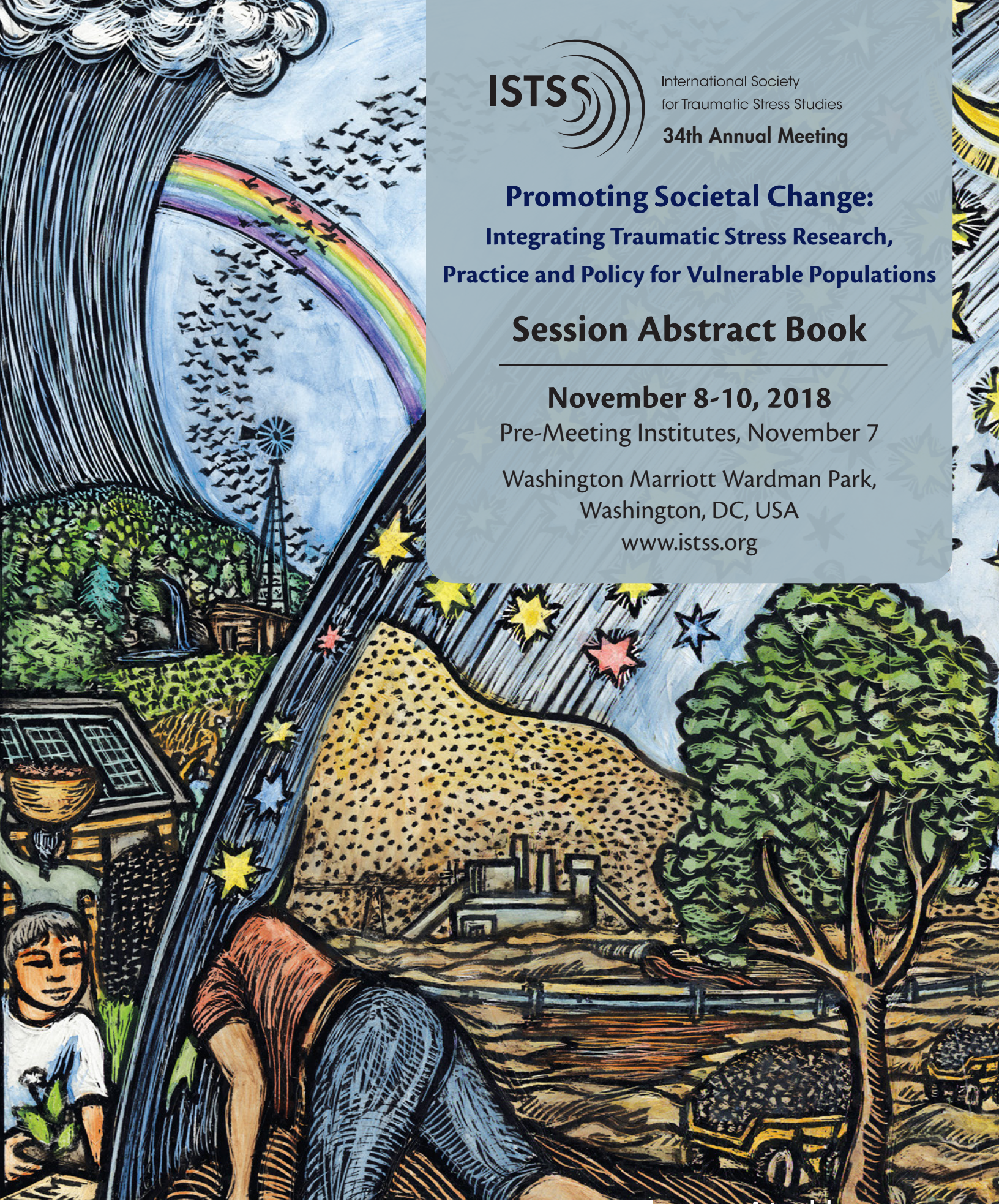


ISTSS

International Society
for Traumatic Stress Studies

34th Annual Meeting

Promoting Societal Change:

Integrating Traumatic Stress Research, Practice and Policy for Vulnerable Populations

Session Abstract Book

November 8-10, 2018

Pre-Meeting Institutes, November 7

Washington Marriott Wardman Park,
Washington, DC, USA
www.istss.org

Artwork by
Ricardo Levins Morales
www.RLMArtStudio.com

AMEDCO

Continuing Medical Education Jointly Provided by Amedco and the International Society for Traumatic Stress Studies

ISTSS 34th Annual Meeting
Session Abstracts

Table of Contents

Guides to Information in Schedule

Regions

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

Population Types

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

Presentation Level

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

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

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

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

Guides to Information in Schedule

Keyword Type Descriptions

Primary Keywords

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

Secondary Keywords

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

Presentation Type Descriptions*

Case Study Presentation

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

Media Presentation

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

Oral Paper Presentation as "Flash Talks"

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

Panel Presentation

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

Poster Presentation

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

Pre-Meeting Institute (PMI)

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

Symposium

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

Workshop Presentation

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

* *Presentation types are color-coded throughout the schedule.*

Topical Tracks

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

Look for these throughout the meeting schedule in the left column:

Assessment and Diagnosis Track
Presentations on assessing trauma

Biological/Medical Track
Presentations on biological and physical aspects of trauma

Child Trauma Track
Presentations on various aspects of trauma in children and adolescents

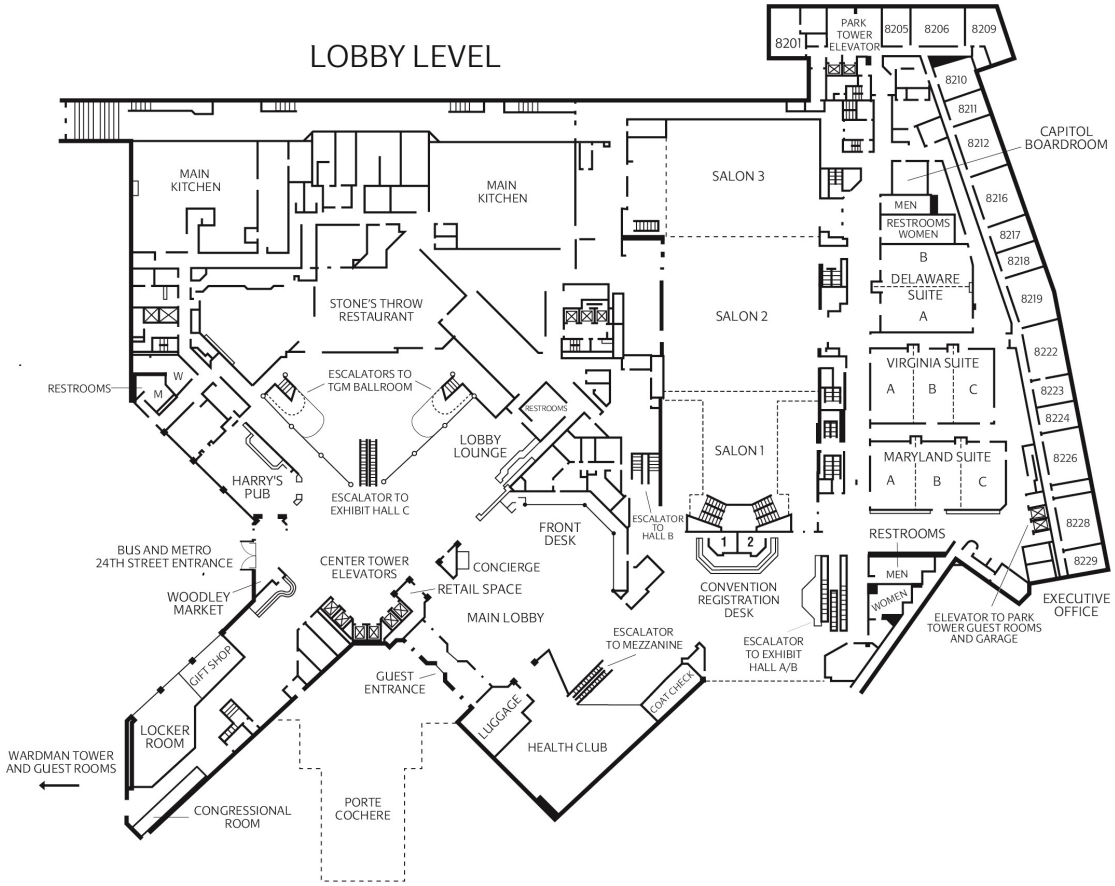
Military/Veteran Track
Presentations on trauma in military and veteran populations

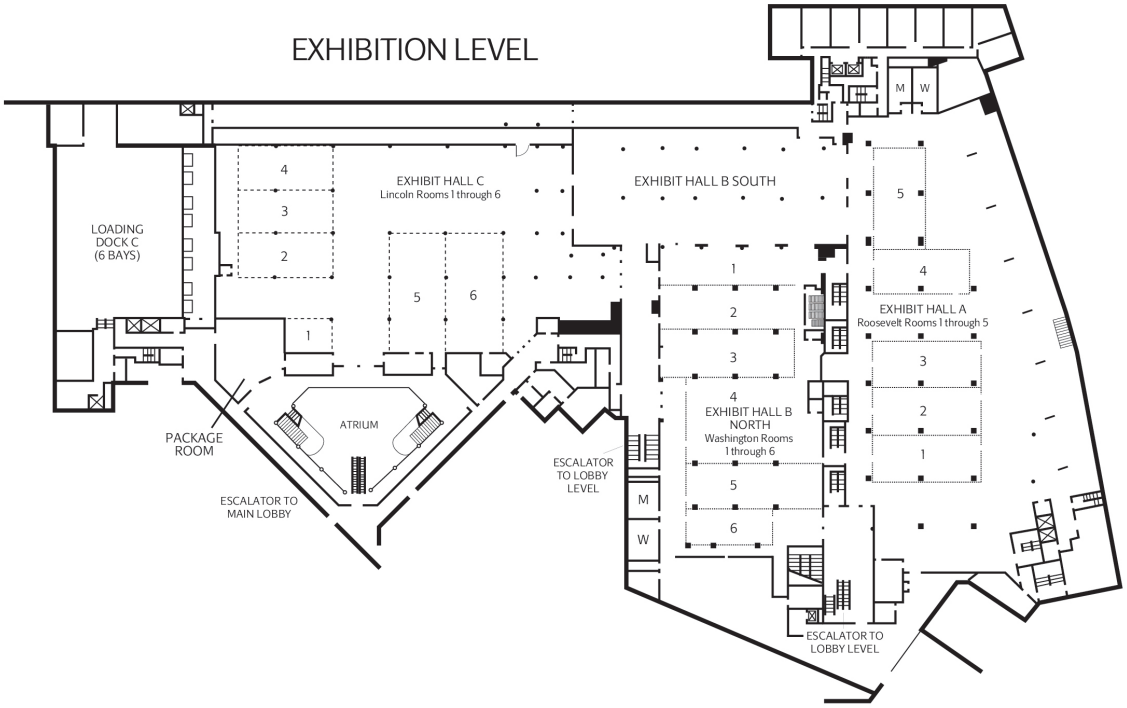
Immigrant/Refugee Track
Presentations on trauma in immigrant and refugee populations

Gender/Orientation Track
Presentations on issues relating to trauma, gender identity and/or sexual orientation

Public Health Track
Presentations on trauma and public health

Hotel Floor Plans





Full Day PMI

Wednesday, November 7

Pre-Meeting Institute (PMI)
8:30 AM to 5:00 PM
Virginia A

PMI 01 Treating Sleep Problems Associated with Trauma and PTSD
(Practice, Bio Med-Cog/Int-Sleep, Adult, A, Industrialized)

DeViva, Jason, PhD[1]; **McCarthy, Elissa, PhD**[2]
[1]*VA Connecticut Healthcare System and Yale University, West Haven, Connecticut, USA*
[2]*National Center for PTSD, Executive Division, West Haven, Connecticut, USA*

Sleep difficulties have been part of the diagnostic criteria of posttraumatic stress disorder (PTSD) since the diagnosis was first established, and they are among the most commonly reported symptoms among individuals exposed to trauma. Individuals exposed to trauma or diagnosed with PTSD are more likely to experience difficulties initiating and maintaining sleep, nightmares, sleep breathing disorders, and REM sleep behavior disorders. There is also evidence suggesting that sleep difficulties may play an important role in the development of PTSD, and impaired sleep is associated with many of the problems with health and functioning commonly seen in PTSD. Effective treatments for sleep problems are not widely available, potentially making trauma-exposed individuals more vulnerable to later difficulties. Sleep problems may persist after otherwise successful response to PTSD treatment and treatment of some sleep problems may improve PTSD symptoms.
This workshop will begin by examining research on the relationships among trauma, posttraumatic stress, insomnia, sleep breathing disorders, and other sleep disorders. A basic behavioral model of the development of insomnia will be presented, and specific aspects of posttraumatic stress that may precipitate or perpetuate insomnia will be identified. The majority of the workshop will focus on assessment and treatment. The use of established, evidence-based assessment of both posttraumatic symptoms and sleep will be emphasized. Guidelines for when to refer to sleep clinics will be presented. The current levels of evidence supporting treatments for PTSD, insomnia, nightmares, sleep breathing disorders, and other sleep disorders will be reviewed. Strategies for sequencing treatments based on symptom presentation and patient willingness will be discussed. The workshop will place particular emphasis on cognitive-behavioral therapy for insomnia (CBT-I), the gold standard treatment for insomnia, and its use when patients have been diagnosed with PTSD. Evidence supporting the use of CBT-I when comorbid PTSD is present will be examined, and potentially beneficial modifications to CBT-I will be reviewed. The workshop will also provide suggestions for how to address PTSD symptoms when patients choose to treat sleep disorders, and for how to address residual sleep difficulties after otherwise effective PTSD treatment. Suggestions for increasing adherence to treatment will be presented, with emphasis on treatment of sleep breathing disorders. Options for using technology to augment assessment and treatment will also be discussed. De-identified case material will be presented to illustrate treatment concepts and recommendations.

Pre-Meeting Institute (PMI)
8:30 AM to 5:00 PM
Virginia B

PMI 02 Understanding and Assessing Racial Trauma
(CulDiv, Clinical Practice, Adult, I, N/A)

Wetterneck, Chad, PhD[1]; **Williams, Monnica, PhD**[2]; **Carlson, Marie, D., PhD**[3]
[1]*Rogers Memorial Hospital, Oconomowoc, Wisconsin, USA*
[2]*University of Connecticut, Storrs, Connecticut, USA*
[3]*University of Texas at Austin, Austin, Texas, USA*

Survivors of violent acts or disasters, emergency responders, abuse victims, and combat veterans are often associated with the risk of developing PTSD and many clinicians are well-equipped to provide services for those populations. When trauma and PTSD are related to experiences involving racial discrimination and systemic racism, the mental health community is less prepared.
In this full day pre-meeting institute, the presenters will explain trauma that results from experiences of racism and how people of color can develop PTSD from events that may include:

- Racial profiling and police violence
- Workplace discrimination and harassment
- Community violence
- Distressing medical/childbirth experiences
  Incarceration
- Difficult immigration experiences
- Ethnic cleansing and torture

The presenters will provide an overview of the cultural factors relevant to the most common ethnic and racial minority groups, with an emphasis on understanding and assessing PTSD caused by racial trauma. Using research findings to date, they will describe the various facets of racial trauma, including the experience of historical, cultural, and individual trauma, and how these may or may not fit into a DSM-5 framework. They will provide techniques attendees can utilize to assess race-based stress and trauma, including validated self-report measures and clinical interviews. The presenters will share case examples and provide time for participants to discuss their own cases. Attendees will also learn about the disparities in mental health treatment for people of color and how racial trauma can impact the therapeutic relationship. Finally, the presenters will review the research on the treatment of racial trauma and discuss their own research in this area, including an RCT underway.

- Define racial trauma and the cultural considerations in treating race-based PTSD.
- Describe how racial trauma may develop and be maintained.
- Utilize techniques to assess race-based stress and trauma.
- Identify the various facets of racial trauma, including the experience of historical, cultural, and individual trauma.
- Discuss the impact of racial trauma on the therapeutic relationship.

Pre-Meeting Institute (PMI)
8:30 AM to 5:00 PM
Virginia C

PMI 03 Treatment of Complex Childhood Trauma: Comparative Application of Case Material to Four Leading Intervention Models

(Clin Res, Comm/Int-Complex, Child/Adol, M, Industrialized)

Brown, Adam, PsyD[1]; **Blaustein, Margaret, PhD**[2]; **Saxe, Glenn, MD**[1]; **Lanktree, Cheryl, PhD**[3]; **Griffin, Jessica, PsyD**[4]
[1]*New York University Langone Medical Center, New York, New York, USA*
[2]*Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA*
[3]*University of Southern California, Torrance, California, USA*
[4]*University of Massachusetts Medical School, Worcester, Massachusetts, USA*

This full-day pre-meeting workshop will begin with developers of four leading evidence-based models for complex trauma intervention introducing participants to their models: ARC (Attachment, Self-Regulation and Competency), ITCT-A (Integrative Treatment of Complex Trauma for Adolescents), TF-CBT (Trauma Focused Cognitive Behavioral Therapy, and TST (Trauma Systems Therapy). Model developers will describe key facets of each model, including the processes and techniques through which each model addresses the core components of complex trauma intervention. These model overviews will be followed by introduction of complex trauma case material by the moderator. Model developers will then discuss how they would approach assessment and intervention from the perspective of their model. The afternoon session will involve audience members presenting complex case material and/or challenging moments or situations in treatment, which each model developer will then address. Ensuing panel discussion will be audience-driven, and will focus on examination of the shared and unique elements of each treatment model, and consider model fit based on client-specific and contextual factors, including developmental stage, treatment setting, care-giving system and cultural considerations.

Half Day Morning PMI

Pre-Meeting Institute (PMI)
8:30 AM to 12:00 PM
Washington 1

PMI 04 An Introduction to the Network Toolbox (Part One)
(Res Meth, Assess Dx-Res Meth-Tech-Theory, Lifespan, I, Global)

Sigurdardóttir, Hannah Rós, MSc; **Leertouwer, IJsbrand, MSc**; **Constantin, Mihai, PhD Student**
Tilburg University, Tilburg, Netherlands

Since the introduction of psychopathology as a network of interacting symptoms, tools to investigate network structures based on clinical data have rapidly evolved. In this workshop we will discuss state of the art methods of estimating and analyzing network models, and caveats for interpretations based on these models.
The morning session will cover an introduction to networks in the context of PTSD research, basic programming skills needed to perform a network analysis, and a tutorial on estimating cross-sectional networks. The afternoon session will cover more advanced topics such as estimating the accuracy of cross-sectional networks, and estimating networks based on n=1 time-series data. By the end of the workshop, attendees will have the basic skills needed to perform network analysis on their data, and will be able to locate resources for more complex analyses.
We will provide exercises based in the statistical software R. We therefore request attendees to bring a laptop with R and R studio installed. Prior experience is not required, however we encourage attendees to get acquainted with these programs using the following materials:

https://cran.r-project.org/doc/contrib/Torfs+Brauer-Short-R-Intro.pdf,
https://cran.r-project.org/doc/contrib/Paradis-rdebuts_en.pdf.

Pre-Meeting Institute (PMI)
Wednesday, November 7
8:30 AM to 12:00 PM
Washington 2

PMI 05 Yoga for Individuals with PTSD and Clinicians who Treat them: State of the Science to Clinical Practice to Self-care
(Practice, Bio/Int-Self-Care, Adult, I, Global)

Kelly, Ursula, PhD, RN[1]; **Davis, Louanne, PsyD**[2]; **Catiis, Alissa, LCSW**[3]
[1]*Atlanta VAMC/Emory University, Decatur, Georgia, USA*
[2]*Roudebush VA Medical Center, Indianapolis, Indiana, USA*
[3]*Womencare Counseling Center, Evanston, Illinois, USA*

Interest in and utilization of complementary and integrative health modalities by the general public has increased in recent years. One of these modalities – yoga - is increasingly used in the treatment of a variety of physical and

mental health conditions, including PTSD. Yoga, defined here as a combination of physical forms, focused breathing, and mindfulness, is a promising complement, potential precursor, or alternative to evidence-based psychotherapy. A trio of presenters (nurse scientist and psychiatric/mental health nurse practitioner; clinical research psychologist/yoga practitioner and meditation teacher; and yoga teacher/psychotherapist) describe the current state of the science of yoga interventions for PTSD and teach participants techniques to integrate trauma-informed yoga in clinical work and clinician self-care. Podium presentations include a 1) psycho-physiological model of the effects of yoga on PTSD symptoms; 2) summary of objective research outcome measures (biological markers and psychophysiological data) of the effectiveness of yoga for PTSD; 3) description of the principles of Trauma Center-Trauma Sensitive Yoga (TC-TSY); 4) overview of yoga interventions used in PTSD research; and 5) summary of the current quantitative and qualitative evidence supporting yoga as an intervention for PTSD. The workshop also provides experiential segments during which participants are introduced to yoga practices, including TC-TSY, which they can use in their clinical work with clients and for clinicians' self-care. Experiential yoga segments will include breathing techniques that are grounded to body sensations and reduce rather than activate the sympathetic nervous system. TC-TSY aims to cultivate awareness of the mind-body connection and to build self-regulation skills to address the way that trauma is held in the body in a way that psychotherapy does not. TC-TSY is yoga that focuses on building safety so student(s) can practice interoception, making choices, and taking effective action. It can be used as an adjunctive treatment for trauma that is non-prescriptive and also creates a shared experience between the student(s) and teacher.

Pre-Meeting Institute (PMI)
8:30 AM to 12:00 PM
Washington 3

PMI 06 Using Prolonged Exposure and Cognitive Processing Therapy to Treat Moral Injury-Based PTSD

(Practice, Clinical Practice-Cog/Int-Mil/Vets, Adult, M, N/A)

Evans, Wyatt, PhD[1]; **Held, Philip, PhD**[2]; **Wachen, Jennifer, PhD**[3]; **Chard, Kathleen, PhD**[4]; **Rauch, Sheila, PhD, ABPP**[5]

[1]*University of Texas Health Science Center at San Antonio, Fort Hood, Texas, USA*
[2]*Rush University Medical Center, Chicago, Illinois, USA*
[3]*National Center for PTSD / Boston University, Boston, Massachusetts, USA*
[4]*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*
[5]*Emory University School of Medicine/Atlanta Veteran's Administration, Atlanta, Georgia, USA*

Moral injury is a relatively nascent construct that has recently received increased attention. Mounting research suggests that morally injurious events may result in different symptom presentations compared to traumatic experiences that are primarily based on intense fear (i.e., life threat; e.g., Stein et al., 2012; Litz et al., 2018). It has also been suggested that existing evidence-based treatments for PTSD, such as Prolonged Exposure and Cognitive Processing Therapy, may not sufficiently address moral injury (e.g., Gray et al. 2012; Steenkamp et al. 2013), although these assumptions have not yet been evaluated. However, growing clinical evidence demonstrates how these evidence-based treatments may be aptly targeted to address moral injury among veterans with PTSD (Held et al., 2017; Rauch et al., 2013; Smith et al., 2013, Wachen et al., 2017).
The objective of this institute is to demonstrate how to treat moral injury-based PTSD in service members and veterans using Prolonged Exposure and Cognitive Processing Therapy. Although it is sometimes assumed that adaptations or modifications to the respective treatment protocols are necessary in the context of moral injury, experts in the respective therapies will demonstrate how existing Cognitive Processing Therapy and Prolonged

Exposure treatment protocols may be utilized to effectively treat moral injury-based PTSD. Institute attendees will learn how to 1) distinguish moral injury-based PTSD from PTSD that results from non-morally injurious events, 2) identify appropriate moral injury-based treatment targets, and 3) apply Prolonged Exposure and Cognitive Processing therapy to effectively treat moral injury-based PTSD.
Case examples taken from diverse treatment settings will be presented by to illustrate specific treatment processes that are critical to effectively addressing moral injury in the context of evidence-based PTSD treatment. Special emphasis will be placed on identifying index traumas, as well as the application of the Prolonged Exposure and Cognitive Processing Therapy models specifically for moral injury. In Cognitive Processing Therapy this includes challenging moral injury-based cognitions through cognitive restructuring. In Prolonged Exposure this includes processing the meaning of the trauma and reducing avoidance behaviors. Along with outcome data, presenters will include audio recordings or exemplar session transcriptions to enhance attendees' learning. Other non-specific factors, such as provider bias, that may impact the treatment process will also be discussed and attendees will have the opportunity to ask questions about the use of Prolonged Exposure and Cognitive Processing Therapy to treat moral injury-based PTSD.

Pre-Meeting Institute (PMI)
8:30 AM to 12:00 PM
Washington 4

PMI 07 The SIX C's Guidelines for Immediate Psychological First Aid - The Israeli PFA National Model

(Prevent, Acute-Affect/Int-Anx-Cog/Int, Adult, M, Global)

Svetlitzky, Vlad, PhD[1]; **Farchi, Moshe, PhD**[2]
[1]*Bar-Ilan University, Ramat Gan, Israel*
[2]*Tel-Hai College, Upper Galillee, Israel*

Psychosocial responses to traumatic events at the individual and community level have received growing attention in recent years and are gaining momentum in light of recent mass traumatic events worldwide including conflicts, terrorist attacks and natural disasters.
Unlike routine life, traumatic or emergency situations are unexpected, unstructured events. First response in these situations is of utmost importance: immediate, focused and efficient interventions are beneficial for the reduction of acute stress reactions and a return to normal functioning as well as decreasing the risk for future onset of post-traumatic symptoms.
The aim of this paper is to present the SIX C's model - a new psychological first aid approach – immediate cognitive-functional psychological first aid – for the global nonprofessional community as well as for first respondents. The model addresses the need to standardize interventions during an Acute Stress Reaction and intends to help shift the person from helplessness & passiveness into active effective function, within minutes, in the immediate aftermath of the traumatic event. The model is based on four theoretical and empirically tested concepts: (1) Hardiness, (2) Sense of Coherence,; (3) Self-Efficacy, and (4) on the Neuro-bio-psychology of the stress response, focusing on the interaction between the limbic system and the prefrontal cortex during stressful events.
The maim guidelines of the model all start with the letter "C" are:
Cognitive-Communication, Challenge, Control, Commitment, Continuity.
Preliminary results on the effectiveness of the SIX C's model in terms of increasing resiliency, reducing anxiety and improving perceived self-efficacy are presented. To date, this approach has been recognized by the Israeli Ministry of Health as the Israeli national model for psychological first aid. This model has also been ado[ted and

implemented by the Israeli ministry of education, and during 2018-2019 all the educational system un Israel will be trained according to the SIX C's model.
This Pre-Meeting Institute will train the participants in using the SIX C's guidelines in deferent scenarios (EQ School shooting, car accidents, nature disaster) and deferent population (EQ Adult, children, toddlers).
The session will include video demonstrations, case studies & hands on training.
Pocket notebooks & stickers of the SIX C's model will be provided to all participants.

Pre-Meeting Institute (PMI)
8:30 AM to 12:00 PM
Washington 5

PMI 08 Integration of Military Culture into Provider Education to Promote More Effective Care for Service Members, Veterans, and their Families

(CulDiv, Clinical Practice-Mil/Vets, Adult, M, Industrialized)

Watson, Patricia, PhD[1]; **McCaslin, Shannon, PhD**[2]; **Ermold, Jenna, PhD**[3]; **Tkachuck, Mathew, MA**[4]
[1]*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*
[2]*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA*
[3]*Center for Deployment Psychology, Rockville, Maryland, USA*
[4]*University of Mississippi, University, Mississippi, USA*

This half-day pre-meeting institute will focus on improving access and quality of treatment for Service members and Veterans by integrating research and knowledge of military culture into patient care, with a focus on the following tools for providers:
1. Approaches to fostering communication regarding contextual / environmental barriers to care, including perceptions of cultural differences (e.g., communication with providers, navigating services/resources for care, stigma, lifestyle preference).
2. A military adaptation of four acculturation measures (orientation, psychological adaptation, sociocultural adaption, cultural distance) with discussion of how this assessment facilitates emphasis on functional assessment approach as opposed to solely symptom reduction.
3. Modules from seven VA/DOD online military cultural competence courses, which integrate research into clinical care recommendations.
4. Key information and resources from the NC-PTSD/VA Community Provider Toolkit relevant to screening for military service, military culture educational resources, as well as for working with diverse Veteran populations (e.g., women Veterans, LGBT).
5. Avatar-based learning program related to treatment of PTSD and sleep disorders common in Service members and Veterans that includes experiential exposure to aspects of military culture.

Half Day Afternoon PMI

Pre-Meeting Institute (PMI)
1:30 PM to 5:00 PM
Washington 1

PMI 09 An Overview of the Network Toolbox (Part Two)
(Res Meth, Assess Dx-Res Meth-Tech-Theory, Lifespan, M, Global)

Sigurdardóttir, Hannah Rós, MSc; **Leertouwer, IJsbrand, MSc**; **Constantin, Mihai, PhD Student**
Tilburg University, Tilburg, Netherlands

Since the introduction of psychopathology as a network of interacting symptoms, tools to investigate network structures based on clinical data have rapidly evolved. In this workshop we will discuss state of the art methods of estimating and analyzing network models, and caveats for interpretations based on these models.
The morning session will cover an introduction to networks in the context of PTSD research, basic programming skills needed to perform a network analysis, and a tutorial on estimating cross-sectional networks. The afternoon session will cover more advanced topics such as estimating the accuracy of cross-sectional networks, and estimating networks based on n=1 time-series data. By the end of the workshop, attendees will have the basic skills needed to perform network analysis on their data, and will be able to locate resources for more complex analyses.
We will provide exercises based in the statistical software R. We therefore request attendees to bring a laptop with R and R studio installed. Prior experience is not required, however we encourage attendees to get acquainted with these programs using the following materials:

https://cran.r-project.org/doc/contrib/Torfs+Brauer-Short-R-Intro.pdf,
https://cran.r-project.org/doc/contrib/Paradis-rdebuts_en.pdf

Pre-Meeting Institute (PMI)
1:30 PM to 5:00 PM
Washington 2

PMI 10 Cognitive Processing Therapy and Crisis Response Planning For Clients with PTSD and Suicidal Behaviors
(Clin Res, Clin Res-Clinical Practice, Adult, M, Industrialized)

Rosen, Valerie, MD[1]; **Rozek, David, PhD**[2]; **Wilkinson-Truong, Charity, PsyD**[3]; **Powch, Irene, PhD**[4]; **Allard, Carolyn, PhD**[5]
[1]*UT Austin Dell Medical School and Seton Family of Hospitals, Austin, Texas, USA*
[2]*University of Utah, Salt Lake City, Utah, USA*
[3]*Stress and Anxiety Services of NJ, East Brunswick, New Jersey, USA*
[4]*PTSD Clinical Team, VA Healthcare Center, Portland, Oregon, USA*
[5]*Alliant International University, San Diego, California, USA*

Cognitive Processing Therapy (CPT) has strong evidence to support its use for PTSD (Resick, et al., 2017, Resick, et al. 2015, Resick, et al., 2012). Despite its 40-year history, myths about client readiness for trauma-focused therapy have endured and can result in clients with PTSD not receiving adequate treatment because they are considered to be at high risk. This can lead to clients who seek help receiving treatment that focuses only on mitigating risk or not receiving treatment that focuses on PTSD symptom reduction. However, symptom improvement in PTSD with CPT treatment is associated with reduced suicidal ideation (Bryan et al., 2017; Gradus et al., 2013). Additionally, Rudd and colleagues demonstrated that the use of brief cognitive behavioral therapy for suicide prevention (BCBT) reduced suicide attempts by 60% as compared to treatment as usual. Although BCBT is effective for suicidal behaviors, completing both CPT and BCBT is not logistically feasible for many clients and the overlap in skills learned is significant. Integrating empirically-supported techniques for suicide risk into trauma-focused therapy is needed. Crisis response planning (CRP), a technique from BCBT, is a personalized problem-solving tool with a focus on self-management of crises and has demonstrated efficacy. CRP has been shown to reduce suicide attempts by 76%, reduce suicidal ideation, and reduce psychiatric inpatient duration in comparison to treatment as usual (Bryan et al., 2017). Despite this, clients with PTSD and chronic suicidality and multiple, potentially lethal suicide attempts may not receive adequate treatment. Clinicians may unintentionally collude with clients' avoidance of discussing traumatic events, fear treating patients with significant self-injurious behavior or suicidality, and/or not understand how to integrate suicide prevention techniques (i.e., CRP) into CPT leading clinicians to exclude clients from helpful treatment options. Four CPT trainers and an expert in CRP, treating both civilians and military populations will discuss integrating CRP into CPT for clients who engage in self harm or are considered at high risk for suicide. This integration offers a strong potential option for clinicians treating clients who have been referred to repeated stays in higher level of care or seen multiple therapists. Instruction in the use of CRP while using and maintaining fidelity to CPT will be provided. Specific topics in the application of CPT for clients with PTSD and suicide attempts or self-harming behaviors will also be shared with case examples highlighting unique difficulties within the field of suicidality.

Pre-Meeting Institute (PMI)
1:30 PM to 5:00 PM
Washington 3

PMI 11 Hands-on Skills for Using Apps and Online Programs for Veterans with PTSD and Related Issues

(Tech, Clinical Practice-Cul Div-Pub Health-Train/Ed/Dis, Adult, M, Industrialized)

McGee-Vincent, Pearl, PsyD[1]; **Juhasz, Katherine, MS**[2]; Owen, Jason, PhD, MPH[2]; Jaworski, Beth, PhD[3]; **Miller, Katherine, PhD**[4]

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

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

[3]*VA National Center for PTSD, Menlo Park, California, USA*

[4]*National Center for PTSD, VA Palo Alto Health Care System/Stanford University School of Medicine, Menlo Park, California, USA*

The Department of Veterans Affairs (VA) has developed a suite of free, publicly-available mobile applications (apps) designed to support the mental health needs of Veterans with PTSD and related concerns (e.g., insomnia, anger management). Treatment companion apps, such as PE Coach (for Prolonged Exposure therapy), are designed to aid in the delivery of evidence-based treatments. Self-management apps, such as PTSD Coach, can be used independently or in conjunction with treatment. Apps can improve access to psychosocial resources for

Veterans, particularly those who might otherwise not access or complete treatment due to stigma, cultural beliefs about mental health care, geographical limitations, or other systemic barriers (DeViva et al., 2016; Martsolf et al., 2016; Sayer et al., 2017). Emerging evidence suggests that mobile apps may improve outcomes (see Kuhn et al., 2017; Miner et al., 2016; Possemato et al., 2016). Among individuals engaged in mental health treatment, these tools may improve treatment efficiency (Donker et al., 2013; Ventola, 2014), client engagement (Gaggioli & Riva, 2013) and accuracy of self-reports (Bush et al., 2013; Kuhn et al., 2014).

Although many providers and clients are interested in incorporating technology into treatment (Bush & Wheeler, 2015; Koffel et al., 2016; Miller et al., 2017), providers may not have received training in how to integrate these tools into care. As early leaders in the development, research, and clinical integration of these apps for Veterans, subject matter experts from the VA's National Center for PTSD are uniquely positioned to train providers on methods of integrating these tools into mental health care. Since July 2017, the presenters have trained providers across VA and held over 35 interactive conference calls to collect feedback and lessons learned about integrating these tools into care with Veterans in a variety of clinical settings.

This highly interactive PMI will include live demonstration, brief video segments, small group activities, lecture, and discussion. Presenters will assume a basic understanding of CBT and PTSD. Real-world use cases from VA providers will be presented along with research findings to facilitate translation of knowledge into practice. Participants will be provided with tablets to gain hands-on practice. Topics covered will include technology and culturally competent care, empirical support for use of mobile and online tools in care, and treatment planning. Because the apps and online programs are publicly available and address several mental health concerns, we anticipate that this PMI will be relevant to a broad audience of community or VA providers that treat post-traumatic stress and its many related sequelae, such as insomnia, anger, and depression.

Pre-Meeting Institute (PMI)
1:30 PM to 5:00 PM
Washington 4

PMI 12 Advanced Workshop in Prolonged Exposure: Clinical Considerations in the Provision of Prolonged Exposure with Public Service Personnel

(Practice, Anx-Chronic-Grief-Mil/Vets, Adult, A, Industrialized)

Yusko, David, PsyD[1]; **McElheran, Megan, PsyD**[2]; **Bellehsen, Mayer, PhD**[3]; **Paul, David, PhD, PsyD**[4]
[1]*University of Pennsylvania, Philadelphia, Pennsylvania, USA*
[2]*Private Practice, Calgary, Alberta, Canada*
[3]*North Shore LIJ Health System, Bay Shore, New York, USA*
[4]*Private Practice, Edmonton, Alberta, Canada*

Co-presenters for this workshop are certified trainers of Prolonged Exposure and are keen to provide this advanced workshop for practitioners of this therapy, particularly when working with military veterans and first responders. Provision of Prolonged Exposure to public service personnel is often more clinically challenging than provision with civilian populations, as public service personnel are commonly exposed to varied traumatic events at rates greater than those experienced by civilian populations. This workshop is ideally positioned to support those practitioners working with public service personnel, and who are eager to engage in an advanced workshop that will address clinical challenges that occur working with public service populations.

Keynote Presentation
Wednesday, November 7
6:30 PM to 8:00 PM
Salon 2/3

Cry Havoc
Written and performed by
Stephan Wolfert
Directed by Eric Tucker
(Social, Social-Grief-Civil/War-Mil/Vets, Adult, I, Global)

Wolfert, Stephan, MFA
Decruit, Brooklyn, New York, USA

Cry Havoc, a one-person play by a military veteran, seamlessly interweaves Shakespeare's most famous speeches with personal experience to help us understand the national crises we face when we fail in reintegrating our veterans. Over 23 million men & women have been wired for war, but never unwired from war.

Thursday, November 8

Keynote Address
8:20 AM to 9:20 AM
Salon 2/3

Why Social Factors Matter for Coping with Trauma
(Social, Prevent-Social, Adult, I, Global)

Bryant, Richard, PhD
University of New South Wales, Sydney, New South Wales, Australia

People typically experience trauma in social contexts. We are beginning to be more aware of how social factors impact how we experience trauma, how trauma influences our social behavior, and how we manage its effects. This overview will present experimental data on how social attachments affect core mechanisms underpinning trauma response. It will also present naturalistic data on the relationship between traumatic experiences and attachment security. The discussion will also address the role of attachments using social network analysis to understand how entire communities interact after trauma. This knowledge will be discussed in terms of the potential for the traumatic stress field to place greater emphasis on social factors in preventing and treating PTSD.

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Concurrent Session One

Featured Presentation
Thursday, November 8
9:45 AM to 11:00 AM
Salon 2/3
Gender/Orientation Track

Trans-formative Change: Policy, Treatment, and Community Goals for Supporting Transgender Trauma Survivors

(CulDiv, Chronic-Gender, Lifespan, I, Industrialized)

Minshew, Reese, PhD[1]; **Weiss, Ben, MSW Candidate**[2]; **Gresham, Stephen, PhD**[3]; **Tobin, Harper Jean, JD**[4]; **Ruth, Richard, PhD**[5]
[1]New School for Social Research, New York, New York, USA
[2]U. Illinois at Chicago, Chicago, Illinois, USA
[3]VA, Boston, Massachusetts, USA
[4]Case Western Reserve University, Washington, D.C., District of Columbia, USA
[5]George Washington University, Washington, District of Columbia, USA

Transgender and gender non-conforming (TGNC) civilian populations report among the most elevated exposure to traumatic stress of any civilian populations world-wide. Moreover, in the United States, TGNC individuals also serve in the military at three times the rate of cis-gender individuals. Thus, TGNC populations are over-represented in a variety of trauma-exposed groups, and exposure to traumatic stress is chronic and persistent in the lives of many TGNC people. However, many trauma-oriented clinicians are unfamiliar with the unique needs and challenges of TGNC people, while trauma-oriented researchers may overlook this population altogether. This panel utilizes gender identity as a lens through which to explore issues of trauma, community, and intersectionality. Drawing on the expertise of clinicians and researchers who focus on trauma in various TGNC communities (e.g., homeless youth, veterans, immigrants, and general outpatient) as well as experts in the field of policy related to TGNC equality and health, this panel will broadly outline current understandings of those treatments and supports most relevant to TGNC populations, as well as speak to directions for future change.

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Symposium
Thursday, November 8
9:45 AM to 11:00 AM
Washington 1
Assessment and Diagnosis Track

Traumagenic Community, Family, and Interpersonal Contexts as Risk Factors for Vulnerable Youth

(Assess Dx, CPA-Comm/Vio-Dev/Int-Grief, Child/Adol, M, Industrialized)

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

Adolescents comprise a highly vulnerable group for whom exposure to trauma is prevalent and related to significant negative emotional, social, and behavioral outcomes. Youth trauma exposure commonly occurs in the contexts of their social interactions, whether in communities, families, peer relationships, and intimate partnerships, all of which may comprise "risky contexts" for adolescent development. This symposium brings together four papers from independent laboratories devoted to identifying both risk and protective factors for posttraumatic stress symptoms amongst youth who encounter these risky contexts. The first paper uses a large, longitudinal database to investigate trauma exposure in the context of justice involvement as a predictor of youth outcomes, whereas the second paper focuses on traumatic grief and loss amongst gang-involved youth exposed to community violence. The third paper considers the role of parental trauma history and PTSD in the trauma symptoms and substance abuse of their adolescent children. The fourth paper investigates perpetration trauma arising from intimate partner violence as a predictor of posttraumatic symptoms in a sample of at-risk youth. Taken together, these papers shed valuable light on youth trauma and improve our understanding of the contexts on which prevention and intervention efforts for adolescent PTSD need to focus.

The Longitudinal Patterns of Continuous Violence Exposure as Predictors of Reoffending in African American and Latino Adolescent Offenders

(Clin Res, Chronic-Comm/Vio, Child/Adol, M, Industrialized)

Gaylord-Harden, Noni, PhD; Burnside, Amanda, MA; Sargent, Elizabeth, BA; Phan, Jenny, BA
Loyola University Chicago, Chicago, Illinois, USA

While disproportionately high rates of violence exposure exacerbate delinquent behavior of juvenile offenders, there is little evidence of the role of trauma in reoffending. The goal of this study is to examine continuous trauma exposure as a predictor of reoffending in serious adolescent offenders. Participants were 1,080 African American and Latino male adolescents convicted of a felony (M = 16.04, SD = 1.14; 51.9% African American) from the Pathways to Desistance study (Schubert et al., 2004). All participants completed self-report measures of trauma exposure. Re-arrest data was obtained from court records. Preliminary latent transition analyses resulted in two latent statuses across four annual time points: status 1 (43% of the sample) had relatively high levels of witnessing violence and victimization, and status 2 had lower levels of exposure. Relative proportions of statuses were fairly stable during the first two years, but there were large shifts in participants' membership in statuses in the last two time periods. Final analyses will examine these statuses and shifts in statuses as predictors of reoffending.

Gangs, Grief, and Community Violence: How Traumatic Loss Impacts Gang-involved and Justice-involved Youth

(Social, Death, Child/Adol, M, Industrialized)

Dierkhising, Carly, PhD; Sanchez, Jose, PhD Student; Gutierrez, Luis, MS
California State University Los Angeles, Los Angeles, California, USA

Justice-involved youth are a highly victimized population; however, justice-involved youth are not a homogenous group. Research on subpopulations within juvenile justice highlight a range of social, familial, and community contexts of risk such as, victims of sexual exploitation, crossover youth, polyvictimized youth, and gang-involved youth. A commonality among these subpopulations are high rates of trauma exposure; yet, it is the type, severity, and impact of their particular trauma histories that distinguish these subpopulations. The current study examines the differences between gang-involved youth and their justice-only counterparts on their experiences of traumatic loss, grief, community violence and behavioral health problems in a sample (N = 62) of formerly incarcerated youth (mean age = 18 years old: 93.8% youth of color). Gang-involved youth had double the rates of community violence exposure ($F(1, 61) = 12.64$, $p < .001$), and significantly higher rates of posttraumatic stress symptoms ($F(1, 61) = 5.443$, $p < .05$), drug and alcohol use ($F(1, 61) = 12.29$, $p < .01$), and experiences of traumatic loss ($X2(2, N = 62) = 4.27$, $p < .05$). Descriptions of youth's loss experiences will be discussed as well as implications for integrating trauma-focused services into gang intervention services.

Concordance of Substance Abusing Adolescents' PTSD Symptoms with their Parent's Trauma History and PTSD Symptoms

(Clin Res, Clin Res-Cul Div-Sub/Abuse, Lifespan, M, Industrialized)

Ford, Julian, PhD
University of Connecticut Health Center, Farmington, Connecticut, USA

Concordance between child and parent trauma histories and PTSD symptoms was assessed in 45 dyads with high risk marijuana-abusing/dependent adolescents (33% female, 63% of color) and a caregiver (46% single parents, 53% annual income <$20,000) with the Traumatic Events Screening Instrument (TESI) and self-report PTSD questionnaires at baseline in a Multisystemic Therapy clinical trial. Parent-child concordance for total PTSD symptoms was low ($r = -.05$, $p > .75$), but parent psychogenic amnesia was associated with several youth PTSD symptoms ($r = .30$-$.52$, $p = .05$-$.001$: physical intrusions, avoidance, numbing, sleep problems, hypervigilance/hyperarousal) and parent situational avoidance was associated with youths' thought avoidance and sleep problems ($r = -.31$-32, $p < .05$). Youth detachment symptoms correlated with parent intrusion, thought avoidance, and hypervigilance PTSD symptoms ($r = .35$-$.45$, $p = .05$-$.15$). Parent history of actual/threatened physical assault and community violence were associated with almost 50% higher levels of youth intrusive re-experiencing, emotional numbing, hypervigilance, and total symptoms (M[SD] = 34/23 vs. 23/18). Parental sexual trauma and witnessing traumatic accidents also were associated with multiple youth PTSD symptoms: intrusion, numbing, guilt, nightmares, and hypervigilance. Implications for trauma-informed addiction treatment are discussed.

The Roles of Perpetration Trauma and Rumination in Posttraumatic Stress Symptoms Associated with Adolescent Intimate Partner Violence

(Clin Res, Affect/Int-Aggress-Cog/Int, Child/Adol, M, N/A)

Mozley, Michaela, MS, PhD Student; Modrowski, Crosby, MS, PhD Student; Kerig, Patricia, PhD

University of Utah, Salt Lake City, Utah, USA

Trauma is associated with many negative outcomes for youth, including posttraumatic stress (PTS) and the recapitulation of violence in their intimate relationships (Wekerle et al, 2009). Research also indicates that the perpetration of violence itself can constitute a form of trauma, termed perpetration trauma (PT), which in turn is related to elevated levels of PTS (Kerig et al., 2106). Little research to date, however, has illuminated the underlying processes that link intimate partner violence (IPV), PT, and PTS. One potential contributor to this association is sadness rumination (Ehring et al., 2008). To investigate this hypothesis, data were gathered from a sample of 235 justice-involved youth (184 boys, 51 girls) who completed self-report measures of IPV, PT, sadness rumination, and PTS. Results of moderated-mediational analyses utilizing Hayes (2013) PROCESS macro indicated that IPV was related to each of the four DSM-5 PTSD symptom clusters through sadness rumination, and that these effects were stronger when youth endorsed PT. Additionally, consistent with hypotheses, these indirect effects were particularly strong for criterion B, intrusion symptoms, CI=[.041,.245], and criterion D, negative alterations in cognitions and mood, CI=[.048,.326]. Results suggest that interventions seeking to interrupt the cycle of IPV may benefit from considering rumination and PT.

Symposium
Thursday, November 8
9:45 AM to 11:00 AM
Washington 2
Biological/Medical Track

Advancing Diagnostic Biological Markers for PTSD: Findings from DOD Systems Biology

(Bio Med, Bio Med-Complex-Mil/Vets-Genetic, Adult, A, Industrialized)

Jett-Tilton, Marti, PhD[1]; Marmar, Charles, MD[2]
[1]*US Army CEHR, Fort Detrick, Maryland, USA*
[2]*New York University School of Medicine, New York, New York, USA*

Approximately half the mental health burden in OIF/OEF veterans is attributed to Posttraumatic Stress Disorder (PTSD). Management of PTSD is complicated by the overlapping symptoms of its comorbidities, the diagnostic reliance on self-report and time consuming psychological evaluation process. The purpose of this research is to facilitate an objective method of diagnosis, and advance development of experimental therapeutics. This symposium will present updated findings from DOD funded case-control studies of biological markers of PTSD. Study participants included male and female veterans deployed to Iraq or Afghanistan post-9/11 with and without PTSD, based on the Clinician Administered PTSD Scale for DSM-IV. Study procedures included a fasting blood draw (pre and post-dexamethasone), 24-hour urine collection, and self-report questionnaires. We compared 83 PTSD positive male cases (based on the Clinician Administered PTSD Scale for DSM-IV) with 83 PTSD negative male controls matched by age and ethnicity. We also included a validation cohort with 29 PTSD positive male cases and 40 male controls. New findings include genetic and epigenomic mechanisms relevant to PTSD, metabolic and glucocorticoid dysfunction in PTSD, and finally, integrating multi-omic signals of PTSD.

A Cohort Study of OIF/OEF Veterans: A Blood Integrative Molecular Assessment

(Bio Med, Gen/Int-Mil/Vets, Adult, A, Industrialized)

Hammamieh, Rasha, PhD[1]; Gautam, Aarti, PhD[2]; Chakraborty, Nabarun, MBA[3]; Muhie, Seid, PhD[4]; Yang, Ruoting, PhD[5]; Donohue, Duncan, PhD[6]; Daigle, Bernie, PhD[7]; Yehuda, Rachel, PhD[8]; Marmar, Charles, MD[9]; Jett-Tilton,

Marti, PhD[2]; Doyle III, Francis, PhD[10]; Flory, Janine, PhD[11]; Abu-Amara, Duna, MPH[9]; Petzold, Linda, Professor[12]; Zhang, Yuanyang, PhD[12]
[1]US Army Medical Research and Materiel Command, Ft. Detrick, Maryland, USA
[2]US Army CEHR, Fort Detrick, Maryland, USA
[3]U.S. Army, Frederick, Maryland, USA
[4]National Institutes of Health, Bethesda, Maryland, USA
[5]US Army CEHR, Frederick, Maryland, USA
[6]US Army Research Institute of Environmental Medicine, Ft Detrick, Maryland, USA
[7]University of Memphis, Memphis, Tennessee, USA
[8]J. J. Peters Veterans Affairs Medical Center; Mount Sinai School of Medicine, Bronx, New York, USA
[9]New York University School of Medicine, New York, New York, USA
[10]Harvard University, Cambridge, Massachusetts, USA
[11]Mount Sinai School of Medicine/J.J. Peters VA Medical Center, New York, New York, USA
[12]University of California, Santa Barbara, Santa Barbara, California, USA

Management of PTSD is complicated by its comorbidities, and the diagnostic reliance on self-report and time consuming psychological evaluation. Molecular pathophysiology of PTSD could facilitate an unbiased biomarker-driven next-generation intervention strategy. Herein, we investigated the epigenomic consequences of combat elicited PTSD.
52 PTSD-positive male veterans were matched to 52 controls by age and ethnicity. Methylation status of DNA extracted from whole blood was assayed using high density arrays.
Results: We identified 3,600 unique differentially methylated genes, where nearly 85% were hypermethylated. Chromosomes 4 and 18 imprint many methylated probes, including those which control emotional and cognition process, and glucocorticoid deficiency. Interestingly, many genes facilitating telomere maintenance and insulin reception were hyper-methylated. Genes involved in memory consolidation, emotion/aggressive behavior, and perturbed circadian rhythm were preferentially hyper-methylated. An independent validation set of 31 PTSD+ /31 PTSD- veterans were used to confirm.
PTSD perturbed both the cellular and humoral immune system. Genes involved in several PTSD comorbidities, such as cardiomyopathy and poor insulin management, were also altered.

Integrating Multi-Omic Signals of PTSD

(Assess Dx, Tech-Mil/Vets-Genetic-Gender, Adult, A, N/A)

Dean, Kelsey, PhD Candidate; **Misganaw, Burook, PhD**; Rajaram, Pramod, PhD; Doyle III, Francis, PhD
Harvard University, Cambridge, Massachusetts, USA

Diagnostic classifier trained on a given molecular type or modality have suboptimal performance owing to the inherent limitation in information content in a single molecular layer as well as technical and measurement errors associated with a given assay. One way to circumvent this limitation is to systematically combine individual single layer signatures into a multi-omics panel. We took molecular measurements (including DNA methylation, miRNAs, proteins, metabolites and single nucleotide polymorphism) from blood draws for OEF/OIF male veterans with combat experience. We trained single- and multi-omics classifiers on 83 PTSD cases and 83 (trauma exposed but healthy) controls. The multi-omics panel shows slight improvement over individual panels suggesting that the single-omic panels contain complementary biological signals. Validation studies were conducted on an independent cohort.

BDNF Mediates the Relationship between PTSD Status and Epigenetic Aging in Combat Veterans

(Bio Med, Bio Med-Mil/Vets-Genetic, Adult, A, N/A)

Kang, Jee In, MD, PhD[1]; Wolkowitz, Owen, MD[2]; Wu, Gwyneth, EdD[1]; Josine, Verhoeven, PhD[3]; Yang, Ruoting, PhD[4]; Hammamieh, Rasha, PhD[5]; Yehuda, Rachel, PhD[6]; Reus, Victor, MD[7]; Jett-Tilton, Marti, PhD[8]; Marmar, Charles, MD[9]; Mellon, Synthia, PhD, MPH[10]
[1]UCSF Department of Psychiatry, San Francisco, California, USA
[2]Academic Medical Center, San Francisco, California, USA
[3]VU University, Amsterdam, Netherlands
[4]National Institutes of Health, Bethesda, Maryland, USA
[5]US Army Medical Research and Materiel Command, Ft. Detrick, Maryland, USA
[6]J. J. Peters Veterans Affairs Medical Center; Mount Sinai School of Medicine, Bronx, New York, USA
[7]University of California, San Francisco, San Francisco, California, USA
[8]US Army CEHR, Fort Detrick, Maryland, USA
[9]New York University School of Medicine, New York, New York, USA
[10]University of San Francisco, CA (USFCA), San Francisco, California, USA

Epigenetic DNA methylation age is a promising biomarker of cellular aging. The present study examined epigenetic age in combat veterans and the underlying mechanisms between PTSD status and epigenetic aging. Male veterans exposed to combat-related stress were grouped into those with (n = 106) and without (n = 108) PTSD. Epigenetic age assessed by Horvath's method was determined from leukocyte DNA methylation assayed using Illumina 450K arrays. "Delta age" was defined as epigenetic age minus chronological age. Several biomarkers including serum BDNF were assessed. Epigenetic age was strongly associated with chronological age. Overall, epigenetic age acceleration was shown among veterans. Subjects with PTSD also showed accelerated delta age but significantly less than those without PTSD. Higher BDNF level was significantly associated with the presence of PTSD and lower delta age. Mediation analysis showed that BDNF significantly mediated the relationship between PTSD status and delta age, even in antidepressant-free subjects. Our findings implied that PTSD status may be associated with BDNF release as compensatory responses among combat-exposed people, leading to attenuation of epigenetic age acceleration. Longitudinal research in trauma-exposed people is needed to better understand the impact of trauma and PTSD and a role of BDNF on cellular aging.

Metabolic and Glucocorticoid Dysfunction in PTSD: A Mechanistic Model

(Bio Med, Mil/Vets, Adult, A, Industrialized)

Flory, Janine, PhD[1]; Rajaram, Pramod, PhD[2]; Mellon, Synthia, PhD, MPH[3]; Wolkowitz, Owen, MD[4]; Yehuda, Rachel, PhD[1]; Marmar, Charles, MD[5]; Doyle III, Francis, PhD[2]
[1]James J Peters VAMC/Mount Sinai School of Medicine, Bronx, New York, USA
[2]Harvard University, Cambridge, Massachusetts, USA
[3]University of San Francisco, CA (USFCA), San Francisco, California, USA
[4]Academic Medical Center, San Francisco, California, USA
[5]New York University School of Medicine, New York, New York, USA

Metabolic abnormalities have been observed in people with PTSD, including higher rates of metabolic syndrome, diabetes and insulin resistance. Recently, we reported that combat veterans with PTSD showed evidence of higher anaerobic glycolysis, impairments in citric acid cycle functioning and amino acid metabolism, which could be attributed to mitochondrial dysfunction. These results prompted an analysis of whether the co-occurrence of these metabolic abnormalities reflect independent problems or stem from an underlying regulatory deficiency in a sample of 166 male combat veterans; half of the sample developed PTSD following combat exposure. Metabolite

concentration control coefficients for 350 model parameters were combined with results from glucocorticoid and standard clinical lab assays. A correlational analysis followed with estimation of average causal effects using covariate balancing propensity score weighting. A causal mediation hypothesis of hs-CRP, HOMA-IR, GGT and hypoxanthine as joint mediators for the effects of glucocorticoid sensitivity on metabolic profiles was tested using natural effect models. Results indicate that the muscle-liver-adipose axis is most likely affected in PTSD, suggesting that greater glucocorticoid sensitivity as observed in PTSD might contribute to mitochondrial dysfunction and associated metabolic abnormalities.

Symposium
Thursday, November 8
9:45 AM to 11:00 AM
Washington 3
Public Health Track

Frontline Experiences on Addressing Human Trafficking: Assessment, Services, and Policy

(Commun, Chronic-Pub Health, Adult, I, Global)

Felix, Erika, PhD
University of California, Santa Barbara, Santa Barbara, California, USA

Human trafficking is a global crime involving the exploitation of men, women, and children for their labor or for commercial sex through force, fraud, or coercion. Once largely invisible from the public eye, there is now legal, social service, and advocacy efforts targeting eliminating what is in essence, modern-day slavery. In this symposium, we address efforts to improve the service system supporting survivors. First, we discuss the efforts of one global humanitarian organization to improve the monitoring of the effects of aftercare services, through the development and validation of an Assessment of Survivor Outcomes tool. Then, we discuss their development and initial data on a Global Aftercare Trauma-Informed Care Manual that is being used to build the capacity of local law enforcement and social service providers to provide trauma-informed care in several low resource countries. Within the United States, using treatment data from a mental health agency, we identify factors that influence survivors' initiation of mental health services, and its implication for treatment. Finally, we discuss how to engage in policy advocacy through a case example of one community, and resulting implications for supporting survivors. Across all presentations, lessons learned and ideas for future directions will be discussed.

Assessment of Survivor Outcomes Tool, a Measurement for Restoration of Victims of Violent Crimes

(Assess Dx, CSA-Chronic-Health-Rape, Lifespan, I, Global)

Lee, Michele, PhD
International Justice Mission, Washington, District of Columbia, USA

International Justice Mission (IJM) developed the Assessment of Survivor Outcomes (ASO) tool to measure restoration of survivors who have suffered violent crimes such as commercial sexual exploitation, sexual abuse, forced labor, property grabbing, online sexual abuse of children, and police abuse. The assessment identifies key areas of survivors' vulnerabilities and strengths, by assessing six domains of care: safety, legal protection, mental wellbeing, economic empowerment and education, social support, and physical wellbeing. IJM conducted a two-

part validation study to understand the reliability of the ASO in providing an accurate picture of survivor progress toward restoration. As part of the internal validation process, the study team conducted three mixed method validation exercises in a total of 16 IJM field offices that span nine countries. As part of the external validation, 25 SMEs reviewed and provided feedback on the ASO, and 15 organizations implementing programs across eight countries participated in the study by field testing the ASO tool with their survivors and conducting interviews with survivors. Both the internal and external validation studies determined that the ASO tool is accurate, reliable, and usable for measuring progress of survivors rehabilitating from human trafficking and various forms of violence and exploitation.

Trauma-informed Aftercare: A Training Manual for the Provision of Trauma-informed Service for Survivors of Human Trafficking

(Train/Ed/Dis, Comm/Int-Cul Div-Self-Care, Lifespan, I, Global)

Wang, David, PhD LP
Biola University, La Mirada, California, USA

International Justice Mission (IJM), with 17 field offices throughout Africa, Latin America, and South and Southeast Asia, developed the Global Aftercare Trauma-Informed Care Manual to build the capacities of service providers working with survivors of trauma (e.g., law enforcement, residential care staff, etc.…) to provide services in a trauma-informed manner that creates safe spaces for survivors to safely engage in all available services. There are seven modules included in the training manual, which span topics from foundational knowledge of trauma and PTSD and complex trauma, principles of trauma-informed care and competencies, responses to challenging behavior, secondary and vicarious traumatization, and supporting survivors and survivor voice. An introduction to the training manual (i.e., its contents, how it has been used, lessons learned), along with a preliminary evaluation of the manual based on initial program evaluation data collected from training workshops will be presented. Recent developments and refinements to the training manual, inclusive of provisions to culturally adapt the treatment manual (i.e., building towards the notion of culturally-informed trauma-informed care) will also be discussed.

Mental Health Characteristics and Treatment Initiation in Survivors of Human Trafficking

(Assess Dx, Chronic-Clin Res-Cul Div, Adult, I, Industrialized)

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

Background: Human trafficking is a critical public health issue, yet little is known about the mental health of survivors of trafficking or their mental health service utilization. The current study investigated whether trauma characteristics or mental health needs influence mental health treatment initiation. Methods: Participants were 74 treatment seeking adults who had experienced human trafficking. Results: Participants were exposed to multiple traumas (M =2.8), and had high endorsement of PTSD (PCL-5 M = 34.3), and subclinical levels of depression (BSI-18 M = 59.43), somatization (BSI-18 M = 55.79), and global severity index of distress (BSI-18 M = 57.30). Of those individuals who were screened, 78.4% attended a consultation, 56.8% attended an intake, and 40.5% attended the first session of therapy. After controlling for significant covariates, it was found that participants with higher global severity index (GSI) of distress and somatization scores were significantly more likely to attend the initial therapy session (for GSI: OR = 1.05, $p < .05$; for somatization: OR = 1.05, $p < .05$). Discussion: Implications for engaging diverse/under resourced/disenfranchised survivors of human trafficking will be discussed.

Grass-Roots Policy Advocacy to Support Survivors of Human Trafficking

(Social, Chronic-Rights, Adult, I, Industrialized)

Felix, Erika, PhD
University of California, Santa Barbara, Santa Barbara, California, USA

Human trafficking is a critical, global public health concern that requires multi-faceted, multidisciplinary efforts to address it. Public policy advocacy has the benefit of being a no or low-cost effort in which ordinary individuals can engage to make a difference in human trafficking prevention efforts, service delivery, and outcomes. Through a case example of one community, this talk will describe the process of engagement in public policy advocacy and how that coalesced into a local grass-roots movement to address human trafficking at the local, state, federal, and global level. Some of the specific policies and related advocacy efforts will be discussed, such as the Trafficking Victims Protection Act, and a state policy, Californians Against Sexual Exploitation. A brief description of how to contact your local legislators will be provided, as well as a description of the variety of advocacy efforts in which volunteers engaged. Once passed, there have been some challenges in getting some policies fully implemented. Lessons learned will be highlighted. Over the past eight years, these efforts helped build the foundation for a human trafficking taskforce and related community collaborative, that is now serving the local community.

Symposium
Thursday, November 8
9:45 AM to 11:00 AM
Washington 5

Innovations in Complex Trauma Treatment: Multi-component or Not?

(Practice, Clin Res-Complex, Adult, M, Industrialized)

Cloitre, Marylene, PhD; Monson, Candice, PhD, Cpsych[2]
[1]*National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA*
[2]*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*

There has been much debate about what might be the optimal treatment for individuals with histories of complex trauma. This symposium will provide the results of a meta-analysis funded by NHS that assesses treatment outcomes specific to samples with complex trauma. The symposium will also present new findings that explore the relative advantages and disadvantages of multi-component treatments. The results of a multisite trial will report on outcomes comparing PTSD-DBT versus Cognitive Processing Therapy (CPT). A second clinical trial report will present on findings of a 6-site study of STAIR Narrative Therapy versus Treatment as Usual (TAU) among women in public sector settings and report on patient characteristics that predicted differential outcomes in the treatment. Finally, an alternative, flexible patient-centered treatment model in which patient and therapist select specific interventions/modules and add additional modules as needed will be proposed.

Interventions for Complex Traumatic Events (INCiTE): Systematic Review of Effectiveness and Acceptability

(Clin Res, Anx-Complex-Depr-Res Meth, Adult, M, Global)

Coventry, Peter, PhD[1]; Meader, Nick, PhD[1]; Dale, Holly, BSc[1]; Melton, Hollie, MSc[1]; Dalton, Jane, PhD[1]; Wright, Kath, MA[1]; Churchill, Rachel, PhD[1]; Lovell, Karina, PhD[2]; McMillan, Dean, PhD[1]; Barbui, Corrado, PhD[3]; Temple, Melanie, MB BS[1]; Gilbody, Simon, PhD[1]
[1]*University of York, York, United Kingdom*
[2]*University of Manchester, Manchester, United Kingdom*
[3]*University of Bologna, Bologna, Italy*

Objectives: To systematically review the evidence about effectiveness of psychological and/or pharmacological interventions for trauma symptoms and mental health comorbidiites in people exposed to complex traumatic events. Additionally this review aims to assess the acceptability and uptake of delivering mental health interventions for people with a history of complex traumatic events.
Methods: Systematic review with meta-analysis and qualitative thematic analysis. Inclusion criteria for the effectiveness review are randomised and non-randomised controlled trials of psychological and/or pharmacological interventions for adults exposed to complex interpersonal traumatic events. Outcomes will be analysed by trauma exposure and include severity of traumatic stress symptoms, depressive and/or anxiety symptoms, panic, dissassociation, functioning, quality of life, acceptability.
Results: We included 100 RCTs and 21 non-RCTs; 8 qualitative studies were also included. Data were extracted from studies that focused on complex trauma among veterans, refugees, people exposed to warfare, and people with histories of domestic violence, and childhood sexual abuse.
Conclusions: The findings from this review will provide estimates of the effectiveness of existing and novel treatments and inform decisions about what interventions are likely to be candidates for testing in definitive trials.

Evaluation of DBT for Complex PTSD - a Multicomponent Program to Treat the Sequelae of Interpersonal Violence during Childhood and Adolescence

(Clin Res, CPA-Clin Res-Cog/Int-Complex, Adult, M, Industrialized)

Bohus, Martin, MD
Central Institute of Mental Health, Mannheim, Germany

Dialectical behavior therapy for complex posttraumatic stress disorder (DBT-PTSD) was specifically tailored to treat adult PTSD following interpersonal violence such as childhood sexual abuse, including patients with borderline personality disorder (BPD). Most of these patients show severe problems in emotion regulation, self-concept, memory-processing and social interaction. Therefore, DBT-PTSD merges evidence-based modules to target these core domains: DBT principles; trauma-specific cognitive and exposure based techniques; compassion focused interventions; and behavior change concepts. Treatment focus is based on a DBT-specific algorithm. The treatment can be applied under residential (12 weeks) and outpatient conditions (40 sessions). Both formats have been evaluated within large controlled randomized trials and have shown significant superiority to treatment as usual or other established trauma-treatments (CPT) with large effect sizes. The treatment has specifically shown that even severe cases with ongoing self-harm and high dissociative states can be treated save and sufficiently. (Bohus et al. Psychotherapy and Psychosomatics, (2013) 22;82 (4):221-233.; Bohus et al., in prep; Krueger et al. Behavior Research and Therapy (2014) 61: 136-141).

Modular Patient-Centered Treatment for Complex PTSD

(Clin Res, CPA-CSA-Chronic-Complex, Adult, M, Industrialized)

Karatzias, Thanos, PhD, Cpsych
Edinburgh Napier University & Rivers Centre for Traumatic Stress, Edinburgh, United Kingdom

There is limited evidence on the appropriateness and effectiveness of interventions for ICD-11 CPTSD. Although many studies on the effectiveness of complex trauma interventions have incorporated a phased approach to treatment, there is variation across studies in the duration and content of the phases. There is also limited evidence on the effectiveness and acceptability of established trauma treatments such as CBT and EMDR for people with CPTSD. As the evidence base on interventions for ICD-11 CPTSD develops over the next few years, an alternative to using existing manualised treatments for complex trauma problems is modular therapy. Modular therapy has been successfully applied in children with psychiatric disorders and involves a thorough assessment of the patient's presenting problems and a case formulation. After the case formulation is complete, the therapist selects appropriate interventions from any relevant evidence based interventions to address the patient's specific problems. Modular therapy enables collaboration between patient and therapist, supports patient preference in using interventions of their choosing, and holds the promise of relatively rapid relief through the use of evidence-based interventions. The benefits of this innovative approach from a service user and service point of view as well directions of future research will be discussed.

STAIR Narrative Therapy Compared to Treatment As Usual (TAU) among Women with Complex Trauma: Design, Results and Differential Predictors of Outcome

(Clin Res, Commun-Complex-Pub Health, Adult, M, Industrialized)

Cloitre, Marylene, PhD[1]; Jackson, Christie, PhD[2]; Falvey, Erin, PhD[3]; Henn-Haase, Clare, PsyD[4]; Herman, Judith, MD[5]; Kamath, Jayesh, MD, PhD[6]; Kaslow, Nadine, PhD, ABPP[7]; Krupnick, Janice, PhD[8]; Mendelsohn, Michaela, PhD[9]; Garvert, Donn, MS[10]; Petkova, Eva, PhD[11]

[1]*National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA*
[2]*VA, New York, NY , New York, USA*
[3]*Private Practice, San Diego, California, USA*
[4]*New York University Langone Medical Center, Department of Psychiatry, New York, New York, USA*
[5]*Cambridge Health Alliance | Harvard Medical School, Boston, Massachusetts, USA*
[6]*University of Connecticut Health Center, Farmington, Connecticut, USA*
[7]*Emory University School of Medicine, Atlanta, Georgia, USA*
[8]*Georgetown University School of Medicine, Washington , District of Columbia, USA*
[9]*Cambridge Health Alliance, Boston, Massachusetts, USA*
[10]*National Center for PTSD, Menlo Park, California, USA*
[11]*New York University Langone Medical Center, Department of Psychiatry, New York , New York, USA*

STAIR Narrative Therapy is a multi-module treatment which includes a module dedicated to trauma-focused work and one to skills related to emotion regulation and interpersonal difficulties. A 6-site RCT was conducted comparing STAIR Narrative Therapy to Treatment as Usual (TAU) delivered to women in public sector settings. All enrollees were required to have PTSD related to interpersonal violence; other inclusion and exclusion criteria followed those typical in public sector settings. Therapists were community-based providers and varied in training, disciplines and treatment orientation. Results indicate that STAIR Narrative Therapy was superior to TAU with regards to reduction in PTSD diagnoses as well as in depression and dissociation symptoms. Superiority in outcomes, particularly regarding emotion regulation and interpersonal problems, were specific to women who had experienced childhood sexual abuse and/or had significant depression. We will report on the characteristics of TAU and explore whether there were certain participants who were equally well off or did better in "Treatment as Usual" as compared to STAIR Narrative Therapy. Additional differential predictors related to trauma history, ACEs, and baseline symptoms will be reported. Results support the effectiveness of STAIR Narrative Therapy in highly disadvantaged patient population implemented by community providers.

Panel Presentation
Thursday, November 8
9:45 AM to 11:00 AM
Virginia A
Immigrant/Refugee Track

From Community Based Participatory Research (CBPR) to Policy: How Community Partnerships Lead to Systemic Change

(Social, Commun-Comm/Int-Cul Div-Refugee, Child/Adol, I, Industrialized)

Abdi, Saida, LICSW[1]; **Agalab, Naima, BA**[2]; **Merchant, Abdul-Malik, MSW Candidate**[3]; **Cardeli, Emma, PhD**[4]; **Miller, Alisa, PhD**[4]; Ellis, Heidi, PhD[4]
[1]*Boston University/Children's Hospital Center for Refugee Trauma & Resilience/ Children's Hospital Boston, Boston, Massachusetts, USA*
[2]*Refugee & Immigrant Assistance Center/Children's Hospital Center for Refugee Trauma & Resilience/Children's Hospital Boston, Boston, Massachusetts, USA*
[3]*Boston University/Islamic Society of Boston Cultural Center, Roxbury Crossing, Massachusetts, USA*
[4]*Children's Hospital Center for Refugee Trauma & Resilience/Children's Hospital Boston, Boston, Massachusetts, USA*

This panel will discuss ways in which community partnerships are instrumental to building trauma-informed, culturally-responsive systems of care for refugee youth and families in resettlement. Findings from the Somali Youth Longitudinal Study (SYLS) will be presented with a focus on risk and protective factors for this vulnerable population. SYLS is an unprecedented, multi-wave investigation of Somali refugee/immigrant youth (age 18-35) living in North America that is guided by a CBPR approach. Results illustrate the powerful role of social bonds and civic engagement in resilience building (Cardeli et al., under review; Ellis & Abdi, 2016; Ellis et al., under review). Experiences of adversity in resettlement (e.g., victimization) also emerge as significant predictors of high risk behaviors and psychological distress (Cardeli et al., in preparation; Ellis et al., in preparation). The panel (including perspectives of researchers, refugee resettlement, and faith-based leader) will provide different perspectives on the question "how can both the process and content of research inform practice and policy related to vulnerable populations". Finally, strategies for translating science into practice will be discussed, highlighting Community Connect—an innovative, multi-disciplinary team approach to building resilience in refugee communities—as a model for producing systemic change.

Workshop Presentation
Thursday, November 8
9:45 AM to 11:00 AM
Virginia C

Using Dialectical Behavior Therapy Strategies to Reduce Emotional Eating in Ethnic Minority Survivors of Childhood Sexual Abuse

(Practice, CSA-Cul Div-Ethnic, Adult, M, Industrialized)

Westphal, Maren, PhD[1]; **Horowitz, Melissa, PsyD**[2]
[1]*Pace University, Pleasantville, New York, USA*
[2]*American Institute of Cognitive Therapy, New York, New York, USA*

Posttraumatic stress disorder is highly comorbid with eating disturbances, with prevalence rates ranging from 11 - 52%. Approximately 30% of individuals diagnosed with eating disorders report a history of childhood sexual abuse (CSA). Ethnic minority patients, particularly those with low socioeconomic status, tend to have higher rates of trauma and obesity. Dialectical behavior therapy (DBT) can improve regulation of intense and potentially destabilizing emotions such as shame that are common among CSA survivors. To prepare patients for exposure-based therapies, it is important to reduce reliance on emotional eating as a habitual way to regulate distress. Cultural barriers to trauma disclosure and modification of eating habits and acculturative stress can complicate treatment of ethnic minority patients. This workshop demonstrates how clinicians can use emotion regulation and distress tolerance modules from DBT to improve patients' ability to identify, regulate and prevent emotionally triggered eating. We delineate emotion regulation mechanisms that link emotion and over-eating, discuss how culture may influence food intake, and demonstrate with vignettes how to use selected DBT strategies to reduce eating in response to trauma reminders. The format of the workshop is interactive, incorporating role-plays and small-group exercises.

Workshop Presentation
Thursday, November 8
9:45 AM to 11:00 AM
Washington 4
Military/Veteran Track

How to Develop Partnerships to Conduct PTSD Medication Trials

(Clin Res, Clinical Practice-Res Meth-Mil/Vets, Adult, M, Industrialized)
Gleason, Terri, PhD; **Smyth, Miriam, PhD**; O'Brien, Robert, PhD; **Foster, Katrina, PhD**; **Nord, Kristina, MS**
Department of Veteran Affairs, Washington, District of Columbia, USA

In 2016, the Department of Veterans Affairs convened an expert panel to review the status of medications for PTSD. The evaluation reported a critical need to identify and test new medications (Biological Psychiatry, 2017-10-01, Volume 82, Issue 7) due to the current state of only two medications being FDA approved for PTSD and those two drugs are not uniformly effective in PTSD remission. Further the report cited how few ongoing clinical trials were being funded which lead VA to announce a new PTSD Psychopharmacology Initiative (PPI). The PPI is designed to build relationships with pharmaceutical partners to support identification and testing of new or repurposed compounds for treating PTSD. Additionally, the PPI has supported an Industry Day to encourage companies to work on this problem, as well as young investigator workshop designed to train scientists to submit funding applications. The goals of this Workshop are to provide an overview of current PTSD medication trials, describe results of the PPI to date, and provide detailed information about partnering in medication trials for PTSD. The conclusion of the VA expert panel in 2016 is that there is a medication crisis to be addressed for PTSD treatment, and this Workshop is designed to address underlying issues and recommendations for partnering to address this crises.

Case Study Presentations
Thursday, November 8
9:45 AM to 11:00 AM
Roosevelt 4

Dissociative Identity Disorder and Complex Trauma in Adolescence: A Case Study Presentation of a Successful Treatment Intervention for DID Resulting from Complex Trauma

(Practice, Affect/Int-CSA-Cog/Int-Complex, Child/Adol, M, N/A)

DeVore, Benjamin, Doctoral Student; Sullivan, Connor, MS; Swain, Deanna, Doctoral Student; Jones, Russell, PhD
Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA

Of the 265 diagnoses within the DSM-V, Dissociative Identity Disorder (DID) continues to spur fascination, whether in the form of popular horror films like M. Night Shyamalan's "Switch" or in clinical discussions targeting the validity of the disorder. Given the rarity of this disorder in children, there is a dramatic need for research efforts describing possible causes associated with the early development and direction of the disorder. The current case study presents an 11-year-old female who was diagnosed with DID due to the presentation of various distinct personalities that consistently interfered with her social life and academic progress. This case study describes the initial client presentation, assessment results and data obtained through a University child assessment clinic, and the progression of treatment, including the disclosure of paternal physical, emotional, and sexual abuse. Through the use of evidence-based interventions with a focus on addressing the complex trauma experienced by the client, treatment was able to direct the client's affective and cognitive processing towards an integration of the emotional and mental traumatic representations associated with the abuse. This integration resulted in decreased symptom expression, as indicated by parent/teacher reports and clinical outcome data, increased overall functioning, and improved academic performance.

IPT for PTSD Means Treatment of PTSD without Exposure, a Case Study

(Clin Res, Practice, Adult, I, Industrialized)

De Jong, Joop, MD
Parnassia Group, The Hague, Netherlands

There are many patients with PTSD who are not fully responding with exposure-therapies. And there are many patients who don't want exposure therapies at all. However, the common opinion of therapists and researchers in the field of PTSD is that treatment for Posttraumatic Stress Disorder (PTSD) has to be with exposure. Many patients don't like to be confronted with elements of their traumatic experience and avoidance is one of the core symptom groups of PTSD. . It would be great to have another kind of treatment that is effective as well, but with another way of achieving improvement. IPT has proven to be highly efficient in e.g. depression, dysthymia and bulimia and is promising as a treatment for PTSD while NOT using exposure. In this presentation the IPT treatment of a patient with PTSD will be explained step by step.

Multi-Media Presentation
Thursday, November 8
9:45 AM to 11:00 AM
Virginia B
Child Trauma Track

Integrating Research, Training, and Resource Development to Improve Trauma-informed Services for Transition Age Youth: A Multi-media Workshop

(Train/Ed/Dis, Complex-Dev/Int-Media, Child/Adol, M, Industrialized)

Kisiel, Cassandra, PhD[1]; **Habib, Mandy, PsyD**[2]; **Stokes, Chaney, BSW, MA**[3]; Spinelli, Tawny, PhD Student[1]; Riley, Tracey, BA[1]; Spinazzola, Joseph, PhD[4]
[1]*Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA*
[2]*Adelphi University, Garden City, New York, USA*
[3]*Strong Able Youth Speaking Out (SaySo), Durham, North Carolina, USA*
[4]*The Foundation Trust, Melrose, Massachusetts, USA*

Transition Age Youth (TAY) impacted by trauma are at-risk for poor outcomes across many areas of functioning. As these emerging adults transition out of child systems, they no longer have access to these supports, and resources that exist are often inadequate in addressing their complex, trauma-related needs. This multi-media session will set the stage with research and needs assessment data on a range of trauma-related needs for TAY. Provider and youth feedback highlight trauma training and service needs, leading to the development of targeted resources to address gaps in partnership with youth. This session integrates youth voices and reflects the bidirectional nature of the process. It features a set of fact sheets (*Trauma-Informed Guiding Principles for Working with TAY*) and a youth-led film developed through the National Child Traumatic Stress Network. The film *Never Give Up: A Complex Trauma Film by Youth, For Youth* examines the challenges and growth of 7 youth/young adults as they transcend developmental trauma. Both are designed to help providers and youth understand the impact of trauma; offer trauma-informed strategies for working with TAY; and support TAY in building strengths and skills. Discussion will emphasize the integration of research with resource development and training, and ways to use resources to support trauma-informed practices with TAY across systems.

Concurrent Session Two

Invited Speaker
Thursday, November 8
11:15 AM to 12:30 PM
Salon 2/3

'Culturally Intelligent Community Based Practice' an Integrated Systems Approach for Working with Juvenile Sex Offenders: Research and Perspectives from the Caribbean

(Commun, CPA-CSA-Comm/Int-Rape, Child/Adol, M, Latin Amer & Carib)

Jones, Adele, PhD
The None in Three: An International Centre for the Development, Application, Research and Evaluation of Prosocial Computer Games for the Prevention of Gender-based Violence; University of Huddersfield, Manchester, United Kingdom

This presentation will draw on original research conducted by the speaker
UNICEF-commissioned study of perceptions, attitudes and opinions on child sexual abuse in 6 Caribbean countries a survey of children's exposure to violence in Barbados and Grenada (funded by the European Union)
The presentation will be in three parts: Part I will deconstruct narratives of child sexual abuse in order to understand the multi-layered complexities involved in its manifestations in a particular socio-cultural context; Part II will examine the implications of the victimization of boys in relation to the development of psychopathic traits and the normalization of violence and Part III will use interactive methods to explore an integrated community-based systems approach for working with juvenile sex offenders.
Participants will be invited to engage directly with the situations which are described, with a view to understanding the multifactorial influences that create potentialities for offending behaviors. Taking a Whole of Society approach, the intersections between the psychosexual self, the disowned "other", and the cultural systems within which sexual aggression is nurtured and privileged, are examined. While the research on which this presentation is based was conducted in the Caribbean, participants will be able to apply key principles and practice methods to their own local contexts.

Symposium
Thursday, November 8
11:15 AM to 12:30 PM
Virginia B
Child Trauma Track

Transforming Research into Trauma-informed Interventions for Vulnerable High-risk Traumatized Youth: Getting Kids Safer, Self-regulated, and Engaged in Services

(Commun, Commun-Comm/Int-Complex-Cul Div, Child/Adol, M, Industrialized)

Ford, Julian, PhD
University of Connecticut Health Center, Farmington, Connecticut, USA

Increasing recognition of the prevalence of trauma exposure amongst high risk youth has led to a call for trauma-informed services and systems. However, the translation of research-based knowledge on traumatic stress into interventions in community, mental health and juvenile justice systems is still in its infancy. This symposium brings together investigators from 4 independent projects devoted to translating trauma-informed research into trauma-informed services in real-world contexts involving vulnerable youth. The first introduces the risk-needs-responsivity conceptual model and describes the results of a study investigating the contributions of trauma-informed assessment to case planning and services outcomes for justice-involved youth. The second examines predictors of multiple-systems service utilization in a large national database of trauma-exposed adolescents, comparing justice-involved versus other youth. The third describes the implementation, including challenges and lessons learned, of an affective neuroscience-based psychosocial intervention targeting affect regulation among traumatized youth and staff in a variety of juvenile justice settings. . The fourth presents process and outcome evaluation results from a federally funded grant to integrate trauma recovery services into gang intervention programming in East and South Los Angeles. Collectively, these papers offer valuable insights into how trauma-informed research can be translated into effective trauma-informed interventions for high-risk vulnerable youth.

Race/Ethnicity, Trauma, and Service Utilization among Justice Involved and Uninvolved Youth

(CulDiv, Clin Res-Ethnic-Pub Health, Child/Adol, M, N/A)

Pickens, Isaiah, PhD
National Center for Child Traumatic Stress at UCLA, Los Angeles, California, USA

Data from the National Child Traumatic Stress Network on the service utilization of trauma-exposed youth who were (*N*=680) or were not (*N*=3561) recently involved in juvenile justice were used to test associations with race/ethnicity and cumulative exposure to relational trauma (CRT). Logistic regression analyses were used to assess involvement in intensive (ISU; e.g., residential or inpatient treatment) or non-intensive (NISU; e.g., outpatient treatment or counseling) as outcome variables. Race/ethnicity and CRT were unrelated to intensive service utilization except that Hispanic justice-involved and non-involved youth had lower ISU levels than White youth (*b*=-.98-1.25, *SE*=.32-.46). When non-involved Hispanic youth had higher CRT, they received more ISU (interaction *b*=.18, *SE*=.07). CRT was associated with higher NISU levels for both justice-involved and non-involved youth (*b*=.09-.19, *SE*=.05-.06). Race/ethnicity and cumulative relational trauma were associated with NISU, but only for youth not involved in juvenile justice: Black (*b*=-.75, *SE*=.27), Hispanic (*b*=-.54, *SE*=.25), and other ethnicity (*b*=-1.07, *SE*=.52) youth had lower NISU levels than Whites, but Black and other ethnicity youths with higher CRT

levels had higher NISU levels. Implications for understanding juvenile justice as a de facto service system for traumatized under-served ethno-racial minority youth are discussed.

Does PTSD Symptom Severity Impact the Association Between Delinquency Risk Ratings and Legal Outcomes in Detained Adolescents?

(Assess Dx, Aggress-Assess Dx, Child/Adol, M, Industrialized)

Feingold, Zoe, BA[1]; Kaufman, Holly, MA[2]; Cruise, Keith, PhD[3]; Ford, Julian, PhD[4]
[1]VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA
[2]Fordham University, Bronx, New York, USA
[3]Fordham University, New York, New York, USA
[4]University of Connecticut Health Center, Farmington, Connecticut, USA

Prior research has demonstrated that PTSD symptomology is associated with negative outcomes such as increased anger (Ford et al., 2012), substance use (Adams et al., 2013), and reactive aggression (Stimmel et al., 2014) in justice-involved adolescents. Given these associations, a key question for delinquency risk reduction efforts is whether PTSD symptom severity moderates the relationship between known delinquency risk factors and negative outcomes (e.g., recidivism) in justice-involved adolescents. To test this question, this study utilized risk ratings (SAVRY; Borum, Bartel, & Forth, 2006) and PTSD symptom severity (STRESS; Grasso, Felton, & Reid-Quiñones, 2015) collected at detention intake as predictors of new juvenile court referrals over a 12-month time period in a sample of 187 detained adolescents. Negative binomial regression analyses indicated that SAVRY total risk scores were a significant predictor of new juvenile court referrals, ß = 0.03, Exp(ß) = 1.03, $p < .05$, while the interaction between total risk and PTSD symptom severity was not significant in predicting re-offending outcomes, ß = -0.01, Exp(ß) = 0.99, $p > .05$. Implications of these results for assessment, treatment, and risk reduction strategies are discussed specifically in relation to key tenets of the Risk-Needs-Responsivity model (Hoge & Andrews, 2011).

Creating Trauma-informed Juvenile Justice Agencies: Lessons Learned from Multiple Projects

(Clin Res, Chronic-Train/Ed/Dis-Self-Care, Lifespan, M, Industrialized)

Baetz, Carly, PhD; **Branson, Christopher, PhD**
New York University Langone Medical Center, New York, New York, USA

Exposure to trauma is extremely prevalent among youth in the juvenile justice system (70-90%) and linked to worse legal outcomes and psychosocial impairment. Direct-care staff who work with justice-involved youth also experience secondary trauma exposure at rates higher than the general public, placing them at risk for impairments in health and job performance. The high rates of trauma-related impairment among youth and line staff contribute to dangerous environments of care and rampant staff turnover. Consequently, agency-wide training for staff in specific skills for working with traumatized youth is widely recognized as a core component of trauma-informed care. However, only a handful of studies have evaluated the impact of staff training and little is known about the most effective approaches for training and ongoing consultation. For the proposed presentation, the presenters will share practical and detailed lessons learned from five grant-funded projects in state or county juvenile justice systems. These projects were designed to increase knowledge and improve affect regulation among youth and staff, thus enabling staff to manage their own stress while modeling and reinforcing skills for youth. By utilizing an evidence-based intervention (TARGET), these projects translate research into practice at multiple levels of the system.

Integrating Trauma-informed Care Into Community-based Gang Intervention Programming

(Clin Res, Commun, Child/Adol, M, Industrialized)

Dierkhising, Carly, PhD[1]; McCloud, Alfred (A.J.), MSW[2]; Gutierrez, Luis, MS[1]
[1]*California State University Los Angeles, Los Angeles, California, USA*
[2]*Los Angeles Mayor's Office of Gang Reduction and Youth Development, Los Angeles, California, USA*

Gang-involved youth are at greater risk for trauma exposure and posttraumatic stress compared to non-gang involved youth. Their experiences have been likened to child soldiers (Kerig et al., 2013). Despite the need for trauma-specific services, gang-involved youth are extremely difficult to engage in services. This presentation describes attempts to reach those whose voices are rarely heard. It will describe a federally-funded project to integrate trauma-specific services into gang intervention programming operated by the Los Angeles Mayor's Office of Gang Reduction and Youth Development. Goals of the project are to increase awareness of trauma among gang intervention workers and clients, promote recovery, and improve access to trauma-specific treatment and resources in L.A.'s most disenfranchised communities. Preliminary findings indicate the most common posttraumatic stress symptoms among gang intervention clients (n = 67) are negative thoughts or emotions (39%) and avoidance of trauma reminders (31%); however, only 51% of youth reported trauma exposure. These results highlight the desensitization of gang-involved youth to their environments which will be discussed. Process and outcome evaluation results will be described, with an emphasis on implementation successes and challenges associated with reaching some of our nation's most vulnerable and victimized youth.

Symposium
Thursday, November 8
11:15 AM to 12:30 PM
Washington 1
Assessment and Diagnosis Track

Examining Similarities and Discrepancies in Outcomes Assessed by the CAPS-5 and PCL-5

(Assess Dx, Clin Res-Res Meth-Mil/Vets, Adult, M, Industrialized)

Marx, Brian, PhD[1]; Schnurr, Paula, PhD[2]
[1]*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*
[2]*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

The Clinician Administered PTSD Scale (CAPS) was updated to reflect changes to the PTSD criteria for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM–5). In addition to being edited to maintain DSM correspondence, the CAPS administration and scoring procedures were significantly revised. These changes led to concerns about the extent to which the DSM-5 version of the CAPS (CAPS-5) is psychometrically similar to the CAPS for DSM-IV (CAPS-IV) as well as the degree of correspondence between the CAPS-5 and PTSD Checklist for DSM-5 (PCL-5). Given the heavy reliance by many practitioners on self-report instruments to provide information about probable PTSD status and symptom severity, information on the degree of correspondence between the CAPS-5 and PCL-5, as well as factors that affect correspondence, is vital. In this symposium four researchers will present findings from several different studies with veteran, active duty, and civilian trauma survivors to systematically explore the validity of these concerns as well as factors, such as demographic

characteristics (e.g., race, ethnicity, and gender), emotion regulation strategies and cognitive functioning that might impact psychometric performance and degree of concordance between CAPS and PCL. Discussant Dr. Paula Schnurr will provide a critical analysis and interpretation of findings.

Understanding the Concordance between the CAPS-5 and the PCL-5

(Assess Dx, Res Meth, Adult, M, Industrialized)

Bovin, Michelle, PhD[1]; Lee, Daniel, MS[2]; Thompson-Hollands, Johanna, PhD[3]; Dutra, Sunny, PhD Student[2]; Kleiman, Sarah, PhD[4]; Moshier, Samantha, PhD[5]; Sloan, Denise, PhD[1]; Marx, Brian, PhD[6]
[1]National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
[2]National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA
[3]VA Boston Health Care System/Boston University, Boston, Massachusetts, USA
[4]Boston VA Medical Center, Jamaica Plain, Massachusetts, USA
[5]VA - National Center for PTSD, Boston, Massachusetts, USA
[6]National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

Recently, questions have been raised about whether the move from DSM-IV to DSM-5 has affected the concordance between the Clinician Administered PTSD Scale (the CAPS) and the PTSD Checklist (the PCL) and if so, how. To explore these questions, we compared the concordance between these two measures for DSM-IV versus DSM-5. Further, we examined what variables predicted discordance between the two DSM-5 measures among multiple samples. Results indicated that, overall, the DSM-5 measures were more diagnostically concordant than the DSM-IV measures (κ(.5) = .73 versus .65). Further, when compared on a consistent metric, mean discordance did not significantly differ between the DSM-IV and DSM-5 measures (p = .43). Discordance between the two DSM-5 measures was significantly associated with measures of negative emotionality and cognitive functioning. Specifically, lower IQ (r = -.17; p = .02) and education (r = -.18; p = .02) as well as greater use of rumination (r = .22; p = .004) and catastrophizing (r = .23; p = .002) were associated with greater discrepancy between the CAPS and the PCL. These results suggest that the DSM-5 measures demonstrate greater diagnostic concordance than their DSM-IV predecessors. However, this concordance may be affected by a number of factors.

Longitudinal Change and Predictive Ability of the CAPS-5 and PCL-5

(Assess Dx, Clin Res, Adult, M, Industrialized)

Thompson-Hollands, Johanna, PhD[1]; Lee, Daniel, MS[2]; Marx, Brian, PhD[3]; Bovin, Michelle, PhD[4]; Kleiman, Sarah, PhD[5]; Moshier, Samantha, PhD[6]; Dutra, Sunny, PhD Student[2]; Sloan, Denise, PhD[4]
[1]VA Boston Health Care System/Boston University, Boston, Massachusetts, USA
[2]National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA
[3]National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA
[4]National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
[5]Boston VA Medical Center, Jamaica Plain, Massachusetts, USA
[6]VA - National Center for PTSD, Boston, Massachusetts, USA

The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) and the PTSD Checklist for DSM-5 (PCL-5) are widely used outcome measures in PTSD trials. It is important to understand the concordance of these measures over time. This study examines the performance of the CAPS-5 and PCL-5 in two PTSD trials over a one year period. One study was of individual treatment in a mixed veteran and civilian sample (N=126), the second was of group

treatment in a sample of male veterans (N=198). Parallel process growth curve models showed extremely strong associations between the CAPS-5 and PCL-5 over time (rs = .88 and .86). Further, change in CAPS-5 and PCL-5 did not differ in their association with change in emotional and social functioning (ps ≥ .41). However, when examining change in depressive symptoms measured by the Beck Depression Inventory (BDI-II), change in the PCL-5 was significantly more highly associated with change in BDI-II scores (r=.97) than was change in the CAPS-5 (r=.84, Z test p<.001). Results demonstrate strong concordance between change in CAPS-5 and PCL-5 scores, and both measures perform similarly in predicting improvement in functioning. However, change in CAPS-5 scores appears to show greater differential patterns from self-reported depression than the PCL-5.

A Comparison of the CAPS-5 and PCL-5 in Active Duty Military and Veteran Treatment-seeking Samples

(Assess Dx, Assess Dx-Res Meth-Mil/Vets, Adult, M, Industrialized)

Resick, Patricia, PhD, ABPP[1]; Peterson, Alan, PhD[2]; McGeary, Donald, PhD[2]; Taylor, Daniel, PhD[3]; Mintz, Jim, PhD[2]; Wachen, Jennifer, PhD[4]
[1]*Duke University Medical Center, Durham, North Carolina, USA*
[2]*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*
[3]*University of North Texas, Denton, Texas, USA*
[4]*National Center for PTSD / Boston University, Boston, Massachusetts, USA*

With the advent of the DSM-5, the Clinician-Administered PTSD Scale (CAPS-5), and PTSD Checklist (PCL-5), had the same number of items (20), scaling (0-4), and range (0-80) unlike the interview or self-report measures for the DSM-IV. This should have produced very similar outcomes. This presentation will show how former interview and self-report measures from studies lined up closely and there is now a puzzling discrepancy in scores with the CAPS-5 and PCL-5. Data from 4 ongoing studies are examined at baseline for concordance between CAPS-5 and PCL-5 and one of the studies will have posttreatment scores. Total sample for the 4 studies with both CAPS-5 and PCL-5 is 515. Alpha coefficients for the CAPS-5 was .82 and for PCL-5 was .91. The scales correlated, r(513)=.67, p=.0012). it should be noted at baseline the range is truncated for these treatment seekers and would be expected to increase at posttreatment. This indicates correlations are not high enough to consider them to be "alternative forms" for measuring the same construct. Means for the PCL-5 are significantly higher (14.9+10.5, p < ,0001, d=1.2). At baseline, the CAPS-5 total is 33.95 (SD=9.89) while the PCL-5 mean is 48.8 (SD=14.13). Further analyses will be conducted with one study that will be completed, at posttreatment and item comparisons will be conducted to determine where the discrepancies may be.

Comparing the CAPS-5, PCL-5 Patient Report and PCL-5 Partner Report in Dyadic PTSD Treatment Studies

(Clin Res, Assess Dx, Adult, M, Industrialized)

Wagner, Anne, PhD[1]; Monson, Candice, PhD, Cpsych[2]; Mithoefer, Michael, MD[3]; Mithoefer, Ann, BSN[3]; Pukay-Martin, Nicole, PhD[4]
[1]*Ryerson University, Toronto, Ontario, Canada*
[2]*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*
[3]*Private Practice, Mount Pleasant, South Carolina, USA*
[4]*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

The use of multi-modal assessment of PTSD symptom severity and distress is best practice in trauma assessment and treatment. In dyadic research, standard clinician and patient report is triangulated with partner report of the traumatized individual's symptoms (e.g., Ennis et al., 2017). With the revised Clinician-Administered PTSD Scale (CAPS)-5 and PTSD Checklist (PCL)-5 now widely used in research studies, questions exist as to their psychometric

properties. We examined the convergent validity and sensitivity to change for these two measures and a collateral report version of the PCL using data from a randomized controlled trial of Cognitive-Behavioral Conjoint Therapy for PTSD (CBCT) versus Prolonged Exposure and a pilot trial of CBCT with MDMA that employed different clinician raters and patient groups. Preliminary analyses revealed intra-class correlations ranging from .15 to .56 at baseline among the three sources, which increased to over .90 at post-treatment. Furthermore, pre-post effect sizes suggest differences in the magnitude of change based on informant source. By the time of presentation, additional treatment studies using the CAPS-5, and PCL-5 for both patient and partner will be included. These data will help inform discussion about multi-informant assessment, detection of change in symptoms and distress, and the role of treatment in assessment.

Symposium
Thursday, November 8
11:15 AM to 12:30 PM
Washington 2
Immigrant/Refugee Track

Addressing Barriers to Scale: Innovations to Psychological Interventions in Refugee Crises and Humanitarian Settings

(Global, Clin Res-DV-Refugee-Sub/Abuse, Lifespan, M, Global)

Kohrt, Brandon, MD, PhD
George Washington University, Washington, District of Columbia, USA

The world is currently experiencing the highest ever recorded number of refugees, most of whom reside in low- and middle income countries (LMIC). In addition to armed conflicts, populations in LMIC may face major stressors such as gender-based violence and chronic poverty. There is a significant body of research that documents the mental health risks associated with both conflict-related and other adversity in LMIC. At the same time, LMIC health systems are rarely equipped to provide mental health support to the large groups of people in need. The treatment gap in non-conflict affected LMIC is estimated to be higher than 90%. A critical challenge for the provision of mental health services for both governments and humanitarian agencies concerns the high-resource intensity of current evidence-based psychotherapeutic interventions in low-resource settings. Evidence-based psychological interventions are commonly characterized by a requirement for extensive training and ongoing supervision; large number of sessions; and their targeting of single mental disorders (when comorbidity is common) – collectively resulting in relatively few people reached at high cost. Innovative treatment models are required to ensure that mental health support can be brought to scale. This symposium provides an overview of these challenges, and presents the results of adaptations, piloting and randomized controlled trials from three different research teams in Kenya (women affected by gender-based violence), Uganda (South Sudanese refugees), and Zambia (violence-affected populations). Presentations highlight innovations in addressing barriers to scale through task-sharing, transdiagnostic approaches, alternative treatment formats (e.g., self-help), and the integration of mental health in other types of programming tested in randomized controlled trials.

A Common Elements Treatment Approach to Address Implementation and Scale-up Barriers in Low- and Middle-income Countries

(Clin Res, Global-Sub/Abuse-Train/Ed/Dis, Adult, M, Global)

Murray, Laura, PhD[1]; Kane, Jeremy, MPH[1]; Skavenski van Wyk, Stephanie, MPH, MSW[1]; Melendez, Flor, MPH[1]; Bolton, Paul, MB BS[2]

[1]*Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA*

[2]*Johns Hopkins University Bloomberg School of Public Health, Scituate, Massachusetts, USA*

Despite high rates of anxiety and mood disorders in low- and middle-income countries (LMIC), a small percentage of individuals receive evidence-based treatment. Barriers to implementation and scale-up of effective interventions have been identified at various system levels. Modular, flexible transdiagnostic interventions were developed in part to ease dissemination, implementation, and scale-up efforts and have the potential to address several barriers, including the lack of trained mental health professionals in LMIC and the high rate of comorbidity among clients. This presentation provides data on a randomized trial of the common elements treatment approach (CETA) in Zambia. Baseline findings indicate high rates of comorbidity. Among male participants with hazardous alcohol use, 77% met symptom criteria for depression, 39% for post-traumatic stress, and 41% had other substance use. Among women who experienced violence, 65% met criteria for hazardous alcohol use, 86% met criteria for depression, 48% for trauma, and 24% had other substance use. Discussion will include data from the Zambia trial and other studies by our team on the utility of CETA to address known barriers to implementation, scale-up and sustainability. We will discuss adaptation of CETA, case studies, and implementation factors for sustaining and scaling-up CETA following study completion.

Evaluation of the Effectiveness and Implementation of a Brief Behavioral Intervention on Psychological Distress among Women with a History of Gender-based Violence in Kenya

(Commun, Clin Res-Commun-Global-Gender, Adult, M, E & S Africa)

Bryant, Richard, PhD[1]; Schafer, Alison, PhD[2]; Dawson, Katie, PhD[1]; Anjuri, Dorothy, BA[3]; Mulili, Caroline, BA[3]; Ndogoni, Lincoln, MSc[4]; Koyiet, Phiona, BA[3]; Sijbrandij, Marit, PhD[5]; Ulate, Jeanette, MD[6]; van Ommeren, Mark, PhD[2]

[1]*University of New South Wales, Sydney, New South Wales, Australia*

[2]*World Health Organization, Geneva, Switzerland*

[3]*World Vision Australia/International, Nairobi, Kenya*

[4]*Psychosocial Support Center, Nairobi, Kenya*

[5]*VU University, Amsterdam, Netherlands*

[6]*World Vision Australia/International, Montreal, Quebec, Canada*

The aim of this study was to test the effectiveness of a new 5-session behavioral treatment called Problem Management Plus (PM+) that community lay workers can be taught to deliver for female survivors of gender-based violence. After community screening, 421 women who indicated distress were randomized to PM+ or enhanced usual care (EUC). At 3-months follow-up the difference between PM+ and EUC in the change from baseline to 3-month on the GHQ-12 was 3.33 [95% CI, 1.86 to 4.79], P = .001). This study demonstrated that among a community sample of women in urban Kenya with a history of GBV, a brief, lay-administered behavioral intervention resulted in moderate reductions in psychological distress. Following this, a collaboration with the local Ministry of Health and World Vision has implemented PM+, with over 1500 local practitioners trained and evaluations built in to all delivery. Data will be presented of the implementation phase with over 3,000 recipients of PM+ in this implementation evaluation. This program demonstrates that evidence-based interventions can be implemented in a scalable manner and can be integrated into local health systems.

The Effectiveness of a Guided Self-help Intervention for South Sudanese Refugee Women: A Cluster Randomized Controlled Trial

(Commun, Global-Media-Refugee-Civil/War, Adult, M, E & S Africa)

Tol, Wietse, PhD[1]; Lakin, Daniel, MA[1]; Augustinavicius, Jura, PHD, MHS, MSc[1]; Brown, Felicity, PhD[2]; Bryant, Richard, PhD[3]; Carswell, Kenneth, PhD[4]; Kogan, Cary, PhD[5]; Musci, Rashelle, PhD[6]; Ventevogel, Peter, MD[7]
[1]*Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA*
[2]*War Child Holland, Amsterdam, Netherlands*
[3]*University of New South Wales, Sydney, New South Wales, Australia*
[4]*World Health Organization, Geneva, Switzerland*
[5]*University of Ottawa, Ottawa, Ontario, Canada*
[6]*Johns Hopkins University, Baltimore, Maryland, USA*
[7]*United Nations High Commissioner for Refugees, Geneva, Switzerland*

Innovative interventions are needed to meet the vast mental health needs of refugees. WHO developed a potentially scalable intervention called Self-Help Plus (SH+). SH+ is a guided self-help intervention of 5 audio-recorded sessions and illustrated self-help manual provided to groups of 20-30 participants by lay helpers with minimal training.
We conducted a 2-arm, single-blind, cluster randomized trial with South Sudanese refugee women in northern Uganda. The primary outcome was psychological distress (Kessler-6). Outcomes were assessed 1 week before and after, and 3 months after intervention. Secondary outcomes included PTSD and depression, disability, self-defined psychosocial goals, feelings of anger, inter-ethnic relations, and subjective wellbeing.
Screening found 697 women eligible for inclusion. Data collection concluded in December 2017, preliminary analyses are reported here. Intent-to-treat analyses showed statistically significant effects on most outcomes. At immediate follow-up (n=659), we found moderate effect sizes on psychological distress (Cohen's d = .65). At 3-month follow-up (n=625, attrition 8%) this effect was also significant (d = .27). Analyses of secondary outcomes showed a similar pattern.
An innovative multi-media guided self-help intervention was effective in reducing psychological distress in refugee women in a low-resource African setting.

Symposium
Thursday, November 8
11:15 AM to 12:30 PM
Washington 4
Military/Veteran Track

How Are Evidence-based Psychotherapies Delivered in VA Clinics? Drop Out and Engagement in Trauma-focused Treatments

(Practice, Clin Res-Mil/Vets, Adult, M, Industrialized)

Niles, Barbara, PhD[1]**;** Chard, Kathleen, PhD[2]
[1]*VA Boston Healthcare System, National Center for PTSD, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA*

[2]*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

The Veterans Health Administration (VHA) continues to endorse trauma-focused evidence-based psychotherapies (TF-EBPs) for Posttraumatic Stress Disorder (PTSD) as first-line treatments for PTSD. Research suggests that approximately 36% of patients who initiate a TF-EBP drop out of treatment (Goetter et al., 2015). While TF-EBPs are effective treatments that can reduce symptoms of PTSD, the therapeutic impact of these treatments may be limited by factors such as veteran non-attendance and dropout (Kehle-Forbes, et al., 2016). Research examining veterans in naturalistic clinical settings conclude that many veterans referred for TF-EBP dropout during treatment (e.g., 43%, Deviva, 2014) or did not attend even one session (e.g., 37.5%, DeViva, 2014). It is essential to examine how TF-EBPs are delivered outside of research studies as VA continues to promote TF-EBPs. The following presentations examine TF-EBP engagement in veteran populations, with focus on treatment paths across clinical settings, methods employed by providers to encourage treatment completion, veteran ambivalence towards beginning a TF-EBP, and dropout and completion rates across PTSD treatments. Implications for future research within naturalistic clinical settings will be discussed.

Examining Efforts to Reduce Trauma-focused Evidence-based Psychotherapy (TF-EBP) Dropout Rates: Comparison across two Rounds of Program Evaluation Data

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

Smidt, Katharine, PhD[1]; **Niles, Barbara, PhD**[2]; Weinstein, Elizabeth, BA[1]; Fisher, Lisa, PhD[3]
[1]*VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA*
[2]*VA Boston Healthcare System, National Center for PTSD, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA*
[3]*VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA*

TF-EBPs for PTSD are widely endorsed by the Veterans Health Administration (VHA). Although these interventions effectively reduce symptoms of PTSD, high dropout rates limit their impact. We examined the treatment paths of veterans assigned to individual TF-EBPs across two rounds of program evaluation in a VHA PTSD Outpatient Clinic: 67 veterans in Round 1 (2012-13) and 76 in Round 2 (2015-16). Clinic providers revised the intake process for veterans before collecting Round 2 data, including providing veterans with detailed outlines of treatment offerings, TF-EBP psychoeducation video links, and homework assignments to identify treatment preferences. Veterans then attended a follow-up intake session to further assess their motivation to begin treatment. TF-EBP completion rates significantly increased from 30% to 53 %, p =.03. TF-EBP dropout rates declined from 49% to 31% and Cognitive Processing Therapy completion rates increased from 47% to 61%, although these differences were not significant. In Round 2, veterans were offered Written Exposure Therapy, a 5 session TF-EBP for PTSD, with an 89% completion rate. Providing patients with additional resources about TF-EBP rationales prior to treatment may help increase treatment buy-in. Integrating research findings from clinical populations is critical in order to reduce treatment dropouts in naturalistic clinical settings.

Why do some Dropout while others Complete? Describing the Diverging Experiences of Veterans Receiving Trauma-focused Therapy

(Clin Res, Clinical Practice, Adult, M, Industrialized)

Kehle-Forbes, Shannon, PhD[1]; Ackland, Princess, PhD, MPH[2]; Chard, Kathleen, PhD[3]; Foa, Edna, PhD[4]; Gerould, Heather, MS[5]; Lyon, Alexandra, BS[5]; Meis, Laura, PhD[5]; Orazem, Robert, PhD[5]; Polusny, Melissa, PhD[6]; Schnurr, Paula, PhD[7]; Spoont, Michele, PhD[8]; Zickmund, Susan, PhD[9]
[1]*National Center for PTSD and Minneapolis VA Healthcare System, Minneapolis, Minnesota, USA*
[2]*Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, Minnesota, USA*
[3]*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*

[4]*University of Pennsylvania, Philadelphia, Pennsylvania, USA*
[5]*Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minneapolis, Minnesota, USA*
[6]*Minneapolis VAHCS, Center for Chronic Disease Outcome Research, University of Minnesota Medical School, Minneapolis, Minnesota, USA*
[7]*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*
[8]*National Center for PTSD, U.S. Department/Veterans Affairs, Minneapolis, Minnesota, USA*
[9]*Salt Lake City Veteran Affairs Medical Center, Salt Lake City, Utah, USA*

About one-third of Veterans who initiate prolonged exposure (PE) and cognitive processing therapy (CPT) do not complete. Quantitative studies of dropout from PE and CPT have failed to identify consistent predictors, thereby limiting efforts to improve Veterans' treatment engagement. To develop a rich understanding of factors associated with PE and CPT dropout, we conducted semi-structured interviews with a national sample of Veterans who completed (n = 60) and prematurely discontinued (n = 68) PE and CPT. Interviews explored the role of treatment response, experience with treatment elements, working alliance, beliefs about PTSD and treatment, social influences, and logistic barriers in Veterans' level of treatment engagement. Preliminary thematic analyses suggest that differences in the strength of the working alliance; ability to cope with, and the perceived consequences of, increased distress; and internal motivation (e.g., grit) differentiate completers and dropouts. A sizable minority of Veterans believed they were still engaged in PE or CPT, although their providers considered them to be dropouts – highlighting how Veterans and providers develop different understandings of the same treatment episode. Treatment buy in, logistical factors, and treatment beliefs do not appear to be related to dropout. Implications for increasing treatment engagement will be discussed.

When Thoughts of Dropout Arise: Interventions Used in Cognitive Processing Therapy and Prolonged Exposure

(Clin Res, Clin Res-Mil/Vets, Adult, M, Industrialized)

Ackland, Princess, PhD, MPH[1]; Meis, Laura, PhD LP[2]; Orazem, Robert, PhD[3]; Gerould, Heather, MS[3]; Lyon, Alexandra, BS[3]; Kehle-Forbes, Shannon, PhD[4]
[1]*Minneapolis VA Health Care System and University of Minnesota Medical School, Minneapolis, Minnesota, USA*
[2]*Minneapolis VA Health Care System and University of Minnesota, Minneapolis, Minnesota, USA*
[3]*Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minneapolis, Minnesota, USA*
[4]*National Center for PTSD and Minneapolis VA Healthcare System, Minneapolis, Minnesota, USA*

Veterans are vulnerable to PTSD yet ~1/3 who initiate Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE) do not complete a full course, leading to potential healthcare and societal burden of untreated PTSD. Predictors of psychotherapy dropout are known, but provider and patient response to potential dropout and other CPT/PE engagement issues are less clear and have implications for efforts to increase completion rates. We sought to understand interventions employed by providers and patients following threats to engagement and differences between those who completed vs terminated early. We interviewed a national sample of 128 Veterans—68 dropouts (≤6 sessions) and 60 completers. Semi-structured interviews queried about thoughts of dropping out and attempts and decisions to stay in CPT/PE. Interviews were audio-recorded, professionally transcribed and analyzed using mixed inductive and deductive thematic analysis. Preliminary results suggest four themes—engagement ambivalence was not always disclosed to providers; Veterans made their own attempts to combat ambivalence (e.g., used self-talk to boost motivation); family and friends were cheerleaders and provided instrumental support; and frequency and type of Veteran-reported provider interventions differed for completers and dropouts. Potential impacts on CPT/PE training and clinical practice will be discussed.

A Comparison of Dropout from Evidence-based PTSD Psychotherapy across Three Treatment Modalities

(Practice, Cog/Int, Adult, M, Industrialized)

Stayton, Laura, PhD; Dickstein, Benjamin, PhD; Chard, Kathleen, PhD
Cincinnati VA Medical Center, Cincinnati, Ohio, USA

Despite the demonstrated effectiveness of treatments such as Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for reducing PTSD symptoms among veterans (Chard, Ricksecker, Healy, Karlin, & Resick, 2012; Eftekhari et al., 2013), premature treatment dropout remains an important barrier to symptom amelioration. In a systematic review, Goetter et al. (2015) reported an average dropout rate of 36% in younger Veterans participating in PTSD-focused treatment; however, findings across studies are inconsistent, likely due to differences in study methodology (Imel, Laska, Jakupcak, & Simpson, 2013). The current study aimed to better examine dropout rates in a VA PTSD specialty clinic. Data were collected from 785 veterans who participated in either CPT, PE, or Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD between 2013-2017. Treatments were delivered in outpatient, residential, and telehealth modalities. Results suggest that residential treatment resulted in the lowest rate of dropout across the three modalities. When comparing dropout among veterans receiving CPT, PE, and CBCT via outpatient and telehealth clinics, no significant differences emerged. Potential implications for clinical practice will be discussed.

Symposium
Thursday, November 8
11:15 AM to 12:30 PM
Washington 5
Gender/Orientation Track

Girls and Women in the Legal System: From Trauma Exposure to Trauma-Focused Treatment

(Clin Res, Rape-Gender, Lifespan, M, Industrialized)

Karlsson, Marie, PhD
Murray State University, Murray, Kentucky, USA

Interpersonal trauma, especially sexual trauma, is a pathway to the correctional system for girls and women (Browne, et al., 1999; Kerig & Becker, 2012), which represent vulnerable populations with high rates of trauma-related disorders such as PTSD, depression, and substance use (Karlsson & Zielinski, in press). The current symposium addresses these issues by describing research on incarcerated girls and women's trauma exposure, trauma-related pathology, and response to trauma-focused treatment. The first two presenters will discuss research on delinquent youth, with a focus on gender differences in trauma exposure and associated outcomes. More specifically, the first presenter will describe connections between specific types of trauma exposure (e.g., sexual, physical, or emotional) and posttraumatic over- and undermodulation. The second speaker will describe research on two subtypes of the callous-unemotional trait and how they relate to trauma exposure, posttraumatic stress symptoms, and emotional and self-dysregulation. The second set of presentations will focus on two different samples of incarcerated women who completed an exposure-based group treatment for sexual trauma. One presentation will describe evidence of effectiveness after implementing the group treatment at a second facility.

The last presentation will focus on treatment completers' experiences with receiving group-based exposure therapy. Implications for research, treatment, and policy will be discussed.

Associations between Types of Trauma Exposure and Posttraumatic Symptoms of Over- and Undermodulation: Gender Differences and Similarities

(CulDiv, CPA-CSA-Gender, Child/Adol, M, Industrialized)

Kidwell, Mallory, BA (Hons); Modrowski, Crosby, MS, PhD Student; Kerig, Patricia, PhD
University of Utah, Salt Lake City, Utah, USA

Recent research has shown that posttraumatic stress symptoms (PTSS) can be distinguished by two distinct response profiles; one involving dissociation and emotional numbing, termed overmodulation, and the other characterized by overreactivity and arousal, termed undermodulation (Lanius et al., 2010). Research has yet to investigate origins of these response types, particularly whether exposure to specific types of traumatic experiences confers higher risk for over- and undermodulation, and whether these associations differ across gender. This study investigated whether sexual, physical, or emotional trauma exposure differentially predicted posttraumatic over- and undermodulation among girls and boys. A sample of detained youth (N=567;Mage=16.01) completed measures of trauma exposure and PTSS. Multigroup analysis revealed significant gender differences in associations between trauma exposure type and PTSS of undermodulation, with girls demonstrating higher undermodulation when exposed to sexual and emotional traumas ($\chi2=27.41, p<.001$). No gender differences were found regarding overmodulation. Moreover, results indicated that the correlation between over- and undermodulation PTSS was stronger for girls than boys ($\chi2=3.87, p=.049$). These findings suggest that girls and boys may exhibit both differences and similarities in PTSS response profiles depending on type of trauma exposure.

Testing Gender Differences in Models of Trauma-linked Acquired Callousness in a Sample of Justice-involved Youth

(Assess Dx, CPA-CSA-Gender, Child/Adol, M, Industrialized)

Kerig, Patricia, PhD; Chaplo, Shannon, Doctoral Student; Modrowski, Crosby, MS, PhD Student
University of Utah, Salt Lake City, Utah, USA

Trauma-informed advances in the study of callous-unemotional (CU) traits confirm a distinction between primary CU, arising from an inherent lack of prosocial emotions, and acquired CU, originating in emotional numbing in the aftermath of trauma. However, few studies have elucidated the underlying processes that might account for the association between trauma and acquired CU, such as affective and self-dysregulation. Further, gender effects have emerged with differential associations between CU and trauma found for girls compared to boys. Therefore, clarification is needed regarding whether there are gender differences in the associations among CU subtypes, trauma exposures, posttraumatic stress symptoms (PTSS), and emotional and self-dysregulation. In a sample of 825 detained youth, mixture modeling in Mplus identified two groups high in CU but differing in levels of PTSS, consistent with primary (n=200) vs. acquired (n=126) CU. Girls were differentially likely to be categorized in the primary CU group, $\chi2=4.20$, $p=.04$. Compared to the primary CU group, youth in the acquired CU group scored higher on measures of interpersonal trauma exposure, emotional numbing, and dysregulated functioning, including affect dysregulation, borderline personality features, and dissociation. Tests for moderation by gender indicated the results were consistent for boys and girls.

Effectiveness of a brief Exposure-based Group Treatment with Incarcerated Women

(Clin Res, CSA-Rape, Adult, M, Industrialized)

Karlsson, Marie, PhD[1]; Zielinski, Melissa, PhD[2]; Bridges, Ana, PhD[3]
[1]Murray State University, Murray, Kentucky, USA
[2]University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA
[3]University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA

Incarcerated women, a vulnerable population with high rates of sexual trauma exposure and associated symptoms, could benefit from receiving evidence-based trauma-focused treatment (Karlsson & Zielinski, in press). Our team's exposure-based group treatment, Survivors Healing from Abuse: Recovery through Exposure (SHARE group; 8 weekly 1.5 hour-sessions), was developed to fit the needs of incarcerated women with sexual abuse histories. Treatment completion was associated with statistically and clinically significant reductions in symptoms from pre- to post-treatment that were maintained during a follow-up period from multiple cohorts at the women's prison that launched the program (Karlsson et al., 2014; 2015; 2016). This presentation will focus on evidence of effectiveness from implementing the SHARE group at a different women's prison. Preliminary findings from six SHARE groups (N = 24; 83.3% White) showed statistically significant reductions in PTSD ($p < .001$), depression ($p = .02$), and generalized anxiety symptoms ($p = .01$) from pre- to post-treatment with large effect sizes. Thirteen participants (54.2%) were above the clinical cutoff at pre-treatment on one or more of the three measures; 69.2% of those women had recovered (i.e., below clinical cutoff) and/or improved (i.e., reliable change index; Jacobson & Truax, 1991) by post-treatment. Implications will be discussed.

"I'm Not Alone, My Story Matters": Re-evaluating Assumptions about the Acceptability of Group-based Exposure Therapies in Prisons

(Clin Res, Clin Res-Clinical Practice-Rape-Gender, Adult, M, Industrialized)

Zielinski, Melissa, PhD[1]; Karlsson, Marie, PhD[2]; Bridges, Ana, PhD[3]
[1]University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA
[2] Murray State University, Murray, Kentucky, USA
[3]University of Arkansas, Fayetteville, Fayetteville, Arkansas, USA

Although it is clear that incarcerated women are in desperate need of trauma therapies (Karlsson & Zielinski, In Press; Harner et al., 2015), some have argued that our most effective trauma treatments – exposure-based therapies – are not safe to provide in the prison setting (e.g., Miller & Najavits, 2012; Wolff et al., 2009). This presentation will provide both qualitative and quantitative indices of women's experiences of completing an exposure-based group therapy while incarcerated which challenge common assumptions about the appropriateness of (1) prison as a context for evidence-based trauma treatments, including exposure, and (2) sharing trauma narratives in a group setting. Data were drawn from women (current n = 21, with data collection ongoing) who completed the SHARE (Survivors Healing from Abuse: Recovery through Exposure) group protocol and who completed follow-up measures indexing both symptom change (presented elsewhere; c.f. Karlsson et al. 2014, 2015) and treatment feedback. We will present information regarding women's self-reported reasons for enrolling in the group, satisfaction with various therapy components (e.g., exposure, skill-building) and the treatment overall, and experience of both sharing and listening to trauma narratives.

Panel Presentation
Thursday, November 8
11:15 AM to 12:30 PM
Virginia A

Public Health Track

Effective Advocacy for Social Change: International, Multidimensional and Multidisciplinary Perspectives

(Social, Comm/Int-Rights-Pub Health-Intergen, N/A, M, Global)

Kudler, Harold, MD[1]; **Danieli, Yael, PhD**[2]; **Clark, Roger, BA, LLD, LLM, JSD**[3]; **Fetchet, Mary, LCSW**[4]
[1]*USA Department of Veterans Affairs, Washington, District of Columbia, USA*
[2]*Director of the Group Project for Holocaust Survivors and their Children, New York, New York, USA*
[3]*Rutgers University, Camden, New Jersey, USA*
[4]*VOICES of September 11, New Canaan, Connecticut, USA*

Coherent advocacy is essential to promoting societal change yet only scant attention has been paid to effective advocacy for survivors of psychological trauma (Danieli, 2001; Gomez & Yassen, 2007). This panel spotlights advocacy informed by research, moral calling, personal experience and legal principles as key to effectuating social, cultural and political change, nationally and internationally. Dr. Danieli will report on collaborative developments of international law instruments and practices on behalf of victims' rights including protection/support, participation, reparation and rehabilitation. Professor Clark will share experience as a scholar-activist on the United Nations Committee on Crime Prevention and Control, in helping create the International Criminal Court, and in addressing the problem of nuclear weapons in the International Court of Justice. Ms. Fetchet will describe policy initiatives and ethical issues impacting survivors and the families of victims of the attacks of September 11th, 2001 and describe how their "voice" led to sweeping intelligence reforms, new research initiatives and delivery of long-term support services. Discussion among panelists and participants will focus on directions in informed advocacy for policy changes needed to preserve the rights of victims/survivors in the aftermath of acts of mass violence, including terrorism.

Panel Presentation
Thursday, November 8
11:15 AM to 12:30 PM
Washington 3

Innovative Adaptation Strategies for Low Intensity Interventions in Communities Affected by Adversity

(Commun, Comm/Int-Cul Div-Prevent-Civil/War, Adult, M, Industrialized)

Watson, Patricia, PhD[1]; **O'Donnell, Meaghan, PhD**[2]; **Sijbrandij, Marit, PhD**[3]; **Walker, Douglas, PhD**[4]
[1]*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*
[2]*Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Melbourne, Victoria, Australia*

[3]*VU University, Amsterdam, Netherlands*
[4]*Mercy Family Center, New Orleans, Louisiana, USA*

The high demand for low intensity behavioral health services in complex cultures and environments affected by adversity, coupled with limited availability of well-trained providers, creates a demand for interventions that are modified and delivered according to the local needs of the community. Best practices in behavioral health highlight the need for intervention to be sensitive to the needs of the local populations, and offered in the most accessible settings, to reduce multiple intrinsic and extrinsic barriers to care. This panel will describe methods for creating, adapting, and evaluating low intensity behavioral health materials to local cultures and conditions, including development of and testing of a simple skill building approach by the World Health Organization for Syrian refugee populations in Europe, an adapted skills building intervention for schools, parents, and teachers in a community affected by an Oil Spill in the United States, an adapted stepped care method of low intensity intervention for First Nations tribes in Canada, and the creation and pilot testing of an simple, efficient intervention designed to reduce distress, improve quality of life, and increase social and occupational functioning in those with ongoing adjustment problems following a disaster in Australia.

Panel Presentation
Thursday, November 8
11:15 AM to 12:30 PM
Virginia C

Everything You Ever Wanted to Know About Getting into Graduate School and Beyond: Perspectives on Early Career in Traumatic Stress Studies

(Train/Ed/Dis, Aging, Prof, I, Industrialized)

McDermott, Timothy, Undergraduate[1]; **Luciano, Matthew, MS**[2]; **McBain, Sacha, Doctoral Student**[3]; **Bui, Eric, MD, PhD**[4]; Patel, Anushka, PhD Student[5]; Cogan, Chelsea, PhD Student[5]
[1]*Creighton University, Omaha, Nebraska, USA*
[2]*The University of Memphis, Memphis, Tennessee, USA*
[3]*Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, California, USA*
[4]*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*
[5]*University of Tulsa, Tulsa, Oklahoma, USA*

A successful career in traumatic stress studies often involves matriculating into a graduate-level program, completing an internship, and obtaining a postdoctoral fellowship before successfully being hired as a junior faculty member, a researcher, or a clinician. This panel will include individuals who represent various time points throughout the early career spectrum. Specifically, speakers will include an individual who recently began graduate school, a recent internship applicant, a recent postdoctoral fellow, and an individual with two advanced degrees who is beyond the application process. Each panelist will offer perspectives on their own application process for their current stage of training and will discuss what they wish they knew before beginning the process. Additionally, panelists will discuss their future training and career trajectory based upon the programs they have selected. Discussion of the application process will also include perspectives on training internationally. This panel will cultivate an interactive discussion with the audience by fielding questions related to the application process at various stages.

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Workshop Presentation
Thursday, November 8
11:15 AM to 12:30 PM
Roosevelt 4

Best Practices in Early Trauma Treatment: Increasing Access for Vulnerable Populations through Multidisciplinary Approaches to Practice, Program Development and Policy Change

(Prevent, CSA-Comm/Vio-Social, Lifespan, I, N/A)

Epstein, Carrie, LCSW[1]; **Stolbach, Bradley, PhD**[2]; Hahn, Hilary, MPH, MA[3]; **Huizar, Teresa, MA**[4]
[1]*Yale University School of Medicine Child Study Center, New Haven, Connecticut, USA*
[2]*University of Chicago, Chicago, Illinois, USA*
[3]*Yale School of Medicine, New Haven, Connecticut, USA*
[4]*National Children's Alliance, Washington, District of Columbia, USA*

This workshop will examine how knowledge of the benefits of early intervention and dissemination science can be simultaneously applied to: 1) most effectively serve children and families in the early phase of trauma response; 2) expanded to meet needs of particularly vulnerable populations; 3) drive change across service/system settings including emergency medicine and child welfare. Multidisciplinary presenters include a co-developer of an early, brief, evidence-based trauma-focused mental health treatment, a public health expert/evaluator, an administrator of a hospital-based trauma center, and an executive director of a national child abuse organization involved in legislative advocacy efforts, who will share their perspectives on how to improve access to care and sustain change. Using the Child and Family Traumatic Stress Intervention as an example, presenters will illustrate how different providers, disciplines and service systems can collaborate to address issues key to improving access, including organizational readiness to adopt a new practice, sustainability of a model with fidelity, and policy development. Example populations will include children impacted by violent injury (hospital trauma center) and children impacted by abuse (child advocacy center). We will also present on how we use data in a continuous quality improvement process to support these goals.

Flash Talks
Thursday, November 8
11:15 AM to 12:30 PM
Roosevelt 5

Exposure to Complex Trauma and Suicidality among Trauma-exposed Children

(Assess Dx, Chronic-Clinical Practice-Complex-Depr, Child/Adol, M, Industrialized)

Richmond, Kaylee, BS; Campbell, Claudia, Undergraduate; Wamser-Nanney, Rachel, PhD
University of Missouri St. Louis, St. Louis, Missouri, USA

Although childhood trauma exposure is a recognized risk factor for suicidality, it is unclear what factors may increase this risk among trauma-exposed youth. Exposure to complex trauma, defined as chronic or multiple interpersonal traumas that begin early in life, is thought to increase this risk, yet has not been investigated

empirically. The present study examined whether complex trauma and aspects of the complex trauma definition (i.e., chronic/multiple, interpersonal, age of onset) were related to suicidality among 245 treatment-seeking children aged 3-18 years (M = 10.82, SD = 3.33; 63.9% female; 63.1% Black). Rates of discordance between caregiver's and children's reports of suicidality were also examined. In contrast to expectations, exposure to complex trauma, compared to a trauma that met none of the criteria for a complex trauma event, was unrelated to suicidality. However, aspects of the complex trauma definition, chronicity of the trauma and age of onset, were related to indicators of suicidality as were number of interpersonal traumas experienced and relationship to perpetrator. Interestingly, caregivers were more likely to report suicidality for older children, yet age was unrelated to children's self-reports. Findings indicate the importance of considering characteristics of the trauma when predicting risk for suicide among trauma-exposed children.

Conscious Appraisal Processing of Ambiguous Social Cues Mediates Increased Anger across Combat Deployment

(Bio Med, Affect/Int-Aggress-Mil/Vets-Neuro, Adult, I, Industrialized)

Caruana, Julia, BSc Hons Psychology[1]; Felmingham, Kim, PhD[1]; Forbes, David, PhD[2]
[1]University of Melbourne, Melbourne, Victoria, Australia
[2]Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Carlton, Victoria, Australia

Our study investigated changes in threat-related attentional processing of emotional faces as a potential mechanism underpinning the relation between combat deployment and increased anger reactivity. We assessed a cohort of Australian Army personnel (N = 129) prior to and following active combat deployment. Self-reported anger and event-related potentials (ERPs) in response to angry, happy, and neutral faces (both consciously and preconscious) were recorded. Occipital P120, temporal N170, and midline parietal P300 componentry was assessed. Multilevel repeated measures mediation modelling was used to investigate the influence of electrocortical processing on changes in anger across deployment. Overall, deployment predicted increased anger reactivity ($p<.001$). Across the cohort, deployment predicted increased P120 amplitudes to preconscious angry faces ($p<.01$) and increased P300 amplitudes to conscious neutral faces ($p < .05$). P300 amplitudes to conscious neutral faces partially mediated the relationship between deployment and anger ($p<.05$). Our findings suggest that combat exposure contributes to changes in both early automatic and later cognitive stages of social information processing, and that increased conscious appraisal processing of ambiguous cues may underpin the relation between combat deployment and increased anger reactivity.

Foster Parent and Provider Perspectives on the Mental Health Needs and Treatment Barriers of Unaccompanied Refugee Minors and Undocumented Children

(Clin Res, Clin Res-Comm/Int-Cul Div-Refugee, Child/Adol, I, Industrialized)

Alto, Michelle, PhD Candidate; Petrenko, Christie, PhD
Mt. Hope Family Center, Rochester, New York, USA

The traumatic experiences of unaccompanied refugee minors (URM) and undocumented children (UC) put their mental health at risk. Social service organizations provide referrals for treatment, but report many URM/UC do not pursue their referrals, or drop out of treatment. Therefore, the purpose of this qualitative study was to 1) identify risk and protective factors that contribute to URM/UC mental health, and 2) identify barriers to engaging in treatment. Ten service providers participated in two focus groups, and 5 foster parents participated in individual interviews. Data were analyzed thematically and organized within a socio-ecological framework. Results suggest URM/UC experience universal stressors. Responses to stressors range from resilience to risk for mental health

symptoms. Mental health interacts transactionally with interpersonal relationships along the continuum of resilience and risk. Identified protective factors across ecological levels reduce risk. When fewer protective factors are present, there is increased risk requiring referrals for treatment. Referrals encounter a number of barriers across ecological levels, which further increase risk. Notably, language and culture emerged across multiple themes and ecological levels as central to risk and resilience. Results suggest culturally adapted interpersonal interventions may be relevant approaches to treatment.

Sex to Reduce Negative Affect as a Mechanism Linking Child Abuse and Posttraumatic Stress Disorder Symptoms to Risky Sex

(Assess Dx, CPA-CSA, Adult, I, Industrialized)

Walsh, Kate, PhD[1]; Lowe, Sarah, PhD[2]
[1]*Columbia University, New York, New York, USA*
[2]*Montclair State University, Montclair, New Jersey, USA*

The current study examined whether frequency of engaging in sex to reduce negative affect (SRNA), a factor linked to increased risk for adult sexual victimization (Minon & Orcutt, 2014), helps to explain the pathway between child abuse, posttraumatic stress disorder (PTSD) symptoms, alcohol use, and risky sexual behavior. Participants were 595 college students (M age = 21.3; 71.9% female; 56.4% white; 78.2% heterosexual) who completed an online survey assessing childhood abuse (Childhood Trauma Questionnaire), PTSD (PTSD Checklist for DSM-5), hazardous drinking (AUDIT), and risky sex (30.4% reported sex with someone they just met, 51.4% reported regularly using drugs or alcohol prior to sex, 4.5% reported having sex in exchange for goods/services). Structural equation modeling in Mplus version 8.0 revealed that the proposed path from child abuse to PTSD symptoms to SRNA and alcohol problems to risky sex was a good fit for the data (CFI = .97, SRMR = .03) and explained 36% of the variance in a composite variable reflecting risky sex. Findings provide support for the role of SRNA in the indirect path from PTSD to risky sex among individuals with abuse histories and highlight the importance of addressing adaptive coping and affect regulation strategies to reduce risky sexual behavior.

Sexual Functioning among Active Duty Service Members following Completion of Cognitive Processing Therapy for PTSD

(Clin Res, Complex-Mil/Vets, Adult, M, Industrialized)

Nason, Erica, PhD[1]; Moring, John, PhD[2]; Hale, Willie, PhD[2]; Wachen, Jennifer, PhD[3]; Cigrang, Jeffrey, PhD[4]; Resick, Patricia, PhD, ABPP[5]
[1]*Texas State University, San Marcos, Texas, USA*
[2]*University of Texas Health Science Center, San Antonio, TX, Texas, USA*
[3]*National Center for PTSD / Boston University, Boston, Massachusetts, USA*
[4]*Wright Patterson Air Force Base, Wright-Patterson AFB, Ohio, USA*
[5]*Duke University Medical Center, Durham, North Carolina, USA*

Posttraumatic stress disorder (PTSD) has been shown to adversely affect sexual functioning. Cognitive Processing Therapy (CPT) alleviates symptoms of PTSD by facilitating emotional processing of the event and developing balanced ways of thinking. Research examining the effects of CPT on symptoms of male sexual dysfunction is limited. It is hypothesized that CPT will improve sexual functioning, as measured by the PROMIS Sexual Function Profile. 170 active duty service members received CPT delivered in an individual or group format. A MANOVA was used to examine any changes in total and subscale scores of the PROMIS Sexual Function Profile at baseline and follow-up. Moderation and mediation analyses examined whether guilt, anxiety, depression, or posttraumatic cognitions influenced any observed change. No significant differences were found on the PROMIS, from pre- to

post-treatment. Furthermore, guilt, anxiety, depression, and posttraumatic cognitions did not serve as moderating or mediating variables between PTSD symptoms and sexual functioning for those who completed therapy. The current study demonstrated that sexual functioning did not improve among individuals with PTSD who completed CPT, suggesting that additional treatment targeting sexual function may be beneficial for some patients. Additional research on the relationship between PTSD and sexual functioning is warranted.

Assessment of Trauma-related Needs and Strengths among Vulnerable Young Children and Families in Child Welfare

(Commun, Clin Res-Complex, Lifespan, I, Industrialized)

Morford, Alexandra, MA[1]; Kisiel, Cassandra, PhD[2]
[1]*Northwestern University, Chicago, Illinois, USA*
[2]*Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA*

Research has shown that trauma in childhood has enduring effects on child development and the family environment. Further, caregivers' involvement in interventions can be key in ameliorating the effects of child trauma. Understanding experiences, needs and strengths among children and their caregivers is critical to enhancing trauma-informed practice. This exploratory study provides an overview of trauma experiences and symptoms, needs/ strengths among a large sample of children (ages 0-6; N=17,227) and their caregivers within Illinois child welfare. Data were collected using the Child and Adolescent Needs and Strengths (CANS), a comprehensive, trauma-focused assessment. Preliminary results suggest that the most prevalent traumas young children experience are neglect and family violence. Greatest functional needs for children are family and medical health. Highest risk behaviors include social and sexually reactive behavior, and aggression. Top strengths are stable relationships, family, and coping skills. Caregivers' greatest needs include physical and mental health, and maintaining safety of the child's environment. Finally, a large proportion of children were exposed to caregiver-related complex trauma. Recognizing patterns in trauma exposure and needs/strengths in young children and their caregivers have implications for more strategic interventions and welfare practice.

Prenatal Sleep Quality and Mental Health Symptoms across the Perinatal Period: A Longitudinal Study of High-risk Women

(Clin Res, CPA-CSA-DV-Sleep, Adult, M, Industrialized)

Paulson, Julia, BS; Miller-Graff, Laura, PhD; Hannon, Jessica, Undergraduate
University of Notre Dame, Notre Dame, Indiana, USA

The perinatal period, characterized by major psychological, physiological, and social changes, can exert great stress on mind and body and increase risk for adverse maternal and infant health outcomes. Trauma-exposed women may be at magnified risk for posttraumatic stress (PTSS) and depression symptoms in the perinatal period, but few studies have examined symptomatology across the perinatal period in high-risk samples. Further, the role of sleep in perinatal symptomatology has been largely neglected in the violence literature. Thus, the current study sought to examine the role of prenatal sleep quality in the course of depression and PTSS across pregnancy and postpartum among high-risk women. Multilevel modeling with random intercepts was used to test changes in women's PTSS and depression symptoms over time at the individual level (within-subject) and by sleep quality, childhood adversity, and past-year IPV (between-subjects). Results suggest past-year IPV is associated with elevated prenatal PTSS (ß=0.26, p< .01) and depression symptoms (ß=0.17, p<.001) and sleep difficulties are associated with a worsening trajectory in PTSS across pregnancy and postpartum (ß=0.01, p<.05). Screening for IPV and sleep difficulties may be paramount in reducing the development or exacerbation of mental health symptoms in the perinatal period.

Trauma and Female Genital Mutilation in 12-year-old Girls Living in Gambia

(Global, CPA-Clinical Practice-Cul Div-Gender, Child/Adol, M, W & C Africa)

Bendiksen, Bothild, MD, PhD[1]; Heir, Trond, MD, PhD[1]; Lien, Inger-Lise, PhD[2]; Ziyada, May, PhD Candidate[1]; Minteh, Fabakary, PhD[4]
[1]*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*
[2]*Norwegian Centre for Traumatic Stress Studies, Oslo, Norway*
[4]*University of The Gambia, Brikama, Serekunda, The Gambia*

Objective: Circumcision of girls is a common practice in many African countries. Up to date, research on the psychological impact of this practice in young girls living in their country of origin, is lacking. The aim of this study was to examine if girls exposed to female genital mutilation/ cutting (FGM/C) experience more symptoms of traumatic stress (PTSD) as compared to girls not circumcised.
Method: In this cross-sectional study, enrolment included 251 12-year-old girls, selected from 23 Public Schools in Gambia, of whom 54% were circumcised. Assessment with a semi-structured clinical interview, including The Child PTSD Symptom Scale (CPSS).
Results: Preliminary findings indicate that the circumcised girls had more symptoms of PTSD than girls who were not cut: (M = 11.8, SD = 6.8) vs. (M = 9.3, SD = 7.4; t (206) = 2.52, P = 0.01 (two-tailed). Sixteen persent of the circumcised girls reported FGM/C as the most scary life event still bothering them. Of these, 86% were cut after four years of age.
Conclusion: Young Gambian girls exposed to FGM/C experience more PTSD symptoms than those not cut. Children's age at circumcision and recollection seem to enhance symptomatology.
Key Words: Global Health, Children, Female Genital Mutilation/ cutting, Posttraumatic Stress Disorder

Neurocognitive Indices Guide early Mechanism Based Interventions for Recent Trauma Survivors

(Prevent, Acute-Affect/Int-Assess Dx-Cog/Int, Adult, M, Industrialized)

Fine, Naomi, PhD Candidate[1]; Ben-Zion, Ziv, PhD Student[1]; Liberzon, Israel, MD[2]; Etkin, Amit, MD, PhD[3]; Shalev, Arieh, MD[4]; Hendler, Talma, MD, PhD[1]
[1]*Tel Aviv University and Tel Aviv Sourasky Medical Center, Tel-Aviv, Israel*
[2]*University of Michigan, Ann Arbor, Michigan, USA*
[3]*Stanford University/Palo Alto VA, Palo Alto, California, USA*
[4]*New York University Langone Medical Center, New York, New York, USA*

Objective: First, to uncover neurocognitive functions underlying PTSD symptom trajectories in the first critical year after trauma exposure. Second, to evaluate the effectiveness of a novel early neurocognitive intervention in reducing PTSD symptoms, based on the neurocognitive classification of recent trauma survivors.
Method: We probed cognitive functioning and co-occurring clinical symptoms in 114 trauma-exposed individuals admitted to the Emergency Room, one-, six-, and fourteen-months following trauma ('Sample A'). In an independent sample with identical recruitment and evaluation methodology ('Sample B'), we randomly divided participants to either web-based neurocognitive training (treatment group, n=32) or control task (control group, n=40) for 30 days after trauma, probing their clinical condition before and after treatment, as well as a six-month follow up.
Results: In Sample A, cognitive flexibility one-month after trauma was significantly related to PTSD symptom severity fourteen-months following trauma. In Sample B, improvement in cognitive flexibility within the treatment group was associated with reduced PTSD symptoms at the six-month follow-up point.

Conclusion: Our findings suggest that neuro-cognitive measures predict PTSD symptom trajectories, and may guide personalized mechanism-driven early interventions to improve the clinical aftermath of trauma.

Training Primary Care Providers on Warzone-related PTSD: An Evaluation of an Online Knowledge Dissemination Tool to Promote Evidence-based Practices

(Train/Ed/Dis, Clinical Practice-Pub Health-Train/Ed/Dis-Care, Other, I, Industrialized)

Corry, Nida, PhD[1]; Olsho, Lauren, PhD[2]; Lack, Kelly, BA[2]; Smith, Kamala, MA[3]; Flygare, Chris, MA[2]; Spera, Christopher, PhD[4]
[1]*Abt Associates, Inc., Durham, North Carolina, USA*
[2]*Abt Associates, Inc., Cambridge, Massachusetts, USA*
[3]*Institute for Research, Quality, and Policy in Homeless Health Care, Boston, Massachusetts, USA*
[4]*Abt Associates, Inc., Bethesda, Maryland, USA*

Improved access to Posttraumatic Stress Disorder (PTSD) interventions is needed for veterans and service members. Primary care is an opportune setting for treatment connection, because veterans are more likely to raise behavioral health concerns with primary care physicians (PCPs) than to seek mental health care. This quasi-experimental study developed and tested a continuing medical education (CME) course for PCPs to promote evidence-informed PTSD assessment and treatment. The CME was administered to a nationwide group of 300 PCPs and a matched group of 550 PCPs on WebMD's platform. Participants completed a baseline survey and a follow-up survey at least one month after CME completion. The majority of PCPs reported at baseline that they had little PTSD knowledge and rarely assessed new patients' veteran status. Although the majority of PCPs correctly identified effective PTSD medications at baseline (84%), only a minority correctly identified evidence-based psychotherapies (<5%), indicating a need for increased education. Preliminary results suggest that CME completers reported significantly greater PTSD knowledge and self-efficacy in conducting related clinical activities at follow-up. Final results comparing intervention and comparison groups on changes in PTSD knowledge, self-efficacy, and clinical practices will be presented and implications for dissemination discussed.

Concurrent Session Three

Invited Session
Thursday, November 8
3:00 PM to 4:15 PM
Virginia A

Meet the Editor In Chief of the Journal of Traumatic Stress
(Tech, Tech, N/A, I, N/A)

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

In this informal conversation hour, Patricia Kerig, the Editor in Chief of the Journal of Traumatic Stress, will be available to meet with interested conference attendees. Dr. Kerig will respond to participants' questions regarding the JTS publication process, including how authors might determine whether JTS is the appropriate outlet to which to submit their research, the factors that are involve in decisions about whether to accept submissions, the review process, best practices for responding to reviewers, and strategies for navigating the manuscript preparation stage. Dr. Kerig also would be happy to talk about how participants might become more actively involved with JTS as authors, reviewers, or Editorial Advisory Board members.

NOTE: This session does not carry continuing education credits

Invited Panel
Thursday, November 8
3:00 PM to 4:15 PM
Washington 3

The Mental Health Impact of Family Separation: Research, Practice and Policy
(Social, Fam/Int-Global-Pub Health-Refugee, Lifespan, M, Global)

Nickerson, Angela, PhD[1]; **Alisic, Eva, PhD**[2]; **Newman, Elana, PhD**[3]; **Schnyder, Ulrich, MD**[4]
[1]*University of New South Wales, Sydney, New South Wales, Australia*
[2]*University of Melbourne, Melbourne, Australia, Australia*
[3]*The University of Tulsa, Tulsa, Oklahoma, USA*
[4]*Zurich University, Zurich, Switzerland, Switzerland*

Forced separation from loved ones has been found to have a profound and long-lasting impact on mental health. This panel provides three perspectives on this critical public health issue. Angela Nickerson will discuss the recent ISTSS Statement on the Importance of Keeping Families Together. Nickerson will also present research findings from a survey of 1,091 refugees and asylum seekers living in Australia, outlining the psychological effects of forced family separation, and potential mechanisms underlying these mental health outcomes. Eva Alisic will share insights from research on family separation in the context of domestic homicide. When one parent kills the other parent, children experience multiple types of loss at once. In the subsequent decision-making by child protection workers, questions regarding separation from siblings and contact with the perpetrator frequently come up. Alisic will describe key findings regarding children's circumstances and perspectives on these issues. Elana Newman will discuss roles for trauma experts who want to support trauma-informed immigration legal work and help separated

families. Newman will describe collaborative work she has done with a US University legal immigration training clinic: (1) supporting the education and practice of law students and (2) educating/supervising psychology students to conduct trauma-focused assessments for asylum seekers. She will describe a pilot service-learning course she implemented this year bringing a psychology student to accompany law students to do work at a US family detention center. Ulrich Schnyder will lead discussion on the importance of this issue in the current global context, and how research can guide practice for those supporting individuals separated from their loved ones.

Symposium
Thursday, November 8
3:00 PM to 4:15 PM
Virginia B
Child Trauma Track

Translating Evidence-Based Treatments from Research to Practice for Child Traumatic Stress

(Train/Ed/Dis, Commun, Child/Adol, M, Industrialized)

Lang, Jason, PhD[1]; Berliner, Lucy, MSW[2]
[1]*Child Health and Development Institute, Farmington, Connecticut, USA*
[2]*University of Washington/Harborview Medical Center, Seattle, Washington, USA*

Significant resources are being put towards dissemination of evidence-based treatments (EBTs) across state systems, particularly for vulnerable populations of children exposed to trauma. Despite these efforts, widespread uptake of EBTs remains limited and EBTs still represent a very small minority of behavioral health services provided in community settings (Bruns et al., 2015). Further, significant disparities in access to and utilization of children's mental health services among culturally diverse populations persist (Alegria et al., 2005). This symposium includes four papers that address several emerging research and practice questions about translating EBTs into practice and policy, with a focus on improving efficient dissemination and sustainment of EBTs for underserved populations. Specifically, these presentations include data about (1) the relationships between interprofessional collaboration and EBT service utilization when considering poverty, rurality, and cultural diversity; (2) clinician perspectives about readiness and barriers to implementing a school-based EBT; (3) a comparison between EBTs and usual care and the impact on racial/ethnic disparities in a state children's behavioral health system; and (4) barriers and facilitators to EBT sustainability from a statewide survey of EBT-trained clinicians. Recommendations for research, practice, and policy change to support dissemination of EBTs for vulnerable populations will be made.

Are We Failing our State's Most Vulnerable Children? The South Carolina (SC) Corridor of Shame

(Train/Ed/Dis, Assess Dx-Clinical Practice, Child/Adol, M, N/A)

Hanson, Rochelle, PhD; Saunders, Benjamin, PhD; Peer, Samuel, MS
Medical University of South Carolina, Charleston, South Carolina, USA

Ongoing barriers limit access and availability to trauma-focused EBPs, particularly for traditionally underserved youth, such as those from the Corridor of Shame, a region of rural, impoverished communities in SC. Interprofessional collaboration (IPC) can identify at-risk youth, facilitate referrals, and improve outcomes. The Community-Based Learning Collaborative (CBLC), a training/implementation model designed to promote IPC, disseminate trauma-focused EBPs and reduce service access barriers, may be especially relevant for underserved,

vulnerable populations. Participants (n = 572) from 5 CBLCs across SC completed surveys pre/post CBLC to examine changes in IPC, barriers to trauma services, and service utilization. Repeated measures ANOVAs indicated significant pre/post-CBLC increases in IPC and service utilization, and decreased barriers to services ($F[1, 303]=98.48$, $p < .001$, $\eta p2 = .25$). Mediational analyses indicated that IPC had a significant direct ($c'1 = 1.11$, $p < .001$, 95% CI [0.65, 1.57]) and indirect effect ($a1b1 = 0.14$, 95% CI [0.03, 0.27]) on service utilization. While poverty was associated with greater pre-CBLC barriers and significantly greater reductions in barriers pre to post CBLC, other risk factors (rurality, high percentages of ethnic/racial minorities) were not related to any of the measured variables. We will discuss implications and future directions.

The Effects of Evidence-based Treatments on Disparities among Children in a Statewide System of Care

(Train/Ed/Dis, Commun, Child/Adol, M, Industrialized)

Lang, Jason, PhD[1]; Lee, Phyllis, PhD[2]
[1]*Child Health and Development Institute, Farmington, Connecticut, USA*
[2]*Eastern Connecticut State University, Willimantic, Connecticut, USA*

While examples of successful EBT implementation initiatives are emerging, little is known about the effects of EBTs in state systems of care, particularly in comparison to usual care and for underserved populations. This paper includes four years of data from a statewide children's behavioral health administrative data system collected while several EBTs were being disseminated across the system. Data from more than 48,030 children (55% male, 40% Latino, 36% White, 15% Black) receiving outpatient treatment are described, including characteristics of children served, type of services received (including several EBTs and usual care), pre- and post-treatment measures of problem behavior and functioning (Ohio Scales), and treatment satisfaction. Results indicate overall disparities in outcomes such that Black and Latino youth showed less improvement than White youth. Children receiving EBTs showed significantly more improvement than children not receiving EBTs, and the use of EBTs, particularly TF-CBT and MATCH, reduced or eliminated disparities in outcomes by race/ethnicity ($F=2.53$, $p=.002$). Overall rates of EBT delivery (compared to usual care) were larger than recently published estimates of EBT penetration, but still modest. Recommendations for scaling up EBTs in large systems of care and implications for reducing disparities among underserved populations will be made.

Clinician Readiness, Attitudes, and Perceived Barriers for Implementing a School-based Trauma Intervention

(Train/Ed/Dis, Commun, Child/Adol, M, Industrialized)

Nadeem, Erum, PhD; Rojas, Monica, MS; Miller, Sarah, MS; Hoschander, Avital, MS
Yeshiva University, Bronx, New York, USA

Agency leadership enroll their staff in EBP training programs. However, clinician perceptions about their relevance and capacity to implement may not be considered. The current study examined clinician readiness, attitudes, and workloads related to uptake of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Participants included 60 clinicians from 26 agencies (87% female, 75% social workers). Clinicians indicated that the primary reason to attend the training was the strong fit of the intervention (45%), followed by general interest in CBT (25%). In comparison to web-based training, in-person training increased comfort level with CBT for trauma and each component of CBITS. Despite increased comfort, clinicians reported significant barriers, such as lack of time for groups (60%) and consultation calls (70%). Many felt that they lacked a plan for selecting students (70%), group space (27%), school buy-in (52%), a supportive contact at the school (45%), or implementing colleagues (47%). With respect to training outcomes, less than 50% of clinicians consistently attended consultation calls, and less than 30% implemented. Additional analyses focus on predictors of clinician implementation, engagement, and

attitudes. Results suggest the importance of communication between clinicians and agency leadership, who may be eager to capitalize on EBP training programs

Sustainability of Trauma-focused EBTs in North Carolina

(Train/Ed/Dis, Train/Ed/Dis, Prof, M, Industrialized)

Ake, George, PhD[1]; Pane, Heather, PhD[2]; Blythe, Mellicent, MSW[3]; Glienke, Beverly, MA[4]
[1]*Duke University School of Medicine, Durham, North Carolina, USA*
[2]*Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, North Carolina, USA*
[3]*University of North Carolina at Chapel-Hill, Durham, North Carolina, USA*
[4]*NC Child Treatment Program, Durham, North Carolina, USA*

This presentation will highlight the process and results of a National Child Traumatic Stress Network (NCTSN) measure review and Senior Leader (SL) survey of evidence-based treatment (EBT) sustainability. The sustainability of trauma-focused EBTs has been an area of focus through efforts of the NCTSN with a goal to increase the quality of and access to treatments available to families. These efforts in combination with lessons learned from the implementation science field, including overall low rates of EBT sustainment (Wiltsey Stirman et al., 2012) demonstrate a substantial interest and need to understand the mechanisms of sustaining EBTs in community settings to assist in the spread of other EBTs across the country. Since 2006, the North Carolina Child Treatment Program has focused its work on development of a training and implementation platform to spread trauma-focused treatments across the state. This presentation summarizes the process and results of an NCTSN review of sustainability measures. Standardized measures of the degree to which SL reported sustained EBP use after implementation and the barriers and facilitators to sustainment were sent to approximately 190 SL. Results of these sustainability measures, barriers, and facilitators will be provided and recommendations made for further research and practice change to improve sustainability of EBTs.

Symposium
Thursday, November 8
3:00 PM to 4:15 PM
Washington 2
Biological/Medical Track

Advancing Neural Models of Posttraumatic Stress Disorder

(Bio Med, Affect/Int-Refugee-Mil/Vets-Neuro, Adult, M, Industrialized)

Liddell, Belinda, PhD; Bryant, Richard, PhD
University of New South Wales, Sydney, New South Wales, Australia

Research that sheds light on the neural mechanisms underpinning traumatic stress responses and psychopathology is critical to determining new treatment targets, particularly in vulnerable populations. This symposium will present four clinical research papers, each employing novel functional magnetic resonance imaging (fMRI) and cognitive neuroscience empirical methods to investigate the neural processes altered by trauma, PTSD and various interventions. The first paper presents new insights into the functioning of the cerebellum during resting state in PTSD. The second study examines the neural effects of attachment priming on the processing of negative visual cues in a cohort of trauma-exposed refugees, and whether these disrupted neural activation patterns are modulated by PTSD symptoms, attachment style and ongoing separation. The third paper will present new findings related to a self-efficacy induction in combat-related PTSD, examining the impact on emotion

regulation brain systems. The fourth study examines neural predictors of treatment response in military-veterans with PTSD, assigned to receive either prolonged exposure therapy (PE), sertraline medication (SERT), or the combination (PE+SERT), with a focus on emotion neural systems associated with symptom change across and within the treatment groups. These four studies highlight the potential of neuroimaging studies to contribute towards developing new treatment approaches, and advancing the neuroscience of PTSD.

The Cerebellum after Trauma: Resting-state Functional Connectivity of the Cerebellum in Posttraumatic Stress Disorder and its Dissociative Subtype

(Bio Med, Bio Med, Adult, M, Global)

Lanius, Ruth, MD, PhD[1]; Rabellino, Daniela, PhD[1]; Densmore, Maria, BSc[2]; Theberge, Jean, PhD[3]; McKinnon, Margaret, PhD[4]
[1]*University of Western Ontario, London, Ontario, Canada*
[2]*University of Western Ontario, Depts of Psychiatry and Psychology, London, Ontario, Canada*
[3]*Lawson Health Research Institute, London, Ontario, Canada*
[4]*McMaster University, Hamilton, Ontario, Canada*

Background: The cerebellum plays a critical role not only in motor function but also in affect regulation and cognition. Although several psychopathological disorders have been associated with overall cerebellar dysfunction, it remains unclear whether different regions of the cerebellum contribute uniquely to psychopathology. Methods: We compared seed-based resting-state functional connectivity of the anterior cerebellum (lobuleIV-V), of the posterior cerebellum (Crus I), and of the anterior vermis across posttraumatic stress disorder (PTSD; n = 65), its dissociative subtype (PTSD+DS; n = 37), and non-trauma-exposed healthy controls (HC; n = 47). Results: We observed decreased functional connectivity of the anterior cerebellum and anterior vermis with brain regions involved in multisensory integration and bodily self-consciousness in PTSD+DS as compared to PTSD and HC. Moreover, the PTSD+DS group showed increased functional connectivity of the posterior cerebellum with cortical areas related to emotion regulation as compared to PTSD. Conclusions: These findings underline not only the critical role of each cerebellar region examined in the psychopathology of PTSD but also demonstrate unique alterations in functional connectivity distinguishing the dissociative subtype of PTSD from PTSD.

Priming Attachment Modulates Neural Responses to Aversive Cues in Traumatized Refugees

(Bio Med, Chronic-Cog/Int-Refugee-Neuro, Adult, M, Global)

Liddell, Belinda, PhD[1]; Den, Miriam, PhD, MRCPsych[1]; Malhi, Gin, PhD[2]; Felmingham, Kim, PhD[3]; Outhred, Tim, PhD[2]; Das, Pritha, PhD[4]; Nickerson, Angela, PhD[1]; Askovic, Mirjana, BSc Hons Psychology[5]; Coello, Mariano, BBSc, MPsych[5]; Aroche, Jorge, BBSc, MPsych[5]; Bryant, Richard, PhD[1]
[1]*University of New South Wales, Sydney, New South Wales, Australia*
[2]*University of Sydney, St Leonards, New South Wales, Australia*
[3]*University of Melbourne, Melbourne, Victoria, Australia*
[4]*University of Sydney, Sydney, New South Wales, Australia*
[5]*South Western Sydney Area Health Service, Sydney, New South Wales, Australia*

Any neural model of PTSD in refugees will need to account for the defining feature of being a refugee – separation from homeland, which includes severed connections with primary social attachments and fragmented social networks. How attachments can be restored to assist in promoting post-trauma recovery in refugees is unknown. In this study, 51 refugees with and without PTSD viewed a series of negative and neutral cues, which were primed by briefly presented attachment (vs non-attachment images) while undergoing functional magnetic resonance imaging (fMRI) scanning. In healthy refugees without psychopathology, attachment priming was associated with

greater responsivity in dorsomedial prefrontal networks, suggesting enhanced neural engagement in emotion regulation processes. However, in refugees with PTSD, insecure attachment style or who were experiencing ongoing separation from primary social attachments, attachment priming failed to assist in regulating amygdala, insula and brainstem reactivity to negative cues. These findings suggest that treatment approaches need to be adapted to account for ongoing separation and attachment sensitivities in refugees, and that attachment activations may assist some refugees to manage strong emotional reactions more efficiently.

Neural Circuitry Changes Associated with Enhancing Self-efficacy in Combat Veterans with PTSD

(Bio Med, Bio/Int-Mil/Vets-Neuro, Adult, M, Industrialized)

Brown, Adam, PhD[1]; Titcombe, Roseann, MD, PhD[1]; Chen, Jingyun, PhD[1]; Rahman, Nadia, BA[2]; Kouri, Nicole, BA[1]; Qian, Meng, PhD[1]; Bryant, Richard, PhD[3]; Marmar, Charles, MD[1]
[1]New York University School of Medicine, New York, New York, USA
[2]NYU School of Medicine/Bellevue Hospital, New York , New York, USA
[3]University of New South Wales, Sydney, New South Wales, Australia

PTSD is associated with maladaptive changes in self-identity such as low perceived self-efficacy. Low levels of self-efficacy are linked to PTSD onset and poor treatment outcome. The study aimed to determine whether increasing perceptions of self-efficacy in PTSD would be associated with changes in neural processing. Combat veterans (N=34) with PTSD were randomized to either a high self-efficacy (HSE) induction, in which they were asked to recall memories associated with successful coping, or a control condition before undergoing resting state fMRI scanning. Two global network measures in four neural circuits were examined. Participants in the HSE condition showed greater right-lateralized path length and decreased right-lateralized connectivity in the emotional regulation and executive function circuit. In addition, area under receiver operating characteristics curve (AUC) analyses found that average connectivity (.71) and path length (.70) moderately predicted HSE group membership. These findings provide further support for the importance of enhancing perceived control in PTSD, and doing so may engage neural targets that could guide the development of novel interventions.

Activation in Pre-treatment Emotion Modulation Circuitry is Associated with Treatment Response in PTSD

(Clin Res, Mil/Vets-Neuro, Adult, M, Industrialized)

Duval, Elizabeth, PhD, LP[1]; Sheynin, Jony, PhD[1]; King, Anthony, PhD[2]; Phan, Luan, MD[3]; Simon, Naomi, MD[4]; Martis, Brian, MD[2]; Porter, Katherine, PhD[2]; Norman, Sonya, PhD[5]; Stein, Murray, MD, MPH, FRCPC[6]; Rauch, Sheila, PhD, ABPP[7]; Liberzon, Israel, MD[8]
[1]The University of Michigan Health System, Ann Arbor, Michigan, USA
[2]VA Ann Arbor Healthcare System/ University of Michigan, Ann Arbor, Michigan, USA
[3]University of Illinois Chicago, Chicago, Illinois, USA
[4]Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA
[5]National Center for PTSD, San Diego, California, USA
[6]University of California, San Diego, La Jolla, California, USA
[7]Emory University School of Medicine/Atlanta Veteran's Administration, Atlanta, Georgia, USA
[8]University of Michigan, Ann Arbor, Michigan, USA

Posttraumatic stress disorder (PTSD) has been associated with increased threat processing and decreased emotion modulation. We examined neural mechanisms underlying emotion processing and modulation, associated with treatment outcome in PTSD. Thirty six military veterans with PTSD were assigned to evidence-based treatment groups: Prolonged Exposure (N = 7), Sertraline (N = 14), and combined treatment (N = 15). Symptom assessment

and MRI scanning occurred before and after treatment. The Shifted Attention Emotion Appraisal Task probed brain activation during implicit emotional processing, attention modulation of emotion, and emotion modulation by appraisal. Activation in the insula/IFG decreased from pre- to post-treatment during implicit emotional processing ($t(35) = 2.08$, $p = .045$) and modulation by appraisal ($t(35) = 2.94$, $p = .006$). During appraisal, brain activation at pre-treatment predicted change in PTSD symptoms across treatments ($R2 = .28$, $F(7, 42) = 2.33$, $p = .04$). Greater activation in insula/IFG ($\beta = 2.03$, $p = .049$) and vmPFC ($\beta = 2.33$, $p = .025$) before treatment was associated with symptom improvement over the course of treatment. These relationships remain after controlling for pre-treatment symptoms. These findings suggest that activation in emotion processing and modulation regions may predict treatment outcome in PTSD across psychotherapy and pharmacotherapy.

Symposium
Thursday, November 8
3:00 PM to 4:15 PM
Washington 4
Military/Veteran Track

PTSD and Parenting in Veterans and Service Members, from Epidemiology to Treatment

(Practice, Clin Res-Fam/Int, Adult, I, Industrialized)

Chard, Kathleen, PhD[1]; Monson, Candice, PhD, Cpsych[2]
[1]*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*
[2]*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*

Over the past decade, research on the influence of PTSD on family functioning has burgeoned with U.S. military and veteran samples, with new evidence demonstrating that family support is important to PTSD treatment outcomes. Yet PTSD symptoms also appear to have an adverse impact on family functioning. New studies have sought to extend this work to understand how PTSD may influence and be influenced by the parent-child relationship. Attention to the needs of this vulnerable group of parent-child dyads is growing. This symposium brings together new findings answering some of the most important questions in this area: does parenting status increase risk for PTSD symptoms after trauma exposure, can evidence-based parenting intervention be combined with PTSD treatment to improve outcomes, and what are the barriers to addressing parenting within VA settings? Dr. Blankenship and colleagues will present findings from a longitudinal study of 2,426 service members exploring whether parenting status predicts PTSD symptoms after deployment and various mediators of this relationship. Next, Dr. Chard will present findings from a study examining whether Cognitive Behavioral Couples Therapy (CBCT) for PTSD compared to CBCT + parent management training results in improved couples satisfaction and child behaviors. Finally, Dr. Creech will present findings from a qualitative study of VA providers which sought to examine provider practices and beliefs regarding the provision of parent training at VA. Dr. Candice Monson will serve as the discussant, using her considerable expertise in the area of relationship functioning and PTSD to integrate findings and drive discussion.

Do Couple-based Treatments for PTSD Improve the Lives of Children

(Practice, Clinical Practice-Fam/Int, Lifespan, I, N/A)

Chard, Kathleen, PhD[1]; Gilman, Richard, PhD[2]

[1]*Cincinnati VA Medical Center, Cincinnati, Ohio, USA*
[2]*University of Cincinnati, Cincinnati, Ohio, USA*

The impact of combat-related PTSD on the veteran and his/her family is considerable. Although there is a national priority to involve the entire family system in the care of veterans, no studies to date have explored how targeting all aspects of a family system may improve the quality of family functioning (in addition to the expected alleviation of PTSD symptoms for the individual veteran). In this study 34 veterans diagnosed with PTSD from the OEF/OIF campaigns and their partner were randomly assigned to one of two treatment groups: (1) cognitive-behavioral conjoint therapy that contains an embedded parent management training (PMT) module (CBCT-PMT), or (2) CBCT without the parent management training module (CBCT only). Results found that effect sizes were higher for CBCT-PMT than CBCT (only), in terms of PTSD symptom reduction, which were correlated with positive changes in both the partner relationship and positive changes in parent-child relationships (including reduced child problem behaviors). The magnitude of these between-group effect size differences were realized at 3-month post-treatment, further demonstrating the stability of benefits to veterans in the CBCT-PMT group, as well as their family members.

Parental Status and PTSD among Active Duty Military Personnel

(Clin Res, Anx-Depr-Fam/Int-Mil/Vets, Adult, I, N/A)

Blankenship, Abby, PhD[1]; Dondanville, Katherine, PsyD[1]; DeVoe, Ellen, PhD, MSW[2]; Hale, Willie, PhD[1]; Straud, Casey, PsyD[1]; Jacoby, Vanessa, PhD[3]; Peterson, Alan, PhD[1]; Williamson, Douglas, PhD[4]
[1]*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*
[2]*Boston University School of Social Work, Boston, Massachusetts, USA*
[3]*University of Texas Health Science Center at San Antonio, Ft Hood, Texas, USA*
[4]*Duke University School of Medicine, Durham, North Carolina, USA*

Nearly half of today's service members are parents. Since 9-11, military families have experienced more deployments than previous generations. Research suggests that parental status may increase risk for PTSD. We examined associations between parental status and PTSD in a longitudinal epidemiological study of service members (N=2426) who deployed to OIF or OEF. A multicategorical mediation model was implemented to explore the relative effects of parenting status on PTSD and to determine whether anxiety and depression mediated this relationship. Parental status was coded as: non-parents (NP), custodial parents (CP), and non-custodial parents (NCP). We compared relative total and indirect effects for CP&NCP vs. NP and for CP vs. NCP. Results indicated that the total effect was significant for the CP&NCP vs NP comparison, with CP&NCP exhibiting higher PTSD severity; this relationship was significantly mediated by anxiety and depression, each mediating about a third of the total effect. The total effect was also significant for the CP vs NCP comparison, with NCP exhibiting higher PTSD severity; however, this relationship was not mediated by depression or anxiety. Suggestions for research examining parenting status in relation to service member behavioral health distress will be discussed. Implications for engaging/treating service member parents are considered.

Addressing the Parenting Needs of Veterans: VA Provider Practices and Perspectives

(Clin Res, Fam/Int, Adult, I, Industrialized)

Creech, Suzannah, PhD[1]; **Brown, Elaine, MA**[1]; Fenstermacher, Shelley, PhD[2]; Glynn, Shirley, PhD[3]; McCutcheon, Susan, EdD[4]
[1]*VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA*
[2]*VA Greater Los Angeles Healthcare System/VISN 22 MIRECC, Los Angeles, California, USA*
[3]*VA Office of Mental Health Services and VA Greater Los Angeles Healthcare System, Los Angeles, California, USA*
[4]*Veterans Health Administration, Washington, District of Columbia, USA*

Calls to increase programming in the area of parent-child functioning for veterans with PTSD have been growing. This study examined VA provider practices and beliefs regarding the provision of parent training interventions. Although parent training is not currently widespread across VA, many clinicians and facilities have been engaged in this work. An understanding of the experiences of these providers is critical to the success of future intervention development and implementation. Qualitative interviews were conducted with 16 providers across the U.S. who have been involved in parent training efforts within VA. Interviews revealed three themes: 1) Potential benefits and content of parent training interventions. 2) Challenges in veteran engagement. 3) Considerations for implementation. The benefits and content theme encompassed provider responses regarding the need for parent training at VA in addition to specific content domains that should be covered. The challenges theme encompassed comments regarding challenges to recruitment including identifying target populations for parenting groups. Considerations for implementation included barriers, leadership support, justice involvement, and children's mental health problems. Results highlight many consistent intervention content areas as well implementation barriers that must be considered in further program development.

Panel Presentation
Thursday, November 8
3:00 PM to 4:15 PM
Virginia C

How to Practice Best When Best Practices Don't Fit: Addressing the Needs of Individuals with PTSD who do not Benefit from or Engage in an Evidence Based Intervention

(Practice, Affect/Int-Clin Res-Clinical Practice-Cog/Int, Adult, M, N/A)

Carlin, Elisabeth, PhD[1]; **Didion, Lea, PsyD**[1]; **Sacks, Stephanie, PhD**[2]; **Miller, Moshe, PsyD**[1]
[1]*Department of Veterans Affairs Medical Center, Washington DC, District of Columbia, USA*
[2]*Private Practice, Boca Raton, Florida, USA*

While there is robust literature supporting the effectiveness of evidence-based psychotherapies (EBPs) for the treatment of posttraumatic stress disorder (PTSD; Cusak et al., 2016), there is an emerging area of debate regarding how to treat the significant minority of individuals who either decline engagement in EBPs for PTSD, who discontinue treatment, or who do not gain clinically significant benefit from these EBPs (Najavits, 2015). These scenarios and the related gap in the literature leaves "on the ground" clinicians with the challenge of how to address the needs of these underserved individuals while ensuring that EBPs continue to be considered and provided as indicated. This panel will provide a nuanced discussion of how providers with varied years of practice in Veterans Affairs PTSD clinical teams and Private Practice settings navigate these challenges from various vantage points, including: EBP training initiative, EBP dissemination, PTSD clinic coordination, and provider clinical decision-making. Panelists will also discuss the delivery of EBPs with individuals with clinically complex symptomatology and/or comorbidities and consideration of other evidence informed practices when an EBP for PTSD is not initiated.

Panel Presentation
Thursday, November 8
3:00 PM to 4:15 PM
Roosevelt 5
Public Health Track

Rationale, Barriers, and Benefits of Embedding Trauma-focused Caregiver Training in Public Child Welfare Systems: Exploration and Discussion from Multiple Perspectives

(Social, Fam/Int-Social-Train/Ed/Dis, Other, M, Industrialized)

Blaustein, Margaret, PhD[1]; **Kinniburgh, Kristine, LICSW**[2]; **Rushovich, Berenice, MSW**[3]; **Trower, Dana, MSW**[4]
[1]*Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA*
[2]*Justice Resource Institute, Brookline, Massachusetts, USA*
[3]*Child Trends, Inc., Bethesda, Maryland, USA*
[4]*Fairfax County Dept of Family Services, Fairfax, Virginia, USA*

Foster parents play a pivotal role in addressing the needs, safety, and permanence of youth in the child welfare system. An estimated 436,465 youth were in foster care in FY16 in the U.S., with nearly 200,000 of those placed in non-relative homes (AFCARS 2016). Placement stability, linked both to foster home retention and child placement continuity, has key implications for outcomes. Lack of resources, inadequate training, and unmet behavioral health needs are all cited as primary reasons for disruption, whereas provision of support in the form of case manager contact and ongoing training have clear potential to reduce it (Hartnett et al, 2004). In this panel discussion, goals, barriers, strategies and benefits of trauma-focused training for resource caregivers in child welfare systems will be discussed building off of the participants' experience in embedding such training in a large urban system (Fairfax, VA). Participating will be a child welfare administrator, a curriculum developer, an independent evaluator from the index project and a foster parent. Each participant will provide a brief overview of the goals, process, and challenges of implementation from their unique perspective. Panelists will then discuss implications for child welfare policy and practice, through group discussion and through response to a series of questions from the facilitator and the audience.

Workshop Presentation
Thursday, November 8
3:00 PM to 4:15 PM
Washington 1
Immigrant/Refugee Track

"Will I be deported now?": Navigating Destabilizing Immigration Policies and the many Roles of Clinicians

(Practice, Comm/Int-Cul Div-Refugee-Torture, Adult, M, Industrialized)

Iwata, Casie, MA, MSW; **Hudak, Leora, MSW**
Center for Victims of Torture, St. Paul, Minnesota, USA

We are living in a time of uncertainty for refugees and immigrants in the United States. 2017 brought the refugee ban, changes to DACA programming, and uncertainty for immigrants building a home in the United States.

Refugee, immigrant, and asylum-seeking clients voice complex and destabilizing worries about the current US immigration system. As we sit with clients, we find ourselves in the roles of educator, policy interpreter, coordinator of legal services, advocate, supportive presence, and counselor in the span of a session. This presentation will bring providers up to speed on recent changes to immigration policy. It will present data from clients at the Center for Victims of Torture to illustrate the changes in asylum grants since 2012. It will also show data that suggests the power of legal status in predicting post-trauma symptoms of depression, anxiety and PTSD. It will utilize case vignettes to explore the role of the provider in navigating immigration issues in the clinical space and will provide concrete recommendations for incorporating advocacy in clinical work. Finally, the presentation will acknowledge the vulnerabilities that providers face when encountering oppressive structures and systems, and discuss self-care strategies for "endeavoring with" clients during uncertain political times.

Workshop Presentation
Thursday, November 8
3:00 PM to 4:15 PM
Washington 5
Gender/Orientation Track

Emotion Focused Therapy Intervention and Prolonged Exposure Therapy or Cognitive Processing Therapy for Veterans with PTSD and Complex Childhood Trauma

(Practice, Clinical Practice-Complex-Rape-Gender, Adult, M, Industrialized)

Powch, Irene, PhD
PTSD Clinical Team, VA Healthcare Center, Portland, Oregon, USA

Although Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE) are highly effective evidence based therapies for PTSD, the most vulnerable veterans with deeply entrenched self-critical processes and dissociative coping related to complex childhood trauma can fail to fully engage or benefit from these therapies. Emotion Focused Therapy (EFT) is an evidence based therapy for sequelae of complex developmental trauma. Case studies of two female veterans will be used to illustrate the utility of an EFT intervention before or after an EBT for PTSD. In the first case, PTSD is resolved with PE, but global self-blame with debilitating perfectionism remain. The case illustrates how a self-critical process is identified and resolved with EFT two-chair interventions over 2 additional sessions. In the second case a veteran previously treated with DBT and CPT, laments that she knows how she is "supposed" to think, but deeply feels that she is worthless and deserving of abuse. This case illustrates how EFT intervention can be used to access healthy anger to stand up to a self-critical internalized parent and transform that internalized relationship. EFT interventions will be discussed in the context of theory and research behind EFT, PE, and CPT; two chair interventions will be demonstrated; and participants will have an opportunity to practice two chair interventions.

Workshop Presentation
Thursday, November 8
3:00 PM to 4:15 PM
Roosevelt 4
Assessment and Diagnosis Track

Everything You Always Wanted to Know about Psychometrics, but were Afraid to Ask

(Assess Dx, Assess Dx-Clin Res-Clinical Practice-Res Meth, N/A, I, N/A)

Carlson, Eve, PhD
National Center for PTSD, VA Palo Alto Health Care System/Stanford University School of Medicine, Menlo Park, California, USA

Accurate measures are crucial to conducting research and clinical work, but psychometrics can be confusing and easily forgotten, and some professionals get little psychometrics training. Also, some psychometrics standards have changed over the years. This introductory level workshop will review the most critical elements for evaluating clinical and research measures and answer questions such as: Why should you doubt a claim that a measure has been "validated"? How much evidence of validity is "enough"? What the heck is Cronbach's alpha, what does it tell you about the validity of a measure, and what does it mean if it is "too high"? What kinds of measures need evidence of sensitivity and specificity, why are those two indicators like a seesaw, and how do you evaluate the balance between the two? What's wrong with the typical Likert scale response options you see on so many measures? What kind of response options do both the DSM-5 cross cutting measures and the NIH PROMIS measures use? When is a factor analysis more compelling than a confirmatory factor analysis? And what can item response theory analyses tell you that factor analysis can't? The workshop will use examples from the traumatic stress literature to address these questions with the goal of increasing attendees' confidence in selecting measures for research and clinical work.

Concurrent Session Four

Invited Session
Thursday, November 8
4:30 PM to 5:45 PM
Washington 5

A Global Perspective on the Trauma of Hate-Based Violence
(Social, Rights-Terror, Lifespan, I, Global)

Ghafoori, Bita, PhD[1]; Caspi, Yael, ScD[2]; **Salgado, Carolina, MD**[3]; **Allwood, Maureen, PhD**[4]; Nadal, Kevin, PhD[5]; Kreither, Johanna, PhD[6]; Tejada, Jose Luis, MD[7]; Hunt, Tanya, Undergraduate[8]; Waelde, Lynn, PhD[9]; Slobodin, Ortal, PhD[10]; Failey, Mieko, Esq, JD[11]; Gilberg, Porter, MS[11]; Larrondo, Paulina, MS[7]; Ramos Alvarado, Nadia, Magister En Psicología[6]; von Haumeder, Anna-Diana, MA Student[1]
[1]*California State University, Long Beach, Long Beach, California, USA*
[2]*Rambam Medical Health Care Campus, Haifa, Israel*
[3]*Hospital Talca, Talca, Chile*
[4]*John Jay College, CUNY, New York, New York, USA*
[5]*Teachers College, Columbia University, New York, New York, USA*
[6]*Universidad de Talca, Talca, Chile*
[7]*Cintras/ACET, Santiago, Chile*
[8]*Palo Alto University, San Francisco, California, USA*
[9]*Palo Alto University, Palo Alto, California, USA*
[10]*Ben Gurion University of the Negev, Beersheba, Israel*
[11]*LGBTQ Center Long Beach, Long Beach, California, USA*

Manifestations of prejudice and hate occur all over the world. Hate-based violence is a specific type of trauma and is defined as violence against a person that is motivated by bias and prejudice against the person's perceived group membership (Federal Bureau of Investigation, 2013; Green, McFalls, & Smith, 2001; Victorian Equal Opportunity and Human Rights Commission, 2010). Group membership might be classified by race, ethnicity, gender, gender identity, sexual orientation, religion, national origin, disability, or other personal characteristics. The trauma of hate-based violence is rarely reported as many countries have no infrastructure or legal framework to collect and report these incidents (Perry, 2014). In fact, the report of the European Commission Against Racism and Intolerance (ECRI, 2016) stressed that the actual scope of hate-based speech, incidents, and crimes has not been comprehensively assessed due to a lack of systematic information and data collection. Existing research suggests hate-based violence is associated with negative consequences for the survivor, the survivor's community, and society at large. However, direct and systematic research on the subject is still very limited and has mostly been carried out in developed countries (Dzelme, 2008). There is an urgent need to understand and respond to the health needs of victims of hate-based violence.
The aim of this briefing paper is to review existing research on the trauma of hate-based violence and the mental health needs of survivors of this type of violence. It is important to note that the majority of research on the trauma of hate-based violence has been conducted in high-income and Western countries. This briefing paper reviews levels of hate-based violence, prevalence, barriers to reporting hate-based violence, psychological and social effects, typology of perpetrators, and mental health interventions for survivors. Recommendations are made for research, clinical practice, and policy.

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Symposium
Thursday, November 8
4:30 PM to 5:45 PM
Virginia A
Biological/Medical Track

From Basic Science to Psychotherapy: Sleep's Role in Extinction Learning and Trauma Memory Modification

(Prevent, Clin Res-Prevent-Sleep, Adult, M, Global)

Kleim, Birgit, PhD[1]; Neylan, Thomas, MD[2]
[1]*University of Zurich, Zürich, Switzerland*
[2]*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

Sleep problems are a core feature of posttraumatic stress disorder (PTSD) and one of the most difficult symptoms to manage and modulate in treatment. Sleep disturbance is not only a negative outcome from PTSD, but may also contribute to its onset and to subsequent comorbidity. The role of sleep in processing trauma and subsequent emotional memories of a traumatic experience is thus a frontier topic in understanding adaptive and pathological adaptation to trauma and for advancing treatment. In this symposium, we will present recent data on (i) an animal model study on sex difference in REM sleep and fear conditioning (Kobayashi), (ii) sex differences in sleep after trauma (Felmingham), (iii) REM and NREM sleep in relation to fear conditioning, extinction, and extinction memory (Germain), (iv) the effect of REM sleep in naps after experimental trauma and the effect on intrusive reexperiencing (Kleim). Together, these presentations assign a key role for sleep in the development emotional memories, including sex differences in these processes, as well as in the development of PTSD. The results have implications for understanding pathways to PTSD, as well as for prevention and intervention science.

Sex Differences in Roles of REM Sleep in Fear Memory Consolidation: A Mouse Model of Post-trauma Sleep

(Bio Med, Sleep, N/A, M, N/A)

Kobayashi, Ihori, PhD[1]; Hatcher, Mark, BS[1]; Boadi, Linda, MD[1]; Wilson, Camille, Undergraduate[2]; Polston, Eva, PhD[1]
[1]*Howard University College of Medicine, Washington, District of Columbia, USA*
[2]*Howard University, Washington, District of Columbia, USA*

Women are at greater risk than men for developing posttraumatic stress disorder (PTSD) after trauma exposure. Rapid-eye-movement (REM) sleep has been implicated in processing of emotional memories, and REM sleep fragmentation within a month of trauma has been associated with PTSD development in humans. However, recording sleep immediately after trauma has been challenging in humans, and animal models of sleep in PTSD have been tested only with males. To examine sex differences in roles of sleep in fear memory consolidation, we recorded electroencephalographic sleep in 7 male and 15 female C57BL/6 mice before and after fear conditioning. Mice received 15 footshocks after a 10-minute acclimatization period in a footshock chamber. Mice were returned to the chamber 9-13 days later for 10 minutes without footshocks. Percentage of freezing (freezing%) increased from the acclimatization to the context reexposure session in females (z=-3.30, p=.001), but not in males (z=-1.83, p=.07). In females, increased percentages of post-footshock REM sleep (REM%) in both active and inactive periods were associated with decreased freezing% (ρ=-.75 to -.60, p<.02). In males, REM% were not significantly correlated with freezing% (ρ=-.30 to .60, p>.29). Results suggest that REM sleep might hinder fear memory consolidation in females and that enhanced REM sleep may protect women against PTSD.

Sex Specificity in Sleep, Emotional Memory and PTSD

(Bio Med, Cog/Int-Bio/Int-Sleep-Gender, Adult, M, Industrialized)

Felmingham, Kim, PhD[1]; Schuez, Benjaimin, PhD[2]; O'Donnell, Meaghan, PhD[3]; Forbes, David, PhD[3]; Nickerson, Angela, PhD[4]; Creamer, Mark, PhD[1]; Silove, Derrick, MD, PhD[4]; McFarlane, Alexander, MD[5]; Van Hooff, Miranda, BA (Hons), PhD[5]; Bryant, Richard, PhD[4]
[1]*University of Melbourne, Melbourne, Victoria, Australia*
[2]*University of Bremen, Bremen, Germany*
[3]*Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Melbourne, Victoria, Australia*
[4]*University of New South Wales, Sydney, New South Wales, Australia*
[5]*The University of Adelaide, Adelaide, South Australia, Australia*

This research examines sex specificity in sleep disturbances, emotional memory consolidation and in the risk of developing PTSD following trauma. The current study presents a) longitudinal data identifying key predictors of PTSD developing following trauma, and b) experimental data examining the impact of sex and sleep quality on emotional memory processes. A longitudinal sample of 852 traumatic injury survivors were assessed at three and twelve months post-trauma with the Clinician Administered PTSD Scale. Multigroup structural equation modelling revealed that acute re-experiencing symptoms were stronger predictors of PTSD symptoms at 12 months post-trauma in women compared to men. Of the specific re-experiencing symptoms, post-trauma nightmares had a four-fold predictive strength of subsequent PTSD in women compared to men. In a second experimental study, 150 participants (50 with PTSD) completed an experimental memory task in which they viewed negative, neutral and positive IAPS images, sleep quality was examined using the Pittsburgh Sleep Quality Index and intrusive memories were recorded. Sex was found to moderate the relationships between sleep quality and negative intrusive memories. These findings highlight the need to consider sex specific processes in key mechanisms underlying PTSD such as sleep and emotional memory consolidation.

The Role of REM Sleep in Trauma Memory Pathophysiology

(Clin Res, Acute-Bio/Int-Prevent-Sleep, Adult, M, Industrialized)

Kleim, Birgit, PhD
University of Zurich, Zürich, Switzerland

Re-experiencing of emotional memories in form of intrusive memories is a hallmark PTSD symptom and thought to be related to dysfunctional encoding and subsequent lack of integration into existing autobiographical memory networks. Sleep is a key player in the integration of new memories. It may also, over the course of multiple nights, reactivate and consolidate memories and reduce distress. We previously demonstrated that sleep in the night after experimental trauma compared to wake led to fewer and less distressing intrusive emotional memories. The present study aimed to replicate these findings in a nap study in healthy females (N= 60) exposed to experimental trauma. We hypothesized that (i) a 90-minute nap is sufficient to produce a similar protective effect of sleep on intrusive memories and (ii) REM sleep is associated with reduction in intrusive memory distress. Results showed no difference between nap and wake groups in intrusions frequency and level of distress. However, presence of REM sleep during the nap determined frequency and distress of intrusive memories. Those with periods of REM sleep experienced fewer and less distressing intrusive trauma memories than those who did stay awake and those without REM sleep. Our findings indicate that a nap including REM sleep can play a protective role in intrusion formation and have implications for prevention science.

Do Theta Power and other Baseline REM Sleep Parameters predict Fear Conditioning, Extinction, and Extinction Recall in Healthy Adults?

(Bio Med, Sleep, Adult, M, N/A)

Germain, Anne, PhD
University of Pittsburgh, Pittsburgh, Pennsylvania, USA

Acute and chronic changes in REM sleep theta activity and REM density following trauma exposure have been associated with vulnerability to stress-related psychiatric disorders. We investigated which pre-exposure, baseline REM sleep characteristics may predict or moderate the effect of sleep loss on fear conditioning, extinction learning, and extinction recall in healthy adults. Healthy adults (n = 172; mean age 23.9 + 3.4 years; 95 women) completed a baseline overnight polysomnographic (PSG) study. On the following night, participants were randomized to a normal sleep (NS) condition, sleep restriction (SR), or sleep deprivation (SD). Fear Conditioning and Extinction Learning occurred in the morning following Night 2. Extinction Recall was tested ~9 hours later. Theta activity and other REM sleep parameters were obtained on Night 1. Skin conductance response (SCR) indexed fear responses. Frontal theta activity during REM sleep did not independently or synergistically predict the effects of Group on Conditioning, Extinction, or Extinction Recall. REM density independently and positively predicted SCR Conditioning, regardless of sleep group (standardized beta coefficient = .20, t=2.57, p = 0.01). Only REM density was independently associated with enhanced discriminative learning during Conditioning. REM sleep changes following stress exposure may have better predictive power.

Symposium
Thursday, November 8
4:30 PM to 5:45 PM
Virginia B
Child Trauma Track

Trauma Training for Foster Parents: Evaluation of Three Models Implemented in the Child Welfare System

(Clin Res, CPA-Clin Res-Complex-Train/Ed/Dis, Child/Adol, I, N/A)

Dym Bartlett, Jessica, PhD
Child Trends, Acton, Massachusetts, USA

Children involved with child welfare display a range of emotions and behaviors in response to the trauma they have experienced (Dovran et al., 2012). Foster parents are an often-ignored resource with considerable potential to help mitigate the negative effects of childhood trauma through trauma-informed care (TIC). Unfortunately, typical training efforts are inadequate to prepare them for the challenges of caring for children exposed to trauma. While most states require foster parents to participate in pre-service training and continuing education, the content varies widely (Grimm, 2003). This symposium brings together trauma experts from four institutions to discuss studies of three trauma training models for foster parents that show potential to improve the quality of caregiving by foster parents and, in turn, children's safety, stability, and well-being.
The chair will offer an overview of current knowledge on trauma training for foster parents, situating findings in the broader literature on TIC, highlighting core components of effective trauma training, and identify gaps in current research, policy, and practice.
The first presentation will examine the implementation of Trauma Systems Therapy-Foster Care (TST-FC) in two

public child welfare settings. The evaluation included trained child welfare staff, mental health providers, foster parents, and children in trained foster homes. The study examines model fidelity, foster parents' trauma related knowledge and skills in caring for children placed in their homes, placement stability, and foster parent retention. The second presentation will discuss the implementation of Attachment, Self-Regulation, and Competency in foster care (ARC Reflections). ARC is a clinical trauma treatment adapted for foster parents in public child welfare settings. Using mixed methods, ARC Reflections was evaluated in two states to determine model fidelity, changes in foster parent's knowledge of trauma and trauma-informed parenting, children's placement stability, and foster home retention.
The third presentation assesses the implementation of the Resource Parent Curriculum (RPC), developed by the National Child Traumatic Stress Network. The evaluation investigated multiple implementation sites using a pre-/post-workshop design. The authors report on improvements in trauma-informed parenting, tolerance of children's misbehavior, and parenting efficacy related to the RPC, as well as application of skills they learned. Collectively, the presentations will contribute to participants' understanding of how implementation of TIC through foster parent training can improve care for children who experience abuse, neglect, and other forms of trauma. Audience participation will be encouraged throughout the symposium.

An Evaluation of Trauma Systems Therapy-foster Care in Public Child Welfare Settings

(Clin Res, Commun-Complex, Child/Adol, I, Industrialized)

Brown, Adam, PsyD
New York University Langone Medical Center, New York, New York, USA

Many children in foster care have been exposed to trauma, and their resulting disruptive behaviors can cause difficulties for foster parents and lead to placement instability. Trauma Systems Therapy-Foster Care (TST-FC) is an adaptation of an evidence-informed treatment model designed for implementation in the child welfare system. Results of an initial implementation evaluation of TST-FC in two public child welfare agencies suggest that it is a promising model for placement stability and reducing disruptive behaviors. This study used a mixed method, multi-informant approach: researchers administered surveys with standardized measures at three time points with staff and foster parents; analyzed clinical fidelity checklists; observed and reviewed notes from team meetings; conducted focus groups and interviews with each group; and reviewed foster parent recruitment and retention data. Results indicated significant improvement in agency policies, agency practices and individual trauma-informed practices. Foster parents' trauma-informed parenting, tolerance of misbehavior and parenting efficacy all improved. Additionally, administrative data findings suggested increased placement stability and retention of foster homes. Results suggest TST-FC is associated with significant gains in knowledge in trauma-informed care systemically and among child welfare staff and foster parents.

ARC Reflections: Pilot Evaluation of Implementation Process and Outcomes for a Trauma-focused Child Welfare Skill-building Curriculum

(Train/Ed/Dis, Complex-Fam/Int-Social, Other, I, Industrialized)

Blaustein, Margaret, PhD[1]; Kinniburgh, Kristine, LICSW[2]
[1]*Trauma Center at Justice Resource Institute, Brookline, Massachusetts, USA*
[2]*Justice Resource Institute, Brookline, Massachusetts, USA*

This study examines implementation of ARC Reflections (AECF, 2015), a 9-week foster parent training adapted from the ARC intervention model (Blaustein & Kinniburgh, 2010). Designed for public child welfare systems, Reflections was piloted in 2 states from 2016 - 2017. An independent, mixed method evaluation conducted by Child Trends assessed implementation fidelity; impact on foster parents' trauma knowledge; and impact on placement stability. In North Carolina, 115 foster parents were trained. Findings showed significant increases on all

scales of the RPKBS [Sullivan et al., 2014], including knowledge of trauma-informed parenting (TIP), t(67) = -11.77; p=0.000, tolerance of misbehavior (TOM), t(80) = -6.72; p=0.000, and parenting efficacy (EFF), t(78) = -9.75; p=0.00. These gains remained significant from pre-training to follow-up, although not from post-training to follow-up. Pre-/post-data available from 33 of the 48 foster parents trained in Virginia had similar results, with significant increases from in TIP, TOM, and EFF. Data from both projects suggested that placement stability and foster parent recruitment and retention improved during implementation. Description of the curriculum, challenges and benefits of implementation, and key findings from both projects will be presented along with implications for trauma-informed child welfare policy and practice.

Study of the Resource Parent Curriculum with a Diverse Range of Resource Parents

(Clin Res, CPA-Complex-Fam/Int-Train/Ed/Dis, Lifespan, I, Industrialized)

Sullivan, Kelly, PhD[1]; Murray, Kate, PhD[2]; Ake III, George, PhD[1]
[1]*Duke University Medical Center, Durham, North Carolina, USA*
[2]*Center for Child and Family Health, Durham, North Carolina, USA*

Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (Grillo et al., 2010; a.k.a. Resource Parent Curriculum or RPC) is designed to promote trauma-informed parenting among foster, adoptive, and kinship caregivers (resource parents) developed by the National Child Traumatic Stress Network. The study examined pre- versus post-workshop data from multiple RPC implementation sites with 311 resource parents to assess improvement on trauma-informed parenting (TIP), perceived self-efficacy for parenting a child who experienced trauma (EFF), and tolerance of misbehavior (TOM) and whether parent characteristics (age, gender, years of experience as resource parent, race/ethnicity, and resource parent type) moderated the impact of RPC on these outcomes. Improvement was found on TIP $F(1, 295) = 330.99$, $p = .000$, Eta-squared= .59; TOM $F(1, 298) = 229.21$, $p = .000$, Eta-squared= .44; and EFF $F(1, 295) = 125.55$, $p = .000$, Eta-squared= .29 regardless of parent characteristics. A 3-month follow-up survey was conducted on a subsample indicating that most resource parents reported that RPC positively impacted their parenting, applied what they learned, and reported high levels of placement stability of children in their care. The results support prior work showing the effectiveness of RPC. Key findings and current dissemination efforts will be presented.

Symposium
Thursday, November 8
4:30 PM to 5:45 PM
Washington 2
Immigrant/Refugee Track

Improving Mental Health Outcomes in Low-resource Humanitarian Crises: Local Perspectives and Implementation Challenges

(Global, Commun-Complex-DV-Refugee, Adult, I, E & S Africa)

Kaysen, Debra, PhD, ABPP
University of Washington, Seattle, Washington, USA

Mental health symptoms associated with trauma exposure contribute greatly to the global burden of disease and are a public health challenge. However, the majority of intervention approaches tend to be individually-focused psychosocial interventions. This symposium will open with an overview of trauma-focused interventions, focusing

on practical implementation challenges by the chair from her perspective as both a clinical trials researcher and clinician. Drawing on distinct trials of trauma interventions for conflict-affected women, three presentations by public health researchers will focus on holistic approaches to psychosocial interventions that incorporate respondent-driven mental health concerns and immediate needs. The first presentation describes problems reported by South Sudanese refugees in Uganda as examples of self-reported needs among program beneficiaries as rationale for implementing integrated, sustainable interventions. The next presenter will discuss challenges and benefits of integrating psychosocial programming into other trauma initiatives, using an integrated safety planning and cognitive processing therapy-based intervention for intimate partner violence in Tanzania. This paper highlights the use of novel inter-sectoral interventions. The last presentation will focus on issues regarding program sustainability from three perspectives (i.e. client, provider, and system) based on qualitative data from a trial of cognitive processing therapy in the Democratic Republic of Congo and Uganda. Topics addressed include participant beliefs regarding treatment efficacy and desire to maintain care, provider opinions on institutionalization of interventions, and stakeholder perspectives on feasibility of sustainability. Overall the symposium will address larger issues regarding what types of interventions are implemented and larger scale factors that may influence uptake and sustainability.

Multi-Sectoral Integration of Psychosocial Interventions in Low-Resource Settings: Lessons Learned from the Implementation of an Integrated Mental Health and Protection Intervention for Refugees

(Global, Cog/Int-DV-Refugee, Adult, I, E & S Africa)

Greene, Claire, MPH; Scognamiglio Pasini, Thea, MD; Tol, Wietse, PhD
Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA

The bidirectional relationship between mental health and a variety of social and health outcomes (e.g. protection, livelihoods) underlines the need for a multi-sectoral strategy to promote wellbeing and mitigate consequences of poor mental health in low-resource settings. Implementing integrated services across sectors is challenged by siloed operations. To examine the feasibility of implementing integrated psychosocial services we piloted a mental health treatment and violence prevention program for Congolese survivors of partner violence in Nyarugusu refugee camp. Upon completion of a randomized pilot trial, we conducted 29 interviews with beneficiaries, staff and partners to examine their perspectives on program implementation and analyzed the data using a thematic framework. Integrated psychosocial programming was relevant to refugee priorities and supported by stakeholders. Frequently reported challenges included stakeholder investment, resource allocation, coordination/communication and staff's ability to manage multiple roles. Strengthening ownership and accountability was critical for implementation and may facilitate adoption of integrated programming. With adequate piloting and preparation it is possible to overcome the challenges identified through this qualitative research in order to implement an integrated, multi-sectoral intervention.

Priority Problems and Impact on Well-being from the Perspective of Refugees: A Case Study among South Sudanese Refugees in Northern Uganda

(Clin Res, Clin Res-Pub Health-Refugee-Res Meth, Adult, I, E & S Africa)

Augustinavicius, Jura, PHD, MHS, MSc[1]; Lakin, Daniel, MA[1]; Marx, Leku, BPh[2]; Brown, Felicity, PhD[3]; White, Ross, PhD, DClinPsy, FHEA, CPsychol[4]; Bryant, Richard, PhD[5]; Tol, Wietse, PhD[1]
[1]Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA
[2]Peter C. Alderman Foundation, Kampala, Uganda
[3]War Child Holland, Amsterdam, Netherlands

[4]*University of Liverpool, Liverpool, United Kingdom*
[5]*University of New South Wales, Sydney, New South Wales, Australia*

Priority problems in refugees' own words are infrequently measured in trauma intervention research, but may impact uptake and effectiveness. We examined self-reported problems among 671 South Sudanese refugee women in Uganda using the Psychological Outcomes Profile in a trial of a self-help intervention. Women qualitatively described major problems and rated the effects of each problem on their well-being (0 (not affected) to 5 (severely affected)). Thematic analysis was used to summarize problem types and descriptive statistics were calculated for problem severity. Major problems pertained to basic needs (e.g. poor health (16%), lack of food (14%), depleted finances (10%)), isolation and loss (e.g. lack of support from others (10%), separation from or death of relatives (7%)), mental health (e.g. thinking too much (8%), stress (5%)), and interpersonal issues (e.g. marital (0.8%) and community (0.5%)). On average, problems were rated as strongly affecting well-being (mean=4.42, SD=0.98). Interpersonal problems (mean=5, SD=0), concerns related to isolation and loss (mean=4.75, SD=0.52), and mental health problems (mean=4.34, SD=1.05) were rated as having the strongest effects. Self-reported problems among trauma-affected populations can inform intervention implementation as direct intervention targets and by contextualizing mental health problems in low-resource settings.

When Interventions End: Reflections on Sustainability and Responsibility from Client, Provider, and Organizational Perspectives

(Pub Health, Clin Res-Commun-Complex-Global, Adult, I, W & C Africa)

Lakin, Daniel, MA[1]; Murray, Sarah, PhD[1]; Kaysen, Debra, PhD, ABPP[2]; Matabaro, Amani, BS[3]; Bolton, Paul, MB BS[4]; Bass, Judith, PhD, MPH[1]
[1]*Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA*
[2]*University of Washington, Seattle, Washington, USA*
[3]*Action Kivu, Los Angeles, California, USA*
[4]*Johns Hopkins University Bloomberg School of Public Health, Scituate, Massachusetts, USA*

Participant-centered psychotherapeutic interventions have shown clinical effectiveness for traumatic stress within low-income settings and humanitarian contexts. The sustainability of these programs – the continued use of these interventions following completion of research trials - has not been well explored. Results from a recent five-year follow-up of participants in a trial of group cognitive processing therapy suggest that not only are some effects on symptom severity sustained, but that skills learned in therapy were also retained. While this is a success from the researcher's perspective, qualitative interviews with providers revealed a lack of organizational support, inability to continue meetings due to financial limitations, and strong desire to meet, and learn techniques. Interviews with providers and participant responses to open-ended items on follow-up questionnaires were used in a thematic analysis. The findings suggest micro and macro conceptualizations of sustainability – symptom improvements endure at scale, but feelings of empowerment, economic independence and financial support, and institutionalization were not affected. Providers reported feeling more valued in their communities and continued providing services beyond planned interventions despite lack of ongoing support. Strategies for reconciling these two components of sustainability will be discussed.

Current Approaches to Evidence-based Treatment for PTSD and Implications for Global Mental Health

(Train/Ed/Dis, Clin Res-Commun, Adult, I, Industrialized)

Kaysen, Debra, PhD, ABPP
University of Washington, Seattle, Washington, USA

Disorders related to trauma exposure, such as anxiety, PTSD, and depression are major contributors to the global burden of disease. Clinical trials adapting and testing evidence-based interventions for these contexts have yielded truly promising results. These interventions are typically patient-focused and are delivered at the individual or group level. At the same time, in high income countries, there has been tremendous work on dissemination and implementation of evidence-based interventions. Despite these efforts, there are limitations in uptake and in increasing access to care and reach. This talk will provide an overview of the efficacy on trauma-focused interventions, along with a description of common elements across these interventions. The talk will also highlight the work on large scale dissemination and implementation efforts from high income countries, along with the challenges around long-term sustainability and uptake. The talk will use illustrative examples from Dr. Kaysen's own community-based clinical trials research as well. The rationale for public health and multi-systemic approaches to address mental health in response to trauma will be described.

Panel Presentation
Thursday, November 8
4:30 PM to 5:45 PM
Washington 1
Assessment and Diagnosis Track

Defining Treatment-Resistant PTSD: Research and Treatment Opportunities

(Assess Dx, Clin Res-Clinical Practice-Res Meth-Theory, Adult, M, N/A)

Sippel, Lauren, PhD[1]; **Galovski, Tara, PhD**[2]; **Holtzheimer, Paul, MD**[3]; **Olff, Miranda, PhD**[4]; **Schnurr, Paula, PhD**[5]
[1] *National Center for PTSD Executive Division, Geisel School of Medicine at Dartmouth, White River Junction, Vermont, USA*
[2]*National Center for PTSD-Women's Health Science Division, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*
[3]*National Center for PTSD, White River Junction, Vermont, USA*
[4]*Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Netherlands*
[5]*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

Despite the range of effective treatments for posttraumatic stress disorder (PTSD), not all patients have an adequate response, even after receiving treatments with established efficacy. But at what point can a patient with PTSD be categorized as *treatment resistant*? There is no agreed-upon answer to this question. An operational definition of treatment-resistant PTSD (TR-PTSD) that takes type and adequacy of previous treatments into account is needed to (1) stimulate the development and evaluation of novel treatment approaches for patients for whom first-line treatments have failed; (2) facilitate empirical examination of biological mechanisms underlying poor treatment response; and (3) promote optimal treatment matching via identification of patients likely versus unlikely to respond to standard treatments. Four expert panelists will discuss a staging model of TR-PTSD that was developed based on models of treatment-resistant depression and the new VA/Department of Defense Clinical Practice Guideline for PTSD; describe strategies for determining benchmarks of non-response and designing clinical trials to study TR-PTSD; and propose potential neurobiological mechanisms of TR-PTSD. Questions and comments about audience members' experiences with studying TR-PTSD, as well as engaging in treatment-planning and treating patients with TR-PTSD, will be welcomed.

Panel Presentation
Thursday, November 8
4:30 PM to 5:45 PM
Washington 4
Military/Veteran Track

"Basic Training for Treaters" and "Warrior Partnership": Teaching Military Culture to Enhance Treatment Alliance in the At-risk Veteran Population

(Train/Ed/Dis, Complex-Cul Div-Grief-Mil/Vets, Prof, M, N/A)

Amen, Shelley, MD, PhD[1]; **Burek, Gregory, MD**[2]; **Harpaz-Rotem, Ilan, PhD**[1]; Southwick, Steven, MD[1]
[1]*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA*
[2]*Medical College of Wisconsin, Milwaukee, Wisconsin, USA*

The 2017 Office of Mental Health and Suicide Prevention reports the suicide rate among US Veterans who use VA services increased 8.8% since 2001, while the rate in those who do not increased by 38.6%. Of the 20 Veteran suicides daily, only 6 (30%) were users of VA services at time of death, leaving 70% who never began VA care, or importantly, disengaged from treatment. In 2014, "Ready to Serve" showed a large gap in military cultural competence in community-based providers (Tanielian et al). Cultural competence improves bidirectional interactions of patient and treater (Kleinman & Benson 2006), while feeling understood is a key factor of resilience in trauma-exposed populations (Pietrzak & Southwick 2011). This panel, who are all military Veterans, will present 1) "Basic Training for Treaters" describing the unique military identity and vulnerabilities in this culture, 2) "Warrior Partnership" enhancing bidirectional communication of Veterans and treaters by sharing predeployment, deployment and homecoming experiences, and 3) how to circumnavigate and repair damage from psychological "landmines" in the treatment dyad. We will discuss how methodologies focusing on a cultural formulation can strengthen the therapeutic alliance and resilience in this stoic population at high risk for PTSD, depression, substance abuse, moral injury and suicide following military service.

Workshop Presentation
Thursday, November 8
4:30 PM to 5:45 PM
Virginia C
Public Health Track

Beyond the Medical Model: A Contextualized Justice and Conflict-informed Trauma Program across Five Continents

(Train/Ed/Dis, Comm/Int-Bio/Int-Surv/Hist-Civil/War, Adult, M, Global)

Hooker, David, PhD, JD, MDiv, MPH[1]; **Yoder, Carolyn, MA, LPC**[2]; **Barge, Elaine, MA**[3]
[1]*University of Notre Dame, Notre Dame, Indiana, USA*
[2]*Peace After Trauma, Harrisonburg, Virginia, USA*
[3]*Independent Consultant, Harrisonburg , Virginia, USA*

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Three presenters, a trauma/resilience educator, a peacebuilder/lawyer and a trauma therapist, will introduce participants to an evidence-based justice and conflict-informed trauma program, Strategies for Trauma Awareness and Resilience (STAR), that has been used across five continents to address trauma, interrupt cycles of violence and enhance resilience in individuals, communities, and societies.
Handouts of the STAR framework and an experiential exercise will be used to demonstrate the core concepts and the synergistic value of going beyond a medical model through integrating concepts and tools from neurobiology with restorative justice and conflict transformation. Case examples of curriculum contextualization during STAR's 16-year history to meet the needs of diverse populations (post-conflict, historical harms, domestic violence, and terrorism) will be presented along with outcomes. How to use a training program as the basis for a community transformation initiative and challenges of implementing a multi-disciplinary trainer of trainers' program across cultures will be discussed. Research presented will support the ways this program makes a difference in knowledge, practice, views of "the other," and, internationally, in the extent to which communities engage in development and peacebuilding programs.

Workshop Presentation
Thursday, November 8
4:30 PM to 5:45 PM
Washington 3

Treating Drug-Facilitated Sexual Assault: Implementing an Evidence-Based Integrative Therapy to Address the Unique Needs of Survivors (STAR-DFSA)

(Clin Res, Cog/Int-Rape-Sub/Abuse-Train/Ed/Dis, Adult, M, Industrialized)

Fields, Laurie, PhD[1]; **Zhang, Huaiyu, PhD**[1]; Munroe, Mary (Cat), PhD[1], **Richer, Laurie, DO**[2]; Classen, Catherine, PhD, Cpsych[2]; Shumway, Martha, PhD[2]; Murphy, Melissa, MPH, MSW[3]
[1]*University of California, San Francisco, San Francisco, California, USA*
[2]*University of California, San Francisco - San Francisco General Hospital, San Francisco, California, USA*
[3]*Stanford University, Stanford, California, USA*

Startling rates of sexual assault involving incapacitation by substances, along with recognition of unique aspects of this trauma type have generated strong interest in better understanding and treating DFSA, yet little has been done in the way of specialized protocols. Drawing on their DFSA research and clinical experience, a social worker, psychiatrist and psychologists will discuss different DFSA subtype clinical presentations and unique treatment issues (e.g. substance-induced amnesia for the trauma, added betrayal trauma of covert/forcible drugging, legal challenges). Workshop focus is on conducting the 10 session manualized group therapy developed at a university-affiliated rape treatment center (***S**urviving to **T**hriving-**A**llies in **R**ecovery from DFSA*). Material will be presented experientially (client PowerPoints/worksheets, therapist notes) to model process and content. CBT, Interpersonal, Harm Reduction and ACT modifications for DFSA include topics of Radical Self-Care, Legal Process, Substances and the Body, Memory Issues, Reclaiming Self-Esteem, Reestablishing Safety, Increasing Support/Trust. We will briefly report outcome data: clinically significant decrease in PTSD; benefit beyond concurrent individual treatment; client satisfaction. Participant Q & A, discussion on adapting to setting, culture, and client, as well as on policy and advocacy issues are all invited.

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Workshop Presentation
Thursday, November 8
4:30 PM to 5:45 PM
Roosevelt 4

Care for People Experiencing Homelessness: Providers Moving from Trauma Theory to Organizational Practice

(Train/Ed/Dis, Comm/Int-Cul Div-Social-Care, Other, I, Industrialized)

Cavanaugh, Katherine, MSW; **Hishida, Juli, MS**
National Health Care for the Homeless Council, Nashville, Tennessee, USA

People experiencing homelessness endure a disproportionate amount of trauma, and homelessness itself is a traumatic event. Unfortunately, programs that provide services to this vulnerable population can be trauma-inducing or re-traumatizing. The National Health Care for the Homeless Council is conducting a three-year project with 10 programs across the United States serving people without homes, including primary care clinics, shelters, and social service agencies. The purpose is to support the translation of trauma theory into practice through the implementation of trauma-informed organizational policies and procedures. To achieve this end, program representatives-- administrators and clinicians-- utilized research-based literature, didactic trainings, and peer support through a mixed-model learning collaborative. The participants reviewed 6 trauma-informed models and 8 organizational assessments, including 1 psychometrically-validated tool. Over the course of several individual and group discussions, the collaborative shared interpretations and reactions to adapt these resources for homeless services. Presenters will reveal results from a phenomenological approach to studying systems change and discuss the learning collaborative method, process, and limitations. Findings and shared resources will be offered, as well as lessons learned and next steps.

Flash Talks
Thursday, November 8
4:30 PM to 5:45 PM
Roosevelt 5

Traumatic Experiences among LGBTQ Refugees from the Middle East, North Africa, and Asia who Migrated to Europe

(Global, Global-Rights-Orient-Gender, Adult, M, Global)

Alessi, Edward, PhD[1]; **Kahn, Sarilee, PhD, MSW**[2]
[1]*Rutgers University, New Brunswick, New Jersey, USA*
[2]*McGill University, Montreal, Quebec, Canada*

In 2015, more than 650,000 refugees from Syria, Iraq, and Afghanistan fled to Europe. Among the most vulnerable of this population are those identifying as LGBTQ. In addition to experiencing war, they have encountered violence precipitated by their sexual orientation and gender identities. Further, significant numbers of LGBTQ individuals from other Islamic countries have traveled to Europe along similar migration routes to escape persecution.
The purpose of this qualitative study was to understand how traumatic stress shaped the migration experiences of

38 LGBTQ refugees from Islamic societies who migrated to Austria (n=19) and the Netherlands (n=19). Participants were between 18-53 years old, resided in Europe between 2 months and 4 years, and identified as gay (n=24), transgender (n=6), lesbian (n=3), bisexual (n=3), and queer (n=2). In-depth interviews were conducted to track participants' migration experiences over time. Grounded theory was used to analyze the data. Three themes were identified: fleeing violence, abuse, and shattered family bonds; pursuing safe haven; and arriving in a land of contradictions. Findings demonstrated that violence and abuse began in participants' countries of origin and continued in Europe by other refugees and immigration officers. Recommendations are provided for protecting LGBTQ refugees in humanitarian emergencies.

A Prospective Study of ICD-11 and DSM-5 PTSD, Functional Disability and Quality of Life

(Assess Dx, Clinical Practice, Adult, M, Industrialized)

Bondjers, Kristina, MSc; Willebrand, Mimmie, PhD; Arnberg, Filip, PhD
Uppsala University, Uppsala, Sweden

Introduction: It is unclear if there are differences between the ICD-11 and DSM-5 diagnoses for PTSD related to type of potential traumatic event (PTE) and patient-reported outcomes.
Method: In an ongoing prospective study, 250 participants were assessed with structured clinical interviews for ICD-11 and DSM-5 PTSD, functional disability (FD) and quality of life (QoL) at the first assessment point (T1). Participants were followed up after six months (T2) with self-rated symptom levels, functional disability (FD), and quality of life (QoL).
Results: Interim results (N=184) from T1 indicate that 68% did not fulfil criteria for any PTSD diagnosis. Of those with PTSD, 58% fulfilled criteria for both systems, 13% for ICD-11 only and 31% for DSM-5 only. Fulfilling criteria for both disorders was associated with higher FD and lower QoL at T1. Loss was more common among those fulfilling criteria for DSM-5 only.
Conclusions: The concordance between the systems were low, and there were differences regarding event type and outcome. This presentation will discuss these results and present outcomes assessed at T2.
Relevance: Knowledge about the differences between the ICD-11 and DSM-5 PTSD specifications are necessary to better understand how these differences influence prevalence rates, diagnostic status, as well as to understand the advantages and disadvantages of each system.

Neurobiology of Self-regulation: Longitudinal Influence of FKBP5×Early Life Stress on Emotional and Cognitive Development in Childhood

(Clin Res, Dev/Int-DV-Gen/Int-Prevent, Child/Adol, M, Global)

Halldorsdottir, Thorhildur, PhD[1]; Binder, Elisabeth, MD, PhD[2]; Blair, Clancy, PhD[3]
[1]*Max Planck Institute of Psychiatry, Munich, Germany*
[2]*Emory University, Atlanta, Georgia, USA*
[3]*New York University, New York, New York, USA*

Exposure to intimate partner violence (IPV) predicts a host of negative outcomes across the lifespan, raising the question of shared mechanisms early in life contribute to future divergent presentations. Self-regulation, interconnected attributes including emotion regulation and executive function (EF), may be such a mechanism. Self-regulation develops from infancy onward through the interplay between individual characteristics and environmental influences. Stress hormone release in response to experience is believed to drive this process. Genetic variants involved in regulating the stress hormone system -such as FKBP5- are expected to influence key processes in self-regulation and, combined with IPV exposure, to predict diverse negative outcomes associated

with impaired self-regulation. In a prospective, longitudinal sample of 1,292 children beginning at birth, we found that youth with two copies of a risk FKBP5 haplotype and high levels of IPV exposure displayed the highest levels of prolonged stress-induced cortisol reactivity in infancy followed by high emotional reactivity in the toddler period, low levels of EF at school entry, and high levels of emotional and behavior problems and low levels of reading ability in early primary school grades. Targeting self-regulation may present an early intervention strategy for children with genetic and environmental risk factors.

A Qualitative Examination of Trauma Recovery in Young Urban Female Survivors of Commercial Sexual Exploitation and Domestic Trafficking: A Community Based Participatory Study

(Commun, Commun-Complex-Rape-Gender, Lifespan, I, Industrialized)

Kearney, Joan, PhD[1]; Byrne, Mary, PhD[2]; Trudeau, Jessica, MPH[3]
[1]*Academic Medical Center, West Haven, Connecticut, USA*
[2]*Academic Medical Center, New York, New York, USA*
[3]*GEMS, New York, New York, USA*

This Community Based Participatory Research grant funded study was conducted in partnership between investigators from Columbia University and the Girls Education and Mentoring Services (GEMS) in New York City which serves young female survivors of commercial sexual exploitation and domestic sex trafficking. Characteristics of trauma recovery were examined with specific attention to relational processes and informed by relevant frameworks including the ecological model and social attachment theory. A qualitative descriptive design was employed using focus groups and individual interviews, stratified by role and experience (e.g, survivor enrollee, survivor counselor, program leadership member). A semi-structured interview guide was used for data collection and emergent content analysis was employed to analyze data. Community based participatory principles and practices were followed including: partnering of Columbia researchers with GEMS members in the design and procedures of the study as well as collaboration on data interpretation. Thematic analysis revealed a multidimensional recovery process expressed by survivors and those who work with them. Findings center around intrapersonal, relational, community and societal factors important to the process with specific attention to the non-linear long-term nature of recovery in this population

Riluzole for PTSD: Efficacy of a Glutamatergic Modulator as Augmentation Treatment for Combat-related Posttraumatic Stress Disorder

(Clin Res, Bio Med-Clin Res-Sleep-Mil/Vets, Adult, M, Industrialized)

Spangler, Patricia, PhD[1]; West, James, MD[1]; Dempsey, Catherine, PhD, MPH[2]; Possemato, Kyle, PhD[3]; McKenzie, Shannon, BA[4]; Benedek, David, MD[2]
[1]*Uniformed Services, University of the Health Sciences, Bethesda, Maryland, USA*
[2]*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*
[3]*Syracuse Veterans Affairs Medical Center, Syracuse, New York, USA*
[4]*Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, New York, USA*

Current pharmacological treatment for posttraumatic stress disorder (PTSD), and particularly combat-related PTSD, is suboptimal. Drugs that modulate glutamate activity may play a role in preserving neuronal integrity in brain regions implicated in the pathophysiology of PTSD. Riluzole, a glutamatergic modulator that is FDA approved for treating amyotrophic lateral sclerosis, has demonstrated antidepressant and anxiolytic properties in animal and

in human trials. For the current study, 70 combat veterans at two sites were randomized to riluzole or placebo for 8 weeks. Outcome variables included PTSD, depression, anxiety, and insomnia severity, and were assessed at baseline, mid-point, and post-treatment. Hypotheses: (1) Participants randomized to riluzole will have superior improvement in PTSD compared to those who receive placebo, and (2) participants randomized to riluzole will have significant improvement in depression, anxiety, and insomnia. Analyses are being conducted of characteristics of each treatment group and of changes in overall CAPS and CAPS subscales associated with treatment group; these results will be reported. Conclusions will demonstrate the potential efficacy of riluzole as augmentation treatment for PTSD in combat veterans who have not achieved significant improvement in PTSD symptoms with evidence-based pharmacologic treatment.

Neural Predictors of Pain and PTSD Following Motor Vehicle Crash

(Bio Med, Acute-Neuro, Adult, M, N/A)

Fitzgerald, Jacklynn, PhD[1]; Belleau, Emily, PhD[2]; Trevino, Colleen, PhD, RN[3]; Brasel, Karen, MD[4]; Larson, Christine, PhD[1]; deRoon-Cassini, Terri, PhD[3]
[1]*University of Wisconsin - Milwaukee, Milwaukee, Wisconsin, USA*
[2]*McLean Hospital, Harvard Medical School, Boston, Massachusetts, USA*
[3]*Medical College of Wisconsin, Milwaukee, Wisconsin, USA*
[4]*Oregon Health Science University, Portland, Oregon, USA*

Long-term health problems develop after motor vehicle crashes (MVCs), chief among them the emergence of chronic pain and posttraumatic stress disorder (PTSD). These disorders are highly comorbid; thus, common vulnerabilities may confer risk for both. Although pain and PTSD are associated with atypical engagement of the default mode network (DMN) while at rest, no study has investigated distinct versus common DMN aberrations as predictors of emerging pain and PTSD symptoms following MVCs. The present study collected resting state functional magnetic resonance imaging scans from N=22 survivors of MVCs 2-weeks after the incident to test whole-brain functional connectivity (FC) using regions of interest of the default mode network (DMN) (e.g., the posterior cingulate cortex (PCC), precuneus, and medial prefrontal cortex) as predictors of pain and PTSD severity 6 months later. Results demonstrated that positive connectivity between the PCC and precuneus predicted both pain and PTSD symptoms at 6 months. Pain—controlling for PTSD—was predicted by decreased connectivity between the PCC/precuneus and prefrontal cortex; PTSD—controlling for pain—was predicted by increased connectivity between the precuneus and somatosensory and motor cortices. This study provides evidence of both common and discrete predictors of chronic pain and PTSD centered on disrupted DMN connectivity.

Exposure Therapy for Posttraumatic Stress Disorder: Patient Characteristics that Differentiate Treatment Responders from Non-responders

(Clin Res, Anx-Clin Res-Clinical Practice-Gender, Adult, M, Global)

Skopp, Nancy, PhD[1]; Smolenski, Derek, PhD, MPH[1]; Edwards-Stewart, Amanda, PhD[1], ABPP; Reger, Greg, PhD[2]
[1]*Psychological Health Center of Excellence, Tacoma, Washington, USA*
[2]*VA Puget Sound Health Care System, Tacoma, Washington, USA*

Prolonged exposure (PE), a cognitive-behavioral therapy, is one of the most widely used interventions for PTSD. Thirty percent of patients treated with such interventions, however, do not respond to treatment and 20% dropout prematurely. Furthermore, a recent randomized controlled trial of PE with active duty soldiers showed that greater than 60% of patients still met criteria for PTSD at 6 months posttreatment. As part of a larger randomized controlled trial examining the efficacy of exposure therapy among US soldiers (N=108), we compared patients who exhibited a reliable change in Clinician-Administered PTSD Scale (CAPS) scores to those who did not.

Patients who dropped out of treatment prematurely were considered treatment non-responders. Results indicated that risk difference for gender (0.56; 95% CI= .35-.77), anxiety (-0.01; 95% CI= -.01 – .00), prior treatment (-0.17; 95% CI= -.32 - -.02), and multiple deployments (0.17; 95% CI= .01 - .33) differentiated the treatment responders from non-responders. Our findings suggest that patient characteristics such as female gender, higher levels of pre-treatment anxiety, prior PTSD treatment, and multiple operational deployments may be important clinical considerations in the use of exposure treatments for PTSD among military personnel.

Female Reserve/National Guard War Veterans Perspectives of their Post-deployment Adjustment, Coping with PTSD, & How DVA can Address Social Isolation

(Pub Health, Clinical Practice-Mil/Vets-Gender, Adult, I, Industrialized)

Sadler, Anne, PhD[1]; Mengeling, Michelle, PhD[2]; Smith, Jeffrey, PhD(c)[3]; Booth, Brenda, PhD[4]; Torner, James, PhD[5]
[1]*Iowa City VAMC--CADRE, Iowa City, Iowa, USA*
[2]*CADRE, Iowa City VA Health Care System, Iowa City, Iowa, USA*
[3]*VA Mental Health Quality Enhancement Research Initiative (QUERI), Central Arkansas Veterans Healthcare System, North Little Rock, Arkansas, USA*
[4]*University of Arkansas, Little Rock, Arkansas, USA*
[5]*University of Iowa, Iowa City, Iowa, USA*

We sought to understand female Reserve/National Guard (RNG) war Veterans' perspectives of their post-deployment adjustment and coping with PTSD symptoms. A community sample post-deployment to Iraq/Afghanistan < 5 years were invited to participate in an eHealth intervention study. 171 PTSD-positive(PCL-5) subjects completed a telephone-interview 12 months after initial participation. Thematic content analysis identified common themes. PCL scores declined between baseline (mean 32;SD18.4) and 12 months (mean 21;SD 21). Common themes in adjustment included: coping with self-identities of before versus after deployment, "accepting life is not going to be as simple as it was before deployment", and missing the camaraderie of military peers. Common concerns were: isolation/fear of crowds, emotional outbursts/anger, sleep problems, mistrust/distancing, and "lack of joy in life". When queried what coping worked best, exercise was commonly identified (35%). Relationships with family/friends and staying busy were noted (39%). Coping strategies associated with PTSD score severity will be presented. When asked how VA might best reach out to socially isolated warriors, reducing mental health (MH) care stigma and outreach via social media or online interfaces and peer-to-peer and community outreach were identified. This work has implications for virtual and community VA interventions.

Association of N-Acetylaspartate Concentration in Anterior Cingulate and Amygdala with Treatment Response to Riluzole Augmentation for Posttraumatic Stress Disorder

(Bio Med, Clin Res-Mil/Vets-Neuro, Adult, M, Industrialized)

West, James, MD[1]; Spangler, Patricia, PhD[1]; Cole, Jason, MSc[2]; Andrews-Shigaki, Brian, PhD[1]; Kohls, Gail, RT[2]; Benedek, David, MD[3]
[1]*Uniformed Services, University of the Health Sciences, Bethesda, Maryland, USA*
[2]*Walter Reed National Military Medical Center/Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*
[3]*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*

Drugs that alter neuronal survival pathways by modulating glutamate activity may play a role in preserving neuronal integrity and reversing focal atrophy in regions of the brain implicated in the pathophysiology of posttraumatic stress disorder (PTSD). Riluzole is a glutamatergic modulator that inhibits glutamate release and

enhances AMPA trafficking and clearance of excess synaptic glutamate, resulting in neuroprotective properties. ^{1}H-MRS studies using N-acetylaspartate-to-creatine (NAA/Cr) ratios as a marker for neuronal integrity have found reduced NAA/Cr ratios in the hippocampus and anterior cingulate (ACC) of PTSD patients. As part of a larger, randomized clinical trial, 39 combat veterans were imaged pre- and post-8-week-treatment with riluzole or placebo. We assessed pre-to-post treatment NAA/Cr ratios in the ACC and amygdala. Hypotheses: (1) ACC and amygdala NAA/Cr ratios would increase after 8-week treatment with riluzole and (2) increase in NAA/Cr ratios and absolute NAA concentrations would correlate with symptom improvement. Paired sample t-tests of NAA/Cr ratios are being conducted in both ROIs, and bivariate correlations will be conducted to assess the relationship between change in NAA and change in PTSD and depression symptom severity. ^{1}H-MRS imaging results may provide evidence of riluzole's mechanism of action in improving amygdala and ACC neuronal health.

Loss of Trust may never Heal. Institutional Trust in Disaster Victims in a Long-term Perspective: Associations with Social Support and Mental Health

(Social, Comm/Int-Health-Pub Health, Adult, M, Industrialized)

Thoresen, Siri, PhD; Birkeland, Marianne, PhD; Wentzel-Larsen, ToRe, MSc; Blix, Ines, PhD
Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway

The aftermath of disasters and terrorist attacks often involves society's institutions such as the legal system and the police. Victims' perceptions of institutional trustworthiness may impact their potential for healing. The aim of this cross-sectional study was to assess the levels of institutional trust in victims of the Scandinavian Star ferry disaster that occurred in 1990, and investigate how institutional trust relates to mental health, social support, and quality of life. We conducted face-to-face interviews with 184 survivors and bereaved, with a 60% response rate 26 years after the disaster. Levels of trust in the police and in the justice system were compared with general population data from the European Social Survey. The levels of trust in the police and in the justice system were notably (approximately one SD) lower in survivors and bereaved than in the general population. Among the victims, low institutional trust was associated with more mental health problems, poorer social support, more barriers to seeking social support, and a lower quality of life. Lost trust in the aftermath of a disaster may perhaps never be restored and the lack of trust may act to maintain health problems. An exclusively individualistic approach to trauma and disaster may miss out on the opportunities for promoting health and wellbeing that lies within the larger societal structures.

Friday, November 9

Keynote Address
Friday, November 9
8:20 AM to 9:20 AM
Salon 2

Trauma Leaves Children Behind: A Time for Social Justice, Public Policy and new Case Law as Mandates for Trauma Informed Schools

(Pub Health, Comm/Vio-Health-Pub Health-Social, Child/Adol, I, Industrialized)

Wong, Marleen, PhD
University of Southern California, Los Angeles, California, USA

In the past 20 years, researchers, intervention developers and clinicians have established the scientific foundations of the impact of violence on children's behavior, academic achievement and overall development. After the tragedy in Parkland, new school and community policies, class action lawsuits and a review of current school safety practices are needed to apply that science to restorative justice, trauma informed schools and social action.

Concurrent Session Five

Invited Speaker
Friday, November 9
9:45 AM to 11:00 AM
Salon 2

Tales from the Field: Conducting Mixed Methods Community-based Participatory Action Research on Sexual Assault

(Commun, Commun-Rape-Res Meth-Gender, Adult, M, Industrialized)

Campbell, Rebecca, PhD
Michigan State University, East Lansing, Michigan, USA

This invited session will examine how community-based participatory action research can inform trauma policy and practice. Using examples from a program of research on sexual assault victims' post-assault help-seeking experiences, this session will explore how to build sustainable researcher-practitioner partnerships and how to design studies that provide actionable information for policy makers. We will discuss how integrating qualitative and quantitative designs, both within and across studies, can increase utilization and dissemination of research. Strategies for data visualization and communicating findings to diverse stakeholders will be shared.

Symposium
Friday, November 9
9:45 AM to 11:00 AM
Virginia A
Biological/Medical Track

The Relationship between Trauma and Pain across Diverse Trauma-exposed Populations

(Bio Med, Bio Med-Health-Illness-Rape, Adult, I, Global)

Hellman, Natalie, BA[1]; Hood, Caitlyn, BS[2]
[1]*University of Tulsa, Tulsa, Oklahoma, USA*
[2]*University of Kentucky, Lexington, Kentucky, USA*

Pain often co-occurs in trauma survivors and persons with Posttraumatic Stress Disorder (PTSD), even though a substantial number of trauma survivors do not report a physical injury from the assault. Therefore, it does not appear that injuries sustained during the trauma are the primary mechanism for the development of pain and chronic pain. Limited research has examined how trauma impacts the development of chronic pain or alterations in pain sensitivity, with even less research examining at risk populations such as ethnic minorities. Four researchers present findings from self-report and experimental pain paradigms examining the relationship between pain and trauma exposure, and possible mechanisms for the development of persistent pain following a traumatic event. Interpersonal violence, sexual assault, PTSD from childhood sexual abuse, and PTSD in minority and low socioeconomic status populations will be evaluated separately and in combination. The course of pain and trauma, possible physiological and psychosocial etiological mechanisms, and the impact of PTSD symptoms will be discussed as possible risk or resiliency factors. Dr. Matt Morris will present longitudinal data examining predictors of pain outcomes in women recently exposed to interpersonal violence. Natalie Hellman will discuss data from the Oklahoma Study of Native American Pain Risk that uses experimental pain paradigms to study pain modulation in a sample of sexual assault survivors. Dr. Christian Schmahl will discuss how a sample of childhood sexual abuse survivors with PTSD, a trauma exposed group, and a control group responded to a stress induction paradigm and how pain sensitivity, dissociation ratings and heart rate variability differentiated the groups and their responses. Dr. Stevan Hobfoll will discuss how pain and PTSD interact among low income inner city women who identify as ethnic minorities, and how vulnerability factors support the conservation of resources theory of stress responses. Caitlyn Hood will serve as a discussant by time-keeping and providing brief introductions and the question-and-answer portion. Together, these speakers will discuss the course and potential etiological mechanisms of pain following trauma exposure.

Experimental Investigation of Stress Responsivity and Pain Sensitivity in CSA Survivors with and without PTSD

(Bio Med, CSA, Adult, I, Industrialized)

Rausch, Sophie, PhD Candidate[1]; Herzog, Julia, PhD Candidate[1]; Thome, Janine, PhD Candidate[2]; Niedtfeld, Inga, PhD[1]; Lis, Stefanie, PhD[1]; Kleindienst, Nikolaus, PhD[2]; Bohus, Martin, MD[2]; **Schmahl, Christian, MD**[1]
[1]*Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany*
[2]*Central Institute of Mental Health, Mannheim, Germany*

Patients with PTSD following adverse childhood experiences (ACE) demonstrate alterations on a broad spectrum of variables related to stress and pain. To clarify the question whether these alterations are related to the diagnosis

of PTSD or to ACE per se, we compared healthy women with a history of ACE (n=33), patients with PTSD related to ACE (n=33), and healthy controls (HC) with no history of ACE (n=32). We investigated i) indicators of baseline stress levels (stress ratings, dissociation, heart rate, heart rate variability, and pain sensitivity) and ii) stress responses to a stress induction paradigm with respect to these indicators. At baseline, large effect sizes were found for the difference between the ACE and the PTSD group with respect to stress and dissociation ratings, heart rate, and heart rate variability, while effect sizes for the differences between ACE and HC were consistently small. In contrast, pain sensitivity was already significantly lower in the ACE group as compared to HC, with an additional smaller effect of PTSD in reducing pain sensitivity. Stress induction led to a further reduction of pain sensitivity in all three groups. These results suggest that psychophysiological measures of stress and dissociation are more dependent on the diagnosis of PTSD, while alterations of pain sensitivity can be related to the experience of ACE per se.

Pain Catastrophizing Adds to PTSD in African American Inner-city Women

(CulDiv, Bio Med-Health-Gender, Adult, I, Industrialized)

Hobfoll, Stevan, PhD[1]; Gaffey, Allison, PhD[2]; Aranda, Frances, PhD, MPH[2]; Burns, John, PhD[2]; Purim Shem Tov, Yanina, MD[2]
[1]Rush Medical College, Chicago, Illinois, USA
[2]Rush University Medical Center, Chicago, Illinois, USA

Although studies have found African-American women to be less susceptible to depression than White women, African-American women may endorse higher levels of PTSD symptoms. We tested a mediation model including hypothesized pathways between race, trauma, psychosocial vulnerability (i.e., pain catastrophizing, anger, and social undermining), social support, and trauma-related psychopathology (i.e., symptoms of depression and PTSD) in a sample of inner-city women who presented to the Emergency Department (ED) with acute pain (N = 301; 60.1% African American/African-American). Despite comparable rates of traumatic experiences among the racial groups, African-American women reported higher PTSD symptoms, greater psychosocial vulnerability, and lower social support than other racial groups. Depression symptoms did not differ by race. In contrast, the hypothesized models, examined prospectively over a 3 month period, showed good fit, with psychosocial vulnerability, including pain catastrophizing) mediating the pathway between race and PTSD. Social support did not mediate the effects of psychosocial vulnerability on PTSD symptoms.

Exploring the Impact of Posttraumatic Negative Cognitions on Pain Outcomes in the Acute Aftermath of Interpersonal Violence

(Clin Res, Health, Adult, I, Industrialized)

Morris, Matthew, PhD
Meharry Medical College, Nashville, Tennessee, USA

Persistent pain frequently co-occurs with trauma-related psychopathology even when the traumatic event does not involve physical injury, suggesting possible shared vulnerability factors. Cyberstalking - one type of interpersonal violence - is linked to a variety of negative mental and physical health outcomes; however, the extent to which cyberstalking is associated with pain outcomes has yet to be examined. The present longitudinal study examined the extent to which cognitive vulnerability factors for posttraumatic stress disorder (PTSD) were associated with changes in pain outcomes over and above the influence of posttraumatic stress and depressive symptoms. Outcomes were self-report affective and sensory pain intensity and pain-related interference measured at baseline assessment and again at one-, two-, and three-month follow-ups in 82 young adult women with recent exposure to cyberstalking. Multilevel models indicated that within-person increases in affective pain intensity were

associated with higher posttraumatic stress and depressive symptoms but were not associated with negative cognitions. Both sensory pain intensity and pain-related interference were associated with more negative cognitions about the self. Results reveal persistent pain complaints in recent cyberstalking victims and suggest distinct psychological risk factors for pain intensity and interference.

Does Sexual Assault Disrupt Pain Modulation Circuitry?

(Bio Med, Bio Med-Health-Rape, Adult, I, Industrialized)

Hellman, Natalie, BA; Sturycz, Cassandra, BA; Kuhn, Bethany, MA; Lannon, Edward, MA; Toledo, Tyler, BA; Palit, Shreela, MA; Huber, Felicitas, Dipl Psych; DeMuth, Mara, BS; Shadlow, Joanna, PhD; Rhudy, Jamie, PhD
University of Tulsa, Tulsa, Oklahoma, USA

Sexual assault (SA) is associated with an increased risk for chronic pain. One possible mechanism for this relationship may be dysregulated pain modulation processes. This presentation reports data from two laboratory paradigms used to evaluate descending pain modulation circuitry in a diverse sample of currently pain-free female and male and survivors of SA versus a matched, comparison group of pain-free non-SA participants. One paradigm assessed emotional modulation of pain and the other assessed conditioned pain modulation (the ability for pain to inhibit other pain). Outcomes were pain report and a physiological correlate of pain signaling in the spinal cord (i.e., the nociceptive flexion reflex; NFR). Results using multilevel modeling indicated that SA survivors reported generally higher pain during testing and they failed to emotionally modulate pain signaling in the spinal cord. Further, the SA group displayed a disruption of conditioned pain modulation; specifically, pain signaling in the spinal cord was enhanced rather than inhibited in this group. Together, these results suggest that exposure to SA may disrupt pain modulation circuitry thus promoting central sensitization (amplification of pain signals within the central nervous system). This in turn may place SA survivors at risk for the future development of chronic pain.

Symposium
Friday, November 9
9:45 AM to 11:00 AM
Virginia B
Child Trauma Track

Innovative Strategies to Address the Unique Needs of Court-Involved Youth: Training, Access, Treatment, and Special Populations

(Commun, Chronic-Commun-Complex-Social, Child/Adol, I, Industrialized)

Pickens, Isaiah, PhD
National Center for Child Traumatic Stress at UCLA, Los Angeles, California, USA

Research indicates that court-involved youth (e.g., juvenile justice involved; youth involved in dependency courts; youth as victims of crime and often Commercially Sexually Exploited Youth) have higher rates of trauma exposure and are thus at higher risk for mental health problems, substance abuse, and delinquent behaviors (Ford et al., 2007; Tuell, 2008). These events can trigger a plethora of negative mental health and functional outcomes during adolescence and adulthood. Most youth in juvenile detention have been exposed to community and family violence or have even been victims of human trafficking (Ford et al., 2012; Cisler et al., 2012). Despite this, there are still significant gaps in terms of access to treatment for this vulnerable population, and until recently, little attention has been paid in the justice sector to the early identification of trauma. Additionally, there are significant behavioral health disparities within the court-involved youth population with disproportionate rates of youth of

color, youth with developmental disabilities, and LGBTQ youth. Youth are not properly identified or screened for trauma; access issues plague systems; and treatments historically have not been tailored to meet the unique needs of court-involved youth.
This symposium will start with an overview of the specific needs of this population, provided by the Chair of this symposium, Dr. Isaiah Pickens, the Assistant Director of Service Systems for the National Child Traumatic Stress Network, followed by a series of presentations on innovative strategies to address these needs. Presenters will discuss unique ways in which service and treatment gaps among court-involved youth have been addressed, including: 1) trauma-informed trainings in the legal system, boosting front-line legal professionals' capacity to identify, screen and assess for childhood trauma; 2) improved access to evidence-based treatment via an innovative access program (e.g., LINK-KID) and widespread training in Trauma-Focused Cognitive-Behavioral Therapy among mental health professionals; and 3) increased coordination, training initiatives, access solutions, and treatment applications for court-involved youth seen through Children's Advocacy Centers, including a multi-tiered effort to train clinicians statewide in a module: "TF-CBT for Court-Involved Youth." Utilizing multiple methodological approaches, each presentation will provide data on the efficacy of methods used to improve trauma screening and identification, training efforts, and/or access to treatment among court-involved youth. Presenters will engage in a discussion of unique ways treatment and services are tailored to court-involved youth as well as limitations and barriers to implementation.

Training Legal Professionals to Identify and Respond Effectively to Child Trauma: Evaluation Findings from the University of Massachusetts Medical School's Child Trauma Training Center

(Commun, Chronic-Commun-Complex-Social, Child/Adol, I, Industrialized)

Kostova, Zlatina, PhD(c)
University of Massachusetts Medical School, Worcester, Massachusetts, USA

Despite high rates of trauma exposure among court-involved youth (CIY), serious gaps remain in terms of identification and accessing services. Addressing disparities requires broad dissemination of quality trauma-informed trainings across the legal system (e.g., judges, attorneys, probation officers, law enforcement, and staff within juvenile justice serving programs) – the first contacts for this vulnerable population. In 2012, the UMASS Medical School's Child Trauma Training Center (CTTC) was developed to raise the standard of care for youth who have experienced trauma, with a priority population of CIY. CTTC sought to improve the knowledge base of legal professionals and enhance their abilities to identify and screen for child trauma. Data was collected regarding training satisfaction and increased knowledge/skills related to trauma. 14,100 professionals were trained over a 4-year period including 3512 legal professionals. Training significantly boosted legal professionals' knowledge and skills about child trauma and its impact; data will be presented in this regard (e.g., evaluation findings for law enforcement N=388) showed significant increases in knowledge about child trauma, ($p = .000$) and a trend for increased confidence in using trauma-informed practices ($t(353) = -1.67$, $p = .096$).

Addressing Access and Treatment Issues for Court-involved Youth: An Innovative Access Solution (LINK-KID) and TF-CBT Outcomes in a Community-based Sample

(Commun, Chronic-Commun-Complex-Social, Child/Adol, I, Industrialized)

Griffin, Jessica, PsyD[1]; Dym Bartlett, Jessica, PhD[2]; Kane-Howse, Genevieve, LMHC[1]
[1]*University of Massachusetts Medical School, Worcester, Massachusetts, USA*
[2]*Child Trends, Acton, Massachusetts, USA*

Despite the severe impact of trauma for court-involved youth (CIY), major service gaps exist. The UMMS Child Trauma Training Center (CTTC) is bridging gaps through a highly innovative statewide centralized referral system

(LINK-KID) as well as providing training in TF-CBT across the region. LINK-KID will be described, including barriers and strategies to implementation; data will be reported (N=1411 youth) including treatment type (e.g., TF-CBT, ARC, PCIT, CPP, AF-CBT) reduction in waitlists (e.g., 6-12 months for therapy vs approximately 40 days) and system/court involvement (e.g., of N=1411, 899 were child welfare involved; 697 were court-involved). Community-based TF-CBT research outcomes will be presented. Data from youth/caregivers were collected; clinical measures included: Child Behavior Checklist, UCLA PTSD Index, Caregiver Strain Questionnaire, and Youth Report of Functioning Assessment, administered at three different time points. 211 clinicians provided treatment to 830 youth and enrolled 308 youth in the project evaluation, 13% of which were CIY. Regression analysis demonstrated that youth experienced significantly fewer PTSD and behavioral symptoms, improved functioning, and better social connectedness compared to baseline. There were statistically significant improvements among parents (e.g., improved social connectedness & decreased caregiver strain.)

Multi-pronged Efforts to Address the Unique Needs of Court-involved Youth Seen within Children's Advocacy Centers

(Commun, Complex, Child/Adol, I, Industrialized)

Wozniak, Jessica, PsyD[1]; Griffin, Jessica, PsyD[2]
[1]*Baystate Medical Center, Springfield, Massachusetts, USA*
[2]*University of Massachusetts Medical School, Worcester, Massachusetts, USA*

Children's Advocacy Centers are the gateway to services for child victims of interpersonal crime. Youth seen within the CACs have various court involvement in addition to criminal court (e.g., dependency/child welfare courts; probate courts; juvenile courts). This presentation will review three separate projects describing issues related to access, treatment, and unique clinical training needs: 1) A CAC with strong collaboration with the District Attorney's office; 2) a statewide initiative to train CAC-affiliated clinicians across Massachusetts (N=67 clinicians; 140 youth enrolled in TF-CBT); and 3) A hospital-based CAC. Complex referral issues seen across efforts will be discussed (e.g., Dwyer statute which impedes treatment access). Over 1500 clinicians were trained across projects; data will be presented regarding number of youth referred to services as well as data on specialized populations (e.g., Commercially Sexually Exploited Youth (CSEC)) and data on behavioral health disparities. To address disparities and increase engagement, "legal-informed care" trainings were provided to TF-CBT clinicians. 462 clinicians have been trained in these specialized trainings, educating mental health providers on the legal system in order to avoid seeing legal involvement as a barrier impeding treatment.

Symposium
Friday, November 9
9:45 AM to 11:00 AM
Washington 1
Immigrant/Refugee Track

Investigating the Psychological and Social Mechanisms Underlying Refugee Mental Health: Research Innovations

(Clin Res, Cog/Int-Health-Refugee-Civil/War, Lifespan, M, Global)

Liddell, Belinda, PhD[1]; Schnyder, Ulrich, MD[2]
[1]*University of New South Wales, Sydney, New South Wales, Australia*

[2]*Zurich University, Zurich, Switzerland*

There are currently over 65 million people who are forcibly displaced worldwide. Rates of psychological disorders are elevated amongst refugees, with refugees reporting high rates of posttraumatic stress disorder (PTSD) and depression. Understanding the impact of the trauma on refugee mental health to date has been limited by a lack of investigation of key psychological and social mechanisms underlying psychopathology. This symposium is comprised of four studies that implement innovative methodologies to investigate factors underlying refugee mental health. The first two studies investigate the role of psychological processes in influencing refugee mental health, and the final two studies examine the role of social and attachment factors in impacting psychopathology in both adult and child refugees. The first study investigates how justice sensitivity mediates the association between exposure to interpersonal trauma and mental health in Arabic and Farsi-speaking refugees. The second study distinguishes, for the first time, between different types of moral injury appraisals amongst refugees, and examines their differential relationship to mental health outcomes. The third presentation reports on the association between parental PTSD, parenting and child mental health in a representative sample of refugee parents and children in Australia. The fourth study investigates the mediating role of trust in influencing social engagement in a nationally-representative sample of 1894 refugees resettled in Australia. Findings will be considered in the context of current models of refugee mental health, and clinical implications will be discussed.

Perceived Injustice: A Novel Mechanism Linking Trauma Exposure to Psychological Distress among Refugees

(Clin Res, Complex-Health-Refugee, Adult, M, Global)

Kashyap, Shraddha, PhD[1]; Nickerson, Angela, PhD[2]
[1]*University of New South Wales, Kensington, New South Wales, Australia*
[2]*University of New South Wales, Sydney, New South Wales, Australia*

Objective: Interpersonal trauma, such as rape and torture; followed by psychological distress, are common features of the refugee experience. Understanding mechanisms which link trauma to psychological distress could help target intervention. One possible mechanism is how trauma-exposed individuals react to situations in which they perceive being treated unfairly, or perceive treating others unfairly (i.e. justice sensitivity).This study aimed to explore the relationship between trauma exposure, justice sensitivity and psychological distress among refugees. Method: 83 refugees from Arabic and Farsi speaking backgrounds, living in Australia completed self-report measures of justice sensitivity, trauma exposure, PTSD, depression, and anger. Results: Path analysis suggests that trauma exposure is significantly associated with sensitivity to treating others unfairly, but not being treated unfairly. Sensitivity to treating others unfairly predicted depression and PTSD; while sensitivity to being treated unfairly predicted anger. Finally, sensitivity to treating others unfairly mediated the relationship between trauma exposure and depression. Conclusion: This is the first study to show the relationship between justice sensitivity and psychological distress among refugees. Justice sensitivity may be worth exploring during interventions among such trauma exposed populations.

Cognitive Appraisals and Psychopathology in Refugees: A Latent Profile Analysis of Moral Injury Cognitions

(Clin Res, Cul Div-Refugee, Adult, M, Industrialized)

Hoffman, Joel, PhD Candidate; Liddell, Belinda, PhD; Bryant, Richard, PhD; Nickerson, Angela, PhD
University of New South Wales, Sydney, New South Wales, Australia

There is emerging evidence that appraisals of traumatic events as violating deeply held moral beliefs (i.e., moral injury) impact negatively on refugee mental health. The Moral Injury Appraisals Scale (MIAS; adapted from

Nickerson et al. 2015), captures whether these appraisals relate to transgressions committed by others, or by oneself. A latent profile analysis was conducted with 221 refugees and asylum seekers recently resettled in Australia, to classify participants across appraisal types, and to examine the association between class membership and key predictor (demographics, trauma exposure, living difficulties) and outcome (PTSD, depression, anger) variables. Results revealed a three-profile solution across MI appraisals: HIGH-ALL, HIGH-OTHERS/LOW-SELF and LOW-ALL. The HIGH-ALL class was associated with experiencing more interpersonal abuse and daily hardships, whereas the HIGH-OTHERS/LOW-SELF class was associated with more exposure to conflict and visa-related difficulties. Both the HIGH-ALL and the HIGH-OTHERS/LOW-SELF had significantly higher symptoms than the LOW-ALL group. The HIGH-ALL group also had significantly greater anger than the HIGH-OTHERS/LOW-SELF group. This was the first study to identify distinct profiles of moral injury appraisals in refugees, and to show their association with specific traumatic events, as well as non-traumatic stressors.

Longitudinal Relationship between Trust, Psychological Symptoms and Community Engagement in Resettled Refugees

(CulDiv, Refugee, Adult, M, Global)

Nickerson, Angela, PhD[1]; Liddell, Belinda, PhD[1]; Keegan, David, MSW[2]; Edwards, Ben, PhD[3]; Felmingham, Kim, PhD[4]; Forbes, David, PhD[5]; Hadzi-Pavlovic, Dusan, MPsych[6]; McFarlane, Alexander, MD[7]; O'Donnell, Meaghan, PhD[8]; Silove, Derrick, MD, PhD[1]; Steel, Zachary, PhD[6]; Van Hooff, Miranda, BA (Hons), PhD[7]; Bryant, Richard, PhD[1]
[1]University of New South Wales, Sydney, New South Wales, Australia
[2]HOST International, Sydney, New South Wales, Australia
[3]Australian National University, Canberra, Australian Capital Territory, Australia
[4]University of Melbourne, Melbourne, Victoria, Australia
[5]Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Carlton, Victoria, Australia
[6]University of New South Wales, Randwick, New South Wales, Australia
[7]The University of Adelaide, Adelaide, South Australia, Australia
[8]Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Melbourne, Victoria, Australia

The mental health and social functioning of refugees and asylum-seekers is a key public health priority for governments and non-government organizations. This presentation reports on the first longitudinal study with a representative sample to investigate the effects of interpersonal trust and psychological symptoms on community engagement in refugees. Participants were 1,894 resettled refugees who completed measures of trauma exposure, post-migration living difficulties, psychological symptoms, trust and community engagement within 6 months of receiving a permanent visa in Australia, and again two to three years later. A multilevel path analysis revealed that high levels of depression symptoms mediated the association between trauma exposure and living difficulties, and reduced subsequent engagement with refugees' own communities. Conversely, low levels of interpersonal trust mediated the relationship between living difficulties and subsequent engagement with the host community. Findings indicate that there are differential pathways to social engagement after refugee resettlement, with depression/anxiety symptoms leading to reduced engagement with one's own community, while interpersonal trust impacts on engagement with the broader community. These findings have important implications for policy and clinical practice.

The Impact of Posttraumatic Stress Disorder on Refugees' Parenting and their Children's Mental Health

(Global, CPA-Cul Div-Ethnic-Fam/Int, Child/Adol, M, Industrialized)

Bryant, Richard, PhD[1]; Edwards, Ben, PhD[2]; Creamer, Mark, PhD[3]; O'Donnell, Meaghan, PhD[4]; Forbes, David, PhD[5]; Felmingham, Kim, PhD[3]; Silove, Derrick, MD, PhD[1]; Steel, Zachary, PhD[6]; Nickerson, Angela, PhD[1]; McFarlane, Alexander, MD[7]; Van Hooff, Miranda, BA (Hons), PhD[7]; Hadzi-Pavlovic, Dusan, MPsych[6]
[1]*University of New South Wales, Sydney, New South Wales, Australia*
[2]*Australian National University, Canberra, Australia Capital Territory, Australia*
[3]*University of Melbourne, Melbourne, Victoria, Australia*
[4]*Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Melbourne, Victoria, Australia*
[5]*Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Carlton, Victoria, Australia*
[6]*University of New South Wales, Randwick, New South Wales, Australia*
[7]*The University of Adelaide, Adelaide, South Australia, Australia*

This study tested the impact of refugee caregivers' prior trauma and levels of ongoing stressors on current PTSD, and in turn how this influences parenting behaviour and consequent child psychological health. This study recruited participants from the Building a New Life in Australia (BNLA) prospective cohort study of refugees admitted to Australia. The current data comprised 411 primary caregivers who provided responses in relation to at least one child (n = 660 children). Primary caregiver PTSD and postmigration difficulties were assessed at Wave 1 (in 2013), and caregiver PTSD was re-assessed at Wave 2 (2014). At Wave 3 (2015-2016), primary caregivers repeated measures of trauma history, post-migration difficulties, and probable PTSD, as well as harsh and warm parenting style, and also a parental report of the Strengths and Difficulties Questionnaire for their child. Path analyses revealed that caregivers' trauma history and postmigration difficulties were associated with greater subsequent PTSD, which in turn was associated with greater harsh parenting and in turn, higher levels of child conduct problems, hyperactivity, emotional symptoms, and peer problems. Refugee children's mental health is adversely affected by how their caregiver's PTSD contributes to harsh parenting.

Symposium
Friday, November 9
9:45 AM to 11:00 AM
Washington 2

Non-linear Dynamic Approaches to Trauma Adaptation: Time for a Shift
(Res Meth, Chronic-Complex, Adult, M, Global)

Keane, Carol, PhD (Clinical Psychology) Candidate
University of Wollongong, Wollongong, New South Wales, Australia

Improved knowledge of the highly dynamic and heterogeneous nature of trauma experiences and related psychopathology has necessitated a shift in methodological approaches to examinations of complex traumatic stress and the compounding consequences of broader socio-ecological factors. A key aspect of renewed methodological rigour is expansion of analytic approaches from more traditional linear models toward non-linear dynamic models. Such approaches are vital for nuanced examinations of trauma within at-risk and marginalised groups, where the consequences of socio-ecological vulnerabilities must be central rather than auxiliary considerations. More sophisticated modelling techniques also allow for better operationalisation of theoretical models and constructs underpinning empirical examinations. This symposium aims to highlight the utility of non-linear dynamic methodology for improving current knowledge of complex trauma in vulnerable populations. Four clinician researchers will present compilation of case study material and empirical investigations that demonstrate

application of various analytic approaches (e.g. GMM, cusp catastrophe) to evaluate non-linear dynamic processes of trauma across a range of at-risk and marginalised groups including: homelessness vulnerable, domestic violence survivors, military veterans and torture victims. This symposium directly addresses a key objective of the ISTSS 2018 – situating trauma within the "backdrop of societal structures" and representing the needs of the vulnerable.

Evaluation of Non-linear Shifts in Functioning During a Web-based Trauma Recovery Program: Getting Better May Not be Linear

(Res Meth, Clin Res-Complex-Res Meth-Tech, Adult, M, Industrialized)

Benight, Charles, PhD; Shoji, Kotaro, PhD
University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

Self-regulation shift theory (Benight, Shoji, & Delahanty, 2017) predicts non-linear dynamic shifts in functioning under certain conditions during trauma recovery. The present study tested weather the effective utilization of the My Trauma Recovery website would promote greater systemic equilibrium prompting positive non-linear threshold shift(s) over time. This study was a part of a machine learning investigation with My Trauma Recovery (MTR) website. Participants were 66 people (87.9% female, Mage = 34.2) who experienced a traumatic event in the last 2 years. Subjects worked on the MTR modules across three sessions (one week apart). Trauma coping self-efficacy (CSE-T) and mood (Profile of Mood States) were assessed after each module. We tested state shifts in positive mood influenced by CSE-T across sessions using Markov regime switching model (MRSM) analysis. Results showed that 72.7% of the participants had greater R^2 for changes in mood steady states (non-linear shifts) (MR^2 = .68) compared to the linear model (MR^2 = .33). CSE-T was a significant covariate for transition probability in 68.2% of participants. Thus over ¾ of participants demonstrated non-linear dynamic changes in mood while using MTR. Perceived coping self-efficacy was an important factor in most of these changes across the 3 weeks.

Examining PTSD Symptoms Cluster Change from a Dynamic Systems Perspective

(Res Meth, Complex, Adult, M, Industrialized)

Rozek, David, PhD[1]; Bryan, Craig, PsyD[2]; Leifker, Feea, PhD, MPH[1]; Bryan, AnnaBelle, BS, BA[2]; Reynolds, Mira, Undergraduate[2]; Oakey, D. Nick, BA[1]; Roberge, Erika, MS[2]
[1]*University of Utah, Salt Lake City, Utah, USA*
[2]*National Center for Veterans Studies and University of Utah, Salt Lake City, Utah, USA*

Posttraumatic stress disorder (PTSD) is among the most common mental health problems facing veterans, and is the most common psychiatric condition among service members returning from Iraq and Afghanistan.1 Cognitive processing therapy is recommended as a first-line treatment for PTSD by the Departments of Defense (DoD) and Veterans Affairs (VA) because it has garnered considerable empirical support and produced large treatment effect.2,3 Although CPT is well-established, there are still considerable barriers to treatment including many logistical barriers such as scheduling issues. This pilot study examined a daily administration of CPT over a 12-day period, which resulted in a similar reduction of PTSD symptoms as previous clinical trials. The current study is an analysis of the daily PTSD symptoms over the course of treatment from a dynamic systems perspective. PTSD symptoms clusters were measured with the PTSD Checklist (PCL-5) and patterns of changes in the four PTSD symptoms clusters were examined to determine how different symptom clusters respond throughout treatment. Future use of dynamic system models for trauma related research will be discussed.

Longitudinal Examination of Psychological Distress in Homelessness Vulnerable: The Impact of Childhood Maltreatment and Interpersonal Trauma

(Res Meth, Chronic-Complex, Adult, M, Industrialized)

Keane, Carol, PhD (Clinical Psychology) Candidate
University of Wollongong, Wollongong, New South Wales, Australia

This research examined longitudinal patterns of psychological distress in 1504 socially disadvantaged adults from the Journeys Home Study (Australia). Building on a previous study, where six distinct childhood trauma experience latent classes were identified, this research utilised COR theory and the concept of risk factor caravans to investigate the nature and implications of childhood trauma in the context of homelessness. Growth Mixture Modelling revealed four distinct trajectories of psychological distress as measured by the K6 across six time points (covering a period of 2.5 years): chronic, escalating, attenuating, resistant. Results indicated that experiences of different types of trauma during childhood were associated with these psychological distress trajectories. In particular, adults with experiences of multiple and varied childhood maltreatment were 2.48 times ($p = .034$) more likely to experience chronic psychological distress. The findings have important implications for mental health and interventions aiming to break the cycle of urban poverty. Specific focus on interpersonal trauma vulnerabilities is important. Prioritising socio-ecological stability, with mental health needs assessed on an individual level, may be most appropriate. This work also highlights the need to direct future attention to barriers to access and facilitation of social support services.

The Non-linear Threshold Model in Stress and Trauma Research: Its Validity and Utility

(Res Meth, Chronic-Complex-Refugee-Res Meth, Lifespan, M, N/A)

Kira, Ibrahim, PhD
Georgia State University, Stone Mountain, Georgia, USA

A clinical case of Iraqi refugee family opened my eyes, early in my career, to the critical reality of the non-linear dynamics of cumulative trauma. Collective system collapse and resiliency threshold, as contrasted with dose-response linear model seems to be more consistent with the realities of our clinical and empirical work. In this paper, in addition to the clinical vignette that illustrates these dynamics, we discuss the results of three empirical studies: the first on torture survivors on the effects of torture, the second focused on the effects of Syrian experience on Syrian internally displaced and refugees (N=502) on PTSD, complex PTSD, and PTG. The third study utilized a combined sample from Egypt, Kuwait and United Kingdom (N=958) to study the effects on cumulative trauma and trauma types on existential annihilation anxiety and PTSD. The last two studies not published yet. In the three studies, the non-linear relationships (using curve-estimation regression) between cumulative trauma, torture, discriminations, and PTSD, and posttraumatic growth, accounted for more variance than the linear relationships. Advancing non-linear measurement models using dynamic systems approach to the study of psychological phenomena should tremendously advance stress and trauma research.

Symposium
Friday, November 9
9:45 AM to 11:00 AM
Washington 4
Military/Veteran track

Implications of Interpersonal Relationships for Functioning and Treatment among Military Veterans with PTSD

(Clin Res, DV-Fam/Int-Mil/Vets-Gender, Adult, I, Industrialized)

Sippel, Lauren, PhD[1]; Monson, Candice, PhD, Cpsych[2]
[1]*National Center for PTSD Executive Division, Geisel School of Medicine at Dartmouth, White River Junction, Vermont, USA*
[2]*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*

Posttraumatic stress disorder (PTSD) is the most frequently diagnosed psychological disorder among military veterans seeking care at Veterans Administration (VA) medical centers (Ramsey et al., 2017). Among veterans, PTSD is associated with interpersonal problems including poor social connectedness (Wisco et al., 2014), relationship distress (Riggs et al., 1998), and elevated rates of aggression (Taft et al., 2011). Additionally, deterioration of social support predicts return to treatment after a first episode of care (Fontana & Rosenheck, 2010). Social support appears to be critical to trauma recovery, rendering the need for better understanding of the interpersonal problems associated with PTSD and how these problems can be remediated to improve functioning across life domains. This symposium assembles experts in the area of PTSD and interpersonal relationships to showcase investigations of interpersonal relationships as mediators of functioning, predictors of maladaptive behaviors and symptoms, and opportunities for improving treatment outcomes. We will discuss how findings from these studies can lead to development of practices and policies that are more sensitive to the interpersonal contexts in which veterans with PTSD recover.
Dr. Fredman and colleagues will present data demonstrating the mediating role of interpersonal relationship quality in the association between posttraumatic stress and academic dysfunction in student veterans. **Dr. Watkins and Dr. Laws** will present data from Iraq and Afghanistan US veterans and their partners which revealed that both one's own and one's partner's PTSD symptoms were positively associated with greater psychological intimate partner aggression perpetration. Effects of partner PTSD symptoms on psychological aggression perpetration differed across gender and veteran status. **Dr. Sippel and colleagues** will present findings showing bidirectional and unique associations between specific PTSD symptom clusters and both structure and quality of social connection among veterans in residential treatment for PTSD. Finally, **Dr. Thompson-Hollands and colleagues** will present qualitative data collected from veterans who dropped out from, or had very poor engagement with, evidence-based treatments for PTSD. They will focus on veterans' family members' experiences of being a support person while the veteran went through treatment, with the goal of identifying themes associated with poor outcome. **Dr. Candice Monson**, a co-developer of Cognitive Behavioral Conjoint Therapy (Monson & Fredman, 2012), an evidence-based treatment for PTSD delivered in a dyadic format, will discuss how these presentations contribute to the overarching goal of utilizing interpersonal relationships to more effectively treat PTSD among veterans.

Interpersonal Relationship Quality Mediates the Association between Military-related Posttraumatic Stress and Academic Dysfunction among Student Veterans

(Clin Res, Fam/Int-Mil/Vets-Gender, Adult, I, Industrialized)

Fredman, Steffany, PhD[1]; Marshall, Amy, PhD[1]; Le, Yunying, MS[1]; Aronson, Keith, PhD[1]; Perkins, Daniel, PhD[2]; Hayes, Jeffrey, PhD[1]
[1]*Penn State University, University Park, Pennsylvania, USA*
[2]*Penn State University, State College, Pennsylvania, USA*

Large numbers of veterans are enrolling in higher education. Many experience posttraumatic stress symptoms, and these symptoms are associated with academic dysfunction. However, little is known about the mechanism(s) through which posttraumatic stress increases risk for academic difficulties. This study investigated the indirect effect of posttraumatic stress on academic dysfunction through three indices of perceived interpersonal relationship quality (family distress, family support, and social network support) in a clinical sample of 2,120 student veterans. Participants were further divided into four groups based on relationship status and gender (partnered women, non-partnered women, partnered men, non-partnered men), and moderation by group was examined. For all groups, there were significant indirect effects of posttraumatic stress on academic dysfunction through greater family distress and lower social network support. The overall indirect effect of posttraumatic stress on academic dysfunction was strongest for partnered women and was attributable to a stronger path from family distress to academic dysfunction. Poor relationship quality may be a modifiable risk factor for academic dysfunction among student veterans experiencing posttraumatic stress. Interventions that enhance interpersonal functioning may enhance academic outcomes, particularly for partnered women.

Exploring the Knowledge, Attitudes, and Experience of Significant Others during Veterans' Evidence-based Treatment for PTSD

(Clin Res, Clinical Practice-Comm/Int-Fam/Int, Adult, I, Industrialized)

Thompson-Hollands, Johanna, PhD[1]; Burmeister, Lori, MA[2]; Rosen, Craig, PhD[3]; Erickson, Emily, MA[4]; O'Dougherty, Maureen, PhD[5]; Meis, Laura, PhD LP[6]
[1]*VA Boston Health Care System/Boston University, Boston, Massachusetts, USA*
[2]*Phoenix VA Healthcare System, Phoenix, Arizona, USA*
[3]*VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA*
[4]*No affiliation, Minneapolis, Minnesota, USA*
[5]*Metropolitan State University , Saint Paul, Minnesota, USA*
[6]*Minneapolis VA Health Care System and University of Minnesota, Minneapolis, Minnesota, USA*

Veterans with PTSD drop out of or fail to fully engage with evidence-based treatment at high rates. Clinical Practice Guidelines for VA/DoD strongly recommend using manualized trauma-focused treatments, which are delivered individually to veterans and do not have a formal family component. Little is known about the experience of significant others while veterans undergo these treatments, despite the well-established impact of social support on the maintenance of PTSD symptoms. This study examines qualitative interviews with 21 "support persons" (SPs) of veterans with poor PTSD treatment adherence. Interviews explore multiple aspects of the SPs' experience while their loved one was in treatment, including the SPs' level of knowledge around treatment goals and activities, their attitudes toward approaching versus avoiding trauma cues, and their preferences around family inclusion in treatment. Interviews will be coded using the software program Nvivo to allow for analysis and assessment of inter-rater coding reliability. By targeting the SPs of veterans who struggled in treatment, we will identify themes relevant to veterans at high risk of poor outcome. A more comprehensive examination of families' attitudes, knowledge, and involvement could help to identify ways to better capitalize on veterans' extended social circle to improve treatment outcome.

Posttraumatic Stress Disorder and Psychological Partner Aggression among U.S. Men and Women Veterans who served in Iraq and Afghanistan: A Dyadic Analysis

(Clin Res, Aggress-Mil/Vets-Gender, Adult, I, N/A)

Watkins, Laura, PhD[1]; Laws, Holly, PhD[2]
[1]*Emory University School of Medicine, Atlanta, Georgia, USA*
[2]*Yale University School of Medicine, New Haven, Connecticut, USA*

Posttraumatic stress disorder (PTSD) symptoms have been repeatedly linked to intimate partner aggression (IPA) and previous research has suggested that this association may be stronger among veterans and men. However, few studies have examined veteran status and gender as moderators of the association between PTSD and psychological IPA, taking both partners' perspectives into account (i.e., within a dyadic framework). The current study aimed to address this limitation by using dyadic multilevel modeling to examine the association between PTSD symptoms and psychological IPA perpetration among a sample of 159 veterans of the conflicts in Iraq and Afghanistan and their partners (N = 318 participants). Findings revealed that both one's own and one's partner's PTSD symptoms were positively associated with greater psychological IPA. In addition, the effects of partner PTSD symptoms on psychological IPA perpetration differed across gender and veteran status. Results suggested that the association of partner PTSD and IPA perpetration may be stronger for male veterans than for female veterans. Findings from the current study are consistent with previous research showing associations between PTSD and IPA, and have clinical implications for treatment of PTSD and IPA among veterans of the conflicts in Iraq and Afghanistan.

Longitudinal Associations among PTSD Symptom Clusters and Social Connection among Military Veterans in Residential Treatment for PTSD

(Clin Res, Comm/Int-Fam/Int-Mil/Vets, Adult, I, Industrialized)

Sippel, Lauren, PhD[1]; Watkins, Laura, PhD[2]; Pietrzak, Robert, PhD, MPH[3]; Hoff, Rani, PhD, MPH[4]; Harpaz-Rotem, Ilan, PhD[5]
[1]*National Center for PTSD Executive Division, Geisel School of Medicine at Dartmouth, White River Junction, Vermont, USA*
[2]*Emory University School of Medicine, Atlanta, Georgia, USA*
[3]*National Center for PTSD, West Haven, Connecticut, USA*
[4]*Northeast Program Evaluation Center / Evaluation Division, National Center for PTSD /Department of Psychiatry, Yale University School of Medicine, West Haven, Connecticut, USA*
[5]*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA*

Knowing whether PTSD predicts poorer social connection over time (i.e., social erosion) and/or that poor social connection contributes to maintenance of PTSD (i.e., social causation) has implications for PTSD treatment and relapse prevention. Using data from 1,491 veterans engaged in residential treatment for PTSD at 35 VA facilities between 2012-2014, we examined a cross-lagged panel model including a five-factor model of PTSD symptoms and social connection (i.e., distress related to interpersonal conflict and the number of days of contact with supportive loved ones in the previous month) assessed at baseline and four months after discharge, adjusting for sociodemographic, clinical, and treatment characteristics. The strongest effect was more severe baseline dysphoric arousal symptoms (i.e., irritability/anger, poor concentration, and sleep problems) predicting more conflict-related distress at follow-up (B = 0.43). More conflict-related distress at baseline predicted PTSD symptom severity across all five clusters (B's = 0.10 to 0.14, p's all < .01). Results support both social causation and social selection models and suggest the greater importance of quality of social connection than frequency of contact. Engaging families in

treatment and targeting dysphoric arousal symptoms in particular may improve relationships among veterans receiving residential treatment for PTSD.

Symposium
Friday, November 9
9:45 AM to 11:00 AM
Washington 5

New Directions in the Treatment of Comorbid PTSD and Substance Use Disorders
(Clin Res, Clin Res-Sub/Abuse, Adult, M, Industrialized)

Kaysen, Debra, PhD, ABPP
University of Washington, Seattle, Washington, USA

Posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) are frequently comorbid and represent a major public health concern, with higher levels of distress and impairment (Brady et al., 2015; Lai et al., 2015). In addition, there is poorer substance use treatment outcome when comorbid PTSD is left untreated including higher rates of relapse, higher use, and higher drinking consequences (Mills et al., 2005; Read et al., 2004). Recent reviews highlight that although trauma focused behavioral interventions for comorbid PTSD/SUD were more effective for reducing PTSD symptoms and sometimes for reducing substance use than treatment as usual and other comparison conditions, other types of behavioral interventions for PTSD/SUD were not (Hildebrad et al., 2015; Roberts et al.,2015; Simpson et al., 2017). As pointed out in these reviews, results across studies are often inconsistent. This highlights the complexities of the population and need for further treatment development research. These recent reviews also highlight the need for more research examining mechanisms of change that can inform future treatment development work. Moreover, little research has focused on addressing PTSD/SUD in low or middle-income countries, despite the contribution of both disorders to the global burden of disease. As such, this symposium highlights new potential directions in approaching PTSD and SUD treatment in a variety of settings. The first two speakers will discuss studies examining change in symptoms over the course of treatment. First Dr. Hien will present on the use of growth models to examine how substance use impacts changes in PTSD in a trauma-focused behavioral intervention as compared to a non-trauma focused behavioral intervention to examine how changing one disorder may impact the other. Similarly, Dr. Kaysen will present on day-to-day changes in both PTSD and alcohol use in a trauma-focused and in a substance-use focused intervention to examine both overall change and rates of improvement. The third speaker, Dr. Bedard-Gilligan, presents on results from an open trial of an ultra-brief trauma-focused cognitive intervention tailored for recent sexual assault survivors who are at risk of heavy drinking. Lastly, Dr. Kane presents on a lay provider-delivered trauma-focused behavioral intervention in addressing substance use among Zambian orphans and vulnerable children. This group of papers describe different approaches to intervention, to evaluation of treatment response over the course of treatment, and application of treatment to new populations and settings. Overall this collection of papers examines how long interventions may need to be, administered in what types of settings, and how to prioritize treatment targets with PTSD/AUD.

Lagged Effects of Symptom Change in a Randomized Controlled Trial for PTSD and Substance Use Disorders

(Clin Res, Clin Res-Res Meth-Sub/Abuse, Adult, M, Industrialized)

Hien, Denise, PhD, ABPP[1]; Zumberg, Kathryn, PhD[2]; Owen, Max, PhD[3]; Lopez-Castro, Teresa, PhD[4]; Ruglass, Lesia, PhD[4]; Papini, Santiago, MA[5]
[1]*Rutgers University, Graduate School of Applied and Professional Psychology, Piscataway, New Jersey, USA*
[2]*Columbia University/NY State Psychiatric Institute, New York, New York, USA*
[3]*University of South Florida, St. Petersburg , Florida, USA*
[4]*City College of the City University of New York, New York, New York, USA*
[5]*University of Texas at Austin, Austin, Texas, USA*

Objective: To advance understanding the effectiveness of evidence-based treatments for comorbid posttraumatic stress and substance use disorders (PTSD and SUD), research must provide a more nuanced picture of how PTSD and SUD patients change over the course of different treatments, demonstrating how active substance use affects PTSD changes. Method: We applied growth models to week-to-week PTSD symptom and substance use changes during treatment and follow-up of a randomized controlled trial of two cognitive behavioral treatments for PTSD and SUD: Concurrent Treatment of PTSD and SUD Using Prolonged Exposure (COPE) and Relapse Prevention Therapy (RPT). Cross-lagged analyses were used to determine whether prior week substance use impacted subsequent changes in PTSD. Results: The rate of PTSD symptom decline during treatment was moderated by treatment type. In the context of continued substance use during post-treatment, prototypical trajectories suggested that only COPE was associated with asymptomatic PTSD symptom levels. Conclusion: Results provide evidence that exposure-based treatments (COPE) can lead to significant reductions in PTSD and suggest that they may be superior to RPT when patients are unable to initiate and maintain abstinence during treatment. Implications for clinical decision-making around treatment selection are discussed.

Refinement and Initial Feasibility Testing of a Brief, Early Intervention Following Sexual Assault

(Clin Res, Acute-Clin Res-Rape-Sub/Abuse, Adult, M, Industrialized)

Bedard-Gilligan, Michele, PhD[1]; Masters, N. Tatiana, PhD[1]; Ojalehto, Heidi, BS[1]; Kaysen, Debra, PhD, ABPP[1]; Simpson, Tracy, PhD[2]; Stappenbeck, Cynthia, PhD[3]
[1]*University of Washington, Seattle, Washington, USA*
[2]*VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA*
[3]*University of Washington School of Medicine, Seattle, Washington, USA*

Sexual assault can lead to the development of psychopathology including posttraumatic stress disorder (PTSD) and problematic alcohol use (e.g., Dworkin, Menon, Bystrynski, & Allen, 2017). Acute interventions decrease development of longer term psychopathology following trauma exposure (Dworkin & Schumacher, 2016) but easily accessible approaches that address PTSD and alcohol use concurrently are needed. We refined a brief intervention (Stappenbeck et al., 2015) based on cognitive processing therapy (Resick, Monson, & Chard, 2016). The refined intervention involved a single 90-minute in-person session and four weekly coaching calls designed to decrease trauma symptoms and problematic alcohol use acutely following sexual assault. We will present our iterative process of treatment refinement, including expert interviews and provider focus groups. We will also present results of our open trial with six women who reported sexual assault in the last 10 weeks and recent heavy drinking. Open trial participants reported a pre to post decrease in PTSD (d=.96) and drinking consequences (d=.23). Participants reported high perceived helpfulness of the intervention (M=6.0) and coaching calls (M=5.6;

range 1-7) and there was no attrition. Preliminary results suggest this is a promising approach for acute intervention after sexual assault and support the ongoing randomized controlled trial.

Daily Symptom Change in PTSD and Drinking during Cognitive Processing Therapy and Relapse Prevention

(Clin Res, Clin Res-Cog/Int-Sub/Abuse, Adult, M, Industrialized)

Kaysen, Debra, PhD, ABPP[1]; Simpson, Tracy, PhD[2]; Rhew, Issac, PhD[3]
[1]*University of Washington, Seattle, Washington, USA*
[2]*VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA*
[3]*University of Washington School of Medicine, Seattle, Washington, USA*

It has not been adequately addressed to what extent treatment of PTSD or AUD may change comorbid symptoms. This study evaluated daily-level changes in PTSD and alcohol use associated with Cognitive Processing Therapy (CPT) or Relapse Prevention. PTSD/AUD participants recruited from VA and the community were randomized to CPT (n=41), RP (n=38), or daily assessment only (AO, n=22). Using 4041 daily observations collected following a two-week baseline monitoring period, mixed effects models were used to compare differences between AO and CPT and RP. Across the post-intervention days, participants randomized to the CPT condition were less likely to report any drinking compared to the AO condition (OR=.38, p=.016). There was also a reduced likelihood of drinking among those in the RP group compared to AO, but this difference did not reach statistical significance (OR=.49; p=.075). There were no statistically significance differences between AO and either CPT or RP conditions on alcohol consumption or PTSD severity although those in the CPT group showed a greater decline in PTSD symptoms since baseline compared to AO that did not reach statistical significance (condition-x-time interaction, p=.069). Findings highlight the importance of examining changes over the course of treatment and the potential utility of CPT as an intervention for comorbid PTSD/AUD.

Long-Term Treatment Impacts of Trauma-Focused Cognitive Behavioral Therapy on Substance Use among Orphans and Vulnerable Children in Zambia

(Clin Res, Global-Sub/Abuse, Child/Adol, M, E & S Africa)

Kane, Jeremy, MPH[1]; Bolton, Paul, MB, BS[2]; Skavenski van Wyk, Stephanie, MPH, MSW[1]; Akiba, Christopher, MPH[3]; Munthali, Saphira, BS[4]; Paul, Ravi, MD[5]; Murray, Laura, PhD[1]
[1]*Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA*
[2]*Johns Hopkins University Bloomberg School of Public Health, Scituate, Massachusetts, USA*
[3]*University of Washington, Seattle, Washington, USA*
[4]*Serenity Harm Reduction Programme Zambia, Lusaka, Zambia*
[5]*University of Zambia, Lusaka, Zambia*

Orphans and vulnerable children (OVC) in sub-Saharan Africa experience high rates of traumatic and other adverse events that collectively increase their risk for mental health and substance use problems. In a previous randomized trial, we found that lay provider-delivered trauma-focused cognitive behavioral therapy (TF-CBT) was effective in reducing trauma symptoms among OVC in Zambia compared to treatment as usual. In this presentation, we will discuss long-term outcome results from a follow-up trial in which we tested the effectiveness of TF-CBT in reducing substance use among 610 Zambian OVC compared to an active control condition, a psychoeducation-based counseling (PC). Among TF-CBT participants, report of any past 3-month substance use (one or more of: alcohol, inhalants, marijuana, cocaine, sedatives, hallucinogens, and methamphetamines) reduced from 33.6% at baseline to 6.5% 12 months post-treatment (RR: 0.19, p<.0001). Among PC participants, substance use reduced from 31.3% to 9.7% (RR: 0.31, p<.0001). The reduction was significantly greater in the TF-CBT vs. the PC group (RR: 0.63,

p<.05). In addition to these results, we will discuss the impact of the interventions among OVC who continued to use (i.e., harm reduction potential of the treatment approaches) and implementation factors.

Panel Presentation
Friday, November 9
9:45 AM to 11:00 AM
Virginia C
Gender/Orientation Track

Seeing Beyond Scars: Reframing Acid Violence Burn Trauma as a Public Health Issue

(Global, Clin Res-Cul Div-Health-Gender, Prof, M, Latin Amer & Carib)

Sharma, Samata, MD, MPh[1]; **Shah, Jaf**[2]; **Guarino, Kathleen, LMHC**[3]; Nath, Shampa, MA[4]; **Levy-Carrick, Nomi, MD**[5]
[1]*Brigham and Women's Hospital, Boston, Massachusetts, USA*
[2]*Acid Survivor Trust International, London, United Kingdom*
[3]*American Institutes for Research, Waltham, Massachusetts, USA*
[4]*Healthlink Worldwide, London, United Kingdom*
[5]*Bellevue Hospital Center, New York, New York, USA*

Acid violence is a rarely discussed, often gender-specific, global form of violence used to facially disfigure and socially shame its victims. Incidences are rising, from the UK to Uganda. In this panel, we will reframe acid violence as a gender-specific public health issue: exploring not only its physiological and psychological consequences, but also its impact on communities, and economic cost to society. We will: provide an cross-cultural overview of acid violence; reveal how facial recognition is fundamental to self-identification and why disfigurement can create particularly severe suffering (Wright 2017); review the psychiatric comorbidities unique to deliberate burn injury (McAleavey 2018), and introduce a trauma-informed framework for addressing acid violence (DeCandia & Guarino, 2015). We will discuss the creation of our pilot program in Colombia to systematically enhance mental health services: drawing upon our early findings and a survivor's narrative to demonstrate why an intersectoral trauma informed approach best reflects the expressed needs of this population. We believe our proposed model will also carry clinical significance beyond acid violence to inform treatment practices in larger burn/disfigurement injury populations as well as broader significance in ultimately revealing universal aspects of optimal gender-specific trauma treatment.

Panel Presentation
Friday, November 9
9:45 AM to 11:00 AM
Washington 3
Military/Veteran Track

Lessons from the Field: Conducting Culturally Competent Research with American Indians, US-Mexico Border Residents, and Veterans

(Res Meth, Comm/Int-Cul Div-Ethics-Mil/Vets, Lifespan, I, Industrialized)

Frankfurt, Sheila, PhD[1]; **Yellow Horse Brave Heart, Maria, PhD**[2]; **Chase, Josephine, PhD**[3]; **Charak, Ruby, PhD**[4]; Kudler, Harold, MD[5]; **Meyer, Eric, PhD**[1]

[1]*VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA*
[2]*University of New Mexico, Albuquerque, New Mexico, USA*
[3]*Oglala Lakota College, Kyle, South Dakota, USA*
[4]*The University of Texas Rio Grande Valley , Edinburg, Texas, USA*
[5]*USA Department of Veterans Affairs, Washington, District of Columbia, USA*

At-risk and marginalized groups are at higher risk of trauma exposure and bear a disproportionate trauma-related mental health burden. At the same time, these vulnerable populations are often left out of research on the effects of trauma and intervention development. This panel will bring together clinical research experts to discuss how one conceptualizes, plans, and conducts research in vulnerable populations and develops policy based on that work. Panelists will dialogue with audience members about considerations including conducting research as a member of a marginalized group vs. gaining community members' trust as an outsider, conceptualizing and assessing complex trauma-related phenomena including historical trauma, intergenerational trauma, and moral injury, and working with families. The development and motivation behind three research projects will anchor discussion of research methods: a completed intervention for historical trauma and unresolved grief among American Indians, an on-going quantitative study of intergenerational trauma in Latino/a families on the Texas/Mexico border, and an in-development mixed methods study of moral injury in U.S. Veterans. Led by mental health policy expert, the discussion will stimulate a unique conversation about the key challenges for conducting ethical, culturally competent, and bidirectional research with vulnerable populations.

Workshop Presentation
Friday, November 9
9:45 AM to 11:00 AM
Salon 3
Assessment and Diagnosis Track

Validated Measurement of ICD-11 Post Traumatic Stress Disorder (PTSD) and Complex Post Traumatic Stress Disorder (CPTSD)

(Assess Dx, Clin Res-Clinical Practice-Complex, Adult, I, Global)

Bisson, Jonathan, MD[1]; **Roberts, Neil, DPsych(Clin)**[2]; **Cloitre, Marylene, PhD**[3]; Karatzias, Thanos, PhD, Cpsych[4]
[1]*Cardiff University School of Medicine, Cardiff, United Kingdom*
[2]*Cardiff and Vale University Health Board, Cardiff, United Kingdom*
[3]*National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA*
[4]*Edinburgh Napier University & Rivers Centre for Traumatic Stress, Edinburgh, United Kingdom*

ICD-11 PTSD and Complex PTSD have unique diagnostic criteria that cannot be accurately assessed using measures based on other classification systems. The International Trauma Questionnaire (ITQ) and International Trauma Interview (ITI) are new measures specifically designed and carefully developed to assess ICD-11 PTSD and CPTSD. The ITQ has been shown to have excellent psychometric properties and it is anticipated that the same will be confirmed for the ITI over the next few months. It is likely that these measures will be considered as a gold standard for the assessment of ICD-11 PTSD and CPTSD.
Developers of the ITQ and ITI will describe them, their administration, scoring and interpretation. The use of role-play and video recordings will be used to teach workshop participants how to administer the ITI and key issues will be discussed with audience interaction.

Workshop Presentation
Friday, November 9
9:45 AM to 11:00 AM
Roosevelt 4

A TLC Approach to Support Implementation and Sustainability of Trauma Informed Care in Rural Mental Health and Substance Use Disorder Centers

(Commun, Commun-Sub/Abuse-Train/Ed/Dis, Prof, I, Industrialized)

Bills, Lyndra, MD[1]; **Hutchison, Shari, MS**[2]; **Geiger, Jennifer, MEd**[3]
[1]*Community Care Behavioral Health, Camp Hill, Pennsylvania, USA*
[2]*Community Care Behavioral Health, Pittsburgh, Pennsylvania, USA*
[3]*Behavioral Health Alliance of Rural Pennsylvania, State College, Pennsylvania, USA*

A managed care and county mental health officials will present a 15-month, Trauma Informed Care Learning Collaborative (TLC) to support agencies on screening for trauma exposure, monitoring staff training, and assessing staff-report of confidence and vicarious trauma experienced in service delivery. Twenty-two behavioral health centers in rural Pennsylvania participated. Results show improvement in screening rates over time, 39% to 76%. Over 2900 staff were trained or educated on the importance of trauma informed care. The percent of staff reporting high rates of confidence improved from 19% to 68%. Low ratings of confidence were observed despite high levels of satisfaction with helping others and low levels of burnout and secondary traumatic stress (ProQOL; Hundall Stamm, 2009). Monthly quality improvement cycles (Plan, Do, Study, Act; PDSA) were considered to be high quality for 32% of providers and good quality for 45% of providers. Quality of the PDSA was associated with better performance on process measures. Workshop participants will learn the steps to conduct a successful learning collaborative following the Breakthrough Series model (IHI.org), importance of developing valuable process and outcome measures, and tools to help structure quality improvement efforts to support culture change and promote sustainability of best practices.

Flash Talks
Friday, November 9
9:45 AM to 11:00 AM
Roosevelt 5

Development and Testing of an Intimate Partner Abuse Intervention with Stateless Rohingya Communities in Malaysia and Syrian Refugees in Lebanon

(Commun, Comm/Int-DV-Refugee-Gender, Adult, M, Global)

Welton-Mitchell, Courtney, PhD[1]; James, Leah, PhD, MSW[1]; Michael, Saja[2]; Bujung, Noor Arifah, MA[3]; James, Alexander, PhD[1]
[1]*University of Colorado at Boulder, Boulder, Colorado, USA*
[2]*ABAAD, Beirut, Lebanon*
[3]*Tenaganita, Kuala Lumpur, Malaysia*

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guides to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Risk for intimate partner abuse (IPA) can increase during periods of displacement. Both Rohingya in Malaysia and Syrians in Lebanon are particularly vulnerable, being stateless and fearing arrest, often unable to legally work or access services. Such stressors may contribute to under-reporting of incidents and limited help-seeking. During phase one of a three phase study, local teams assessed prevalence of and attitudes about IPA among displaced Rohingya and Syrians. Results indicated high rates of IPA, acceptability of violence, and limited help-seeking, suggesting the need for an intervention. Community-specific data were used to inform the development of 3-day curriculum-based workshops focused on addressing IPA, concluding with participant-led development of IPA-focused messaging campaigns. In each country, seventy-five community members participated in IPA workshops. Results following workshops suggested significant decreases in acceptability of IPA, increases in acceptability of help-seeking, decreases in mental health symptoms, increases in self and community efficacy and increases in use of adaptive coping skills. The messaging campaigns developed by workshop participants are currently being tested using an RCT framework in 600 households. We expect campaigns to result in a decrease in reported acceptability of IPA and an increase in help-seeking.

The Impact of Functioning and Support on Managing Complex Trauma among Diverse Trauma Exposed Adults: Examining Attitudes towards Mental Health Treatment Needs in Middle and Late Life

(Clin Res, Comm/Int-Complex-Ethnic-QoL, Older, M, Industrialized)

Hansen, Marissa, PhD, MSSW; Ghafoori, Bita, PhD
California State University, Long Beach, Long Beach, California, USA

Introduction: Understanding care priorities of older adults experiencing complex trauma is important to approach treatment engagement and provide support in managing the multi-layered needs that emerge with aging. Accounting for the role of functional impairment and quality of life on attitudes about mental health can inform means to address service use disparities among this vulnerable population. The study aim was to examine the relationships of these factors in a diverse community-based sample of trauma exposed middle-aged and older adults.
Methods: Using data from a community survey of trauma-exposed diverse urban-dwelling adults (50-years plus; n=165), direct effects of trauma symptoms, functioning (Sheehan Disability Scale (SDS) and Brief Symptom Inventory), and quality of life (WHO-QOL) on attitudes towards mental health treatment using hierarchical linear regression were examined.
Results: Findings revealed race/ethnicity (p=.015), functioning with social and family life (SDS; p=.047), and the environment domain of the WHO-QOL (p=.017) were related to more positive attitudes about mental health treatment. Post-hoc analysis presented specific differences with Latinos.
Conclusion: Findings suggest engaging middle-aged and older adults in services that promote positive support and feelings of safety prior to therapeutic services can enhance perceptions about treatment.

Ecological Momentary Assessment Ratings of Daily PTSD Symptoms and Nightly Sleep Amounts are not Related

(Assess Dx, Clinical Practice-Sleep-Mil/Vets, Adult, I, Industrialized)

DeViva, Jason, PhD; Rosen, Marc, MD; Black, Anne, PhD
VA Connecticut Healthcare System and Yale University, West Haven, Connecticut, USA

Sleep problems are both a common effect of trauma exposure and a potential predictor of PTSD. Little research has examined the relationships between nightly sleep and last-day and next-day PTSD symptoms. The current

study used ecological momentary assessment to determine how hours of sleep related to PTSD symptoms. For 28 consecutive days, 42 male post-9/11 veterans (age=32.4 years, sd=6.8, PTSD Checklist-5 (PCL5) baseline>28) were prompted by text messages to complete three quasi-random real-time daily momentary assessments of PTSD symptoms (PCL5 modified to assess PTSD symptoms over the two previous hours) and recorded the previous night's sleep duration each morning. In multilevel models, daily maximum PTSD symptoms were significantly negatively predicted by average sleep, B(40)=-11.89, p<.001, and positively predicted by last-day PTSD symptoms, B(41)=.14, p=.02, but were not significantly predicted by last-night hours of sleep, B(620)=.37, p=.37, controlling for other variables. However, mean sleep had a moderating effect on the relationship between last-day and next-day PTSD symptoms, such that last-day PTSD symptoms had a significantly more positive effect on next-day PTSD symptoms for people who slept more on average. Results indicate that day-to-day PTSD is not related to nightly sleep, but less average sleep may be related to more daily variability in PTSD symptoms.

Mothers' Depressive Symptoms Mediate the Relation between Preschoolers' Intimate Partner Violence (IPV) Exposure and their Executive Functioning 8 Years Later: A Longitudinal Analysis

(Clin Res, Depr-Dev/Int-DV, Child/Adol, M, Industrialized)

Clark, Hannah, Doctoral Student; Galano, Maria, PhD; Stein, Sara, PhD; Grogan-Kaylor, Andrew, PhD; Graham-Bermann, Sandra, PhD
University of Michigan, Ann Arbor, Michigan, USA

Children exposed to intimate partner violence (IPV) are at increased risk for a host of physical and mental health problems, and there is a growing body of literature suggesting that IPV threatens children's cognitive development as well, particularly with regard to their executive functioning (EF). The executive functions include cognitive flexibility, response inhibition, and selective attention, and all are skills that promote successful development across the lifespan. The spillover hypothesis posits that the relation between IPV exposure and diminished EF in children may be attributable, in part, to the detrimental effects of IPV on their mothers. Using data from an 8-year longitudinal study of a randomized controlled trial of an intervention for IPV-exposed mothers and their preschool-aged children, mediation models revealed a dose-response relationship between IPV exposure during the preschool years and impairment on measures of response inhibition 8 years later. This effect was mediated by mothers' depressive symptoms, indicating that higher levels of IPV were associated with greater maternal depression over time, which in turn negatively influenced children's EF. In supporting the spillover hypothesis, these results indicate that targeting mothers' depression symptoms following traumatic violence may promote their children's cognitive development in the long-term.

Predicting Trauma Symptomatology among Children from two Red-light Districts in Mumbai, India: An Urgent Call for Incorporating Trauma-informed Perspectives

(Global, CPA-Chronic-Comm/Vio-Global, Child/Adol, M, S Asia)

Prahbu, Shraddha, PhD; Koehler, William, PhD
Edinboro University, Edinboro, Pennsylvania, USA

Children of women in low-income prostitution in India face considerable challenges to wellbeing and development. Despite significant exposure to potentially traumatic experiences, trauma-informed interventions are missing or inadequate. This study examines predictors of trauma symptomatology among 146 children (ages 13 -17 years) from two red-light areas in Mumbai, India using the ISPCAN Child Abuse Screening Tool and the Trauma Symptom Checklist for Children. Multiple regression analysis was used to predict children's total trauma symptom scores

from six predictive factors. Only four of the predictor variables (cumulative exposure to violence, age, mother's status (prostituted or not), and residence (community or shelter) had significant bi-variate relationship with total trauma symptom scores (child gender and mother mortality did not). Only cumulative exposure to violence scores and mother's status had significant ($p < .001$) partial effects in the full model. The four predictor model was able to account for 42.5% of the variance in total trauma symptom scores, $F(6,138) = 17.02$, $p < .001$, $R2 = .43$, 90% CI. This study highlights the need for using a trauma-informed perspective to develop programs to address the exposure to violence that children of women in prostitution experience. Recommendations for program and policy development will be presented.

The Role of Partner Perceptions of PTSD Symptoms and Relationship Satisfaction

(Clin Res, Clinical Practice-Fam/Int, Adult, M, Industrialized)

Grubbs, Kathleen, PhD[1]; Wrape, Elizabeth, PhD[2]; Sohn, Min Ji, BS[3]; Iyican, Susan, PhD[4]; Macdonald, Alexandra, PhD[5]; Morland, Leslie, PsyD[6]
[1]*San Diego VA/University of San Diego, San Diego, California, USA*
[2]*Veterans Affairs San Diego Healthcare System; Department of Psychiatry, UCSD, San Diego, California, USA*
[3]*Veterans Medical Research Foundation, San Diego, California, USA*
[4]*Veterans Affairs Hospital, San Diego, California, USA*
[5]*The Citadel, Military College of South Carolina, Charleston, South Carolina, USA*
[6]*National Center for PTSD, San Diego, California, USA*

Veteran and partner perceptions of posttraumatic stress disorder (PTSD) symptoms may influence relationship satisfaction. Eighty-four dyads participated in a baseline assessment for a clinical trial evaluating two relationally-based interventions for PTSD. Dyads completed the PTSD Checklist (PCL-veteran), PCL-collateral (partner report of veteran's PTSD), and Couples Satisfaction Inventory (CSI-32). PTSD agreement was significant but low-to-moderate for PCL-total (ICC = .33, p = .03), numbing (ICC = .50, p = .002), and hyperarousal (ICC = .32, p = .04) and non-significant for avoidance and re-experiencing. Dyads were classified into three groups based their agreement or lack of agreement on PCL scores. Groups included (1) Veteran rated their PTSD as 10 points higher than their partner, (2) Veteran and partner rated PTSD within 10 points, and (3) Veteran rated their PTSD as 10 points less than their partner. There were no between group differences on the Veteran CSI scores. Partner satisfaction was higher among dyads in which PTSD severity was rated lower by the partner ($F = 6.63$, $p = .002$). These findings are consistent with literature suggesting that relationship satisfaction serves as a buffer for perceptions of Veteran's symptoms for partners, and that relational/trauma-focused intervention could play a critical role PTSD care.

Attitudes about Guns in the Aftermath of a Massacre: A National Study after the Orlando Nightclub Shooting

(Journalism and Trauma, Acute-Comm/Vio-Pub Health, Adult, I, N/A)

Holman, E. Alison, PhD[1]; Cohen Silver, Roxane, PhD[1]; **Jose, Rupa, PhD**[2]
[1]*University of California, Irvine, Irvine, California, USA*
[2]*UC San Diego / VA San Diego Health Care System, La Jolla, California, USA*

The 2016 Pulse Nightclub massacre in Orlando, Florida, was considered the most devastating mass shooting in modern times with 49 people dead and dozens more injured. Though public polls (e.g., Gallup polls) suggest that most Americans report that new gun control laws (58%; 2017 estimate) or universal background checks (53%; 2015 estimate) would have minimal or no effect in preventing mass shootings, no systematic research has investigated gun attitudes in the immediate aftermath of a mass shooting. Using survey data collected from a nationally representative U.S. sample (*N*=3,199), we examined gun attitudes within one week following the 2016 Orlando nightclub shooting. In general, most individuals favored gun restrictions in the aftermath (i.e., 84% favored

universal background checks and 67% desired stricter laws covering the sale of firearms). Ordered logistic regressions were also used to examine both traditional (Republican identity, gun ownership, age, gender, income) and novel predictors (direct and media exposure) of gun attitudes. Individuals with more mass shooting media coverage were significantly more likely to favor universal background checks ($p < 0.05$) and desire stricter gun laws ($p < 0.01$), adjusting for model covariates. Results suggest that media coverage of mass shootings may be critical in shaping contemporary public attitudes around gun violence.

Functional Connectivity of Mindfulness and Mantra for Veterans with PTSD and mTBI: Preliminary Results of a Randomized Control Trial

(Clin Res, Clin Res-Cog/Int-Mil/Vets-Neuro, Adult, M, Industrialized)

Williams, Wright, PhD, ABPP[1]; Waelde, Lynn, PhD[2]; Bannister, Jenny, PhD[3]; Laird, Christina, PhD, LCSW[4]; Diaz, Marlene, BA[1]; **Newsome, Mary R, PhD**[5]
[1]*Michael E. DeBakey VA Medical Center; Baylor College of Medicine, Houston, Texas, USA*
[2]*Palo Alto University, Palo Alto, California, USA*
[3]*James A. Haley VA Medical Center, Tampa, Florida, USA*
[4]*VA, Golden, Colorado, USA*
[5]*Baylor College of Medicine, Houston, Texas, USA*

Mindfulness training may be effective for veterans with PTSD and mild traumatic brain injury (mTBI). We randomized 44 veterans with these comorbidities to either an Inner Resources for Veterans (IRV) mindfulness and mantra group or an Essential Skills (ES) group that offered PTSD and mTBI psychoeducational and coping information. Functional connectivity (FC) of dorsal anterior cingulate and bilateral insula, amygdala, and parahippocampal gyrus (PHG) were measured before and after treatment. We found significantly reduced PTSD and depression symptoms across groups (PCL5: F(1,14)=5.12, p=.04; PHQ9: F(1,14)=8.39, p=.012), but no group by time differences. There were large Cohen's *d* pre/post effect sizes for the IRV group and small effects for the ES group (PCL5: IRV=.86, ES=.30; PHQ9: IRV=1.32, ES=.27). Preliminary results revealed significantly increased FC between the PHG and left inferior parietal lobule (IPL) in the ES group, and between PHG and left frontal pole (FP) in the IRV group. Pretreatment IPL has been associated with reduced re-experiencing symptoms following CBT+exposure and EMDR, and increased FP activity is associated with reduced hyperarousal following PE, suggesting that IRV and ES use networks similar to other therapies that may be dissociable. Neural and behavioral results suggest IRV may be an effective adjunctive treatment for veterans with PTSD and mTBI.

A Retrospective Comparative Effectiveness Study of Medications for Posttraumatic Stress Disorder in Routine Practice

(Bio Med, Clin Res-Clinical Practice-Res Meth-Mil/Vets, Adult, M, Industrialized)

Shiner, Brian, MD, MPH[1]; Leonard Westgate, Christine, MS[2]; Gui, Jiang, PhD[3]; Maguen, Shira, PhD[4]; Schnurr, Paula, PhD[5]; Watts, Bradley, MD, MPH[1]
[1]*Dartmouth Medical School, White River Junction, Vermont, USA*
[2]*White River Junction VA Medical Center, White River Junction, Vermont, USA*
[3]*Dartmouth Medical School, Lebanon, New Hampshire, USA*
[4]*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*
[5]*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

Objective: Fluoxetine, paroxetine, sertraline, topiramate, and venlafaxine have consistently shown efficacy for PTSD in metaanalyses of RCTs. We conducted a retrospective comparative effectiveness study of these medications in routine practice using EMR data.

Method: 2,931 VA outpatients initiating treatment for PTSD received one of the medications at an adequate dose and duration, combined with baseline and endpoint PCLs. We weighted participants to balance pretreatment characteristics. We compared continuous changes on PCL score, as well as categorical changes including reliable improvement and loss of PTSD diagnosis using weighted regression analyses. Exploratory analysis determined whether patient characteristics or service use variables predicted loss of PTSD diagnosis.
Results: Patients improved by a mean of 5-6 points on the PCL over approximately six months of treatment. While half of patients had a reliable improvement of 5 points or more on the PCL, less than a fifth achieved loss of PTSD diagnosis. There were no differences between medications. The only significant predictor of loss of PTSD diagnosis was concurrent treatment with evidence-based psychotherapy.
Conclusion: Available evidence-based medications for PTSD are equally effective in clinical practice. Patients choosing medication treatment for PTSD should receive concurrent evidence-based psychotherapy.

Children of Traumatized Refugees in Norway: Implications of their Experiences for Practice and Policy

(Social, Refugee-Intergen, Lifespan, I, Industrialized)

Johansen, Jennifer, PhD Candidate; Varvin, Sverre, Professor
Oslo and Akershus University College of Applied Sciences (OAUC), Oslo, Norway

In addition to managing dual cultural identities, children of traumatized refugees face the potential burden of living in families with parents struggling in the aftermath of trauma, loss and adversity. From a trauma-perspective, important research has been done to elucidate how parental trauma related pathology may have a negative influence on their children. The majority of literature addressing this phenomenon has focused pre-described psychological and biomedical causal hypothesis. Less is known about how young refugees themselves experience their situation in exile and what aspects they consider important in contributing to or challenging their development and functioning. Using a phenomenological and social-ecological framework, this qualitative study explored the subjective experiences of young refugees (18-29 years) growing up in a Norwegian context. Findings based on in-depth interviews show that the informants experience parental suffering to impact their development and how they manage their lives, both inside and outside family life. This presentation will examine the ways in which the informants cope and deal with developmental tasks focusing on three patterns that appears in the material avoidance, enmeshment and ambivalence. Finally, the implications of these findings for future practice and policy will be discussed.

Concurrent Session Six

Invited Speaker

Friday, November 9

11:15 AM to 12:30 PM

Salon 2

Community Based Participatory Research as both a Means and an End: Lessons from a 15 Year CBPR Program with Somali Refugees

(Commun, Commun-Cul Div-Refugee-Terror, Lifespan, I, Industrialized)

Ellis, Heidi, PhD
Children's Hospital Center for Refugee Trauma & Resilience/Children's Hospital Boston, Boston, Massachusetts, USA

Community Based Participatory Research is an approach to conducting research with marginalized communities that adheres to several basic principles: Research should strengthen a sense of community identity and capacity, facilitate co-learning, and establish true partnerships and shared goals. This talk will follow the arc of a 15+-year CBPR program with Somali refugees, sharing key challenges and successes along the way. The talk will highlight how following a community, and questions of importance to that community, fundamentally differs from more traditional academic models of research that follow a specific diagnosis or question. In this example, a research program initiated around trauma and PTSD dynamically shifted in response to sociopolitical events to address questions of discrimination, radicalization to violence, and community resilience. Findings from this research reinforce the importance of approaching research in a way that fundamentally builds community identity and capacity, and suggest that CBPR is a critical approach not only to research but to prevention and intervention.

Symposium
Friday, November 9
11:15 AM to 12:30 PM
Salon 3
Military/Veteran Track

The Flexible Delivery of Cognitive Behavioral Couple Therapy for Posttraumatic Stress Disorder to Overcome Barriers to Care

(Clin Res, Clinical Practice-Fam/Int-Tech-Mil/Vets, Adult, I, Industrialized)

Macdonald, Alexandra, PhD[1]; Schnurr, Paula, PhD[2]
[1]*The Citadel, Military College of South Carolina, Charleston, South Carolina, USA*
[2]*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

There are well-documented associations between posttraumatic stress disorder (PTSD) and intimate relationship problems (Lambert et al., 2012; Taft et al., 2011). Cognitive-behavioral conjoint therapy for PTSD (CBCT for PTSD; Monson & Fredman, 2012) was developed to treat PTSD and associated relationship difficulties, and there is evidence that the treatment is efficacious in improving both PTSD symptoms and relationship adjustment (Monson et al., 2012). However, the current format of 15 weekly 75-minute sessions delivered over several months poses challenges for treatment engagement and retention. This symposium will include presentations on the evidence for three novel adaptations to CBCT for PTSD designed to promote engagement and retention in both military/veteran and civilian populations. Dr. Leslie Morland will begin by presenting data and information from the pilot phase of a trial of an eight-session version CBCT for PTSD delivered either in-office or via in-home video teleconferencing among a sample of veterans with PTSD. Next, Dr. Steffany Fredman will present data on the initial efficacy of an intensive retreat version of CBCT for PTSD delivered over a single weekend in a multi-dyad format for couples that include a service member or veteran diagnosed with PTSD. Finally, Dr. Anne Wagner will present results from a pilot study that includes multiple innovations through its use of methylenedioxymethamphetamine (MDMA) administered in conjunction with CBCT for PTSD delivered through a combination of intensive in-person and telehealth sessions. Finally, our discussant, Dr. Paula Schnurr, a world-renowned PTSD clinical trialist, will offer remarks related to the delivery of conjoint interventions for PTSD and their adaptations in healthcare systems and discuss future directions for this work.
Our symposium is closely aligned with the goals of this year's conference. We investigate the public health issues regarding access to mental health, especially among subpopulations at increased risk for PTSD (e.g., veterans and active duty service members). We examine adaptations that include significant innovations, from accelerated delivery (Morland, Fredman, Wagner), to the use of technology (Morland, Wagner), to the inclusion of pharmacological agents medications to enhance the efficacy of existing interventions (Wagner). These represent important advances in the delivery of conjoint interventions for PTSD, as each of these new modalities has the potential to increase access and retention in care.

An Initial Efficacy Study of Cognitive-behavioral Conjoint Therapy for PTSD Delivered in an Intensive Weekend Format for Military and Veteran Couples

(Clin Res, Fam/Int-Mil/Vets, Adult, I, Industrialized)

Fredman, Steffany, PhD[1]; Macdonald, Alexandra, PhD[2]; Monson, Candice, PhD, Cpsych[3]; Rhoades, Galena, PhD[4]; Dondanville, Katherine, PsyD[5]
[1]*Penn State University, University Park, Pennsylvania, USA*
[2]*The Citadel, Military College of South Carolina, Charleston, South Carolina, USA*

[3]*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*
[4]*University of Denver, Denver, Colorado, USA*
[5]*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*

Cognitive-behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD; Monson & Fredman, 2012) is efficacious in improving both PTSD symptoms and relationship adjustment among couples with PTSD. However, it is challenging for many active duty and Veteran couples to attend all 15 weekly sessions; thus, newer, more efficient delivery formats are needed to maximize engagement and retention. This initial efficacy study investigated an intensive version of CBCT for PTSD delivered over a single weekend in a multi-dyad format for 24 couples that included a Service Member or Veteran diagnosed with PTSD via clinician interview. All couples completed treatment. Assessments conducted one and three months after the intervention revealed significant moderate-to-large or large effect size reductions in clinician-rated PTSD symptoms (ds 0.79 and 1.06, respectively) and in self-reported symptoms of PTSD (ds 0.94 and 1.30, respectively), depression (ds 0.74 and 0.76, respectively), and anxiety (ds 0.83 and 0.82, respectively). Moderate and significant improvements were also observed for partners' relationship satisfaction three months after treatment (d = 0.62). Delivering CBCT for PTSD through an intensive weekend, multi-group format may be an efficacious and efficient strategy for improving PTSD, comorbid symptoms, and relationship adjustment in military and Veteran couples.

Abbreviated Cognitive Behavioral Couples Therapy into the Home: A Scalable Model for Couples with PTSD

(Clin Res, Clinical Practice-Res Meth-Mil/Vets, Adult, I, Industrialized)

Morland, Leslie, PsyD[1]; Grubbs, Kathleen, PhD[2]; Macdonald, Alexandra, PhD[3]; Monson, Candice, PhD, Cpsych[4]; Buzzella, Brian, PhD[5]; Wrape, Elizabeth, PhD[5]; Wickramasinghe, Induni, BA[6]; Wells, Stephanie, MS, PhD Student[7]; Mackintosh, Margaret-Anne, PhD[8]
[1]*National Center for PTSD, San Diego, California, USA*
[2]*San Diego VA/University of San Diego, San Diego, California, USA*
[3]*The Citadel, Military College of South Carolina, Charleston, South Carolina, USA*
[4]*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*
[5]*Veterans Affairs San Diego Healthcare System; Department of Psychiatry, UCSD, San Diego, California, USA*
[6]*Veterans Medical Research Foundation, La Jolla, California, USA*
[7]*UCSD/SDSU Joint Doctoral Program in Clinical Psychology, San Diego, California, USA*
[8]*National Center for PTSD – Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA*

Cognitive-Behavioral Conjoint Therapy (CBCT) is a manualized treatment designed to simultaneously reduce posttraumatic stress disorder (PTSD) symptoms and enhance relationship functioning for couples. Evidence exists for the efficacy of CBCT among civilian populations; however, a randomized clinical trial of the efficacy of CBCT for veteran couples is needed to inform implementation across the VA. This presentation will discuss a large RCT underway to evaluate the efficacy and scalability of an abbreviated 8-session CBCT protocol in a veteran population and explore home-based telehealth [HBT] to increase ease and acceptability of family-based care in the VA. Preliminary data on 53 randomized couples will be presented including treatment drop-out data. A pilot phase (n=10) tested the feasibility of recruitment, safety, engagement, retention, and technology. Lessons learned thus far, include (1) developing a protocol for safety and intimate partner violence (IPV) when the couple is in the home and the provider is in the clinic, (2) creating afterhours sessions to accommodate couples' schedules (3) creating solutions for technological difficulties during home-based sessions, and (4) modifying treatment length to optimize completion, outcomes, and scalability. Forty-nine percent of veterans preferred a HBT modality to receive care and many requested after hours care.

Cognitive-behavioral Conjoint Therapy (CBCT) for PTSD with MDMA: Primary Outcomes from a Pilot Trial

(Clin Res, Cog/Int-Tech, Adult, I, Industrialized)

Wagner, Anne, PhD, Cpsych[1]; Monson, Candice, PhD, Cpsych[2]; Mithoefer, Ann, BSN[3]; Mithoefer, Michael, MD[3]
[1]*Ryerson University, Toronto, Ontario, Canada*
[2]*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*
[3]*Private Practice, Mount Pleasant, South Carolina, USA*

Both CBCT for PTSD (Monson & Fredman, 2012) and MDMA-assisted psychotherapy for PTSD with a non-directive, supportive treatment model (Mithoefer et al., 2011) have demonstrated efficacy in treating PTSD, and CBCT has demonstrated efficacy in enhancing intimate relationship satisfaction. The current study combined CBCT with MDMA delivered to both members of the dyad. The protocol was delivered over two months, with intensive, in-person MDMA-facilitated sessions and with non-MDMA sessions delivered over a video platform to potentially enhance treatment outcomes and barriers to treatment. Results from six couples demonstrate statistically significant and large pre-post effect size improvements in clinician-rated PTSD symptoms (d=1.95), self-reported PTSD symptoms (d=2.13), partner-reported PTSD symptoms (d=1.51), self-reported relationship satisfaction (d=1.96), and partner-reported relationship satisfaction (d=0.97). These pilot results indicate that this combination therapy is safe (no serious adverse events), acceptable (with no participant drop-out through treatment), and feasible with condensed delivery and with video sessions between intensive, in-person MDMA-facilitated sessions. This combination intervention may provide a strong intensive treatment option for dyads, and future directions include testing the intervention with a larger sample and compared to CBCT alone.

Symposium
Friday, November 9
11:15 AM to 12:30 PM
Virginia B
Child Trauma Track

Parenting During and After Traumatic Events: Do Different Developmental Stages and Various Cultural Contexts Create Similar Challenges?

(CulDiv, Fam/Int-Civil/War-Mil/Vets, Lifespan, M, Global)

Dekel, Rachel, PhD[1]; Hobfoll, Stevan, PhD[2]
[1]*Bar-Ilan University, Ramat Gan, Israel*
[2]*Rush Medical College, Chicago, Illinois, USA*

Although it is generally recognized that holding, care, control and distress are challenges of parenting in the aftermath of traumatic events, our understanding of parenting in this context has mostly been derived from studies on families with young children. The proposed symposium will broaden this perspective and examine parenting – and specifically holding, care, control and parents' distress– among four cohorts that represent different developmental stages in the life cycle, and different cultural and social contexts, via the use of various research methods. As such, this symposium will raise questions related to the changes in family bonds and the parenting role during times of adversity. It will address the issue of how the pendulum in parenting swings between care and control; it will also address issues related to the parent's well-being, sense of responsibility, and the quality of the parent/child bond in the different samples. The symposium will help widen our knowledge and

understanding of the complexity of trauma and family dynamics throughout the life cycle in a number of different contexts.

Co-parenting with a Veteran Partner Who Has Post-traumatic Stress Disorder

(Prevent, Fam/Int-Mil/Vets-Intergen, Adult, M, Industrialized)

Cramm, Heidi, PhD[1]; Norris, Deborah, PhD[2]; Schwartz, Kelly, PhD[3]; Tam-Seto, Linna, PhD Candidate[1]; Mahar, Alyson, PhD[4]; Eichler, Maya, PhD[2]; Smith-Evans, Kimberley, MA[2]; Blackburn, David, PhD[5]
[1]*Queen's University, Kingston, Ontario, Canada*
[2]*Mount Saint Vincent University, Halifax, Nova Scotia, Canada*
[3]*University of Calgary, Calgary, Alberta, Canada*
[4]*University of Manitoba, Winnipeg, Manitoba, Canada*
[5]*Universite du Quebece en Outaoais, Saint Jerome, Quebec, Canada*

This qualitative study explored the mental health and well-being of family members of Canadian Armed Forces Veterans experiencing mental health issues during the military-to-civilian transition. We conducted, transcribed, and analyzed 27 in-depth, semi-structured interviews and 3 focus groups. Veteran's mental health problems resulted in changes to family functioning and roles, including parenting. Spouses reported that they maintained primary responsibility for parenting, providing caregiving to the Veteran in collaboration with their children while modifying family life to manage the Veteran's symptoms. These symptoms interfered with Veterans' capacity to engage with their children, participate in family activities, and influenced how they responded to perceived threats in their child's day-to-day activities. Spouses were responsible for interpreting the Veteran's behaviour to their children, explaining absences or missed family activities, and shielding their children from the impacts of the Veteran's illness. Many spouses reported their own struggles with depression and anxiety, feelings of isolation, and an inability to access family and social support networks. Targeted services supporting spouses who co-parent with a military partner who has post-traumatic stress disorder are needed, as well as resources for children in these families.

Parenting Young Adults with Post Traumatic Stress Disorder

(Practice, Fam/Int-Mil/Vets, Adult, M, N/A)

Dekel, Rachel, PhD[1]; Levavy, Netta, BA (Hons)[1]; Lavi, Tamar, PhD[2]
[1]*Bar-Ilan University, Ramat Gan, Israel*
[2]*Natal, Israel Trauma Center for Victims of Terror and War, Tel Aviv, Israel*

Little is known about the effects of PTSD in young military veterans (between the ages of 20 and 30) and their relationships with their parents. This gap in the literature is unfortunate given that veterans mainly sustain mental injuries during a developmental phase where they are expected to cultivate their independent identities and achieve autonomy through the attainment of higher education, jobs, and family lives. Their PTSD not only impedes their development, but also challenges the parenting of their parents. The study explored Israeli parents' relationships with their military veteran sons who have PTSD. Method: Seventeen interviews were conducted, recorded, transcribed and analyzed. Parents reported experiencing severe distress, impaired marital relations (of their own), and physical health problems. The relationships with their children were characterized by a life-long commitment to them alongside deep worries regarding their current and future adjustment. Parents described a constant struggle with their child in regard to his functioning and with the army system in regard to proper recognition of their child's rehabilitation. This study is one of the first to identify a population that has been deeply affected by the ripple effects of PTSD but has received little attention. Understanding the needs of these parents, will facilitate their sons', better recovery.

Multigenerational Families in the Context of War

(Res Meth, Civil/War, Older, M, Industrialized)

Nuttman-Shwartz, Orit, PhD
Sapir College, Sha'ar HaNegev, Israel

Continuous exposure to threat and extreme situations such as terror and war are intensifying the argument between parents and their adult offspring regarding threat-related coping strategies. As such, the present study examined family relationships in the context of political violence among three focus groups. Participants were elderly residents in peripheral communities situated near the Israeli border with Gaza, areas which have been exposed for over a decade to intense security threats and several wars.
In this presentation, based on content analysis, we will address families' dilemmas related to coping patterns, evolving family bonds, and parenting roles during times of adversity. In addition, we will address the issue of how the parenting pendulum swings between care and control; dependence and independence; and taking care of one's self versus taking care of others. We will also discuss the issue of personal, familial, and community responsibility, particularly as it impacts the decision to remain in, or move away from, a war zone. Keeping in mind trauma theory, the "multigenerational family," and the implications of living in a peripheral community, the findings will be discussed. Recommendations regarding micro and macro interventions for trauma-impacted communities will be provided.

Reciprocal Influences between Distress Symptoms of Parents of Combat Soldiers and of their Soldier Son as a Result of the Military Service

(Practice, Fam/Int-Mil/Vets-Gender, Lifespan, M, Industrialized)

Tuval-Mashiach, Rivka, PhD
Bar-Ilan University, Ramat Gan, Israel

Military service is a turbulent period for soldiers, and includes challenges and dangers that can trigger stress. Alongside the soldier's experience, military service can evoke stress in his parents. Despite evidence that parental stress in non-military populations is significantly related to their child's stress, the experience of parents in the military context, has been mostly ignored. The current study prospectively examined the emotional responses and distress of combat soldiers' parents before and during the enlistment to service of their child. Method: 80 family units (father, mother, son) were evaluated twice: several weeks before enlistment, and after six months following enlistment. Half the sons were combat soldiers, and the others were controls (non-combat). Parents' and child's anxiety, depression, perceived stress, and well-being were assessed.
Results: Mothers' stress was significantly higher than fathers'. Distress levels of all family members in the pre-enlistment stage were correlated, and each family member's distress level predicted his distress level following enlistment. In addition, the son's pre-enlistment distress predicted the father's distress after enlistment. We will discuss the findings suggesting a model for reciprocal influences between family members.

Symposium
Friday, November 9
11:15 AM to 12:30 PM
Virginia C

Mental Health Impairment following Violent Bereavement: Etiology and Intervention

(Clin Res, Death-Grief, Adult, M, N/A)

Milman, Evgenia (Jane), MA
McGill University, Montreal, Quebec, Canada

Violent bereavement, which is defined as loss due to suicide, homicide, and accident, is associated with increased risk for poor mental health outcomes relative to non-violent bereavement. For example, prolonged grief disorder (PGD), which is a protracted, clinically significant, and functionally impairing form of grief, is experienced by 10-15% of those grieving a non-violent death as compared with 30-70% of those grieving a violent death. Similarly, relative to other types of death-related losses, violent bereavement is associated with higher risk for depression and posttraumatic stress disorder (PTSD). In fact, research has found that rates of PTSD are higher among homicide survivors than among direct crime victims. Not only are poor mental health outcomes common after surviving a violent loss, but preliminary evidence suggests that they are also commonly co-occurring. For example, in a sample of 54 homicide survivors, all those screening positive for PTSD also screened positive for at least mild depression (100%), and all but one also screened positive for PGD (88.9%). Given the exceptionally impairing health consequences of violent bereavement it is vital to identify the mechanisms that are implicated in poor adaptation among this highly vulnerable group of grievers and to develop effective support services. Accordingly, this symposium presents research examining the processes that mediate PGD symptoms among the violently bereaved. Specifically, the symposium identifies microaggressions as a mediator of PGD symptoms among African American and black survivors of traumatic bereavement. Addressing violent bereavement more generally, a longitudinal study demonstrates that violent loss exacerbates PGD symptomatology by impeding the meaning making process, such that the bereft are less likely to "make sense" of their loss. In addition to describing the etiology of PGD following violent bereavement, this symposium will also introduce effective approaches for mitigating poor mental health outcomes among the violently bereft. Findings from a qualitative study examining helpful and harmful forms of social support following suicide loss will be presented. Finally, a comprehensive, multidisciplinary approach to providing intensive direct services to family members of homicide survivors will be described. This intervention approach emphasizes both logistical and mental health challenges following homicide bereavement, integrating case management as well as evidence-based early intervention and trauma-focused treatments.

Prolonged Grief Disorder Following Violent Loss: The Role of Rumination and Meaning Making

(Clin Res, Death-Grief, Adult, M, N/A)

Milman, Evgenia (Jane), MA[1]; Neimeyer, Robert, PhD[2]; Fitzpatrick, Marilyn, PhD[1]; MacKinnon, Christopher, PhD[1]; Muis, Krista, PhD[1]; Cohen, S. Robin, PhD[1]
[1]*McGill University, Montreal, Quebec, Canada*
[2]*The University of Memphis, Memphis, Tennessee, USA*

Prolonged Grief Disorder (PGD) is overrepresented among those grieving a violent death. We integrate findings from multiple studies to describe processes that appear to contribute to the development of PGD in this uniquely vulnerable population of grievers. Specifically, we identify themes of meaning that mediate symptoms of PGD following violent bereavement and introduce rumination as a moderator of this process.
METHODS: Violent loss, themes of meaning, and rumination were assessed at 2-12 months post-loss among 357 adults. 171 adults completed a follow-up assessment 7-10 months later measuring PGD symptoms.
RESULTS: The sense of peace and continuing bonds meaning themes were significant mediators of PGD symptoms. Rumination was found to significantly moderate the role of meaning making in the development of PGD.
DISCUSSION: We will introduce a mediation process, wherein violent loss disrupts the sense of peace and continuing bonds meaning themes, thereby fostering symptoms of PGD. We will describe how rumination accentuates the role of meaning making in translating the negative impact of violent loss, such that violently

bereaved individuals who make less meaning of their loss develop more symptoms of PGD if they are also engaging in a high degree of rumination. Meaning making and rumination will be emphasized as targets for intervention with the violently bereft.

Charleston HEART: Homicide Early intervention and Advocacy Response Team: A Multidisciplinary Comprehensive Response to Intra-familial Homicide

(Commun, Death-Grief, Lifespan, M, Industrialized)

Rheingold, Alyssa, PhD[1]; Williams, Joah, PhD[2]; Milman, Evgenia (Jane), MA[3]; Pastrana, Freddie, MA, PhD Student[1]
[1]*Medical University of South Carolina, Charleston, South Carolina, USA*
[2]*University of Missouri - Kansas City, Kansas City, Missouri, USA*
[3]*McGill University, Montreal, Quebec, Canada*

The scope of homicide loss extends beyond the direct impact on victims. Each loss leaves behind a network of family and friends who often struggle with high and potentially chronic levels of distress. Further, survivors of intra-familial homicide report higher distress and posttraumatic stress relative to other forms of homicide. Given the impairing nature of intra-familial homicide, it is vital to address factors that contribute to post-homicide experience and ensure the provision of evidence-based services for this vulnerable population. A collaborative multidisciplinary response providing intensive direct services to family members of homicide was developed that incorporates evidence based early intervention and trauma-focused treatment approaches. At present, our service model provides (1) intra-familial homicide survivors with information, crisis intervention, and advocacy in the immediate aftermath of a homicide, (2) readily accessible, continuous trauma support and intensive case management in weeks and months after homicide, to bolster resilience and recovery, and (3) survivors with impairing, unresolved symptoms access to evidence-based mental health treatments. This paper describes the development and implementation of this comprehensive model as guide for other communities in approaching the unique needs of intra-familial homicide survivors.

Factors that Promote and Inhibit Meaning Making and Adaptation Following Suicide Loss: A Qualitative Analysis

(Clin Res, Clin Res-Death-Grief, Adult, M, Industrialized)

Bottomley, Jamison, MS
The University of Memphis, Memphis, Tennessee, USA

National guidelines have indicated that ensuring the availability of psychological support is a “best practice” with survivors of suicide. Crucially, only 25% of survivors seek formal mental health counselling, despite 74% reporting a desire for assistance. This suggests that the majority of survivors may be utilizing mechanisms of informal support to facilitate adaptation to loss. However, research has not examined the efficacy of such tacit forms of support or their ability to address the potentially idiosyncratic needs of survivors of suicide loss. Therefore, the current study identifies facets of informal social support that facilitate and inhibit adaptation to loss. It also examines themes of meaning making following violent bereavement. METHOD: The consensual qualitative research (CQR) paradigm was employed to analyze in-depth interviews conducted with a sample of 10 survivors of suicide loss. RESULTS: Themes related to helpful and harmful facets of social support were identified; examples of the former include Identification with Other Survivors, while examples of the latter include Stigmatization of the Deceased. Additionally, survivors of suicide loss contended with idiosyncratic meaning making processes, such as Destigmatization of the Deceased. DISCUSSION: Clinical and research implications will be presented.

How Microaggressions Affect African American and Black Loss Survivors

(Social, Cul Div-Death-Grief, Adult, M, Industrialized)

Eddinger, Jasmine, MS[1]; Hardt, Madeleine, BA[1]; Henschel, Aisling, MS[2]; Jobe-Shields, Lisa, PhD[3]; Williams, Joah, PhD[1]
[1]*University of Missouri - Kansas City, Kansas City, Missouri, USA*
[2]*Medical University of South Carolina, Charleston, South Carolina, USA*
[3]*University of Richmond, Richmond, Virginia, USA*

Prolonged Grief Disorder, a syndrome that can affect survivors of loss, may affect Black/African Americans uniquely based on assumptions of inferiority (AI), the idea that they are assumed to be poor or have substandard employment (Nadal, 2011). As part of a larger study from two college universities, 75 students endorsing a history of sudden natural or violent loss completed the Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011), which contains a subscale for AI. Participants also completed the Prolonged Grief-13 Scale (PG-13; Prigerson et al., 2009), a self-report measure of prolonged grief symptoms. A mediation analysis showed the relationship between identifying as African American/Black and scores on the PG-13 were fully mediated by scores on the REMS AI subscale. Results of a regression analysis indicate identifying as African American/Black was a significant predictor of PGD scores, b = .35, SE = .07, p < .0001, and AI was a significant predictor of prolonged grief, b = 8.31, SE = 2.49, p < .0001. Full mediation was found, showing that the relationship between identifying as African American/Black and PGD scores was no longer significant after controlling for AI, t(77) = -.23, p = .82. Limitations and clinical implications will be discussed.

Symposium
Friday, November 9
11:15 AM to 12:30 PM
Washington 1
Assessment and Diagnosis Track

Network Analyses in the Field of Psychotraumatology
(Assess Dx, Assess Dx-Res Meth, Adult, M, Global)

Armour, Cherie, Professor
University of Ulster, Coleraine, United Kingdom

Several years of research in the field of Posttraumatic Stress Disorder has tended to focus on two groups, 1) those with a diagnosis of PTSD and 2) healthy controls. Moreover a wealth of studies have investigated PTSD symptom clusters and their relations with external correlates. Recently the focus has shifted towards the study of PTSD symptom networks. This approach views symptoms as co-occurring in syndromes due to causal interactions rather than understanding symptoms as indicators of an underlying common cause. Network analyses allows for the identification of the most problematic / central symptoms within the network, which has excellent clinical utility for intervention design. A recent special edition in the European Journal of Psychotraumatology curated several studies focusing on PTSD symptom networks. The current symposium showcases the next wave of PTSD network analyses research by presenting PTSD networks based on data from a wide array of traumatised populations including Veterans, Soldiers, and Refugees. The studies represent traumatised populations from the UK, the USA, Denmark, and Israel. The results will encourage researchers to conceptualize and model PTSD data from a network perspective, which arguably has the potential to inform and improve the efficacy of therapeutic interventions.

A Network Analysis of DSM-5 Posttraumatic Stress Disorder and Functional Impairment in UK Treatment-seeking Veterans

(Res Meth, Anx-Assess Dx-Mil/Vets, Adult, M, Industrialized)

Murphy, Dominic, Clinical Psychologist[1]; Armour, Cherie, Professor[2]; Ross, Jana, PhD[2]
[1]*Combat Stress & King's College London, Leatherhead, United Kingdom*
[2]*University of Ulster, Coleraine, United Kingdom*

Network analysis is a relatively new methodology for studying psychological disorders. It focuses on the associations between individual symptoms which are hypothesized to causally interact with each other. The current study represents the first network analysis conducted with treatment-seeking military veterans in UK. The study aimed to examine the network structure of posttraumatic stress disorder (PTSD) symptoms and four domains of functional impairment by identifying the most central (i.e., important) symptoms of PTSD and by identifying those symptoms of PTSD that are related to functional impairment. Participants were 331 military veterans with probable PTSD. In the first step, a network of PTSD symptoms based on the PTSD Checklist for DSM-5 was estimated. In the second step, functional impairment items were added to the network. The most central symptoms of PTSD were recurrent thoughts, nightmares, negative emotional state, detachment and exaggerated startle response. Functional impairment was related to a number of different PTSD symptoms. Impairments in close relationships were associated primarily with the negative alterations in cognitions and mood symptoms and impairments in home management were associated primarily with the reexperiencing symptoms. The results are discussed in relation to previous PTSD network studies and include implications for clinical practice.

Replicability and Generalizability of Posttraumatic Stress Disorder (PTSD) Networks

(Assess Dx, Mil/Vets, Adult, M, Industrialized)

Karstoft, Karen-Inge, PhD, Cpsych[1]; Armour, Cherie, Professor[2]; Nielsen, Anni Brit Sternhagen, PhD, MSc, RN[1]; Fried, Eiko, PhD[3]
[1]*Research and Knowledge Center, The Danish Veteran Center, Ringsted, Denmark*
[2]*University of Ulster, Coleraine, United Kingdom*
[3]*University of Amsterdam, Amsterdam, Netherlands*

The growing literature conceptualizing mental disorders like posttraumatic stress disorder (PTSD) as networks of interacting symptoms faces three key challenges. Prior studies predominantly used (a) small samples with low power for precise estimation, (b) nonclinical samples, and (c) single samples. This renders network structures in clinical data, and the extent to which networks replicate across data sets, unknown. To overcome these limitations, the present cross-cultural multisite study estimated regularized partial correlation networks of 16 PTSD symptoms across four data sets of traumatized patients receiving treatment for PTSD (total N = 2,782). Despite differences in culture, trauma type, and severity of the samples, considerable similarities emerged, with moderate to high correlations between symptom profiles (0.43–0.82), network structures (0.62–0.74), and centrality estimates (0.63–0.75). We discuss the importance of future replicability efforts to improve clinical psychological science.

Posttraumatic Stress Disorder Symptoms and Risky Behaviors. A Network Analysis Approach

(Assess Dx, Assess Dx, Adult, M, Industrialized)

Armour, Cherie, Professor[1]; Greene, Talya, PhD, MPH[2]; Contractor, Ateka, PhD[3]; Weiss, Nicole, PhD[4]; Dixon-Gordon, Katherine, PhD[5]; Ross, Jana, PhD[1]

[1]*University of Ulster, Coleraine, United Kingdom*
[2]*University of Haifa, Haifa, Israel*
[3]*University of North Texas, Denton, Texas, USA*
[4]*University of Rhode Island, Kingston, Rhode Island, USA*
[5]*University of Massachusetts Amherst, Amherst, Massachusetts, USA*

The revision of PTSD's nosology in the DSM-5 included the addition of a new *reckless and self-destructive behaviour* symptom (E5). Previously, risky behaviours have been associated with trauma, PTSD symptom severity, and the severity of PTSD symptom clusters. The network analytic approach to psychopathology is an appropriate methodology to examine individual item level relationships. The current study utilises this methodology to examine relationships between risky behaviours and PTSD symptom clusters. Participants were recruited from Amazons Mechanical Turk platform (N = 417). Participants responded to the LEC for DSM-5, the PCL-5, and the Posttrauma Risky Behaviours Questionnaire (PRBQ). Network Analyses was conducted with eighteen nodes; the four DSM-5 PTSD clusters (community 1) and fourteen risky behaviors (community 2). Results showed that PTSD and risky behaviors clustered primarily within their respective communities, however, several bridge connections were identified; the strongest ones between the NACM symptom cluster and suicidal behavior. The avoidance and arousal PTSD symptom clusters had the highest number of direct bridge connections with risky behaviors (five each). The majority of risky behavior items had direct relationships with one or more PTSD symptom clusters, but a few did not. Results are discussed in light of limitations and clinical implications.

Dynamic Network Analysis of Negative Emotions and DSM-5 PTSD Symptom Clusters

(Res Meth, Affect/Int-Assess Dx-Chronic-Civil/War, Adult, M, Industrialized)

Greene, Talya, PhD, MPH[1]; Gelkopf, Marc, PhD[1]; Fried, Eiko, PhD[2]; Robinaugh, Don, PhD[3]; Lapid Pickman, Liron, MA[1]
[1]*University of Haifa, Haifa, Israel*
[2]*University of Amsterdam, Amsterdam, Netherlands*
[3]*Massachusetts General Hospital, Boston, Massachusetts, USA*

Dynamic network analysis uses experience sampling method (ESM) data to model the within-moment (contemporaneous) and moment-to-moment (temporal) associations between variables. The present study used dynamic network analysis to explore 10 negative emotions and the 4 DSM-5 PTSD symptom clusters (intrusions, avoidance, negative cognitions and mood [NACM], and arousal), in a sample of Israeli civilians (n=96) during the Israel-Gaza War (July-Aug 2014). Participants made ESM reports on PTSD symptoms and negative emotions twice a day for 30 days via smartphone. We used a multilevel vector auto-regression model to estimate contemporaneous and temporal networks, focusing on the bridge associations between negative emotions and the PTSD symptom clusters. In the contemporaneous network, negative emotions had strong bridge connections to NACM and arousal. The negative emotions of sadness, stress, fear, and loneliness had the strongest bridge connections to the PTSD symptom clusters. Contrary to our hypothesis, in the temporal network, PTSD symptom clusters were more predictive of negative emotions than vice versa, with arousal the strongest predictor of negative emotions at the following assessment. Our findings highlight the potentially relevant role of arousal for primary or early interventions.

Symposium
Friday, November 9
11:15 AM to 12:30 PM
Washington 4
Immigrant/Refugee Track

International Perspectives on the Impact of Ongoing Threat and Daily Stressors on the Mental Health of Refugees and Asylum Seekers

(Clin Res, Complex-Refugee-Torture-Civil/War, Adult, M, Global)

Higson-Smith, Craig, PhD Candidate
Center for Victims of Torture, St Paul, Minnesota, USA

The research on therapeutic outcomes with refugees and survivors of war or torture has been summarized in at least 15 systematic reviews or meta-analyses in the last decade. These reviews consistently critique the narrow set of outcomes considered in this body of research. Most particularly, reviewers have questioned whether studies focused exclusively on PTSD, anxiety and depression symptoms can address the full range of mental health needs of these extremely vulnerable populations. The role of ongoing threat and overwhelming daily stressors in the origin and maintenance of emotional suffering is not well understood. Nor have researchers and practitioners identified the most effective approaches for addressing these issues in the care of refugees. What is known is that much of the suffering of refugees is contextually determined and that practitioners around the world have been reluctant to adopt the evidence-based treatments identified in the literature. This symposium will present the empirical research of four researchers who are exploring a broader range of mental health outcomes (including continuous traumatic stress, traumatic bereavement, and social cohesion) using a range of methodologies (including case file review; in-depth interviews, and population-based surveys). The studies included in this symposium have been conducted with refugees in urban and camp settings in countries in sub-Saharan Africa and the Middle East, as well as asylum seekers in a resettlement context. By including studies with such varied methodologies, refugee populations, and contexts the presenters will draw attention to common mental health challenges experienced by refugees that are inadequately addressed by existing evidence-based practice. In so doing we will advocate for increased research on a broader range of mental health interventions and considering a more complex set of treatment outcomes.

The Prospective Association of Torture, Postmigration Stress, PTSD and Depression amongst Farsi and Dari Speaking Asylum Seekers in Sydney Australia

(Global, Cul Div-Refugee-Torture, Adult, M, Industrialized)

Steel, Zachary, PhD[1]; Wells, Ruth, BSc Hons Psychology[2]; Rostami, Reza, PGDip Psych[1]; Hadzi-Pavlovic, Dusan, MPsych[1]; Abedy, Haleh, MPsych[1]; Silove, Derrick, MD, PhD[3]; Solaimani, Jila, ComWelfare[3]; Berle, David, PhD[4]
[1]*University of New South Wales, Randwick, New South Wales, Australia*
[2]*University of Sydney, Camperdown, New South Wales, Australia*
[3]*University of New South Wales, Sydney, New South Wales, Australia*
[4]*University of Technology Sydney, Ultimo, New South Wales, Australia*

A large percentage of refugees and asylum seekers report exposure to torture prior to arrival in a host country. Exposure to torture is associated with high rates of depression and PTSD. Little focus has been given to how such torture exposure interacts with harsh asylum procedures. The aim of the current presentation is to examine the prospective association of torture, depression, PTSD and visa status. A multi-stage representative community

sampling frame was applied to recruit 408 Farsi- and Dari-speaking asylum seekers, refugees and immigrants that had arrived in Australia since 2010. Respondents completed translated versions of the HSCL Depression Scale and PTSD and trauma exposure sections of the Harvard Trauma Questionnaire at baseline, 2-, 4- and 6- months. Results: 172 respondents reported that they had been exposed to physical (n=70) and/or psychological (n=166) acts of torture. Exposure to torture was associated with higher PTS and Depression symptoms at all time points controlling for visa status, gender, and lifetime trauma exposure count (P.001). Prospective linear mixed models identified a time by torture effect for PTSD with torture survivors (p=.02) showing greater sensitivity to asylum stresses prospectively. Findings demonstrate the heighted vulnerability of torture survivors to asylum seeker stressors.

"A Balm for the Soul"- Relational Processes and Experiences in Group-based Treatment for Syrian Refugees in Jordan

(Clin Res, Clinical Practice-Complex-Refugee-Torture, Adult, M, M East & N Africa)

Bunn, Mary, MA, LCSW, PhD Student
University of Chicago, Chicago, Illinois, USA

Group treatment has been described as a useful format for repairing social consequences of torture, war and displacement. Yet, there has been very limited scientific evaluation of social and interpersonal processes and outcomes in treatment. Using a phenomenological approach, this study sought to understand the nature and quality of relationships that develop in group treatment for survivors of torture and war, and how participants perceive their social resources following participation. In-depth interviews were conducted with Syrian refugees in Jordan who participated in an interdisciplinary, phase-oriented and trauma focused group intervention (n = 31). Multi-lingual thematic analysis revealed several themes including restoring a sense of trust and dignity resulting from new friendships, sharing pain and receiving and giving support in the group. Some participants described positive changes in themselves, their family and broader perceptions of support resulting from these experiences. Others emphasized the challenges of sustaining social gains given ongoing stressors of material deprivation, discrimination and the uncertain nature of their future in Jordan. This is one of few empirical studies on group treatment for survivors of war and torture and among the first to uncover underlying relational processes. Implications for programming and evaluation will be discussed.

Daily Stressors and Mental Health Symptoms among Refugees: Evidence from Surveys in Kenya and Ethiopia

(Global, Refugee-Res Meth-Torture, Adult, M, E & S Africa)

Golden, Shannon
The Center for Victims of Torture, Saint Paul, Minnesota, USA

This study identifies predictors of mental health problems among populations in humanitarian emergencies. Refugees can exhibit severe psychological effects from loss of loved ones, torture or other abuse, or experiencing and witnessing atrocities. They also experience negative effects from ongoing threats and daily stressors from life in refuge. These factors can impair functioning and lead to an inability to effectively meet challenges of daily life. The data are from representative surveys (N=1504) in Kalobeyei refugee settlement and Turkana host community (Kenya) in 2016 and 2018 and in Mai Ayni and Adi Harush refugee camps (Ethiopia) in 2017. There is little representative data about refugee mental health; these datasets identify patterns of need and prevalence of symptoms across entire populations, including vulnerable segments. This analysis predicts mental health symptoms using measures of stressors and ongoing threats, controlling for demographic factors (age, gender, education, country of origin). Length of time since migration, reported torture, attitudes about mental health, access to services, and coping strategies are mediating factors that can affect the predictive model. This paper

advances the central argument that daily stressors have a powerful effect on mental health, but understanding this relationship requires accounting for multi-level contextual factors.

Towards a Contextually Appropriate Framework to Guide Counseling of Torture Survivors in Sub-Saharan Africa

(Clin Res, Clin Res-Refugee-Res Meth-Torture, Adult, M, E & S Africa)

Higson-Smith, Craig, PhD Candidate
Center for Victims of Torture, St Paul, Minnesota, USA

If the right to rehabilitation is to become a meaningful reality for torture survivors in sub-Saharan Africa, it is necessary that counseling practice be responsive to the contextual and cultural demands of the region. The results of a mixed methods study of ongoing torture rehabilitation work are reported. This study incorporated a review of 85 randomly selected case files of work with torture survivors treated at torture rehabilitation centers in three countries in sub-Saharan Africa. Additional in depth interviews with fifteen counsellors and fourteen clients at those same centers elaborate the findings. Help-seeking torture survivors in this region are a diverse and highly symptomatic group, often struggling to survive with their families in precarious circumstances and under ongoing threat. In addition to incorporating key aspects of existing evidence-based practice, counselors also use a range of psychosocial approaches to assist torture survivors to protect and support their families in the face of seemingly overwhelming life challenges. We propose that more systematic methodologies that facilitate the inclusion of the voices of clients and clinicians in ongoing international debates relating to evidence-based practice with torture survivors will enhance the application of such practices in diverse contexts.

Symposium
Friday, November 9
11:15 AM to 12:30 PM
Roosevelt 5
Biological/Medical Track

Disturbed Sleep and PTSD Treatments: Examining Mechanisms and Outcomes

(Clin Res, Bio Med-Clin Res-Cog/Int-Sleep, Adult, M, Industrialized)

Neylan, Thomas, MD
San Francisco VA Medical Center and UCSF, San Francisco, California, USA

There is evidence suggesting that disturbed sleep not only independently affects daytime functioning and worsens PTSD symptoms but may interfere with mechanisms involved with PTSD treatment such as emotion regulation and safety learning/extinction learning. Four clinical researchers will present findings on: (1) An outcome study of prolonged exposure (PE) followed by imagery rehearsal therapy for nightmares and cognitive behavioral therapy for insomnia (CBT-I); (2) The relationship between sleep and emotion regulation strategies in a large cohort of patients with and without PTSD; (3) REM sleep and safety learning/extinction learning in veterans with PTSD; (4) Pilot treatment data examining CBT-I prior to PE. Overall, results indicate that targeting sleep disturbance represents a logical method for enhancing mechanisms of emotion regulation and extinction learning involved with PTSD treatment.

Nightmare & Insomnia Treatment Efficacy Study (NITES): Results from Sequential PE and Sleep Interventions

(Clin Res, Assess Dx-Sleep, Adult, M, Industrialized)

Drummond, Sean, PhD
Monash University, San Diego, California, USA

Sleep difficulties are ubiquitous in PTSD, with 70-90% of individuals with PTSD reporting clinically significant insomnia and/or nightmares. Recent studies report limited benefit of evidence based PTSD interventions (i.e., PE, CPT) for sleep symptoms, though typically based on only a single self-report measure. If PE does not significantly improve sleep, administering sleep interventions after PE could result in better overall improvement in PTSD severity. This study examined a) the impact of PE on objective and subjective assessments of sleep; and b) the benefit of adding evidence based sleep interventions onto the end of PE. Forty-five veterans with PTSD and sleep difficulties received 12 sessions of PE over 6 weeks. A subset of 15 veterans were then randomized to either sleep (IRT+CBT-Insomnia) or Supportive Care Therapy (SCT) interventions for 12 sessions. PE significantly improved PTSD severity. Of 17 subjective and objective sleep measures, only 4 showed significant improvements after PE, but none were within the normal range at Posttreatment. Compared to SCT, IRT+CBT-Insomnia significantly improved nightmare intensity and sleep efficiency. Sleep interventions also lead to non-significant improvement in CAPS and PCL, with medium effect sizes. Overall, these data suggest sleep should be addressed specifically and independently of daytime PTSD interventions.

Sleep Quality is Associated with Emotion Regulation Processes in Veterans with and without PTSD: Results from the Mind Your Heart Study

(Clin Res, Affect/Int-Clin Res-Cog/Int-Sleep, Adult, M, Industrialized)

Straus, Laura, PhD; Neylan, Thomas, MD; **Cohen, Beth, MD, MAS**
San Francisco VA Medical Center and UCSF, San Francisco, California, USA

Previous research has shown relationships between sleep quality and emotion regulation processes, though this has not been well examined in clinical populations. We examined the relationship between sleep quality and emotion regulation in a large cohort of veterans with and without posttraumatic stress disorder (PTSD; n=705). We used the Emotion Regulation Questionnaire (ERQ) to assess two different emotion regulation strategies: suppression and reappraisal. Sleep quality was assessed using the global sleep quality item from the Pittsburgh Sleep Quality Index (PSQI), and PTSD was assessed with the Clinician Administered PTSD Scale (CAPS) using DSM-IV-TR criteria. After adjusting for age, sex, and ethnicity, linear regression showed poor sleep quality was associated with increased emotional suppression (B=.557, p<.001) and decreased reappraisal (B=-.359, p=.017). These relationships remained even when adding current PTSD diagnosis in the model (B=.322, p=.008 for suppression; B=-.387, p=.017 for reappraisal). These results suggest poor sleep quality is associated with increased emotional suppression and decreased reappraisal even when accounting for PTSD diagnosis. Future studies should examine the mechanisms by which poor sleep is associated with these emotion regulation strategies, and how these constructs are related to PTSD symptoms and/or treatment response.

REM Sleep and Safety Signal Learning in Posttraumatic Stress Disorder

(Clin Res, Affect/Int-Bio Med-Bio/Int-Sleep, Adult, M, Industrialized)

Straus, Laura, PhD[1]; Norman, Sonya, PhD[2]; Risbrough, Victoria, PhD[3]; Acheson, Dean, PhD[3]; Drummond, Sean, PhD[4]

[1]*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*
[2]*National Center for PTSD, San Diego, California, USA*
[3]*University of California, San Diego; Center of Excellence for Stress and Mental Health, VASDHS, La Jolla, California, USA*
[4]*Monash University, San Diego, California, USA*

Fear conditioning plays an important mechanistic role in PTSD, and extinction learning and safety learning are critical for recovery. Sleep, particularly REM sleep, is linked to improved safety learning and enhanced extinction in animal models and healthy humans. This study examined the relationship between REM sleep, safety signal learning, and extinction processes in veterans with PTSD (n=13). Laboratory polysomnography was used to measure REM sleep for three nights. During three consecutive days, veterans underwent 1) fear conditioning and safety learning, 2) extinction learning, and 3) a recall session. All testing sessions involved presentation of threat (CS+) and safety (CS-) signals; startle EMG was used to characterize fear response to both cues. Veterans who underwent safety learning more quickly on the first day of testing showed more efficient REM sleep that night (r=.607, p=.028). Veterans with more REM sleep on the last night showed more rapid safety re-learning on the last day of testing (r=.688, p=.009). Results suggest REM sleep was associated with both initial safety learning and subsequent safety re-learning, which provides additional evidence that REM sleep could play a mechanistic role in the maintenance of PTSD and may be a modifiable biological process to target in treatment of PTSD.

A Pilot Study Examining Cognitive Behavioral Therapy for Insomnia Integrated with Prolonged Exposure

(Clin Res, Clinical Practice-QoL-Sleep-Mil/Vets, Adult, M, N/A)

Colvonen, Peter, PhD[1]; Drummond, Sean, PhD[2]; Gehrman, Philip, PhD[3]; Angkaw, Abigail, PhD[4]; Norman, Sonya, PhD[1]
[1]*VA San Diego Healthcare System, San Diego, California, USA*
[2]*Monash University, San Diego, California, USA*
[3]*University of Pennsylvania, Philadelphia, Pennsylvania, USA*
[4]*National Center for PTSD, VA San Diego, UCSD, San Diego, California, USA*

Insomnia not only independently affects daytime functioning and worsens PTSD symptoms but also may interfere with response to prolonged exposure (PE) through impaired emotional processing, cognitive functioning, and safety learning/extinction learning. Although cognitive behavioral therapy for insomnia (CBT-I) is an effective intervention for insomnia, it has not been examined in conjunction with PE. This presentation reviews the rationale for integrated treatment, describes the key elements of an integrated CBT-I and PE (2NITE) protocol, and presents pilot data from 12 treatment seeking veterans with PTSD and insomnia. Measures include assessments of PTSD, quality of life, and objective/subjective measures of sleep. Client satisfaction for the 2NITE protocol was high (mean score of 29.66 out of 32 points). On average, there were statistically and clinically meaningful changes in all measures, including a 20.16 point decrease in PCL, a 11.75 point reduction in the insomnia severity index, an 11% increase in sleep efficiency, and 51 minute increase in total sleep time using actigraphy. Cohen's d effect sizes ranged from 1.3 to 2.4. Among individuals with insomnia and PTSD, addressing insomnia integrated with PE represents a logical, innovative, and empirically-informed method for augmenting existing treatments and optimizing global outcomes that justifies further investigation.

Panel Presentation
Friday, November 9
11:15 AM to 12:30 PM
Virginia A
Gender/Orientation Track

Have Women 'Made It'? Challenges and Possibilities for Future Female Scientists, Policy-Makers, and Practitioners in Traumatic Stress Studies

(Train/Ed/Dis, Train/Ed/Dis-Gender, N/A, M, N/A)

Street, Amy, PhD[1]; **Hobfoll, Ivonne, PhD**[2]; **Newman, Elana, PhD**[3]; **Teng, Ellen, PhD**[4]; **Bufka, Lynn, PhD**[5]; Cogan, Chelsea, PhD Student[3]; Patel, Anushka, PhD Student[3]
[1]National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
[2]Rush University Medical Center, Chicago, Illinois, USA
[3]The University of Tulsa, Tulsa, Oklahoma, USA
[4]Michael E. DeBakey VA Medical Center, Houston, Texas, USA
[5]American Psychological Association, DC, District of Columbia, USA

The field of traumatic stress threads together law, economics, policy, social work, along with health and behavioral sciences. How conducive is our multidisciplinary field for women? Are women's ideas supported and recognized? Have pressures and expectations changed? This panel will spark lively dialogue among five women in diverse roles and settings. Panelists will interact with the audience to examine similarities and differences in these issues across disciplines, settings, geographical locations and generations of female scientists, policy-makers, and practitioners. Panelists include a past ISTSS president and academic who has worked in various applied research and clinical roles (Elana Newman), two psychologists from VAs who have conducted research on gender differences in PTSD (Amy Street) and treating PTSD and comorbid anxiety disorders (Ellen Teng) respectively, a senior staff member at APA who led coordination and publication of the PTSD treatment guidelines (Lynn Bufka), and a psychologist in an academic medical center who has treated trauma-exposed people in rural America and Ethiopian refugees in Israel (Ivonne Hobfoll).

Panel Presentation
Friday, November 9
11:15 AM to 12:30 PM
Washington 2

Lessons from History on the 100th Anniversary of the End of World War I

(Global, Health-Pub Health-Mil/Vets-Theory, Adult, M, Global)

Kudler, Harold, MD[1]; **McFarlane, Alexander, MD**[2]; **Pynoos, Robert, MD, MPH**[3]; **Vermetten, Eric, MD, PhD**[4]
[1]USA Department of Veterans Affairs, Washington, District of Columbia, USA
[2]The University of Adelaide, Adelaide, South Australia, Australia
[3]UCLA - National Center for Child Traumatic Stress, Los Angeles, California, USA
[4]Military Mental Health Research/UMC Utrecht, Utrecht, Netherlands

November 11th, 2018 marks the 100th anniversary of the end of World War I (WWI). This day continues to be observed as Veterans Day, Armistice Day and/or Remembrance Day around the world and provides a uniquely important point of reflection for ISTSS. The horrors of the First World War and its short and long-term effects on veterans of all nations were major drivers of social advocacy and political change. There was roiling debate about the nature, causes and optimal intervention for acute combat reactions and about how to prevent long-term disability. One main outcome was the development of military combat stress control doctrine which is still in use around the world today. Ironically the relationship between PTSD and Traumatic Brain Injury remains an ongoing issue of interest and debate. This session brings together an international panel of leaders in research, treatment and policy to address the question: "What is the greatest lesson you have learned from the history of mental health care in WWI and how might you apply that lesson today?" Each will provide a brief response to this question followed by lively interaction amongst the panel and with the audience.

Panel Presentation
Friday, November 9
11:15 AM to 12:30 PM
Washington 3

Public Health Track

Psychedelic Therapy for PTSD in People of Color
(CulDiv, Clin Res-Pub Health-Res Meth-Social, Adult, M, Industrialized)

Williams, Monnica, PhD[1]; Wetterneck, Chad, PhD[2]; Siu, Willie, MD[3]; **Reed, Sara, MS, MFT**[3]; **Ching, Terence, MS, PhD Student**[1]; **George, Jamilah, MDIv**[4]
[1]*University of Connecticut, Storrs, Connecticut, USA*
[2]*Rogers Memorial Hospital, Oconomowoc, Wisconsin, USA*
[3]*University of Connecticut Health Center, Farmington, Connecticut, USA*
[4]*Yale University, New Haven, Connecticut, USA*

There is renewed interest in the therapeutic possibilities of psychedelic-assisted psychotherapy for various mental disorders. The Multidisciplinary Association for Psychedelic Studies (MAPS) sponsors 3,4-methylenedioxymethamphetamine (MDMA) assisted psychotherapy trials to determine the safety and efficacy of MDMA-assisted psychotherapy for PTSD. Phases 1 and 2 trials have not included many people of color (POC). The panelists are all involved in different facets of Phase 3 trials, with an emphasis on the inclusion of POC. They will discuss:

- Addition of a study site focused on the POC trauma experience
- Recruiting team members from diverse sociocultural backgrounds
- Ongoing cultural humility training to enhance recognition and validation of experiences of oppression
- Revision of informed consent documents for all sites to improve acceptability to POC
- Revision of setting/music during MDMA sessions for cultural congruence
- Training for independent rater pool, with ongoing supervision for cultural differences

Several of the panelists also received MDMA in a one-time MDMA-assisted psychotherapy trial (MT-1) as part of the MAPS therapist training program. They will discuss their personal experiences through a culturally-informed lens, and how those experiences shape their belief in the potential of MDMA-assisted psychotherapy for healing POC suffering from trauma.

Workshop Presentation
Friday, November 9
11:15 AM to 12:30 PM
Washington 5

The Trauma Information Group: A Group Trauma Treatment for Early Recovery, Establishing Safety and Self-Care

(Practice, Chronic-Clinical Practice-Comm/Int-Complex, Adult, I, Industrialized)

Herman, Judith, MD[1]; **Glass, Lois, LICSW**[2]; **Kallivayalil, Diya, PhD**[2]; **Brown, Phillip, LICSW**[2]
[1]Cambridge Health Alliance | Harvard Medical School, Boston, Massachusetts, USA
[2]Cambridge Health Alliance | Harvard Medical School, Somerville, Massachusetts, USA

A multidisciplinary team of clinicians describe an early recovery time limited group model called the Trauma Information Group (TIG) developed at the Victims of Violence Program in 1991 which has been recently updated and adapted for various vulnerable populations. This group is unique in that it combines a grounding, psychoeducational, cognitive framework with a carefully constructed relational group process that is particularly well suited to early stage trauma treatment.
Like some other group models, it utilizes educational worksheets that provide information about trauma and recovery to structure the group and homework to help patients deepen their understanding of trauma and build new coping skills. The TIG model also includes specific instructions for group leaders on how to build the unique therapeutic potential of a group, by developing an interpersonal process that relieves shame and fosters and sense of belonging. Samples of the worksheets and role plays of group process will be provided, as will of adaptations of the group for vulnerable populations, such as, using worksheets translated into Spanish, with immigrant workers who retrieved the remains of the dead from Ground Zero.
In studies conducted at our clinic, most participants in the TIG made significant improvements in measures of depression, posttraumatic stress, dissociation and self-esteem.

Workshop Presentation
Friday, November 9
11:15 AM to 12:30 PM
Roosevelt 4

Implementing Trauma-Informed Approaches to Create Socially Just and Healing Youth-Serving Systems of Care: Key Strategies and Lessons Learned

(Commun, Comm/Int-Complex-Cul Div-Train/Ed/Dis, Other, M, Industrialized)

Dorado, Joyce, PhD[1]; **Leland, Jen, LMFT**[2]
[1]UCSF-Zuckerberg San Francisco General Hospital, San Francisco, California, USA
[2]Trauma Transformed Bay Area Regional Trauma Center, Oakland, California, USA

Trauma-impacted organizations, like individuals, can exhibit symptoms of fragmentation, extreme reactivity, apathy, rigidity, and fear-driven decision-making (Bloom, 2013). Such organizations can be trauma-inducing to those served and to the staff who serve them. Implicit biases and institutionalized oppressions (e.g., racism, sexism, homophobia) compound the harm these organizations cause. Thus, actively counteracting these forces is

essential to creating trauma-informed systems (TIS). The Director of Trauma Transformed, the SAMHSA-funded San Francisco Bay Area Regional Trauma Center, and the Director of UCSF Healthy Environments and Response to Trauma in Schools (HEARTS), will present their mutual work to create trauma-informed, just, and healing youth-serving organizations and public sector systems (e.g., education, juvenile justice, child welfare). We will describe key strategies, grounded in implementation science, for facilitating cross-sector, multiple-county TIS implementation, e.g., promoting trauma-informed leadership, shaping policies, embedding champions and trainers, partnering with youth and families, and centering cultural humility and social justice. Participants will practice applying TIS principles to improve their organizational practices. Barriers to implementation, ways to overcome them, lessons learned, and program evaluation outcomes will be discussed.

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Concurrent Session Seven

Invited Panel
Friday, November 9
3:00 PM to 4:15 PM
Salon 2

Sexual Assault and Harassment: Understanding the Mental Health Impact and Providing Care for Survivors- An ISTSS Briefing Paper

(Social, CSA-Global-Rape, Lifespan, I, Global)

Littleton, Heather, PhD[1]; **Berliner, Lucy, MSW**[2]; **Dworkin, Emily, PhD**[3]; **Weaver, Terri, PhD**[4]; **Zinzow, Heidi, PhD**[5]
[1]*East Carolina University, Greenville, North Carolina, USA*
[2]*University of Washington/Harborview Medical Center, Seattle, Washington, USA*
[3]*University of Washington School of Medicine, Seattle, Washington, USA*
[4]*Saint Louis University, Saint Louis, Missouri, USA*
[5]*Clemson University, Clemson, South Carolina, USA*

In 2018, ISTSS appointed a work group to review the scientific literature on sexual assault and harassment and develop a briefing paper providing and overview of key findings and recommendations. In this session, members of the work group will share findings related to the global prevalence of different forms of sexual assault, including sexual harassment. The mental and physical health impact of sexual assault and harassment will be discussed. Empirically supported treatments will be reviewed, as well as common barriers for treatment seeking. Global priorities for addressing sexual assault in the areas of policy, research, and practice will be delineated.

Symposium
Friday, November 9
3:00 PM to 4:15 PM
Salon 3
Military/Veteran Track

What If We Don't Talk About Trauma? Evidence-based Alternatives to Trauma-focused Psychotherapy

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

Rosen, Craig, PhD[1]**;** Schnurr, Paula, PhD[2]
[1]*VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA*
[2]*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

Numerous studies confirm the effectiveness of several trauma-focused psychotherapies for treating PTSD. Yet, many patients are unwilling to engage in psychotherapies that involve recounting trauma memories or reexamining beliefs about traumatic events. This symposium will review the clinical rationales and research evidence for three psychotherapies for PTSD that do not entail discussion of traumatic events. Tracie Shea will provide an overview of Present Centered Therapy (PCT). Brad Belsher will discuss a meta-analysis of studies involving PCT. Janice Krupnick will present research on Interpersonal Therapy (IPT) for PTSD. Marylene Cloitre will share findings on Skills Training in Affective and Interpersonal Regulation (STAIR).

Present Centered Therapy for PTSD: Origins, Theoretical Basis, and Key Components

(Clin Res, Train/Ed/Dis, Adult, I, Industrialized)

Shea, M., PhD
VA Medical Center, Providence, Rhode Island, USA

Individual and group formats of Present Centered Therapy (PCT) were developed as comparison conditions to control for non-specific therapeutic factors in research on trauma focused treatments for PTSD in Veteran (Schnurr et al., 2003; Schnurr et al., 2007) and non-Veteran samples (McDonough et al., 2005; Classen et al., 2011). The strategies and interventions of PCT were designed to enhance basic therapeutic factors consistent with the idea of "common factors" that characterize all psychotherapy. PCT has now been used in numerous studies examining effectiveness of a range of treatments for PTSD. Although developed as a control, PCT has been included as an empirically supported treatment for PTSD by Division 12 of the American Psychological Association, and more recently, by the VA/DOD Clinical Practice Guidelines for use when trauma focused therapy is not available or not preferred. These recommendations were based on a growing number of trials finding that PCT differed only modestly or sometimes not at all from active treatments under investigation. This presentation will describe the development, rationale, and key components of the individual and group versions of PCT, and discuss implications of PCT findings for research and practice.

Present Centered Therapy for Posttraumatic Stress Disorder in Adults: A Systematic Review of the Evidence

(Clin Res, Clin Res-Clinical Practice-Res Meth-Mil/Vets, Adult, I, Global)

Belsher, Bradley, PhD[1]; Beech, Erin, MA[1]; Evatt, Daniel, PhD[1]; Otto, Jean, PhD[1]; Rosen, Craig, PhD[2]; Schnurr, Paula, PhD[3]

[1]*Department of Defense, Silver Spring, Maryland, USA*
[2]*VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA*
[3]*National Center for PTSD, Executive Division, White River Junction, Vermont, USA*

Present centered therapy (PCT) for PTSD was developed as a comparator treatment to test whether trauma-focused psychotherapies (TFPs) demonstrated effects beyond common psychotherapeutic benefits in clinical trials. Several TFPs are now recommended as front-line treatments in clinical practice guidelines. However, a growing body of literature suggests that PCT demonstrates comparable efficacy to that of evidence-based TFPs. Notably, a concern about TFPs are that patients may be unwilling to engage in these treatment or dropout prematurely. PCT may be associated with greater treatment retention relative to TFPs. The aims of this systematic review were to determine whether PCT (1) is more effective in alleviating PTSD symptoms relative to control conditions; (2) is equally effective in alleviating PTSD symptoms relative to TFP based on *a priori* thresholds; and (3) is associated with greater patient retention and fewer adverse events. A comprehensive search strategy was conducted to retrieve eligible articles and independent review authors assessed risk of bias of included studies. Data will be synthesized and, if appropriate, summary effect estimates will be calculated and compared. The quality of evidence will be assessed using GRADE. Results from this systematic review on the comparative effectiveness of PCT for PTSD will be presented.

Interpersonal Psychotherapy for PTSD (IPT-PTSD) for Veterans

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

Krupnick, Janice, PhD
Georgetown University School of Medicine, Washington, District of Columbia, USA

While cognitive-behavioral interventions, primarily Prolonged Exposure Therapy and Cognitive-Processing Therapy, have been disseminated as the treatments of choice for Veterans with PTSD, some Veterans do not wish to directly confront the military trauma that gave rise to their PTSD. Recent research suggests that Interpersonal Psychotherapy (IPT) for PTSD may provide an alternative to these methods for Veterans who either do not choose a trauma-focused approach or for whom these approaches may be inappropriate. Following a pilot study of women Veterans with PTSD who were successfully treated with individual IPT for PTSD, we are conducting a large-scale, two-site, randomized controlled comparison trial of IPT for PTSD in male and female Veterans with Exposure Therapy (as conducted in VA settings). This presentation will discuss the ways that IPT was modified for PTSD in Veterans and will discuss the rationale for this type of intervention with this population.

STAIR as a Stand-alone Treatment: Results from a Randomized Controlled Trial

(Clin Res, Affect/Int-Clin Res-Care, Adult, I, Industrialized)

Cloitre, Marylene, PhD[1]; Gimeno, Julia, BA[2]; Ortigo, Kile, PhD[3]; Weiss, Brandon, PhD[4]; Jain, Shaili, MD[5]
[1]*National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA*
[2]*National Center for PTSD (334-PTSD), Veterans Affairs Palo Alto Health Care System, Menlo Park, California, USA*
[3]*National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA*
[4]*National Center for PTSD, VA Palo Alto Health Care System/Stanford University School of Medicine, Menlo Park, California, USA*
[5]*VA Palo Alto Health Care System, National Center for PTSD/Stanford University, Menlo Park, California, USA*

Skills Training in Affective and Interpersonal Regulation (STAIR) combined with exposure therapy has been found to be an effective treatment for PTSD and related symptoms in three randomized controlled trials (RCT). This presentation will report on the benefits of using STAIR as a stand-alone treatment. Results from an RCT comparing a 5-session version of STAIR compared to treatment as Usual (TAU) in primary care in a VA setting will be reported.

Preliminary results indicate significant improvement in PTSD symptoms, depression, and problems in emotion regulation and social engagement as compared to TAU, with effect sizes ranging from 1.86 to .87, depending on the outcome. Archival data comparing STAIR to Present Centered Therapy (PCT) will assess differences in symptom change and in potential mediators of these two "non-trauma-focused" treatments. The rationale and design for a recently funded study comparing STAIR to PCT will be presented. The value of non-trauma focused treatments in regards to increasing patient engagement, reducing dropouts and mechanisms of change will be explored.

Symposium
Friday, November 9
3:00 PM to 4:15 PM
Virginia C
Gender/Orientation Track

Trauma, PTSD, and Eating Disorders: Understanding Prevalence, Mechanisms of Association, and Implications for Treatment

(Clin Res, Clin Res-Cog/Int-Depr-Gender, Adult, M, Industrialized)

Holmes, Samantha, MA[1]; Maguen, Shira, PhD[2]
[1]*University of Akron, Akron, Ohio, USA*
[2]*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

Trauma exposure, particularly childhood sexual abuse, is considered to be a non-specific risk factor for eating disorders (EDs), and a substantial minority of women and men with EDs have lifetime histories of PTSD. Comorbid EDs and PTSD (ED-PTSD) confer incremental risk from either disorder alone making it critical to understand the prevalence and underlying mechanisms. The existing literature is growing, but there remain significant gaps that need to be addressed. Specifically, many studies are limited by employing too narrow a lens with regards to trauma type (i.e., child sexual abuse), ED diagnosis (i.e., bulimia), and sample (i.e., undergraduate students, clinical populations). Additionally, few previous studies have explored integrated treatments for treating comorbid ED-PTSD. This symposium presents a series of studies which build upon the current understanding of trauma, PTSD, and EDs by examining the prevalence, theoretical underpinnings, and treatment implications.
First, Dr. Hebenstreit will present the results of employing mental health screening tools with female Veterans in Veterans Affairs mental health and primary care settings, by examining the prevalence of positive screens for various psychological disorders (e.g., PTSD, depression, EDs) and associations among these psychiatric conditions. Understanding these comorbidities is an important step in developing and tailoring screening, triage, and treatment.
Dr. Mitchell will present on the relationship between intimate partner violence (IPV) and ED symptoms in a sample of female Veterans. Relative to other forms of trauma, IPV has been understudied in its association with ED symptoms; however, this issue is particularly salient among female Veterans, who report high rates of IPV.
Ms. Holmes will explore an extension of the Model of Psychological Adaptation to ED symptoms. The Model of Psychological Adaptation posits that trauma results in core schema disruptions which are associated with psychological symptoms. It serves as the theoretical underpinning of Cognitive Processing Therapy, a frontline treatment for PTSD, and has successfully been used to predict symptoms of other psychological disorders (e.g., PTSD, depression). However, its application to ED symptoms has not yet been tested.
Finally, Dr. Liebman will present preliminary results on the acceptability and efficacy of novel integrated group treatment for comorbid ED-PTSD that hypothesizes a mutually reciprocal and reinforcing relationship between these two disorders. Results will highlight implications for timing of interventions based on trajectory of symptom change.

Dr. Maguen will discuss the empirical and clinical implications of these findings as they relate to the larger literature on trauma, PTSD, and EDs.

PTSD, Depression, and Disordered Eating among Female Veterans

(Clin Res, Pub Health-Mil/Vets-Gender, Adult, M, Industrialized)

Hebenstreit, Claire, PhD[1]; Dinh, Julie, BA[2]; Donalson, Rosemary, MPH[2]; Maguen, Shira, PhD[3]
[1]*Palo Alto VA Medical Center, Livermore, California, USA*
[2]*San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA*
[3]*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*

Identifying associations between eating disorders, PTSD, and other psychiatric conditions will enhance our understanding of the service needs of female Veterans, and can help to guide the development of standardized eating disorder assessment and treatment protocols. A sample of female Veterans (N = 407) were recruited from one VA medical center to complete several mental health screening tools designed for use in mental health or primary care settings. Female Veterans ranged in age from 24-70 years and represented multiple military service eras. Over one quarter (27.3%) of the sample met PTSD screening criteria, 28.1% met depression screening criteria, 8.4% met alcohol misuse criteria, 26.6% met anorexia/bulimia screening criteria, and 8.8% met binge eating screening criteria. Regression models were conducted to determine which common psychiatric conditions (PTSD, depression, and/or alcohol misuse) were most strongly associated with probable binge eating disorder as well as probable anorexia/bulimia. While women with probable depression were more likely to screen positive for binge eating disorder, women with probable PTSD were more likely to screen positive for anorexia/bulimia. Additional research is needed to establish effective screening tools, referral processes, and treatment approaches for disordered eating among female VA users with comorbid conditions such as PTSD.

Intimate Partner Violence and Eating Disorder Symptoms in Female Veterans: The Mediating Role of PTSD and Depression

(Prevent, Depr-Rape-Gender, Adult, M, N/A)

Mitchell, Karen, PhD[1]; Huston, Julia, MA[2]; Iverson, Katherine, PhD[3]
[1]*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*
[2]*VA Boston Healthcare System, Boston, Massachusetts, USA*
[3]*National Center for PTSD, Women's Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine, Jamaica Plain, Massachusetts, USA*

Many women with eating disorders (EDs) report high rates of interpersonal trauma and posttraumatic stress disorder (PTSD), but few studies have investigated associations between intimate partner violence (IPV) and ED symptoms (Mitchell et al., 2012). There are several potential mechanisms for the IPV-ED relation: IPV may directly impact one's body image, ED symptoms may serve as maladaptive coping strategies, or PTSD and depression symptoms may account for this association (Wong & Chang, 2016). We examined IPV and ED symptoms, with PTSD and depression symptoms as mediators, in three waves of data from a national sample of female veterans (N = 190). Participants were recruited via e-mail from the GfK Knowledge Networks panel to complete online surveys. Measures included the HARK IPV screener, the PTSD Checklist-5, the Center for Epidemiologic Studies-Depression scale, and the Eating Disorder Diagnostic Scale. Using path analysis, with bootstrapping for indirect effects, we found that lifetime IPV at time 1 was directly associated with ED symptoms at time 3 (B=3.87, T=5.87, p<.001); in addition, this association was mediated by both PTSD (B=3.36, 95%CI: 1.78, 4.94) and depression symptoms (B=2.37, 95%CI: .90, 3.83) at time 2. These results emphasize the importance of assessing for and treating ED symptoms in women with IPV histories and related PTSD and depression symptoms.

Understanding the Relationship between Interpersonal Trauma and Eating Disorder Symptoms: An Extension of the Model of Psychological Adaptation

(Clin Res, Cog/Int-Gender, Adult, M, Industrialized)

Holmes, Samantha, MA[1]; Johnson, Nicole, PhD[2]; Johnson, Dawn, PhD[1]
[1]*University of Akron, Akron, Ohio, USA*
[2]*Lehigh University, Bethlehem, Pennsylvania, USA*

There is considerable evidence that demonstrates that trauma is a non-specific risk factor for eating disorder symptoms (ED). A growing body of literature has begun to examine mechanisms that may explain the relationship; however few studies have tested comprehensive theoretical models. The Model of Psychological Adaptation (McCann, Sakheim, & Abrahamson, 1988) posits that trauma exposure results in core schema disruptions and that these schema disruptions are associated with various psychological symptoms that are also established predictors of ED (e.g., interpersonal problems, overcontrol). The model has found support through its ability to predict symptoms of other psychological disorders (i.e., PTSD, depression) and is the theoretical underpinnings for Cognitive Processing Therapy, a frontline treatment for PTSD; however it has not previously been extended to predict ED. Utilizing structural equation modeling (SEM) in a sample of 341 undergraduate women, preliminary analyses suggest excellent fit, $\chi 2/df = 1.83$, RMSEA = .05, CFI = .99, SRMR = .02, for a model that extends the framework of the Model of Psychological Adaptation to predict ED. These results provide a preliminary theoretical clinical conceptualization with which to interpret the relationship between trauma and ED symptoms.

Acceptability and Efficacy of a Novel Group Intervention for Adults with Co-occurring Eating Disorders and PTSD: An Integrated Treatment Approach

(Clin Res, Affect/Int-Assess Dx-QoL, Adult, M, Industrialized)

Liebman, Rachel, PhD; Van Buren, Brian, MA; Ani, Keshishian, BA/BS; Kendra, Becker, PhD; Eddy, Kamryn, PhD; Thomas, Jennifer, PhD
Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA

Eating disorders (EDs) and PTSD are highly comorbid and may have a mutually reinforcing relationship that impedes recovery. Integrated group treatments represent “best buy” interventions that are cost effective and easily disseminated. Integrated treatments for ED-PTSD are lacking but are critically needed. This pilot study presents preliminary acceptability and efficacy of a novel 15-session group intervention for ED-PTSD that addresses the overlapping (emotion regulation, avoidance) and unique (eating behaviors, traumatic intrusions) features of ED-PTSD. Participants (n = 8) with co-occurring transdiagnostic EDs (i.e., binge eating disorder, atypical anorexia, or bulimia nervosa) and PTSD have completed six of 15 weekly 90-minute sessions to date. At each session, participants complete the PTSD Checklist for DSM 5 (PCL-5), Eating Disorder-15 (ED-15), and Difficulties in Emotion Regulation Scale (DERS). Retention and attendance have been excellent. Paired sample t-tests show a significant decrease in PTSD and emotion dysregulation and no change in ED symptoms over the first six weeks. The pattern of ED-PTSD symptom change has implications for the conceptualization of EDs as an avoidance behavior for PTSD that may require longer course of treatment. Results of this initial pilot study are promising and provide preliminary support for an integrated group ED-PTSD treatment.

Symposium
Friday, November 9
3:00 PM to 4:15 PM
Washington 2
Biological/Medical Track

Trauma from Child to Adulthood: The Impact of Timing of Trauma on Neurobiological Response

(Bio Med, CPA-Chronic-Bio/Int-Neuro, Child/Adol, M, Industrialized)

Felmingham, Kim, PhD[1]; Schmahl, Christian, MD[2]
[1]*University of Melbourne, Melbourne, Victoria, Australia*
[2]*Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany*

There has been recent recognition that the impact of trauma exposure on neurobiological processes may be particularly powerful during critical sensitive periods of development, yet the issue of critical sensitive periods of trauma exposure has received relatively little investigation in the PTSD field. This symposium brings together cutting-edge neurobiological research which examines the impact of timing of trauma, and the type of trauma on neurobiological processes across development. This symposium will include the presentation of findings from longitudinal structural and functional neuroimaging data, and event-related potential data analysed in relation the type and timing of trauma exposure from childhood, through adolescence to adulthood. Functional neuroimaging and event-related potential data will be presented from various paradigms, including emotional face processing, emotional stroop, and emotional response inhibition tasks. An emphasis will be on various machine learning analytic approaches to explore the neurobiological data in relation to the timing of trauma exposure.

Are there Effects of Childhood and Adolescent Maltreatment on Brain Volume and Function during Sensitive Time Periods?

(Clin Res, CPA-CSA-Complex-Bio/Int, Adult, M, Industrialized)

Herzog, Julia, PhD Candidate[1]; Thome, Janine, PhD Candidate[2]; Bohus, Martin, MD[2]; Lis, Stefanie, PhD[1]; Schmahl, Christian, MD[1]
[1]*Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany*
[2]*Central Institute of Mental Health, Mannheim, Germany*

Deleterious effects of adverse childhood experiences (ACE) on brain volume are widely reported. Yet, there is an upcoming interest in the type and timing of ACE, as first evidence points to differential effects on brain volume and function. In a sample with a history of ACE, with (N=42) and without (N = 26) PTSD, we assessed exposure to ACE from age 3 up to 17 using the Maltreatment and Abuse Chronology of Exposure interview (MACE). Covariations of MACE severity at different ages with brain volume was calculated by applying conditional random forest regression. Emotion processing was measured with an Emotional Stroop Task and a Sternberg working memory task (EWMT).
Bilateral amygdala volume were best predicted by maltreatment at age 13, while right amygdala volume was additionally predicted by maltreatment at age 10. With respect to the right hippocampal volume, best prediction was found by MACE severity at age 10, 11, and 13. Crucially, trauma type modulated this effect, as neglect severity was more important during this sensitive period
The present investigation confirms previous findings on the relationship between brain volume and ACE during

sensitive periods. Preliminary results on the relationship between type and timing of ACE and neurobiological responses to emotional stimuli will be presented.

Differential Effects of Exposure to Specific Traumatic Events versus Ongoing Traumatic Neighborhood Violence on Brain Structure and Function in Children

(Bio Med, Chronic-Comm/Vio-Bio/Int-Neuro, Child/Adol, M, Industrialized)

van Rooij, Sanne, PhD; Stevens, Jennifer, PhD; Smith, Ryan, MD; Ely, Timothy, BSc; Jovanovic, Tanja, PhD
Emory University School of Medicine, Atlanta, Georgia, USA

Childhood trauma is a major risk factor for the development of PTSD. Retrospective MRI studies have shown negative effects on brain structure and function. Here we assess the effects of exposure to specific traumatic events as well as ongoing traumatic neighborhood violence on brain structure and function in 43 children (8-14 y/o) recruited through an ongoing study in a vulnerable, highly traumatized, African-American population. Exposure to specific traumatic events was assessed with the TESI. Traumatic violence exposure was measured with the VEX-R. Functional and structural MRI scans were collected. Freesurfer v5.3 was used to assess bilateral hippocampal volume (N=43). An emotional Go/NoGo fMRI task was used to measure response inhibition in the amygdala, hippocampus and vmPFC (N=27).
Traumatic events (TESI) correlated negatively with hippocampal volume (r=-.37, p=.016), but not with fMRI measures. On the other hand, violence exposure (VEX-R) did not correlate with hippocampal volume, but positively correlated with amygdala (r=.47, p=.019), hippocampal (r=.50, p=.013), and vmPFC activation (r=.41, p=.045) during response inhibition.
These findings suggest that exposure to specific traumatic events negatively impact hippocampal structure, whereas exposure to ongoing traumatic neighborhood violence may result in functional brain changes representing an adaptive response.

Abnormal Development of Amygdala-Salience Network Connectivity during Emotion Processing in Pediatric Post-Traumatic Stress Disorder

(Bio Med, Bio Med-CPA-CSA-Neuro, Child/Adol, M, Industrialized)

Keding, Taylor, BSc; Herringa, Ryan, MD, PhD
University of Wisconsin-Madison, Madison, Wisconsin, USA

Pediatric post-traumatic stress disorder (PTSD) has been characterized by abnormalities in amygdala functional development cross-sectionally. However, little is known about its longitudinal development in afflicted youth. In this naturalistic, longitudinal study, we examined developmental changes in amygdala functional connectivity in 23 youth with PTSD (ages 8-18 at baseline) compared to 21 non-traumatized, typically-developing (TD) youth, matched for age and sex. All youth underwent trauma and psychiatric screens and fMRI during implicit emotional face processing at initial evaluation and one-year follow-up. In multiple group x time interactions, right centromedial and superficial nuclei showed abnormal coupling with the dorsal anterior cingulate cortex and anterior insula, key nodes in the salience network. In all cases, PTSD youth showed increased connectivity between scans, while TD youth showed decreased or no change in connectivity. These findings represent the first known longitudinal investigation of task-based functional connectivity in PTSD youth and indicate abnormal development of amygdala coupling with the salience network. This may serve as a neural basis for increased importance of facial affect in threat/safety discrimination after trauma-exposure, which typically decreases during adolescence.

Using Machine Learning to Discriminate the Impact of Timing of Childhood Trauma on Deployment Related Neurocognitive Functioning in a Military Sample

(Clin Res, Dev/Int-Res Meth-Mil/Vets-Neuro, Adult, M, Industrialized)

Miller, Lisa, PhD Student[1]; Hogendoorn, Hinze, PhD[1]; Forbes, David, PhD[2]; Simmons, Julian, PhD[3]; McFarlane, Alexander, MD[4]; Van Hooff, Miranda, BA (Hons), PhD[4]; Whittle, Sarah, PhD[5]; Lawrence-Wood, Ellie, BSc Hons Psychology[6]; Felmingham, Kim, PhD[5]
[1]*University of Melbourne, Parkville, Victoria, Australia*
[2]*Phoenix Australia: Centre for Posttraumatic Mental Health: The University of Melbourne, Carlton, Victoria, Australia*
[3]*University of Melbourne, Carlton, Victoria, Australia*
[4]*The University of Adelaide, Adelaide, South Australia, Australia*
[5]*University of Melbourne, Melbourne, Victoria, Australia*
[6]*Adelaide University, Adelaide , South Australia, Australia*

Within the military, an increase in childhood trauma coupled with high combat exposure has been linked to increased post-traumatic stress symptoms (PTSS). However not all military personnel follow the same trajectory of PTSS across deployment. One explanation for differences in PTSS may be the timing of trauma. Vulnerability of the right hippocampus, right amygdala and prefrontal cortex, brain regions known to be associated with PTSS, has been linked to trauma occurring at specific ages in late childhood and adolescence. We applied multivariate pattern analysis (MVPA) to timeseries electroencephalogram (EEG) recordings from an emotional face paradigm collected on a sample of over 200 Australian military personnel before and after deployment. We found MVPA distinguished traumatised from non-traumatised groups, with strongest accuracy for classification of traumas occurring before 10 and 15-17 years of age. Early- and mid-range EEG timepoints were selected for trauma occurring before 10 years suggesting trauma at this age may affect early selective attention and perceptual processing of emotional faces. In contrast, late EEG timepoints were selected for trauma occurring between 15-17 years of age, suggesting trauma at this time may affect cognitive processing of emotional faces only. These findings will be discussed in relation to PTSS before and after deployment.

Symposium
Friday, November 9
3:00 PM to 4:15 PM
Washington 5

Shifting Standards of Clinical Practice and Policy Regarding Treatment of Co-occurring PTSD and Substance Use Problems in Teens and Adults: Implications from NIDA-Funded Clinical Trials

(Clin Res, Gen/Int-Fam/Int-Sub/Abuse-Tech, Lifespan, M, Industrialized)

Kmett Danielson, Carla, PhD[1]; Aklin, Will, PhD[2]
[1]*Medical University of South Carolina, Charleston, South Carolina, USA*
[2]*National Institution of Drug Abuse, Bethesda, Maryland, USA*

Despite high rates of comorbidity between PTSD and substance use problems (SUP) in teens and adults, few integrated treatments have been rigorously evaluated to date. This slow pace of scientific advancement has left the state of practice stymied. Reasons for this limited progress include compartmentalized mental health and addiction fields, long-standing clinical lore that it is unsafe to engage a youth or adult with SUP in exposure-based treatment due to concerns that exposure-induced distress will exacerbate SU; and the challenges of doing comorbidity treatment outcome research. To address this gap, 3 of these research teams have been developing and evaluating manualized treatment approaches (RRFT, COPE, MIGHTY) to address co-occurring PTSD and SUP in vulnerable teen and adult trauma-exposed populations, with the 4th team examining the impact of RRFT on the epigenetic state. The aim of this symposium is to present information on these treatments that will advance related clinical practice and policy by leveraging data from 3 NIDA-funded clinical trials (R01DA031285/PI:Danielson; 5R01DA030143/PI:Back; K23DA038257/PI:Adams) and a methylation substudy (PI:Amstadter). In addition to the research presentations, Dr. Will Aklin, Director of the Behavioral Therapy Development Program at NIDA, will discuss big-picture clinical and policy implications extending from the presentations.

Updating our Clinical Toolkit to Target Co-occurring PTSD and SUP in Adolescents: User-centered Development of an Integrated, Modular Mobile App for Adolescents

(Clin Res, Tech, Child/Adol, M, Industrialized)

Adams, Zachary, PhD[1]; Kmett Danielson, Carla, PhD[2]; Patel, Sachin, MSc[2]; Ruggiero, Kenneth, PhD[2]; Treiber, Frank, PhD[2]
[1]*Indiana University School of Medicine, Indianapolis, Indiana, USA*
[2]*Medical University of South Carolina, Charleston, South Carolina, USA*

As we learn more about which treatments are safe and effective for co-occurring PTSD and substance use problems (SUP), there is need to update the tools and techniques used in clinical practice to promote optimal outcomes. There is enthusiasm for mobile health apps that can be used by patients and clinicians during and between sessions to enhance treatment engagement, bolster adherence to assigned tasks, and facilitate treatment progress. However, few mHealth tools have been developed and evaluated that target co-occurring disorders or are intended for adolescents, whose developmental needs and preferences differ from children and adults. We used an iterative, user-centered development process rooted in behavior change theory to design an app that integrates evidence-based treatment principles for PTSD+SUP in a single, modular tool: the Mobile Integrated Goals and Homework Toolkit for Youth (MIGHTY). Twenty adolescents (ages 13-17) who had completed outpatient treatment and 20 clinicians who deliver therapy to teens provided feedback on early versions of the app to guide format, content, and other aspects of the app. Responses guided app refinements ahead of a forthcoming feasibility pilot trial to test whether addition of MIGHTY to psychotherapy impacts patient engagement, symptoms, homework completion, and treatment efficiency.

PTSD and Substance Use Disorders: Examining PTSD Severity, Substance Use, and Dropout Following Imaginal Exposure

(Clin Res, Clin Res-Sub/Abuse, Adult, M, Industrialized)

Jarnecke, Amber, PhD[1]; Allan, Nicholas, PhD[2]; Badour, Christal, PhD[3]; Flanagan, Julianne, PhD[1]; Killeen, Therese, PhD, RN[1]; Back, Sudie, PhD[1]
[1]*Medical University of South Carolina, Charleston, South Carolina, USA*
[2]*Ohio University, Athens, Ohio, USA*
[3]*University of Kentucky, Lexington, Kentucky, USA*

Integrated treatments targeting comorbid posttraumatic stress disorder (PTSD) and substance use disorders (SUD) among adults have developed rapidly in recent years; however, sequential treatment of SUD and PTSD is typical clinical practice due to concerns that integrated interventions will worsen symptoms and impact treatment dropout. The current study examined if in-session ratings of craving and distress predicted PTSD severity, substance use, and treatment dropout. Participants were military Veterans (N=46) enrolled in a 12-week, exposure-based integrated therapy (COPE; Back et al., 2014). Past-week PTSD severity and substance use were assessed at each treatment session. Multilevel modeling tested whether craving and distress predicted the following week's PTSD severity and substance use. Discrete time survival analysis determined if craving and distress predicted treatment dropout. The results indicated that neither craving nor distress predicted the following week's PTSD severity or substance use. However, individuals with elevated craving (B = 0.015, p = 0.004) and distress (B = 0.027, p < 0.001) were 1.02 and 1.03 times more likely to drop out of treatment. Future research should develop strategies to increase treatment retention for individuals at-risk for treatment dropout and identify mechanisms that account for the association between craving/distress and dropout.

DNA Methylation Differences as a Function of PTSD Symptom Severity and Treatment

(Bio Med, CSA-Clin Res-Gen/Int-Genetic, Child/Adol, M, Industrialized)

Sheerin, Christina, PhD[1]; York, Timothy, PhD[2]; Smalling, Anna, MA, MSW[3]; Walker, Jesse, BA[3]; Kmett Danielson, Carla, PhD[3]; Amstadter, Ananda, PhD[2]
[1]Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia, USA
[2]Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA
[3]Medical University of South Carolina, Charleston, South Carolina, USA

Beyond treatment outcomes, RCTs that target trauma-related populations and collect participant DNA can enhance understanding of a biological signature of PTSD and potential impact of psychotherapy on the epigenetic state. DNA methylation changes (DNAm; functional modifications to DNA without changing the sequence) have been demonstrated following environmental experiences, including trauma exposure, and may be associated with PTSD. These analyses examined the association of DNAm with PTSD severity and as a function of treatment in an adolescent, trauma-exposed sample from a study of RRFT compared to treatment as usual. Blood samples were collected for examination of epigenome wide DNAm at baseline and 6 months following treatment (n=45 with complete genomic data). Following QC, the association of 808,373 differentially methylated positions (DMPs) in whole blood with PTSD symptom severity at baseline was examined, controlling for trauma load, sex, primary cell types, and top 2 principle components. 171 DMPs were significantly associated with PTSD severity (FDR<1%). A mixed effects model examined methylation change from pre-to-post treatment, controlling for treatment group, and identified 13 DMPs (FDR<1%). DMRs (differentially methylated regions) were created from DMPs identified and results from a gene ontology analysis to determine functional implications will be presented.

Exposure-based Treatment for Adolescents with Co-occurring PTSD and Substance Use Problems: Findings from a Stage II RCT of Risk Reduction through Family Therapy (RRFT)

(Clin Res, Complex-Fam/Int-Rape-Sub/Abuse, Child/Adol, M, Industrialized)

Kmett Danielson, Carla, PhD[1]; Adams, Zachary, PhD[2]; Chapman, Jason, PhD[3]; McCart, Michael, PhD[3]; Sheidow, Ashli, PhD[3]; Walker, Jesse, BA[1]; Smalling, Anna, MA, MSW[1]; de Arellano, Michael, PhD[4]
[1]Medical University of South Carolina, Charleston, South Carolina, USA
[2]Indiana University School of Medicine, Indianapolis, Indiana, USA
[3]Oregon Social Learning Center, Eugene, Oregon, USA
[4]National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina, USA

Traumatic stress and substance use problems (SUP) often co-occur in adolescents—yet no gold standard treatment has been established for this vulnerable population. Our team recently completed the first large scale RCT (N=135) of an exposure-based, manualized treatment [Risk Reduction through Family Therapy/RRFT] targeting this comorbidity in teens. This will be the first presentation of the results from the completed NIDA R01-funded RCT in which RRFT was compared to Treatment As Usual (TAU).
The participants were adolescents who had experienced interpersonal violence, reported 5+ PTSD symptoms and SUP, and were aged 13-18 (M=15.4, SD=1.3; 38% ethnic/racial minority; mean number of traumas=3.6 [SD=2.2]), who had been randomized to receive RRFT or TAU. Youth and caregivers completed assessments at baseline and at 3-, 6-, 12-, and 18-month follow-up. Results indicated that RRFT, relative to TAU, had significantly greater reductions in the number of drug-using days over time ($p < .001$). RRFT also had significantly greater improvement in household rules and emotional suppression, ($p's<.01$). Planned contrasts demonstrated statistically significant reductions in PTSD symptom severity within the RRFT group that held through 18-month follow-up ($p<.001$). Importantly, safety of doing exposure work with adolescents with SUP was supported, yielding vital implications for clinical practice.

Symposium
Friday, November 9
3:00 PM to 4:15 PM
Roosevelt 4

Trauma and Aging: Examining and Integrating New Findings on Health Outcomes, Mental Health Utilization, and Treatment in Older Adults

(Clin Res, Health-QoL-Mil/Vets-Aging, Older, I, Industrialized)

Smith, Brian, PhD[1]; Davison, Eve, PhD[2]
[1]*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*
[2]*VA Boston Healthcare System/Boston University, Boston, Massachusetts, USA*

As a significant proportion of the civilian and veteran populations are approaching older adulthood, further examinations of the effects and implications of traumatic stress exposure across the life course are warranted. Given that older veterans and other trauma-exposed adults have relatively high rates of PTSD and comorbidities, and are often misdiagnosed and therefore undertreated, it is important to advance understanding of the long term effects of trauma for these individuals, including implications for clinical treatment and other services. The aim of this symposium is to focus on the effects and implications of traumatic stress experienced throughout life on older adults by presenting new data and findings on health and functioning, mental health utilization, and treatment-related outcomes in older male and female veterans, with particular attention to integrating research findings and implications for clinical practice. The session will include a discussion of the importance and utility of examining the effects of trauma experienced throughout life in older men and women, and to facilitating the translation of findings to advance clinical care for these vulnerable populations.

Consequences of Combat and Deployment in Male Vietnam Veterans 40 Years Later

(Pub Health, Pub Health-Mil/Vets-Aging, Older, I, Industrialized)

Magruder, Kathryn, PhD, MPH[1]; Goldberg, Jack, PhD[2]

[1]*Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA*
[2]*VA Puget Sound Health Care System / Seattle Division, Seattle, Washington, USA*

A recent epidemiologic study, Course and Consequences of PTSD in Vietnam-Era Twins, was conducted to explore the consequences of military exposures 40 or more years after the war's end. Over 5000 community dwelling veterans (M = 61 years) from the Vietnam-era Twin Registry completed both mail and telephone interviews to contribute information on PTSD, functioning and disability. Instruments included the WHO Composite International Diagnostic Interview (CIDI), the Veterans RAND-36 (VR-36), and the WHO Disability Assessment Schedule 2.0 (WHODAS). Not unexpectedly, veterans who served in Vietnam had higher prevalence of current PTSD than those who served elsewhere (12.5% vs 5.6%), and there was a dose-response relationship with combat exposure. Those with PTSD had significantly worse functioning in every domain measured, even after adjustment for demographics, military service, lifestyle factors, clinical conditions, and other psychiatric disorders. Combat exposure, independent of PTSD status, was associated with lower VR-36 Physical Component Scores and VR-36 Mental Component Scores, and increased disability as measured by the WHODAS. Even though the Vietnam War ended more than 40 years ago, the effects of combat status and deployment are still manifest for these men who are now senior citizens.

The Impact of Stress Exposures and Mental Health Sequelae on Health, Functioning, and Disability in Vietnam-Era Women Veterans

(Pub Health, Health-Mil/Vets-Aging-Gender, Older, I, Industrialized)

Smith, Brian, PhD[1]; Spiro III, Avron, PhD[2]; Magruder, Kathryn, PhD, MPH[3]
[1]*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*
[2]*VA Boston Healthcare System & Boston University Schools of Public Health & Medicine, Boston, Massachusetts, USA*
[3]*Medical University of South Carolina and the Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA*

Trauma exposure and its mental health sequelae can have negative implications for health. However, these associations are understudied in older adults and especially among older women. We examined the impact of military exposures on later life health-related outcomes using data from The Health of Vietnam-Era Women's Study (HealthVIEWS). 4219 women veterans (Mage=68) who were active duty during the Vietnam era completed a mail survey and a computer assisted telephone interview. Wartime exposures were assessed using the Women's War-Zone Stressor Scale-revised; other lifetime exposures and mental health (i.e., PTSD, major depressive disorder [MDD], and generalized anxiety disorder [GAD]) were assessed using the Composite International Diagnostic Interview. Health-related quality of life (HQL) was assessed using the VR-36, and disability was assessed using the WHODAS 2.0. Several salient exposures—including war-zone stressors and sexual harassment—were associated with worse health outcomes, and associations held when adjusting for covariates, including mental health. Current PTSD was strongly linked with lower HQL and greater disability, and both current and former MDD and GAD were associated with greater disability. These findings highlight the importance of examining the impact of stress exposures on health and functioning across the life course in this important population.

Age Related Differences in Mental Health Care Service Utilization in Veterans with a History of Military Sexual Trauma

(Clin Res, Rape-Mil/Vets-Aging, Older, I, N/A)

Porter, Katherine, PhD[1]; Kane, Naomi, MA, PhD Student[2]; Smith, Erin, PhD[1]; Cochran, Heather, PhD[3]; Lyubkin, Mark, MD[2]; Sexton, Minden, PhD[4]

[1]*VA Ann Arbor Healthcare System/ University of Michigan, Ann Arbor, Michigan, USA*
[2]*VA, Ann Arbor, Michigan, USA*
[3]*VA Ann Arbor Health Care System/University of Michigan Medical School, Ann Arbor, Michigan, USA*
[4]*U.S. Department of Veterans Affairs, Ann Arbor, Michigan, USA*

Research on mental health care utilization in trauma-exposed Veterans suggests many of those who may benefit from services do not receive care (e.g., Hoge et al., 2008), and indicates this problem may become more pronounced in older age (e.g., Hale et al., 2017). Combat exposure has been associated with greater utilization (e.g., Elhai et al., 2008), but less is known about the impact of other traumas, such as Military Sexual Trauma (MST), on mental health care utilization especially across age cohorts. The current study compares age-related differences in mental health utilization in a sample Veterans endorsing MST that accessed VA healthcare between 2006-2016 (N = 3607). Participants were divided into those 65 years old or above (n = 705), and those under 65 (n = 2902). Use of any mental health service was nearly identical between age groups with 45.5% and 45.8% among older and younger Veterans, respectively. However, older Veterans requested significantly fewer consultations for MST-specific care (7.5%) compared with younger peers ($X2 = 29.75$, $df = 1$, $p < .001$, $\varphi = .09$). The types of services utilized and clinical implications will be discussed.

Later-adulthood Trauma Reengagement in Vietnam Veterans with PTSD: Impact of a Psychoeducational Discussion Group

(Clin Res, QoL-Mil/Vets-Aging, Older, I, Industrialized)

Pless Kaiser, Anica, PhD[1]; O'Malley, Kelly, PhD[2]; Bamonti, Patricia, Clinical Psychologist[3]
[1]*VA Boston Healthcare System, National Center for PTSD, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA*
[2]*VA Boston Healthcare System, Harvard Medical School, and Boston University School of Medicine, Brockton, Massachusetts, USA*
[3]*VA Boston Healthcare System and Harvard Medical School, Brockton, Massachusetts, USA*

Veterans may experience a re-emergence or exacerbation of PTSD symptoms and memories of their military experiences in the context of aging. A conceptual model, Later-Adulthood Trauma Reengagement (LATR), describes this process as an effort to find meaning and build coherence. A psychoeducational discussion group designed to facilitate successful resolution of this process was conducted with nine Vietnam Veterans with PTSD. The group provided psychoeducation about PTSD, mindfulness training, and promoted the use of positive coping strategies to facilitate trauma re-integration and meaning-making. Veterans completed pre- and post-intervention assessments. Veterans reported increased intrusive memories, negative thoughts, and arousal at post-intervention, but avoidance did not increase. Based on results of qualitative data, despite increases in PTSD symptoms, group members reported greater use of coping strategies and improved insight into thoughts, feelings, and behaviors. This initial offering of the LATR group to Veterans with PTSD emphasized its potential role as a preparatory intervention, increasing readiness for evidence-based treatment for PTSD. Consistent with this aim, several group members requested additional sessions and/or individual psychotherapy. Future directions include examination of factors that promote successful trauma reengagement and processing.

Panel Presentation
Friday, November 9
3:00 PM to 4:15 PM
Virginia B
Child Trauma Track

Two Empirically-Based Treatment Models for Complex Trauma in High Risk Adolescents

(Practice, Chronic-Complex-Cul Div, Child/Adol, M, Industrialized)

Lanktree, Cheryl, PhD[1]; **Habib, Mandy, PsyD**[2]; Briere, John, PhD[3]; **Labruna, Victor, PhD**[2]
[1]*University of Southern California, Torrance, California, USA*
[2]*Adelphi University, Garden City, New York, USA*
[3]*University of Southern California, Los Angeles, California, USA*

This panel will describe two empirically-based treatments (EBTs), Integrative Treatment of Complex Trauma for Adolescents (ITCT-A) and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), developed to treat the immediate and long-term impacts of complex trauma, focusing especially on high risk behavior in vulnerable youth. Both treatment models have been widely adopted throughout the U.S. with the support of the National Child Traumatic Stress Network, in a range of settings (e.g., outpatient, juvenile justice, residential treatment, shelters, schools) using multiple modalities. Complex trauma involves repeated exposure to multiple forms of childhood abuse, neighborhood violence, and peer assaults, frequently in the context of parental neglect and racial/cultural discrimination. Interventions presented will address trauma-related impacts, especially high risk behavior such as substance abuse, self-injury, dysfunctional sexual behavior, suicidality, dissociation, and impulsive aggression, to facilitate safety, affect regulation and distress reduction skills, trauma processing, and relational/attachment processing within the therapeutic relationship. Cultural adaptations and interventions addressing discrimination, poverty, and familial issues that further compound trauma in socio-culturally marginalized youth will also be presented.

Panel Presentation
Friday, November 9
3:00 PM to 4:15 PM
Washington 4

Some Surviving Elephants in the Field of PTSD: Seniors' Reflections

(Clin Res, Complex-Health-Mil/Vets-Intergen, Lifespan, A, Global)

Danieli, Yael, PhD[1]; **Marmar, Charles, MD**[2]; **Weisath, Lars, MD, PhD**[3]; **Engdahl, Brian, PhD**[4]
[1]*Director of the Group Project for Holocaust Survivors and their Children, New York, New York, USA*
[2]*New York University School of Medicine, New York, New York, USA*
[3]*University of Oslo, Oslo, Norway*
[4]*Brain Sciences Center, Minneapolis VAMC, Minneapolis, Minnesota, USA*

We review theoretical, diagnostic, training and treatment issues that have astonished the presenters as those they "should have known" in their offices, labs, and out on missions.

Despite decades of progress illuminating the understanding of PTSD, certain fundamental "elephants" remain in the shadows to be (re)discovered. A peacekeeper might not only be terrorized but must confront fear of losing control of his/her anger at the terrorists, thereby compromising his/her mission and experience moral as well as professional injuries. A stubborn reality is that we have not substantially increased treatment effectiveness. Each person develops PTSD through a unique interaction of their neurobiology, early development, and (pre)lifetime trauma exposure. This resulting heterogeneity means that a one size fits all approach to diagnosis and treatment (evidence-based psychotherapy and pharmacotherapy) is limiting. Recent advances using biomarkers to identify heterogeneity and predicting differential treatment response will be presented. Therapies anchored in fear-based PTSD models should be supplemented by others. Therapies focusing on intrusion reduction, anger management or moral injury could be helpful as first-line interventions for many. Meaning-based therapies can be effective after completion of more traditional therapies. We will highlight the implications for international, long-term, multigenerational, and diverse vulnerable populations.

Workshop Presentation
Friday, November 9
3:00 PM to 4:15 PM
Virginia A
Public Health Track

Racial Justice and Trauma-informed Resilient Communities

(Commun, Chronic-Pub Health-Surv/Hist-Intergen, N/A, M, Industrialized)

Kiser, Laurel, PhD MBA[1]; **Connors, Kathleen, MSW, LCSW**[1]; **Trueheart, Kim, BA**[2]; **Murray, Brian, ThM**[2]
[1]*University of Maryland School of Medicine, Baltimore, Maryland, USA*
[2]*Liberty Village Project, Baltimore, Maryland, USA*

Experiences of traumatic stress in urban African American communities are highly associated with individual, institutional, and structural racism. Strategies to address the intersectionality of trauma and racism are still emerging. Following the death of Freddie Gray in 2015 in Baltimore City, the Breakthrough Series Collaborative (BSC) change methodology was adapted and tested to bridge knowledge-practice gaps and build community capacity to implement trauma and resilience-based practices within a racial justice framework. Nine community teams participated. This workshop explores the promises and challenges of the BSC methodology to achieve the goals of implementing racially justice, trauma-informed practice, reviews lessons learned, and provides recommendations for future efforts. Workshop participants will review the racial justice and trauma and resilience practice themes used in the BSC through experiential segments similar to how content was presented to BSC participants. Highlights of the objectives include: recognizing life experiences and implicit bias; promoting and supporting racially just organizations; creating safe spaces and mobilizing and accessing trauma resources. Finally, participants will discuss implications for using BSC methodology to support community-based programs to strengthen actions to support racial justice and implement trauma informed services.

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Workshop Presentation
Friday, November 9
3:00 PM to 4:15 PM
Washington 1
Assessment and Diagnosis Track

A Practical Guide to Experience Sampling Methodology
(Res Meth, Assess Dx-Train/Ed/Dis, N/A, I, N/A)

Greene, Talya, PhD MPH
University of Haifa, Haifa, Israel

Experience sampling methodology (ESM) is an intensive longitudinal assessment technique in which participants are prompted to provide data at least once a day over a particular time period on symptoms, emotions, and behaviors, often using mobile technology.
ESM enables us to ask and answer questions that are not typically possible using traditional methods, such as: how do between-person effects differ from within-persons effects? Which symptoms and behaviors predict other symptoms and behaviors a few hours later? What is the real-time effect of environmental context on mental health?
The purpose of this workshop is to provide a user-friendly guide to researchers who are considering an ESM study, or who have collected ESM data and want to understand potential ways to handle the data.
We will discuss methodological considerations such as ESM protocol (number of items, number of daily reports, length of ESM period), sample size, questionnaires, participant incentives, data collection apps and survey software. We will also consider different analytic approaches, including mixed effects models, multilevel mediation, dynamic networks, and growth models, with walk-through examples.
The presenter has been involved in various ESM studies, including on peritraumatic stress during conflict; PTSD following MVAs; and pain, negative affect and cannabis use.

Workshop Presentation
Friday, November 9
3:00 PM to 4:15 PM
Washington 3
Immigration/Refugee Track

Advocating for Asylum Seekers in a Time of Record Forced Displacement: a Collaborative, Inter-Disciplinary Approach
(Global, Rights-Refugee-Torture-Train/Ed/Dis, Adult, M, Global)

McQuaid, Jennifer, PhD[1]; **McKenzie, Katherine, MD**[2]; **Pyati, Archi, JD**[3]
[1]*Sanctuary for Families, New York, New York, USA*
[2]*Yale School of Medicine, New Haven, Connecticut, USA*
[3]*Tahirih Justice Center, Falls Church, Virginia, USA*

This workshop presents an inter-disciplinary model in which a (1) human rights lawyer, (2) an internist, and (3) a clinical psychologist collaborate in support of asylum seekers. The UN defines an asylum seeker as "someone who

claims to be a refugee without those claims being verified." The building of a legal case for asylum hinges on the applicant's ability to relay their own history of persecution. Studies show the rate of PTSD in asylum seekers ranges from 30% - 82% (Steel et. al., 2009; Teodorescu et al., 2012). An overview of existing research on the mental and physical health of asylum seekers will be presented, to anchor participants' understanding of the ways in which trauma complicates the asylum process, and how clinicians can contribute by documenting harm and emotional suffering.

Guidelines for evaluating asylum applicants and documenting clinical findings will be presented, including discussion around integrating standardized assessments. Case material will be shared that highlights a model in which clinical evaluations: (1) elucidate applicants' claims, (2) support the lawyer-client relationship, (3) scaffold the applicant's testimony, (4) educate courtroom officials on effects of trauma, and (5) empower applicants with psycho-education. Audience discussion will be encouraged as a means of increasing participants' confidence in conducting this work.

Flash Talks
Friday, November 9
3:00 PM to 4:15 PM
Roosevelt 5

Relational Factors in the Childhood Emotional Abuse - Suicidal Ideation Link

(Clin Res, Cul Div-Fam/Int-Prevent, Adult, M, Industrialized)

Allbaugh, Lucy, PhD[1]; Mack, Sallie, BS[2]; Culmone, Hailey, BS[1]; Hosey, Ashley, BS[3]; Dunn, Sarah, PhD, ABPP[1]; Kaslow, Nadine, PhD, ABPP[1]

[1]*Emory University School of Medicine, Atlanta, Georgia, USA*
[2]*Utah State University, Logan, Utah, USA*
[3]*Western Carolina University, Cullowhee, North Carolina, USA*

Understanding pathways to suicidal behavior among specific populations is critical for developing and implementing suicide assessment and prevention programs in public healthcare systems. Childhood emotional abuse (CEA) is a robust risk factor for suicide, and adult survivors often have difficulty forming secure attachments and securing social support, factors known to be protective. These relational factors may be critical for understanding the CEA – suicidal ideation link. The present study tested attachment security and social support seeking as serial mediators of this association in a sample of 150 low-income, African American female CEA survivors receiving services in a public health system. Results revealed the predicted serial mediation when considering pathways through both family and friend support: b = .02, SE = .01, 95% CI [.004 - .065]) and b = .02, SE = .01, 95% CI [.004 - .071] respectively. More severe CEA was associated with less attachment security, and in turn less social support seeking. When considered in sequence, these factors subsequently were associated with increased suicidal ideation. Results illuminate the importance of attending to attachment security and social support seeking in suicide assessment and prevention programs for African American female CEA survivors. Suggestions for prevention efforts in this population will be discussed.

Adverse Childhood Experiences and Adolescents' Psychosocial Problems in Different Economic Contexts

(Social, CPA-Depr, Child/Adol, M, C & E Europe & Indep)

Ajduković, Marina, PhD; Sušac, Nika, PhD Candidate; Rezo, Ines, PhD Student

University of Zagreb; Department of Social Work, Zagreb, Zagreb, Croatia

The long-term economic crisis has changed living conditions of many families in Croatia, which could be an additional risk for youth psychosocial development. The study explored the Adverse Childhood Experiences (ACE) and their relationship with internalizing and externalizing problems of adolescents living in different economic contexts. Extreme groups approach was used and two subsamples were drawn from a larger sample of 1057 Croatian adolescents based on participants' assessment on family financial problems. The participants were high-school students (Mage=16.29, SDage=0.540), 215 in the economic hardship group and 222 in the non-economic hardship group. Instruments included a measure of ACE adapted for this study, Depression, Anxiety and Stress Scale, Youth Self-Reported Delinquency and Risk Behaviors Questionnaire.
All ACEs, except the death of a close family member, were more prevalent in the economic hardship group. Participants were further categorized in three groups based on the number of ACEs and two-way ANOVAs were performed with internalizing and externalizing problems as dependent variables. Economic hardship proved to be an additional risk for internalizing problems in adolescence, while the only significant difference in externalizing problems was between participants experiencing different number of ACEs. The study was funded by Croatian Science Foundation.

Fear, and not Dysphoria, Symptoms of Posttraumatic Stress Disorder Predict Incident Hypertension over 24 Years in a Large Cohort of Younger and Middle-aged Women

(Bio Med, Bio Med-Health-Illness, Adult, M, N/A)

Sumner, Jennifer, PhD[1]; Kubzansky, Laura, PhD, MPH[2]; Roberts, Andrea, PhD[2]; Chen, Qixuan, PhD[3]; Rimm, Eric, ScD[2]; Koenen, Karestan, PhD[2]
[1]*Columbia University College of Physicians and Surgeons, New York, New York, USA*
[2]*Harvard School of Public Health, Boston, Massachusetts, USA*
[3]*Columbia University, Mailman School of Public Health, New York , New York, USA*

Background: Posttraumatic stress disorder (PTSD) predicts incident hypertension, but it is unclear which aspects of PTSD are associated with cardiovascular risk. PTSD is a heterogeneous disorder, comprising dimensions of fear and dysphoria. Elevated fear after trauma may promote autonomic nervous system dysregulation, leading to poor cardiovascular health. We examined fear and dysphoria symptoms in relation to incident hypertension over 24 years in 2,748 trauma-exposed women in the Nurses' Health Study II. We hypothesized that fear would be most strongly associated with hypertension.
Methods: Posttraumatic fear and dysphoria symptom scores were based on a PTSD interview. We used proportional hazards models to estimate hazard ratios and 95% confidence intervals for new-onset hypertension (N=966). Models were run separately for fear and dysphoria.
Results: Fear, but not dysphoria, symptoms were significantly associated with hypertension in models adjusting for socio-demographics and family history. Compared to those in the lowest quintile of fear, women in the highest quintile of fear had a 24% higher rate of developing hypertension [HR=1.24 (95% CI: 1.01–1.53)]. HRs were nearly identical when also adjusting for biomedical covariates and health behaviors.
Conclusions: Posttraumatic fear may be a key dimension to target to offset cardiovascular risk in trauma-exposed individuals.

Cumulative Violence Exposure, Substance Use and PTSD among Street-Based Female Sex Workers in Baltimore, Maryland

(Pub Health, Pub Health-Rape-Sub/Abuse-Gender, Adult, A, Industrialized)

Park, Ju Nyeong, PhD Candidate[1]; Bass, Judith, PhD, MPH[1]; Decker, Michele, ScD[2]; Sherman, Susan, PhD[2]

[1]*Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA*
[2]*John Hopkins School of Public Health, Baltimore, Maryland, USA*

Female sex workers (FSW) experience high levels of violence, substance use and PTSD burden in addition to social and structural vulnerabilities. In 2016-2017, a cohort of street-based FSW (N=230) completed the PTSD Checklist (PCL-5). At baseline, half (56%) met symptom criteria for DSM-5 PTSD and 28% were subsyndromic (1-3 clusters). Most (81%) reported lifetime experience of sexual or physical violence. Prevalence of childhood sexual and physical violence were 35% and 43%, respectively; 40% and 72% experienced sexual and physical violence as adults. Most (62%) were homeless (past 3 mo.) and engaged in daily heroin use (74%), cocaine (64%) or binge drinking (9%). PTSD, lifetime violence, homelessness and daily substance use were highly correlated. Factor analysis supported a four-factor DSM-5 model of PTSD. PTSD severity was associated with childhood and adulthood sexual violence ($p<0.01$), cumulative violence (>=2 types of violence, $p<0.01$) and binge drinking ($p<0.01$) in multivariable analysis. We will also present results of longitudinal analyses on the effect of recent violence experience, current substance use and chronic strain on PTSD trajectories over time. Preliminary findings highlight that street-based FSW have a complex set of mental health and social needs; results could inform the development of non-stigmatizing, trauma-informed services.

"Negative Nancy": The Roles of Trauma and Mental Health on Mothers' Negative Talk toward Children

(Clin Res, Commun-Fam/Int-Prevent-Res Meth, Lifespan, M, Industrialized)

Scheid, Caroline, BA; Miller-Graff, Laura, PhD; Johnston, Colleen, BA
University of Notre Dame, Notre Dame, Indiana, USA

Parenting deficits have been linked to maternal mental health problems and maternal trauma history, but extant research relies heavily on self-reports. Few studies employ observational methods to examine trauma, mental health, and parenting. Existing observational studies focus on maternal warmth and attachment, with less attention on parent-child verbalizations. This study aimed to explore associations of mothers' trauma and mental health with observed negative talk toward children. Negative talk is defined as verbal disapproval of children or their characteristics, actions or choices. Participants included 31 pregnant women (in collection) from community locations. Controlling for maternal age, total number of potentially traumatic events in both childhood and adulthood accounted for significant variance in mothers' negative talk ($b=3.46$, $p<.05$; $R2change=.12$, $p<.05$), but depressive ($b=-.20$, $p>.05$) and posttraumatic stress symptoms ($b=.00$, $p>.05$) did not. Total potentially traumatic events significantly predicted mothers' negative talk beyond age and mental health ($b=3.36$, $p<.05$). These findings suggest potentially traumatic events predict mothers' negative communication toward children, and mental health does not explain such behaviors. These results indicate parenting supports for women with trauma histories are likely important, even without mental health difficulties.

The Assessment of Psychopathology among Traumatized Refugees: Measurement Invariance of the Clinician Administered PTSD Scale for DSM-5 (CAPS-5)

(Assess Dx, Assess Dx-Clinical Practice-Cul Div-Res Meth, Adult, A, Global)

Wind, Tim, PhD, MSc[1]; Van der Aa, Niels, PhD[2]; Ter Heide, Jackie June, MA, PhD Student[3]; Boeschoten, Manon, PhD[1]; Knipscheer, Jeroen, MD, PhD[4]; De la Rie, Simone, PhD[1]
[1]*Centrum '45 Arq, Oegstgeest, Netherlands*
[2]*Centrum 45, Arq Research, Oegstgeest, Netherlands*
[3]*Centrum 45, Arq Research, Diemen, Netherlands*
[4]*Utrecht University, Utrecht, Netherlands*

Background: In 2013 the golden standard to assess PTSD - the Clinician Administered PTSD Scale (CAPS)- was adapted to the DSM-5. Although the CAPS is widely used to assess PTSD among refugees, its construct validity remains largely unexplored.
Objective: This study examined whether the concept of PTSD, as measured with the CAPS-5, is assessed in a similar way by Dutch (n = 922) and non-western refugee patients (n = 444) with psychotrauma related psychopathology.
Method: Six prominent DSM-5 PTSD models (conform Armour et al., 2016) were tested. Subsequently, measurement invariance of the best fitting PTSD model was tested across Dutch and non-western refugee patients by a typical sequence of confirmatory factor models (Meredith, 1993; Van de Schoot, Lugtig & Hox, 2012).
Results: The hybrid model (Armour et al., 2015) appeared the best fitting model of DSM-5 PTSD in both groups. The hybrid model comprises seven factors: re-experiencing, avoidance, negative affect, anhedonia, externalizing behavior, anxious arousal, and dysphoric arousal. Strong measurement invariance across Dutch and refugee patients was established.
Conclusion: We conclude that PTSD measured by the CAPS-5 is interpreted in a similar way by Dutch and by refugee patients, indicating that the CAPS-5 can be applied in non-western refugee patient populations.

National Implementation of a Trauma-informed Intervention for Intimate Partner Violence in Veterans: Two-year outcomes

(Clin Res, Aggress-DV-Fam/Int, Adult, I, Industrialized)

Taft, Casey, PhD[1]; Creech, Suzannah, PhD[2]; Gnall, Katherine, BS, BA[3]; Murphy, Christopher, PhD[4]
[1]*National Center for PTSD at VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*
[2]*VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA*
[3]*Boston VA Healthcare System, Jamaica Plain, Massachusetts, USA*
[4]*University of Maryland Baltimore County, Baltimore, Maryland, USA*

In response to evidence that the experience of trauma and trauma-related consequences such as PTSD may elevate risk for use of intimate partner violence (IPV), the Department of Veterans Affairs (VA) is implementing a comprehensive national program to address IPV. One intervention that has been implemented as part of efforts to provide treatment to veterans using or at risk for using IPV is Strength at Home (SAH). SAH has previously been associated with reductions in the use of physical and psychological IPV in pilot, efficacy, and effectiveness trials. The present study describes two-year outcomes from implementing SAH at 27 VA medical centers using clinician training and external facilitation implementation strategies. Results from 244 veterans who completed both pre- and post-intervention assessments indicate SAH resulted in a significant decrease in types of IPV used, $t(242) = 17.91$, $p < .01$, and a significant reduction in the proportion of veterans who reported using physical aggression, psychological aggression, and coercive control behaviors from baseline to the post-intervention phase (all p's $< .01$). Results also indicated significant pre-post-intervention reductions in PTSD symptoms, $t(232) = 4.87$, $p < .01$ and alcohol misuse $t(238) = 2.85$, $p < .01$. Evidence suggests the training program was largely successful in implementing a treatment to address IPV among veterans.

Early Somatic Symptoms Predict Posttraumatic Stress over Time. The Utøya Study

(Practice, Sleep-Terror, Lifespan, M, Industrialized)

Stensland, Synne, MD, PhD[1]; Thoresen, Siri, PhD[1]; Jensen, Tine, PhD[2]; Wentzel-Larsen, ToRe, MSc[1]; Dyb, Grete, MD, PhD[1]
[1]*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*
[2]*University of Oslo, Oslo, Norway*

Objective: Investigate the link between somatic complaints and posttraumatic stress reactions (PTSR) severity in the aftermath of terror.
Methods: In 2011, there were 563 people at a summer camp at the Utøya Island in Norway when a perpetrator killed 69 and severely injured 33. Mean age of the 355 (72%) survivors who participated in the longitudinal Utøya interview study survivors was 19 years, and 52% were male. Somatic complaints and PTSR were measured at 4-5 months (T1), 14-16 months (T2) and 32-33 months (T3). Longitudinal relationships between somatic complaints and PTSR were assessed in cross-lagged structural equation models, adjusted for sex, age, ethnicity, economy and severe injury.
Results: Somatic complaints and PTSR slightly decreased over time. Somatic complaints at T1 predicted higher levels of PTSR at T2 ($r=0.481$, $p<0.001$), at a strength comparable to the strength of the relationship between PTSR at T1 and PTSR at T2 ($r=0.390$, $p<0.001$). We found no significant relationship between PTSR and later somatic complaints. As expected, somatic complaints and PTSR were correlated at every timepoint.
Conclusions: Somatic complaints may need to be accounted for to improve effectiveness of early interventions following terror and other extreme violence.

Referral to Treatment Completion: Timing of Dropout from Military Sexual Trauma-Related Treatment in a Mixed-Gender Outpatient Sample of Veterans

(Clin Res, Clinical Practice-Rape-Gender, Adult, M, Industrialized)

Crawford, Jennifer, PhD[1]; Holohan, Dana, PhD[2]
[1]*VA San Diego Healthcare System / UCSD, San Diego, California, USA*
[2]*Salem VA Medical Center, Salem, Virginia, USA*

Veterans with history of military sexual trauma may be at greater risk of developing PTSD than civilians with sexual trauma or Veterans with non-MST trauma. Evidence supported treatments are effective in treating PTSD, but estimates of non-completion are around 30-35%. This study extended the definition of treatment engagement to include follow-up after referral to treatment completion to better understand risk of dropout across the entire process. It also included both male and female Veterans. The primary aim of the study was to determine if risk of dropout varies across time and in relation to age, gender, symptom severity, and wait-time for first appointment. During 18-months, 208 consults were placed; 170 were unique. Survival analysis was used to examine risk for dropout. In total, 83.9% (n=141) of Veterans dropped out; 72% before the first session of psychotherapy. As expected, the greatest risk of dropout was between referral and initial in-clinic appointment (49%). Of those who did attend the first appointment, 31% left before completing evaluation and treatment planning; 45% then dropped out before starting psychotherapy. Wait-time for first appointment, age, gender, and PTSD severity were not related to timing of dropout. Findings suggest a need to identify predictors of dropout that may be mitigated immediately upon referral, not just once treatment has started.

Who in US Veterans' Social Networks Encourage or Discourage Them to Pursue Mental Health Treatment for PTSD?

(CulDiv, Fam/Int-Mil/Vets, Adult, I, Industrialized)

Spoont, Michele, PhD[1]; MacDermid Wadsworth, Shelley, PhD[2]; Meis, Laura, PhD, LP[3]; Topp, David, PhD[4]
[1]*National Center for PTSD, U.S. Department/Veterans Affairs, Minneapolis, Minnesota, USA*
[2]*Purdue University, West Lafayette, Indiana, USA*
[3]*Minneapolis VA Health Care System and University of Minnesota, Minneapolis, Minnesota, USA*
[4]*Indiana University Purdue University Indianapolis, West Lafayette, Indiana, USA*

When people make decisions about important matters, such as health care, they often consult with family members, friends, and others in their social network. Social network members with whom veterans discuss health matters (i.e., health discussants) may encourage or discourage treatment. Previously, we found that social encouragement of treatment seeking facilitated initiation of mental health care among veterans with PTSD beyond effects of treatment need or beliefs. To examine with whom veterans with PTSD discuss mental health issues, we recently conducted qualitative interviews with n=124 veterans from across the US. Sampling was stratified by race and ethnicity (Latinx, African American, and White) and gender to evaluate possible sociocultural and/or gender-related differences in mental health discussion partners. Interviews focused on family composition, living arrangements, identity of mental health discussion partners, whether mental health discussion partners encouraged/ discouraged treatment seeking, and whether mental health discussion partners were the same as physical health discussion partners. Similarities and differences in who veterans use as mental health care discussion partners and encouragement/discouragement of treatment by those discussants will be examined. Quality of mental health discussion networks will also be explored with thematic analysis.

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Concurrent Session Eight

Invited Panel
Friday, November 9
4:30 PM to 5:45 PM
Salon 2

ISTSS Treatment Guidelines Panel
(Practice, Assess Dx-Clinical Practice, N/A, M, Global)

Amstadter, Ananda, PhD[1]; **Berliner, Lucy, MSW**[2]; **Bisson, Jonathan, MD**[3]; **Cloitre, Marylene, PhD**[4]; **Jensen, Tine, PhD**[5]; **Monson, Candice, PhD, Cpsych**[6]
[1]*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA*
[2]*University of Washington/Harborview Medical Center, Seattle, Washington, USA*
[3]*Cardiff University School of Medicine, Cardiff, Wales, United Kingdom*
[4]*National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA*
[5]*University of Oslo, Oslo, Norway, Norway*
[6]*Ryerson University, Department of Psychology, Toronto, Ontario, Canada*

Over the last three years, the ISTSS Treatment Guidelines Committee has updated the ISTSS Recommendations for the Prevention and Treatment of PTSD in Children, Adolescents and Adults, and developed ISTSS Position Papers on Complex PTSD*. A rigorous methodology was developed and followed; scoping questions were agreed, systematic reviews were undertaken and studies selected for inclusion according to the agreed inclusion criteria. Meta-analyses were conducted to address the scoping questions with usable data from included studies. The results of the meta-analyses were then used to generate recommendations for individual prevention and treatment interventions using the agreed definition of clinical importance and recommendation setting algorithm.
This panel, comprising members of the ISTSS Treatment Guidelines Committee, will introduce and discuss the methodology used, recommendations and position papers.
*These documents will be published on the ISTSS Website in November 2018.

Symposium
Friday, November 9
4:30 PM to 5:45 PM
Salon 3

Influence of Culture on the Development, Maintenance and Treatment of PTSD

(CulDiv, Cog/Int-Global-Sleep, Adult, I, Global)

Liddell, Belinda, PhD; **Bryant, Richard, PhD**
University of New South Wales, Sydney, New South Wales, Australia

An impressive body of literature now exists implicating several key cognitive and emotional processes in the development and maintenance of posttraumatic stress disorder (PTSD). These key processes include autobiographical memory, cognitive appraisals, emotion regulation, self and identity. Such knowledge has been used to guide current evidence-based treatments for PTSD and, unsurprisingly, these interventions target these processes. However, there remains a significant, and concerning, gap in the literature. Namely, the vast majority of this research has been almost exclusively conducted using Western trauma survivors and is based on Western cultural norms, beliefs and values. It is therefore evident that the investigation of these same phenomena in groups of trauma survivors from non-Western cultural backgrounds lags substantially behind. This is of concern because the majority of the global population does not come from Western cultural contexts and PTSD has now been observed in most societies and cultures. Moreover, substantial cross-cultural psychology literature has demonstrated significant cultural differences in the very processes (i.e., autobiographical memory, self, emotion regulation and appraisals) involved in PTSD. This symposium will examine very recent empirical research that has considered cultural differences in the processes a) autobiographical memory, b) emotion regulation, c) self, d) cognitive appraisals, and e) sleep-associated appraisals underpinning PTSD. Each presentation will provide new empirical findings and consider these findings in terms of current PTSD models and clinical (assessment and treatment) implications. Such research is important because PTSD treatment models and methods are increasingly applied to culturally diverse groups and it is thus critical to consider research investigating the influence of culture on the processes targeted in PTSD treatments to ensure those from culturally diverse backgrounds are being offered evidence-based treatment.

Influence of Culture on the Remembering of Trauma

(CulDiv, Cog/Int-Global, Adult, I, Global)

Jobson, Laura, PhD[1]; Dalgleish, Tim, PhD[2]; Moradi, Ali Reza, PhD[3]; Neshat-Doost, Hamid, PhD[4]; Berzengi, Azi, DPsych, Clin[5]; Conway, Martin, PhD[6]
[1]*Monash University, Melbourne, Victoria, Australia*
[2]*University of Cambridge, Cambridge, United Kingdom*
[3]*Kharazmi University, Tehran, Iran*
[4]*University of Isfahan, Isfahan, Iran*
[5]*Maudsley Health, Abu Dhabi, United Arab Emirates*
[6]*City University of London, London, United Kingdom*

Objective: How a trauma survivor remembers their trauma experience is central to the understanding and treatment of posttraumatic stress disorder (PTSD). Substantial cross-cultural research indicates that culture modulates the way in which individuals remember their life experiences and plays a role in their regulation of emotion. The aim of our research was to conduct a series of studies investigating how culture modulates the

remembering of trauma in PTSD. A secondary aim was to investigate the influence of culture on emotion regulation following a distressing experience.
Methodology: We conducted a series of studies including analogue, cross-cultural, immigrant and cross-country comparison studies (Australia, UK, Iran, Iraq, Afghanistan) in which trauma survivors with and without PTSD completed a range of trauma-related and general autobiographical memory tasks.
Results: Our two key findings were that pan-culturally those with PTSD have disruptions in their autobiographical remembering of trauma and that memory disruptions are culturally bound.
Conclusion: We will consider how PTSD models and evidence-based treatments can be culturally informed and modified based on these findings.

The Impact of Culture on Cognitive Appraisals: Implications for the development, Maintenance and Treatment of Posttraumatic Stress Disorder

(Clin Res, Clinical Practice-Cog/Int-Cul Div, Adult, I, Global)

Bernardi, Jessica, PhD Candidate; Jobson, Laura, PhD
Monash University, Melbourne, Victoria, Australia

Objectives: Cognitive appraisals have a central role in the development, maintenance and treatment of posttraumatic stress disorder (PTSD). Accumulating cross-cultural psychology research has demonstrated that culture affects the way in which an individual cognitively appraises an experience. The aim of our research was to investigate the influence of culture on trauma- related appraisals and subsequent PTSD symptomology. Specifically, how the independent and interdependent self-construal may influence the relationship between trauma appraisals and PTSD, with a particular focus on appraisals related to control.
Methods: Trauma-related appraisals and symptoms were assessed in 71 Australian and 73 Asian adult trauma survivors, through a series of questionnaires.
Results: Culture was found to moderate the relationship between control, responsibility and agency focussed appraisals (i.e., mental defeat, mastery, present control and self-blame) and PTSD symptoms. Findings suggest the relationship between these appraisal types and PTSD symptoms is determined by the extent to which an individual emphasises the independent self-construal.
Conclusions: We will discuss the implications for culturally informed PTSD models and treatments based on these cross-cultural differences in trauma-related appraisals.

Understanding the effects of Trauma in Refugee Health: Sleep Disturbance, PTSD, Anxiety, Depression, Psychosocial Issues, and Migrations Stress

(CulDiv, Health-Rights-Refugee-Sleep, Lifespan, I, Industrialized)

Lies, July, DPsych, Clin[1]; Jobson, Laura, PhD[1]; Drummond, Sean, PhD[2]
[1]*Monash University, Melbourne, Victoria, Australia*
[2]*Monash University, San Diego, California, USA*

Millions of the global refugee population are at risk of developing mental health disorder, particularly PTSD, depression, and anxiety. Despite significant literature highlighting that sleep disturbances are associated with trauma exposure, PTSD, depression and anxiety, to date, very little research have considered sleep difficulties in refugee groups. Study 1 examined sleep disturbance, mental health symptoms and psychosocial concerns in refugees (N=2703). Self-report and clinician assessed data included demographic, sleep disturbance, mental health symptoms (PTSD, depression, and anxiety) and psychosocial concerns (family dysfunctions, interpersonal difficulties, and social isolation). It was found that sleep disturbances were prevalent in this population and sleep disturbance was correlated with increased severity of all mental health and psychosocial concerns. Study 2 aimed

to further explore the characteristics and cultural meaning of sleep disturbances experienced by refugees. In this study, objective and subjective measures were used, alongside a qualitative component that aimed to explore the cognitive appraisals behind sleeping difficulties. We recruited 100 newly arrived Syrian refugees from the community. Data from this study is nearing completion and will also be presented. Theoretical and clinical implications of both studies will be discussed.

Symposium
Friday, November 9
4:30 PM to 5:45 PM
Virginia A
Gender and Orientation Track

Understanding the Experience of Trauma and Minority Stress in Lesbian, Gay, Bisexual, and Transgender Populations: Implications for Conceptualization, Practice, and Policy

(CulDiv, Orient-Theory-Gender, Adult, I, Industrialized)

Scholl, James, MA, PhD Student[1]; Shipherd, Jillian, PhD[2]
[1]*University of Tulsa, Tulsa, Oklahoma, USA*
[2]*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA*

Research has consistently demonstrated that in the United States, minority populations bear a disproportionate burden of mental and physical illness. Striking health disparities have been identified in lesbian, gay, bisexual, and transgender populations (LGBT), including higher rates of suicide, depression, and substance use. Minority stress theory has provided insight into these disparities proposing that individuals with marginalized identities experience unique stressors which place them at risk for adverse health outcomes. Research has converged to support the minority stress model by providing evidence that increased exposure to unique, stressful events are associated with chronic stress and increased rates of psychological distress (e.g., mood disorders, social anxiety).
In addition to these unique stressors, preliminary research suggests that LGBT individuals experience violence and victimization at higher rates than the general population both nationally and internationally. While data has been collected on the prevalence of trauma, violence, and victimization in the TGNC population, few studies have explored the impact they have on psychopathology, specifically PTSD. Scholars have asserted that sexual and gender minorities are repeatedly exposed to stress, and such exposure can, in turn, heighten their vulnerability to PTSD. Furthermore, some have argued that experiencing events which are non-life threatening (e.g., prejudice, discrimination) and associated with an individual's minority identification can precipitate PTSD, as they are a threat to both the security and well-being of individuals.
The purpose of this symposium to provide clinicians and researchers an in-depth examination of trauma and minority stress in lesbian, gay, bisexual, and transgender populations. Four clinician researchers will present findings from studies examining the relationship between trauma, minority stress theory, and psychopathology. The first two presenters will examine the specific theoretical mechanisms of minority stress theory in relation to PTSD symptom severity in two different transgender samples. One presenter will report on data collected from an online study examining the relationships between trauma exposure, sexual minority stressors, and posttraumatic stress symptoms, in a sample of sexual minority military service members. The last presenter will report findings from a study examining the relationship between trauma, minority stressors, and suicidality. Results indicate that each component of minority stress theory has a unique relationship with trauma-related pathology. Implications for conceptualization, practice, and policy will be discussed by the LGBT Program Director at the U.S. Department

of Veterans Affairs.

Non-Affirmation and Exposure to Anti-Transgender Bias Related to Increased Severity of PTSD Symptoms: Evaluating a Model of Partial Mediation by Internalized Transphobia

(CulDiv, Chronic-Gender, Adult, I, Industrialized)

Barr, Sebastian, PhD
Cambridge Health Alliance | Harvard Medical School, Cambridge, Massachusetts, USA

Prevalence rates for PTSD are higher in the transgender population; this has often been understood to be the result of transgender people's increased exposure to Criterion-A single-event traumas. Reisner et al. (2014), however, found that after controlling for Criterion-A trauma exposure, experiences of discrimination predicted PTSD symptoms in a sample of transgender adults. The current study expands previous work by integrating theories of complex and non-complex PTSD, insidious trauma, and minority stress to explore the possible traumatic nature/impact of gender minority stressors. SEM was used to evaluate the relationships between distal stressors (i.e., anti-transgender bias and non-affirmation of gender identity), internalized transphobia (a proximal stressor), and PTSD symptoms in 572 trans-identified participants. After controlling for exposure to non-bias-related potentially traumatic events, distal gender minority stressors significantly predicted severity of posttraumatic stress. These relationships were partially mediated by internalized transphobia. Findings indicate that anti-transgender bias, non-affirmation experiences, and internalized transphobia are related to transgender people's increased risk for PTSD and may be implicated in the development of trauma responses and/or recovery from said responses. Research and clinical implications will be discussed.

Predicting Suicidal Ideation and Behaviors in Transgender Individuals: An Examination of Traumatic Experiences, Distal Stressors and Proximal Stressors

(CulDiv, Prevent-Pub Health-Theory-Gender, Adult, I, Industrialized)

Cogan, Chelsea, PhD Student; Scholl, James, MA, PhD Student; Lee, Jenny, BS; Davis, Joanne, PhD
University of Tulsa, Tulsa, Oklahoma, USA

Transgender and gender non-conforming (TGNC) individuals face a myriad of unique stressors related to their gender identity. Minority stress theory suggests these stressors may increase the likelihood of poor physical and mental health outcomes. Prior research has found a relationship between these stressors and various forms of psychopathology, such as posttraumatic stress disorder, depression, and substance use. Additionally, research has indicated that TGNC individuals are at an increased risk for experiencing suicidal ideation, behaviors, attempts, and completions. Research suggests these behaviors are related to experiences of trauma as well as distal stressors. The present study aims to examine the frequency of traumatic experiences and distal and proximal stressors as predictors for suicidal ideation and behaviors in a TGNC sample (n = 155). We found traumatic experiences and both distal and proximal stressors significantly predicted suicidal ideation and behaviors $F(3, 151) = 17.482$, $p < .001$, with each variable significantly contributing at $p < .05$ or less. This is one of the first studies to suggest proximal stressors, in addition to experiencing trauma and distal stressors, may predict suicidal ideation and behaviors in TGNC individuals. These results and the implication of these findings will be discussed in depth.

Predicting Posttraumatic Stress Symptoms in a Sample of Sexual Minority Service Members

(CulDiv, Clinical Practice-Cul Div-Orient-Social, Adult, I, Industrialized)

Micol, Rachel, MA PhD Student[1]; Scholl, James, MA, PhD Student[2]; Davis, Joanne, PhD[2]
[1]*Boston VA Healthcare System, Boston, Massachusetts, USA*
[2]*University of Tulsa, Tulsa, Oklahoma, USA*

Sexual minority individuals are at increased risk for trauma exposure and mental and physical health diagnoses compared to their heterosexual counterparts. Minority stress theory postulates sexual minority individuals may experience unique stressors that may help to partly explain the increased propensity for these mental and physical health diagnoses, but application of this theory to understand PTSD symptoms in sexual minority military service members is limited. Examination of sexual minority stressors in military service members appears warranted, given the long history of policies prohibiting open service for sexual minorities. The present study sought to examine the relationships between trauma exposure, sexual minority stressors, and posttraumatic stress symptoms, in a sample of sexual minority military service members (N = 95). Results provided support for several minority stressors, including discrimination, internalized heterosexism, and institutional betrayal, as unique predictors of PTSD symptom severity [$F(4,90) = 11.11$, $p < .001$]. These sexual minority stressors emerged as significant predictors of PTSD symptoms even after controlling for the effects observed for trauma exposure [$F(4,90) = 9.34$, $p < .001$]. The findings obtained from this study may have important implications regarding outreach and treatment efforts with sexual minority military service members.

Posttraumatic Stress Symptoms in the Transgender Population: An Examination of Minority Stress Theory

(CulDiv, Theory-Gender, Adult, I, Industrialized)

Scholl, James, MA, PhD Student[1]; Micol, Rachel, MA, PhD Student[2]; Cole, Hannah, Undergraduate[1]; Davis, Joanne, PhD[1]
[1]*University of Tulsa, Tulsa, Oklahoma, USA*
[2]*Boston VA Healthcare System, Boston, Massachusetts, USA*

Research suggests individuals who identify as transgender are at increased risk for victimization and subsequent elevated rates of distress and psychopathology compared to cisgendered individuals. Existing research attempts to explain these health disparities utilizing a minority stress theory framework, which posits that individuals with a marginalized identity may experience unique stressors that increase the risk for psychopathology. The theory proposes that distal stressors (e.g., discrimination, victimization) lead to poor physical and mental health outcomes and proximal stressors (e.g., internalized transphobia) partially mediate this relationship. Further, the theory suggests community-level resilience (e.g., pride, community connectedness) moderates the development of psychopathology. The present study investigated the theoretical mechanisms of minority stress theory in relation to PTSD symptoms in a sample of 199 transgender individuals. Results provided support for the minority stress framework as distal stressors predicted PTSD symptom severity [$R2 = .33$, $F(2,196) = 47.17$, $p < .001$] and this relationship was partially mediated by proximal stressors. Additionally, community resilience partially moderated the relationship between stressors and PTSD symptom severity. Implications for theory, treatment, and policy will be discussed.

Symposium
Friday, November 9
4:30 PM to 5:45 PM
Virginia B
Child Trauma Track

Joining Forces: Large-Scale International Studies of Emerging PTSD in Children and Adults

(Res Meth, Prevent, Lifespan, M, Global)

Lowe, Sarah, PhD
Montclair State University, Montclair, New Jersey, USA

Longitudinal research on survivors of traumatic events has provided great insights into the patterns and predictors of long-term symptoms and functioning. However, many such studies have been conducted on relatively small samples or in particular geographic contexts, limiting the statistical power of analyses and generalizability of results, respectively. Pooling data from several individual studies has the potential to overcome these limitations, yet poses several logistic and analytic challenges to researchers. The proposed symposium will provide two examples of large-scale international efforts to pool data from child and adult trauma survivors: The Prospective studies of Acute Child Trauma and Recovery (PACT/R) data archive, and the International Consortium to Predict PTSD (ICPP). The symposium will begin with two presentations detailing the myriad challenges to pooling data and how such challenges were addressed in creating data archives. Subsequently, investigators will present specific analyses with attention to how the pooled nature of the data was handled analytically. Time will be allotted for a discussion of how the challenges encountered in the two projects could inform future efforts to promote the pooling of data longitudinal sources in order to better understand the course of PTSD symptoms after a range of trauma.

Posttraumatic Stress Symptom Trajectories among Survivors of Civilian-Related Injuries

(Res Meth, Acc/Inj-Acute-Prevent-Pub Health, Adult, M, Global)

Lowe, Sarah, PhD[1]; Lai, Betty, PhD[2]; Ratanatharathorn, Andrew, MS, PhD Student[3]; Van Der Mei, Willem, MPH[4]; Koenen, Karestan, PhD[5]; Shalev, Arieh, MD[6]
[1]*Montclair State University, Montclair, New Jersey, USA*
[2]*Georgia State University, Atlanta, Georgia, USA*
[3]*Columbia University School of Public Health, New York, New York, USA*
[4]*New York University School of Medicine, New York, New York, USA*
[5]*Harvard School of Public Health, Boston, Massachusetts, USA*
[6]*New York University Langone Medical Center, New York, New York, USA*

Research exploring posttraumatic stress symptom (PTSS) trajectories have consistently documented low-persistent and high-persistent patterns, but have otherwise produced inconsistent results. This could be due to variability across studies in the type of traumatic event, sample size, timing of assessment, and assessment instrument. The current study pooled data from five ICPP studies of PTSS as measured by Clinician-Administered PTSD Scale within the first year of exposure to civilization trauma-related injuries (N = 2,388). Among the challenges in pooled latent class growth analysis were deriving time clusters with adequate coverage, limited common predictors, and varying inclusion criteria across studies. Three trajectories were documented: Low-Persistent (n=1,879, 78.7%), Moderate-Persistent (n=369, 15.5%), and High-Persistent (n=140, 5.9%). Female gender, having an injury due to assaultive

violence, and lower education were associated with membership in the more distressed trajectories. The results suggest that at least 20% of traumatic injury survivors will experience chronically elevated PTSS in the first year after exposure, and provide insight into which survivors might be in need of services. Efforts to streamline posttrauma assessments in future research will provide greater insight into a broader range of factors that predict longitudinal patterns of PTSS.

Conducting Individual Participant Data (IPD) Meta-analysis: Challenges and Solutions in Longitudinal Studies of PTSD

(Res Meth, Acc/Inj-Assess Dx-Health-Prevent, Adult, M, Global)

Ratanatharathorn, Andrew, MS, PhD Student[1]; Laska, Eugene, PhD[2]; Qi, Wei, MD[2]; Bryant, Richard, PhD[3]; Delahanty, Douglas, PhD[4]; Matsuoka, Yutaka, MD, PhD[5]; Olff, Miranda, PhD[6]; Schnyder, Ulrich, MD[7]; Shalev, Arieh, MD[2]; Koenen, Karestan, PhD[8]; The, International Consortium to Predict PTSD[9]
[1]*Columbia University School of Public Health, New York, New York, USA*
[2]*New York University Langone Medical Center, New York, New York, USA*
[3]*University of New South Wales, Sydney, New South Wales, Australia*
[4]*Kent State University, Kent, Ohio, USA*
[5]*National Center of Neurology and Psychiatry, Kodaira, Tokyo, Japan*
[6]*Academic Medical Center at the University of Amsterdam and Arq Psychotrauma Expert Group, Amsterdam, Netherlands*
[7]*Zurich University, Zurich, Switzerland*
[8]*Harvard School of Public Health, Boston, Massachusetts, USA*
[9]*Multiple Universities, Boston, Massachusetts, USA*

Models for predicting Posttraumatic Stress Disorder (PTSD) have been developed that perform better than chance; however clinically useful prediction tools have not been developed. The difficulty in predicting PTSD stems from the multiplicity, complexity, and distributional variation of PTSD risk factors, which no individual study has been able to capture. Individual Participant Data Meta-Analysis (IPD-MA), which combines individual-level data from multiple studies, can improve upon current prediction models by assessing a greater number of trauma types, predictors, and time points following trauma. Furthermore, contributing studies' heterogeneities can be explored to understand the generalizability of a prediction tool and improved sample sizes allow examination of subgroup variation. Challenges of IPD-MA include the development of quality control pipelines for disparate sources of data, harmonizing instruments across studies, and the availability of key predictors in all studies. Methods for addressing each challenge will be presented as well as examples using data from the International Consortium to Predict PTSD.

Data Harmonization in an International Data Archive of Child Trauma Studies

(Res Meth, Acc/Inj-Acute-Comm/Vio-Illness, Child/Adol, M, Global)

Kassam-Adams, Nancy, PhD[1]; Palmieri, Patrick, PhD[2]; Kenardy, Justin, PhD[3]; Delahanty, Douglas, PhD[4]; Kohser, Kristen, MSW[1]; Marsac, Meghan, PhD[5]; Meiser-Stedman, Richard, PhD[6]; Nixon, Reginald, PhD[7]; Landolt, Markus, PhD[8]
[1]*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*
[2]*Center for the Treatment and Study of Traumatic Stress, Summa Health System, Akron, Ohio, USA*
[3]*The University of Queensland, Herston, Queensland, Australia*
[4]*Kent State University, Kent, Ohio, USA*
[5]*University of Kentucky, Lexington, Kentucky, USA*
[6]*University of East Anglia, Norwich, United Kingdom*

[7]*Flinders University, School of Psychology, Adelaide, South Australia, Australia*
[8]*University of Zurich, Zurich, Switzerland*

A growing number of prospective studies track PTS and related symptoms in children exposed to acute trauma, many with small Ns limiting power and generalizability. The goal of the Prospective studies of Acute Child Trauma and Recovery (PACT/R) Data Archive (www.childtraumadata.org) is to preserve and harmonize child trauma datasets, enabling cross-study analyses of participant-level data. We will describe harmonization processes and initial analyses of study- and participant-level variables. The first 20 PACT/R datasets (N=3232 child participants) include 2 to 5 assessment points per study. Pooling data across studies, 70% of participants had a follow-up assessment. Expert consensus guided development of item- and scale-level harmonization rules for heterogeneous PTS measures. The prevalence of significant PTS symptoms ≥ 3 months post-event was 16% in pooled and harmonized data (2% to 35% in individual studies). PTS prevalence was higher in children who were younger, female, ethnic minority, had parents with less than secondary education, or who reported acute PTS symptoms in the first month. Harmonization is underway for measures of depression, anxiety, and health-related quality of life. As a research resource for the field, PACT/R will continue to add new datasets, share meta-data and harmonization algorithms, and make data available to qualified researchers.

Determining the Risk of PTSD: Results from the International Consortium to Predict PTSD (ICPP)

(Clin Res, Acc/Inj-Acute-Prevent-Gender, Adult, M, Global)

Shalev, Arieh, MD[1]; Ratanatharathorn, Andrew, MA, PhD Student[2]; Laska, Eugene, PhD[1]; Gevonden, Martin, PhD[1]; Qi, Wei, MD[1]; Van Der Mei, Willem, MPH[3]; Kessler, Ronald, PhD[4]; Koenen, Karestan, PhD[5]
[1]*New York University Langone Medical Center, New York, New York, USA*
[2]*Columbia University, Mailman School of Public Health, New York, New York, USA*
[3]*New York University School of Medicine, New York, New York, USA*
[4]*Harvard Medical School, Boston, Massachusetts, USA*
[5]*Harvard School of Public Health, Boston, Massachusetts, USA*

Reliable determination of PTSD risk is a pre-requisite for efficient prevention and service delivery planning. Numerous risk indicators have been identified, but a reliable risk assessment tool remains elusive. In this presentation we will describe successful efforts to develop a PTSD prediction tool for clinicians from data pooled together in the ICPP study. Ten studies have longitudinally evaluated 2,473 adults using the Clinician Administered PTSD Scale at baseline (0-60 days post-trauma) and follow-up (4-15 months post-trauma). The prevalence of PTSD at follow-up was 12%. Baseline CAPS scores of participants who developed PTSD were distributed across the full range of the instrument's severity scores, thereby defying efficient use of classification models. However, a logistic model predicting PTSD likelihood from early PTSD symptom severity produced remarkably accurate risk estimates, amenable to clinical implementation. Additional risk predictors including female sex, having less than a high school education, and prior interpersonal trauma, were significant, but did not improve prediction from initial PTSD symptoms. The model provides a reliable risk estimate tool to predict PTSD likelihood among civilians admitted to acute care services. Risk estimates may successfully replace case prediction in efforts to discern survivors at risk.

Symposium
Friday, November 9
4:30 PM to 5:45 PM
Washington 1
Assessment and Diagnosis Track

Understanding the Interplay of Loss and Traumatic Death with Grief and PTSD across Clinical and Community Samples

(Assess Dx, Assess Dx-Clin Res-Death-Mil/Vets, Adult, M, Industrialized)

Simon, Naomi, MD, MsC
New York University School of Medicine, New York, New York, USA

Traumatic bereavement, associated persistent grief related symptomatology and its similarities, differences and impact on posttraumatic stress disorder (PTSD) remains an important but understudied area. A persistent grief related condition has emerged as a disorder often but not always comorbid with PTSD, and has been associated with greater PTSD severity and impairment. ICD11 will be releasing criteria for prolonged grief disorder, and DSM5 has provisional criteria. This symposia pulls together research from military and civilian populations from multiple institutions and projects to examine the interplay of loss, traumatic bereavement and posttraumatic death disorder. Presentations will include data from both primary PTSD and primary grief samples. Dr Steve Cozza will present data examining optimal criteria for Persistent Grief Disorder in a Traumatically Bereaved Sample. Dr Christine Mauro will present the performance of ICD11 prolonged grief disorder in traumatic compared to non-traumatically bereaved sample. Joscelyn Fisher will data examining a cohort exposed to traumatic bereavement due to 9/11 and the impact of media coverage on psychological seqelae such as grief. Finally, Dr Elizabeth Goetter will present data demonstrating the significant impact of a co-occurring grief condition on primary PTSD outcomes in a multi-center clinical trial of prolonged exposure therapy with or without sertraline for combat veterans with PTSD. Clinical implications for identifying and treating persistent grief due to traumatic bereavement and in the setting of PTSD across populations as well as implications for the public discussion of traumatic losses will be discussed.

Prolonged Grief Disorder: Clinical Utility of ICD-11 Diagnostic Guidelines

(Assess Dx, Death-Grief, Adult, M, Industrialized)

Mauro, Christine, PhD[1]; Reynolds, Charles, MD[2]; Maercker, Andreas, PhD, MD[3]; Skritskaya, Natalia, PhD[4]; Simon, Naomi, MD, MsC[5]; Zisook, Sidney, MD[6]; Lebowitz, Barry, PhD[7]; Cozza, Stephen, MD[8]; Shear, M Katherine, MD[4]
[1]*Columbia University, Mailman School of Public Health, New York, New York, USA*
[2]*University of Pittsburgh, Pittsburgh, Pennsylvania, USA*
[3]*University of Zurich, Zurich, Switzerland*
[4]*Columbia University School of Social Work, New York, New York, USA*
[5]*New York University School of Medicine, New York, New York, USA*
[6]*University of California, San Diego, San Diego, California, USA*
[7]*University of California, San Francisco, San Diego, California, USA*
[8]*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*

WHO ICD-11 is expected to include a new diagnosis for Prolonged Grief Disorder (ICD-11_{PGD}). This study examines the validity and clinical utility of the ICD-11_{PGD} guideline by testing its performance in a well- characterized clinical

sample and contrasting it with a different criteria set with the same name (PGD_{PLOS}). We examined data from 261 treatment-seeking participants in an NIMH-sponsored multicenter clinical trial to determine rates of diagnosis using the ICD-11_{PGD} guideline and compared these to diagnosis using PGD_{PLOS} criteria. The ICD-11_{PGD} guideline identified 95.8% (95% CI: 93.3-98.2%) of a treatment responsive cohort of patients with distressing and impairing grief. PGD_{PLOS} criteria identified only 59.0% (95% CI: 53.0-65.0%) and were more likely to omit those who lost someone other than a spouse, were currently married, bereaved by violent means, or not diagnosed with co-occurring depression. More specifically, PGD_{PLOS} criteria correctly diagnosed 65% of those bereaved by non-violent means compared with only 47% of those bereaved by violent means (x^2= 7.6, df=1, p=0.0058). The ICD-11_{PGD} diagnostic guideline showed good performance characteristics in this sample, while PGD_{PLOS} criteria did not. Clinicians and researchers need to be aware of the important difference between these two identically named diagnostic methods.

Testing Criteria for a Persistent Grief Disorder in a Traumatically Bereaved Sample

(Clin Res, Death-Health-Grief-Mil/Vets, Adult, M, Industrialized)

Cozza, Stephen, MD[1]; Fisher, Joscelyn, PhD[1]; Zhou, Jing, MS[1]; Mauro, Christine, PhD[2]; Simon, Naomi, MD, MsC[3]; Shear, M Katherine, MD[4]
[1]*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*
[2]*Columbia University, Mailman School of Public Health, New York, New York, USA*
[3]*New York University School of Medicine, New York, New York, USA*
[4]*Columbia University School of Social Work, New York, New York, USA*

Objective: To compare four proposed criteria sets for a disorder of impairing grief in a sample of traumatically bereaved adults. Method: We assessed their accuracy in identifying threshold clinical cases and excluding subthreshold cases in a sample of bereaved military family members (N=1732). We calculated Kappa coefficients, described patterns of case identification, and examined the contribution of criteria restrictiveness to criteria performance. Results: All cases identified by restrictive criteria (prolonged grief disorder/PGD and persistent complex bereavement disorder/PCBD) were also identified by less restrictive, but better-performing criteria (complicated grief/CG and ICD-11 criteria). Kappas indicated good to excellent agreement in case identification (0.53 - 0.89). Criteria differed in accurate identification of clinical cases (CG = 81%, ICD-11 = 82%, PGD criteria = 53%, PCBD = 47%), but all demonstrated accuracy in excluding subthreshold cases (86 - 96%). Differences in criteria performance were attributable to differences in numbers of required associated symptoms, and when held constant, criteria performed similarly. Conclusions: Proposed criteria describe a similar disorder of persistent impairing grief in this traumatically bereaved sample, but differ in restrictiveness. Clinically useful criteria emphasizes core, rather than associated symptoms.

Understanding the Impact of Complicated Grief on Posttraumatic Stress Disorder Outcomes in Post-9/11 Service Members and Veterans

(Clin Res, Death-QoL-Grief-Mil/Vets, Adult, M, Industrialized)

Goetter, Elizabeth, PhD[1]; Hoeppner, Susanne, PhD[1]; Hellberg, Samantha, BA[2]; Acierno, Ron, PhD[3]; Rauch, Sheila, PhD, ABPP[4]; Simon, Naomi, MD[1]
[1]*Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA*
[2]*Massachusetts General Hospital, Boston, Massachusetts, USA*
[3]*Ralph H. Johnson VA Medical Center, Charleston, South Carolina, USA*
[4]*Emory University School of Medicine/Atlanta Veteran's Administration, Atlanta, Georgia, USA*

Background: Bereavement and complicated grief (CG) are more common than previously recognized amongst service members and veterans. Complicated grief (CG), a persistent and impairing form of grief, is distinct from but also co-occurs with posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). Little is known about the impact of comorbid CG on PTSD outcomes or how best to address it in practice.
Method: The impact of comorbid CG on PTSD treatment outcomes in a multi-site, randomized controlled trial for veterans with combat PTSD was examined. Participants were 194 veterans (M age = 34, SD = 8; 87% male, 59% White) with PTSD who started treatment, completed a structured PTSD assessment (CAPS), and assessments of grief (Inventory of Complicated Grief).
Results: Veterans with CG at baseline presented with greater PTSD severity ($p < .01$). CG was associated with reduced likelihood of PTSD treatment response (without CG: 42%, with CG 17%; OR: 0.25, 95%CI: 0.10-0.59, $p < .01$) and remission (without CG: 40%, with CG: 15%; OR: 0.23, 95%CI: 0.09-0.57, $p<.01$). The effect did not vary adjusting for baseline CAPS.
Conclusions: Comorbid CG is associated with reduced response to PTSD treatment. Additional detailed outcomes analyses and clinical implications will be presented.

Effects of Media Coverage on Traumatic Bereavement Due to 9/11

(Journalism and Trauma, Anx-Death-Depr-Grief, Adult, M, Industrialized)

Fisher, Joscelyn, PhD[1]; Chen, Shenglin, PhD[2]; Zhou, Jing, MS[1]; Fetchet, Mary, LCSW[3]; Cozza, Stephen, MD[1]
[1]*Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*
[2]*Uniformed Services University, Bethesda, Maryland, USA*
[3]*VOICES of September 11, New Canaan, Connecticut, USA*

Background: Societal influences can affect mental health. The amount of exposure to media coverage following the death of a loved one killed in a terrorist attack is associated with complicated grief (Kristensen et al., 2016). It is unclear whether perceptions of media coverage also affect mental health. Method: Media exposure and perceptions of coverage were examined in relation to PTSD, complicated grief, depression and generalized anxiety in 9/11-bereaved family members. Results: Participants who stated that media covered their family member's death were at lower risk for complicated grief than those who did not experience media coverage of the death (OR = .61, 95% CI: .38 - .96). 70% of these participants agreed that coverage was accurate and nearly 60% agreed that the media respected their privacy. These participants were less likely to meet threshold for depression (accuracy: OR = .51, 95% CI: .29 - .88; privacy: OR = .65, 95% CI: .46 - .90) and generalized anxiety (accuracy: OR = .55, 95% CI: .32 - .95; privacy: OR = .70, 95% CI: .51 - .96) than other participants. Neither media exposure nor perceptions were associated with PTSD. Conclusions: Though prior research suggests media exposure is a secondary stressor and increases risk for complicated grief in bereaved family members, experiencing coverage as accurate and respectful minimizes risk for psychological disorders.

Symposium
Friday, November 9
4:30 PM to 5:45 PM
Washington 2
Biological/Medical Track

The Effects of Trauma on Social Emotional Processing and Responding: Implications for Social Impairment

(Bio Med, Clin Res-Dev/Int-Bio/Int, Lifespan, M, Industrialized)

Crum, Kathleen, PhD[1]**;** Kmett Danielson, Carla, PhD[2]
[1]*National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina, USA*
[2]*Medical University of South Carolina, Charleston, South Carolina, USA*

Clinical researchers will present findings from neural, physiological, behavioral, and report-based investigations of how trauma impacts social interactions and impairment across the lifespan. Findings indicate that trauma-related social impairment may take on several forms, including difficulty interpreting others' emotions and strained parent-child relationships, and that neural and physiological factors may underlie post-trauma social impairment. The first talk discusses parallels between adult social threat reactivity (startle response) and trauma reactivity. The second talk highlights the differential impact of abuse subtypes on youth neural functioning in brain regions critical to processing and regulating social emotions. The third talk links trauma to child callous-unemotional traits, as well as social-cognitive and physiological dysregulation that may impair social interactions. Finally, the fourth talk characterizes associations between trauma, substance use, and caregiver-child relationships. To facilitate translation into clinical settings, findings will be discussed in the context of real-world social interactions and relationships. Considering the varied clinical presentations of social impairment following trauma, as well as factors contributing to these presentations across the lifespan, is critically important to case conceptualization/ treatment planning.

The Impact of Parental Trauma Exposure and Child Social Impairment among Substance-using Parents

(Clin Res, Sub/Abuse-Gender, Adult, M, N/A)

Moreland, Angela, PhD[1]; Crum, Kathleen, PhD[2]; Newman, Carla, LMSW[1]
[1]*Medical University of South Carolina, Charleston, South Carolina, USA*
[2]*National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina, USA*

Literature has linked child social impairment, including elevated disruptive behavior and anxiety, as well as decreased coping skills, to both parental substance use (Bornovalova et al., 2010; Bountress & Chassin, 2015) and parent trauma (Landoldt et al., 2005). Although up to 96% of substance users report experiencing at least one traumatic experience in their lifetimes (Lawson et al., 2013), studies have not examined the child social impairment among parents who report overlapping trauma and substance use. The current study fills this gap by examining the link between parent trauma exposure and child social impairment among a sample of 52 parents enrolled in a substance use treatment program. Of these parents, 70% reported experiencing at least one traumatic experience in their lifetime. Results utilizing multiple regression indicated that, in substance using parents, increased trauma exposure was significantly linked to child social impairment, including increased disruptive behavior and general anxiety, as well as decreased coping competence. Further, this link was similar across various types of substance use. Overall, findings highlight the impact of parent traumatic stress on child social impairment in a high-risk sample of substance using parents. Clinical implications and recommendations will be discussed in relation to the results.

Beyond Trauma: Defensive Reactivity to Social Threat in PTSD

(Assess Dx, Anx-Depr-Bio/Int-Res Meth, Adult, M, Industrialized)

Sege, Christopher, PhD[1]; McTeague, Lisa, PhD[1]; Bradley, Margaret, PhD[2]; Lang, Peter, PhD[2]
[1]*Medical University of South Carolina, Charleston, South Carolina, USA*
[2]*University of Florida, Gainesville, Florida, USA*

While frontline posttraumatic stress disorder treatments often focus on hyper-reactivity to trauma as a primary target, impaired social functioning is often also a core feature. Here, we present translational research on biological concomitants of social threat reactivity in PTSD. Research builds on similar work examining trauma-specific reactivity with a lab-based imagery task; here, we present peripheral/ reflex physiology data collected from single-trauma PTSD (n=22), multi-trauma PTSD (n=27), and control (n=76) subjects who imagined social threat, social reward, and neutral situations. In presenting various data aspects, we first discuss evidence for parallel social and trauma reactivity deficits – that is, social threat reactivity is exaggerated in focally fearful (i.e., single-trauma) PTSD cases, and blunted in broadly distressed (i.e., multi-trauma) cases. Next, we consider analyses of social reward that test if deficits are specific to threat or instead affect general emotional processing. Finally, we present analyses of dimensional social anxiety in our principal PTSD sample, with evidence that social anxiety increases with PTSD symptomatology and might mediate reactivity disruptions. Results are discussed in terms of broad response deficits that might underlie PTSD impairment, with implications for emotion-focused treatment and for capturing cross-case heterogeneity.

Linking Child Trauma to Callous-Unemotional Traits: Perceptions of and Responses to other Children's Distress

(Bio Med, Cog/Int-Dev/Int, Child/Adol, M, Industrialized)

Crum, Kathleen, PhD[1]; Aloi, Joseph, BS[2]; Comer, Jonathan, PhD[3]; Musser, Erica, PhD[3]; Moreland, Angela, PhD[4]; Chou, Tommy, MA[5]; Flores, Christina, BA[3]; Lorenzo, Michelle, BA[3]
[1]National Crime Victims Research and Treatment Center/MUSC, Charleston, South Carolina, USA
[2]University of Nebraska Medical Center, Boys Town, Nebraska, USA
[3]Florida International University, Miami, Florida, USA
[4]Medical University of South Carolina, Charleston, South Carolina, USA
[5]Oakland University, Miami, Florida, USA

Child trauma may be linked to callous-unemotional traits (CU)—a form of psychopathology related to severe, lasting social impairment, and characterized by lack of caring for others and lack of guilt. Youth with trauma and CU may have unique physiological and behavioral profiles. Children aged 7-13 (N=45) completed laboratory tasks and questionnaires to assess whether trauma, CU, and their interaction predict 1) perceptions of peer emotions while experimentally manipulating distress-cue salience, 2) parasympathetic arousal (resting respiratory sinus arrhythmia; RSARest). As peer distress salience increased, trauma predicted decreased ratings of peer fear among non-CU youth, and increased ratings among CU youth. Trauma was associated with increased RSARest among non-CU youth; RSARest among CU youth was similar to non-CU youth with trauma. Findings indicate CU modulates the link between trauma and perceptions of peer emotions, and non-CU youth with trauma show dysregulated parasympathetic arousal similar to CU youth (regardless of trauma). Data support that trauma is linked to physiological dysregulation. Recruiting "top-down" emotion regulation strategies to reduce autonomic arousal and improve perceptions of peer emotions may be a useful intervention target for CU youth and youth with trauma, and RSARest may help identify physiological profiles in these populations.

Differential Developmental Impacts of Different Subtypes of Abuse and Neglect on Systems Engaged in Task Performance and Emotional Responding

(Clin Res, CPA-CSA-Neglect-Neuro, Child/Adol, M, Industrialized)

Blair, Karina, PhD
Boys Town National Research Hospital, Boys Town, Nebraska, USA

Maltreatment exposure has been associated with detrimental outcomes. However, recent literature suggests that two different forms of maltreatment, abuse (physical, emotional and sexual) versus neglect (physical and

emotional), may have differential developmental impacts. Further, different subtypes of abuse and neglect may differentially impact brain development. However, little work has directly addressed this issue. Youth in a residential care facility and the surrounding community (N=117) who had experienced varying prior maltreatment levels performed the affective Stroop task during fMRI. Greater levels of prior abuse were associated with disrupted recruitment of regions implicated in top-down attentional control, including superior frontal cortex and posterior cingulate cortex. In contrast, greater levels of neglect were associated with disrupted recruitment of anterior insula cortex (implicated in attentional processing) in the context of threatening distracters. Further, different abuse subtypes—emotional and sexual abuse—were associated with specific disruptions. Findings demonstrate the adverse developmental impacts of both abuse and neglect and reveal their developmental specificity for systems engaged in task performance and emotional responding. Data indicate that different abuse subtypes are important in future research specifications and treatment considerations.

Symposium
Friday, November 9
4:30 PM to 5:45 PM
Washington 3
Immigrant/Refugee Track

Trauma Research as Social Activism and Creating a Just World
(CulDiv, Prevent-Refugee-Civil/War-Gender, Lifespan, I, Global)

Hobfoll, Stevan, PhD[1]**;** Benight, Charles, PhD[2]
[1]*Rush Medical College, Chicago, Illinois, USA*
[2]*University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA*

Trauma research and intervention is often social activism. The populations we seek to protect are often the most disenfranchised, prejudiced against, victimized, vulnerable and least-resourced in our societies. They are often the exploited, and those who cannot protect themselves. Rape and sexual abuse victims, victims of domestic violence, child soldiers, refugees, women sold into sexual slavery, migrant laborers, are so often the participants of our studies and those who we seek to develop more successful treatments for following their victimization. People of color, children living in poverty, ethnic minority populations are not helpless, but they often lack access to the levers that exert control over large landscapes of their fate. Even the victims of disaster, seemingly random acts of God, are known to disproportionally impact those who already have a tenuous grip on economic survival and social equity.

Although we are aware of this, and write our proposals and articles couched in careful science and advanced statistical models, our motivation is often liberal social ideals of fairness, rights to live in a just society, and our desire to stand together with those who have been victimized to be part of their story of strength, resilience, true empowerment, and gaining political and social voice.

This group of researchers will discuss their work and the populations with whom they have worked, discussing our motivations to be part of repairing a broken world and standing up to oppression, both microsocial and macrosocially. We will share what has inspired us, how the populations with whom we have worked have influenced our thinking, and how we have designed our work to be part of social action, social change, and social justice.

Seeking to Repair Broken Bits of Our World

(Pub Health, DV-Rape-Social-Civil/War, Adult, I, Global)

Hobfoll, Stevan, PhD
Rush Medical College, Chicago, Illinois, USA

We will illustrate through several research examples with inner city women of color and civilian victims of political conflict how we have sought to repair parts of a world where others have been victimized, disenfranchised, and subjected to circumstances that too often are drawn from a repertoire of the world's evils. Violence and trauma in inner-city women's lives and in regions of intensive conflict do not occur randomly to individuals, and are more likely to be directed at and deeply effect those with the least capacity to protect themselves, their families, or their community. We do not come as saviors, but as co-travelers, who have resources to share and wish to aid in telling the stories of those with limited voice. We will illustrate how our research endeavors to be part of solutions. Our research has been based on Conservation of Resources (COR) theory, whose basis is that personal, social, and material resources are not equitably distributed and that the protection of those resources from loss is more challenging for those with fewer resources. COR theory has further posited and illustrated that psychology's focus on individual appraisal denies the reality of the traumatic events that people experience. Too often appraisal implies a lack of objective veracity for the violence and tragedy that the less well-resourced in our world are subjugated too.

Addressing Gender-Based Violence through Trauma Research in an LMIC

(Commun, Cul Div-Depr-Fam/Int-Global, Adult, I, C & E Europe & Indep)

Weine, Stevan, MD[1]; Pirova, Gulya, MD[2]
[1]*University of Illinois Chicago, Chicago, Illinois, USA*
[2]*Tajik State Medical University, Dushanbe, Tajikistan*

This presentation describes the development and implementation of research which addresses gender-based violence through a trauma-focused intervention in a patriarchy. In Tajikistan, many women are exposed to separation from their migrant husbands, violence both within and outside of the home, STIs transmitted by their spouses, and common mental disorders (including PTSD), as well as high mental illness stigma, restricted service access, and severely limited treatment resources. Lifting this burden in low- and middle-income countries (LMICs) requires new services based upon task sharing, which uses non-specialists and laypersons to deliver mental health care. Our ongoing research has found that in Tajikistan, peers and primary care nurses have played major but largely informal roles in helping women with trauma and mental health problems. To build new services with them, we adapted two existing interventions (BRIDGES and Interpersonal Psychotherapy) as part of a novel stepped care model. This involved challenging gender attitudes, promoting new values and practices, and socio-culturally tailoring the interventions and assessment strategies. This investigation will provide evidence that can impact mental health policy and develop new evidence-based public health services, as well as strengthen the research capabilities of the Tajikistan partners.

Community Based Participatory Research with Somali Immigrants: Seeking to Understand the Negative Impact of Stigma and Discrimination without Contributing to the Problem

(Social, Cul Div-Ethics-Refugee-Terror, Adult, I, Industrialized)

Ellis, Heidi, PhD[1]; Abdi, Saida, LICSW[2]
[1]*Children's Hospital Center for Refugee Trauma & Resilience/Children's Hospital Boston, Boston, Massachusetts, USA*

[2]Boston University/Children's Hospital Center for Refugee Trauma & Resilience/ Children's Hospital Boston, Boston, Massachusetts, USA

In 2007-2008, 24 Somali immigrants living in Minneapolis travelled overseas to join Al-Shabab, a foreign terrorist organization. This raised questions in the national security and academic spheres related to what factors contribute to radicalization to violence, and how it can be prevented. For our Community Based Participatory Research (CBPR) team with a decade-long Somali community-academic partnership, however, it also raised a conundrum: How could we conduct research to understand (and ultimately prevent) radicalization to violence within this group without contributing to the stigma and misperception that Somalis, other refugees and/or Muslims were at heightened risk for violent extremism? We will present both our process of conducting a longitudinal multi-site study with Somali immigrant young adults, as well as findings related to civic development and antisocial attitudes/behavior. We will discuss how CBPR can build social bonds, bridges and linkages which are key to building more resilient communities. We will then share Latent Class Analysis findings illustrating the importance of broadening beyond single/pathological outcomes. Finally, we will discuss the role of trauma and social bonds in civic developmental outcomes, and how the process of CBPR can contribute not only to better research but also community resilience.

Research for Social Justice, Social Justice within Research

(Commun, Cul Div-Rights-Refugee, Adult, I, Global)

Rasmussen, Andrew, PhD
Fordham University, Bronx, New York, USA

Trauma researchers who work with populations defined by human rights concerns (e.g., refugees) often find themselves faced with dilemmas that force them to rethink several traditional clinical research paradigms. Although theory has been developed for social justice research in some branches of psychology (e.g., Fassinger & Morrow, 2013), as of yet there is no consensus on a framework for thinking about trauma in social justice. This presentation uses two examples of social justice in a trauma research career, one supporting human rights litigation and one a community-based participatory research (CBPR) project. Two inter-related and fundamental issues delineate the two projects' designs: "Whose conceptualizations of trauma are included?" and, "Who are the audiences for the research?" Human rights research is in many ways simpler, as there are usually well-defined, well-delineated research questions and audiences. CBPR attempts to work with participants to describe their own conceptualizations of trauma in ways that capture culturally-related meanings and response styles as well. This necessitates prolonged engagement with communities, some version of sequential exploratory mixed methods (Hanson et al., 2005), and not infrequently questioning one's own definition of trauma.

Panel Presentation
Friday, November 9
4:30 PM to 5:45 PM
Washington 4
Military/Veteran Track

Military Psychologists and Neuroscientists in Conversation: Conceptualizing the Core Affective Processes of Combat Trauma

(Practice, Affect/Int-Clin Res-Mil/Vets, Adult, I, Industrialized)

Frankfurt, Sheila, PhD[1]; **Carr, Russell, MD**[2]; **Freed, Steven, MA, PhD Student**[3]; **McKinnon, Margaret, PhD**[4]; **Nash, William, MD**[5]; McGuire, Adam, PhD[1]
[1]*VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA*
[2]*Walter Reed National Military Medical Center/Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*
[3]*New School for Social Research, New York, New York, USA*
[4]*McMaster University, Hamilton, Ontario, Canada*
[5]*Marine Corps, Arlington, Virginia, USA*

Military clinicians have long recognized and treated the underlying distressing affective reactions to fighting in war and combat trauma—in particular the complex guilt, shame, rage, and existential and identity crises that arise from one's actions or inactions that challenge deeply held notions of right and wrong. This aspect of combat trauma has been articulated in the moral injury construct, but the extent to which moral injury differs from combat-related PTSD is unknown given the dearth of empirical and theoretical work in the area. Given the need to identify transdiagnostic underlying processes of psychopathology, a dialogue on the phenomenology and underlying mechanisms of combat trauma, PTSD, and moral injury can provide creative, interdisciplinary perspectives on conceptualizing and treating Veterans' psychological war wounds. This panel brings together leading clinicians, theoreticians, and researchers to provide brief presentations on (1) conceptualizing and treating combat-related shame, guilt, rage, PTSD, and moral injury; and (2) the neurophysiology of shame, deep identity disturbance, and affect regulation. Presentations will be followed by open exchange among panelists and audience members to stimulate a unique conversation about conceptualizing and treating combat trauma that crosses interdisciplinary lines.

Panel Presentation
Friday, November 9
4:30 PM to 5:45 PM
Washington 5

Dismantling the Dilemma of Treatment Dropout: What's Going On and What Can We Do About?

(Practice, Clin Res-Clinical Practice, Adult, I, Industrialized)

Maieritsch, Kelly, PhD[1]; **Kehle-Forbes, Shannon, PhD**[2]; **Resick, Patricia, PhD, ABPP**[3]; **Wachen, Jennifer, PhD**[4]
[1]*Edward Hines, Jr. VA Hospital, Hines, Illinois, USA*
[2]*National Center for PTSD and Minneapolis VA Healthcare System, Minneapolis, Minnesota, USA*
[3]*Duke University Medical Center, Durham, North Carolina, USA*
[4]*National Center for PTSD / Boston University, Boston, Massachusetts, USA*

Despite important advancements in the field of PTSD treatment, the challenge of engaging and retaining individuals with PTSD in treatment remains (Gutner, et al, 2016; Najavits, 2015). The term dropout is oft referenced and generally pertains to discontinuing treatment prematurely. While conclusions are yet inconsistent, there are findings suggesting that dropout rates are higher in clinical settings (relative to RCTs) and for cognitive behavioral therapies (Fernandez et al., 2015). However, findings from investigations into the impact of trauma-focused psychotherapy (Goetter, et a., 2015; Imel et al., 2013), timing of dropout (Gunter et al., 2016), and presence of symptom improvements for non-completers (Szafranski et al., 2017), suggest that we have more to discuss on this important topic. This panel will provide an overview of the current factors associated with dropout from PTSD treatment, including those not yet considered in the existing literature. This will include preliminary

research findings on patient and provider perspectives on dropout. Information from both RCTs and actual clinical settings will be reviewed to inform discussion questions regarding the meaning of dropout and identification of possible areas of intervention.

Workshop Presentation
Friday, November 9
4:30 PM to 5:45 PM
Roosevelt 4

Beyond Mindfulness: An Advanced Workshop in Integrating Meditation into the Care of Trauma Survivors

(Practice, Acc/Inj-Acute-Clinical Practice-Complex, Adult, M, Global)

Cho, Jennifer, MSW, LCSW
Veterans Affairs Medical Center, Washington, District of Columbia, USA

Mindfulness has become increasingly popular in both the general culture and in mental health. However, many mental health clinicians incorporating mindfulness into their clinical care possess only an introductory understanding of meditation. This workshop will introduce advanced skills to integrate meditation and awareness training into psychotherapy for trauma survivors. This workshop will include discussion of the different types of meditation; the rewards and risks of different types of meditation; considerations when incorporating meditation into the treatment plan for psychotherapy; and clinician competency in incorporating meditation. This workshop will also include discussion of considerations that are specific to incorporating meditation and awareness training into the therapy of trauma survivors including: exposure and working within the window of affective tolerance; working with dissociation and the body; increasing awareness of internal and external safety and support, etc. Workshop will be interactive and discussion based so that participants have the ability to ask questions that may have arisen when they have attempted to incorporate mindfulness or meditation into psychotherapy.

Saturday, November 10

Keynote Address
Saturday, November 10
8:20 AM to 9:20 AM
Salon 2

Mental Health of Refugees: Global Challenges and Opportunities
(Commun, Commun-Global-Pub Health-Refugee, Lifespan, I, Global)

Ventevogel, Peter, MD
United Nations High Commissioner for Refugees, Geneva, Switzerland

Almost 1% of the world population is forcedly displaced, among whom 22.5 million refugees. Most of them live in low-income countries with limited resources for mental health care. The lecture will describe current issues around refugee mental health and psychosocial support (MHPSS), including recent developments in research and conceptual models. The massive needs and the lack of resources prompt the use of a multi layered mental health approach that goes far beyond specialized clinical interventions. Within global refugee mental health, three important emerging practices can be distinguished, 1) community-based interventions that foster self-help and strengthen social connectedness; 2) scalable psychological interventions (brief psychotherapies) that can be delivered by trained and well supervised non-specialists, and 3) integration of mental health into general health care in refugee settings. These types of interventions will be briefly and critically discussed and illustrated with practice examples.

Concurrent Session Nine

Invited Speakers
Saturday, November 10
09:45 AM to 11:00 AM
Salon 2

Invited Speaker: Developing Innovative Technology to Enhance Research and Practice: Integrating Behavioral and Physiological Measures into Psychotherapy Research

(Clin Res, Affect/Int-Aggress-Anx-Tech, Lifespan, M, Global)

Goodwin, Matthew, PhD
Northeastern University, Boston, Massachusetts, USA

This presentation will demonstrate several innovative technologies being developed to enhance and accelerate research and learning in individuals on the autism spectrum, including wireless sensors for long-term monitoring of physiological arousal and challenging behavior in natural settings; wireless 3-axis accelerometers and pattern recognition algorithms that can automate the detection of stereotypical hand flapping and body rocking; and unobtrusive audio and video capture systems able to gather ultradense longitudinal records of behavior and development in home environments.

Symposium
Saturday, November 10
9:45 AM to 11:00 AM
Virginia B
Child Trauma Track

Parents' Early Experiences, Children's Risk: Examining Biological and Behavioral Pathways for the Intergenerational Transmission of Trauma

(Prevent, CPA-Prevent-Intergen, Lifespan, M, N/A)

Gray, Sarah, PhD
Tulane University, New Orleans, Louisiana, USA

While the intergenerational transmission of trauma has been long observed in clinical and descriptive studies, only recently has research examined mechanistic pathways that underlie transmission of risk across generations. Looking across physiological, biological, and behavioral systems, in cohorts from three countries, these papers together present an emerging picture of possible pathways by which mothers' experiences of trauma result in heightened risk for her offspring. Paper 1 links mothers' exposure to Adverse Childhood Experiences (ACEs) to infants' developmental outcomes at 12 months via antepartum risk in pregnancy and infant health at birth. In paper 2, mothers' ACEs exerted impacts on preschoolers' parasympathetic activity and reactivity during dyadic interaction, independent of children's traumatic experiences, in patterns consistent with heightened mental health risk. Paper 3 will review links from mothers' ACEs to children's outcomes across two populations, including evidence of epigenetic programming. Finally, in the longitudinal study reported on in Paper 4, mothers'

experiences of IPV were linked to mothers' EEG activity and emotion appraisal, as well as child outcomes. Together, these papers point to pathways – health risk, autonomic activity, epigenetic programming, affect appraisal and EEG activity – that connect mothers' experiences of adversity to children's outcomes. They also point to specific features of the parent-child relationship that might be targeted to prevent intergenerational transmission of risk. Clinical implications for the conceptualization and treatment of trauma-exposed dyads will be discussed, as will next steps for this body of research.

Going Upstream: The Moderating Role of Social Support on the Intergenerational Transmission of Maternal Adverse Childhood Experiences to Child Outcomes

(Prevent, CPA-CSA-Dev/Int-Health, Lifespan, M, Industrialized)

Madigan, Sheri, PhD[1]; Racine, Nicole, PhD[1]; Plamondon, Andre, PhD[2]; Eirich, Rachel, BA (Hons)[1]; McDonald, Sheila, PhD[1]; Tough, Suzanne, PhD[1]
[1]*University of Calgary, Calgary, Alberta, Canada*
[2]*Universite Laval, Quebec, Quebec, Canada*

Introduction: Exposure to Adverse Childhood Experiences (ACEs) in mothers is associated with maladaptive maternal health, as well as infant health and development. The current study examines whether social support, in both the pre- and postpartum periods, moderates the association between maternal adverse childhood experiences and maternal health, infant health, and infant development.
Material and Methods: Participants were 1,994 mothers and their infant who were recruited in pregnancy as part of a prospective longitudinal cohort. Women completed self-report questionnaires in pregnancy and 4-months postpartum related to mental health and social support. A health care professional assessed the mother's health risk in pregnancy and infant health risk at birth. Mothers completed child development questionnaires at 12-months postpartum.
Results: Maternal ACEs was associated with infant developmental outcomes via compromised prenatal health, and postnatal functioning. Regression analysis revealed a significant interaction between maternal ACEs and social support in pregnancy, whereby women exposed to high ACEs but high levels of social were buffered from the impact of maternal ACEs.
Conclusions: Social support in pregnancy may be a key target for intervention to mitigate transmission of maternal ACEs.

Mothers' Adverse Childhood Experiences Predict Dysregulated Autonomic Activity in their Preschoolers

(Prevent, Dev/Int-Bio/Int-Intergen, Lifespan, M, Industrialized)

Gray, Sarah, PhD; Glackin, Erin, MA, PhD Student
Tulane University, New Orleans, Louisiana, USA

Alterations to stress response systems are hypothesized to be pathways by which Adverse Childhood Experiences (ACEs) are linked to mental health, including across generations, as mothers' experiences shape offsprings' emergent physiology. Respiratory sinus arrhythmia (RSA) is a parasympathetic biomarker of self-regulation associated with psychopathology. Our prior work has demonstrated intergenerational impacts of mothers' ACEs on infant RSA. This study extends this examination to the preschool period. Mothers (n=102) of preschoolers (aged 3-5 years) retrospectively reported their ACEs and their children's trauma exposure. RSA was assessed during a 2-minute resting baseline and a 5-minute parent-child puzzle challenge. Even accounting for children's own trauma exposure, high maternal ACEs (n=48) was associated with lower preschooler baseline RSA and, in repeated measures models, exaggerated RSA suppression during the dyadic interaction (F=4.166, p=.045). Intergenerational impacts of mothers' ACEs on children's self-regulation, persist into the preschool period, with patterns consistent

with higher mental health risk. Findings emphasize considering children's emergent regulatory capacities in relational context and underscore that stress-reducing interventions for pregnant women and mothers with histories of early adversity may lead to improved mental health across generations.

Parental Interpersonal Trauma and Offspring Development in Diverse Populations: Potential Mechanisms and Implications for Pediatricians and Parenting Programs

(Prevent, Dev/Int-Health-Genetic-Care, Lifespan, M, N/A)

Folger, Alonzo, PhD
Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA

Adverse childhood experiences (ACEs) and adult interpersonal trauma are associated with a myriad or negative physical and mental health outcomes over the life course. Recently, epidemiologic evidence has emerged that also links these adverse exposures to poor developmental and behavioral outcomes for the next generation. Studies have demonstrated intergenerational effects in multiple populations and have begun to characterize the mechanisms that underlie risk. Parent functioning, depressive symptoms, and interpersonal supports are pathways that can mediate the transmission of trauma effects and represent potential targets for intervention. We will discuss novel findings from two distinct populations including families in pediatric primary care and mother-child dyads in early childhood home visiting. Growing evidence also supports infant/child epigenetic responses to early adversity as having a role in 'programming' risk for negative development. We will describe preliminary epigenetic findings and implications for prevention programs. In the context of recent findings, we will discuss implications for pediatricians and parenting programs. Strategies include parental and childhood screening for trauma exposure and symptoms in pediatric primary care, actively engaging community practices, leveraging novel data to promote interest, and expanding two-generational approaches.

Children of Mothers with Interpersonal Violence-related PTSD: A Longitudinal Look from Toddlerhood to School-age

(Prevent, Bio/Int-Prevent-Intergen, Lifespan, M, Industrialized)

Schechter, Daniel, MD
NYU School of Medicine/Bellevue Hospital, New York, New York, USA

Mothers exposed to interpersonal violence-related posttraumatic stress disorder (IPV-PTSD) compared to non-PTSD controls demonstrate psychobiological dysregulation that compromises mothers' ability to participate in mutual emotion regulation with their young children. The present study follows up at school-age (5-9 years) children who were originally seen as toddlers (ages 1-3.5 years) seeking to examine endophenotypes established by school-age. Data will be presented from traumatic experiences, maternal CAPS, and child K-SADS, examining predictors of greater disruptive behavior vs anxiety, including maternal-child performance on an emotional face-matching task and corresponding high-density EEG involving localized neural activity. Results demonstrated continuity of separation anxiety and hypervigilance; group by emotion interactive differences in global field strength in the N170 component linked to facial recognition; and decreased activity in prefontal cortical areas associated with emotion regulation. While maternal IPV-PTSD severity was linked to maternal errors in appraisal of anger, a specific maternal emotion appraisal error was associated with disruptive behavior. Preliminary evidence suggests that maternal IPV-PTSD together with child IPV exposure are associated with group differences and within-group endophenotypic differences that can be targeted in intervention.

Symposium
Saturday, November 10
9:45 AM to 11:00 AM
Washington 1
Assessment and Diagnosis Track

Refining Our Understanding of Typologies of Trauma Exposure and Traumatized Reactions among At-Risk Adolescents

(Assess Dx, Aggress-CSA-Chronic-Dev/Int, Child/Adol, M, Industrialized)

Modrowski, Crosby, MS, PhD Student
University of Utah, Salt Lake City, Utah, USA

Investigations in the study of traumatic stress increasingly have uncovered meaningful individual differences in types of trauma exposure as well as typologies of posttraumatic response in children and adolescents. Further, posttraumatic symptoms may interact with additional aspects of risk, including co-occurring mental health problems and problem behaviors that are frequently seen among youth with a history of trauma exposure. To refine our understanding of these interrelationships, this symposium brings together four papers investigating diversity in the types of trauma exposures and posttraumatic reactions demonstrated by at-risk youth. The first paper presents a latent class analysis of forms of trauma exposure and investigates polyvictimization as a predictor of dynamic risk factors and strengths among a sample of traumatized youth in the justice system. The second paper uses mixture modeling to demonstrate the utility of the construct of posttraumatic risk-seeking as a developmentally salient symptom typology particularly implicated in the adolescent period. The third paper investigates the interrelations among PTSD symptoms, mental health difficulties, and behavioral and emotional dysregulation in institutionalized youth. The fourth paper examines the associations among specific types of maltreatment, running away, and PTSD symptoms amongst traumatized adolescents. Taken together, these papers make valuable contributions to our efforts to fine-tune our understanding of diverse types of trauma exposure and traumatized responses in children and adolescents.

Polyvictimization and PTSD among Detained Adolescents

(Assess Dx, Assess Dx-Chronic-Comm/Int-Complex, Child/Adol, M, Industrialized)

Grasso, Damion, PhD[1]; Ford, Julian, PhD[1]; Cruise, Keith, PhD[2]; Holloway, Evan, MA[3]
[1]*University of Connecticut Health Center, Farmington, Connecticut, USA*
[2]*Fordham University, New York, New York, USA*
[3]*Fordham University, Bronx, New York, USA*

Although polyvictimization is linearly associated with health impairments, trauma victims show significant heterogeneity. Some show resilient outcomes; others develop symptoms spanning diagnostic categories. Person-centered analytic methods have identified subgroups of individuals with unique constellations of adversities and distinct outcomes. The current study applied latent class analysis to a sample of 341 detained youth to identify subgroups differentiated by patterns across 10 trauma domains and the 4 DSM-5 posttraumatic stress disorder (PTSD) symptom criteria. Four subgroups emerged. About 8% of youth had high probability of exposure across domains and met all PTSD criteria (poly-PTSD). Two classes reflected moderate exposure, with one differentiated by traumatic loss and meeting all PTSD criteria (loss-PTSD) and the other (mod-hyper) differentiated from a low exposure class (47.8%) by high probability of exposure across several domains and meeting criteria for hyperarousal symptoms. The poly-PTSD and loss-PTSD classes had relatively greater scores across several impairment domains, Pillai's Trace F=2.94, p<.001. Controlling for age and sex, the poly-PTSD and mod-hyper

classes had relatively fewer criminal offenses, F=2.84, p=.038, and, though non-significant, offenses were less severe. Implications for addressing the diverse needs of detained youth are discussed.

Investigating the Construct of Posttraumatic Risk-Seeking in a Sample of Justice-Involved Youth

(Assess Dx, Affect/Int-Aggress-Gender, Child/Adol, M, Industrialized)

Modrowski, Crosby, MS (PhD Student); Kerig, Patricia, PhD
University of Utah, Salt Lake City, Utah, USA

Previous research has confirmed the associations among trauma exposure, posttraumatic stress (PTS), and adolescent delinquency (Ford et al., 2015). One PTSS especially relevant to adolescents is engaging in risky, reckless, or self-destructive behaviors, a new symptom listed in the DSM-5 PTSD criteria. Whereas these behaviors typically are interpreted as a consequence of impaired recognition of risk, particularly amongst traumatized girls, the construct of "posttraumatic risk-seeking" has been proposed to account for the posttraumatic function and developmental salience of these symptoms from a trauma coping perspective (Kerig, 2014, 2017). In an initial validation of the construct, we sought to identify a group of posttraumatic risk-seekers and to investigate theoretically-derived correlates. Validated self-report measures were completed by a sample of 404 detained youth (25% girls, 54% ethnic minority). Mixture modeling using Mplus identified two distinct high (n = 76) and low (n= 328) risk-seeking groups. Girls were more likely to be categorized into the high risk-seeker group. Furthermore, youth who were identified as high risk-seekers reported significantly higher rates of trauma exposure, including sexual abuse, other PTSS, emotion dysregulation, and delinquency. These results have important implications related to the assessment and treatment of PTS in adolescents.

The Path from Trauma to Conduct Problems: Factors Associated with Traumatic Event Exposure and Institutional Misconduct in Detained Juveniles

(Assess Dx, Aggress-Assess Dx, Child/Adol, M, Industrialized)

Jimenez, Maria, BA[1]; Cruise, Keith, PhD[2]; Ford, Julian, PhD[3]
[1]*Fordham University, Bronx, New York, USA*
[2]*Fordham University, New York, New York, USA*
[3]*University of Connecticut Health Center, Farmington, Connecticut, USA*

Mental health problems and traumatic event exposure are high among justice-involved adolescents, and these factors may lead to disciplinary incidents in detention (McDougall et al., 2013). Researchers have examined the path from traumatic event exposure to mental health problems (Kerig et al., 2016), but there is limited research investigating impact on behavior in detention. This paper investigates traumatic event exposure, PTSD symptom severity, and mental health problems as predictors of disciplinary incidents in juvenile detention. Using detention records (N = 195), intake screening data of trauma history and trauma symptoms (Structured Trauma-related Symptoms and Experiences Screen - STRESS) and mental health problems (Massachusetts Youth Screening Instrument-Version 2 - MAYSI-2), and disciplinary incidents were analyzed. On average, juveniles had 1 disciplinary incident, but variance was high (SD = 3.28, range = 0 to 33). Using negative binomial regression, the full model was significant and predicted the number of disciplinary incidents, X2 (7) = 46.43, p < .01) with mental health problems as a significant predictor. The number of traumatic event exposures predicted PTSD severity and mental health problems but was not a direct predictor of disciplinary incidents. Implications and relevance to juvenile detention screenings and safety protocols are discussed.

Running Away and Posttraumatic Hyperarousal as Factors in Delinquency amongst Traumatized Youth: An Examination of the Risk Amplification Model

(CulDiv, Aggress-CPA-CSA-Gender, Child/Adol, M, Industrialized)

Mendez, Lucybel, BA/BS; Lawson, Kimberly, MA
University of Utah, Salt Lake City, Utah, USA

Although the links between interpersonal trauma exposure (ITE), sexual abuse (SA) and delinquency are well-established, the underlying factors that link these variables are less understood. According to the risk amplification model, behavioral and psychological factors may exacerbate the negative effects of ITE and SA on youth problem behavior. Running away is one potential amplifying factor identified in previous studies, especially for girls who have experienced SA. Another unexamined factor that may play a role in these relations are posttraumatic stress symptoms, particularly hyperarousal, which has been implicated in delinquency. Therefore, this study investigated the interactive effects of running away, posttraumatic hyperarousal, and gender on offending in traumatized youth. In a series of regressions using self-report measures provided by 684 youth, three-way interactions emerged demonstrating that, for girls, SA and ITE were associated with increased drug use and total delinquency for those who ran away and exhibited higher levels of hyperarousal. In contrast, for boys, ITE was associated with diverse types of offending at higher levels of hyperarousal whether they ran away or not. These findings highlight the importance of gender differences in traumatic experiences and posttraumatic reactions and of considering youth's behavior in the context of risk amplification.

Symposium
Saturday, November 10
9:45 AM to 11:00 AM
Washington 2

Extending Our Understanding of the Role of Positive Emotional Experiences in Posttraumatic Stress Disorder Symptomatology

(Clin Res, Affect/Int-Cog/Int-Health-Res Meth, Adult, M, Industrialized)

Weiss, Nicole, PhD
University of Rhode Island, Kingston, Rhode Island, USA

An extensive literature underscores the central role of negative emotional experiences to the etiology and maintenance of posttraumatic stress disorder (PTSD; Ehlers & Clark, 2000; Foa, 2011). Yet, the role of positive emotional experiences in PTSD remains understudied and poorly understood. The primary aim of this symposium is to showcase innovative empirical investigations that clarify the relation between positive emotional experiences and PTSD symptomatology. These studies utilize diverse methodologies to better elucidate the role of positive emotions experiences in PTSD across a wide range of populations. First, Contractor et al. use a review methodology to examine the influence of positive emotional memories in PTSD. Next, Ruggero et al. examine (a) daily changes in positive affect among World Trade Center responders and (b) distinct types of positive affect and their relation to PTSD among college students. Following this, Weiss et al. use latent profile analysis to identify classes of IPV-victimized community women characterized by difficulties regulating negative and positive emotions and examine their relation to PTSD. Finally, McGuire et al. investigate whether a specific type of positive emotion – moral elation – predicts changes in PTSD treatment among military veterans. Collectively, these studies highlight the need for considering the role of positive emotional experiences in the assessment and treatment of PTSD.

Posttraumatic Stress Disorder and Positive Memories: Implications for Clinical Treatment.

(Practice, Affect/Int-Cog/Int, N/A, M, Industrialized)

Contractor, Ateka, PhD[1]; Brown, Lily, PhD[2]; Caldas, Stephanie, MA[1]; Banducci, Anne, PhD[3]; Taylor, Daniel, PhD[1]; Armour, Cherie, Professor[4]; Shea, M. Tracie, PhD[5]
[1]*University of North Texas, Denton, Texas, USA*
[2]*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*
[3]*VA Boston Healthcare System, Boston, Massachusetts, USA*
[4]*University of Ulster, Coleraine, Northern Ireland, United Kingdom*
[5]*Alpert Medical School of Brown University, Providence, Rhode Island, USA*

Encoding and retrieval difficulties, and avoidance of both traumatic and positive memories are associated with posttraumatic stress disorder (PTSD) symptoms. However, most PTSD research and clinical work has solely emphasized/examined the role of traumatic memories in PTSD symptomatology. This review provides a comprehensive discussion of the literature on positive memories and PTSD. First, we review competing theories and corresponding empirical evidence on the relation among trauma, PTSD, and memory processes. Next, we propose a clinically-testable conceptual model that integrates empirical evidence from basic science research and memory-focused intervention research. This model highlights hypothesized mechanisms underlying the potential effectiveness of targeting positive memories in PTSD intervention: (1) increase in positive affect and reduction in negative affect, (2) correction of negative cognitions about self, others, and the world, and (3) increase in specificity of retrieving autobiographical memories. Lastly, we suggest future clinical research avenues for investigating the relationship between positive memories and PTSD symptomology. In summary, drawing from effective positive/memory-focused interventions and basic science research, we propose a clinically testable model of the effects of targeting positive memories on PTSD severity.

Positive Affect and PTSD: Evidence from Ecological Momentary Assessment and Structural Studies Reveal a Unique Disturbance Profile

(Assess Dx, Assess Dx-Clinical Practice-Terror, Adult, M, Industrialized)

Ruggero, Camilo, PhD[1]; Dornbach-Bender, Allison, BA[1]; Schuler, Keke, MS[1]; Contractor, Ateka, PhD[1]; Callahan, Jennifer, PhD, ABPP[1]; Kotov, Roman, PhD[2]
[1]*University of North Texas, Denton, Texas, USA*
[2]*Stony Brook University, Stony Brook, New York, USA*

Posttraumatic Stress Disoder (PTSD) is characterized by high levels of negative affect (NA), but less is known about disturbances in positive affect (PA). Understanding PA's profile in PTSD is crucial, since structural models (e.g. tripartite model) hinge on its role. Most of what we know about PA in PTSD comes from cross-sectional studies, with mixed findings. Even less work has used ecological momentary assessment (EMA) to track daily PA in those with PTSD. Finally, no studies have examined the role of different PA types in PTSD's symptomatology. To address these limitations, we analyzed data from two diverse samples. First, analyses of EMA data obtained from World Trade Center (WTC) responders (N=202; 18.30% diagnosed with PTSD by interview) indicated that while daily NA was high in those with PTSD and followed a specific diurnal rhythm, PA was undisturbed. Second, exploratory factor analyses of PA data obtained from undergraduates (N=265) indicated that PA consisted of four, correlated dimensions, which had unique and differential associations with PTSD symptoms. Results reveal for the first time a nuanced profile of PA's role in PTSD, showing PA in general, and some core facets (e.g. self-assurance), are

undisturbed, but more subtle variants of PA (e.g., serenity) may be implicated. New avenues for understanding the disorder's pathophysiology are discussed.

A Latent Profile Analysis of Dimensions of Negative and Positive Emotion Dysfunction and Examination of Between-Class Differences in PTSD

(Clin Res, Affect/Int-DV-Health-Gender, Adult, M, Industrialized)

Weiss, Nicole, PhD[1]; Darosh, Angela, MS[1]; Contractor, Ateka, PhD[2]; Forkus, Shannon, BA[1]; Dixon-Gordon, Katherine, PhD[3]; Sullivan, Tami, PhD[4]
[1]*University of Rhode Island, Kingston, Rhode Island, USA*
[2]*University of North Texas, Denton, Texas, USA*
[3]*University of Massachusetts Amherst, Amherst, Massachusetts, USA*
[4]*Yale University School of Medicine, New Haven, Connecticut, USA*

Research supports emotion dysfunction as a transdiagnostic factor related to the etiology, maintenance, and treatment of psychopathology (Tull & Aldao, 2015). However, existing studies are limited by their focus on negative emotions, despite evidence that emotion dysfunction may also occur in the context of positive emotions (Cyders et al., 2007; Weiss et al., 2015). Further, past studies have relied on variable-centered approaches that do not account for heterogeneity in emotion dysfunction in individuals (Thompson, 1994). Addressing these limitations, we (1) identified subgroups of individuals based on negative and positive emotion dysfunction, and (2) examined differences in posttraumatic stress disorder (PTSD) symptoms among these subgroups. Participants were 210 female victims of domestic violence (M age = 36.14, 48.6% African American). Three classes of individuals were identified: (1) high negative and positive emotion dysfunction; (2) high negative and low positive emotion dysfunction; and (3) low negative and positive emotion dysfunction. This finding suggests that positive emotion dysfunction may only occur among individuals who also exhibit negative emotion dysfunction. Greater PTSD symptoms were found among classes defined by greater negative and positive emotion dysfunction. PTSD interventions should be address negative and positive emotion dysfunction.

The Benefits of Moral Elevation on PTSD Treatment Outcomes in a Group Residential Program.

(Clin Res, Mil/Vets, Adult, M, N/A)

McGuire, Adam, PhD[1]; Nosen, Elizabeth, PhD[2]; Lyons, Judith, PhD[2]
[1]*VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA*
[2]*G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi, USA*

Novel approaches are needed to enhance the effectiveness of existing PTSD treatments and directly impact psychosocial growth. One way to address this need is through moral elevation, a distinct positive emotion described as feeling inspired by others' virtuous actions (e.g., courage, generosity), followed by a strong desire to emulate the witnessed behavior and engage with others. Moral elevation is known to benefit mental health and social functioning, and therefore, may represent an innovative way to alleviate trauma. However, few studies have explored the role of elevation in clinical populations and no known studies have assessed its impact on PTSD symptoms during treatment. This presentation will discuss results from a pilot study aimed to examine the benefits of elevation in a 12-week residential PTSD program by asking Veterans to complete weekly measures of the extent they felt elevated in response to fellow group members' actions during treatment. Greater elevation experienced is expected to predict decreased PTSD symptoms and impairment from pre- to post-treatment. Preliminary results indicate moral elevation scores across 12 weeks are negatively correlated with clinician-rated avoidance

symptoms (*r*=-.64) at post-treatment. Discussion will focus on theorized mechanisms and the potential for utilizing elevation as a novel therapeutic tool to improve treatment outcomes.

Symposium
Saturday, November 10
9:45 AM to 11:00 AM
Washington 3

Race-based Traumatic Stress: Conceptualizing, Measuring, Training, and Clinical Implications

(CulDiv, Complex-Cul Div, Adult, M, Industrialized)

Yang, Joyce, PhD
Stanford University, Palo Alto, California, USA

Four clinical researchers (representing four institutions and levels of career development) present a model of race-based traumatic stress, its measurement and mental health correlates, pilot data of a training program utilizing this framework, and qualitative data on group intervention strategies. Conceptualizing and codifying racism as traumatic stress, while also adopting a strengths and resilience approach may have useful practice and policy implications.

Influences of Race-Related Stress on PTSD Symptom Clusters, Negative Affective States, and Health-Risk Behaviors in a High-Risk, Urban, African American Community Sample

(Clin Res, Chronic-Complex-Cul Div-Health, Adult, M, Industrialized)

Carter, Sierra, PhD[1]; Powers Lott, Abigail, PhD[1]; Bradley, Bekh, PhD[2]
[1]*Emory University School of Medicine, Atlanta, Georgia, USA*
[2]*Atlanta VAMC/Emory University, Decatur, Georgia, USA*

Research findings have suggested that poor psychological health outcomes in African Americans are perpetuated by persistent experiences of race-related chronic stressors. Studies have shown that experiences of racism may lead to severe trauma symptoms that resemble PTSD. Furthermore, studies have shown that individuals with increased experiences of racial discrimination may resort to health-risk behaviors. This presentation will utilize a risk and resilience framework to discuss study findings that examined the influence of race-related stress on PTSD symptomatology, negative affect, and health risk behaviors in a highly traumatized community sample of primarily African Americans. Data was collected from approximately 1089 participants (93% AA) who were recruited as part of the Grady Trauma Project. Interviews included demographic characteristics, the Experiences of Discrimination scale, the Index of Race-Related Stress scale, the Modified PTSD symptom Scale, the Clinician Administered PTSD Scale, self-report of previous suicide attempts, the Dutch Eating Behavior Questionnaire, the Drug Abuse Screening Test, the Positive and Negative Affect Schedule, and the Connor-Davidson Resilience Scale. Results from study findings will be discussed and clinical implications will be highlighted.

Race-Based Training for Professional Development in Child Welfare

(CulDiv, CPA-Complex-Cul Div-Fam/Int, Lifespan, M, Industrialized)

Betru, Yodit, DSW
University of Pittsburgh, Pittsburgh, Pennsylvania, USA

Over-representation of children and families of color in public child welfare has been a long-standing issue that public policy and researchers have been attempting to address. The experience of coming into contact with a public child welfare agency as well as the pervasive over scrutiny of families of color can create a race based stress response in the lives of children and families. Specialized training can help train incoming case workers to become aware of the historical trauma embedded in child welfare as well as making them aware of their own biases that may lead them to engage in unconscious discriminatory practices. For the past three years, the child welfare and education for baccalaureates (CWEB) program at the University of Pittsburgh has developed and implemented a trauma-informed, race conscious, and leadership-focused program. The CWEB program recruits, funds, and trains undergraduate senior social work students for a placement in a two-semester internship at a public child welfare agency. The curriculum and program overtly address issues of race, trauma, and organizational culture. Results showed positive gains in race consciousness, awareness of secondary trauma, and significant increases in peer connections, indicating usefulness for workforce retention and potential shift in practice behavior.

The Race-Based Stress and Empowerment Group Intervention for Veterans

(CulDiv, Complex-Cul Div-Mil/Vets, Adult, M, Industrialized)

Thelemaque, Tanisha, Doctoral Student
Saint Louis University, Saint Louis, Missouri, USA

Veterans of color experience chronic race-based stress in a variety of contexts that range from military combat to receiving care from White/cross-racial healthcare providers, which may impact treatment engagement and have deleterious impacts on mental health. The Race-based Stress and Empowerment group was implemented as a closed group across 13 sessions using a strengths-based approach focused on resilience and empowerment in the face of chronic racial stress. Intervention contents are presented; core themes address exploring and validating the emotional impact of race-based stress and trauma, and therapeutic strategies such as mindfulness and creative arts are utilized to bolster resiliency and enable Veterans to cope with the psychological and physical toll of chronic racial stress. Veteran specific concerns were highlighted, such as racism in the military and examining the intersection of race-based stress and trauma in combat using multimedia presentations and the lived experiences of Veterans of color. Mixed methods data from Veteran participants are also presented, indicating high levels of acceptability. Group interventions may be useful in addressing race-based traumatic stress experiences of Veterans.

Conceptualizing Race-Based Traumatic Stress

(CulDiv, Chronic-Complex-Cul Div, Adult, M, Industrialized)

Yang, Joyce, PhD
Stanford University, Palo Alto, California, USA

Racism as a chronic stressor causing significant mental health symptoms has been well documented in health disparities literature (Gee & Payne-Struges, 2004). Its impact structurally, environmentally, and interpersonally has been examined by extensive research on social determinants of health and wellbeing. However, consensus and

consistent application of psychiatric diagnostic criteria to characterize the aggregated psychological impact of experiencing racism and race-based stress is lacking (Carter et al., 2017). A model of race-based traumatic stress, Criterion A traumas, complex trauma, and adjustment disorder stressors that demonstrates unique components as well as overlap of intrusion, persistent avoidance, alterations in cognition and mood, and hyperarousal/reactivity symptoms is presented. The new DSM-5 PTSD criteria, evolving ICD-11 PTSD profile, emerging empirical literature on racial trauma, and new adjustment disorder diagnoses triangulate to provide a unique opportunity to develop better psychological understanding of the well-established negative impact of racism. Conceptualizing race-based stressors as traumatic may have clinical utility, as well as public health and social justice implications for intervention.

Symposium
Saturday, November 10
9:45 AM to 11:00 AM
Roosevelt 4
Biological/Medical Track

Tackling Ongoing Violence with Narrative Exposure: Primary Insights from Individual and Community Levels in Eastern DR Congo and Brazil Involving Epigenetic and Psychological Measures

(Clin Res, Aggress-Commun-Comm/Vio-Genetic, Adult, M, Global)

Köbach, Anke, PhD, MSc
University of Konstanz, Department of Psychology; Clinical and Neuropsychology, Konstanz, Germany

Scholars have recently begun to examine the relationship between violence and endemic mental health problems around the globe (Slutkin, 2017). Importantly, trauma exposure not only produces mental illness but also increases violence (Elbert et al., 2018). It therefore significantly contributes to armed conflict, criminality, and familial violence. Indeed, violence still remains one of the most elemental parts of the human condition and the scope of it is exponential to trauma exposure itself. War, criminality, child abuse, child terrorism and torture continue to occur on a mass scale. Violence reduction usually involves reliance on military and peacekeeping missions on the international level, or the involvement of local police and justice systems within the national / community level. Neither address mental health issues underlying the violence. Criminal reconviction rates are over 50% within the following 3 years (Fazel & Wolf, 2015), and in armed conflicts, only 18% of 140 conflicts since 1945 have reached a peaceful settlement (Glassmyer & Sambanis, 2008).
With these challenges in mind, our research focuses on people's experiences of violence, both as perpetrators and victims, the adaptive and maladaptive psychological and epigenetic consequences of both of these scenarios and how these can be addressed by means of psychological interventions like Narrative Exposure Therapy (NET; Schauer et al., 2011) and its variants.
We will start this symposium by introducing a broad epigenetic signature presented in trauma exposed individuals and derive theoretic implications and opportunities for research. From there, we will turn to our clinical trials and present findings from two different settings: Goma, Eastern DR Congo and Rio de Janeiro/Brazil. Both settings have been affected by ongoing severe forms of violence and have in common a scarcity of mental health services. Here, NET can be used to fill the gap as a specialized trauma therapy which can be delivered in non-medical settings by trained counsellors. During our therapeutic work biographic narratives of collective relevance are produced. In the final presentation we consider how these may be used to reflect back and challenge the cycles of violence at the community level, and present primary data about the feasibility of such an intervention.

The Broad Epigenetic Signature of Trauma-Related Mental Burden

(Bio Med, Bio Med-Aging-Genetic, Lifespan, M, Global)

Nätt, Daniel, PhD[1]; Serpeloni, Fernanda, PhD[2]; Köbach, Anke, PhD, MSc[2]; Elbert, Thomas, PhD3[4]
[1]*Linkoping University, Linkoping, Sweden*
[2]*University of Konstanz, Department of Psychology; Clinical and Neuropsychology, Konstanz, Germany*
[3]*University of Konstanz & vivo international, Konstanz, Germany*

Previous research has shown that trauma alters epigenetic marks like DNA-methylation, and that these changes could be involved in the etiology of the psychopathologies that may follow (Ryan et al., 2016). However, while it has been proposed that epigenetic changes could be used as biomarkers for trauma and mental disorders, so far no test has reached the clinic. One possible reason for this is the low reproducibility of single candidate discoveries, such as changes in specific genes. Accordingly, we and others have shown that epigenetic changes associated with stress and psychiatric vulnerability is less specific in nature, mimicking the effects seen in biological aging (Nätt et al., 2015; Nätt and Thorsell, 2016). Our results therefore suggest that methods that take into account multiple genomic regions are essential if we are to obtain reliable evidence needed to infer implications for clinical practice. Here, we will present ongoing studies on trauma exposed populations in Brazil, Central Africa, Germany and Sweden, where we focus on the broad epigenetic signatures of trauma-related mental impact. We will present novel bioinformatic methods, which applied on genome-scale DNA-methylation profiles, allow us to model multiple epigenetic changes following trauma, resulting in novel biomarkers like stress-induced methylome reshuffling and epigenetic age acceleration.

Treatment of Traumatised Ex-Combatants and Perpetrators Using NET – a RCT in Eastern DR Congo

(Clin Res, Aggress-Chronic-Cog/Int-Gender, Adult, M, W & C Africa)

Robjant, Katy, Clinical Psychologist[1]; Chibashimba, Amani, MA[1]; Schmitt, Sabine, MSc[2]; Köbach, Anke, PhD, MSc[3]; Elbert, Thomas, PhD[1]
[1]*University of Konstanz & Vivo International, Konstanz, Germany*
[2]*Konstanz University, Konstanz, Germany*
[3]*University of Konstanz, Department of Psychology; Clinical and Neuropsychology, Konstanz, Germany*

In post-conflict settings, and particularly in DR Congo, high PTSD rates and increased levels of aggression are found in both male and female traumatized offenders. Unless treated for their trauma and aggression, they remain at risk of perpetrating ongoing violence, both by re-joining armed groups, and also as civilians within the community and family. In previous trials with samples of ex-combatants and street children, Narrative Exposure Therapy for Forensic Offender Rehabilitation (FORNET) produced positive results for the reduction of PTSD whereas the findings with regards to aggression were more difficult to interpret (e.g. Köbach et al., 2015). In this trial, we further developed the group therapy component of the intervention in order to target the ongoing violence perpetrated within this group in the community. We will present a randomized controlled trial demonstrating the efficiency of FORNET compared to a waitlist control group. Clinical variables of PTSD, appetitive aggression, and depression as well as social variables of current aggressive behaviour, social acknowledgement and guilt were investigated at 3 and/or 6 months follow up. The treatments were delivered by trained Congolese personnel.

Efficiency of NET in a Pilot Study in Rio de Janeiro, Brazil

(Clin Res, Assess Dx-Chronic-Comm/Vio-Train/Ed/Dis, Adult, M, Latin Amer & Carib)

Serpeloni, Fernanda, PhD[1]; Köbach, Anke, PhD, MSc[1]; Schauer, Maggie, PhD[2]; Assis, Simone, Prof Dr[3]

[1]*University of Konstanz, Department of Psychology; Clinical and Neuropsychology, Konstanz, Germany*
[2]*University of Konstanz & vivo international, Konstanz, Germany*
[3]*Oswaldo Cruz Foundation, Rio de Janeiro, Brazil*

In Brazil approximately 11,4 million citizens live in so-called favelas. These areas are characterized by decreased governmental control, high levels of violence and poverty. Previous research has repeatedly demonstrated that those exposed to community violence like frequent and constant exposure to the use of guns, knives, drugs, and random acts of violence are at higher risk of developing trauma-related mental problems, especially PTSD. However there is a lack of specialized treatment for individuals suffering from PTSD in these regions. In the present study, we integrated NET into the services provided by local health centres and evaluated its efficacy in reducing trauma-related symptoms compared to a waitlist control group. Brazilian mental health workers were trained in NET and closely supervised by NET experts. At baseline and 3 month follow up, we assessed PTSD, depression, substance use disorders, and social acknowledgement. Here, we will present primary results of this pilot trial implementing NET into public health structures in a Latin American country and consider the feasibility of implementing this approach at a larger scale.

Breaking the Cycle of Violence with Facts derived from NET

(Clin Res, Commun-Comm/Int-Comm/Vio-Prevent, Adult, M, W & C Africa)

Schmitt, Sabine, MSc[1]; Robjant, Katy, Clinical Psychologist[2]; Chibashimba, Amani, MA[2]; Elbert, Thomas, PhD[2]; Kaiser, Elisabeth, PhD[3]; Köbach, Anke, PhD, MSc[4]
[1]*Konstanz University, Konstanz, Germany*
[2]*University of Konstanz & Vivo International, Konstanz, Germany*
[3]*vivo international, Konstanz, Germany*
[4]*University of Konstanz, Department of Psychology; Clinical and Neuropsychology, Konstanz, Germany*

In our therapeutic work with NET delivered to survivors and perpetrators of organised violence, torture and armed conflict, full biographical testimonies are produced as part of the therapy. These narratives, which document the life events and experiences of clinical cases, provide profound insight into the psychic experience of our clients. At the same time, they have political, ethical and human rights implications and are of collective interest. Whilst communities are aware that these events take place, the traumatizing details remain largely hidden. The community's collective memory therefore lacks information about the destructive nature of violence and prevents empathic reactions in consequence to conflict peaks. As a result, in Eastern DR Congo, survivors are frequently stigmatised and excluded. The presentation will briefly introduce how these testimonies are obtained, followed by a presentation of extracts of narratives from diverse client populations at different stages of the therapeutic process. Finally, the development, delivery and first results of a feasibility trial involving the therapeutic use of the narratives within groups at the community level will be presented.

Panel Presentation
Saturday, November 10
9:45 AM to 11:00 AM
Washington 4
Military/Veteran Track

Integrating Research, Clinical Experience and Public Policy at the Grassroots of Trauma Response

(Commun, Comm/Int-Social-Train/Ed/Dis-Mil/Vets, N/A, M, Global)

Kudler, Harold, MD[1]; **Van Dahlen, Barbara, PhD**[2]; **Phelps, Randy, PhD**[3]; Kobrin, Nancy, PhD[4]; **Somers, Howard, MD**[5]; **Somers, Jean, MD**[5]
[1]*USA Department of Veterans Affairs, Washington, District of Columbia, USA*
[2]*Give an Hour (non profit), Bethesda, Maryland, USA*
[3]*Give an Hour & American Psychological Association, Washington, District of Columbia, USA*
[4]*La Universidad de Granada, Tel Aviv, Tel Aviv, Israel*
[5]*Operation Engage America, Coronado , California, USA*

ISTSS members frequently collaborate with governments and institutions to develop effective, evidence-based responses to traumatic events at local, national and international levels but less attention has been paid to developing grassroots responses to psychological trauma. This is important because it has long been known that culturally appropriate community responses are critical components of effective population health efforts (Ottenberg, Donald J., 1987). Survivors, their families and community members usually outnumber response workers by a significant margin such that there is a clear need to partner with them. Research and practical experience indicate that, to promote resilience and recovery, it is essential to engage and support the efforts of the survivors individually and as a community in order to reinforce their sense of competence and effectiveness (Gist et al., 1998). This session will focus on a wide range of national and international grassroots responses to traumatic stress including: prevention by increasing basic mental health literacy across entire populations; defining and intervening in social processes which may increase the risk of both persecution and violence/terrorism, and; efforts to enhance the homecoming of Veterans in order to support them and their families in the aftermath of war.

Panel Presentation
Saturday, November 10
9:45 AM to 11:00 AM
Washington 5

Data Sharing and Open Science Practices: Implications for the Traumatic Stress Field
(Res Meth, Ethics, Lifespan, M, Global)

Kassam-Adams, Nancy, PhD[1]; **Borja, Susan, PhD**[2]; **Dyb, Grete, MD, PhD**[3]; **Alisic, Eva, PhD**[4]
[1]*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*
[2]*National Institute of Mental Health/NIH, Bethesda, Maryland, USA*
[3]*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*
[4]*University of Melbourne, Melbourne, Victoria, Australia*

There is a growing international call for more open and reproducible science. Many research funders now encourage or require investigators to pre-register study protocols and make research data as well as research findings accessible to others. In some areas where sharing has become standard (e.g., genetics, autism) research has been dramatically accelerated. This panel addresses the promise and challenges of data sharing and other open science practices for the traumatic stress field, across the research data lifecycle, from study design, informed consent, data collection, analysis, publication, to sharing and archiving data. Panelists from the US, Europe, and Australia will discuss: the funders' perspective on encouraging and enabling data sharing (Dr. Susan Borja, US National Institute of Mental Health), the ethics and challenges of data sharing and open access (Dr. Grete Dyb, Chair, National Committee for Medical and Health Research Ethics, Norway), issues in data sharing, curation,

and access in an international repository of traumatic stress data (Dr. Nancy Kassam-Adams, Principal Investigator, PACT/R Data Archive), and the researcher's perspective on adopting open science practices (Dr. Eva Alisic, University of Melbourne, Australia). Active audience discussion and participation will be encouraged.

Workshop Presentation
Saturday, November 10
9:45 AM to 11:00 AM
Virginia A
Immigrant/Refugee Track

Narratives from the Field: Development, Training and Implementation of a Refugee Transit Camp Psychosocial Support Group in Uganda

(Practice, Health-Refugee-Train/Ed/Dis-Civil/War, Adult, I, E & S Africa)

Murakami, Nancy, LCSW
New York University Silver School of Social Work, New York, New York, USA

It is well documented that mental health and psychosocial wellbeing are negatively affected by persecution, forced migration and post-migration stressors (Porter & Haslam, 2005; Siriwardhana, Ali, Roberts, & Stewart, 2014; Slobodin & de Jong, 2015; Turrini, 2017). Psychosocial services in humanitarian emergency settings may help mitigate the chronic psychosocial struggles endorsed by resettled refugees. In 2017, a Ugandan community-based organization initiated a psychosocial support program in a UNHCR refugee transit camp on the border of the Democratic Republic of the Congo, which has one of the most protracted humanitarian emergencies in the world. The program is launching a Refugee Transit Camp Psychosocial Support Group (RTC-PSSG) for refugees exhibiting signs of acute stress and trauma following their flight from war and persecution. This intervention's objectives are to enhance refugees' awareness of psychosocial well-being, expand distress management skills, and reduce isolation. RTC-PSSG may be the first effort to bring a manualized, psychoeducational and supportive, adult, group intervention into a transit camp to address mental health and psychosocial needs. In this workshop, the psychosocial program manager will discuss psychosocial needs of acutely displaced refugees and describe the development, training and implementation of RTC-PSSG in Uganda.

Workshop Presentation
Saturday, November 10
9:45 AM to 11:00 AM
Virginia C
Public Health Track

Implications of Islamophobia: It's Impact beyond the Muslim Community and Key Components of Allyship

(CulDiv, Clinical Practice-Health-Pub Health-Social, Lifespan, I, Industrialized)

Saif, Waheeda, LMHC
Riverside Trauma Center, Needham, Massachusetts, USA

American-Muslims are a community experiencing complex, collective trauma – one that they are often held accountable for. Islamophobia is a concern for Western Muslims, with the FBI reporting a 4% increase in hate crimes in 2017, and attacks against American-Muslims jumping 67%, in one year. This workshop will examine the traumatic impact of Islamophobia on American-Muslims, particularly on the identity development of the youth. Fifty-five percent of Muslim children report bullying, and 27% report being discriminated against by a teacher (CAIR, 2015). Prejudicial surveillance increases negative mental health outcomes, particularly subclinical paranoia and anxiety. Muslim patients often face discrimination in healthcare settings and most professionals are not equipped to treat mental illness arising from Islamophobia (Tai & Periyasamy, 2016). We will examine Islamophobia in the context of U.S. history, noting its influence on other minority communities, such as American Jews. Positive ways in which American-Muslims are changing their narrative will be explored. This workshop will include outcomes of eight presentations that provided Muslim parents guidance on how best to address issues of Islamophobia with their children. Attendees will learn key components of Allyship; identifying ways to ally with disenfranchised groups in clinical and non-clinical settings.

Workshop Presentation
Saturday, November 10
9:45 AM to 11:00 AM
Roosevelt 5
Gender/Orientation Track

Treating Stress and PTSD with CB-ART: an Integrative Intervention combining Cognitive Behaviour Interventions and Art Therapy

(Practice, Affect/Int-Clinical Practice-Cog/Int-Gender, Adult, M, Global)

Cwikel, Julie, PhD
Ben Gurion University of the Negev, Beer Sheva, Israel

Cwikel, J. & Huss, E.

CB-ART is an innovative published model of treatment that integrates cognitive behavioural interventions with guided imagery and art therapy. The CB-ART protocol integrates art making and cognitive behavioral interventions to transform distressing images, symptoms and memories, thus changing the structural components of the image, and through this, altering affect and enabling the reduction of symptoms. In this workshop, I will present the rationale for the combination of the two treatment methods that adds a focus on visual non-verbal elements to CBT, as a way to address symptoms of stress and PTSD. Examples will be drawn from published, empirical evaluations of the method, specifically with young people who have been exposed to stressful or traumatic experiences during their army service. The learning will be experiential, and interactive, together with theoretical foundations of the method. Using published protocols of CB-ART, we will learn how to apply the methodology in a variety of treatment settings.

Concurrent Session Ten

Invited Panel
Saturday, November 10
11:15 AM to 12:30 PM
Salon 2

Confronting Sociopolitical Violence and Trauma: Family-, Community- and Societal-Level Approaches from Colombia, Venezuela, and Chile

(Commun, Commun-Comm/Int-Rights, Lifespan, M, Global)

Lopez-Castro, Teresa, PhD[1]; Lieberman, Alicia, PhD[2]; **Llorens, Manuel, MSc Community Psychology, Specialization Clinical Psychology**[3]; **Tejada, Jose Luis, MD**[4]; **Reyes, Vilma, DPsych**[5]
[1]*City College of the City University of New York, New York, New York, USA*
[2]*University of California, San Francisco - San Francisco General Hospital, San Francisco, California, USA*
[3]*Universidad Católica Andrés Bello, Caracas, Venezuela*
[4]*Cintras/ACET, Santiago, Chile*
[5]*University of California, San Francisco, San Francisco, California, USA*

This panel will highlight efforts to understand and address sociopolitical violence in Latin American contexts that range from post-conflict to ongoing, violent upheaval. Dr. Reyes will share the unique adaption of an evidence-based treatment, Child-Parent Psychotherapy, into Semillas de Apego, a group intervention for the parents of young children who have been heavily impacted by armed conflict, forced displacement, and chronic political violence in Colombia. Dr. Llorens will present three diverse case studies of communities in Caracas, Venezuela that explore psychosocial and ecological perspectives on trauma and identify possible lines of community-based intervention. Through his work with torture survivors and the families of desaparecidos, Dr. Tejada Guiñez will describe how Chile's national efforts at reparation and rehabilitation continue twenty eight years after the fall of its military dictatorship. Panelists will be joined by Dr. Lieberman in a conversation on the complexities of transforming sociopolitical violence and promoting healing within a family, neighborhood, and country.

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guides to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Symposium
Saturday, November 10
11:15 AM to 12:30 PM
Salon 3
Biological/Medical Track

Evaluation of DBT-PTSD and Cognitive Processing Therapy for Patients with Complex PTSD after Childhood Abuse: a Multicenter RCT

(Clin Res, Bio Med-Clin Res-Cog/Int-Complex, Adult, M, Industrialized)

Bohus, Martin, MD[1]; Resick, Patricia, PhD, ABPP[2]
[1]*Central Institute of Mental Health, Mannheim, Germany*
[2]*Duke University Medical Center, Durham, North Carolina, USA*

Dialectical behavior therapy for complex posttraumatic stress disorder (DBT-PTSD) is specifically tailored to treat complex PTSD in adult survivors of childhood abuse. The program is designed as a multicomponent treatment, merging DBT principles, trauma-specific cognitive and exposure based techniques, compassion focused interventions, and behavioral change concepts. Recent data of a first RCT have shown good feasibility and large effect sizes under residential conditions. In order to test the program under outpatient conditions we designed a German multicenter RCT, comparing 40 sessions DBT-PTSD with 40 sessions CPT. We included 200 female subjects, meeting criteria for PTSD after childhood abuse and a minimum of minimum 3 BPD criteria, including criterion 6 (severe problems with emotion dysregulation). The symposium will i) give an overview on principles and structure on the newly developed DBT-PTSD program. ii) provide the psychometric outcome data of the RCT, including preliminary moderator and mediator analyses; iii) present the differential impact of both treatment arms on social behavior under real life conditions, as assessed with ambulatory monitoring tools; and iv) provide the differential analysis of changes in emotion regulation under fMRI conditions after DBT-PTSD and CPT.

Basics and Principles of DBT-PTSD - A Modular Treatment Approach for Complex PTSD after Childhood Abuse

(Clin Res, CPA-Clin Res-Complex, Adult, M, Industrialized)

Bohus, Martin, MD
Central Institute of Mental Health, Mannheim, Germany

DBT - PTSD is based on rules and principles of DBT, merging trauma-focussed cognitive and exposure based techniques, compassionate focused therapy, radical acceptance and behaviour change. The program is applicable for a wide range of patients experiencing complex PTSD including strong dissociative symptomatology, chronic suicidality, and ongoing self-harm. This is reflected by its modular multi-component architecture, which allows sufficient flexibility to cover both complex psychopathology and crises within a principle-based structure. The program comprises 3 treatment phases. In Phase I patients receive psychoeducation and learn to identify their individual escape and avoidance strategies from trauma-related primary. Based on these individualized functional analyses, they learn to use specific DBT skills in order control these behaviours. Phase II focusses on cognitive and exposure-based interventions (skills-assisted exposure). In Phase III patients work on radical acceptance of trauma-related facts. DBT-PTSD was first examined in a randomized controlled trial under residential conditions. Data revealed large effect sizes (d=1.4) and extremely low drop put rates. Of particular importance seems that neither the severity of borderline personality disorder nor the number of self-harm behaviour at the beginning of the therapy had negatively affected treatment outcome.

Neural Correlates of Emotional-Cognitive Interaction before and after DBT-PTSD

(Clin Res, Bio Med-Neuro, Adult, M, Industrialized)

Herzog, Julia, PhD Candidate[1]; Niedtfeld, Inga, PhD[1]; Rausch, Sophie, PhD Candidate[1]; Thome, Janine, PhD Candidate[2]; Steil, Regina, PhD[3]; Bohus, Martin, MD[2]; Priebe, Kathlen, MSc[1]; **Schmahl, Christian, MD**[1]
[1]*Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany*
[2]*Central Institute of Mental Health, Mannheim, Germany*
[3]*Goethe-University, Frankfurt, Germany*

Functional neuroimaging studies (fMRI) in PTSD suggest hypoactivation of inhibition-related prefrontal regions, leading to increased activation in limbic areas, such as the amygdala and insula. However, results are rare regarding patients with complex PTSD after adverse childhood experiences (ACE). We investigated differences in inhibition-related prefrontal networks associated with cognitive control as well as emotion-processing networks (amygdala, insula). Using fMRI, we examined neural activity in 28 female patients with cPTSD, 28 female trauma-exposed controls (TCs) and 28 female non-trauma-exposed healthy controls (HCs) with an emotional Stroop Task and an emotional working memory task (EWMT) before and after DBT-PTSD. Patients with cPTSD displayed significantly greater Stroop interference with trauma-related words (slower reaction times and increased errors) compared to the other conditions and compared to the TC and HC groups. Moreover, patients with cPTSD showed increased activation in the context of trauma-related words in brain regions associated with cognitive control (dlPFC, ventromedial PFC, dorsal ACC) compared to both control groups. In the EWMT, the cPTSD group exhibited diminished rostral ACC activation during the presentation of negative distractors compared to the HC group. First results of the longitudinal study will be presented.

DBT-PTSD as Compared to Cognitive Processing Therapy for Childhood Abuse Related PTSD and Comorbid Emotion Regulation Difficulties – a Randomized Controlled Trial (the RELEASE Study)

(Clin Res, CPA-CSA-Clin Res-Complex, Lifespan, M, N/A)

Steil, Regina, PhD[1]; Priebe, Kathlen, MSc[2]; Fydrich, Thomas, PhD[3]; Hahn, Christopher, MSc[2]; Kleindienst, Nikolaus, PhD[4]; Ludaescher, Petra, PhD[2]; Mueller-Engelmann, Meike, PhD[1]; Bohus, Martin, MD[4]
[1]*Goethe-University, Frankfurt, Germany*
[2]*Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany*
[3]*Humboldt-University Berlin, Berlin, Germany*
[4]*Central Institute of Mental Health, Mannheim, Germany*

Dialectical behavior therapy for posttraumatic stress disorder (DBT-PTSD), which is tailored to treat adults with PTSD and emotion regulation difficulties, has already demonstrated its efficacy in an inpatient setting. It combines elements of DBT with novel trauma-focused cognitive behavioral interventions. To investigate the effects of DBT-PTSD as compared to Cognitive Processing Therapy as state of the art PTSD treatment on posttraumatic symptoms as well as secondary outcomes such as dissociation, depression, global functioning and symptoms of borderline personality disorder in an outpatient treatment setting, we treated 98 vs. 95 female patients suffering from PTSD following childhood abuse plus difficulties in emotion regulation within a mutli-site randomized controlled clinical trial. The CAPS and PCL-5 were used as primary outcomes. Assessments were administered pretreatment, post-treatment and at 3 months follow up. Improvement was significant for all outcomes, with large pretreatment to follow-up effect sizes for the patient sample according to protocol. The outcomes suggest significant treatment effects on primary and secondary outcomes for both treatments investigated, with significant advantages for DBT-PTSD over CPT, particularly for patients with comorbid BPS.

Relating e-Diary Captured Stress-induced Dissociation and Affective Instability to Treatment Outcome in the RELEASE Study

(Assess Dx, Affect/Int-Complex-Tech, Adult, M, Industrialized)

Ebner-Priemer, Ulrich, PhD[1]; Santangelo, Philip, PhD[1]; Friedmann, Franziska, MA, PhD Student[2]; Priebe, Kathlen, MSc[3]; Fydrich, Thomas, PhD[2]; Steil, Regina, PhD[4]; Bohus, Martin, MD[5]
[1]*Karlsruhe Institute of Technology, Karlsruhe, Germany*
[2]*Humboldt-University Berlin, Berlin, Germany*
[3]*Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany*
[4]*Goethe-University, Frankfurt, Germany*
[5]*Central Institute of Mental Health, Mannheim, Germany*

Electronic diaries are ideally suited to examine dynamic psychopathological processes in participants' daily life and come with the promise of higher effect sizes in treatment studies, as real time assessment are less prone to retrospective biases. We used e-diaries to assess affective instability and stress-induced dissociative experience in all participants of the RELEASE study. Affective instability was chosen, because it was defined as an inclusion criterion. Stress-induced dissociative experience has been shown to influence treatment outcome. This study aimed at relating stress-induced dissociation and affective instability to treatment outcome. In the RELEASE study, 200 patients with PTSD took part in an e-diary assessment three times over the course of the treatment program (pre, midterm, post). We used a high sampling frequency approach (i.e., brief assessments in 30 minute intervals) to assess momentary dissociative disturbances, stress, and affective states during 12 hours per day on two consecutive days. Using multilevel modelling, both momentary mechanisms (stress-induced dissociation and affective instability) show significant treatment effects. Analysing the influence of momentary stress-induced dissociation on treatment outcome is still ongoing. E-diaries seem to be a promising methodology to capture daily life symptomatology in treatment studies.

Symposium
Saturday, November 10
11:15 AM to 12:30 PM
Virginia A
Immigrant/Refugee Track

Parenting in the Face of Trauma: Addressing Violent Discipline in Contexts of Conflict, Post-Conflict and Displacement

(Commun, CPA-Fam/Int-Refugee-Civil/War, Lifespan, M, Global)

Romano, Elisa, PhD, Cpsych
University of Ottawa, Ottawa, Ontario, Canada

Political conflict and its aftermath place children at risk for violent discipline by parents whose fear, grief, and trauma challenge their capacity to regulate their behaviour. Programs are needed to empower parents to respond in a way that strengthens familial bonds and promotes children's coping. Positive Discipline in Everyday Parenting (PDEP), an 8-week program delivered through community agencies, has been successfully introduced in settings of conflict, post-conflict, and displacement through careful adaptation and delivery. Its aims are to help parents manage their stress, understand their children's emotional needs, and respond in a way that helps the child learn and keeps the child safe. This symposium will first present quantitative findings of two teams that have delivered

and assessed PDEP in: 1) Gaza and the West Bank, where violence is the norm and parents live in constant fear for their children's safety; and 2) Kosovo, where most adults parenting today survived the genocide of 1998-1999. Next, a qualitative paper will be presented that will describe PDEP's adaptation and delivery in a squalid, crowded Rohingya refugee camp in Bangladesh where parents and children struggle daily to survive. Finally, a fourth team will present findings of a qualitative study conducted in Canada to learn what PDEP's most effective components are, as well as how it could be further strengthened. Discussion will focus on issues involved in adapting programs for situations of trauma, stress and loss.

Shifting Attitudes toward Violent Discipline among Parents in the Chronic Conflict Zone of Gaza and the West Bank

(Commun, CPA-Fam/Int-Refugee-Civil/War, Child/Adol, M, M East & N Africa)

Stewart-Tufescu, Ashley, PhD Candidate[1]; Aljawi, Rania[2]
[1]*University of Manitoba, Winnipeg, Manitoba, Canada*
[2]*Save the Children occupied Palestinian Territories, Ramahallah, Israel*

Families in Gaza and the West Bank have endured decades of political violence with little access to mental health services, resulting in high trauma rates among parents and children. High levels of stress and worries about safety make violent discipline of children common. A 2010 regional survey found that 92% of children aged 1-14 years had experienced violent discipline by household members in the previous month. We piloted Positive Discipline in Everyday Parenting in this region to assess whether it could reduce parents' acceptance of violent discipline. The 8-week program was delivered to 216 parents (63 mothers and 148 fathers) through community-based organizations. Of these parents, 54% had high school education or less, and 63% had three or more children. Paper-and-pencil questionnaires adapted for parents with low education levels were administered at pre- and post-test to assess change. Over the course of the program, parents' support for violent discipline significantly decreased ($p < .001$). Virtually all parents (98.4%) were 'mostly' or 'very' satisfied with the program. These results suggest that the program may be effective in promoting attitudinal change in parents living in a chronic conflict zone with high rates of war trauma.

Addressing Violent Discipline by Parents in Post-War Kosovo

(Commun, CPA-Fam/Int-Refugee-Civil/War, Lifespan, M, C & E Europe & Indep)

Tolaj, Cyma, BA (Hons)
University of Manitoba, Winnipeg, Manitoba, Canada

The 1998-1999 genocide committed against Albanian Kosovars in Kosovo resulted in major social disruptions and high rates of trauma among survivors. Parents who have been exposed to traumatic events throughout their lives have an increased likelihood of using harsh and punitive discipline with their children. UNICEF's 2013-14 Multiple Indicators Cluster Survey found that 61.4% of Kosovar children younger than 15 had experienced physically or psychologically aggressive discipline by caregivers in the previous month. We assessed the impact of Positive Discipline in Everyday Parenting among a sample of 121 parents (94% mothers; 6% fathers) in Kosovo. The program aims to increase parents' knowledge of child development, empathy, and skills in resolving conflict with their children non-punitively. At post-test, most parents reported that the program will help them to: use less physical punishment (81.9%); understand their children's development (90.7%); communicate better with their children (95.9%); understand their children's feelings (92.4%); control their anger (91.9%); and build stronger relationships with their children (96.7%). Most (90.7%) were satisfied with the program and their support for physical punishment decreased significantly from pre- to post-test. The results suggest that the program may be helpful in reducing violence among parents deeply affected by trauma.

Adapting a Parenting Program to Reduce Violent Discipline in the World's Largest Refugee Camp

(Commun, CPA-Fam/Int-Refugee-Civil/War, Lifespan, M, S Asia)

Bamgbose, Angie
Save the Children, Stockholm, Sweden

The Rohingya crisis is also called the children's disaster. Since August 2017 more than 600,000 Rohingyas have crossed the border to Bangladesh to seek protection in the refugee camps of Cox's Bazar. In Northern Rakine State in Burma the villages of the Rohingya communities have been razed to the ground, people have experienced brutal violence, and many have witnessed family members being killed. The refugee camps have become an overcrowded and an unsafe place for children. The living conditions in the refugee camp are difficult. People live in mud and rain, without access to clean water or health care.
Traumatized by their experiences and stressed by the constant effort required to meet their basic needs, parents are prone to responding violently to their children. The shouting, screaming and beating of children amplifies their trauma and compromises their coping ability. Positive Discipline in Everyday Parenting was adapted for this setting and delivered to parents with the aim of strengthening their own coping skills, reducing violence against children, and promoting family cohesion. This paper describes the many barriers to delivering the program in this context, the approach taken to program adaptation, the many successes, and the remaining challenges.

Positive Discipline in Everyday Parenting: What Parents and Facilitators Tell Us about their Experience

(Commun, CPA-Fam/Int, Adult, M, Industrialized)

Stenason, Lauren, PhD Student; Moorman, Jessie, MA, PhD Student; Romano, Elisa, PhD, Cpsych
University of Ottawa, Ottawa, Ontario, Canada

Positive Discipline in Everyday Parenting has potential for adaptation and delivery in a wide variety of contexts. The process of adaptation raises the question of how to maintain program integrity while optimizing the program's relevance to diverse and challenging settings. In this qualitative study, we aimed to identify the factors that facilitate change and should therefore be kept constant across adaptations. Focus groups were conducted using semi-structured interviews with parents who have taken PDEP and facilitators who deliver it. Parents and facilitators indicated that PDEP contributed to overall changes in parenting approaches and that parents learned new ways of thinking about parenting, including finding more balance and gaining self-efficacy. Key program aspects identified were: coherence and continuity among program modules; discovering new ways of thinking about parenting; the use of concrete examples to demonstrate key concepts; supportive facilitators and fellow group members; and childcare provision. Suggestions for program improvement included: additional concrete examples of concepts; longer program duration; and greater flexibility in program delivery. These findings can help guide PDEP's further development and future adaptations for diverse situations.

Symposium
Saturday, November 10
11:15 AM to 12:30 PM
Virginia C
Gender/Orientation Track

Sexual Assault among Individuals who Identify as Sexual Minorities: Predictors of Severity and Mental Health Outcomes

(Clin Res, Rape-Orient, Adult, M, Industrialized)

Newins, Amie, PhD[1]; **Wilson, Laura, PhD**[2]
[1]*University of Central Florida, Orlando, Florida, USA*
[2]*University of Mary Washington, Fredericksburg, Virginia, USA*

While rates of sexual assault in the general population are alarming, individuals who identify as sexual minorities (e.g., individuals who identify as lesbian, gay, bisexual, or questioning [LGBQ+]) are more likely to experience sexual violence than individuals who identify as heterosexual. Furthermore, individuals who identify as LGBQ+ report high rates of stigma due to heteronormativity. This series of presentations will include four studies examining sexual assault among individuals who identify as LGBQ+. First, Ms. Salim will describe how internalized heteronormativity and "outness" affect the relationship between experiences of stigma and sexual coercion severity among women who identify as bisexual. Second, Dr. Wilson will present findings examining how rape myth acceptance may contribute to rape acknowledgment among individuals who identify as LGBQ+. Third, Dr. Newins will explain differences between individuals who identify as LGBQ+ and individuals who identify as heterosexual in mental health outcomes following sexual assault and how posttraumatic cognitions may affect these outcomes. Fourth, Ms. Lopez will describe factors that predict resiliency and mental health problems following a sexual assault among women who identify as LGBQ+. Together, these presentations will address gaps in the literature related to the experience of sexual assault among individuals who identify as LGBQ+. Furthermore, they will provide researchers with questions that remain. Finally, they will provide clinical recommendations regarding specific treatment considerations (e.g., discussing heteronormativity, considering rape acknowledgment status, addressing posttraumatic cognitions, and considering the compounding effects of other minority statuses).

Bisexual Women's Experiences of Stigma and Sexual Coercion: The Role of Internalized Heterosexism and Outness

(Clin Res, Rape-Orient-Gender, Adult, M, N/A)

Salim, Selime, Doctoral Student; McConnell, Amy, MA; Messman-Moore, Terri, PhD
Miami University, Oxford, Ohio, USA

Bisexual women report higher rates of sexual victimization compared to heterosexual and lesbian women (Rothman et al., 2011; Hequembourg et al., 2013), including double the rates of lifetime sexual coercion (Walters et al., 2013). These documented disparities in sexual violence experiences deserve additional examination to identify specific risk factors. The current study investigated how anti-bisexual stigma from heterosexual and lesbian/gay individuals impact severity of sexual coercion among a sample of 350 bisexual community women. Two moderated-mediation models tested whether internalized heterosexism (IH) would mediate the relation between anti-bisexual experiences (from heterosexual individuals in model 1 and from lesbian/gay individuals in model 2) and sexual coercion severity, and whether outness would moderate the relation between anti-bisexual experiences and IH. Analyses indicated that IH mediated the relation between anti-bisexual experiences and sexual

coercion severity. Further, outness moderated the relation between anti-bisexual experiences and IH. Probing of conditional indirect effects revealed a significant indirect effect between anti-bisexual experiences and sexual coercion through IH for individuals who were out. These results point to specific targets for violence prevention programs that may help reduce the disparity experienced by bisexual women.

Rape Acknowledgment in the LGBQ+ Community: The Indirect Effect of Rape Myth Acceptance

(Clin Res, Rape-Orient, Adult, M, Industrialized)

Wilson, Laura, PhD[1]; Newins, Amie, PhD[2]
[1]*University of Mary Washington, Fredericksburg, Virginia, USA*
[2]*University of Central Florida, Orlando, Florida, USA*

Unacknowledged rape occurs when a survivor does not label a rape as such. Although the prevalence of unacknowledged rape is estimated to be 60%, little existing literature has examined whether rates of rape acknowledgment differ in individuals who identify as lesbian, gay, bisexual, or questioning (LGBQ+). This study examined whether rates of rape acknowledgement differ between individuals who identify as LGBQ+ and those who identify as heterosexual, and whether differences in rape myth acceptance account for this difference. A total of 2,440 college students (59% female) completed an online survey of history of sexual assault and rape myth acceptance. Among the 264 participants who experienced a rape since the age of 14, the 58 participants who identified as LGBQ+ (65.5% acknowledged) were significantly more likely to be acknowledged survivors than individuals who identified as heterosexual (42.9% acknowledged; $c2 = 9.25$, $p < .05$). The indirect effect of sexual orientation on likelihood of rape acknowledgment through rape myth acceptance was statistically significant ($ab = 0.26$, $p < .05$), such that individuals who identified as LGBQ+ reported greater rejection of rape myths, which in turn was associated with increased likelihood of acknowledged rape. These findings suggest that beliefs about rape may account for the lower rates of unacknowledged rape among LGBQ+ individuals.

Depression and Posttraumatic Stress Symptoms following Sexual Assault: The Role of Posttraumatic Cognitions in Differences Based on Sexual Orientation

(Clin Res, Rape-Orient, Adult, M, Industrialized)

Newins, Amie, PhD[1]; Wilson, Laura, PhD[2]
[1]*University of Central Florida, Orlando, Florida, USA*
[2]*University of Mary Washington, Fredericksburg, Virginia, USA*

Individuals who identify as a sexual minority (e.g., lesbian, gay, bisexual, questioning [LGBQ]) are more likely to experience sexual assault than individuals who identify as heterosexual. The purpose of this study was to examine whether individuals who identify as LGBQ experience higher levels of mental health symptoms following sexual assault and, if so, potential mediators of that relationship. A total of 2,440 college students (59% female) completed an online survey assessing history of sexual assault and current mental health symptoms. Individuals who identified as LGBQ were more likely than individuals who identified as heterosexual to have experienced a sexual assault and to have experienced a rape in the past year and since the age of 14 (ps < .001). Among the 304 individuals who reported experiencing a sexual assault since the age of 14, individuals who identified as LGBQ reported higher levels of depression, posttraumatic stress symptoms (PTSS) secondary to their worst sexual trauma, and multiple posttraumatic cognitions (PTCs; ps < .02). PTCs did not mediate the relationship between sexual orientation and PTSS, but they did mediate the relationship between sexual orientation and depression symptoms. Based on these finding, addressing PTCs may be particularly indicated for reducing symptoms of depression following sexual trauma among individuals who identify as LGBQ.

Sexual Victimization among Lesbian and Bisexual Women: Protective Factors and Mental Health

(Clin Res, Rape-Orient-Gender, Adult, M, Industrialized)

López, Gabriela, MS[1]; Yeater, Elizabeth, PhD[1]; Hughes, Tonda, RN, PhD[2]
[1]*University of New Mexico, Albuquerque, New Mexico, USA*
[2]*University of Illinois Chicago, Chicago, Illinois, USA*

Minority stress (Meyer, 2003) posits that sexual victimization experienced by women who are sexual and/or ethnic minorities can lead to more negative mental health consequences relative to heterosexual or Caucasian women (Balsam et al., 2011). This study will use structural equation modeling to examine associations among sexual identity (e.g., lesbian bisexual), ethnicity (e.g., Latina, African American, Caucasian), lifetime sexual victimization, mental health symptoms (e.g., depression, anxiety, PTSD symptoms, hazardous drinking), and resiliency (e.g., coping, spirituality, social support). Resiliency hypothesis suggests LGB people of color have a greater capacity to cope with stress relative LGB whites (Meyer, 2010). Participants were 660 lesbian/gay, mostly lesbian/gay and bisexual women who completed measures about health and life experiences. The sample is ethnically diverse and 35% of the participants reported sexual assault in their lifetime. It is hypothesized that LGB women of color will have higher levels of resiliency and fewer mental health symptoms compared to LGB Caucasian women. With respect to victimization, women with higher levels of resilience, relative to women with lower levels of resilience, will report lower mental health symptoms. Differences in resiliency and mental health among ethnic and sexual minority groups will be exploratory in nature.

Symposium
Saturday, November 10
11:15 AM to 12:30 PM
Washington 1
Assessment and Diagnosis Track

ICD-11 PTSD and Complex PTSD – Measurement, Evidence, Cross Cultural Comparison

(Assess Dx, Complex-Global, Adult, M, Industrialized)

Lueger-Schuster, Brigitte, PhD
University of Vienna, Vienna, Austria

The symposium will integrate presentations focusing on the newly introduced ICD-11 PTSD and Complex PTSD (CPTSD). The International Trauma Questionnaire (ITQ) was applied in several international community- and clinical samples and tested for validity, reliability, and cultural differences.
The first presentation addresses the measurement of the core symptoms of the two disorders, focusing on item refinement which was based on item response theory analysis. The second presentation looks into the assessment of trauma history, symptom comorbidity and functional impairment for the two disorders, applying the ITQ in different UK-samples. The third presentation focuses on differences and similarities for Complex PTSD and Borderline Personality Disorder in trauma exposed psychiatric samples from the UK. Finally, the fourth presentation provides a cross-cultural comparison of the structure of CPTSD, applying the ITQ in different European samples, using the network analysis approach. A robust structure of CPTSD across different international

samples was found.

Assessment of Differential Trauma History, Symptom Comorbidity and Functional Impairment in ICD-11 PTSD and CPTSD Using the 12-item ITQ

(Assess Dx, Chronic-Global, Adult, M, Industrialized)

Cloitre, Marylene, PhD[1]; **Karatzias, Thanos, PhD, Cpsych**[2]; Hyland, Philip, PhD[3]; Shevlin, Mark, PhD[4]
[1]*National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA*
[2]*Edinburgh Napier University & Rivers Centre for Traumatic Stress, Edinburgh, United Kingdom*
[3]*National College of Ireland, Dublin, Ireland*
[4]*University of Ulster, Derry, United Kingdom*

Past research has consistently indicated that ICD-11 PTSD and CPTSD are distinguishable in regards to associated trauma history and symptom comorbidities as well as level of impairment. An important research and clinical goal is to develop a measure that is brief but accurately reflects clinically relevant differences which may have implications for treatment. This presentation will evaluate whether, consistent with past research, differences between the diagnosis PTSD and Complex PTSD will be observed regarding trauma history, symptom comorbidity and functional impairment when using the 12-item ITQ. Analyses will be conducted in a UK community sample (n=2,653) and clinical sample (n=247). Analyses will be performed to identify other characteristics which may distinguish between PTSD and CPTSD including gender, education, employment and relationship status.

Complex PTSD and Borderline Personality Disorder: Similarities and Differences in a UK Trauma Exposed Psychiatric Sample

(Assess Dx, Complex, Adult, M, Industrialized)

Roberts, Neil, DPsych(Clin)[1]; Bisson, Jonathan, MD[2]
[1]*Cardiff and Vale University Health Board, Cardiff, United Kingdom*
[2]*Cardiff University School of Medicine, Cardiff, United Kingdom*

Complex PTSD (CPTSD) will be recognised as a disorder, distinct from PTSD with the forthcoming publication of ICD11. CPTSD shares some symptom features with Borderline Personality Disorder (BPD) and this has raised questions about the distinction between the two disorders. The All Wales PTSD Registry is an on going study of trauma exposed mental health service users. Over 300 participants have completed a range of measures, including the SCID module for BPD, along with two newly developed instruments to diagnose the proposed ICD-11 disorders: the International Trauma Questionnaire and the International Trauma Interview. Data will be presented on the overlap in rates of diagnosis of PTSD, CPTSD and BPD, along with data on similarities and differences in demographic features, symptom profile and functional difficulties between these groups. Findings will be discussed in relation to the conceptual differences between the disorders.

A Cross-Cultural Comparison of ICD-11 Complex PTSD Symptom Networks in Austria, UK, and Lithuania

(Assess Dx, Complex, Adult, M, Industrialized)

Lueger-Schuster, Brigitte, PhD[1]; Knefel, Matthias, MS, PhD Student[1]; Kazlauskas, Evaldas, PhD[2]; Karatzias, Thanos, PhD, Cpsych[3]; Bisson, Jonathan, MD[4]; Roberts, Neil, DPsych(Clin)[5]
[1]*University of Vienna, Vienna, Austria*
[2]*Vilnius University, Vilnius, Lithuania*
[3]*Edinburgh Napier University & Rivers Centre for Traumatic Stress, Edinburgh, United Kingdom*

[4]*Cardiff University School of Medicine, Cardiff, United Kingdom*
[5]*Cardiff and Vale University Health Board, Cardiff, United Kingdom*

The 11th revision of the World Health Organization's International Classification of Diseases (ICD-11) may include a new disorder, Complex Posttraumatic Stress Disorder (CPTSD). The network approach to psychopathology enables investigation of the structure of disorders at the symptom level, allowing for analysis of direct symptom interactions. The network structure of ICD-11 CPTSD has not yet been studied and it remains unclear whether similar networks replicate across different samples. We investigated the network models of four different trauma samples including a total of 879 participants (age: M = 47.17 years, SD = 11.92; 59.04% women, drawn from Austria, Lithuania, and the UK (Scotland and Wales). In all samples the International Trauma Questionnaire (ITQ) was used to assess symptoms of ICD-11 CPTSD. Regularized partial correlation networks were estimated and the resulting networks compared. Despite several differences in the symptom presentation and cultural background, the networks across the four samples were considerably similar with high correlations between symptom profiles, network structures, and centrality estimates. These results support the replicability of CPTSD network models across different samples and provide further evidence about the robust structure of CPTSD. Implications of the network approach in research and practice are discussed.

Measuring ICD-11 PTSD and Complex PTSD Using the International Trauma Questionnaire: How we Got to where we Are

(Assess Dx, Assess Dx, Adult, M, Global)

Shevlin, Mark, PhD[1]; Cloitre, Marylene, PhD[2]; Brewin, Chris, PhD[3]; Bisson, Jonathan, MD[4]; Roberts, Neil, DPsych(Clin)[5]; Maercker, Andreas, PhD, MD[6]; Karatzias, Thanos, PhD, Cpsych[7]; Hyland, Philip, PhD[8]
[1]*University of Ulster, Derry, United Kingdom*
[2]*National Center for PTSD-Dissemination and Training Division, Menlo Park, California, USA*
[3]*University College London, London, United Kingdom*
[4]*Cardiff University School of Medicine, Cardiff, United Kingdom*
[5]*Cardiff and Vale University Health Board, Cardiff, United Kingdom*
[6]*University of Zurich, Zurich, Switzerland*
[7]*Edinburgh Napier University & Rivers Centre for Traumatic Stress, Edinburgh, United Kingdom*
[8]*National College of Ireland, Dublin, Ireland*

In 2013 PTSD and Complex PTSD (CPTSD) were proposed for the 11th revision of the World Health Organization's International Classification of Diseases (ICD-11). PTSD was comprised of three symptom clusters reflecting 'Reexperiencing in the here and now', 'Avoidance', and a 'Sense of Current Threat'. CPTSD was to include these core PTSD symptoms, plus three additional symptom clusters of 'Affective Dysregulation', 'Negative Self-Concept', and 'Disturbed Relationships'; collectively referred to as 'Disturbances in Self-Organization' (DSO). Initial evidence of construct validity was derived from archival data. Subsequently, a draft self-report measure of ICD-11 PTSD and CPTSD was developed; the 'International Trauma Questionnaire' (ITQ) which included a larger number of potential symptoms. The development version of the ITQ yielded excellent psychometric properties, however to align with the objectives of ICD-11 that disorders should be described in terms of core symptoms, the goal was to refine the ITQ to include a final list of 12 symptom indicators: PTSD and DSO each measured by two items. The process of indicator refinement was conducted using UK community (N=1005) and clinical samples (N=247). The process of item refinement was based on item response theory analysis. This presentation will present the finalized 12-item ITQ.

Symposium
Saturday, November 10
11:15 AM to 12:30 PM
Washington 3
Public Health Track

Emerging Mental Health Research Priorities in Humanitarian Contexts

(Prevent, Clin Res-Commun-Global-Health, Lifespan, M, Global)

Ruttenberg, Leontien, MMed, MBA[1]; Ventevogel, Peter, MD[2]
[1]*War Trauma Foundation, Diemen, Netherlands*
[2]*United Nations High Commissioner for Refugees, Geneva, Switzerland*

It is estimated that 92.8 million people will be affected by humanitarian crisis in 2018 (OCHA). This figure has doubled in the past decade. An unprecedented 65 million people around the world are displaced (UNHCR). The burden on the international community and local governments, both in the "north" and the "south" to respond to this humanitarian crisis, whether natural or manmade, is rapidly increasing. The need for trauma and stress related research providing evidence for scalable, low cost, low intensity interventions to address common mental conditions is greater than ever. Each of our speakers will present with a different perspective on emerging mental health research priorities.

Mental Health Integrated Disaster Preparedness for Flood-and Earthquake Affected Communities in Nepal in Haiti

(Clin Res, Comm/Int-Cul Div-Global-Refugee, Adult, M, Global)

Welton-Mitchell, Courtney, PhD[1]; James, Leah, PhD, MSW[1]; James, Alexander, PhD[1]; Noel, Roger, Assistant[2]; Khanal, Shree Niwas, BA[3]
[1]*University of Colorado at Boulder, Boulder, Colorado, USA*
[2]*Soulaje Lespri Moun, Port-au-Prince, Haiti*
[3]*Transcultural Psychosocial Organization, Kathmandu, Nepal*

Given the frequency of natural hazards in Nepal and Haiti, preparedness is crucial. However, evidence suggests that many people do not engage in risk reduction even when they receive training, have sufficient resources, and have survived prior disasters. Mental health symptoms may influence motivation to engage in preparedness. We developed and tested a hybrid mental health and disaster preparedness intervention in Nepal and Haiti. Objectives of the culturally adapted, 3-day manualized group intervention included: to increase disaster preparedness and social cohesion and reduce mental health symptoms. Three studies were conducted, two randomized controlled trials in flood-affected communities in Nepal and Haiti, and one stepped wedge design in earthquake-affected communities in Nepal - for a total of 1,200 households. Results across the three studies indicate that intervention participation was associated with an increase in disaster preparedness and social cohesion. Mental health effects - decreases in depression and PTSD symptoms - were also found in two of the three studies. This low cost mental health integrated disaster preparedness intervention should be adapted and scaled up for use in other communities prone to natural hazards.

Effectiveness of Psychological First Aid Training for Primary Health Care Workers in Sierra Leone on Retention of Acquired Knowledge about early Psychosocial Responses

(Prevent, Cul Div-Global-Prevent, Adult, M, W & C Africa)

Sijbrandij, Marit, PhD[1]; Horn, Rebecca, PhD[2]; Ager, Alastair, PhD[2]; Esliker, Rebecca, PhD[3]; O'May, Fiona, MSc[2]; Reiffers, Relinde, MSc[4]; Ruttenberg, Leontien, MMed, MBA[4]; Stam, Kimberly, MSc[4]; de Jong, Joop, MD, PhD[5]
[1]*VU University, Amsterdam, Netherlands*
[2]*Queen Margaret University & University of Edinburgh, Edinburgh, United Kingdom*
[3]*University of Makeni, Makeni, Sierra Leone*
[4]*War Trauma Foundation, Diemen, Netherlands*
[5]*Vrije Universiteit, Amsterdam, Netherlands*

PFA is the intervention of choice in the immediate aftermath of trauma and adversity, but controlled evaluations of its effects are lacking. We carried out a cluster randomized trial to evaluate the effectiveness of a one-day PFA training on the retention of PFA knowledge in staff members of Peripheral Health Units (PHUs) in Sierra Leone. Second, we investigated whether PFA training improved professional quality of life, professional attitude and confidence in responding to individuals exposed to acute adverse events.
PHUs in Sierra Leone (N=129) were randomized across 1. PFA (206 participants) and 2. control (202 participants). Retention of knowledge about PFA, professional quality of life, professional attitude and confidence was assessed at baseline, post-PFA and 6 months follow-up.
Linear mixed model analyses showed that the increase in retention score between baseline and 6 months follow-up was larger in the PFA condition than in the control condition (p=.0001). No significant differences were found for professional quality of life, professional attitude and confidence. It is concluded that PFA training administered in post-Ebola Sierra Leone, effectively improves knowledge about adequate psychosocial responses to individual exposed to acute adversities. Implications for effective scaling-up of PFA as well as future steps to evaluate PFA's effectiveness will be discussed.

Development of an Evidence-Based System of Care for Children Affected by Armed Conflict

(Clin Res, Commun-Comm/Int-Comm/Vio-Civil/War, Child/Adol, M, Global)

Jordans, Mark
HealthNet TPO, Kathmandu, Nepal

One in ten children globally lives in an area affected by armed conflict. Armed conflict has both direct and indirect effects on children's social, emotional, educational outcomes, and impacts can occur at multiple levels of the child's ecosystem- the individual, family, community, society. The presentation will present research into a multi-sectoral, multi-level system of care for children affected by war that addresses children's needs across different ecological levels. This system is complemented by mechanisms to ensure access and quality of care. The presentation will includes results from studies to; (a) increase detection of children with severe emotional distress, (b) culturally adapting and pilot-test WHO's Early Adolescents Skills for Emotions (EASE) treatment for Syrian refugee children with severe emotional distress, and (c) assess EASE facilitators' competence to deliver psychological treatments.

Longer-Term Mental Health, Developmental and Systems Impact of Child-Friendly Spaces in Humanitarian Crises

(Clin Res, Commun-Health-Refugee-Gender, Child/Adol, M, Global)

Metzler, Janna, DrPH, MPH, MSSW[1]; Ager, Alastair, PhD[2]; Savage, Kevin, MSc[3]; Hermosilla, Sabrina, PhD, MIA, MPH, MS [4]; Diaconu, Karin, PhD[2]
[1]*Columbia University, Mailman School of Public Health, New York, New York, USA*
[2]*Queen Margaret University & University of Edinburgh, Edinburgh, United Kingdom*
[3]*World Vision Australia/International, Geneva, Switzerland*
[4]*New York State Psychiatric Institute/ Columbia University, New York, New York, USA*

Child friendly spaces (CFS) are a widely used approach to protect and provide psychosocial support to children in emergencies. However, little evidence documents their outcomes and impacts. Building on prior research, this study examines the longer-term impacts of CFS on children's mental health, psychosocial well-being, protection and development outcomes. Three longitudinal quasi-experimental studies were conducted amongst Congolese refugee children in Uganda, Syrian refugee children in Jordan, and displaced Nepali children following the 2015 earthquake. Survey methods were complemented by participatory sessions, stakeholder mappings and key informant interviews. Findings confirmed potential for short-term benefits of CFS, but the scale of these varies widely by indicator, setting, programming quality and participant characteristics. Longer-term trajectories varied substantially by setting. General trends in Nepal were towards recovery while in the protracted settings of Uganda and Jordan there was evidence of erosion of well-being over time. In such contexts, short-term impacts of sustaining well-being meet a humanitarian objective of relieving suffering, but there was little evidence of longer-term developmental impacts of CFS attendance.

Symposium
Saturday, November 10
11:15 AM to 12:30 PM
Washington 4
Military/Veteran Track

Treating the Mind and the Body: The Benefits of Physical Activity Interventions for PTSD

(Clin Res, Mil/Vets, Adult, I, Industrialized)

Walter, Kristen, PhD[1]**;** Lang, Ariel, PhD, MPH[2]
[1]*Naval Health Research Center, San Diego, California, USA*
[2]*VA San Diego Healthcare System / UCSD, San Diego, California, USA*

Although evidence-based psychotherapies and pharmacotherapies exist for the treatment of posttraumatic stress disorder (PTSD), individuals may not have access to, benefit from, or wish to seek these interventions. Complementary and alternative medicine approaches, such as physical activity, may be effective in treating PTSD and related symptoms. Physical activity (as either a primary or adjunctive intervention) not only has wide-reaching effects, but is readily accessible. This symposium will address outcomes and considerations for physical activity interventions among various samples with PTSD. The first presentation will provide a foundation by highlighting findings and implications from a systematic review of mind-body treatments for PTSD. The following presentation investigates physical activity, cardiorespiratory fitness, and sedentary behavior among individuals with PTSD in an

inpatient setting. Next, data from a randomized controlled trial evaluating whether the efficacy of imaginal exposure can be enhanced by adding an aerobic exercise component among active duty service members will be featured. The symposium will conclude with outcome data from active duty service members with probable PTSD in a surf therapy program. Collectively, these presentations emphasize the influence of physical activity interventions on PTSD and related symptoms, as well as the broad contexts in which they can be implemented.

Cardiorespiratory Fitness, Sedentary Behavior and Physical Activity in Inpatients with PTSD

(Clin Res, Clin Res-Clinical Practice-Pub Health, Adult, I, Industrialized)

Chen, Andrew, BSc[1]; **Rosenbaum, Simon, PhD**[2]; Wells, Ruth, BSc Hons Psychology[3]; Gould, Kirrily, MSc[1]; Ward, Philip, PhD[1]; Steel, Zachary, PhD[4]
[1]*University of New South Wales, Sydney, New South Wales, Australia*
[2]*University of New South Wales, Kensington, New South Wales, Australia*
[3]*University of Sydney, Camperdown, New South Wales, Australia*
[4]*University of New South Wales, Randwick, New South Wales, Australia*

PTSD is associated with physical comorbidity and premature mortality. Sedentary behavior and low cardiorespiratory fitness (CRF) are modifiable risk factors for poor physical and mental health. Understanding the complex bidirectional relationships between PTSD symptoms and physical activity (PA) is of high clinical importance. This cross-sectional study aimed to investigate the relationship between exercise related factors and PTSD symptoms in inpatients with a primary DSM-V diagnosis of PTSD (St. John of God Hospital, Australia). Participants taking beta-blockers or with comorbid substance abuse were excluded. 60 participants (46.9±11.9 years, 94% male) completed questionnaires assessing PA, PTSD symptomatology and completed a submaximal test of CRF (Astrand-Rhyming protocol). Spearman's Rho correlation coefficients were calculated. 80% had below average age adjusted CRF levels. Mean PCL-C scores were high (63.2±13.7). Only 30% achieved public health recommendations of 150 mins of exercise/week. Participants spent an average of 8.1 hours/day sedentary, and a significant correlation between sedentary time and PTSD symptoms was found (r=0.43, p=0.001). Inpatients with PTSD have poor CRF, engage in high levels of sedentary behavior and low-levels of exercise. Reducing sedentary behavior may be an important target for improving both physical and psychological outcomes.

The Role of Exercise in the Treatment of PTSD

(Clin Res, Clin Res-Res Meth-Mil/Vets, Adult, I, N/A)

Young-McCaughan, Stacey, PhD[1]; Peterson, Alan, PhD[1]; Mintz, Jim, PhD[1]; Hale, Willie, PhD[1]; Borah, Elisa, PhD[2]; Dondanville, Katherine, PsyD[1]; Borah, Adam, MD[3]; Yarvis, Jeffrey, PhD[4]; Litz, Brett, PhD[5]; Hembree, Elizabeth, PhD[6]
[1]*University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA*
[2]*University of Texas at Austin, Austin, Texas, USA*
[3]*Carl R. Darnall Army Medical Center, Fort Hood, Texas, USA*
[4]*U.S. Army, Fort Hood, Texas, USA*
[5]*Boston University, Boston , Massachusetts, USA*
[6]*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*

Purpose: Explore the role of exercise in the treatment of symptoms of PTSD, determining if the efficacy of imaginal therapy could be improved by augmenting the therapy with aerobic exercise.
Design: Experimental, repeated-measures.
Methods: Active duty service members with symptoms of posttraumatic stress (PTSD CheckList–Stressor-specific ≥25) were randomized into one of four groups: 1) aerobic exercise-only, 2) imaginal exercises of exposure therapy-only, 3) imaginal therapy augmented with aerobic exercise, or 4) nurse-led self-care intervention.

Sample: 72 men and women were randomized into the study. Participants were primarily male, Army, non-commissioned officers ranging in age from 22 to 52 seeking treatment for PTSD.
Analysis: Intent-to-treat 2 x 2 factorial design with repeated measures at post-treatment.
Findings: A 3-way statistical analyses of time (pre- to post-treatment), group (aerobic exercise or not), and group (imaginal therapy or not) was not significant; however comparing baseline to post-treatment self-reported symptoms of posttraumatic stress, there was a main effect of time indicating that regardless of the treatment group, symptoms of posttraumatic stress decreased significantly from baseline to post-treatment ($p<.001$). Post-hoc testing showed that every group except self-care had significant pre- to post-treatment reductions in symptoms.

Breaking the Surface: Psychological Outcomes of Adjunctive Surf Therapy among Service Members with Probable PTSD

(Clin Res, Mil/Vets, Adult, I, Industrialized)

Walter, Kristen, PhD[1]; Otis, Nicholas, BS, BA[1]; Ray, Travis, BA[2]; Alexandra, Powell, BA/BS[1]; Glassman, Lisa, PhD[3]; Michalewicz-Kragh, Betty, MS[4]; Thomsen, Cynthia, PhD[1]
[1]*Naval Health Research Center, San Diego, California, USA*
[2]*Oakland University, Rochester, Michigan, USA*
[3]*San Diego VA/University of San Diego, San Diego, California, USA*
[4]*Naval Medical Center San Diego, San Diego, California, USA*

Objective: Various treatments options are available for the many active duty service members who suffer from posttraumatic stress disorder (PTSD). These can include complementary and alternative medicine approaches, such as physical activity. Surf therapy—a water-based, physical activity occurring in a natural setting—may provide beneficial effects to those suffering from PTSD; however, few studies of surf therapy exist.
Methods: The current study evaluated intervention outcomes of 40 active duty service members with probable PTSD who participated in a surf therapy program at a military treatment facility. Psychological symptoms were assessed before and after the program, as well as before and after each surf therapy session.
Results: Multilevel modeling results demonstrated improvements in self-reported PTSD ($\beta= -14.56$, $p<.001$), depression ($\beta= -2.65$, $p<.05$), anxiety ($\beta= -3.62$, $p<.01$), positive affect ($\beta= 10.73$, $p<.001$), and negative affect ($\beta= -9.33$, $p<.001$) from pre- to post-program. Similarly, immediate improvements from pre- to post-session were found in self-reported depression/anxiety ($\beta= -3.97$, $p<.001$) and positive affect ($\beta= 9.69$, $p<.001$).
Conclusions: Results suggest that for service members with PTSD, surf therapy provides both immediate benefits on symptoms and mood, as well as longer-term benefits on psychological symptoms as an adjunctive treatment.

Complementary and Integrative Interventions for PTSD: What is the Evidence Base and How can we Improve It?

(Res Meth, Clin Res-Clinical Practice, N/A, I, Global)

Niles, Barbara, PhD[1]; Weinstein, Elizabeth, BA[2]; Mori, DeAnna, PhD[3]; Pless Kaiser, Anica, PhD[1]
[1]*VA Boston Healthcare System, National Center for PTSD, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA*
[2]*VA Boston Healthcare System, National Center for PTSD, Boston, Massachusetts, USA*
[3]*VA Boston Healthcare System & Boston University School of Medicine, Boston, Massachusetts, USA*

Complementary and Integrative (CI) interventions for PTSD have been widely utilized in recent years as potential alternatives or supplements to evidence-based psychotherapies. However empirical support has lagged behind the clinical use and it is unclear which, if any, of these interventions are empirically supported. This presentation will report the results of a systematic review of the extant evidence of mind-body treatments for PTSD. A search of the

literature identified 22 randomized controlled trials that met inclusion standards. The majority of 9 mindfulness and 6 yoga studies offer empirical support for advantages of these treatments, with moderate to large effect sizes. In all 7 trials of relaxation, it was used as a control treatment. Relaxation may be a viable treatment for PTSD as large within-group symptom improvements were found. This talk will synthesize results from this systematic review and provide the backdrop for the subsequent presentations of novel interventions to address PTSD. Recommendations for improving study design in future CI trials will be offered. High quality studies are needed to improve the empirical base for these treatments in order to guide policy regarding treatment offerings.

Panel Presentation
Saturday, November 10
11:15 AM to 12:30 PM
Washington 2
Public Health Track

A Multi-Site Initiative to Promote Trauma-Informed Treatment and Culture Change in Rural Pennsylvania

(Commun, Commun-Pub Health-Train/Ed/Dis-Self-Care, Lifespan, I, Industrialized)

Bills, Lyndra, MD[1]; **Geiger, Jennifer, MEd**[2]; **Minnich, Christopher, MEd**[2]; **Taylor, RaeAnn, PhD**[3]; **Kicior, Nicholas, MS, Ed**[4]

[1]*Community Care Behavioral Health, Camp Hill, Pennsylvania, USA*
[2]*Behavioral Health Alliance of Rural Pennsylvania, State College, Pennsylvania, USA*
[3]*Community Care Behavioral Health, Pittsburgh, Pennsylvania, USA*
[4]*Journey Health System, Bradford, Pennsylvania, USA*

In this panel, we describe a multi-faceted approach that has been successful in promoting trauma-informed organizational change and the implementation of trauma-informed care (TIC) within a network of provider organizations across Pennsylvania. These strategies include a trauma institute supported by the Behavioral Health Association of Rural PA, that delivers training on specific evidence-based trauma treatments and supervision (e.g. Seeking Safety); a learning collaborative (IHI.org) with support from a managed care organization, Community Care Behavioral Health, with monitoring of screening and staff-reported confidence in delivery of TIC; and a SAMHSA-funded Systems of Care grant with a goal to spread TIC culture across rural PA. The importance of staff supervision and alternative payment models to support TIC will be discussed. To date, over 1207 staff have been trained and 2935 staff educated in TIC in 1683 distinct training episodes. Screening rates reported by 22 rural providers show improvement over time from 39% to 77% of individuals served. Panel discussion by a provider along with consumer video testimonials will focus on the experience of a TIC system. Panelists will discuss the common goal for trauma-informed transformation of organizational and system culture from varying perspectives.

Panel Presentation
Saturday, November 10
11:15 AM to 12:30 PM
Washington 5

Addressing Culture in Trauma Training

(Train/Ed/Dis, Clinical Practice-Cul Div, Prof, I, Industrialized)

Smith, Stefanie, PhD[1]; **Woods-Jaeger, Briana, PhD**[2]; **Banducci, Anne, PhD**[3]; **Patel, Anushka, PhD Student**[4]; **Gobin, Robyn, PhD**[5]
[1]*Hanna Boys Center, Sonoma, California, USA*
[2]*Children's Mercy, Kansas City, Missouri, USA*
[3]*VA Boston Healthcare System, Boston, Massachusetts, USA*
[4]*The University of Tulsa, Tulsa, Oklahoma, USA*
[5]*University of Illinois at Urbana-Champaign, Champaign, Illinois, USA*

This panel will discuss multicultural trauma training from the perspectives of trainee, supervisor, and faculty, with the goal of identifying some best practices. The U.S. is highly diverse in terms of race/ethnicity, age, disability, socioeconomic status, gender, religion, sexual orientation, etc. (U.S. Census, 2017). In addition, globally there are a record number of refugees (United Nations High Commissioner for Refugees, 2017). Prevalence data suggests that these cultural groups are vulnerable to trauma (CDC, 2017). Since mental health graduate programs do not reflect this same diversity (NCES, 2017), trauma interventions are often provided by those who do not reflect the cultural groups served. Despite this, there is limited diversity training (Green et al, 2009; APAGS, 2018), and trauma training (Choularia et al., 2012) in our graduate programs. Panelists will talk about their experiences in receiving and developing multicultural trauma training. They will discuss important components of multicultural training, including cultural humility, privilege, and intersectionality. The social justice framework that views trauma exposure, responses, and treatment access within the backdrop of various societal structures will be discussed as a key to multicultural competence (Vera & Speight, 2003), the visibility of trauma (Brown, 2010), and institutional change.

Workshop Presentation
Saturday, November 10
11:15 AM to 12:30 PM
Virginia B
Child Trauma Track

Trauma Informed Policing: Equipping Officers to Respond Effectively and Initiate Recovery for Children and Families following Violence and Overwhelming Events

(Prevent, Comm/Int-Social-Train/Ed/Dis, Lifespan, I, N/A)

Marans, Steven, PhD[1]; **Hahn, Hilary, MPH, MA**[2]; **Pierce, Catherine, BA**[3]; Campbell, Anthony, MA[4]
[1]*Yale University School of Medicine Child Study Center, New Haven, Connecticut, USA*
[2]*Yale School of Medicine, New Haven, Connecticut, USA*
[3]*United States Department of Justice, Washington, District of Columbia, USA*
[4]*New Haven Department of Police Service, New Haven, Connecticut, USA*

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Police officers and policing strategies have been at the center of national controversy in recent years. As first responders, police are uniquely positioned to play a major role in the lives of vulnerable children and can be a key protective factor in changing the trajectory towards negative outcomes often associated with exposure to trauma and violence. When equipped with skills to effectively to respond in ways that initiate recovery, police can offer a critical addition to the continuum of care; however, some citizens do not experience the police as agents of protection and service. Partners from the Department of Justice, Yale School of Medicine and the field of law enforcement will describe recent initiatives to train police officers on biological, neurological, and psychological responses to trauma, as well as in operational protocols that facilitate the transformation of everyday encounters with children and adults from impersonal interactions into opportunities for identification and intervention. Presenters will engage the audience in a discussion of the potential for societal change that becomes possible when police officers are supported to embrace their critical role in the healing process, and are able not only to advance the recovery of individual children and families, but to strengthen relationships between police and the communities they are sworn to serve.

Workshop Presentation
Saturday, November 10
11:15 AM to 12:30 PM
Roosevelt 4

Culture and Positionality in Trauma Work: How Who I am Affects how I Address Trauma

(Train/Ed/Dis, Cul Div-Train/Ed/Dis, N/A, M, Global)

Berger, Roni, PhD, LCSW, CTS[1]; Shamai, Michal, Associate Professor[2]
[1]*Adelphi University, Garden City, New York, USA*
[2]*Haifa University, Haifa, Israel*

Trauma work, including research and practice, is shaped by the context in which it occurs and the positionality of those involved. The goal of this workshop is to facilitate participants' self-exploration of what they bring to the table in terms of their knowledge, personal and professional experience, beliefs and values, and, how their positionality and background is reflected in how they study trauma and provide services to traumatized individuals, families and communities. To achieve this goal, the facilitators will discuss and illustrate how aspects of own positionality shape their trauma work including research, clinical practice, training and supervision in diverse socio-political and cultural contexts. Participants will be encouraged to share their own challenges and strategies in their respective trauma-related scholarly and clinical activities.

Flash Talks
Saturday, November 10
11:15 AM to 12:30 PM
Roosevelt 5

What's Hiding Under the PTSD Markov Blanket?
(Res Meth, Clin Res, Lifespan, I, N/A)

Saxe, Glenn, MD
New York University Langone Medical Center, New York, New York, USA

Objective: This presentation introduces the concept of the *Markov Blanket (MB)* and demonstrates how it can be applied to research on risk for PTSD. Knowledge of the *MB* for a response variable, *R*, provides the smallest set of risk variables for *R* that achieves maximum possible predictive accuracy. The *MB* not only enables most parsimonious prediction of *R*, it also possesses a causal function since, in the majority of distributions, it includes the direct causes, direct effects and direct causes of the direct effects of *R*. Judea Pearl coined the term *Markov Blanket* to indicate that knowledge of the set of variables sheltered by the *MB* renders information about all other variables in a network independent of *R*. This concept has considerable implications for PTSD research.
Methods: The application of *MB* induction will be demonstrated by describing research with two longitudinal data sets related to risk for PTSD (in cohorts of young children at risk for maltreatment and police academy recruits, respectively).
Results: Sets of risk variables were found in each data set within the *MB* for the response variable, PTSD. The specific risk variables represented diversities of bio-psycho-social processes and reveal opportunities for intervention development.
Conclusions: High quality methods are available to discover risk variables covered by the *Markov Blanket* for PTSD.

Comparing the Effects of Medications to Augment Serotonin Reuptake Inhibitors in Patients with PTSD: A National VA Data Study
(Practice, Bio Med-Clin Res-Clinical Practice-Mil/Vets, Adult, M, N/A)

Cohen, Beth, MD, MAS[1]; Woods, Anne, MS[2]; Tang, Janet, PhD[3]; Seal, Karen, MD, MPH[1]; Maguen, Shira, PhD[1]; Neylan, Thomas, MD[1]
[1]*San Francisco VA Medical Center and UCSF, San Francisco, California, USA*
[2]*San Francisco VA Medical Center (VAMC-SF), San Francisco, California, USA*
[3]*UCSF/SFVAMC, San Francisco, California, USA*

Although serotonin reuptake inhibitors (SRIs) are first-line therapy for PTSD, many individuals have an inadequate response. No trials have compared the efficacy of medications to augment SRIs in PTSD. We used national VA data to compare several mental health outcomes after augmentation with antipsychotics, mirtazapine, prazosin, and tricyclic antidepressants in 169,982 patients with PTSD seen in VA care from 2007 to 2015. We evaluated changes in mental health parameters from the year before to the year after the addition of an augmenting medication using propensity score weighted analyses. PTSD symptoms had small increases (average <3 points on the PTSD Checklist) in the months before augmentation and returned to baseline levels within 90 days after augmentation in all 4 medication groups. Mental health emergency room visits and hospitalizations decreased on average from the pre- to post-augmentation year (decreases of 16.3%-26.5%, p<.001 for all medication groups) but followed a

similar pattern with an increase in visits just prior to augmentation and subsequent return to baseline levels following augmentation. Suicidal ideation followed similar patterns. Our findings highlight the need for placebo controlled trials to determine whether these medications provide benefit and whether these benefits outweigh their risks.

Change in Parental Symptoms and Dysfunctional Cognitions after Trauma- Focused Cognitive Behavioral Therapy Delivered to their Child: Findings from Posttreatment and 6- and 12-Month Follow-Ups

(Clin Res, Anx-Assess Dx-Depr-Fam/Int, Lifespan, M, Industrialized)

Tutus, Dunja, MSc[1]; Pfeiffer, Elisa, MSc[2]; Sachser, Cedric, MSc[2]; Plener, Paul, MD[2]
[1]*University Hospital Ulm, Ulm, Germany*
[2]*University Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy, Ulm, Germany*

Symptoms of distress and dysfunctional posttraumatic cognitions (PTC) have been frequently described in parents of children and adolescents with posttraumatic stress symptoms (PTSS). Hence, including non-offending parents in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for children and adolescents may help the parents to cope with the traumatic experience of their child. This study investigated effects of TF-CBT on the parents.
Parents (N=57) of children and adolescents, who received TF-CBT, completed the Posttraumatic Diagnostic Scale (PDS), the Beck Depression Inventory (BDI-II), the State-Trait Anxiety Inventory (STAI) and the Posttraumatic Cognitions Inventory (PTCI). Treatment effects and the sustainability until 12 months posttreatment were tested via repeated measures ANOVA.
Significant time effects ($p<.001$) emerged for parental PTSS, ($F(2,101)=9.35$), depression ($F(3,141)=18.55$), anxiety symptoms ($F(3,147)=20.99$) and dysfunctional PTC ($F(2,102)=16.99$). Main effects comparison revealed improvements of all investigated variables at posttreatment and the sustainability of these treatment gains at the follow-up time points ($p<.05$).
These results therefore clearly show parental benefits from TF-CBT of their children.

Preliminary Evidence of Wide Spread Alterations in Cortical Thickness in Veterans with PTSD Endorsing Suicidal Ideation

(Bio Med, Bio Med-Bio/Int-Mil/Vets-Neuro, Adult, M, Global)

Averill, Lynnette, PhD[1]; Averill, Christopher, BS[1]; Wrocklage, Kristen, PhD[1]; Southwick, Steven, MD[1]; Krystal, John, MD[2]; Abdallah, Chadi, MD[1]
[1]*National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA*
[2]*Yale School of Medicine, New Haven, Connecticut, USA*

Twenty U.S. Veterans die by suicide each day. PTSD, a signature injury of the wars in Iraq and Afghanistan, significantly increases risk for suicidal ideation (SI) and behavior. Mounting evidence supports stress-related structural and functional neural alterations in SI and PTSD, yet few studies have examined SI in PTSD populations. Using high resolution MRI, a whole-brain voxel-wise analysis was conducted to explore the effect of SI on cortical thickness in 31 combat-exposed Veterans with PTSD. SI was assessed with the Beck Scale for Suicidal Ideation. GLM analyses, controlling for age, depression, and PTSD symptom severity were used to evaluate any distinct effects of SI. Analyses demonstrated a widespread bilateral pattern of alterations in cortical thickness in SI, particularly in the prefrontal and parietal regions as well as regions in the limbic system including the insula, parahippocampal area,

and cingulate. These preliminary analyses suggest SI may have a distinct neural signature with altered cortical thickness in areas implicated in reward processing, memory/cognition, empathy, and behavioral and emotional control. Further, these results underscore the invisible wounds of war and highlight a possible biomarker to aid in potentially distinguishing between those at increased risk for SI.

Pilot Cases of Mobile Contingency Management and Cognitive Processing Therapy for Comorbid PTSD and Alcohol Use Disorder

(Clin Res, Cog/Int-Sub/Abuse, Adult, I, Industrialized)

Neal, Julia, MS, CRC[1]; Dillon, Kirsten, PhD[2]; Wilson, Sarah, PhD[3]; Calhoun, Patrick, PhD[4]; Beckham, Jean, PhD[5]; Dedert, Eric, PhD[1]
[1]Durham VA Medical Center, Durham, North Carolina, USA
[2]Durham VA/Duke University Medical Centers, Durham, North Carolina, USA
[3]VISN 6 MIRECC and Duke University Medical Center, Durham, North Carolina, USA
[4]Durham VA Medical Center, VISN 6 MIRECC, Duke University School of Medicine, Durham, North Carolina, USA
[5]Durham VA/HSR&D, Mid-Atlantic MIRECC, Duke University, Durham , North Carolina, USA

Nearly 63% of veterans with alcohol use disorder (AUD) have PTSD. The lack of success of existing PTSD and AUD treatments in improving alcohol use suggests the need for treatment innovations that can target alcohol outcomes. One particularly effective treatment for AUD is contingency management (CM), an intensive behavioral treatment that provides monetary reinforcement of abstinence. The current pilot study developed an intervention to address both PTSD and AUD and evaluate its feasibility and acceptability and AUD abstinence/PTSD symptom reduction in a sample of ten veterans with comorbid PTSD/AUD. The treatment combined mobile CM (delivered through a mobile app), daily bioverified breath alcohol readings, telephone CBT for AUD, and in person Cognitive Processing Therapy (CPT) for PTSD. Eight out of 10 participants completed the 7-week CM portion of the intervention and over 95% of the videos indicated alcohol abstinence. Preliminary results indicated significant reductions in number of self-reported heavy drinking days, defined by > 5 drinks per occasion, as well as self-reported number of drinks per week. Results also indicated reductions in PTSD symptoms from baseline to 6-month follow up via CAPS-5. Though the sample size is small, these findings suggest an integrated treatment intervention for PTSD and AUD was feasible, acceptable, and provided promising pilot results.

Parenting and Child Socioemotional Functioning in the Face of Trauma: Influence of Cultural Factors among Latina Mothers

(CulDiv, Ethnic-Fam/Int, Child/Adol, M, Industrialized)

Martinez-Torteya, Cecilia, PhD; Jolie, Sarah, Undergraduate; Mall, Alyssa, BA; Arizaga, Jessica, MA
DePaul University, Chicago, Illinois, USA

Strong parent-child relationships are key to foster positive adaptation among trauma exposed young children. US Latino women often experience significant stressors that may compromise their parenting, including poverty, immigration trauma, and acculturative stress. However, culturally specific parenting strengths have been rarely explored. This study used quantitative and qualitative methods to evaluate the effects of immigration, acculturation, and cultural values on parenting and children's adaptation to traumatic stress. Participants were 80 Latino women and their 3- to 5-year-old children (51% boys) recruited from three Chicago Head Start Preschools. Women completed surveys about their experiences, children's trauma exposure, and children's behavior; 22 women completed an in-depth phone interview about parenting practices to help their children overcome trauma. Preliminary findings show links between maternal immigration history and acculturative stress, maternal parenting (attachment, parenting confidence, and relational frustration), and child functioning in response to trauma (child

internalizing and externalizing problems). Further, thematic analysis suggests mothers used traditions, respect, and family connection to help their children cope with trauma. Culturally-sensitive, strengths-based research is needed to address the needs of trauma exposed Latino children.

The Effects of Early Life Stress in Depression on White Matter Integrity

(Clin Res, CPA-Depr-Prevent-Neuro, Adult, M, Global)

Graziano, Robert, PhD Student[1]; Bruce, Steven, PhD[1]; Williams, Leanne, PhD[2]; Paul, Rob, PhD[1]
[1]*University of Missouri St. Louis, Saint Louis, Missouri, USA*
[2]*Stanford University School of Medicine/VA Palo Alto Health Care System, Stanford, California, USA*

Early life stress (ELS) is associated with an increased risk for depression and poorer treatment outcomes. Greater exposure to ELS and greater depression severity have been related to lower fractional anisotropy (FA), reflecting a loss of brain white matter integrity (WMI). In this study we sought to parse the specific contributions of ELS and depression to WMI. Prior knowledge about WMI from neuroimaging studies of depression could be confounded by latent effects of ELS. We examined WMI among adults with a history of depression and bullying, a common form of ELS, from the International Study to Predict Optimized Treatment for Depression (ISPOT-D). A total of 186 participants met diagnostic criteria for major depressive disorder and completed diffusion tensor imaging. Of these, 88 reported a history of bullying before the age of 18. After adjusting for covariates and multiple comparisons, ANCOVA showed that bullying was associated with increased FA in the right medial lemniscus (p=.039) and left posterior corona radiata (p=.008). When compared to those with no history of bullying, results were specific to individuals who endorsed bullying in late adolescence (ages 14-17). These findings suggest bullying in late adolescence is uniquely related to abnormal brain microstructure among individuals with current diagnoses of depression, possibly due to an overactive fear response.

Syrian Refugee Women Traumatic Experiences: From War to Refuge, a Qualitative Study

(Assess Dx, Refugee-Civil/War-Gender, Adult, I, M East & N Africa)

Rizkalla, Niveen, PhD, MSW[1]; Soudi, Laila, MSc[2]; Arafa, Rahma, BA[1]; Adi, Suher, BA[1]; Segal, Steven P., PhD, MSW[1]
[1]*University of California, Berkeley, Berkeley, California, USA*
[2]*Stanford University, Stanford, California, USA*

Background: The Syrian War created a mass exodus of people to neighboring countries. Syrians seeking refuge have been exposed to trauma beyond the comprehension of most. This study explores the war traumatic experiences of Syrian women, and their journey to urban communities of Jordan.
Methods: 20 Syrian women refugees were interviewed at NGOs, public spaces, or at their homes. Participants reported on their war traumatic experiences, the horror of the escape journey, and their arrival to refugee camps.
Findings: Women reported on the urgency to escape Syria under shelling and seeking protection. In agony, they described being forced to separate from their families, loss of property and economic resources, and their social support systems. In addition, they witnessed killing, experienced hunger, anxiety, sadness and reported on many other violent human right violations such as rape and torture.
Upon being admitted to Zaatari refugee camp, they obtained the new titles of refugees and were overwhelmed with emotions of uprooting, diaspora, and taken advantage of especially because they are women.
Interpretation: The toll of war raises many concerns on the long term consequences of the mental health of Syrian refugee women.

In Their Own Words: Veterans' Experiences of Evidence-based Psychotherapies for PTSD

(Clin Res, Chronic-Clin Res-Complex-Mil/Vets, Adult, M, Global)

Doran, Jennifer, PhD[1]; O'Shea, McKenna, BA[2]; Harpaz-Rotem, Ilan, PhD[3]
[1]*VA Connecticut Health Care System, West Haven, Connecticut, USA*
[2]*VISN 1 MIRECC / VA Connecticut Healthcare System / Department of Psychiatry, Yale University School of Medicine, West Haven, Connecticut, USA*
[3]*Yale University School of Medicine; VA Connecticut Healthcare System, West Haven, Connecticut, USA*

The results of a longitudinal mixed methods study centered on the experiences of veterans receiving specialized PTSD treatment will be presented. Veterans participated in PTSD treatment in an outpatient or residential PTSD clinic at a Veterans Affairs Medical Center. The aim of the study was to increase understanding of veteran experiences participating in evidence-based psychotherapies (EBPs) for PTSD (Cognitive Processing Therapy & Prolonged Exposure Therapy) in an ecologically valid clinical setting, in an effort to begin to bridge the gap between research and practice. The data offer important bidirectional feedback to PTSD clinicians and policymakers and can aid in implementation efforts. Veterans (n = 20) participated in CPT or PE and completed or dropped out of treatment. Consensual Qualitative Research, a rigorous qualitative research paradigm, was employed to analyze the data obtained during intake and termination interviews for completed and dropped cases. Results describe veteran perceptions of 1) strengths and weaknesses of the EBPs, 2) objective outcome metrics as well as perceived subjective effectiveness of the EBPs in reducing PTSD symptomatology, 3) why veterans who dropped out of treatment chose to do so, and 5) suggestions towards improving PTSD treatment in the VA. Clinical implications will be discussed as well as implications on a broader policy level.

Concurrent Session Eleven

Symposium
Saturday, November 10
2:00 PM to 3:15 PM
Virginia B
Gender/Orientation Track

Sexual and Gender Minorities' Elevated Vulnerability for Interpersonal Trauma: Patterns, Risk Factors, and Outcomes

(CulDiv, CPA-CSA-Rape-Orient, Adult, I, Industrialized)

McConnell, Amy, MA
Miami University, Oxford, Ohio, USA

Research repeatedly demonstrates elevated risk for interpersonal trauma exposure and negative trauma-related outcomes among sexual and gender minorities (Roberts, Austin, Corliss, Vandemorris, & Koenen, 2010), yet little research has examined risk factors for and outcomes of interpersonal trauma within these populations. Drawing on the theme for this year's meeting, four studies will explore sexual and gender minorities' vulnerability for interpersonal trauma. The goal of this symposium is to increase understanding of the trauma faced by sexual and gender minorities broadly, as well as the unique experiences of underrepresented groups within the community. Dr. Charak will report on five latent classes of interpersonal victimization among lesbian, gay, and bisexual people currently in relationships and their associations with emotion dysregulation, anxiety, and depression. Mx. McConnell will demonstrate how minority stress and hazardous drinking contribute to high risk for sexual revictimization among bisexual women. Using a mixed methods approach, Dr. Hequembourg will compare post-sexual victimization coping and disclosure among bisexual, lesbian, and heterosexual women. Last, Dr. Valentine will share selected results from a systematic literature review of mental health among transgender and gender non-conforming people, focusing on exposure to traumatic life events, negative mental health outcomes, and protective factors within this population.

Three-Step Latent Class Approach on Childhood Maltreatment and Intimate Partner Aggression among Gay, Lesbian, and Bisexual Individuals: Differences in Emotion Dysregulation, Anxiety, and Depression

(Assess Dx, CPA-DV-Health-Orient, Adult, I, Industrialized)

Charak, Ruby, PhD[1]; Villarreal, Lillianne, BSc[1]; Cantu, Jorge, MA Student[1]; Erwin, Meredith, MA, PhD Student[2]
[1]*The University of Texas Rio Grande Valley, Edinburg, Texas, USA*
[2]*University of Toledo, Department of Psychology, Toledo, Ohio, USA*

The aims of the present study were three-fold. First, to identify patterns of childhood maltreatment and intimate partner aggression (in-person and via cyberspace), among gay, lesbian, bisexual (GLB) people currently in a romantic relationship. Second, to examine if biological sex, sexual orientation, and race/ethnicity predicted class-membership; third, if there were differences in the latent classes on emotion dysregulation (ER), depressive and anxiety symptoms. Participants were 288 emerging adults in the age range of 18- 29 years (*M* = 25.4, 41.7% gay/lesbian; 26% Hispanic) recruited via Amazon Mturk. Victimization ranged from 14% of physical partner-aggression to 69% of childhood emotional neglect. Using the 3-step approach for latent class analysis, five classes,

namely, high victimization (HV), moderate victimization (MV), cyberaggression (CYB), in-person intimate partner aggression (IPA), and low victimization (LV) were obtained. Lesbian and bisexual women were more likely to be in the MV and Hispanic individuals were more likely to be in the HV versus the LV. Further, HV and MV were higher on ER, depression symptoms, and anxiety than the other less severe classes. Findings suggest a cumulative and detrimental effect of lifetime victimization on the mental health of GLB adults, with lesbian and bisexual women, and Hispanic individuals at heightened risk of victimization.

A Mixed Methods Investigation of Lifetime Sexual Trauma and Coping among Sexual Minority Women and Exclusively Heterosexual Women

(Train/Ed/Dis, CSA-Cul Div-Rape-Orient, Adult, I, Industrialized)

Hequembourg, Amy, PhD[1]; Livingston, Jennifer, PhD[1]; Bostwick, Wendy, PhD[2]; Blayney, Jessica, Doctoral Student[1]
[1]*State University of New York at Buffalo, Buffalo, New York, USA*
[2]*University of Illinois Chicago, Chicago, Illinois, USA*

Introduction: Sexual minority women (SMW) report higher rates of sexual victimization (SV) than heterosexual women (HW), yet relatively little is known about SMW's post-SV outcomes. The current study provides mixed methods insights into post-SV adaptation and disclosure among bisexual women (BW), lesbian women (LW), and HW.
Methods: A community sample of 246 women (88 LW, 84 BW, 74 HW) were recruited using Respondent-Driven Sampling and surveyed about SV-related symptoms, disclosure, and coping via interview and self-report.
Results: Nearly ¼ of the sample reported childhood sexual abuse and over half reported adult SV, with the highest rates found in BW. BW reported greater trauma symptoms, but no differences were found in women's reporting of SV disclosure response quality. Despite quantitative findings regarding poorer post-SV outcomes among BW, qualitative interview (n = 176) results revealed more similarities than differences in women's post-SV outcomes.
Conclusions: Mixed methods findings indicate a high prevalence of lifetime SV among SMW, with BW at greatest risk. Narratives suggest similarities in disclosure and coping regardless of sexual identity. Understanding the short- and long-term impact of SV on SMW is critical to inform culturally-competent clinical care that is sensitive to the needs of diverse SV survivors.

Hazardous Drinking, Anti-Bisexual Prejudice, and Sexual Revictimization among Bisexual Women: A Moderated Mediation Model

(CulDiv, CSA-Rape-Orient-Sub/Abuse, Adult, I, Industrialized)

McConnell, Amy, MA; Messman-Moore, Terri, PhD
Miami University, Oxford, Ohio, USA

Bisexual women report higher rates of sexual revictimization than their heterosexual and lesbian peers, and limited research has examined risk factors for sexual revictimization among this population. The current study examined hazardous drinking as a mediator of the relation between childhood sexual abuse (CSA) and adult rape among bisexual women. Further, anti-bisexual prejudice was tested as a moderator of the indirect effect to better understand the context of hazardous drinking. Data were collected online from 343 bisexual women. Participants completed measures of CSA, anti-bisexual prejudice, hazardous drinking, and adult rape. The PROCESS macro was used to test the conditional indirect effect of CSA on adult rape via hazardous drinking, moderated by anti-bisexual prejudice. The rate of revictimization in the current sample was 38.6%. The hypothesized conditional indirect effect was supported; CSA was indirectly related to adult rape through hazardous drinking only at mean and high levels of anti-bisexual prejudice. Findings highlight the need for interventions at multiple levels. Policies aimed at reducing bisexual stigma may be useful in addressing high rates of revictimization. Clinical interventions focused on

helping bisexual CSA survivors cope adaptively with the added stress of anti-bisexual prejudice may be useful in reducing risk for sexual revictimization.

A Systematic Review of the Literature on Mental Health Outcomes among Transgender and Gender Non-Nonconforming (TGNC) People: Applying the Minority Stress Model to Clinical Research Study Design

(CulDiv, Orient-Gender, Lifespan, I, Industrialized)

Valentine, Sarah, PhD[1]; Shipherd, Jillian, PhD[2]
[1]Boston University School of Medicine, Boston, Massachusetts, USA
[2]National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA

Transgender and gender non-conforming (TGNC) populations are increasingly recognized in health care settings. Research on the health of TGNC people is growing. Disparities are often noted, yet adequate prevalence data is not available. In this review, we examine 77 studies published between 1997 and 2017 which reported mental health outcomes in TGNC populations to (a) characterize what is known about mental health outcomes and (b) characterize the gaps in this literature and methodological concerns. We used Meyer's (2003) minority stress model as a framework for summarizing existing literature. Findings suggest that TGNC people are exposed to a variety of social stressors, including stigma, discrimination, and bias events that contribute to risk for exposure to interpersonal trauma and a range of mental health sequelae. In general, depressive symptoms, suicidality, posttraumatic stress symptoms, substance use, anxiety, and general distress have been consistently elevated among TGNC adults. Social support, community connectedness, and effective coping strategies may buffer the relations between trauma and discrimination exposure and mental health sequelae. The presentation will provide a critique of the extant literature and detailed recommendations on how to address key theoretical and methodological issues related to conduct of TGNC health research.

Symposium
Saturday, November 10
2:00 PM to 3:15 PM
Virginia C

The Impact of Chronic Adversity and Continuous Trauma Exposure across the Lifespan within South African Townships

(Clin Res, Chronic-Comm/Vio-Fam/Int-Health, Lifespan, M, E & S Africa)

Christie, Hope, PhD Student
University of Bath, Bath, United Kingdom

South Africa is a low- to middle-income country (LMIC), within which many peri-urban settlements or 'townships' exist. Residents of townships often live with significant inequality and in extreme poverty, with limited access to medical and psychological resources. Furthermore, persistent gang and community violence creates extremely unsafe environments, and risk of exposure to continuous or multiple traumas is increased. Families living in townships are vulnerable to physical and psychological difficulties, which may be exacerbated by societal stresses, such as poverty or gang violence. It is imperative that we begin to understand when is best to intervene to increase

the chances for life long physical and mental wellbeing for these vulnerable groups.
The aim of this symposium is to represent the needs, experiences and voices of at-risk groups, who may less frequently be represented in the traumatic stress literature. Researchers from South Africa and the United Kingdom will present findings from mixed methodological standpoints; including two large, longitudinal cohort projects, a mixed method study, and qualitative work. The research examines the impact of trauma exposure on physical and psychological wellbeing of children, adolescents, and adults (specifically parents), within the context of four townships in South Africa; Mbekweni, Newman, Khayelitsha and Mfuleni. Focusing on the early years of child development researchers will draw from two large cohort studies based in different communities within South Africa (Mbekweni and Newman, Barnett; Khayelitsha and Mfuleni, Gordon), and discuss trauma related effects relating to child growth and development, impacts to family care practices (Gordon), and mediating factors of maternal mental health. Next, mixed-methods work will present the views of adolescents on coping and seeking support after involvement in traumas, including gang violence, rape, and witnessing murder (Hiller). Finally, qualitative data on the views of parents will demonstrate how the experience of trauma, within the context of significant adversity, impacts on them both as autonomous adults and as parents (Christie). In combination the studies provide insights into the impacts of trauma in children and families, from a high risk LMIC population. Taken together results will highlight many possible avenues for intervention across the lifespan. Greater understanding of the needs of children, adolescents and parents provided by mixed methodological approaches, can assist in the development of more tailored and cost-effective support, with the potential to integrate into existing social and policy structures.

The Experiences and Support Needs of Young People Exposed to Trauma in the Khayelitsha Township in South Africa

(Commun, Chronic-Comm/Vio-Fam/Int, Child/Adol, M, E & S Africa)

Hiller, Rachel, PhD[1]; Tomlinson, Mark, PhD[2]; Gordon, Sarah, MS/MA[2]; Stewart, Jackie, PhD[2]; Halligan, Sarah, PhD[1]
[1]*University of Bath, Bath, United Kingdom*
[2]*Stellenbosch University, Stellenbosch, South Africa*

Young people in low-middle income countries are at increased risk of trauma exposure, coupled with significant environmental adversity and a lack of formal support options. This pilot mixed-methods study explored the psychological profiles and support needs of 55 8-17 year olds living in the Khayelitsha Township in South Africa, recruited via the community (n=25) and a local hospital (n=20). All participants were black South African and spoke Xhosa as their first language. While a single trauma-exposure was required for eligibility, results showed all young people had been exposed to multiple traumas, including witnessing murder, gang rape, and physical violence. Elevated rates of PTSS were particularly evident in those recruited via the community. Broader internalising and externalising problems were also reported by young people and their caregivers. Peers and teachers were important for emotional support, with some forming informal school self-help groups. Exposure to the perpetrator, lack of community of family safety, and stigma were all potential barriers. Findings provided the foundation for understanding feasible, acceptable, and culturally-sensitive support options. As this project was a feasibility study, the presentation will also focus on discussion around running research within the community, including barriers, opportunities, and key ethical considerations.

The Impact of Violence Exposure on Global Child Development and Family Outcomes: A Randomized Controlled Trial (RCT) based in a South African Township

(Commun, Clin Res-Fam/Int-Pub Health-Res Meth, Lifespan, M, E & S Africa)

Gordon, Sarah, MS/MA
Stellenbosch University, Stellenbosch, South Africa

Children living in low and middle income (LMIC) countries are more likely to have trauma exposure, compared to children living in high-income countries. Together with substantial environmental adversity (i.e., poverty) and very few formal support or care structures means further investigations into trauma exposure in LMIC is of paramount importance. Furthermore, trauma exposure may impact on parenting outcomes, which may subsequently effect the level of support parent's provide to their children post-trauma. A longitudinal RCT (n = 1238) set in the Khayelitsha township of South Africa, recruited and randomized by neighborhood to either: (1) a standard care condition; or (2) a paraprofessional home-visiting intervention. Mothers and children, who identified as black South African, and speaking Xhosa as a primary language, were assessed repeatedly with high follow-up rates (92%-85%) at 2 weeks, 6, 18, 36, and 60 months post-birth, with on-going data collection for the 96 month (eight year) follow-up. Results from the RCT will consider the impact of maternal violence exposure on parenting practices, and the home care environment. As well as considering subsequent impacts to child behaviours and emotional states. Findings highlight the importance of early years intervention to ensure the mental well-being of families in high adversity contexts.

Maternal Exposure to Longitudinal Trauma or Domestic Violence and Child Adverse Growth Outcomes in a South African Birth Cohort

(Pub Health, CPA-DV-Health-Prevent, Child/Adol, M, E & S Africa)

Barnett, Whitney, PhD[1]; Halligan, Sarah, PhD[2]; Donald, Kirsten, PhD[1]; Zar, Heather, PhD[1]; Stein, Dan, BSc(Med), MBChB, FRCPC, FRSSAf, PhD, DPhil[1]
[1]*University of Cape Town, Cape Town, South Africa*
[2]*University of Bath, Bath, United Kingdom*

Mothers and children in LMIC settings such as South Africa are at risk of exposure to high, sustained levels of violence and trauma, with potential negative health consequences for exposed children. However, there is limited data on the impact of maternal trauma on child growth that derives from high-risk communities. The present study, a longitudinal South African birth cohort study, examined child malnutrition in association with pre-existing maternal childhood trauma, and maternal exposure to domestic violence in the perinatal and early post-partum period. The prevalence of stunting and wasting in 863 children was 18% and 4% at 12 months of age, respectively. High levels of maternal childhood trauma (35%) and domestic violence (28%) were also present in the cohort. Results indicate an association between both domestic violence exposure and pre-existing maternal childhood trauma, and child stunting through. Maternal mental health outcomes are examined as possible mediating variables. In high-risk communities such as South Africa it is critical to gain improved understanding of pathways by which maternal trauma affects child malnutrition. Parental mental health problems may represent an important pathway by which child growth is compromised.

"You Can Never be a Parent and Walk Easy" – Experiences of Trauma Exposed Parents in a South African Township

(Commun, Chronic-Commun-Comm/Vio-Fam/Int, Adult, M, E & S Africa)

Christie, Hope, PhD Student[1]; Hamilton-Giachritsis, Catherine, DPsych, Clin[1]; Alves-Costa, Filipa, PhD[2]; Tomlinson, Mark, PhD[3]; Stewart, Jackie, PhD[3]; Skeen, Sarah, MA[3]; Halligan, Sarah, PhD[1]
[1]*University of Bath, Bath, United Kingdom*
[2]*King's College London, London, United Kingdom*
[3]*Stellenbosch University, Stellenbosch, South Africa*

Parental posttraumatic stress disorder (PTSD) is suggested to have negative impacts on parenting outcomes. However, to date, less known about why these changes occur or how they are experienced from the parent's perspective. In addition, little known about the needs and experiences of trauma exposed parents in low- to middle-income countries who face adversity, and lack of access to psychological support. This qualitative study explored the experiences of 30 Black South African, Xhosa-speaking parents (93.3% female), aged between 24-61 years, who lived in the South African township of Khayelithsa. All parents had experienced multiple traumas in their lifetime; the majority were found to have moderate-severe posttraumatic stress symptom scores (66.7%). Trauma exposure was found to have several negative impacts to participants as autonomous adults and as parents. Behavioural changes, such as increased anger, was discussed in relation to negative parenting outcomes such as hitting, or yelling at children. However, positive parenting aspects such as love, and affection were also evident. Interview findings highlight the importance of context; parenting following trauma exposure is difficult, and adversity and poverty causes this process to become even more challenging and distressing.

Symposium
Saturday, November 10
2:00 PM to 3:15 PM
Washington 1
Child Trauma Track

Statewide Collaboration to Establish Policy and Improve Early Intervention Services for Young Children and Families Impacted by the Opioid Crisis

(Commun, CPA-Fam/Int-Prevent, Child/Adol, I, Industrialized)

Dean, Kristin, PhD
University of Tennessee, Knoxville, Tennessee, USA

The opioid epidemic is rampant in rural communities in east Tennessee, with approximately 1,034 newborns in 2017 diagnosed with Neonatal Abstinence Syndrome (NAS: Tennessee Department of Health, 2018). Four clinical administrators who consult with the state child welfare system will present data from four projects aimed at improving mental health services for young children and families. Project one developed a state-wide infant mental health association; project two conducted a breakthrough series collaborative to initiate trauma screening in child welfare for children under age 5; project three developed infant court teams in concert with state legislators; and project four was the training and implementation of two evidence-based treatment models, Parent-Child Interaction Therapy and Child-Parent Psychotherapy, with community mental health centers. Each phase included specific successful strategies and challenges, along with common themes to improve inter-agency and systems collaboration for vulnerable populations.

Implementation of Evidence-Based Models to Treat Young Children with Dysregulated Behavior and Opioid Addicted Caregivers with Trauma

(Train/Ed/Dis, CPA-Fam/Int-Prevent-Sub/Abuse, Child/Adol, I, Industrialized)

Dean, Kristin, PhD
University of Tennessee, Knoxville, Tennessee, USA

Through our efforts to make statewide changes in policy and awareness about infant and young child mental health, we recognized the dearth of evidence-based practices targeted at these families. Many of our community

providers did not treat children younger than five because they were not trained. We collaborated with a local master trainer in Parent-Child Interaction Therapy (PCIT) to implement five Learning Collaborative training models in Tennessee. We will present data on the training and sustainability model, which included training local agency trainers who can train within their agency to maintain fidelity and sustainment. Child outcome data will be presented demonstrating significant decreases in disruptive behaviors. While pleased with the success of PCIT, we also recognized that caregivers recovering from substance use need help working through their own traumas and bonding with their infants and children under age 2. In partnership with the East Tennessee Children's Hospital (ETCH), who have been nationally recognized for their work with Neonatal Abstinence Syndrome (NAS), we implemented the Child Parent Psychotherapy (CPP) Learning Collaborative with community health agencies. We will present specific strategies for dissemination, including forming strategic partnerships, helping agencies shift to working with younger children, and addressing logistical challenges.

Trauma Screening and Assessment of Infants and Young Children: The Child Welfare Breakthrough Series Collaborative

(Commun, Assess Dx-Prevent, Child/Adol, I, Industrialized)

Hoffmann, Melissa, PhD[1]; Billings, Giovanni, PsyD[2]
[1]*University of Tennessee, Memphis, Tennessee, USA*
[2]*Vanderbilt University, Nashville, Tennessee, USA*

Trauma-informed and evidence-based screening, assessment, and treatment for infants and young children have been a gap in the children's system of care. In the state of Tennessee, approximately one in three youth entering state custody is 5 years old or younger (KidsCount, 2012), in part because the number of infants born with Neonatal Abstinence Syndrome (NAS) has increased ten-fold over the last 10 years. The sudden influx of very young children created a need for the Department of Children's Services (DCS) to screen children under age 5 for traumatic experiences and related symptoms to improve treatment planning and target at-risk families for early intervention services. In this presentation, a Breakthrough Series Collaborative (BSC) focused on trauma-informed screening and assessment of infants and young children will be described. Consistent with BSC methodology (Kilo, 1998), teams consisting of DCS personnel, mental health providers, resource/foster parents, and biological parents worked together to learn about, implement, and spread new practices related to screening and assessment of young children. The subsequent state-wide dissemination of a new screening process for young children in state custody involving a module of the CANS (Child and Adolescent Needs and Strengths) for children aged 4 and under will be discussed as well.

Collaboration to Change the Trajectory for Child Welfare Involved Infants, Young Children, and their Families: Implementation of Research Informed Infant Courts

(Commun, CPA-Fam/Int, Child/Adol, I, Industrialized)

Moser, Michele, PhD[1]; Billings, Giovanni, PsyD[2]
[1]*ETSU Center of Excellence, Johnson City, Tennessee, USA*
[2]*Vanderbilt University, Nashville, Tennessee, USA*

Infant Court is a multisystem, trauma-focused approach designed to address the complex needs of infants, toddlers, and their parents involved in the child welfare system and to improve outcomes. Infant mental health values and principles as well as knowledge areas such as the impact of trauma on early brain development, attachment theory, and trauma -informed care are integrated into the practice of infant courts. The core components of evidenced informed infant and early childhood courts will be reviewed. Presenters will describe two pilot infant court projects and the expansion of infant courts statewide through legislation.

Developing a Statewide Infant Mental Health Association: From Grassroots Collaborations to Non-Profit Organization Status

(Prevent, Dev/Int, Child/Adol, I, Industrialized)

Todd, Janet, PhD[1]; Moser, Michele, PhD[2]
[1]*University of Tennessee, Memphis, Tennessee, USA*
[2]*ETSU Center of Excellence, Johnson City, Tennessee, USA*

For six years, under the informal leadership of a few professionals committed to fostering the healthy social and emotional development of infants and young children in Tennessee, a group of passionate individuals and agencies came together on a bimonthlly and subsequently quarterly basis for the purpose of building relationships, identifying existing resources and opportunities, and beginning to identify what is needed to address the mental health needs of the birth through age 5 population. From the initial meeting of 25 or so individuals, the attendance and agency representation steadily grew and the group's identity as a valuable initiative was established. In this presentation, the expansion of this informal grassroots initiative into a formal non-profit corporation receiving funding from the Tennessee Department of Health to support developing the capacity and quality of the early childhood workforce will be described. The presenter also will describe the current work of the Association of Infant Mental Health in Tennessee (AIMHiTN), including the implementation of the Infant Mental Health (IMH) Endorsement® for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E®), an internationally recognized credential.

Symposium
Saturday, November 10
2:00 PM to 3:15 PM
Washington 2

Expanding Access to Evidence-Based Training and Consultation via Virtual Platforms: Advances and Lessons Learned

(Train/Ed/Dis, Tech-Train/Ed/Dis, Prof, M, Industrialized)

Lefkowitz, Carin, PsyD[1]; Riggs, David, PhD[2]
[1]*Center for Deployment Psychology, Uniformed Services University of the Health Sciences, Rockville, Maryland, USA*
[2]*Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA*

While effective treatments for PTSD exist, implementation is limited when providers cannot access high quality education and consultation due to geographic and/or time constraints (Ruzek & Rosen, 2009). Furthermore, even when training is accessible, participation in the standard multiday workshop model alone is insufficient to achieve competency in trauma-focused evidence-based psychotherapies (EBPs; Karlin & Cross, 2014). Faculty from the Center for Deployment Psychology (CDP) discuss 4 innovative models for dissemination of training and consultation in Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBTI) and Brief Behavioral Therapy for Insomnia (BBTI) to providers. These dissemination models facilitate access to both initial training and ongoing consultation to providers who are geographically remote from standard options and/or those who have limited funding and time resources. Specifically, the panel will demonstrate how we have used synchronous and asynchronous distance learning, consultation, and simulated patients to increase providers' fidelity and competence in EBPs. Although we implemented these models primarily

with providers who serve military-connected patients, these approaches can meet the need for sustainable and cost-effective alternative training models within a variety of healthcare settings (Smith et al, 2017).

Advances in Synchronous Virtual Training Models

(Train/Ed/Dis, Tech-Train/Ed/Dis, Prof, M, Industrialized)

Santanello, Andrew, PsyD
VA Maryland Healthcare System, Baltimore, Maryland, USA

Despite their effectiveness vis-a-vis increased clinical competency and improved clinical outcomes (Karlin & Cross, 2014), dissemination models that rely primarily on in-person workshops are potentially unsustainable over the long term. There is a need for alternative models of dissemination, including technology-based training provided online and via videoconferencing (Smith et. al.). We piloted synchronous, online training models including PE and CPT workshops conducted via videoconferencing platforms (e.g., Zoom, Adobe Connect) and in virtual environments (i.e., Second Life). Didactic content was identical to that provided in in-person workshops and designed for military-connected patients. A recent comparison of these technology-based workshops to our in-person workshops suggested the two modalities are comparable in terms of both knowledge gained by attendees and overall satisfaction with the training experience (Mallonee, Phillips, Holloway, & Riggs, 2017). We will present updated knowledge and satisfaction information subsequent to this study, specific to PE and CPT training, and delineate themes related to participants' qualitative experience.

Advances in Asynchronous Training

(Train/Ed/Dis, Tech-Train/Ed/Dis, Prof, M, Industrialized)

Holloway, Kevin, PhD
Center for Deployment Psychology, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

Distributed learning refers to learning not limited by time or geographic location. In regards to EBPs, this allows providers flexibility to build their knowledge and skills when their schedule permits and without travel. Further, structured reinforcement of learned material subsequent to an EBP workshop has been demonstrated to improve both self-reported learning and implementation of skills (Bennett-Levy & Padesky, 2014). For this project, we will review the use of an asynchronous distributed learning model, specifically immersive virtual world experiences as an extension of multiday workshop training in PE, CPT, or CBTI. We developed two interactive environments for providers to explore at their own pace: CDP's PTSD Experience and the Snoozeum. Both interactive learning environments are housed in the Second Life platform. After integrating a tour of the virtual world experiences into workshops, civilian providers working with military-connected patients across diverse U.S. locations shared qualitative feedback that these learning environments are highly engaging and useful for reinforcing skills learned in training workshops. We will conduct a live demonstration of these virtual environments to provide firsthand experience to attendees, then discuss benefits, challenges and feasibility of this asynchronous, innovative method of enhanced training.

Use of Virtual Simulated Patient Sessions in Consultation with Geographically Separated Providers

(Train/Ed/Dis, Tech-Train/Ed/Dis, Prof, M, Industrialized)

Lefkowitz, Carin, PsyD; Dolan, Diana, PhD
Center for Deployment Psychology, Uniformed Services University of the Health Sciences, Rockville, Maryland, USA

Successful dissemination and implementation models often incorporate a review of deidentified case material, including recordings of real treatment sessions (Rosen et al., 2016). Unfortunately, several challenges make it difficult for clinicians and consultants to utilize session recordings: clients may be reluctant to have their sessions recorded and shared with consultants and privacy safeguards place cumbersome (but necessary) restrictions on how recordings may be labeled, stored, and transmitted. Virtual simulated patient sessions can provide similar valuable information about treatment fidelity while mitigating most common challenges associated with real treatment session recordings. CDP partnered with a national network of mental health providers who primarily serve military-connected clients. A comprehensive training and consultation program was delivered via virtual platforms to clinicians practicing throughout the country. Virtual simulated patient sessions enabled consultants to evaluate clinicians' competency and fidelity to 3 EBPs: Prolonged Exposure, Cognitive Processing Therapy, and CBT for Insomnia. Clinical vignettes will illustrate benefits and challenges of this approach. Lessons learned from this pilot project can be applied to future dissemination and implementation efforts.

Outcomes of Technology-Based Post-EBP Training Consultation

(Train/Ed/Dis, Train/Ed/Dis-Mil/Vets, Adult, M, N/A)

Dolan, Diana, PhD; **Lefkowitz, Carin, PsyD**
Center for Deployment Psychology, Uniformed Services University of the Health Sciences, Rockville, Maryland, USA

While efforts to implement EBPs suggest that consultation promotes competence (McHugh & Barlow, 2010), no clear consensus on the logistics of consultation has emerged and outcome data are sparse. We review several recent implementation projects that attempt to overcome geographic challenges via technology. In the first, weekly consultation for PE, CPT, and CBTI was provided for 3-6 months to civilian providers working with military-connected patients with PTSD across the continental U.S. via the teleconferencing platform Zoom. Providers reported additional benefit of consultation beyond workshop training. In the second project, we examine a project targeting sleep disturbance, a hallmark symptom of PTSD; note treatment of sleep has also been suggested as a transdiagnostic approach, to include for PTSD (Dolsen, Asarnow & Harvey, 2014). Phone-based weekly consultation for BBTI was provided for 3 months to behavioral health providers working in Army primary care settings at both continental U.S. and overseas installations. After consultation, (1) self-reported confidence ratings in ability to administer the protocol increased, (2) knowledge item scores increased significantly, and (3) all providers reported implementation of the protocol. Results indicate that regular remote consultation is feasible via technology, and improves self-reported provider implementation and knowledge.

Symposium
Saturday, November 10
2:00 PM to 3:15 PM
Washington 3
Public Health Track

Self-Medication and Beyond: Towards a More Complete Understanding of Trauma and Alcohol Misuse in Under-Represented, Community, and National Samples

(Pub Health, Cul Div-Health-Sub/Abuse-Theory, Adult, M, Industrialized)

Luciano, Matthew, MS[1]; Mills, Katherine, PhD[2]

[1]*The University of Memphis, Memphis, Tennessee, USA*
[2]*University of New South Wales, Sydney, New South Wales, Australia*

Existing literature on trauma and alcohol misuse has largely relied on the self-medication hypothesis to understand the etiology of this complex comorbidity. Proposed by Khantzian (1985), this explanatory model states that individuals suffering from psychological distress use substances to reduce their distress. While foundationally important, trauma professionals must expand upon this model and consider how individual-level factors (e.g. sexual orientation, psychosocial qualities) interact with environmental and societal structures (e.g. access to environmental resources, race) to influence this relationship. This symposium will include four papers examining potential mechanisms to better understand the relationship between trauma and alcohol misuse in under-represented, community, and nationally representative samples. First, Dr. Emily Dworkin will expand on the self-medication hypothesis by examining associations between posttraumatic stress symptoms and drinking motives in a national sample of sexual minority women via a longitudinal daily diary methodology. Second, Dr. Anka Vujanovic will explore racial/ethnic differences in relations between posttraumatic stress disorder (PTSD) and depression with alcohol use disorder (AUD) in a cross-sectional community sample of firefighters. Third, Matthew Luciano will present findings from a national sample of trauma-exposed adult drinkers to examine how behavioral economic concepts (e.g. access to environmental rewards) mediate the relation between PTSD and alcohol consumption. Finally, Dr. Elizabeth Straus will examine a nationally representative sample of U.S. veterans to elucidate differences in protective factors across diagnostic groups (PTSD/AUD, AUD alone, PTSD alone) with the goal of identifying potential mechanisms underlying PTSD-AUD comorbidity. The symposium discussant, Dr. Katherine Mills, will provide additional comments on individual presentations and tie these papers together by discussing broader implications and barriers for intervention, policy, and public health.

Associations between Posttraumatic Stress and Drinking Motives in Sexual Minority Women: A Daily Diary Study

(CulDiv, Anx-Depr-Orient-Sub/Abuse, Adult, M, Industrialized)

Dworkin, Emily, PhD[1]; Kaysen, Debra, PhD, ABPP[2]
[1]*University of Washington School of Medicine, Seattle, Washington, USA*
[2]*University of Washington, Seattle, Washington, USA*

Sexual minority women (SMW) are at high risk of posttraumatic stress disorder (PTSD) and problem drinking. Although PTSD is thought to be functionally related to drinking, whether PTSD symptoms affect SMW's drinking motives is unclear. To address this gap, this study examined associations between PTSD symptoms and drinking motives among SMW. Participants completed 2 weeks of daily monitoring annually for up to 4 years. PTSD symptoms were averaged across days (i.e., person-mean PTSD symptoms) and this average was subtracted from daily symptoms (i.e., daily-deviation PTSD symptoms). Analyses tested relationships between PTSD symptoms and drinking motives in 55 trauma-exposed SMW who completed monitoring on 409 days. Both person-mean and daily-deviation PTSD symptoms predicted variation in coping motives, but not other motives. When testing anxiety and depression coping motives separately, person-mean PTSD symptoms were positively associated with anxiety coping motives, and both person-mean and daily-deviation PTSD symptoms were positively associated with depression coping motives. This indicates that SMW with higher typical levels of PTSD symptoms may be at risk of drinking to cope, and days when their symptoms are higher than normal may be times of particular risk. Clinicians could help trauma-exposed SMW create plans to avoid problem drinking on days when symptoms fluctuate.

Associations between Posttraumatic Stress, Depression, and Alcohol Use in Firefighters: Examining Racial/Ethnic Differences

(CulDiv, Commun-Depr-Ethnic-Sub/Abuse, Adult, M, Industrialized)

Vujanovic, Anka, PhD[1]; Gallagher, Matthew, PhD[1]; **Smith, Lia, BA**[1]; Bartlett, Brooke, MA[1]; Long, Laura, BA[1]; Tran, Jana, PhD[2]
[1]University of Houston, Houston, Texas, USA
[2]Houston Fire Department, Houston, Texas, USA

Firefighters represent an at-risk group for alcohol misuse and alcohol use disorder (AUD), depression, and posttraumatic stress disorder (PTSD) symptoms. No studies to date have examined racial/ethnic differences in these psychological disturbances among firefighters. In the present study, it was hypothesized that increased PTSD and depression symptom severity both would be related to increased probable alcohol dependence across three racial/ethnic groups. Participants for the current study included 2,925 firefighters (97.2% male) from a large fire department in the southern United States. Approximately 63.4% (n=1,855) identified as white/Caucasian, 19.7% (n=576) as Hispanic/Latino, and 16.9% (n=494) as black/African-American. Among white firefighters, only PTSD was a significant predictor of probable alcohol dependence (β=0.40, 95% CI[0.23,0.58], p< 0.001). Among Hispanic/Latino firefighters, only PTSD was a significant predictor of probable alcohol dependence (β=0.59,95%CI [0.27,0.91], p< 0.001). For black/African-American firefighters, neither PTSD nor depression was a significant predictor of probable alcohol dependence. Results will be interpreted through a cultural lens in order to inform evidence-based, culturally sensitive intervention and prevention efforts for firefighters.

Protective Factors Associated with Posttraumatic Stress Disorder, Alcohol Use Disorder, and their Comorbidity in U.S. Veterans: Results from the National Health and Resilience in Veterans Study

(Practice, Sub/Abuse-Mil/Vets, Adult, M, Industrialized)

Straus, Elizabeth, PhD[1]; Norman, Sonya, PhD[2]; Haller, Moira, PhD[3]; Hamblen, Jessica, PhD[4]; Southwick, Steven, MD[5]; Pietrzak, Robert, PhD[5]
[1]Veterans Affairs San Diego Healthcare System; Department of Psychiatry, UCSD, San Diego, California, USA
[2]National Center for PTSD, San Diego, California, USA
[3]VA San Diego Healthcare System, San Diego, California, USA
[4]VA National Center for PTSD, White River Junction, Vermont, USA
[5]National Center for PTSD Clinical Neurosciences Division/Yale University Dept. of Psychiatry, West Haven, Connecticut, USA

PTSD and alcohol use disorder (AUD) frequently co-occur and result in greater impairment than either disorder alone. Understanding risk and protective factors for PTSD/AUD may elucidate mechanisms underlying their comorbidity. While several risk factors have been identified, less is known regarding protective factors. Our goal was to identify protective factors associated with lower likelihood of having PTSD/AUD rather than either disorder alone.
Data were analyzed from a nationally representative sample of US veterans (N=3,157) aged 21 and older. 16.4% screened positive for PTSD, 14.8% for AUD, and 2.8% for PTSD/AUD.Chi-square analyses revealed that, compared with veterans with PTSD or AUD alone, veterans with PTSD/AUD were less likely to endorse active coping (PTSD/AUD=6.9%, PTSD=19.0%, AUD=18.2%) and positive reframing (PTSD/AUD=8.1%, PTSD=19.5%, AUD=16.1%),but were more likely to endorse use of emotional support. Veterans with PTSD/AUD scored lower than those with AUD only (but not PTSD only) on factors of protective psychosocial qualities and social connectedness (ps<.001).
These findings suggest that veterans with PTSD/AUD are less likely to use adaptive coping strategies and have fewer protective characteristics, which could contribute to the greater impairment. Developing interventions to augment protective factors may help enhance outcomes in this vulnerable population.

Posttraumatic Stress Disorder and Alcohol Consumption: Understanding Comorbidity through the Lens of Behavioral Economics

(Pub Health, Pub Health-Sub/Abuse-Theory, Adult, M, Industrialized)

Luciano, Matthew, MS[1]; Acuff, Samuel, MS[1]; Olin, Cecilia, BA[2]; Zakarian, Rebecca, BA (Hons)[1]; McDevitt-Murphy, Meghan, PhD[1]; Murphy, James, PhD[1]
[1]*The University of Memphis, Memphis, Tennessee, USA*
[2]*University of Washington, Seattle, Washington, USA*

Limits to the self-medication hypothesis warrant a deeper understanding of the complex relation between posttraumatic stress disorder (PTSD) and hazardous drinking. Behavioral economics is a metatheory that combines operant psychology and microeconomic principles to understand the nature of such relations. For example, PTSD-related avoidance and anhedonia may play a role in limiting non-substance reinforcement, leading to an overvaluation of alcohol. The objective of this study was to test if behavioral economic constructs could explain the relation between PTSD and alcohol consumption. Participants were trauma-exposed adult drinkers recruited nationally through Amazon MTurk (N=110). Four mediation analyses were conducted on the relation between PTSD severity (PCL-5) and alcohol consumption (DDQ). Delayed Reward Discounting (DRD), Consideration of Future Consequences (CFC), Reward Probability, and Access to Environmental Reward served as potential mediators. The PTSD-alcohol consumption relationship was mediated by environmental access to rewards (b = -.002, CI = -.005, .-000) and reward experience (b = -.001, CI = -.008, -.000), but not DRD or CFC. Findings suggest a possible behavioral economic mechanism explaining this relationship and highlight the importance of access to resources in PTSD-alcohol misuse relations. Clinical and public health implications will be discussed.

Symposium
Saturday, November 10
2:00 PM to 3:15 PM
Washington 4
Military/Veteran Track

Longitudinal Course of Mental Health Symptoms among Post 9/11 Military Personnel and Veterans

(Clin Res, Chronic-Pub Health-Res Meth-Mil/Vets, Adult, M, Industrialized)

Lee, Daniel, MS[1]; Keane, Terence, PhD[2]
[1]*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA*
[2]*National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA*

Over two and a half million service members have deployed in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). As with previous conflicts, posttraumatic stress disorder (PTSD), comorbid disorders, and associated functional impairment have emerged as major health concerns among OEF/OIF veterans (e.g., Milliken, Auchterlonie, & Hoge, 2007). Despite substantial research effort for several decades, longitudinal trajectories of mental health symptoms among the active duty and veteran populations are not well understood. Two general themes that have emerged from such work are that 1) mental health symptom trajectories are characterized by remarkable heterogeneity among individuals exposed to similar traumas (Bonanno et al., 2012;

deRoon-Cassini, Mancini, Rusch, & Bonanno, 2010; Dickstein, Suvak, Litz, & Adler, 2010; Steenkamp, Dickstein, Salters-Pedneault, Hofmann, & Litz, 2012), and 2) symptoms tend to be chronic for many, lasting decades for some (Marmar, Schlenger, Henn-Haase, & et al., 2015; Solomon, Horesh, Ein-Dor, & Ohry, 2012; Zahava Solomon & Mario Mikulincer 2006). Improved understanding of the course of symptom onset and remission is particularly important for OEF/OIF veterans as such findings could help ensure appropriate healthcare resource allocation and inform long-term healthcare policy and planning.
This symposium will present results from four studies examining longitudinal course of PTSD and related mental health symptoms among current and former military service members. In the first presentation, Mr. Fink will present results of a study examining the risk for later developing threshold PTSD among those with subthreshold PTSD among a large sample of US National Guard members. Next, Dr. Meyer will present results of a study examining modifiable psychosocial factors that mediate the relationship between PTSD and depression symptoms and functional disability over a one year period among veterans. Third, Dr. Lee will present results of a study examining longitudinal trajectories of PTSD symptoms among participants in the Veterans After-Discharge Longitudinal Registry (Project VALOR); a large, nationally dispersed sample of OEF/OIF veterans. Finally, Dr. Vasterling will present results from a study examining PTSD symptom trajectories among the VA-DoD Neurocognition Deployment Health Study/VA Cooperative Study #566; a large sample of nationally dispersed active duty soldiers, reservists, and military veterans. Dr. Terrence Keane will serve as discussant.

Longitudinal Posttraumatic Stress Disorder Symptom Trajectories among Operation Enduring Freedom and Operation Iraqi Freedom Veterans

(Clin Res, Pub Health-Res Meth-Mil/Vets-Gender, Adult, M, Industrialized)

Lee, Daniel, MS[1]; Lee, Lewina, PhD[2]; Bovin, Michelle, PhD[3]; Moshier, Samantha, PhD[4]; Dutra, Sunny, PhD Student[1]; Kleiman, Sarah, PhD[5]; Rosen, Raymond, PhD[6]; Keane, Terence, PhD[3]; Marx, Brian, PhD[7]
[1]National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA
[2]Boston University School of Medicine and VA Boston Healthcare System, Boston, Massachusetts, USA
[3]National Center for PTSD, VA Boston Healthcare System, Boston University School of Medicine, Boston, Massachusetts, USA
[4]VA - National Center for PTSD, Boston, Massachusetts, USA
[5]Boston VA Medical Center, Jamaica Plain, Massachusetts, USA
[6]New England Research Institutes, Inc., Watertown, Massachusetts, USA
[7]National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA

Longitudinal course of posttraumatic stress disorder (PTSD) symptoms is not well understood. Improved understanding of symptom onset and remission is particularly important to ensuring appropriate healthcare resource allocation for Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) veterans. This study aimed to identify PTSD symptom trajectories among a nationwide cohort of OEF/OIF veterans enrolled in VA care. Participants (N = 1,649) were assessed on four occasions over the course of approximately 4.5 years as part of the Veterans After-Discharge Longitudinal Registry (Project VALOR). Participants with and without probable PTSD were sampled at a 3:1 ratio; male and female veterans were sampled at a 1:1 ratio. PTSD symptoms were assessed using the PTSD Checklist. Growth mixture modeling suggested five distinct symptom trajectories: asymptomatic (2.30%), mild (8.85%), subthreshold (21.42%), threshold (17.50%), and severe (49.94%). Symptom severity was generally stable over time in all groups. This study presents one of the largest prospective studies of mental health symptoms among OEF/OIF veterans to date. Results indicate that PTSD symptoms experienced by veterans deployed in support of OEF/OIF may be relatively stable within individuals but also reflect a spectrum of symptom severity between individuals. Predictors of symptom trajectories will be presented.

Prospective Predictors of Post-Deployment Functioning in War Veterans: A Mediational Model of the Effect of Psychological Inflexibility

(Clin Res, Chronic-Depr-Illness-Mil/Vets, Adult, M, Industrialized)

Meyer, Eric, PhD[1]; Kimbrel, Nathan, PhD[2]; DeBeer, Bryann, PhD[1]; Kittel, Julie, MA[3]; Gulliver, Suzy, PhD[4]; Morissette, Sandra, PhD[5]

[1]*VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA*
[2]*Department of Veterans Affairs Medical Center, Veterans Integrated Service Network (VISN) 6 Mental Illness Research, Education and Clinical Center (MIRECC), Durham, North Carolina, USA*
[3]*University of Rochester, Rochester, New York, USA*
[4]*Texas A&M Health Science Center, Waco, Texas, USA*
[5]*University of Texas at San Antonio, San Antonio, Texas, USA*

Understanding the process by which warzone exposures and clinical sequalae lead to functional disability is crucial for assisting veterans in their recovery. We examined the influence of psychological inflexibility over time in 309 war veterans (32% female). While challenging to define, one influential model defines psychological inflexibility as rigid dominance of psychological reactions to unwanted internal experiences over personal values in guiding behavioral choices. In this model, we examined which demographic factors and warzone and other exposure variables measured at baseline (age, gender, race, years of education, traumatic brain injury, neuropsychological functioning, lifetime trauma history, pain severity) predicted PTSD/depression symptoms and alcohol consumption 4 months later and whether psychological inflexibility at 8-months mediated the relationships between 4-month PTSD/depression and alcohol consumption and 12-month functional disability. In the final, best fitting, trimmed model, several variables (gender, neuropsychological functioning, combat trauma, pain severity) predicted PTSD/depression and psychological inflexibility partially mediated the effect of PTSD/depression on functional disability ($p < .001$). Psychological inflexibility is a potential mechanism through which PTSD-depression leads to functional disability in war veterans.

Proportion of Subsequent Psychopathology Conferred by Subthreshold PTSD in a Military Cohort

(Pub Health, Health-Pub Health-Mil/Vets, Adult, M, Industrialized)

Fink, David, PhD Student[1]; Gradus, Jaimie, ScD[2]; Keyes, Katherine, PhD[3]; Calabrese, Joseph, MD[4]; Liberzon, Israel, MD[5]; Tamburrino, Marijo, MD[6]; Cohen, Gregory, MSW[7]; Sampson, Laura, PhD Candidate[7]; Galea, Sandro, MD, DrPH[8]

[1]*Columbia University, Mailman School of Public Health, New York , New York, USA*
[2]*National Center for PTSD, Boston VA Medical Center and Boston University School of Medicine, Boston, Massachusetts, USA*
[3]*Columbia University, New York, New York, USA*
[4]*Case Western Reserve University, Cleveland, Ohio, USA*
[5]*University of Michigan, Ann Arbor, Michigan, USA*
[6]*University of Toledo, Toledo, Ohio, USA*
[7]*Boston University School of Public Health, Boston, Massachusetts, USA*
[8]*Boston University, Boston, Massachusetts, USA*

This study identified the relative proportion of later PTSD that can be attributed to earlier subthreshold PTSD compared to earlier diagnosable PTSD. Using the PCL, we classified 3,457 US National Guard members from the state of Ohio into one of three groups: PTSD, subthreshold PTSD (Criteria A, at least one symptom from each cluster), and no PTSD. At each wave from 2008 to 2014, we calculated the exposure rate, risk ratio (RR), and

population attributable fraction (PAF) for diagnosable PTSD among participants in each of the three groups. Subthreshold PTSD was twice as prevalent as diagnosable PTSD (11.9% vs. 5.0%), persons with PTSD the previous year had twice the RR for PTSD at follow-up than those with subthreshold PTSD (7.0 vs. 3.4), and the PAF of subsequent PTSD was considerably greater among persons exhibiting subthreshold PTSD compared to chronic PTSD (35% vs. 28%). Results were robust to changes in subthreshold PTSD definition. Subthreshold PTSD accounts for a substantial proportion of future PTSD burden. A focus on interventions that shift the whole distribution of PTSD symptoms, compared to a high-risk approach, is likely to affect the greatest reduction in the burden of PTSD within military populations.

Predicting Long-Term PTSD Symptom Trajectories in Iraq-Deployed Soldiers: A Prospective Study

(Clin Res, Mil/Vets, Adult, M, N/A)

Vasterling, Jennifer, PhD[1]; Aslan, Mihaela, PhD[2]; Lee, Lewina, PhD[3]; Ko, John, BS[4]; Proctor, Susan, Dsc[5]; Concato, John, MD, MPH[2]
[1]*National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, Massachusetts, USA*
[2]*Clinical Epidemiology Research Center, VA Cooperative Studies Program, West Haven, Connecticut, USA*
[3]*Boston University School of Medicine and VA Boston Healthcare System, Boston, Massachusetts, USA*
[4]*VA Connecticut Health Care System, West Haven, Connecticut, USA*
[5]*U.S. Army Research Institute of Environmental Medicine, VA Boston Healthcare System, and Boston University, Boston, Massachusetts, USA*

Individuals differ in their emotional responses to psychological trauma exposure, including whether symptoms are maintained, increase, or diminish over time. Understanding longitudinal patterns of emotional symptom expression and what predicts these patterns can inform prevention and treatment of stress-related psychopathology. Because cross-sectional group averages can disguise individual symptom trajectories, a growing literature has used growth mixture modeling (GMM) to identify individual trajectories of PTSD symptom expression. Fewer GMM studies, however, have included both pre-trauma and long-term assessments as longitudinal components. This presentation incorporates data from the VA-DoD Neurocognition Deployment Health Study/VA Cooperative Study #566, which began with pre-Iraq deployment assessments, and included both short- and long-term (5+ years following deployment) evaluations. We applied GMM to data drawn from 1097 Soldiers who provided at least 1 pre- and 1 post-deployment assessment, but data reflect an average of 3 assessments per participant. The best model contains 4 classes characterized by resilience (n=174), recovery (n=247), worsening pre-existing symptoms (n=367), and worsening post-deployment onset symptoms (n=309). The presentation will also include discussion of risk and resilience factors found to be associated with each trajectory class.

Panel Presentation
Saturday, November 10
2:00 PM to 3:15 PM
Salon 3
Assessment and Diagnosis Track

Using the Core Curriculum on Childhood Trauma to Create Trauma-Competent Child Service Systems: Integrating Instructional Design, Evidence-Based Practice, and Implementation Science Principles

(Train/Ed/Dis, Assess Dx-Complex-Dev/Int-Fam/Int, Child/Adol, M, Industrialized)

Presenters' names are in bold. Discussants' names are underlined.
Moderators' names are in bold and underlined.
Guide to Keyword Abbreviations located on pages 2-3.
(Primary keyword, Secondary Keywords, Population type, Presentation Level, Region)

Layne, Christopher, PhD[1]; **Studer, Margaret, MD**[2]; **Ross, Leslie, PsyD**[3]; **Grossman, Hannah, PhD**[3]; **Dunn, Jerry, PhD**[4]; **Abramovitz, Robert, MD**[5]
[1]*UCLA - National Center for Child Traumatic Stress, Los Angeles, California, USA*
[2]*UCLA Department of Psychiatry and Biobehavioral Sciences, Los Angeles, California, USA*
[3]*University of California, Los Angeles/Duke National Center for Child Traumatic Stress, Los Angeles, California, USA*
[4]*University of Missouri St. Louis, St Louis, Missouri, USA*
[5]*Hunter College School of Social Work, New York, New York, USA*

Calls have been issued in the traumatic stress field (Cook, Newman, et al., 2014) and more broadly across the disciplines of psychology, social work, and psychiatry to build professional knowledge and skills needed to competently serve traumatized populations. This panel will discuss efforts by the National Child Traumatic Stress Network to design, disseminate, implement, and evaluate the Core Curriculum on Childhood Trauma. Dr. Layne will begin by discussing the mission of the Curriculum to raise the standard of care for traumatized children and families nationwide by raising the standard of professional training and education. Dr. Grossman will present a design-based research approach to creating heuristics to strengthen case formulation and critical reasoning skills. Dr. Ross will describe the incremental benefits of successively adopting manualized treatments, assessment protocols, and the Curriculum in a large community mental health agency. Dr. Dunn will describe efforts to adapt the Curriculum to encompass bachelors-level training, including simulation exercises to train child welfare workers. Dr. Stuber will draw on 27 years of medical training to discuss challenges inherent in conceptualizing, measuring, and certifying professional competencies. Dr. Abramovitz will conclude by discussing challenges in adapting the curriculum for multiple professional disciplines.

Panel Presentation
Saturday, November 10
2:00 PM to 3:15 PM
Washington 5

Losing a Loved One to Police Violence: Family- and Community-Level Responses
(Commun, Chronic-Comm/Int-Rights-Grief, Lifespan, I, Industrialized)

Kantorova, Daniela, PsyD[1]; **Brooks, Cat, BA**[2]; **Balbus, Arielle, PsyD Candidate**[1]; **Weicker, Anna, PsyD Candidate**[1]; Fields, Laurie, PhD[3]
[1]*Wright Institute, Berkeley, California, USA*
[2]*Anti Police-Terror Project, Oakland, California, USA*
[3]*University of California, San Francisco, San Francisco, California, USA*

While police killings in the United States have garnered substantial public attention since the 2014 death of Michael Brown in Ferguson (Sekhon, 2017), there is a dearth of research on how families are impacted by the loss of a loved one to police violence. In this panel we will provide a review of records on police violence incidents and community responses; present data from a qualitative study on impacts of police violence on bereaved families; present the perspective and activities of a grassroots organizer; compare our findings with research on state violence in the context of refugee and torture survivor trauma (Kalt, Hossein, Kiss, & Zimmerman, 2013; McFarlane & Kaplan, 2012); discuss policy implications; and apply a culturally relevant theoretical framework and United Nations perspective that can inform individual, family, and community interventions. We will discuss factors that complicate posttraumatic stress responses, including protracted battles with the legal system, media attention,

and mistreatment experienced by impacted families in the aftermath of the killings. The purpose of our research with this vulnerable population is to promote discourse in the field of traumatic stress studies that would lead to societal change through policy reform, innovative community programs, and culturally relevant clinical interventions.

Workshop Presentation
Saturday, November 10
2:00 PM to 3:15 PM
Virginia A
Immigrant/Refugee Track

Treating Refugee and Immigrant Families Using Health Navigators Trained in Strengthening Family Coping Resources - Peer-to-Peer

(Practice, Chronic-Fam/Int-Refugee-Surv/Hist, Lifespan, M, Global)

Kiser, Laurel, PhD, MBA[1]; **McArthur, Laura, PhD**[2]; **Perez, Ana, BS**[2]
[1]*University of Maryland School of Medicine, Baltimore, Maryland, USA*
[2]*Aurora Mental Health Center, Aurora, Colorado, USA*

Families affected by political, historical and intergenerational trauma and who are living in traumatic contexts endure multi-layered challenges that require innovative clinical service models. Strengthening Family Coping Resources-Peer-to-Peer (SFCR-P2P) is a peer-driven parent treatment model focused on improving intergenerational relationships and especially on trans-generational trauma, violence, substance abuse and mental illness. The Trauma Resilience Youth Program (TRYP) is a program at Aurora Mental Health Center serving clients (ages 3-24) who are first or second-generation refugees or immigrants and their families. One of the unique components of TRYP includes Health Navigator Case Managers who have been trained to provide culturally and linguistically appropriate SFCR-P2P to different refugee and immigrant communities (Spanish, Arabic, French, Sango, Swahili, Nepali, Burmese and Karen). This workshop will review the structure and content of SFCR-P2P as adapted for refugee families providing short session vignettes and experiential role-plays in each of the 5 conceptual areas covered: Family, Traditions, Routines, Safety, and Connections. The workshop concludes with discussion of training/implementation guidelines along with illustration of successes and challenges of SFCR-P2P with refugee and immigrant communities.

Flash Talks
Saturday, November 10
2:00 PM to 3:15 PM
Roosevelt 5

Childhood versus Adult Trauma and Emotion Dysregulation: An Examination of Daily Emotion Processes

(Clin Res, CPA-CSA-Rape, Lifespan, M, Industrialized)

Fitzpatrick, Skye, MA, PhD Student[1]; Bedard-Gilligan, Michele, PhD[2]; Stappenbeck, Cynthia, PhD[3]; Kaysen, Debra, PhD, ABPP[2]

[1]*Ryerson University, Toronto, Ontario, Canada*
[2]*University of Washington, Seattle, Washington, USA*
[3]*University of Washington School of Medicine, Seattle, Washington, USA*

Posttraumatic stress disorder (PTSD) is associated with dysregulated emotion (e.g., Bradley et al., 2011). Theorists suggest that early interpersonal traumas are more likely to lead to dysregulated emotion than later-onset ones because they disrupt emotion regulation development (Cloitre et al., 2005). However, studies have not directly compared emotion processes across trauma types. This study examined if survivors of an early interpersonal trauma, childhood sexual assault (CSA; prior to age 14), experience higher emotional intensity and emotional lability than survivors of a later one, adolescent/adult sexual assault (ASA; after age 14). Women survivors of CSA alone or with later ASA (n = 59) or ASA only (n = 73) completed daily positive affect, negative affect, and general arousal measures for four weeks. Generalized estimating equations revealed that, after controlling for PTSD severity, the two groups did not differ in average emotional intensity or arousal. However, CSA survivors reported significantly greater daily deviations from their average emotional intensity in positive affect, $\beta = .20$ (SE = .10) $\chi2(1) = 4.19$, $p = .04$, and a trend toward greater daily deviations in negative affect, $\beta = .27$ (SE = .15) $\chi2(1) = 3.36$, $p = .07$, than ASA survivors. These findings suggest that CSA may confer greater risk for specific emotion dysregulation processes.

The Feasibility of a Cultural Sensitive Neuropsychological Testbattery for Assessing Cognitive Functioning among Resettled Traumatized Refugees in Denmark

(Assess Dx, Assess Dx-Complex-Cul Div-Refugee, Adult, M, Industrialized)

Thøgersen, Marie, PhD, PsyD
DIGNITY Danish Institute Against torture, Copenhagen, Denmark

Objective: to test the feasibility of a cultural sensitive neuropsychological testbattery (NPTB) for assessing cognitive function (CF) among resettled traumatized refugees.
Methods: 30 Syrian refugees resettled in Denmark referred for treatment at a specialized clinic for traumatized refugees, were assessed with a cultural sensitive NPTB, consisting of five cultural sensitive subtests. The battery assessed verbal memory and learning (Auditory Verbal Learning Test) Tempo (Symbol Digit Modality Test), Working Memory (WAIS IV Digit Span), focused and shifting attention and executive functioning (Color Trails and Verbal Functioning)
Results: 29 of 30 participants completed all subtests. Overall the scores were revealed a very reduced CF. Those who had experienced head traumas had a more reduced level of CF, suggesting that other factors, than PTSD and mental disorders contributed to the reduced level of CF. The clinical assessment, following the test, of how the cognitive difficulties effected the participants everyday functioning, proved clinical relevant.
Conclusion: The cultural sensitive NPTB appeared feasible for assessing CF and relevant as a clinical assessment tool for assessing everyday functioning. Caution should be used when interpreting the scores. More knowledge on cultural sensitive neuropsychologival assessment of CF among refugees is needed.

Posttraumatic Distress and Barriers to Treatment among Former Gang Members: Implications for Improving Access to Traumatic Stress Resources in Vulnerable Populations

(Commun, Commun-Comm/Int-Comm/Vio-Pub Health, Adult, I, Industrialized)

Valdez, Christine, PhD[1]; Fields, Laurie, PhD[2]; Whitney, Kendall, Undergraduate[1]; Conen, Katrina, Undergraduate[1]
[1]*California State University Monterey Bay, Seaside, California, USA*

[2]*University of California, San Francisco, San Francisco, California, USA*

Few have examined the links among gang membership, violent victimization, and mental health. This mixed methods pilot study examined psychiatric morbidity, use of mental health services, and barriers to treatment among a sample of ex-gang members (N=18; M age=41.28, 77.8% male; 50% Black). Participants completed online questionnaires and a semi-structured interview, which was transcribed for qualitative analysis by 2 trained RAs. This highly traumatized sample reported up to 13 discrete traumas and community violence up to once per week. Most participants described histories of substance abuse (56%) and PTSD symptoms (47%) in interviews, yet quantitative reports suggest minimal symptoms of posttraumatic stress, depression, generalized anxiety, and substance abuse in the previous month. Forty-one percent described engaging in "counseling," (range: 1 session to 6 years), while 29% reported no treatment. Barriers to treatment included stigma and inaccurate information about therapy (e.g., "a lot of them haven't experienced what happened to me and what I've gone through, it's like, if you've never walked in my shoes, how can you help me?"). Implications for understanding these notable findings of recovery and resilience for some, and building trauma-informed communities that improve access to traumatic stress resources for at-risk, vulnerable populations will be discussed.

A Hybrid View of PTSD: Examining PTSD as a Causal System Influenced by Hidden Variables

(Res Meth, Mil/Vets-Theory, Adult, I, Industrialized)

McGhie, Shaan, BA; Amir, Nader, PhD
San Diego State University/University of California, San Diego, San Diego, California, USA

Psychological theories of Post Traumatic Stress Disorder (PTSD) suggest that a latent construct causes the symptoms that quantify it. A different approach characterizes PTSD as a causal system (Borsboom, 2017) where cluster of symptoms' direct relationships constitute the mental disorder. Fried and Cramer (2017) suggest that some disorders such as PTSD may be better characterized as a hybrid, where the a common or latent cause incites the onset of a disorder, which is then maintained by direct interactions between symptoms. The Greedy Fast Causal Inference (GFCI) algorithm can inform on the influence of hidden variables when identifying possible causal paths between variables. In the current study, we used the GFCI algorithm to examine PTSD symptoms in 1,077 veterans. All relationships originating from and between avoidance of thoughts, physiological reactivity, intrusions, flashbacks and feeling upset were potentially confounded by a hidden variable. Feeling distant from others had a direct relationship predicting many variables including numbness and anger, none of which were indicated to be confounded. These results may suggest that a hybrid view of PTSD may be a better characterization of the disorder, where some symptoms may be caused by a common hidden variable (trauma), and those symptoms cause others which help to maintain the disorder (e.g. feeling distant from others

Are We Measuring the Same Thing? Assessing Trauma Exposure and Acculturation Stress among Latinx Subgroups

(CulDiv, Clin Res-Cul Div-Res Meth, Adult, M, N/A)

Cooper, Daniel, PhD Candidate
University of Minnesota Department of Family Social Science, St. Paul, Minnesota, USA

Traditional forms of data analysis treat Latinxs as a single, uniform group (Gallo et al., 2014). However, a growing body of literature suggests that psychological measures may not be equally valid across different Latinx populations (e.g., Rivera et al., 2008). The objective of this study was to determine the extent to which trauma exposure and acculturation stress function differently across Latinx subgroups, including Mexican, Puerto Rican,

Dominican, Cuban, South American, and Central American. Data used for this study are from the HCHS – SOL Sociocultural Ancillary Study, conducted from 2009-2011 (Gallo et al., 2014). This is the largest and most recent publically accessible survey of Latinx mental health in existence. This study used a household probability sampling procedure to identify potential participants in four of the largest Latinx metropolitan areas in the US (N = 4,393). A multi-group confirmatory factor analysis (CFA) was conducted to determine whether the trauma exposure and acculturation stress operate similarly across groups (Dimitrov, 2010). Findings have implications for researchers and clinicians working with individuals facing stress from trauma and acculturation, highlighting the need for separating diverse immigrant groups into smaller subgroups for analysis.

Addressing the Impact of Sexual Trauma on Women Veterans: Feasibility and Acceptability of a Computerized Intervention for Primary Care

(Clin Res, Rape-Care-Gender, Adult, M, Industrialized)

Pulverman, Carey, PhD[1]; Creech, Suzannah, PhD[1]; Tzilos Wernette, Golfo, PhD[2]; Orchowski, Lindsay, PhD[3]; Shea, M., PhD[4]; Zlotnick, Caron, PhD[3]
[1]*VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas, USA*
[2]*University of Michigan, Ann Arbor, Michigan, USA*
[3]*Brown University Warren Alpert Medical School, Providence, Rhode Island, USA*
[4]*VA Medical Center, Providence, Rhode Island, USA*

Sexual trauma is prevalent among women veterans and associated with several health risks including posttraumatic stress disorder (PTSD), intimate partner violence (IPV), and alcohol misuse. Currently, the Veterans Health Administration conducts universal screening for military sexual trauma within primary care settings. Computerized interventions have the potential to increase the treatment capacity of the VA and treatment options for patients. Safe and Healthy Experiences (SHE) was developed as a brief computerized intervention designed to reduce health risks associated with sexual trauma among women veterans. SHE was pilot tested in an Open Trial (N = 20) with women veterans seeking primary care at a large VA hospital. Assessments were completed at baseline, 2-months, and 4-months. Women reported high satisfaction with both the intervention and the computerized software. The completion rate for the intervention was 95%, and the retention rate at 4-month follow-up was 90%. Women also evidenced reductions in PTSD (29% reduction), IPV (53% reduction), and alcohol misuse (48% reduction) over time. The SHE intervention appears to be feasible for use in primary care settings, and acceptable and potentially beneficial to women veterans. Although further testing is needed, the low-cost SHE intervention holds promise for a particularly vulnerable group of veterans.

Genetic and Environmental Influences on Perceived and Outcome-Based Conceptualizations of Resilience

(Bio Med, Depr-Genetic, Adult, I, Industrialized)

Sawyers, Chelsea, PhD Candidate[1]; Kurtz, Erin, PhD[2]; Sheerin, Christina, PhD[1]; Maes, Hermine, PhD[1]; Kendler, Kenneth, MD[3]; Amstadter, Ananda, PhD[3]
[1]*Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, Virginia, USA*
[2]*Hunter Holmes McGuire VA Medical Center, Richmond, Virginia, USA*
[3]*Virginia Institute for Psychiatric and Behavioral Genetics, VCU, Richmond, Virginia, USA*

Great variability exists in response to stressful or traumatic events, leading to an interest in the construct of resilience as a trait and an outcome. The etiologic sources of variability across differing definitions of resilience are poorly understood. Using behavioral genetic methods in a sample of 2,056 female twins, the present study sought to a) examine the etiologic sources of a trait-based measure of perceived resilience (PR), b) determine the genetic

and environmental overlap with an outcome-based measure of resilience used by our research team (discrepancy-based psychiatric resilience; DBR), and c) determine the etiologic contribution of these two resilience measures with major depressive disorder (MDD). PR was modestly (11%) heritable, with a moderate degree of overlap (41%) in the heritability between the two alternative measures of resilience, and a nominal amount of environmental overlap (3%). Genetic factors that influence PR account for 3% of MDD heritability, whereas 30% of MDD heritability is due to DBR genetic factors. Findings of a higher genetic correlation between the outcome-based resilience measure and MDD compared to the trait-based measure and MDD suggests gene-finding efforts may benefit from considering the multifaceted nature of resilience and that resilience is best understood as both a phenotypically and genetically heterogeneous construct.

Electronic Collection of Post-Traumatic Stress Symptom Data from Violently Injured Youth in a Pediatric Emergency Department: Implications for Research and Clinical Practice

(Res Meth, Assess Dx-Clin Res-Clinical Practice-Comm/Vio, Child/Adol, I, Industrialized)

Myers, Rachel, PhD[1]; Feske-Kirby, Katherine, BA[1]; Everett, Valerie, BA[1]; Kassam-Adams, Nancy, PhD[1]; Berkowitz, Steven, MD[2]; Fein, Joel, MD, MPH[2]
[1]*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*
[2]*University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA*

Collecting post-traumatic stress symptom (PTSS) data immediately following violent injury presents opportunities to identify youth who may benefit from trauma-focused (TF) therapy. However, Emergency Department (ED) data collection can be cumbersome, costly, and inaccurate. In the context of a randomized controlled trial, we developed an electronic data collection process to obtain youth-reported PTSS that could be readily adapted for clinical purposes. We integrated consent and assent documentation and youth self-administered surveys into a web-based instrument initiated by non-study specific ED research staff. Youth completed the Child PTSD Symptom Scale-5 (CPSS-5) and provided demographic and injury data on tablet computers. To date, 27 violently injured youth completed the electronic CPSS-5 with no missing data. Mean participant age is 13 years, 40% are female, and 93% report non-penetrating injuries. Median CPSS-5 score is 27 (IQR:11, 36); 78% reported moderate (>10) PTSS. This process enabled real-time tracking of data collection by off-site staff and facilitated rapid outreach to symptomatic youth. Implementing an electronic PTSS data collection tool in the ED is feasible. While developed for research purposes, the tool is an inexpensive, sustainable method to enhance complete data collection and identification and referral of violently-injured youth for TF therapy.

Avoidance and Autonomic Inflexibility in Veterans with Chronic PTSD Symptoms

(Clin Res, Affect/Int-Anx-Cog/Int, Adult, M, Industrialized)

Bennett, Ken, MS[1]; Lotfi, Salahadin, PhD Student[1]; Dean, Caron, PhD[2]; Larsen, Sadie, PhD[3]; Larson, Christine, PhD[1]; Lee, Hanjoo, PhD[1]
[1]*University of Wisconsin - Milwaukee, Milwaukee, Wisconsin, USA*
[2]*Medical College of Wisconsin, Milwaukee, Wisconsin, USA*
[3]*Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin, USA*

Research suggests that the DSM-5 avoidance symptom cluster is a core component of PTSD psychopathology (APA, 2013; Friedman, 2013). Moreover, increased avoidance of emotions has been linked to deficits in emotion regulation in clinical and non-clinical populations (Cloitre et al., 2002; Hayes et al., 2006). Emotion regulation and responding are often measured with physiological indices, such as parasympathetically-mediated heart rate variability (HRV; Appelhans & Luecken, 2006). This study examined how avoidance symptoms (PCL-5) are

associated with trait anxiety (PSWQ), worry (PSWQ), rumination (RRS), general anxiety, depression, and distress symptoms (DASS-21), and autonomic flexibility (heart rate variability). A sample of Veterans (n=29) with elevated PTSD symptoms listened to personally-relevant trauma words while wearing an ambulatory heart rate monitor (Zephyr 3.0). Results revealed that avoidance was the only PTSD symptom cluster negatively correlated (r = -.38) with HRV indices (RMSSD, NN50), whereas it was not associated with any other self-reported emotional symptoms (ps > .10). These results suggest increased avoidance may serve as a useful index for difficulties in emotion regulation in Veterans with chronic PTSD symptoms, a particularly vulnerable population, despite its lack of association with self-reported emotional symptoms.

Longitudinal Patterns of Response to Bereavement among Children: Associations among Cumulative Adversity, Parental Mental Health, and the Child-Parent Relationship

(Pub Health, Death, Child/Adol, M, Industrialized)

Denckla, Christy, PhD[1]; Lowe, Sarah, PhD[2]; Kassam-Adams, Nancy, PhD[3]; Mancini, Anthony, PhD[4]; Henderson, David, MD[5]; Koenen, Karestan, PhD[1]
[1]*Harvard School of Public Health, Boston, Massachusetts, USA*
[2]*Montclair State University, Montclair, New Jersey, USA*
[3]*Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA*
[4]*Pace University, Pleasantville, New York, USA*
[5]*Boston University Medical Center/Boston Medical Center, Boston, Massachusetts, USA*

Objective: Few studies investigating bereavement during childhood have taken an integrative perspective with pre- and post-event biopsychosocial data to understand the long-term effects of bereavement on well-being. Methods: Data are drawn from the Avon Longitudinal Study of Parents and Children (ALSPAC), an ongoing study in the United Kingdom. The present sample consisted of 1,931 children reporting the death of a family member between the ages of 7 and 8.5. Parents completed questionnaires at pre- and post-loss waves. Results: Bereaved children were significantly more likely to display elevated emotional distress at age 7, 11 and 13, relative to non-bereaved children. Latent Growth Mixture Models (LGMM) among bereaved children showed four patters of emotional distress, including stable low (63.4%), elevated (5.1%), decreasing (14.5%), and increasing (17.1%) trajectories. Maternal depression and cumulative adversity predicted membership in the elevated trajectory, relative to stable low group. Aversive parent-child relationship predicted the elevated trajectory relative to all others. Conclusions: Cumulative adversity, maternal depressive symptoms, and aversive parental relationship are associated with persistently elevated emotional distress symptoms among bereaved children. Results support clinical interventions that target the bereaved child's family and social context.

Keynote Panel
Saturday, November 10
3:30 PM to 5:00 PM
Salon 3

Our Work can Change the World: People, Policy and Pivotal Moments
(Social, Affect/Int-Pub Health-Social-Train/Ed/Dis, Lifespan, I, Global)

Elmore Borbon, Diane, PhD MPH[1]; **Dyb, Grete, MD PhD**[2]; **Friedman, Merle, PhD**[3]; **Kudler, Harold, MD**[4]; **Lieberman, Alicia, PhD**[5]
[1]*UCLA/Duke University National Center for Child Traumatic Stress, Washington, District of Columbia, USA*
[2]*Norwegian Center for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*
[3]*ADEC, Knysna, South Africa*
[4]*USA Department of Veterans Affairs, Washington, District of Columbia, USA*
[5]*University of California, San Francisco - San Francisco General Hospital, San Francisco, California, USA*

Traumatic stress professionals contribute to significant advancements and changes in policy, practice, and societal well-being around the world. This plenary panel will highlight the groundbreaking work of four global ISTSS traumatic stress leaders who have affected significant societal change in areas including terrorism/disaster response and recovery, post-apartheid reconciliation, services and supports for Veterans and their families, and interventions and treatments for children exposed to domestic violence. Panelists will reflect on their pivotal successes in the field, discuss recommendations for successful collaboration, and provide recommendations for future directions for traumatic stress engagement and leadership. Time will also be allotted for the audience to pose questions to members of the panel.