>5</sup>*HealthNet TPO, Bujumbura, Burundi*

<sup>6</sup>*Church World Service, Jakarta, Indonesia*

<sup>7</sup>*Yale University/HealthNet TPO, New Haven, Connecticut, USA*

Task shifting in low and middle-income countries without close supervision and refresher courses is like a hit and run activity. Task shifting without a public mental health care structure is like pouring milk without a can. Task shifting without years of commitment is a form of negligence. This lecture presents data on a five-country project with children including mixed methods research and a series of cluster randomized trials as well as data from a cost-effectiveness study in Africa and Asia. It shows the remarkable successes in terms of efficacy and cost-effectiveness that can be realized if a number of conditions are met.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Plaza 1**  
**10:30 AM - 11:45 AM**  
**Symposium**

**A Collaborative Model for Building Capacity in Mental Healthcare: Training and Supervision for the Youth Readiness Intervention in Sierra Leone**

(Abstract # 885)

**Symposia Presentation (Clin Res, Child/ Adol) M - W & C Africa**

**Plaza 01**

**Newnham, Elizabeth, PhD<sup>1</sup>; Akinsulure-Smith, Adeyinka, PhD<sup>2</sup>; Hansen, Nathan, PhD<sup>3</sup>; Betancourt, Theresa, ScD, MA<sup>1</sup>**

<sup>1</sup>*Harvard School of Public Health/François-Xavier Bagnoud Center, Boston, Massachusetts, USA*

<sup>2</sup>*City College of the City University of New York, New York, New York, USA*

<sup>3</sup>*Yale School of Medicine, New Haven, Connecticut, USA*

Children and adolescents affected by war face a range of difficulties in the post-conflict setting, yet the rate of unmet mental health needs is nearly 100% in low and middle income nations. Opportunities exist to bridge this gap through effective training of local mental health workers in evidence-based treatments. This study aimed to develop and evaluate training practices for lay counselors in Sierra Leone in an evidence-based, group mental health intervention for war-affected youth. Clinical training was conducted over a two week period. Sessions comprised didactic learning, intensive role play, and within group-feedback on intervention components, including psychoeducation for trauma, sequential problem solving, interpersonal and communication skills, behavioral activation, and cognitive restructuring. A collaborative approach to training was vital: for each technique, trainees highlighted locally-relevant examples and ethical challenges, which informed further refinement of the treatment. Opportunities for self-care and organizational support were discussed, and supervision by study leadership continued via subsequent weekly skype meetings throughout the implementation period. Overall, trainings provided local counselors with strong grounding in evidence-based practice, and contributed to successful implementation of the intervention in Sierra Leone. This study has implications for improving effective mental health services in other low-resource and war-affected settings.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**10:30 AM - 11:45 AM**  
**Special Workshop**

**Applications of Dialectical Behavior Therapy to the Treatment of Dissociative Behavior and Other Complex Trauma-Related Problems**

(Abstract # 1875)

**Workshop Presentation (Practice, Adult/Cmplx) I - Industrialized**

**Diamond Salon 01**

**Wagner, Amy, PhD**

*Portland VA Medical Center, Portland, Oregon, USA*

Individuals who have experienced multiple and/or severe traumatic experiences during development often present with a wide range of problems related to severe emotion dysregulation. The complexity and heterogeneity of this population pose unique challenges for clinicians, as existing protocol treatments for post-traumatic stress disorder (PTSD) are often insufficient or existing problems may interfere with the delivery of these treatments (e.g., dissociative or suicidal behavior). Dialectical behavior therapy (DBT) is based on empirically supported principles (as opposed to protocols) that lead to individualized case formulations and treatment plans to treat the interpersonal, emotional, and behavioral difficulties of individuals with severe emotion dysregulation. This workshop will overview the principles of DBT, procedures for developing individualized case formulations and determining empirically-based interventions (based on behavioral analyses), and key DBT interventions, including DBT skills. Applications to the treatment of dissociative behavior and other complex trauma-related problems will be emphasized. Considerations for determining whether to initiate empirically-based (protocol) treatments for PTSD in this population will be discussed.

**Concurrent Session 12**  
**Saturday, November 3, 2012**  
**Diamond Salon 4 & 5**  
**10:30 AM - 11:45 AM**  
**Workshop**

**NIMH Funding Opportunities and Priorities in Translational Trauma Research**

(Abstract # 1570)

**Workshop Presentation (Train/Ed/Dis, N/A) M - Global**

**Diamond Salon 04 & 05**

**Borja, Susan, PhD; Sarampote, Christopher, PhD**

*National Institute of Mental Health, Bethesda, Maryland, USA*

An application for NIH funding support requires substantial effort from the primary investigator(s). Program staff represent a useful resource for prospective grantees throughout the application process, particularly for newer investigators who may have less familiarity with NIH structure and its research funding mechanisms. Further, program staff can provide insight into factors that affect the likelihood of funding (including idea development, the review process, and current institute/division/program priorities). The goal of this workshop is to facilitate a dialog with investigators interested in NIH funding around various aspects of grantsmanship and current funding priorities for traumatic stress research at NIMH. In particular, two programs will be highlighted, the Trajectories of Trauma, Anxiety, and Fear Program in the Division of Developmental Translational Research and the Traumatic Stress Program (including the Dimensional Measurement and Intervention Program) in the Division of Adult Translational Research.

## **Concurrent Session 12**

**Saturday, November 3, 2012**

**Diamond Salon 7**

**10:30 AM - 11:45 AM**

**Workshop**

**Beyond Habituation: Using Prolonged Exposure to Process Trauma-Related Guilt, Shame, and Grief**

(Abstract # 1861)

**Workshop Presentation (Practice, N/A) M - Industrialized**

**Diamond Salon 07**

**Hembree, Elizabeth, PhD; Brinen, Aaron, PsyD**

*University of Pennsylvania, Philadelphia, Pennsylvania, USA*

Prolonged Exposure (PE) for PTSD is rooted in emotional processing theory, which has provided a framework for understanding the representation and modification of pathological or excessive fear. Exposure is a potent means of accessing or activating these representations while also providing opportunity for incorporation of “corrective information” that serves to modify their unrealistic elements. In its application with PTSD, years of research and clinical work have yielded a rich understanding of emotional processing of traumatic memories via imaginal and in vivo exposure. While PTSD has been conceptualized and codified as an anxiety disorder, clinicians and researchers alike have long been aware that trauma survivors with PTSD often present with trauma narratives and current experience dominated by emotions other than or in addition to fear: shame, guilt, grief, anger, and sadness. This workshop will focus on tailoring this traumatic stress treatment to help the PTSD sufferer



to access and process these 'non-fear' emotions, and also to 1) integrate all of the salient information - events, emotions, thoughts, behaviors, environment - within the trauma memory, 2) contextualize and understand their own reactions and experience of the trauma and its aftermath, and 3) achieve a realistic perspective on the traumatic event and their behavior during it, as well as the impact it has had and will have in the future. Case presentations will be used to illustrate the efficacy of imaginal exposure in reducing emotions such as guilt, shame, and grief.

Participant Distress Explanation: This workshop will include verbal descriptions and case presentations of traumatic experiences.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 4 & 5**  
**1:30 PM - 2:45 PM**  
**Keynote Address**

**Public Mental Health as the Future Paradigm for Our Trauma Societies?**  
(Abstract # 2144)

**Invited Speaker (Global, Disaster) M - Industrialized**

**Diamond Salon 04 & 05**

**De Jong, Joop, MD, PhD**

*ParnassiaBavoGroup, The Hague, Netherlands*

How do we address the psychological needs of large populations exposed to severe traumatic stressors? To answer this question, a public mental health approach is quickly gaining popularity for trauma-exposed populations in international settings. This presentation will address how this perspective may inform prevention and care with populations exposed to traumatic stressors both in high-income (e.g. in the aftermath of 9/11 or Katrina) and in developing countries (e.g. in the context of natural disasters and armed conflicts).

Public mental health aims at protecting, promoting and restoring the mental health of a population rather than an individual. The paradigm of public mental health has several important implications for the trauma profession in the realms of prevention, resilience, research and competencies.

First, both origins and consequences of disasters play at different system levels. Hence, primary prevention can become more effective if it further develops interventions that address these multiple system levels. Universal primary prevention has much to win by distilling and addressing key predictors of ill health that show striking similarity with the determinants of disaster and war including poverty and marginalization.

Second, an ecological approach requires a shift from individual psychological resilience to ecological resilience involving diverse actors at the level of the community. An ecological approach also asks for a

careful cultural critique of the salience of the neuroscience construct of post-traumatic stress disorder (PTSD) versus other expressions of distress across the globe.

Third, dealing with distress in resource-strained settings requires task sharing and task shifting by mental health professionals to locally trained paraprofessionals and lay people. It also requires a shift from specialized treatment to selective prevention involving local healers, local practitioners and a range of community interventionist from other disciplines.

Fourth, public mental health calls for a new research agenda. We need research on tipping points that convert inaction to cooperation and synergy in post-disaster areas and refugee camps. We need research on the transformation of stigma and helplessness into connectivity and remoralization of vulnerable populations. We need research to change cycles of violence (e.g. by the use of transitional justice mechanisms into peaceful coexistence). We also need research on differential susceptibility to traumatic stress transcending the macro-level of ecological resilience to the micro-level of epigenetics.

Finally, the public mental paradigm asks for a redefinition of psychological and other competencies in both high and low-income countries. It implies that psychologists and other mental health professionals become core team players liaising to other professionals involved in health and education, the economy, governance, the military, and human rights.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Plaza 1**  
**1:30 PM - 2:45 PM**  
**Featured Presentation**

**Research Ethics**  
(Abstract # 2147)

**Invited Speaker (Ethics, N/A) | - Global**

**Plaza 01**

**Taube, Daniel, JD, PhD**

*Alliant University, Alhambra, California, USA*

Must trauma researchers meet higher standards than researchers focusing on less vulnerable populations? Do the development of knowledge and respect for autonomy outweigh participant vulnerability when investigating the immediate experience of trauma survivors? Does empirical research on research ethics shed light or obfuscate the fundamentally value-based decision making process in which researchers and IRBs must engage? This presentation will focus on current controversies in the ethics of research on trauma. It will review ethical analysis, informed consent, and the use of data to inform research methods and ethical decision making.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Trauma-Informed Treatment with Marginalized Groups**  
(Abstract #623)

**Chairperson** **DePrince, Anne, PhD**  
*University of Denver, Denver, Colorado, USA*

This symposium focuses on intervention research with frequently marginalized groups, including youth in the child welfare and community mental health systems as well as adults in the criminal justice system. Experiences of significant life adversity and marginalization can affect clients' ability to access and/or make effective use of trauma-informed care. Research conducted with marginalized groups offers critically important information about the empirical base for interventions as well as highlights the particular needs of marginalized clients. Presentations will consider interventions for a range of trauma-related problems, from depression and PTSD to revictimization, with both youth and adult clients. Speakers will discuss implications of these empirical studies for developing innovative interventions for marginalized clients.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Adapting and Testing Revictimization Prevention Programming with Adolescent Girls in the Child Welfare System**  
(Abstract # 624)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 01**

**DePrince, Anne, PhD; Chu, Ann, PhD; Shirk, Stephen, PhD; Potter, Cathryn, PhD**  
*University of Denver, Denver, Colorado, USA*

Research describes two major models of revictimization risk in girls and women. First, social learning models focus on relationship and gender role expectancies (e.g., beliefs and attitudes about violence in intimate relationships). Second, risk detection models focus on risk detection abilities (e.g., emotional

awareness, attention to danger). This study tested two separate curricula derived from these respective models to address revictimization risk among female adolescents aged 12-19 involved with the child welfare system. Youth violence prevention programs have typically been implemented in school settings, thereby missing high-risk youth in alternative educational settings. Instead, this community-based prevention program was tested with a high-risk and hard-to-reach population. Participants included 170 ethnically diverse adolescent girls facing considerable life adversity, from poverty and teen parenthood to complex trauma. Participants were randomly assigned to one of two 12-week group prevention curricula. From pre- to post-assessment, participants reported significant declines in dating aggression and mental health symptoms; these gains held at two-month follow-up. The relative strengths of each intervention approach will be discussed as well as implications for adapting prevention programming for adolescents facing significant life adversity.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Innovations in Trauma-Focused Prison Diversion Program**  
(Abstract # 626)

**Symposia Presentation (Clin Res, Violence) M - Industrialized**

**Diamond Salon 01**

**Miller, Ashley, MA<sup>1</sup>; Newman, Elana, PhD<sup>1</sup>; Tarrasch, Mimi, MA<sup>2</sup>; Hinthner, Roxanne, MS<sup>2</sup>; Liles, Brandi, MA<sup>1</sup>; Wiedeman, Rachel, MA<sup>1</sup>; Morales, Teresa, BA<sup>1</sup>**

<sup>1</sup>*University of Tulsa, Tulsa, Oklahoma, USA*

<sup>2</sup>*Family and Children's Services, Tulsa, Oklahoma, USA*

Women in Recovery (WIR) is a trauma-focused substance abuse prison diversion treatment program for non-violent female offenders. Herman's (1992) principles of recovery inform all programming: establishing safety, reconstructing the trauma story, and restoring connection between the survivor and community. Seeking Safety (Najavits, 2002) and Healing the Trauma of Domestic Violence (Kubany, et al., 2004) are the specific trauma treatments, although accountability, empowerment, and reciprocal community engagement underlie all interventions addressing substance abuse, parenting, and occupational training. Program evaluation to enhance treatment outcomes is ongoing; updated results will be presented at the conference. Among the 123 initial participants, 98.3% self-report exposure to a potentially traumatic event in their lifetime, with unwanted sexual contact (65.6%) the most commonly reported event. Initially 66.4% met probable diagnosis of major depressive disorder (MDD). MDD was reduced to 46.6% by 3 months and 19.2% by 12 months. At the start of the program, 35% met probable diagnosis of post-traumatic stress disorder (PTSD). PTSD rates reduced to 11.9% by 3 months and 3.7% by 12 months. With respect to revictimization, scores on a dysfunctional sexual behavior scale

significantly reduced over time ( $t(26)=3.44$ ,  $p<.01$ ). Treatment, implementation, and evaluation challenges with this marginalized group will be discussed.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Comparative Outcomes for Depressed, Trauma Exposed Adolescents Treated in Mindfulness CBT or Usual Care**  
(Abstract # 627)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 01**

**Shirk, Stephen, PhD; DePrince, Anne, PhD**

*University of Denver, Denver, Colorado, USA*

One of the most prevalent referrals to community clinics is adolescent depression, which is often complicated by interpersonal trauma history. Prior clinical trials show that depressed adolescents with trauma histories respond more poorly to cognitive-behavioral therapy (CBT) with and without medication. This study examined the effects of a modified CBT (m-CBT) protocol developed for such depressed youth. The primary treatment modifications were the inclusion of mindfulness-based exercises to enhance executive functioning and targeting trauma-related cognitions. Adolescents ( $N=54$ ; ages 13-18; 82% female; 48% Caucasian) who met diagnostic criteria for a depressive disorder and reported history of interpersonal trauma were randomized to usual care therapy (UC) or to m-CBT. Therapy was delivered in community clinics. Both groups attained significant reductions in depressive symptoms from pre- to post-treatment. Outcomes for depressive symptoms and remission of depressive disorders were similar across groups; remission rates are comparable to acute outcomes in efficacy trials for adolescent depression. Additional subgroup analyses evaluated the impact of co-morbid PTSD, externalizing problems, type of interpersonal trauma, and concurrent life stress and adversity on depression outcomes. Barriers to implementation of trauma-specific treatments in community clinics will be discussed.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Development and Evaluation of a Sexual Violence Therapy Group for Incarcerated Women**  
(Abstract # 628)

**Symposia Presentation (Clin Res, Adult/Cmplx) M - Industrialized**

**Diamond Salon 01**

**Karlsson, Marie, MA, PhD, Student<sup>1</sup>; Bridges, Ana, PhD<sup>1</sup>; Bell, Jessica, LCSW<sup>2</sup>; Petretic, Patricia, PhD<sup>1</sup>**

<sup>1</sup>*University of Arkansas, Fayetteville, Arkansas, USA*

<sup>2</sup>*Peace at Home Family Shelter, Springdale, Arkansas, USA*

Incarcerated women report high sexual victimization rates ranging from 68 to 100% (Blackburn, Mullings, & Marquart, 2008; Bradley & Follingstad, 2003). Sexual violence victims are at risk for developing a range of physical and mental health symptoms (Campbell, 2002) in addition to being at risk for re-victimization (Cloitre & Rosenberg, 2006). Even while incarcerated, women are at risk for being sexually victimized (Blackburn et al., 2008). Researchers have argued that there is a lack of female oriented treatments for incarcerated women that focus on trauma and sexual victimization (Blackburn et al., 2008), despite the high rates of victimization and many negative outcomes. This project consisted of developing, implementing, and evaluating a structured 8-week therapy group focusing on understanding and healing from sexual violence, abuse, and trauma in a women's correctional facility. Each group consisted of 5-10 participants and 1-2 therapists. The process group included psychoeducation about sexual abuse and common outcomes as well as elements from already established cognitive-behavioral trauma treatments. This presentation will include an outline of the treatment structure, content, and process as well as a discussion about preliminary treatment outcomes (pre-post symptom changes) and lessons learned.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Resilience in War-Affected Refugee Children, Youth and Families: Implications for Intervention Development**  
(Abstract #705)

**Chairperson** Betancourt, Theresa, ScD

*Harvard School of Public Health/FXB Center, Boston, Massachusetts, USA*

Research on the mental health of refugees and war-affected children, youth and families has documented numerous risks for mental health problems and adjustment difficulties. To date, not enough attention has been paid to the protective processes operating within individuals, families and communities. Such processes may be leveraged by interventions to support healthy adjustment, however, dynamics may vary widely across different cultures. Such realities underscore the importance of contextualized, culturally-sensitive approaches to intervention development. In this symposium, presentations will showcase a range of studies both quantitative and qualitative which highlight findings across cultural groups on risk and protective processes in the mental health of refugee children, youth and families. This symposium will showcase qualitative studies of Somali Bantu refugees in the Boston area, African migrants in New York City, war-affected children and youth in Burundi, as well as latent class growth analyses of quantitative longitudinal data on war-affected youth in Sierra Leone. Data on familial and cultural strengths as well as quantitative data on treatment outcomes and leverage points for intervention will be presented to illustrate approaches to promoting resilience in the mental health of refugee and war-affected children, youth and families.

### **Concurrent Session 13**

**Saturday, November 3, 2012**

**Diamond Salon 2**

**1:30 PM - 2:45 PM**

**Symposium**

**Family Conflict and Community Support Among West African Refugee Families in New York**  
(Abstract # 708)

**Symposia Presentation (Cul Div, Civil/Ref) M - Industrialized**

**Diamond Salon 02**

**Akinsulure-Smith, Adeyinka, PhD<sup>1</sup>; Chu, Tracy, PhD, MPH<sup>2</sup>; Keatley, Eva, BS<sup>3</sup>; Rasmussen, Andrew, PhD<sup>3</sup>**

<sup>1</sup>*City University of New York, New York, New York, USA*

<sup>2</sup>*Brooklyn College, CUNY, Brooklyn, New York, USA*

<sup>3</sup>*New York University School of Medicine, New York, New York, USA*

Migrants from West African countries constitute some of the most rapidly growing immigrant groups in many urban areas, and many hail from conflict regions where both adults and children have been exposed to trauma and dislocation. Clinicians interested in designing interventions for these populations must attend to cultural and community contexts in which different family members are situated. Using a grounded theory approach with focus group and individual interviews, we examined the challenges

faced by these new migrant families, the community support structures that exist within their communities, and the ways in which these structures can be both a source of support and a source of conflict. In order to isolate family conflict factors related to exposure to political violence and forced migration (as opposed to cultural factors alone), our research design included voluntary migrant families as well. Differences between forced and voluntary migrant families suggest that forced migrants value community structures more despite their increased concern about stigma.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Trauma, Displacement, and Parent-Child Relationships: Understanding Mental Health Problems Among Somali Bantu Refugee Children and Adolescents**  
(Abstract # 709)

**Symposia Presentation (Cul Div, Civil/Ref) I - Industrialized**

**Diamond Salon 02**

**Betancourt, Theresa, ScD, MA<sup>1</sup>; Hussein, Aweis, N/A<sup>2</sup>; Hann, Katrina, MA<sup>1</sup>; Falzarano, Rita, BA<sup>3</sup>; Abdirahman, Abdi, N/A<sup>2</sup>; Haji, Zahara, N/A<sup>2</sup>; Mohamed, Jafar, N/A<sup>2</sup>; Abdullahi, Amina, N/A<sup>2</sup>**

<sup>1</sup>*Harvard School of Public Health/FXB Center, Boston, Massachusetts, USA*

<sup>2</sup>*Shanbaro Association/Chelsea Collaborative, Chelsea, Massachusetts, USA*

<sup>3</sup>*Chelsea Collaborative, Chelsea, Massachusetts, USA*

Refugee youth represent a particularly vulnerable service population due to high rates of family trauma exposure and resettlement stressors. The Somali Bantu are a historically disadvantaged refugee group from Somali characterized by a history of discrimination and limited educational access which has followed them through their plight in refugee camps in Kenya to their resettlement in the United States. Upon arriving in the U.S., the Somali Bantu face additional stressors comprising cultural, social, legal and economic challenges, all of which exacerbate difficulties in parent-child relationships and increase the risk of mental health problems. This presentation presents results from qualitative research on Somali Bantu conceptualizations of mental health problems in children, services needs and preferences, and culturally-relevant protective processes. Free list exercises were conducted with N=40 Somali Bantu children (ages 10-17) and adults in the Boston metropolitan area, followed by N=20 key informant interviews. Findings indicated several emotional and behavioral problems common among refugee children, as well as a range of resettlement stressors and important protective processes. Findings have illuminated several key factors to be prioritized as the active ingredients of mental health services for Somali Bantu youth and families.



**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Strengthening Household Economics and Family Resilience in Burundi**  
(Abstract # 710)

**Symposia Presentation (Clin Res, Civil/Ref) M - W & C Africa**

**Diamond Salon 02**

**Annan, Jeannie, PhD<sup>1</sup>; Armstrong, Miranda, MA<sup>2</sup>; Inamahoro, Claudine, MA<sup>2</sup>; Bundervoet, Tom, PhD<sup>2</sup>**

<sup>1</sup>*International Rescue Committee, New York, New York, USA*

<sup>2</sup>*International Rescue Committee, Bujumbura, Burundi*

Burundi has faced decades of conflict and many Burundian families face the double burden of experiencing traumatic events and living with the current stress of poverty. In such settings, there is still little evidence of how family-focused economic or psychosocial interventions improve children's well-being and even less about how the two may work together. We present findings from our RCT of Village Savings and Loans Association (VSLA) and VSLA with an added family-based intervention. 1593 families were randomly assigned to 1) VSLA (N=399), 2) VSLA plus family-based intervention (N=403), and 3) waitlist control (N=791). After the first year follow up, families in both treatment groups had significant increases in household expenditures and household assets compared to controls. Initial findings from the family-based intervention showed a reduction in harsh discipline and family problems and children's distress. Findings include both parent and child report. The second year follow up findings will also be presented.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Resilience and the Social Ecology of War: Mental Health Trajectories for War-Affected Youth in Sierra Leone**  
(Abstract # 711)

**Symposia Presentation (Clin Res, Child/ Adol) M - W & C Africa**

**Diamond Salon 02**

**Betancourt, Theresa, ScD, MA; Newnham, Elizabeth, PhD**

*Harvard School of Public Health/FXB Center, Boston, Massachusetts, USA*

For war-affected children and youth, the social ecology shapes and influences both risky and resilient mental health outcomes over time. Using three waves of data from a longitudinal study in Sierra Leone, latent class growth analyses were used to examine mental health trajectories for 529 war-affected youth (ages 10-17 at baseline; 25% female). Latent class growth analyses identified four trajectory classes: a large proportion (41.4%) maintained low symptom levels in the post-war period while 47.6% showed significant improvement over time despite very limited access to care. A small group (4.5%) sustained high levels of internalizing behaviors post-war while 6.4% showed significant deterioration. High symptom and deteriorating trajectories were associated with loss of a caregiver during war, family abuse and neglect post-conflict, and stigma related to being a former child soldier. The most resilient trajectories were associated with community acceptance and higher levels of prosocial/adaptive behaviors. To complement these findings, we explore qualitative data (N=10) that highlights the multiple influences which may contribute to resilience over time in war-affected children and youth.

### **Concurrent Session 13**

**Saturday, November 3, 2012**

**Diamond Salon 3**

**1:30 PM - 2:45 PM**

**Symposium**

**Using Neuroscience to Improve PTSD End-to-End: From Detection to Treatment Response**

(Abstract #796)

**Chairperson Allen, Adrian, PhD**

*University of New South Wales, Sydney, Australia*

In this symposium, four clinician researchers will present findings from separate quasi experimental studies in which neuroimaging methodologies have been used to enhance understanding of post-traumatic stress disorder (PTSD) conceptualisation and treatment response. Having utilized both emotion-based paradigms (e.g. response to facial expressions) and emotion-neutral cognitive paradigms (e.g. response inhibition) in samples of mixed trauma background, studies presented outline: structural and functional neuroimaging biomarkers for PTSD; how brain function varies with PTSD symptom intensity and symptom profile; and how brain function at pre-treatment is predictive of PTSD response to cognitive behavioral therapy (CBT). Collectively, the findings have implications for refining conceptualization of post-traumatic responses and for the conduct of psychological intervention for PTSD so as to optimize treatment response. As such, they may be an input into tailoring psychological interventions in order to improve rates of post-trauma recovery.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Neural Circuitry of inhibitory Control as a Predictor of PTSD Response to CBT**  
(Abstract # 797)

Symposia Presentation (Bio Med, Acc/Inj ) M - Industrialized

Diamond Salon 03

**Allen, Adrian, PhD**

*University of New South Wales, Sydney, Australia*

Despite the effectiveness of cognitive behavioral therapy (CBT) in treating post-traumatic stress disorder (PTSD), approximately 30% to 50% of patients do not show significant symptom reduction (Bradley et al., 2005). Disturbed neural networks of inhibitory control may contribute to this limited response rate by reducing patients' ability to engage in CBT. In this study thirteen PTSD patients underwent pre-treatment functional magnetic resonance imaging (fMRI) while performing a Go/NoGo task of response inhibition. They then received eight sessions of weekly CBT comprising cognitive restructuring and imaginal and in vivo exposure. PTSD symptoms were measured before and six months following treatment. Depressive symptoms were measured at pre-treatment. Regression analyses were conducted between post-treatment PTSD symptom level and fMRI blood oxygenation level dependent (BOLD) signal on a whole-brain basis. Analyses controlled for pre-treatment depressive and PTSD symptom levels. Better PTSD response to CBT was associated with greater activation of a localized left dorsal striatal and frontal network during inhibitory control. However, poorer treatment response was associated with activation of a more distributed fronto-parieto-striatal and cerebellar network during inhibitory control. Findings support the hypothesis that increased efficiency of inhibitory control in PTSD

may predict better treatment outcome. These findings may have implications for the conduct of CBT in order to enhance treatment response rates.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Different Neural Substrates Underlie the Four-Factor Symptom Clusters in PTSD**  
(Abstract # 808)

**Symposia Presentation (Bio Med, Violence) I - E Asia & Pac**

**Diamond Salon 03**

**Felmingham, Kim, BA (Hons), PhD<sup>1</sup>; Allen, Adrian, BA (Hons), PhD<sup>2</sup>; Bryant, Richard, BA (Hons), PhD<sup>2</sup>**

<sup>1</sup>*University of Tasmania, Sandy Bay, Australia*

<sup>2</sup>*University of New South Wales, Sydney, Australia*

The nature and structure of PTSD symptoms have been the subject of ongoing debate, and several factor analysis studies propose an optimal four-factor model comprising re-experiencing, avoidance, hyperarousal and a more generic dysphoria cluster which shares many symptoms with depression. Most studies have used questionnaire data, there is relatively little evidence of neural substrates underlying these symptom clusters. This study investigated neural responses to fearful faces in relation to the different symptom clusters in PTSD. Twenty-four patients with civilian PTSD underwent functional magnetic resonance imaging whilst viewing fearful and neutral facial expressions. Analyses reveal specific neural activity associated with the different symptom clusters. Re-experiencing symptoms were positively associated with activity in middle occipital gyrus and caudate nucleus, active avoidance symptoms were associated with frontal activity, hyperarousal symptoms were associated with increased activity in the amygdala, hippocampus and dorsal brainstem, and the dysphoria cluster of symptoms was associated with activity in rostral anterior cingulate. These findings provide evidence of neurobiological specificity between the proposed symptom clusters and accord with current theoretical and structural models of PTSD.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**1:30 PM - 2:45 PM**  
**Symposium**

**A Resting State fMRI Study on The Functional Connectivity, Neural Network Architecture and Neural Network Properties of PTSD**

(Abstract # 809)

**Symposia Presentation (Bio Med, Mil/Vets) M - Industrialized**

**Diamond Salon 03**

***Yan, Xiaodan, MS, PhD; Marmar, Charles, MD***

*New York University, New York, New York, USA*

This study used resting state fMRI to study the functional connectivity on combat-related PTSD. 38 male veterans of OIF/OEF, with 19 PTSD+ and 19 PTSD-, were diagnosed with CAPS. The two groups were matched on age, gender, ethnicity, and education levels. PTSD Checklist (PCL), Beck Depression Index (BDI), Emotion Regulation Scale (ERS) and Peritraumatic Dissociative Experiences Questionnaire (PDEQ) were administered as self-report measures. Anatomical MRI and resting state fMRI data were acquired on a SIEMENS 3T Trio scanner. Functional connectivity (FC) studies, following the standard protocol of resting state fMRI analysis, were conducted to reflect temporal synchronization between different brain regions. Several whole brain functional connectivity analyses were conducted with seeds at the thalamus, the insula, the ACC, the amygdale, and the precuneus. We observed decreased thalamocortical FC (which had an opposite pattern in mild TBI (Tang et al., 2011)), asymmetric insular FC, decreased amygdale-frontal FC, and different spatial patterns of FC-s with the ventral and dorsal ACC. A comprehensive graph theory based analysis aimed at revealing the comprehensive pattern of FC-s among all the brain regions in the whole brain neural network, was conducted, and revealed changed network properties and architectures that indicates lower efficiency in the network of PTSD+. These translational neuroscience findings have the potential for improving our understanding on neural mechanisms and differential diagnosis of PTSD. Use of these neuroscience methods in PTSD research can assist refinement of PTSD conceptualisation and treatment to facilitate improved post-traumatic recovery.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Effect of Direct Eye Contact in PTSD Related to IntERPersonal Trauma: A fMRI Study of Activation of an innate Alarm System**

(Abstract # 810)

**Symposia Presentation (Clin Res, Adult/Cmplx) M - C & E Europe & Indep**

**Diamond Salon 03**

**Lanius, Ruth, MD, PhD<sup>1</sup>; Steuwe, Carolin, MA<sup>1</sup>; Daniels, Judith, PhD<sup>2</sup>; Frewen, Paul, PhD<sup>1</sup>; Densmore, Maria, BSc<sup>1</sup>**

<sup>1</sup>*University of Western Ontario, London, Ontario, Canada*

<sup>2</sup>*Charité Universitätsmedizin Berlin, Berlin, Germany*

**Background:** In healthy individuals, direct eye contact initially leads to activation of a fast subcortical pathway, which then modulates a cortical route eliciting social cognitive processes. The aim of this study was to gain insight into the neurobiological effects of direct eye-to-eye contact using a virtual reality paradigm in individuals with post-traumatic stress disorder (PTSD) related to childhood abuse.

**Methods:** We examined 16 healthy comparison subjects and 16 patients with a primary diagnosis of PTSD using a virtual reality fMRI paradigm involving direct versus averted gaze as developed by Schrammel et al. (2009).

**Results:** Irrespective of the displayed emotion, controls exhibited an increased brain activation during direct vs averted gaze within the dorsomedial prefrontal cortex, left temporoparietal junction, and right temporal pole. Under the same conditions, individuals with PTSD showed increased activation within the superior colliculus (SC)/periaqueductal gray (PAG) and locus coeruleus.

**Discussion:** Our findings suggest that healthy controls react to exposure to direct gaze with an activation of a cortical route which enhances evaluative 'top-down' processes subserving social interactions. In individuals with PTSD, however, direct gaze leads to a sustained activation of a subcortical route of eye contact processing, an innate alarm system involving the SC.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Gender Differences in War-Zone Stressors and Postdeployment Mental Health Among U.S. Service Members and Veterans Returning from Deployment to Afghanistan or Iraq**  
(Abstract #568)

**Chairperson** Luxton, David, PhD

*National Center for Telehealth & Technology, Joint Base Lewis-McChord, Washington, USA*

Four researchers from the Veterans Administration Health Care System and the Department of Defense report findings from four studies that examined gender differences in postdeployment mental health among Service Members and Veterans returning from deployment to Afghanistan or Iraq. The prevalence of mental health disorders are reported and the role of combat-related stressors, military sexual trauma, and other war-zone experiences are evaluated. Collectively, study results indicate gender-specific risk and vulnerability factors that can inform clinical assessment, screening, treatment, and outreach programs.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Gender Differences in Combat-Related Stressors and Their Association with Postdeployment Mental Health in a Nationally Representative Sample of U.S. OEF/OIF Veterans**  
(Abstract # 563)

**Symposia Presentation (Cul Div, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Vogt, Dawne, PhD<sup>1</sup>; Vaughn, Rachel, BA<sup>1</sup>; Glickman, Mark, PhD<sup>2</sup>; Schultz, Mark, PhD<sup>3</sup>; Drainoni, Mari-Lynn, PhD<sup>2</sup>; Elwy, A. Rani, PhD<sup>3</sup>; Eisen, Susan, PhD<sup>3</sup>**

<sup>1</sup>*VA Boston Healthcare System, Boston, Massachusetts, USA*

<sup>2</sup>*Boston University School of Public Health, Boston, Massachusetts, USA*

<sup>3</sup>*VA Bedford Healthcare System, Bedford, Massachusetts, USA*

The literature on gender differences in the effects of combat stress on postdeployment mental health has been mixed, with some studies suggesting similar levels of resilience to combat stress and other studies suggesting that women are more vulnerable to combat stress than men. The current study evaluated gender differences in different dimensions of combat-related stress and associated consequences for postdeployment mental health in a nationally representative sample of 592 male and female U.S. Veterans who had recently returned from deployment to Afghanistan or Iraq. As expected, women reported slightly less exposure than men to most combat-related stressors, but no gender differences were observed in reports of perceived threat in the warzone. Though it was hypothesized that combat-related stressors would demonstrate stronger negative associations with postdeployment mental health for women, only one of 16 stressor X gender interactions achieved statistical significance and an evaluation of the clinical significance of interactions revealed that effects were trivial. Results suggest that female and male OEF/OIF service members experience similar levels of mental health symptom severity when exposed to comparable amounts of combat-related stressors. Possible explanations for the discrepancy of findings in the literature are discussed, as well as implications for assessment and treatment.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Gender Differences in Traumatic Experiences and Mental Health in Active Duty Soldiers Redeployed from Iraq and Afghanistan: Implications for Evaluation and Treatment**  
(Abstract # 564)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Maguen, Shira, PhD<sup>1</sup>; Luxton, David, PhD<sup>2</sup>; Skopp, Nancy, PhD<sup>2</sup>; Madden, Erin, MPH<sup>3</sup>**

<sup>1</sup>*San Francisco VA Medical Center and University of California, San Francisco, San Francisco, California, USA*

<sup>2</sup>*National Center for Telehealth & Technology, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury and University of Washington School of Medicine, Tacoma, Washington, USA*

<sup>3</sup>*San Francisco VA Medical Center, San Francisco, California, USA*

The purpose of this study was to examine gender differences in combat exposure, military sexual trauma (MST), and their associations with mental health screen results among military personnel deployed in support of the wars in Afghanistan and Iraq. Cases included 7,251 active duty soldiers (6697 men and 554 women) who presented for their pre- and post-deployment screening from March 2006 to July 2009. Women reported greater exposure to MST than men. Although men reported greater exposure to high-intensity combat experiences than women, results indicate that women are



experiencing combat at higher rates than observed in prior cohorts. Men were more likely to report problem drinking, and women were more likely to report depression symptoms. There were no gender differences with respect to PTSD symptoms. Although we found few differences between women and men in the impact of combat stressors on mental health, there was a stronger association between injury and PTSD symptoms for women than for men. Our findings indicate that it would be useful for clinicians to assess for exposure to a full range of traumatic combat experiences, particularly injury, as not all types of combat experiences may be equally experienced by men and women returning from military deployments.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**1:30 PM - 2:45 PM**  
**Symposium**

**An Investigation of Gender in Relation to the Development of Post-Traumatic Stress Symptoms Following Iraq Deployment: The Role of Intimate Relationships and Combat Exposure**  
(Abstract # 565)

**Symposia Presentation (Cul Div, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Skopp, Nancy, PhD<sup>1</sup>; Reger, Mark, PhD<sup>1</sup>; Reger, Greg, PhD<sup>1</sup>; Mishkind, Matthew, PhD<sup>1</sup>; Rashkind, Murray, MD<sup>2</sup>; Gahm, Gregory, PhD<sup>1</sup>**

<sup>1</sup>*National Center for Telehealth & Technology, Tacoma, Washington, USA*

<sup>2</sup>*Veterans Affairs Medical Center, Seattle WA, Seattle, Washington, USA*

This research was a retrospective cohort study that examined intimate relationships and combat exposure in relation to combat-related post-traumatic stress disorder (PTSD) symptoms reported by male and female US soldiers (n = 2,583). Soldiers reported PTSD symptoms and the perceived strength of their intimate relationships at pre-deployment. At post-deployment, soldiers again reported PTSD symptoms and perceived intimate relationship strength as well as combat exposure that occurred during the deployment from which they were returning. Results indicated that decreases in perceived intimate relationship strength from predeployment to postdeployment were positively associated with presumed PTSD at higher, but not lower, levels of combat exposure; this effect, OR = 1.91, 95% CI [1.08, 3.39], was found only for female soldiers. Overall risk for postdeployment presumed PTSD was found to be nearly 2.5 times greater for women, as compared to men. These findings suggest that, for female soldiers, perceived loss of relationship intimacy may exacerbate the deleterious effects of high combat exposure, potentially increasing susceptibility to PTSD. Findings are also in accord with research indicating an intimate partner's emotional validation of a traumatic event may more important for females as compared to males.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Gender Differences in Depression and PTSD Symptoms Following Combat Exposure**  
(Abstract # 566)

**Symposia Presentation (Assess Dx, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Luxton, David, PhD<sup>1</sup>; Skopp, Nancy, PhD<sup>1</sup>; Maguen, Shira, PhD<sup>2</sup>**

<sup>1</sup>*National Center for Telehealth & Technology, Joint Base Lewis-McChord, Washington, USA*

<sup>2</sup>*San Francisco VA Medical Center / University of California, San Francisco CA, San Francisco, California, USA*

This research examined gender as a moderator of the association between combat exposure (CE) and depression as well as CE and PTSD symptoms among a sample of U.S. Soldiers who were deployed in support of combat operations in Afghanistan and Iraq. Cases included 6,943 (516 women, 6427 men) active duty Soldiers that were retrospectively analyzed from a pre - and post-deployment screening database at a large Army installation. The results indicated that gender moderated the association between CE and depression and PTSD symptoms such that higher levels of CE were more strongly associated with depression and PTSD symptoms in women compared to men. Women in this sample also reported higher severity of depressive symptoms compared to their male counterparts, whereas men reported higher levels of CE and greater numbers of previous deployments. CE was a stronger predictor of post-deployment depression and PTSD symptoms for women compared to men. These findings provide evidence for gender-based differences in depression and PTSD risk and suggest that screening for degree of CE can help with the care for Service Members who are returning from deployments to war zones.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Treatment of Co-Occurring PTSD and Substance Use in Veterans: Innovations and Challenges**  
(Abstract #1290)

**Chairperson** Capone, Christy, PhD

*Department of Veterans Affairs Medical Center, Providence, Rhode Island, USA*

**Discussant** **Rosen, Craig, PhD**

*National Center for PTSD, VA Palo Alto, Palo Alto, California, USA*

This symposium brings together four investigative teams from across the United States to discuss engagement strategies and treatment approaches for co-occurring post-traumatic stress disorder (PTSD) and substance use disorders (SUD) in veterans. The first presentation presents data from a pilot trial examining veteran's perceptions regarding the relationship between PTSD symptoms and substance use, as well as their preferences regarding treatment. The second presentation will describe preliminary findings from an ongoing study of telehealth delivery of a motivational enhancement intervention related to alcohol use with active-duty soldiers with comorbid PTSD. The third presentation will outline the aims, methods, and interventions to be tested in a newly funded VA Merit study that will conduct a randomized controlled trial of an integrated exposure-based treatment (Integrated Prolonged Exposure; I-PE) compared to a present-focused coping skills based intervention (Seeking Safety) in veterans with alcohol dependence and PTSD. The final presentation will provide preliminary data from a pilot trial of I-CBT with OEF-OIF-OND veterans with co-occurring PTSD and SUD. Our discussant, Craig Rosen, will reflect on what this new research tells us about the importance of providing integrated treatments and the inherent challenges faced by researchers and clinicians alike.

### **Concurrent Session 13**

**Saturday, November 3, 2012**

**Diamond Salon 8**

**1:30 PM - 2:45 PM**

**Symposium**

#### **Comorbid PTSD and Substance Use Disorders: Military Veterans' Perceptions of Symptoms and Treatment Preferences**

(Abstract # 1292)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Reid-Quinones, Kathryn, PhD; Back, Sudie, PhD; Killeen, Therese, PhD; Federline, Amanda, BS; Beylotte, Frank, MS**

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

Compared to the general population, military Veterans face an increased risk of being diagnosed with a substance use disorder (SUD) and Post-Traumatic Stress Disorder (PTSD). This co-occurrence of SUDs and PTSD is associated with more severe symptoms and poorer treatment outcomes. Furthermore,

while a number of treatments exist for either SUDs or PTSD, few approaches effectively address both SUDs and PTSD simultaneously. This pilot study investigated military Veterans' perceptions of the interrelationship between SUDs and PTSD, as well as preferences regarding treatment. Participants were 35 Veterans (95.3% male) of recent military conflicts in Iraq and Afghanistan, as well as prior operations. Almost all participants (94.3%) perceived their SUD and PTSD symptoms to be related. The majority of participants (85.3%) reported that PTSD symptom exacerbation was associated with a subsequent increase in substance use, and 61.8% reported that PTSD symptom improvement was associated with a subsequent decrease in substance use. If SUD symptoms improved, however, only 11.4% reported PTSD symptom improvement. A significant proportion of Veterans from current (76.2%) and previous military conflicts (50.0%) indicated a preference for integrated SUD/PTSD treatment. Although preliminary, the findings provide clinically-relevant information that may help enhance the development and provision of care for veterans with SUDs and PTSD.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Motivating Treatment Engagement Among Active Duty Army Personnel with Co-Morbid Substance Abuse Disorder and Post Traumatic Stress Disorder: Applications from the Warrior Check-Up**  
(Abstract # 1293)

**Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Walker, Denise, PhD<sup>1</sup>; Walton, Thomas, MSW<sup>1</sup>; Kaysen, Debra, PhD<sup>1</sup>; Mbilinyi, Lyungai, PhD, MPH<sup>1</sup>; Neighbors, Clayton, PhD<sup>2</sup>; Roffman, Roger, DSW<sup>1</sup>**

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

<sup>2</sup>*University of Houston, Houston, Texas, USA*

Individuals with PTSD and substance use are less likely to present and more likely to drop-out of treatment. The Warrior Check-Up is a randomized clinical trial evaluating Motivational Enhancement Therapy (MET) intervention for active-duty soldiers with untreated substance use disorder (SUD). This ongoing study has recruited 106 participants over the first year of a three year study. We are comparing telehealth delivery of one session of MET to psycho-education. This talk will describe the concept of the Warrior Check-Up for attracting voluntary participation from untreated substance abusers and present preliminary findings regarding intervention acceptability and effects for soldiers with PTSD. Though recruiting subjects on the basis of SUD, 81% of the first 97 participants showed significant PTSD symptoms ( $\geq 28$  on PCL). Currently 34 participants have received the MET condition and 41 have received psycho-education. Based on a repeated measures ANOVA comparing PTSD change from

baseline to 3 month follow-up, soldiers improved over time,  $F(1,48) = 6.02$ ,  $p < .05$ . There was no significant main effect for treatment. Increasing treatment engagement, applying and adapting MET with trauma-exposed non-treatment-seeking Soldiers, and incorporating the use of feedback on PTSD symptoms into MET sessions as a motivator for changing substance use will be discussed.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Methods of a New Trial Comparing Exposure Therapy to Coping Skills Therapy for Comorbid Alcohol Dependence and PTSD**  
(Abstract # 1294)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 08**

**Norman, Sonya, PhD**

*VA San Diego Healthcare System, San Diego, California, USA*

Co-occurrence of alcohol use disorder (AD) and post-traumatic stress disorder (PTSD) is common. Exposure therapy is considered the front line treatment for PTSD. However, individuals with AD generally are not offered exposure therapies because of widely held beliefs that exposure would lead to engagement in greater alcohol use and other dangerous behaviors. Most widely disseminated treatments for AD/PTSD have involved coping skills based therapies that generally have not shown sustained reductions in symptoms. A growing body of evidence suggests that individuals with concurrent AD and PTSD are able to handle and benefit from exposure therapy. This presentation will describe the aims, methods, and interventions to be evaluated in a newly funded VA Clinical Services Research and Development (CSR&D) Merit study that has the goal of informing treatment practices for veterans with comorbid AD and PTSD. The primary aim of the study is to evaluate the effects of an integrated exposure-based treatment (Integrated Prolonged Exposure; I-PE) when compared to a present-focused coping skills based intervention (Seeking Safety) in 148 veterans with AD and PTSD. I-PE is prolonged exposure therapy with additional substance use recovery oriented intervention. In addition, mechanisms of treatment outcome including therapy process variables, changes in negative affect, and sleep problems, will be explored in this study. The I-PE protocol will be reviewed during the presentation and strategies to engage and retain veterans who served post 9/11 will be described.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**1:30 PM - 2:45 PM**  
**Symposium**

**A Pilot Trial of Integrated CBT for PTSD and Substance Use Disorders with OEF-OIF-OND Veterans**

(Abstract # 1295)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 08**

**Capone, Christy, PhD<sup>1</sup>; Short, Erica, Doctoral, Student<sup>2</sup>; Carter, Ashlee, PhD<sup>2</sup>**

<sup>1</sup>*Department of Veterans Affairs Medical Center, Providence, Rhode Island, USA*

<sup>2</sup>*Brown University, Providence, Rhode Island, USA*

Military veterans returning from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) experience high rates of post-traumatic stress disorder (PTSD) and substance use disorders (SUD). The co-occurrence of these disorders presents potential challenges to the Veterans Affairs (VA) treatment delivery system and the need for integrated treatment approaches is increasingly recognized. Integrated Cognitive Behavioral Therapy (ICBT) is a manualized treatment for co-occurring PTSD and SUD that focuses on 3 primary skills: mindfulness and breathing retraining, flexible thinking, and patient education. The current presentation will describe a pilot trial of ICBT conducted with OEF-OIF-OND veterans. Primary aims of the study were to assess feasibility and tolerability of the methods and intervention. To enhance applicability to VA clinical settings, we adapted the ICBT format to include individual and group therapy sessions. Additional revisions to the therapy manual (e.g. content, language) were undertaken to enhance relatability and relevance to veterans. Thirteen male veterans (Mean age = 38.9; 100% Caucasian) were recruited for the study and began treatment. Baseline characteristics in terms of PTSD symptoms and substance use will be presented. Challenges regarding recruitment, treatment engagement, and retention will be discussed, with a focus on strategies for improvement in the ongoing randomized clinical trial.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Trauma and Delinquency: The Role of Post-Traumatic Stress Symptoms and Emotional Processing**

(Abstract #903)

**Chairperson** Allwood, Maureen, PhD

*John Jay College, CUNY, New York, New York, USA*

This symposium addresses the complex interrelationships among trauma exposure, emotion processing and regulation, psychopathology, and delinquency in community and incarcerated youth. The four presentations advance the boundaries of traumatic stress studies by examining the impact of traumatic stress on mental health and juvenile justice outcomes within a developmental framework. Of particular interest are compelling findings that link PTSD symptoms to reactive and not proactive aggression, as well as to elevated risk of juvenile justice involvement, detainment, and recidivism. Implications for effective screening and early intervention within the juvenile justice system will be discussed.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Context of Violence Exposure and Diminished Emotions as Risks for Aggressive and Delinquent Behaviors Among Community Youth**

(Abstract # 1050)

**Symposia Presentation (Social, Child/ Adol) M - Industrialized**

**Diamond Salon 10**

Allwood, Maureen, PhD; Maile, Jordan, Doctoral, Student; Sothmann, F., Doctoral, Student; Baetz, Carly, Doctoral, Student

*John Jay College, New York, New York, USA*

Callousness and unemotionality predict aggression and delinquency among adolescents. Similarly, posttrauma emotional numbing, particularly diminished fear, is associated with adolescent aggression and delinquency. However, callousness and unemotionality are characterized as personality traits, whereas, emotional numbing is conceptualized as a psychological or neurobiological response to extreme trauma. To date, little is known about the relationship between these types of diminished emotions and essentially no studies have examined whether these constructs are differentially related to trauma exposure, aggression and delinquency. Moreover, no known studies have examined whether these diminished emotions are most strongly related to reactive or proactive aggression. Utilizing a sample of racially and ethnically diverse, non-referred community youth (aged 12-18;  $n > 70$ ), this study examined the associations among violent trauma exposure, callous-unemotional traits, posttrauma emotional numbing, proactive and reactive aggression, and general delinquent behaviors. Findings indicate that callousness is significantly related to increased proactive aggression and posttrauma emotional numbing is significantly related to reactive aggression. Although data collection continues, early findings also indicate differences in rates and types of aggression when hierarchical regression models account for contexts of violence exposure (i.e., home and community violence) and race and ethnicity.

### **Concurrent Session 13**

**Saturday, November 3, 2012**

**Diamond Salon 10**

**1:30 PM - 2:45 PM**

**Symposium**

#### **The Impact of Callousness and PTSD Symptoms on Aggression in Male Juvenile offenders: Implications for Identification and Intervention**

(Abstract # 1063)

**Symposia Presentation (Practice, Child/ Adol) M - Industrialized**

**Diamond Salon 10**

**Cruise, Keith, PhD; Stimmel, Matthew, MA; Weiss, Rebecca, MA**

*Fordham University, Bronx, New York, USA*

This paper reports study results investigating the association between PTSD, CU traits, and emotional processing deficits in a sample of male juvenile offenders. The following research question was explored. After accounting for the effects of CU traits and emotional processing deficits, do PTSD symptoms add incremental validity in the prediction of proactive and reactive overt aggression? Data were obtained from 66 male juvenile offenders ( $M$  age = 14.7,  $SD = .77$ ) residing in two juvenile detention facilities. Hierarchical regression analyses indicated that both CU traits and low facilitation to distress were significant predictors of proactive aggression. However, PTSD symptoms neither produced a significant main effect nor interacted with CU or low facilitation to distress in predicting proactive



aggression. In contrast, both CU traits and PTSD symptoms predicted reactive aggression with the CUxPTSD symptom interaction accounting for incremental validity in the prediction of reactive aggression. Exploratory analyses suggest the CU/PTSD link operates through elevated arousal symptoms raising important assessment and treatment implications for male juvenile offenders exposed to chronic stressors who endorse CU traits. Recommendations for assessment, aggression management and treatment via PTSD-specific interventions will be discussed.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Empirical Identification of Poly-Victims Among Justice-Detained Youth**  
(Abstract # 1064)

**Symposia Presentation (Clin Res, Child/ Adol) I - Industrialized**

**Diamond Salon 10**

**Grasso, Damion, PhD<sup>1</sup>; Ford, Julian, PhD<sup>1</sup>; Hawke, Josephine, PhD<sup>1</sup>; Chapman, John, PsyD<sup>2</sup>**

<sup>1</sup>*University of Connecticut Health Center, Farmington, Connecticut, USA*

<sup>2</sup>*State of Connecticut Judicial Branch, Court Support Services Division, Wethersfield, Connecticut, USA*

A growing literature highlights the relationship between exposure to multiple adversities and increased risk for psychopathology and serious behavior problems in community and clinical samples (Finkelhor, 2007; Ford, Connor, & Hawke, 2009). This study replicates and extends this work by examining patterns of trauma exposure in 1959 detained youth (90% male) using latent class analysis on 17 Criterion A events derived from the Traumatic Events Screening Inventory. Three unique classes best fit the data. A highly exposed class (48.9% female), with a mode of 5 identified traumas, accounted for only 5.3% of the sample. This class reported the most severe symptoms including post-traumatic stress, affect regulation, alcohol/drug use, suicide risk, and somatic complaints (Pillai's Trace:  $F(14,3058) = 14.25, p < .001$ ). A second class (30.9% female) endorsing moderate levels of exposure (Mode = 1) scored somewhat higher on these measures than a third class (16.8% female) largely reporting non-exposure and mild problems. Consistent with similar investigations of different populations, this study calls attention to a small portion of juvenile detainees with a pervasive trauma history and potentially severe problems with stress reactivity, affect regulation, and high-risk behaviors. These youth warrant further study towards developing effective methods of screening and intervention.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**1:30 PM - 2:45 PM**  
**Symposium**

**Predictors of Recidivism Among Delinquent Youth: interrelations Among Ethnicity, Gender, Age, Mental Health Problems, and Post-Traumatic Stress**  
(Abstract # 1065)

**Symposia Presentation (Res Meth, Child/ Adol) M - Industrialized**

**Diamond Salon 10**

**Kerig, Patricia, PhD**

*University of Utah, Salt Lake City, Utah, USA*

This study investigated the interrelations among mental health problems; post-traumatic stress disorder (PTSD); youth age, ethnicity, and gender; and recidivism over a three-year period in a sample of 417 male and 170 female juvenile offenders. Youth reported mental health problems on the Massachusetts Youth Screening Instrument and PTSD symptoms on the UCLA PTSD Reaction Index, and reports of arrests were obtained from juvenile justice records. At the time of first admission to a juvenile detention center, boys reported higher alcohol/drug use than girls, whereas girls reported greater anger/irritability than boys. Caucasian offenders evidenced higher rates of alcohol/drug use and somatic complaints than African American offenders. Younger age was related to higher levels of anger/irritability and depression/anxiety, although older adolescents with PTSD reported the highest levels of alcohol/drug use, anger/irritability, somatic complaints, and depression/anxiety. Across multiple admissions to detention, alcohol/drug use increased for all youth, whereas somatic complaints decreased for boys only. Younger offenders were more likely to recidivate than older offenders; however, female and younger African American youth with PTSD were more likely to reoffend over the three-year period than were any of their peers.

**Concurrent Session 13**  
**Saturday, November 3, 2012**  
**Diamond Salon 9**  
**1:30 PM - 2:45 PM**  
**Panel**

**Policy to Practice: Measuring and Understanding the Use of Evidence-Based Psychotherapy for PTSD**

(Abstract # 327)

Panel Presentation (Social, Mil/Vets) I - Industrialized

Diamond Salon 09

**Shiner, Brian, MD, MPH<sup>1</sup>; Carpenter-Song, Elizabeth, PhD<sup>2</sup>; Zubkoff, Lisa, PhD<sup>3</sup>; Watts, Bradley, MD, MPH<sup>4</sup>**

<sup>1</sup>VA National Center for PTSD, White River Junction, Vermont, USA

<sup>2</sup>Dartmouth College, Lebanon, New Hampshire, USA

<sup>3</sup>White River Junction VA Medical Center, White River Junction, Vermont, USA

<sup>4</sup>VA National Center for Patient Safety, White River Junction, Vermont, USA

This is a panel presentation describing work to measure and understand the implementation of evidence-based psychotherapies for PTSD in VA clinics following national policy and training initiatives. Individual presentations will describe informatics efforts, site visits, qualitative analysis, and the synthesis of these data sources in order to develop an integrated understanding of how national dissemination efforts interact with local uptake. We will conclude by describing future areas for implementation research.

Presenter 1: Brian Shiner MD, MPH. *Measuring use of Evidence-Based Psychotherapies for PTSD* Dr. Shiner will present the results of a clinical informatics project designed to develop a measure of the use of evidence-based psychotherapies for PTSD.

Presenter 2: Elizabeth Carpenter-Song PhD. *Assessing Provider Perceptions of Evidence-Based Care* Dr. Carpenter-Song will present the results of provider and leadership interviews intended to assess the interaction of national policy and training initiatives with local clinical factors.

Presenter 3: Lisa Zubkoff PhD. *Emergent Themes in Provider Perceptions of Evidence-Based Care* Dr. Zubkoff will present a thematic analysis of interview transcripts. She will discuss common provider perceptions and how these may influence the uptake of evidence-based psychotherapy.

Presenter 4: Bradley V. Watts MD, MPH. *Barriers and Facilitators to Uptake of Evidence-Based Care* Dr. Watts will present the integration of our qualitative and quantitative work. He will discuss local factors that appear to best predict uptake of evidence-based psychotherapies for PTSD.

### **Concurrent Session 13**

**Saturday, November 3, 2012**

**Diamond Salon 7**

**1:30 PM - 2:45 PM**

**Workshop**

**Advances in Comprehensive Assessment Strategies for Child Trauma: Applications for Treatment and Systems Planning, Consumer Engagement, and Outcomes Management**

(Abstract # 1793)

**Kisiel, Cassandra, PhD<sup>1</sup>; Conradi, Lisa, PsyD<sup>2</sup>**

<sup>1</sup>*Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA*

<sup>2</sup>*Chadwick Center for Children and Families, Rady Children's Hospital – San Diego, San Diego, California, USA*

Establishing comprehensive assessment strategies is critical for capturing the complex effects of trauma in children. Several advances have been made in designing comprehensive assessment models, yet challenges still exist around how to translate assessment information effectively in practice. Two innovative models for child trauma assessment will be overviewed with applications for systems, agencies, clinicians, and consumers. The Child and Adolescent Needs and Strengths (CANS)-Trauma version is a strategy designed to support multiple activities - including comprehensive assessment, clinical decision making, treatment and service planning, quality improvement, and monitoring outcomes- utilizing child and caregivers needs and strengths to guide this process. The Trauma Assessment Pathway (TAP) model is an intervention that provides guidelines for clinicians to make decisions regarding trauma treatment based upon the child's unique presentation and use that information to direct individualized treatment services. Additional assessment-based treatment planning resources, data reports, and clinical vignettes will also be highlighted to illustrate the application of these tools for tailoring trauma treatment for individuals and addressing gaps in services at the agency or systems level. Participants will be engaged in a discussion on how these tools and resources can be applied to enhance trauma-informed practice in various settings.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**3:00 PM - 4:15 PM**  
**Master Methodologist**

**New Developments in Latent Variable Modeling: Multilevel and Mixture Analysis**  
(Abstract # 2152)

**Muthén, Bengt, PhD**

*University of California, Los Angeles, Los Angeles, California, USA*

The use of latent variables is a common theme in many statistical analyses. Continuous latent variables appear not only as factors measured with errors in factor analysis, item response theory, and structural equation modeling, but also appear in the form of random effects in growth modeling, components of variation in complex survey data analysis and multilevel modeling, frailties and liabilities in survival and

genetic analyses, latent response variables with missing data, priors in Bayesian analysis, and as counterfactuals and potential outcomes in causal analysis. In addition, categorical latent variables appear as latent classes in finite mixture analysis and latent transition analysis (Hidden Markov modeling), latent trajectory classes in growth mixture modeling, and latent response variables with missing data on categorical variables.

Understanding the unifying theme of latent variable modeling provides a way to break down barriers between seemingly disparate types of analyses. Researchers need to be able to move freely between analysis types to more easily answer their research questions. To provide answers to the often complex substantive questions, it is also fruitful to use latent variable techniques to combine different analysis types. This talk discusses examples that use combinations of multilevel, latent class, and longitudinal modeling features in the new Mplus Version 7.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Plaza 1**  
**3:00 PM - 4:15 PM**  
**Featured Presentation**

**Clinical Ethics**  
(Abstract # 2148)

**Invited Speaker (Ethics, N/A) I - Global**

**Plaza 01**

**Taube, Daniel, JD, PhD**

*Alliant University, Alhambra, California, USA*

Most licensed professionals working with trauma have had the opportunity to take courses on ethics and legal issues. As such, there is both a need and an opportunity to combine updated material with more focused and in-depth discussion of complexities inherent in these topics. The purpose of this workshop is to explore core issues related to ethical problem solving, boundaries and underlying ethical and legal aspects of record keeping. If time permits, clinician-initiated termination will also be reviewed. This workshop will assist mental health professionals in maintaining competence in making ethically and legally informed clinical decisions, and help participants better manage the complexities of mental health practice. It will be taught at an intermediate level, and is appropriate for currently licensed professionals.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**A Components-Based Intervention for Low-Resource Countries: Data from Torture-Affected Populations in Southern Iraq and Thailand**

(Abstract #1116)

**Chairperson** Murray, Laura, PhD

*Johns Hopkins University School of Public Health, Baltimore, Maryland, USA*

Clinical intervention research has advanced in low-resource countries (LRC) demonstrating the feasibility and effectiveness of evidence-based treatments (Bolton et al., 2004; 2007). These studies focus on treatment of only one diagnostic area based on the DSM, rather than overall promotion of mental health. Trans-diagnostic or components-based (CB) interventions combine elements or components from many existing evidence-based interventions and have shown promising results in the U.S. (Weisz et al., in press). Three researchers will present data on the development and use of a CB approach designed for LRC. The first presentation will include data contributing to the development of the CB intervention, components used in the manual, the training and supervision structure, and adherence data from ongoing trials in S Iraq, Thailand and Colombia with adult trauma populations. Second, data will be presented on weekly client symptom ratings from ongoing trials in S. Iraq and Thailand with torture populations. Finally, preliminary data from a randomized controlled trial in S. Iraq will be discussed. Positive results suggest that a CB approach may be trainable, feasible and effective in LRC with trauma-affected populations.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Components-Based Intervention for Low-Resource Countries: Development, Description, Training and Fidelity Results**

(Abstract # 1117)

**Murray, Laura, PhD<sup>1</sup>; Dorsey, Shannon, PhD<sup>2</sup>; Skavenski, Stephanie, MPH, MSW<sup>1</sup>; Ugueto, Ana, PhD<sup>3</sup>**

<sup>1</sup>*Johns Hopkins University School of Public Health, Baltimore, Maryland, USA*

<sup>2</sup>*University of Washington, Seattle, Washington, USA*

<sup>3</sup>*Judge Baker Children's Center, Harvard Medical School, Boston, Massachusetts, USA*

Efforts to address mental health problems in low-resource countries (LRC) are often limited to only one diagnostic area. Trans-diagnostic or components-based (CB) approaches involve identifying common components that cut across effective interventions for primary problem areas. This allows providers to receive training in components that can be combined differently depending on client need, (e.g., McHugh, Murray, & Barlow, 2009). For example, to treat PTSD and Anxiety, the literature suggests that exposure is the most effective component, followed by cognitive work (Chorpita and Daleiden, 2009). Trans-diagnostic approaches have been shown to be both effective and well received by providers in the U.S. (Weisz et al., in press). This presentation will review the research supporting a CB approach, and describe a CB intervention developed for torture-affected adult populations in LRC. This manual includes psychoeducation, exposure, and cognitive processing for trauma, as well as components flowcharts for each "primary" problem. A specific training and supervision approach used for the CB intervention (the Apprenticeship Model; Murray et al., 2011) in S. Iraq, the Thailand-Burma border, and Colombia will be shared. Clinical fidelity to the model was documented by supervisors and trainers, indicating feasibility to train a trans-diagnostic approach to layworkers with subsequent correct implementation.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Components-Based Intervention in Southern Iraq and Thailand: Measuring Change in Trauma Symptoms**

(Abstract # 1118)

**Symposia Presentation (Clin Res, Diverse Pop) M - Global**

**Diamond Salon 02**

**Dorsey, Shannon, PhD<sup>1</sup>; Murray, Laura, PhD<sup>2</sup>; Haroz, Emily, BA<sup>2</sup>; Lee, Catherine, MS<sup>2</sup>; Robinson, Courtland, PhD<sup>2</sup>; Bolton, Paul, MB, BS<sup>2</sup>**

<sup>1</sup>*University of Washington, Seattle, Washington, USA*

<sup>2</sup>*Johns Hopkins University, Baltimore, Maryland, USA*

Clinician-researchers present initial results from pilot cases (N = 31) in two diverse study sites; Southern Iraq and Thailand, along the Burma border. Data are from the pilot phase of two large randomized controlled trials (RCTs) of Components-Based Intervention (CBI) for mental health problems among survivors of torture/systematic violence. Local lay counselors in both sites were trained in the

manualized CBI. As part of training and supervision pre-RCTs, counselors completed “pilot” cases. The sample for this study consists of the CBI practice clients in Iraq (N = 12) and Thailand (N = 19). Outcomes were measured with a pre and post treatment assessment battery and by brief symptom monitoring in each session. Data analysis included paired t-tests and a fixed-effects model to measure change over time. T-tests indicated that in Iraq, clients experienced a significant decline ( $p < 0.05$ ) in symptoms and improvement in functioning. In comparison, in Thailand, participants experienced significant declines ( $p < .0001$ ) only in symptoms. Fixed effects models showed that participants in both sites had significant ( $p < 0.001$ ) declines in symptoms for each session of CBI (Iraq: -0.90; Thailand: -1.03). These early results suggest potential cross cultural applicability with some differences in effectiveness.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Components-Based Intervention for Trauma-Affected Populations in Southern Iraq:  
Preliminary Data from A Randomized Controlled Trial**  
(Abstract # 1119)

**Symposia Presentation (Clin Res, Surv/Hist) A - Industrialized**

**Diamond Salon 02**

**Weiss, William, Other; Bolton, Paul, MD, MPH; Yang, Ann, Other**

*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA*

Knowledge of effectiveness of mental health interventions for torture survivors is limited in low-resource countries. Authors conducted a randomized controlled trial of the impact of a components-based intervention (CBI) on mental health symptoms of torture survivors in Southern Iraq. Depending on client need, CBI includes psychoeducation, relaxation, behavioral activation, exposure and cognitive processing. Twelve community mental health workers, employed by the Ministry of Health in primary health care clinics were trained in CBI (2 weeks) and research methods in 2010 and enrolled participants in 2011-2012. Eligible participants had a history of torture and current trauma symptoms. Participants were randomly assigned to receive CBI immediately (currently 99) or to a wait-list control group (currently 113). At baseline, female clients had higher symptom scores, on average, than males; control clients had higher scores, on average, than intervention clients. Weekly symptom monitoring shows a 2/3 reduction in symptoms after eight sessions of CBI. To date, 66 clients have completed the CBI intervention and 14 of these have completed the follow up assessment; five control clients have completed the follow up assessment. Outcome analyses comparing intervention and control participants will be done after all clients have completed the follow up interview (July 2012).



**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Serving Those Who Have Served: Educational Needs of Health Care Providers Working with Military Members, Veterans, and Their Families**

(Abstract #502)

**Chairperson** **Kudler, Harold, MD**

*Mid-Atlantic MIRECC/Duke University, Durham, North Carolina, USA*

This web-based survey of rural and urban mental health and primary care community providers was funded by the US Department of Veterans Affairs (VA) Office of Rural Health and carried out by the VA Mid-Atlantic Health Care Network and the Medical University of South Carolina, Department of Psychiatry and Behavioral Sciences, National Crime Victims Research and Treatment Center. Among its key findings: 56% of community providers don't ask patients about military service; relatively few have served in the military or worked in VA; community providers report less knowledge and confidence in treating PTSD than in managing other mental health problems and rural providers were significantly less confident in treating PTSD than their urban counterparts. Finally, only 29% of respondents agreed with the statement: I am knowledgeable about how to refer a Veteran for medical or mental health care services at the VA. This symposium will review the clinical, policy and research questions that prompted this study, describe the design of the survey, and review its findings and recommendations. It will conclude with a description of an implementation science project based on the findings of this study which aims at changing provider practice through a Veteran-Driven intervention.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Why We Did What We Did**

(Abstract # 505)

**Kilpatrick, Dean, PhD**

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

The September 11, 2001 terrorist attacks on the World Trade Center and Pentagon set in motion the longest military conflict in U.S. history, and these conflicts have taken a major toll on current and former members of the armed forces and their families. Although the Departments of Veterans Affairs and Defense have made major efforts to improve access to evidence-based treatment for PTSD and TBI, there is growing appreciation that primary care and mental health professionals in the private sector have the potential to provide much needed assistance to those who have served and their families. However, information is lacking about the extent to which these service providers: 1) know how many current and former members of the armed forces they are treating; 2) are knowledgeable about and confident in their ability to use evidence-based treatments for PTSD and TBI; 3) are interested in receiving additional training concerning these topics, and 4) are interested in various modalities for delivering this training. Providers in rural areas face special challenges, having access to training so the Medical University of South Carolina and the V.A.'s Office of Rural Health, VISN-6 Rural Health Initiative collaborated to conduct a web survey of primary care and mental health service providers in an attempt to answer these important questions. This presentation describes this survey and its results and implications.

**Concurrent Session 14**

**Saturday, November 3, 2012**

**Diamond Salon 8**

**3:00 PM - 4:15 PM**

**Symposium**

**Survey Development, Delivery, and Results from Objective Data**

(Abstract # 506)

**Symposia Presentation (Res Meth, Caregvr) I - Industrialized**

**Diamond Salon 08**

**Smith, Daniel, PhD**

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

This presentation will describe the creation of the survey instrument (including content identification and question format), how the survey was delivered electronically to participants, the sampling frame for the study, and the major findings obtained from the objective survey questions. Generally, participants reported not being aware of their patients' military/veteran status and also said that they did not routinely screen for such information. The majority of primary care and behavioral health providers indicated poor awareness of best-practice treatments for combat-related problems and low confidence in their ability to deliver such treatments. Few differences were detected between rural and

non-rural participants. Participant preferences for training experiences and limitations in the design of the survey will be discussed.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Open-Ended Questions: What Else Did they Want Us to Know?**  
(Abstract # 507)

**Symposia Presentation (Practice, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Best, Connie, PhD**

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

This presentation provides information obtained from open-ended responses from community providers. It summarizes their comments regarding experiences with, and perceptions of, the DoD and Veterans Administration Health Systems. It also offers insights into what community providers would like to know about those systems to better serve their patients. The presentation outlines the ways in which providers would like to receive information and training resources. It really does tell us what providers would like for us to know.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Helping Community Providers Become Military/Veteran-Friendly: Employing Implementation Science to Develop Veteran-Driven Care**  
(Abstract # 503)

**Symposia Presentation (Train/Ed/Dis, Mil/Vets) M - Industrialized**

**Diamond Salon 08**

**Kudler, Harold, MD**

*Mid-Atlantic MIRECC/Duke University, Durham, North Carolina, USA*

Serving Those Who Have Served demonstrates a major disconnect in the continuum of care for Service Members, Veterans and their families. Fully half of all Veterans and virtually all family members of Service Members and Veterans seek care in the community yet more than half of all community providers report that they do not routinely inquire about military history and nearly three quarters report they are not knowledgeable about how to refer Veterans for VA care. While several national efforts are underway to improve the training of community providers including rollout of an historic Department of Defense (DoD)/Department of Veterans Affairs (VA) on-line course on Military Culture, research demonstrates that training programs rarely change provider behavior. This presentation will focus on a novel implementation science effort based on the findings of Serving Those Who Have Served which aims at changing provider practice through a set of Veteran- and Family-Driven interventions.

### **Concurrent Session 14**

**Saturday, November 3, 2012**

**Diamond Salon 9**

**3:00 PM - 4:15 PM**

**Symposium**

#### **Mechanisms Linking Trauma Exposure and Health Complaints Among OEF/OIF Veterans**

(Abstract #611)

**Chairperson** **Williams, Joah, MS (PhD, Student)**

*University of Memphis, Memphis, Tennessee, USA*

This symposium will include four presentations focused on associations between psychological and physical health among recently deployed US veterans of the wars in Afghanistan (OEF) and Iraq (OIF). The first of these (Williams et al) will discuss relations between residual symptoms of mild traumatic brain injury (TBI), PTSD, and medical disease burden among a sample of OEF and OIF veterans seeking VA health care. The second presentation (Koffel et al) will report on the role of sleep disturbance as a predictor of post-deployment psychopathology, including PTSD and depression. Similarly, the third presentation (Lang et al) will focus on insomnia as potential mechanism linking PTSD and pain among veterans screening positive for a history of TBI. A fourth presentation (Polusny et al) will discuss relations between pre-trauma personality dimensions, post-deployment PTSD symptoms, and physical health complaints. Together, these presentations will highlight multiple pathways linking trauma and health and will provide clinical recommendations for providers working with these overlapping issues.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 9**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Residual MTBI Symptoms, PTSD, and Health Complaints: A Mediational Model**  
(Abstract # 612)

Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized

Diamond Salon 09

**Williams, Joah, MS (PhD, Student)<sup>1</sup>; McDevitt-Murphy, Meghan, PhD<sup>1</sup>; Murphy, James, PhD<sup>1</sup>; Crouse, Ellen, PhD<sup>2</sup>**

<sup>1</sup>*University of Memphis, Memphis, Tennessee, USA*

<sup>2</sup>*Memphis VA Medical Center, Memphis, Tennessee, USA*

Among OEF/OIF veterans, preliminary evidence suggests that PTSD mediates relations between mild traumatic brain injury (mTBI) and self-reported health (Pietrzak et al., 2009). Interpreting these findings is difficult, however, given the high degree of overlap between residual mTBI symptoms and PTSD (Stein & McAllister, 2009). This study investigated whether PTSD mediates relations between residual mTBI symptoms and clinician-diagnosed health conditions among OEF/OIF veterans seeking VA primary care. Of 573 veterans recruited for this project, 91 (15.9%) screened positive for mTBI and completed Polytrauma evaluations for residual mTBI symptoms. These veterans were predominantly male (93.4%) and Caucasian (59.3%) or African American (35.2%). Instruments included the Neurobehavioral Symptom Inventory (Cicerone & Kalmar, 1995) for residual mTBI symptoms and the PTSD Checklist (Weathers et al., 1993). Medical diagnoses were collected from VA medical records. A series of mediation analyses using bootstrap resampling methods suggested that PTSD does not mediate the relation between mTBI symptoms and health problems, and this was true even when overlapping symptoms were excluded. These findings suggest that mTBI and PTSD make independent contributions to physical health status. Results will be discussed in terms of their clinical and theoretical implications.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 9**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Pre-Deployment Sleep Disturbance as a Predictor of PTSD and Depression in National Guard Troops**

(Abstract # 617)

Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized

Diamond Salon 09

**Koffel, Erin, MA; Polusny, Melissa, PhD; Arbisi, Paul, PhD; Erbes, Christopher, PhD**

*Minneapolis VAHCS, Minneapolis, Minnesota, USA*

Disturbed sleep is commonly thought to be a risk factor for the development of a number of psychiatric diagnoses, including PTSD. Although a number of theories have been put forth to describe the role of disturbed sleep in the development of PTSD, there have been no prospective studies investigating this relationship. This study used a prospective longitudinal design to examine whether pre-deployment sleep disturbances predict post-deployment diagnosis and maintenance of PTSD. Data were obtained as part of the Readiness and Resilience in National Guard Soldiers (RINGS) project, a longitudinal study of 522 US National Guard soldiers deployed to Iraq. Data on sleep disturbance and psychopathology were gathered pre-deployment and at three time points post-deployment over the course of two years, using both questionnaire (e.g., BDI, PCL, AUDIT) and interview measures (SCID, CAPS). Pre-deployment sleep problems, including insomnia and nightmares, were a significant predictor of post-deployment PTSD and depression, even after controlling for negative emotionality. Moreover, sleep disturbance remained a significant predictor of PTSD and depression two years after trauma exposure, suggesting that it predicts both onset and chronicity of these disorders. In contrast, sleep disturbance was not a consistent predictor of substance use across time points. This study suggests that sleep disturbance represents a transdiagnostic risk factor for psychopathology, in particular the internalizing disorders.

## **Concurrent Session 14**

**Saturday, November 3, 2012**

**Diamond Salon 9**

**3:00 PM - 4:15 PM**

**Symposium**

### **Exploring the Role of Insomnia in the Relation Between PTSD and Pain in Veterans with Polytrauma Injuries**

(Abstract # 614)

Symposia Presentation (Clin Res, Mil/Vets) I - C & E Europe & Indep

Diamond Salon 09

**Lang, Katie, BS<sup>1</sup>; Veazey-Morris, Katherine, PhD<sup>2</sup>; Andrasik, Frank, PhD<sup>1</sup>**

<sup>1</sup>*University of Memphis, Memphis, Tennessee, USA*

<sup>2</sup>*Memphis VAMC, Memphis, Tennessee, USA*

Soldiers deployed to the current conflicts overseas are returning home with complex polytrauma injuries and often present to primary care clinics with comorbid PTSD, pain, sleep disturbances, and sequela of TBI. The present study explored the mediating role of insomnia between PTSD and pain-related

outcomes in a sample of veterans who screened positive for TBI.

Participants were 147 veterans, 95% male, 51% Caucasian, 20% African American, 29% other, mean age was 31 years (range 20-60), who served in the Army (49%), National Guard (30%), Marines (10%), Navy (3%), and AF (4%). Veterans' increased severity of PTSD was significantly correlated with reports of higher levels of pain severity ( $r = .51$ ), pain interference ( $r = .56$ ), and insomnia ( $r = .64$ ). Further analyses indicated that insomnia partially mediated the relation between PTSD and both pain severity and interference. Thus, the increased pain reported by veterans with more severe PTSD may be due in part to insomnia.

Current rates of PTSD, pain, and insomnia in veterans indicate the need for better assessment and treatment. As sleep problems exacerbate other symptoms, such as cognitive deficits, irritability, and reduce pain tolerance, failure to address sleep disturbances may compromise rehabilitation efforts.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 9**  
**3:00 PM - 4:15 PM**  
**Symposium**

**A Prospective Study of Pre-Deployment Personality, Combat-Related PTSD, and Physical Health Complaints Among Deployed Soldiers**  
(Abstract # 613)

**Symposia Presentation (Assess Dx, Mil/Vets) M - Industrialized**

**Diamond Salon 09**

**Polusny, Melissa, PhD, LP; Arbisi, Paul, PhD, ABPP; Erbes, Christopher, PhD, LP**

*Minneapolis VA Health Care System and University of Minnesota, Minneapolis, Minnesota, USA*

Although PTSD is believed to be a key mechanism underlying the link between trauma exposure and poor physical health outcomes, most studies of the relationship between PTSD and physical health complaints have been cross-sectional and few have accounted for the influence of pre-trauma individual differences. This study prospectively investigated whether post-deployment PTSD symptoms predicted subsequent increased physical health complaints in a sample of 522 National Guard soldiers deployed to Iraq. Soldiers completed a battery of questionnaires one month before they were deployed to Iraq (Time 1), 3-6 months (Time 2), one year (Time 3), and two years (Time 4) after returning home. After controlling for demographics variables and Time 1 physical health complaints, results of multiple linear regression analyses showed personality dimensions evaluated at Time 1 using truncated MMPI-2/MMPI-2 RF Restructured Clinical (RC) Scales (RC1 Somatization and RC3 Cynicism) were significant independent predictors of increased physical health complaints two years post-deployment (Time 4). After controlling for combat exposure and injury sustained on deployment, pre-deployment cynicism and post-deployment (Time 2) PTSD symptoms were predictive of increased physical health complaints, however,

pre-deployment somatization was no longer significant. Possible mediating relationships will be examined and implications will be discussed.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Training for Trauma Providers: Adapting Content and Delivery to Maximize the Effectiveness of the Training Dollar**

(Abstract #785)

**Chairperson** **Lloyd, Delyth, MA**

*ACPMH, University of Melbourne, Melbourne, Australia*

It has become increasingly evident that priority needs to be given to developing and evaluating effective training approaches to enable the delivery of best care by health providers to traumatized populations and individuals. Important considerations include the relative cost of training and the challenges of tailoring content to the needs and competencies of the target audience. It is also imperative that the modality chosen for dissemination of training maximizes impact, reach, effectiveness and sustainability. Training programs must also sit within a sound policy framework that is supported by the organization and providers involved. This symposium will describe 4 programs, which have used different approaches to address these issues, including a learning collaborative approach, and variations of on-line skills training that are coupled with individual or group support. Each of the programs targets a different key audience ranging from specialist clinicians to school teachers. A comparison of design and evaluation approaches between the programs will be highlighted.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**3:00 PM - 4:15 PM**  
**Symposium**

**Learning Collaborative Group Training in Case formulation for Community Based Providers of Mental Health Care**

(Abstract # 789)



**Lloyd, Delyth, MA; Couineau, Anne-Laure, MA; O'Connor, John, PhD; Forbes, David, PhD**

*Australian Centre for Post-Traumatic Mental Health, University of Melbourne, Melbourne, Australia*

As a part of a process to enhance the quality of community based psychological interventions for veterans, in collaboration with the Australian VA, we conducted a training initiative between 2007 and 2010. An initial competency assessment informed the development and implementation of a national training initiative involving 14 regionally-based workshops, with each workshop identifying 5-6 small learning peer support groups. Ongoing facilitation and support (peer and expert) was provided by teleconferences (n=66 groups) to enhance translation to practice over 9-months. The training content focused on a model for case formulation of complex cases. Data from pre-post- assessments and 9- and 18-month follow up indicated that the training in case formulation (as opposed to a specific therapy) increased providers self-reported skills in working with complex veteran cases, enhanced insight in to their remaining skills gaps and personal training needs, and resulted in moderate increases in rates of provision of evidence based treatments. This training approach was resource intensive but produced solid practice change outcomes evident in quantitative and qualitative data. Among the recommendations, web-based resources were suggested among options to continue and enhance benefits of this training initiative. However, as illustrated by other presentations in this symposium, there is much to learn about the development, utilization and comparable effectiveness of technology based training options.

## **Concurrent Session 14**

**Saturday, November 3, 2012**

**Diamond Salon 10**

**3:00 PM - 4:15 PM**

**Symposium**

### **Development of Web Education for Trauma Clinicians: Lessons Learned from Translating an Anger Management Group Manual into an Online Training Course**

(Abstract # 787)

**Niles, Barbara, PhD<sup>1</sup>; Watson, Patricia, PhD<sup>2</sup>; Morland, Leslie, PhD<sup>3</sup>; Seligowski, Antonia, BA<sup>4</sup>**

<sup>1</sup>National Center for PTSD at VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

<sup>2</sup>Naitonal Center for PTSD, White River Junction, Vermont, USA

<sup>3</sup>National Center for PTSD and VA Pacific Islands Healthcare System, Honolulu, Hawaii, USA

<sup>4</sup>National Center for PTSD at VA Boston Healthcare System, Boston, Massachusetts, USA

Treatment manuals have been utilized as guides to develop new skills in specific interventions for both trainee and seasoned clinicians. Advanced training in delivering manualized interventions has traditionally been accomplished via in-person workshops, direct supervision, or both. Web-based training can offer great flexibility to clinicians and can expand access to training for clinicians in remote areas. This presentation will highlight advantages and challenges involved in translating a treatment manual for Anger Management groups into a web training for clinicians and will include discussion of: (1) adapting a manual that was created for a specific treatment setting or population (e.g. veterans) so that it can be used in a broad variety of settings with different populations; (2) methods to keep training lively and engaging, including use of video clips, avatars, and interactive assessment of comprehension; (3) utilizing case examples both to showcase ideal scenarios and illustrate challenging situations that are likely to occur; (4) ways to encourage clinicians to flexibly apply the manuals so that they can use their own style while also sticking to the manual.

## **Concurrent Session 14**

**Saturday, November 3, 2012**

**Diamond Salon 10**

**3:00 PM - 4:15 PM**

**Symposium**

### **The Development of an SPR on-Line Training Package for Teachers - Considerations and Challenges**

(Abstract # 788)

**Symposia Presentation (Train/Ed/Dis, Child/ Adol) I - Industrialized**

**Diamond Salon 10**

**Nursej, Jane, BBSoc, MPsych<sup>1</sup>; Trethowan, Vicki, PhD<sup>2</sup>**

<sup>1</sup>*ACPMH, East Melbourne, Australia*

<sup>2</sup>*Department of Education and Early Childhood Development, East Melbourne, Australia*

In 2009 the state of Victoria was ravaged by devastating bushfires that killed 173 people, including 23 children. Five hundred people were injured and 48 children, adolescents and young adults lost one or both parents. Ten thousand children were directly or indirectly impacted by the fires. Many schools were damaged or destroyed and many teachers adversely affected. Schools and teachers felt ill prepared to manage the resulting impacts on their school, their classrooms and their students. Subsequently the Victorian Department of Education and Early Childhood Development have worked hard to establish a framework for supporting teachers, students and the school community following disaster or potentially traumatic events. Phase 1 of this project involved PFA training for teachers working in high risk regions. This paper will describe Phase 2, which involves the development of an on-line training package for teachers in Skills for Psychological Recovery. Lessons learned from the challenges in developing an on-line training package will be highlighted including issues such as adapting

content for the target audience, establishing a supervisory support system and implementing a robust evaluation protocol that will provide evidence of reach, effectiveness and sustainability.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**3:00 PM - 4:15 PM**  
**Symposium**

**A Randomized Controlled Trial of Online Training in Cognitive-Behavioral Skills for Treating PTSD**

(Abstract # 786)

**Symposia Presentation (Train/Ed/Dis, Caregvr) M - Industrialized**

**Diamond Salon 10**

**Ruzek, Josef, PhD<sup>1</sup>; Rosen, Ray, PhD<sup>2</sup>; Garvert, Donn, MS<sup>1</sup>; Smith, Lauren, PhD<sup>2</sup>; Sears, Katharine, PhD<sup>1</sup>; Marceau, Lisa, MPH<sup>2</sup>; Harty, Brian, MS<sup>2</sup>; Stoddard, Anne, ScD<sup>2</sup>**

<sup>1</sup>*National Center for PTSD, Menlo Park, California, USA*

<sup>2</sup>*New England Research Institutes, Boston, Massachusetts, USA*

If demonstrated to be effective, web-based training can potentially provide a cost-effective and efficient means of training mental health practitioners in evidence-based practices. However, fundamental questions still need to be addressed regarding effectiveness of web-based training in developing clinical skills, improving practitioner knowledge and attitudes, and effecting implementation of new practices. The present study compared the effectiveness of web-based training supplemented by expert-led small group telephone consultation, web-based training alone, and a training-as-usual control group in a randomized controlled trial. Participants were 168 mental health clinicians treating PTSD in the Veterans Healthcare Administration. Three skills components of evidence-based treatments - motivation enhancement, goal-setting, and behavioral task assignment - were targeted. Clinician skills were assessed during telephone-administered simulated treatment sessions with standardized patients. Results indicated that clinicians who received web-based training alone or web training plus consultation showed significantly greater improvement in skills-related knowledge and perceived self-efficacy. Web training plus consultation produced significantly greater improvements in skills than web training alone or training-as-usual. Findings suggest that online training may represent a feasible approach to effective clinician training, especially when supplemented with case supervision.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 7**  
**3:00 PM - 4:15 PM**  
**Workshop**

**Enhancing Child Trauma Assessment Practices, Clinical Reasoning and Organizational Change  
Using the NCTSN Core Curriculum on Child Trauma**

(Abstract # 907)

**Workshop Presentation (Assess Dx, Child/ Adol) A - Industrialized**

**Diamond Salon 07**

**Abramovitz, Robert, MD<sup>1</sup>; Amaya Jackson, Lisa, MD, MPH<sup>2</sup>; Knoverek, MS, LCPC, ACS, Angel, MS, LMHC<sup>3</sup>; Layne, Christopher, PhD<sup>4</sup>; Ross, Leslie, PsyD<sup>5</sup>; Conradi, Lisa, PsyD<sup>6</sup>**

<sup>1</sup>*Silberman School of Social Work at Hunter College, New York, New York, USA*

<sup>2</sup>*Duke University Medical Center, Durham, North Carolina, USA*

<sup>3</sup>*Chaddock Community Mental Health Center, Quincy, Illinois, USA*

<sup>4</sup>*UCLA/Duke University National Center for Child Traumatic Stress; University of California, Los Angeles, Los Angeles, California, USA*

<sup>5</sup>*Children's Institute, Inc., Los Angeles, California, USA*

<sup>6</sup>*Rady Children's Hospital-, San Diego, California, USA*

Children's pervasive exposure to trauma remains insufficiently addressed, resulting in significant distress and impairment. Under-diagnosis and misdiagnosis impedes progress in early recognition and treatment of children with traumatic stress symptoms, because mental health providers lack training in comprehensive multi-domain trauma-informed screening & assessment using varied data collection modes. Often the organizational structure and commitment needed to support and sustain such a systematic approach does not exist. This workshop presents outcomes of a 9-month long National Child Traumatic Stress Network Breakthrough Series Collaborative focused on: "Improving Comprehensive Assessments and Case Formulations by Implementing the NCTSN Core Curriculum". Nine mental health agency teams of seven members each representing communities in seven states participated in the Collaborative. Presentations topics include: strategies and best practices that facilitated the creation of dynamic and on-going trauma-informed assessment processes and enhanced clinical reasoning in the teams; achievements and metrics related to implementing and sustaining improvements in three domains: Enhanced Competence in Trauma, Clinical Reasoning, and Assessments; Engagement of and Partnership with Families; and Organizational Support and Capacity for Implementation; and key organizational and individual drivers of successful implementation (organizational learning and attitudes towards evidence-based assessment) resulting from engaging in this unique, comprehensive approach.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**3:00 PM - 4:15 PM**  
**Paper Session**

**Couples Research and Clinical Issues**

**The PTSD Experience Among Spouses/Partners of Veterans with PTSD**  
(Abstract # 1760)

**Paper Presentation (Clin Res, Mil/Vets) I - Industrialized**

**Diamond Salon 01**

**Mansfield, Alyssa, PhD, MPH**

*National Center for PTSD, Dept. of Veterans Affairs, Honolulu, Hawaii, USA*

Roughly 500 spouses/partners of Veterans with an active post-traumatic stress disorder (PTSD) diagnosis completed a brief survey to determine their understanding of PTSD symptomatology; knowledge, beliefs, and involvement surrounding PTSD treatment; and life domains impacted by their partner's PTSD. Responses indicated the vast majority recognized PTSD's clinical symptoms, but had a limited understanding of evidence-based therapies and other treatment options. Exceptions to this were group therapy (~80%) and prescription drugs (~50%). Over 70% expressed a desire for PTSD-specific support groups and educational programs aimed at spouses/partners, as well as a desire for greater involvement in their Veteran's care. Emotional health, intimacy with partner, and sleep were life domains cited as most negatively impacted by their Veteran's PTSD and mentioned by over half of respondents. Over one-third included written commentary about their experiences. These detailed accounts, many of them quite lengthy, illustrate the unique challenges faced by the families of Veterans with PTSD. Many expressed a desire for targeted outreach to spouses/partners as a distinct population, and the potential for such efforts to improve Veterans' PTSD outcomes and quality of life for both Veterans and their families.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**3:00 PM - 4:15 PM**  
**Paper Session**

**Treatment of PTSD Tailored to Victims of Intimate Partner Violence (IPV) with Two Years of Follow-Ups**

(Abstract # 1741)

**Paper Presentation (Clin Res, Violence) M - Latin Amer & Carib**

**Diamond Salon 01**

**Cáceres-Ortiz, Eduin Eladio, PhD<sup>1</sup>; Labrador-Encinas, Francisco, PhD<sup>2</sup>; Vargas-Espinosa, Nancy, MS<sup>3</sup>**

<sup>1</sup>*Universidad Catolica De Columbia, Bogata, Colombia*

<sup>2</sup>*Universidad Complutense De Madrid, Madrid, Spain*

<sup>3</sup>*Yniversidad Catolica De Colombia, Bogota, Colombia*

The effectiveness of treatment the trauma of victims of intimate partner violence (IPV) was evaluated. There were 120 participants, in three groups: treatment, no treatment and no IPV. The design was quasi-experimental, the instruments valid for measuring PTSD, depression, anxiety, self-esteem and maladjustment. The characteristics and severity of the IPV was also evaluated. Follow-up was performed at one, three, six, twelve and twenty four months. The treatment is brief (8 sessions), in group, protocolized in components (psychoeducation, relaxation, cognitive and exposure therapy). The results show that some 29.2% were victims only of IPV and 70.8% were victims of complex trauma. The effectiveness of the treatment, high adherence (participation and fulfillment of tasks) were statistically and clinically demonstrated. Large effect sizes were observed for PTSD (2.12), re-experimentation (1.79), avoidance (1.55) and hyperarousal (1.50) and concomitant symptomology, anxiety (1.17), depression (0.90), self-esteem (1.66), maladjustment (0.95) and post-traumatic cognitions (1.10). The results were maintained during one and two years of follow-ups. Upon comparing the treatment group with the non-victim group, scoring was similar, providing evidence that not only was trauma reduced, but rather women reached optimal levels. Finally, based on the two years of follow-ups, the experience in treating victims and the needs detected, a new standard treatment guideline is proposed with additional modules tailored to the post-traumatic symptomology.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**3:00 PM - 4:15 PM**  
**Paper Session**

**The Relative Impact of Previous Interpersonal Trauma on Intimate Partner Violence Survivors'  
PTSD Symptoms**

(Abstract # 959)

**Paper Presentation (Clin Res, Violence) I - Industrialized**

**Diamond Salon 01**

**Gobin, Robyn, PhD Candidate; Iverson, Katherine, PhD; Mitchell, Karen, PhD; Vaughn, Rachel, BS;  
Resick, Patricia, PhD**

*VA Boston Healthcare System, Boston, Massachusetts, USA*

Intimate partner violence (IPV) is a significant women's health issue. Unfortunately, abuse from an intimate partner is not the only form of interpersonal violence survivors of IPV experience during their lifetime. IPV survivors often have histories of childhood maltreatment, and these early abuse experiences have been associated with increased risk for PTSD symptoms in childhood and adulthood, yet the unique contributions of previous interpersonal victimization experiences on IPV survivors' current PTSD symptoms is not well understood. This study used a four-factor structure for PTSD to examine the impact of childhood maltreatment and adult interpersonal violence on the severity of distinct PTSD symptom clusters among 425 women seeking help for recent IPV (Resick, 1997). Participants completed a series of questionnaires regarding their trauma histories, recent IPV, and current PTSD symptoms. Structural equation modeling demonstrated that, while accounting for the effects of recent IPV, childhood maltreatment is strongly associated with three of the four PTSD symptom clusters while adult maltreatment was not associated with severity of PTSD symptom clusters. Childhood maltreatment has persistent effects on the PTSD symptoms of IPV survivors, suggesting that child maltreatment may need to be processed in addition to IPV experiences during PTSD treatments with IPV survivors.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Roundtable**

**Improving Assessment, Treatments and Services for Veterans**

**Conducting Clinical Trials with Active-Duty Military Personnel**  
(Abstract # 1366)

**Roundtable Presentation (Res Meth, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

***Wilkinson, Charity, PsyD<sup>1</sup>; Borah, Elisa, PhD<sup>1</sup>; Resick, Patricia, PhD<sup>2</sup>; Foa, Edna, PhD<sup>3</sup>; Schuster, Jennifer, PhD<sup>2</sup>; Young-McCaughan, Stacey, RN, PhD<sup>1</sup>; Peterson, Alan, PhD<sup>1</sup>***

<sup>1</sup>*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*

<sup>2</sup>*National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA*

<sup>3</sup>*Center for the Treatment and Study of Anxiety, Philadelphia, Pennsylvania, USA*

In 2009, the STRONG STAR PTSD Research Consortium initiated psychotherapy clinical trials with an active duty military population at Fort Hood. Conducting research in this setting demanded creating buy-in within an established, highly regulated system. This required building and maintaining relationships with key military personnel, compliance with Army regulations, meeting challenges related to treating active-duty soldiers, and daily operations in an Army behavioral health setting. This discussion will address strategies that made these trials successful, such as focusing on the mutually beneficial goal of helping soldiers return to full duty along with adoption of local clinical practices and standards, participant recruitment through medical and unit communications, and applying knowledge of military culture. The two largest randomized clinical trials in the Department of Defense using Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT) are underway. During this discussion, the Lead Principal Investigators for STRONG STAR will discuss their vision in creating the consortium and bringing cutting-edge PTSD research to the military. The PIs for each of these trials will discuss critical elements of early and maintenance stages of military research trials. The Fort Hood chiefs of research and clinical practice for STRONG STAR will discuss aspects of daily research operations.



**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Roundtable**

**Increasing Veteran Engagement in PTSD Treatment Through Patient Education and Patient Choice**

(Abstract # 1322)

**Roundtable Presentation (Train/Ed/Dis, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Mott, Juliette, PhD<sup>1</sup>; Street, Rick, PhD<sup>2</sup>; Stanley, Melinda, PhD<sup>1</sup>; Beckner, Minette, PhD<sup>1</sup>; Hofstein, Rebecca, BA<sup>3</sup>; Elwood, Lisa, PhD<sup>4</sup>; Teng, Ellen, PhD<sup>1</sup>**

<sup>1</sup>Michael E. DeBakey VA Medical Center, Houston, Texas, USA

<sup>2</sup>Houston Center for Quality of Care and Utilization Studies, Houston, Texas, USA

<sup>3</sup>South Central Mental Illness Research, Education, and Clinical Center, Houston, Texas, USA

<sup>4</sup>University of Indianapolis, Indianapolis, Indiana, USA

The presence of multiple effective treatments for PTSD imposes the challenge of selecting the optimal treatment for each patient. Numerous policies note that patient preferences should guide PTSD treatment decisions, yet offer little guidance about how to effectively elicit preferences and integrate them into treatment planning. We describe the empirically-based development of a 1-session decision-making intervention designed to increase Veterans' involvement in PTSD treatment decisions. Grounded in a medical decision-making framework, this intervention guides Veterans and providers through discussion of the following topics regarding treatment decisions: (1) patient's role, (2) nature of the decision, (3) treatment options, (4) risks/benefits, (5) uncertainties, (6) assessment of understanding, and (7) preference exploration. The intervention includes a clinician manual and accompanying patient decision-aid describing the rationale and procedures of available PTSD treatments. Prior to implementation in a large VA PTSD clinic, intervention materials were reviewed by PTSD treatment experts, VA clinicians, Veterans who had completed one of the treatments, and treatment naive Veterans. All reviewers indicated that this intervention would increase Veterans' treatment motivation and confidence in treatment decisions. This promising intervention is the first to offer a framework to guide patient-centered decisions regarding PTSD treatment. Decision-making interventions such as the one described here have the potential to improve engagement in PTSD treatment, a critical mission to the VA.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Roundtable**

**Measuring Relationship Stress Related to Military Deployment and Traumatic Stress**  
(Abstract # 1664)

**Roundtable Presentation (Assess Dx, Mil/Vets) I - Industrialized**

**Diamond Salon 06**

**Carlson, Eve, PhD**

*National Center for PTSD, Menlo Park, California, USA*

Stress associated with changes in relationships with partners, family members, friends, and co-workers during deployment may contribute to or exacerbate psychological disorder. U.S. Military personnel deployed in recent years have served longer and more tours of duty than in the past. In focus group studies, U.S. veterans of Iraq and Afghanistan have reported high levels of marital, family, and work stress after military service, but no systematic measures are available to assess the impact of deployment and traumatic stress on relationships. This presentation will describe a measure of deployment-related relationship stress and responses of veterans seeking primary care. The majority of long-term partner relationships among deployed veterans ended and most veterans who “lost” partner relationships reported that time apart from their partner and experiences during deployment contributed to the end of the relationship. In addition, relationship stress with partner, family, friends, and co-workers were all strongly related to both PTSD and depression symptoms. The measure may be useful clinically and in research on relationships in military veterans who were deployed to a war zone. Since social support is thought to reduce risk for post-traumatic mental disorder, measuring and addressing stress in social relationships may be an important way to foster mental health in veterans exposed to deployment and traumatic stress.

**Concurrent Session 14**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**3:00 PM - 4:15 PM**  
**Roundtable**

**Assessing Risk of the Development of Persistent PTSD and Depression in Returning Military Personnel**  
(Abstract # 1720)

**Palmieri, Patrick, PhD<sup>1</sup>; Carlson, Eve, PhD<sup>2</sup>; Harrington, Ellen, PhD<sup>1</sup>; Reiland, Sarah, PhD<sup>1</sup>; Vogt, Dawne, PhD<sup>3</sup>; Eisen, Susan, PhD<sup>4</sup>**

<sup>1</sup>*Summa Health System, Akron, Ohio, USA*

<sup>2</sup>*National Center for PTSD, Menlo Park, California, USA*

<sup>3</sup>*National Center for PTSD, Boston, Massachusetts, USA*

<sup>4</sup>*Center for Health Quality, Outcomes and Economic Research, Bedford, Massachusetts, USA*

Most military personnel who are deployed to a war zone experience multiple traumatic stressors and high levels of stress. A sizable proportion of military personnel experience symptoms of PTSD and/or depression following deployment. Many of these veterans appear to recover on their own within 6 months of return, but a substantial number do not. Military personnel assessed soon after their return from deployment may screen positive for PTSD and/or depression when they are actually in the process of recovery, and they may screen negative because of delayed onset. Thus, an assessment tool that assesses risk factor information, rather than just concurrent symptoms, possibly could identify at the end of deployment those veterans who are likely to have persistent PTSD and depression symptoms several months post-deployment. If such a risk screen, rather than a concurrent screen, were to be developed and feasible to administer, it would classify individuals in terms of risk (even in the possible absence of current symptoms), thereby suggesting who might benefit from preventive/early services and continued monitoring.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 3**  
**4:30 PM - 5:45 PM**  
**Master Clinician**

**Using Empirically Supported Mindfulness Techniques to Enhance Trauma Therapy**  
(Abstract # 2149)

**Briere, John, PhD**

*LAC+USC Medical Center, Los Angeles, California, USA*

A number of mindfulness-based interventions including: mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), and mindfulness-based relapse prevention (MBRP) have been successfully applied to the treatment of symptoms and disorders ranging from anxiety and depression to substance abuse, chronic pain, and self-injurious behaviors. However, less attention has been paid to mindfulness approaches to post-traumatic stress disorder (PTSD) and other, more complex,

trauma-related difficulties. This session will outline the potential benefits of mindfulness training for both the therapist and the trauma-exposed client, highlighting constructs such as settling skills, metacognitive awareness, equanimity, compassion, acceptance, and nonjudgmental attention to, and reduced identification with, ongoing mental processes. Also discussed will be the role and contraindications of meditation for trauma survivors, the use of outside mindfulness training classes, and the links between mindfulness and established cognitive-behavioral procedures, including therapeutic exposure, cognitive restructuring, and affect regulation training. Other aspects of mindfulness, however, represent unique contributions of Buddhist psychology that potentially offer new pathways to reduced post-traumatic suffering.

### **Concurrent Session 15**

**Saturday, November 3, 2012**

**Diamond Salon 6**

**4:30 PM - 5:45 PM**

**Symposium**

**Sleep Complaints Among Veterans: A Mental Health Symptom or a Co-Morbid Disorder**

(Abstract #1561)

**Chairperson**    **Ulmer, Christi, PhD**

*Durham VAMC, Durham, North Carolina, USA*

**Discussant**    **Neylan, Thomas, MD**

*University of California, San Francisco, San Francisco, California, USA*

Sleep complaints are highly prevalent with Post Traumatic Stress Disorder (PTSD) and are a part of the diagnostic criteria. However, a recent NIH State of the Science Conference Statement concluded that it is best to regard insomnia as a co-morbid condition, rather than merely a symptom of the disorder. The evidence suggests that PTSD patients continue to experience residual insomnia following PTSD treatment, in spite of having achieved PTSD remission. In this symposium, we will examine the relevance of sleep disturbance in Veterans across the full spectrum of psychopathology, from those without mental health diagnoses to those meeting DSM-IV criteria for mental health disorders. In addition, we will present the findings of a longitudinal study to evaluate sleep response to an evidenced-based treatment of PTSD. Being able to identify individuals based on type of sleep complaint will help to identify those at an increased risk of developing mental health disorders, such as PTSD. It is critical that both clinicians and researchers fully appreciate the relevance of sleep disturbance as both a co-morbid condition and as a risk factor for future adverse mental and physical health outcomes. Implications for future treatment and personalized care will also be discussed.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Symposium**

**The Association of Sleep Duration and Mental Health and Health Risk Behaviors Among OEF/OIF/OND Veterans**  
(Abstract # 1562)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Swinkels, Cindy, PhD; Ulmer, Christi, PhD; Beckham, Jean, PhD; Calhoun, Patrick, PhD**  
*Durham VAMC, Durham, North Carolina, USA*

Short sleep duration has been linked with higher mortality rates in the general public and has been associated with higher rates of co-morbid medical and mental health issues. The current study examined the association between sleep duration and prevalence of mental health problems and health risk behaviors among a large sample of U.S. Veterans with military service since September 11, 2001. The sample (N=1705) from the VA VISN-6 MIRECC OEF/OIF Registry database included 20% women (n=340) and had an average age of 37 years ( $SD=10.0$ ). Combat exposure was highly prevalent (76%, n=1296) and was significantly associated with impaired sleep duration. Results from logistic regression analyses that included age, gender, military rank, number of deployments, and combat exposure as covariates indicated that very short sleep duration ( $\leq 5$  hours of sleep) and excessive sleep duration ( $\geq 9$  hours) were associated with increased odds of current PTSD, depression, alcohol abuse/dependency, alcohol misuse, smoking, and suicidal ideation. Sleep duration may be an important marker for psychiatric and health risk behavior problems. While impaired sleep is clearly symptomatic of a number of psychiatric

conditions, increasing evidence suggests that sleep disturbance may be a unique perpetuating variable that requires specific targeting to ensure treatment success.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Sleep Disturbance in Veterans with Subclinical Mental Health Symptoms**  
(Abstract # 1563)

**Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized**

**Diamond Salon 06**

**Ulmer, Christi,<sup>1</sup>; Calhoun, Patrick, PhD<sup>2</sup>; Swinkels, Cindy, PhD<sup>2</sup>; Beckham, Jean, PhD<sup>2</sup>**

<sup>1</sup>*Durham VA and Duke University Medical Centers, Durham, North Carolina, USA*

<sup>2</sup>*Durham VAMC, Durham, North Carolina, USA*

Sleep disturbance is one of the most common complaints among recently deployed military personnel, with an estimated 64% returning with insomnia. While impaired sleep is a hallmark of PTSD and depression, less is known regarding sleep complaints among returning veterans without psychopathology. The current study examined sleep disturbance among participants in the VA VISN-6 MIRECC OEF/OIF Registry (N=768) who did not meet DSM-IV criteria for a mental health disorder. Almost half (N=377, 49.1%) of the participants in a regional sample of Veterans serving since 9/11 did not meet criteria for any mental health disorder. Impaired sleep quality was highly prevalent, with 62% (N=196) of this subsample exceeding the cut-off score (>5) for normal sleep quality on the Pittsburgh Sleep Quality Index (PSQI). Combat exposure was associated with sleep onset and maintenance difficulties, distressing dreams, and disturbed sleep. Results from linear regression analyses indicated, after adjusting for age, gender, combat exposure and number of tours, subclinical PTSD and depression symptoms explained an additional 16% of the variance in PSQI scores, and 31% of variance in items assessing sleep maintenance and distressing dreams. Even among Veterans without diagnosable psychopathology, impaired sleep is prevalent and is associated with symptoms of PTSD and depression.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 6**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Sleep in OEF/OIF/OND Veterans with PTSD Before and After Prolonged Exposure**  
(Abstract # 1564)

Symposia Presentation (Clin Res, Mil/Vets) M - Industrialized

Diamond Salon 06

**Drummond, Sean, PhD<sup>1</sup>; Nappi, Carla, PhD<sup>1</sup>; Strauss, Laura, BS<sup>2</sup>; Salamat, Jennifer, BA<sup>3</sup>; Anderson, Dane, BA<sup>3</sup>**

<sup>1</sup>*VA San Diego & University of California, San Diego, San Diego, California, USA*

<sup>2</sup>*University of California, San Diego, San Diego, California, USA*

<sup>3</sup>*VA San Diego, San Diego, California, USA*

Sleep problems are ubiquitous in Post-Traumatic Stress Disorder (PTSD) and often remain residual after otherwise successful interventions for PTSD. We report the first study to systematically assess objective and subjective sleep symptoms prior to and following Prolonged Exposure (PE) in OEF/OIF/OND Veterans with PTSD. We assessed sleep in 19 Veterans through a variety of measures prior to starting PE and following 12 sessions of PE (post-PE: PPE).

Subjects showed significant improvement in overall PTSD symptoms on the CAPS and PCL-S. Subjective sleep measures (e.g., Insomnia Severity Index, Pittsburgh Sleep Quality Index and sleep diary measures of Sleep Latency, Sleep Efficiency, and nightmare frequency improved PPE, but almost all remained within the clinically impaired range. Other self-report measures (e.g., time awake during the night, total sleep time) showed no improvement PPE. In contrast, no objective actigraphy measure of sleep, showed significant improvements PPE.

PE improved many self-report measures of sleep, despite no explicit focus on sleep in PE. However, every measure except sleep latency remained in the clinical range, and objective sleep did not improve. These data show sleep remains clinically disrupted even following otherwise successful PE and argue for development of efficacious interventions explicitly addressing nocturnal symptoms in PTSD.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Sexual Trauma and Mental Health Sequelae Among Military and Veteran Samples: Prevalence and Characteristics, Treatment Needs, and Barriers to Treatment**

(Abstract #909)

**Chairperson**    **Walsh, Kate, PhD**

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

**Discussant**    **Kimerling, Rachel, PhD**

*National Center for PTSD, VA Palo Alto, Menlo Park, California, USA*

The mental health needs of soldiers returning from the wars in Iraq and Afghanistan are substantial (Friedman, 2006). One traumatic experience that may contribute to an increased need for mental health treatment is sexual trauma, which encompasses rape (i.e., penetration due to force, threat of force, or drug or alcohol incapacitation) and the broader experience of sexual assault (i.e., unwanted sexual contact occurring due to use of force, threat of force, or manipulation) or sexual harassment (i.e., unwanted sexual attention). The present symposium will elucidate the prevalence of sexual trauma and mental health problems in both military and veteran samples. The first presentation documents the prevalence of sexual trauma and mental health sequelae among three large representative samples of U.S. Reserve and National Guard soldiers. The second presentation augments our understanding of sexual harassment and assault characteristics reported by male and female soldiers during deployments to Iraq or Afghanistan. The third provides an in-depth examination of differences in sexual assault and harassment experiences among female soldiers with and without deployment and combat experience. The final presentation addresses gender-related barriers and preferences associated with accessing MST-related mental health care among male veterans. Treatment implications will be discussed.



**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Prevalence of Sexual Trauma and Mental Health Sequelae Among Three Representative Samples of Reserve and National Guard Personnel**

(Abstract # 910)

**Symposia Presentation (Assess Dx, Mil/Vets) I - Industrialized**

**Diamond Salon 08**

**Walsh, Kate, PhD<sup>1</sup>; Cohen, Gregory, BA<sup>2</sup>; Koenen, Karestan, PhD<sup>2</sup>; Ursano, Robert, MD<sup>3</sup>; Gifford, Robert, PhD<sup>3</sup>; Calabrese, Joseph, MD<sup>4</sup>; Tamburrino, Marijo, MD<sup>5</sup>; Liberzon, Israel, MD<sup>6</sup>; Galea, Sandro, MD, DrPH<sup>2</sup>**

<sup>1</sup>*Medical University of South Carolina, Charleston, South Carolina, USA*

<sup>2</sup>*Columbia University, New York, New York, USA*

<sup>3</sup>*Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*

<sup>4</sup>*University Hospitals Case Medical Center, Cleveland, Ohio, USA*

<sup>5</sup>*University of Toledo, Toledo, Ohio, USA*

<sup>6</sup>*University of Michigan, Ann Arbor, Michigan, USA*

The mental health needs of soldiers returning from the Iraq and Afghanistan wars are substantial. One traumatic experience that may contribute to an increased need for mental health treatment is sexual trauma, which has been associated with both post-traumatic stress disorder (PTSD) and major depressive disorder (MDD). Despite indications that sexual trauma experienced over the lifespan may have deleterious effects on adult mental health functioning, studies with military samples have focused predominantly on deployment-related sexual trauma. Thus, the current study documented the prevalence of lifetime sexual trauma and psychopathology in two nationally representative samples of Reserve and National Guard (NG) soldiers as well as a state-level sample of Ohio Army National Guard (OHARNG) soldiers. Among female soldiers, prevalence of lifetime sexual trauma in the Reserve (36.6%) and OHARNG (36.3%) samples was higher than the prevalence of sexual trauma among NG women (25.5%). Among men, estimates were consistent across samples: Reserve (4.0%), NG (3.9%), and OHARNG (5.0%). Among female victims, 11-24% reported past-year PTSD, 22-34% reported lifetime PTSD, 11-37% reported past-year MDD, and 32-63% reported lifetime MDD. Among male victims, 9-19% reported past-year PTSD, 22-41% reported lifetime PTSD, 12.5-20% reported past-year MDD, and 9-53% reported lifetime MDD. Treatment implications will be discussed.

**Characteristics of Sexual Harassment and Assault Experienced During Operation Enduring Freedom and Operation Iraqi Freedom Deployments**

(Abstract # 913)

Symposia Presentation (Social, Mil/Vets) I - Industrialized

Diamond Salon 08

**Street, Amy, PhD; Gradus, Jaimie, ScD, MPH**

*VA Boston Healthcare System, Boston, Massachusetts, USA*

While extensive work has examined experiences of sexual harassment and assault among peacetime military samples, there is much less data documenting these experiences among Veterans deployed in support of the recent wars in Afghanistan and Iraq. 2,348 Veterans (50.9% female), sampled from a national roster of OEF/OIF Veterans, responded to a mail survey that included the sexual harassment subscale of the Deployment Risk and Resiliency Inventory. 48.6% of women and 10.2% of men reported at least one experience consistent with sexual harassment during an OEF/OIF deployment, while a fully overlapping group of 22.8% of women and .8% of men reported at least one experience of sexual assault during deployment. Among those who reported harassment, most indicated that the offenders were military personnel (99% of women and 98% of men, *ns* gender difference), of a higher rank (47% and 75%, respectively,  $p < .0001$ ) and male (96% and 89%,  $p < .01$ ). Women (58%) were significantly more likely to report that their experiences were “probably” or “definitely sexual harassment” than were their male counterparts (11%;  $p < .0001$ ), which may reflect women’s greater mean harassment severity [9.2 (3.6) vs. 7.2 (.9),  $p < .0001$ ] or may reflect cultural expectations that diminish men’s willingness to label their unwanted sexual experiences as harassment.

## Concurrent Session 15

Saturday, November 3, 2012

Diamond Salon 8

4:30 PM - 5:45 PM

Symposium

### Is Deployment Associated with Sexual Harassment or Sexual Assault in A Large, Female Military Cohort?

(Abstract # 911)

Symposia Presentation (Clin Res, Mil/Vets) I - Industrialized

Diamond Salon 08

LeardMann, Cynthia,<sup>1</sup>; Pietrucha, Amanda, MPH<sup>1</sup>; Magruder, Kathryn, MPH, PhD<sup>2</sup>; Smith, Besa, MPH, PhD<sup>1</sup>; Murdoch, Maureen, MD, MPH<sup>3</sup>; Jacobson, Isabel, MPH<sup>1</sup>; Ryan, Margaret, MD, MPH<sup>4</sup>; Gackstetter, Gary, MPH, PhD<sup>5</sup>; Smith, Tyler, MS, PhD<sup>6</sup>

<sup>1</sup>Naval Health Research Center, San Diego, California, USA

<sup>2</sup>Medical University of South Carolina, Charleston, South Carolina, USA

<sup>3</sup>VA Medical Center, Minneapolis, Minnesota, USA

<sup>4</sup>Naval Hospital Camp Pendleton, Camp Pendleton, California, USA

<sup>5</sup>*Analytic Services, Inc., Arlington, Virginia, USA*

<sup>6</sup>*National University Technology and Health Sciences Center, San Diego, California, USA*

Little is known about the occurrence of sexual stressors, defined in this study as harassment or sexual assault, and their correlates in relation to female troops deployed to the current operations in Iraq and Afghanistan. This prospective study used data from female participants of the Millennium Cohort Study who completed both a baseline (2001-2003) and follow-up (2004-2006) survey to assess the association of deployment as well as other individual and environmental factors with incident self-reported sexual stressors. Of 13 262 eligible participants, 1362 (10.3%) reported at least 1 sexual stressor at follow-up. Multivariable analyses revealed that women who deployed and reported combat experiences were significantly more likely to report sexual harassment (odds ratio, 2.20; 95% confidence interval, 1.84-2.64) or both sexual harassment and sexual assault (odds ratio, 2.47; 95% confidence interval, 1.61-3.78) compared with nondeployers. While deployment itself was not significantly associated with sexual stressors, women who both deployed and reported combat were at a significant increased odds for sexual stressors than other female service members who did not deploy. These findings provide a springboard for future research focused on sexual stressors that occur in the military environment, especially in relationship to combat deployments, to inform policy and prevention efforts.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 8**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Barriers and Gender Preferences Associated with Receiving Military Sexual Trauma-Related Care Among Male Veterans: A Qualitative Analysis**  
(Abstract # 912)

**Symposia Presentation (Clin Res, Mil/Vets) | - Industrialized**

**Diamond Salon 08**

**Turchik, Jessica, PhD; McLean, Caitlin, BS; Rafie, Samantha, MS; Kimerling, Rachel, PhD**  
*VA Palo Alto Health Care System, Menlo Park, California, USA*

Previous research has found evidence of a gender disparity in use of military sexual trauma (MST)-related mental health services, with men being less likely to utilize these services than women. The primary goal of this qualitative study was to gain an understanding of potential gender-related barriers and preferences associated to accessing MST-related care for male Veterans. Twenty in-person interviews were conducted with male Veterans who had screened positive for MST, and who had not received any MST-related mental health care. Eligible Veterans were invited to participate via mail, and interviews lasted approximately 45 minutes. A number of perceived barriers were identified in the current study as reasons why men may not seek VHA care for MST. These barriers were coded into three

overarching categories: 1) Stigma-Related Barriers (e.g., feeling embarrassed/ashamed); 2) Gender-Related Barriers (e.g., sexuality/sexual orientation concerns, masculinity), and; 3) Knowledge-Related Barriers (e.g., not knowing about services). Veterans were mixed on provider gender preferences with 50% preferring a female provider, 25% a male provider, and 25% reporting no gender preference. These preliminary data suggest that gender-related barriers exist for men regarding seeking MST-related care, and gender tailoring health care information about MST may be helpful for male Veterans with MST.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**4:30 PM - 5:45 PM**  
**Symposium**

**A Longitudinal Analysis of Childhood Maltreatment and Symptom Trajectories Using Data from the Longscan Research Consortium**

(Abstract #1829)

**Chairperson**    **Lauterbach, Dean, PhD**

*Eastern Michigan University, Ypsilanti, Michigan, USA*

Given the disturbingly high prevalence and impact of childhood maltreatment, considerable research has focused on examining risk and protective factors associated with child victims of maltreatment and better understanding perpetrating parents. Researchers from the LONGSCAN Consortium, a nationwide association of researchers, have compiled longitudinal data from five regional sites. This data set includes information regarding maltreatment characteristic, features of the home and school environment, and characteristics of the child's caregivers. The longitudinal nature of the study allows for analysis of the factors that influence childhood maltreatment across the developmental lifespan and development of models examining relative impact of different factors on maltreatment at different developmental stages. This symposium will first outline the overarching methodology in the LONGSCAN study and present data on characteristics of the sample, including data on maltreatment type, and severity nested within age groups. Next the symposium will present findings on longitudinal predictors of childhood externalizing behaviors and childhood sexual behaviors. The symposium will conclude with a latent class analysis of symptom trajectories among survivors of maltreatment. Implications of findings for tailored treatment approaches will be addressed in each presentation.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**4:30 PM - 5:45 PM**  
**Symposium**

**A Description of the LONGSCAN Longitudinal Data Set Examining Parental Characteristics and Child Maltreatment**

(Abstract # 1830)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 10**

**McCloskey, Wilfred, MA, PhD, Student; Calvert, Maegan, MS**

*Eastern Michigan University, Ypsilanti, Michigan, USA*

This talk will outline the design and implementation of the LONGSCAN study and present findings on prevalence and severity of child maltreatment. Child maltreatment (e.g., physical abuse, sexual abuse, neglect) occurs with relatively high frequency across various racial/ethnic, socioeconomic, and demographic groups. Twenty years ago, the LONGSCAN consortium, supported with a grant from the Children's Bureau, was launched. The express purpose of the study was to assess the prevalence of and risk factors for child maltreatment. LONGSCAN consists of teams of researchers from five geographic locations (Baltimore, Seattle, San Diego, Chicago, North Carolina). Participants (N = 1354) were followed from birth through age 12 to examine risk/protective factors for childhood maltreatment. Bi-annual assessments of participants include information regarding types and severity of maltreatment and risk/protective factors. In addition to maltreatment data, the consortium collected data regarding characteristics of the child's caregivers (e.g., personal history of loss, victimization, availability of social support resources, and living environment). Collapsing across maltreatment type, children less than 4 years of age had greatest number of CPS reports (M = 1.54) and within children who experienced reported abuse, a substantial percentage of them were subjected to multiple incidents of abuse (23.3% (age 10-12) - 34.6% (age 0-4)).

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 10**  
**4:30 PM - 5:45 PM**  
**Symposium**

**Longitudinal Symptom Trajectories Among Child Survivors of Maltreatment: Findings from Longscan**

(Abstract # 1831)

**Symposia Presentation (Clin Res, Child/ Adol) M - Industrialized**

**Diamond Salon 10**

**Lauterbach, Dean, PhD; Iwanicki, Sierra, MS (PhD, Student)**

*Eastern Michigan University, Ypsilanti, Michigan, USA*

Child maltreatment occurs with alarming frequency and it is important to identify those at elevated risk for deterioration in social functioning. Previous research has examined symptom trajectories of child maltreatment survivors (Nugent et al., 2009) using a growth mixture modeling procedure. Nugent et al. identified two latent class trajectories characterized as chronic and resilient. While informative, characteristics of the sample (exclusively military families) and the outcome variable (PTSD symptom count) impose limits on the generalization of findings. This paper addressed both these limitations using data from the LONGSCAN study, a longitudinal investigation of risk and protective factors for child maltreatment. Latent class symptom trajectories were examined across five assessment points (4, 6, 8, 10, and 12 years of age) for three symptoms: social withdrawal, social problems, and anxious-depression in a large (N =1354) sample of child maltreatment survivors. Similar findings emerged across symptoms. Four and 5-class models emerged with the following symptom patterns: chronic high, consistent low, recovery (initially high/moderate declining over time) and delayed (initially low increasing to moderate/high over time). Data will be presented on significant predictors of symptom trajectory with recommendations for modifying standard treatment to meet emergent needs.

## **Concurrent Session 15**

**Saturday, November 3, 2012**

**Diamond Salon 10**

**4:30 PM - 5:45 PM**

**Symposium**

## **A Longitudinal Analysis of Causal Pathways Leading to the Emergence of Child Sexual Behavior Problems**

(Abstract # 1833)

**Symposia Presentation (Practice, Child/ Adol) I - Industrialized**

**Diamond Salon 10**

**Allen, Brian, PsyD**

*Primary Children's Medical Center, Salt Lake City, Utah, USA*

Little research is available regarding the development of child sexual behavior problems (SBP). Some suggest that SBP is best understood as a variant of other externalizing behavior problems and may share common causal mechanisms. This study examines the applicability of causal pathways commonly identified with externalizing problems to the development of SBP, specifically the impact of child

maltreatment mediated by peer rejection, poor social skills, and poor attention span. The current study included 550 children from the LONGSCAN database. Hierarchical regression analyses were completed using the Aggression and Delinquent Behavior subscales of the Child Behavior Checklist (CBCL) completed at age 8 as outcome variables.

Step 1 included maltreatment experienced before age 6, step 2 included the mediators peer rejection, poor social skills, and poor attention span at age 6), and the third step included maltreatment experienced between ages 6 and 8. The impact of early maltreatment on aggression/delinquency was partially mediated by step 2 variables. This model was then tested using SBP at age 8 as the outcome. Early child maltreatment predicted SBP, but only Attention Problems was a mediator. While the emergence of SBP shares commonalities with other externalizing behavior problems, significant differences were found that have implications for treatment.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 2**  
**4:30 PM - 5:45 PM**  
**Panel**

**Caring for Survivors of Torture and Trauma: An Interdisciplinary Approach**  
(Abstract # 1866)

**Panel Presentation (Practice, Diverse Pop) M - Industrialized**

**Diamond Salon 02**

**Keller, Allen, MD; Smith, Hawthorne, PhD; Murakami, Nancy, LCSW**

*NYU School of Medicine, New York, New York, USA*

The physical, psychological and social dimensions of health are interrelated. Yet the manner in which health services often are provided for trauma survivors is either incomplete or fragmented-occurring in silos. In order to provide optimal care for survivors of trauma, an interdisciplinary approach is crucial. In this workshop we will describe the interdisciplinary model of care developed and utilized by the Bellevue/NYU Program for Survivors of Torture (PSOT) in New York City. Each year approximately 700-800 survivors of torture and related human rights abuses from over 70 countries receive comprehensive and interdisciplinary medical, mental health, social and legal services. PSOT has established an international reputation for excellence in its clinical, educational, research and advocacy activities. Senior PSOT staff including the Program Director (a primary care physician), Director of Clinical Services (a psychologist) and Director of Social Services (a clinical social worker) will share their perspectives on the challenges, opportunities and efficacy of utilizing an interdisciplinary model of care with this exceptionally culturally diverse population. Data will be presented regarding more than 3,000 individuals cared for at PSOT.

Participant Distress Explanation: Descriptions of torture and related trauma

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 7**  
**4:30 PM - 5:45 PM**  
**Panel**

**Benefits and Challenges of Partnering with Schools Serving Under-Resourced Urban Youth:  
Considerations for Implementing and Evaluating Trauma-Informed School-Based Mental  
Health Services**  
(Abstract # 1454)

**Panel Presentation (Commun, Child/ Adol) M - Industrialized**

**Diamond Salon 07**

**Dorado, Joyce, PhD<sup>1</sup>; Carrion, Victor, MD<sup>2</sup>; Joshi, Shashank, MD<sup>3</sup>; Sumi, William, PhD<sup>4</sup>; Martinez, Miriam, PhD<sup>5</sup>**

<sup>1</sup>*UCSF-San Francisco General Hospital, San Francisco, California, USA*

<sup>2</sup>*Stanford University, Stanford, California, USA*

<sup>3</sup>*Stanford University School of Medicine, Stanford, California, USA*

<sup>4</sup>*SRI International, Menlo Park, California, USA*

<sup>5</sup>*St. Luke's-Roosevelt Hospital Center, New York, New York, USA*

School-based work can effectively reach high numbers of youth exposed to violence and other traumas. 3 distinct community-based academic programs will discuss implementation and evaluation of 3 trauma-informed school-based mental health interventions located in public schools serving under-resourced urban communities. Stanford Cue Centered Therapy (CCT) (Carrion, 2011) is a short-term child treatment protocol targeting cognitions, emotional expression, trauma-related responses, knowledge and skills, and caregiver-child relationships. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (Stein et al., 2003) is an empirically supported group intervention for traumatized youth being evaluated in middle schools via a UCLA/Stanford/SRI collaboration. New CCT and CBITS randomized controlled trials will be presented. UCSF Healthy Environments and Response to Trauma in Schools (HEARTS) (Dorado & Martinez, 2011) is a multilevel prevention and intervention program promoting school success for traumatized students by creating trauma-sensitive school environments, offering trauma-informed on-site therapy, capacity building with school staff including support for vicarious trauma and burnout, and improvement of school policies & procedures. Panelists will highlight key intervention components, research findings, and their varying processes of developing relationships with schools, overcoming challenges, and measuring behavioral & academic outcomes. They will discuss strengthening each intervention through collaborative integration and culturally-attuned modifications.



**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 9**  
**4:30 PM - 5:45 PM**  
**Panel**

**Innovative Approaches to Prevention and Intervention with High Risk and Gang-Involved Youth**

(Abstract # 1860)

**Panel Presentation (Commun, Child/ Adol) M - Industrialized**

**Diamond Salon 09**

**Stolbach, Bradley, PhD<sup>1</sup>; Bocanegra, Eduardo, BS<sup>2</sup>; Habib, Mandy, PsyD<sup>3</sup>; Hidalgo, Jose, MD<sup>4</sup>; Purtle, Jonathan, MPH<sup>5</sup>; Gaytan, Francisco, PhD, MSW<sup>6</sup>; Saclarides, Kathryn, MSW<sup>7</sup>; Tandon, Darius, PhD<sup>8</sup>**

<sup>1</sup>*La Rabida Children's Hospital/University of Chicago, Chicago, Illinois, USA*

<sup>2</sup>*University of Chicago, Chicago, Illinois, USA*

<sup>3</sup>*North Shore University Hospital, Manhasset, New York, USA*

<sup>4</sup>*Latin American Health Initiative, Boston, Massachusetts, USA*

<sup>5</sup>*Drexel University College of Medicine, Philadelphia, Pennsylvania, USA*

<sup>6</sup>*Northeastern Illinois University, Chicago, Illinois, USA*

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Despite ample evidence that many gang-involved youth have extensive histories of trauma exposure in their homes and communities, most approaches to high risk urban youth do not address trauma or the role it plays in the path to violence. Youth of color in communities with high rates of crime are unlikely to have access to, to seek, or to be effectively engaged by traditional mental health approaches. This panel of four intervention developers will present preliminary data reflecting the success of programs that engage youth to reduce trauma symptoms, enhance strengths, and decrease the likelihood that they will become victims and/or perpetrators of violence. The RAP Club (Habib), a peer-led group delivered in employment opportunity centers in Baltimore, provides youth with strategies for coping with the effects of trauma. Urban Warriors (Bocanegra) pairs combat veteran mentors with violence-exposed youth in Chicago to provide resources to cope with PTSD symptoms and a safe place to talk about the "war at home." PATHS to Resilience (Hidalgo), implemented in centers for unaccompanied migrant children in U.S. detention, uses play-based groups that foster connection, empowerment and fun. Healing Hurt People (Purtle), a hospital-based program for young men of color injured by violence in Philadelphia, provides supportive services such as case management and psychoeducation groups to help youth alter life trajectories. Panelists will discuss common challenges and keys to success in program development and delivery.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Plaza 1**  
**4:30 PM - 5:45 PM**  
**Workshop**

**Trauma Adapted Family Connections: Reducing Developmental and Complex Trauma Symptomatology to Prevent Child Abuse and Neglect**  
(Abstract # 1757)

**Workshop Presentation (Clin Res, Adult/Cmplx) A - Industrialized**

**Plaza 01**

**Collins, Kathryn, PhD, MSW; Strieder, Frederick, PhD, MSW; Clarkson Freeman, Pamela, PhD, MSW; Tabor, Maureen, LCSW**  
*University of Maryland, Baltimore, Maryland, USA*

Families living in urban poverty, enduring chronic and complex traumatic stress, and having difficulty meeting their children's basic needs have significant child maltreatment risk factors. There is a paucity of family focused, trauma-informed evidence-based interventions aimed to alleviate trauma symptomatology, strengthen family functioning, and prevent child abuse and neglect. Trauma Adapted Family Connections (TA-FC) is a manualized trauma-focused practice rooted in the principles of Family Connections (FC), an evidence supported preventive intervention developed to address the glaring gap in services for this specific, growing, and underserved population. The presenters will review risk and protective factors of child neglect and how TA-FC builds on FC principles and service components to provide trauma-focused interventions across these broad domains while integrating: (1) trauma-focused family assessment and engagement; (2) psycho-education to teach family members about trauma symptomatology; (3) a focus on building safety capacity within the community and immediate environment; (4) trauma informed parenting practices and communication; and (5) trauma informed in-depth family work. The six month intervention is culturally dynamic with empirically validated instruments are used for both assessment and intervention evaluation. The audience will hear how the child, parent, family, and community level outcome data are analyzed and integrated into practice, evaluation, and quality assurance efforts.

**Concurrent Session 15**  
**Saturday, November 3, 2012**  
**Diamond Salon 1**  
**4:30 PM - 5:45 PM**  
**Roundtable**

**Can PTSD Be Cured?**  
(Abstract # 761)

**Roundtable Presentation (Clin Res, Violence) M - Global**

**Diamond Salon 06**

**Peterson, Alan, PhD<sup>1</sup>; Foa, Edna, PhD<sup>2</sup>; Resick, Patricia, PhD<sup>3</sup>; Keane, Terence, PhD<sup>4</sup>; Rothbaum, Barbara, PhD<sup>5</sup>**

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Post-traumatic stress disorder (PTSD) is considered by many clinicians, researchers, and public health officials to be a chronic, lifelong disorder that is treatment resistant or incurable. This perception is particularly strong when referring to combat-related PTSD in military veterans. Indeed, there are currently almost 500,000 Vietnam Veterans in the United States with chronic PTSD, despite the presence of a number of highly effective treatments. These facts are inconsistent with the substantial clinical improvements reported in numerous randomized clinical trials evaluating cognitive-behavioral treatments for PTSD in civilians. Although the term “cure” is rarely used, recent PTSD studies have demonstrated that a large percentage of patients can be treated to the point of loss of diagnosis, remission, or recovery. A recently published long-term follow-up study of civilians treated with Cognitive Processing Therapy and Prolonged Exposure indicated that about 80% of participants were treated to the point of remission at the post-treatment point and remained in remission for 5-10 years after participating in the study (Resick et al., 2011). This roundtable discussion will review and discuss clinical and research evidence to support or refute the view that PTSD can be cured. Similarities and differences between civilian and military populations will be discussed.