

Marie Ardill (2017)

Contributing factors to predicting the presence of nightmares in children: Trauma, anxiety, dissociation and emotion-regulation

There is little documentation in the literature about the contributing factors to nightmares in the children. More sophisticated research has focused on characteristics of adults who report nightmares (Agargun et al., 2003), at times linking nightmare experiences with anxiety (Nadorff et al., 2014) or trauma (Fernandez et al., 2013). This study aimed to understand relevant factors, such as trauma history, anxiety, dissociation, and the ability of the child to self-regulate emotions either internally or with external parental aids. Sixty parent-child dyads (children age 6–11) were collected from a community sample and filled out a variety of self-report and parent-report measures. Children were monitored on heart rate variability (HRV) and vagal tone and both the child and parent participated in a discussion of positive and negative life events.

Regression analyses were conducted to understand predictors of nightmares frequency and distress. Anxiety, trauma history, dissociation, and baseline vagal tone accounted for 39% of the variance in nightmare distress. This is the first child sample that has been studied using valid dissociation and nightmare variables. With regards to internal emotion regulation, as studied by HRV variables, participants with less distressing nightmares had higher levels of autonomic flexibility (vagal tone). Regarding external emotion regulation, as measured by parental narratives of positive and negative events coded by LIWC and Fivush coding system, significant relationships also were present in regards to dissociation. Understanding the relevant contributing factors in nightmares has important clinical implications for identifying and helping children who have experienced trauma.

Garrett Work (2017)

Promotion of evidence-based treatment: a study of the therapist selection process

Despite the clear evidence for empirically-based therapies (EBTs) in recent literature, many authors report problems in recruitment of patients appropriate to these therapies, including dropout (Becker, Zayfert, & Anderson, 2004; Richard & Lauterbach, 2011), as well as patient (Seal et al., 2010) and therapist avoidance (Brown, Mountford, & Waller, 2014; Cook & Dinnen, 2015) of EBTs. This raises concerns for therapists attempting to create descriptions of EBTs to market their services toward potential clients. In Phase 1 of the study, 154 participants completed an online survey which measured preferences for therapist services based on commute time, years of experience, type of therapy (Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, supportive therapy), and therapist gender. Large effect sizes were found for commute time ($F(1,152) = 119.81, p < .001, \eta^2 = .44$), years of experience ($F(1,152) = 126.32, p < .001, \eta^2 = .45$), and the interaction of the two ($F(1,152) = 72.81, p < .001; \eta^2 = .074$). Years of experience made a greater difference when the commute time was longer compared to when the commute was shorter. An interaction was also present between years of experience and type of therapy ($F(2,151) = 29.81, p < .001; \eta^2 = .164$), with years of experience making the least difference in the ratings of Acceptance and Commitment Therapy. Phase 2 of the study examined whether informing participants of the empirical evidence for a particular therapy would produce a preference for EBTs versus non-EBTs. In this phase, therapists were also described as directive or non-directive in their approach to therapy. When comparing EBTs with and without an efficacy statement, inclusion of an efficacy statement improved the ratings for empirically supported therapies when the therapist was described as directive ($F(1,152) = 6.48, p < .05; \eta^2 = .164$). When the therapist was described as non-directive in their approach, the interaction between efficacy statement and type of therapy was non-significant. This research underlines the importance of including a description of efficacy for interventions provided. Additional

work is needed to help therapists effectively market their evidence-based therapies in a way that appeals to appropriate clients.

Elizabeth Straus (2017)

Political Scandal: The effects of government betrayal of American citizens

Controversial events involving large institutions have received widespread attention over the last decade. As a result of certain scandals (e.g., sexual abuse in the Catholic Church), trauma researchers have begun to examine the unique outcomes associated with trauma occurring within larger institutions. Institutional betrayal refers to the methodical failure of institutions to prevent and address acts of abuse or misconduct which subsequently impact the wellbeing of individual members. To date, the betrayal literature has focused on sexual abuse in religious and academic institutions. This study extended the institutional betrayal literature in order to assess whether American citizens experience distress and betrayal in response to controversial events involving the government and public entities. Additionally, the study evaluated whether individual responses to events differed based on racial identification, gender, and political affiliation.

A pilot study was first conducted in order to generate a list of emotionally salient events. In the final phase of the study, 287 participants completed online measures that evaluated trauma-related symptomatology (i.e. depression, dissociation, and PTSD symptoms) and reactions to the scandals generated in the pilot study. A Political Event Rating Form was designed to assess emotional, cognitive, and behavioral changes resulting from scandals involving public institutions. The majority of the sample (95.1%) reported experiencing moderate to severe distress over one or more of the events. Race, gender, and political affiliation interacted in complex ways to predict distress, betrayal and behavioral change self-reports. The findings from this study provide important implications for the field of trauma psychology. Controversial events that receive widespread media attention may impact individuals who have been either directly or indirectly exposed. Interventions that address common responses to such events should continue to be explored in future studies.

Kristin Dahlin (2017)

The credibility of the trauma witness: The role of dissociation, account coherence, and affect expression

Each year, millions of women will experience an interpersonal trauma such as a physical or sexual assault and many survivors will have some interaction with the legal system (US Department of Justice, 2011). Throughout the process, juries and law enforcement are asked to make important decisions about the survivor's credibility, although these determinations tend to be difficult to make. Previous research indicates that individuals rely on factors such as emotion expression (Dahl et al., 2007) and story coherence and clarity (Greasser, Singer, & Trabasso, 1994) to make credibility judgments; however, many of these studies utilized actors performing scripted trauma narratives. This study examined the relationship between dissociation, affect expression, narrative coherence, and credibility of actual trauma narratives. Participants included 40 adult women who completed dissociation, PTSD, trauma history, and demographic measures and gave a video-recorded account of a physical assault, rape, or childhood abuse experience. The recorded account was then judged for credibility.

The results of the present study confirmed that magnitude of affect expression predicts credibility ($B = .51, p = .001$). Surprisingly, the current study did not find a relationship between dissociation or incoherence. Incoherence was not found to predict credibility, and dissociation had only a marginally significant relationship with credibility. Affect expression was identified as a possible mediator of the

relationship between dissociation and credibility. Potential significance and explanations for these findings are discussed.

Heather Leash (2017)

The effects of culture and trauma on Native American adults' MMPI-2 profiles

The Minnesota Multiphasic Personality Inventory (MMPI) is the most routinely applied standardized personality assessment amongst the Native American population. Researchers have raised concerns regarding whether it is appropriate to use standardized assessment instruments such as the MMPI with a population that was so underrepresented in the normative sample. In addition, there are concerns regarding the potential influence of culture and level of acculturation. While literature assessing the reliability of the MMPI with the Native American population is extremely limited, results of several key studies have demonstrated differences between Native American and non-native groups on scales L, F, 1, 4, 5, 6, 7, 8, and 9 of the MMPI. It is not entirely known whether these differences are due to accurate measurement of group differences in psychopathology, or alternatively, whether they represent other differences between the two groups. The purpose of this study was to explore the trauma-relevant and culture-relevant causes of the MMPI scale elevations noted in the Native American populations.

This study had two groups of participants, all of whom identified as members of federally recognized tribes. Group A included 40 participants and Group B included 100 participants. Participants in group A completed a demographics questionnaire and assessed the MMPI-2 for cultural bias. Participants in group B completed the demographics questionnaire, question 1-370 of the MMPI-2, the Historical Loss Scale, the Stressful Life Events Questionnaire, and the PTSD Checklist. Results showed that participants in the Native American sample scored significantly higher on MMPI-2 clinical Scales 1, 4, 5, 6, 7, 8, and 9 when compared to the MMPI-2 normative sample. Native American participants identified the highest bias in Scales 4, 6, and 8. Results from a series of single sample t-tests indicated that participants with low trauma exposure differed less from the published MMPI-2 norms than the subgroup of participants with high trauma exposure. Individuals with high levels of trauma were particularly impacted on scales 1, 4, 5, 6, and 8. Overall, participants scored significantly higher on scales F, 1, 4, 5, 6, 7, 8, and 9, which is comparable to previous research. In addition, participants' MMPI-2 profiles were affected by experiencing interpersonal traumatic events and historical trauma. Results of the culture and trauma analyses emphasize the importance of considering Native Americans' cultural differences as well as the effects of current interpersonal trauma and historical loss when assessing MMPI-2 results.

Ashley Houston (2016)

The Relationship Between Self-Labeling Child Abuse, Disclosure, Social Support, and Posttraumatic Symptoms in an Inpatient Sample

Many predictors of PTSD have been identified in the literature, and can include pre-trauma, peri-trauma, and post-trauma factors (Brewin, Andrews, & Valentine, 2000). The PTSD-social support link has especially been well represented, and a large number of studies have examined the role of

social support in predicting and buffering the effects of PTSD. Fewer studies to date have examined social support specific to child abuse experiences, as well as its relationship to disclosure and self-labeling abuse. This study aimed to understand the relationship between objective (i.e., participants were asked whether an experience had occurred) and subjective (i.e., participants were asked whether they applied the term *abuse* to their experience) experiences of childhood physical and sexual abuse, childhood social support, disclosure of abuse, and posttraumatic symptoms (i.e., PTSD, depression, and dissociation). This archival study was part of a larger study examining childhood experiences and adult psychopathology. Participants were 217 psychiatric inpatients, ages 30 to 45, from the northeast region of the United States. A combination of self-report questionnaires and structured interviews were used to gather demographics, childhood experiences, trauma histories, perceived social support, and posttraumatic symptoms. As expected, abuse severity was a strong predictor of psychopathology. Contrary to hypotheses, abuse severity was not related to perception of experiences as abusive. Also contrary to hypotheses, individuals who did not self-label sexual experiences as abuse were more likely to meet criteria for PTSD. Many participants in this study did not self-label abuse despite endorsing victimization of physical acts and sexual experiences. Furthermore, the majority of participants did not disclose abuse, and when it was disclosed, most perceived negative reactions to disclosure. As expected, negative reactions to disclosure of abuse were related to more severe PTSD and dissociation. Perceived childhood social support was related to fewer posttraumatic symptoms, however it did not moderate the relationship between abuse severity and posttraumatic symptoms. This study has implications for assessment of abuse in clinical and research settings, disclosure of abuse to family/friends and professionals, and the impact of early social support on adult psychiatric outcomes. Limitations to the study and areas for future research are also discussed.

Meline Arzoumanian (2015)

Characteristics of Malingered PTSD with and without Memory Recovery

Malingering of PTSD has received a fair amount of research attention. Although symptoms of trauma are a common focus of forensic evaluations, PTSD is particularly difficult to assess in forensic cases for many reasons. First, due to their complex symptom presentation, those with PTSD may elevate symptom validity scales embedded in psychological measures. Also, due to the devastating impact of trauma, those with PTSD are eligible to receive compensation for their condition, making the possibility of malingering more pertinent. Further complicating this matter is the presence of dissociative amnesia, a symptom sometimes experienced by trauma victims, where there is a disruption in the function of memory during the trauma. These forgotten memories, however, may return to one's conscious memory at a later time, known as memory recovery. One-hundred and one individuals participated in the study. Participants completed an online survey (demographic questionnaire, PTSD Checklist, Trauma History Screen). These measures were used for group assignment: Symptomatic Comparison Group, Continuous Memory Malingering Group, or Recovered Memory Malingering Group. All participants completed the Beck Depression Inventory-II (BDI-II), Trauma Symptom Inventory-2-Alternative (TSI-2-A), Dissociative Experiences Scale-Revised (DESR), Test of Memory Malingering (TOMM), Reactions to Research Participation Questionnaire-Revised (RRPQ-R), and a trauma interview. Malingering groups completed a post-study questionnaire, and the Recovered Memory Malingering Group completed an additional interview. Results showed that the Comparison Group was significantly different from the Malingering Groups on the TOMM, BDI-II, TSI-2-A, and DESR. Also, an ANOVA comparing the three groups on malingering outcome score was significant. Finally, Malingering Groups were less likely to show the presence of narrative features associated with actual trauma narratives (temporal disorganization, abandoned utterances, jumps in trauma content). The Comparison Group showed more narrative incoherency than did the Malingering Groups. Overall, the study detected malingered versus genuine posttraumatic symptoms, using various malingering detection measures. Also, the study used modified instructions for the TOMM, which emphasized that trauma survivors sometimes experience memory/concentration problems. This modification may prove to be a more successful tool in forensic cases of trauma, if individuals are made aware of memory-related symptoms. Also, the results of the narrative assessment tool for both of the Malingering Groups, suggest that it may be a helpful metric for determining feigned versus authentic trauma narratives.

Kathryn Holloway (2015)

Development and validation of a comprehensive assessment of combat experiences to facilitate research on veterans' post-combat psychological health

Following more than a decade of U.S. military operations in the Middle East, it is important to understand the impact of prolonged combat operations on the wellbeing of Veterans. To understand this relationship accurately we must have access to reliable and valid measures of combat exposure. A meta-analysis of research with combat Veterans found relatively few studies adequately assessed nature and extent of Veteran's combat experiences (Institute of Medicine, 2008).

The purpose of this research was to develop a more comprehensive measure of combat exposure for use in research on post-combat psychological outcomes. Seventeen Veterans participated in focus groups to support the development of the Assessment of Combat Experiences (ACE). A sample of 121 Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans was used to assess the psychometric properties of the ACE. Participants completed the ACE, as well as additional measures of combat exposure and psychopathology. The ACE demonstrated strong internal consistency (Cronbach's Alpha = .96) and test-retest reliability ($r = .85$). Convergent and construct validity for the ACE were supported as evidenced by strong correlations ($r = .72$ to $.86$) with two combat-related subscales from the Defense Risk and Resiliency Inventory - 2 (Vogt, Smith, King, & King 2012), and the Combat Exposure Scale (Keane et al., 1989). The ACE demonstrated similar correlations with measures of psychopathology (PTSD, depression, and anxiety) as the CES and the DRRI-2. The ACE includes more detailed questions than other measures, allowing researchers to explore the impact of proximity to hostile fire, the frequency of exposures, the duration of specific exposures, and the nature of weapons used during combat operations better than is possible with other validated measures. Overall, there was strong evidence for the reliability and validity of the ACE in measuring combat exposure among this sample of OIF and OEF Veterans.

Chloe Lucas (2015)

Emotional Congruence In Therapeutic Engagement: A Multi-Method Assessment Of Disrupted Affect In Clinical Psychology Interns

Therapeutic rapport, an essential condition of effective psychotherapy treatment, is created from both verbal and non-verbal communication. This study is focused on the non-verbal communication of clinical psychology graduate students as an indicator of empathic engagement during simulated therapeutic interactions. This study makes a unique contribution to the paradigm of therapeutic rapport research by combining direct observation of the micro-expressions of basic emotions with self-reported measures of compassion fatigue (CF) and dissociation to explore empathic engagement and factors theorized to disrupt the engagement process in an understudied population. The study examines the impact of client affect on therapist facial expression of emotion and the extent to which those displays are congruent with those of the client. The relationships of CF and dissociation to emotional expressivity were explored. One-way ANOVAs yielded statistically significant results for the expressions of happiness and sadness displayed during three, emotionally distinct (neutral, loss, and trauma-focused) narrative conditions, but not for anger, disgust, and fear. Correlational analyses revealed significant relationships between CF and incongruent emotional response and between dissociation and lower levels of emotional expressivity in particular narrative conditions. Results suggest that the analysis of micro-expression is a valid method of studying empathic engagement during therapy sessions. Changes in the displays of happiness and sadness in participant therapists were determined by the affective displays of mock clients. Both dissociation and CF were related to expression of emotion. Dissociation was negatively related to overall emotion expressivity, while CF was related to incongruent displays of emotion. Keywords: empathic engagement, Facial Action Coding System (FACS), compassion fatigue, dissociation, clinical psychology graduate students.

Jessica Stevens (2015)

The role of suggestibility, anxiety and dissociation in children's fantasy/reality judgements

Young children are generally viewed as fantasy prone, and when fantastic detail is in a disclosure or accusation of abuse, children may not be believed (Dalenberg, 1996). Fantastic detail makes a child look less credible, and unfortunately can even destroy the listener's belief in the allegation. There is limited research on emotional fantasy in children, and more research is necessary to provide viable explanations for fantasy elements in children's disclosures. Therefore, this research tested the assumption that maltreated children would be more likely than non-abused children to see fact-based violent pictures as representing plausible events, and that suggestibility, dissociation and anxiety will contribute to the prediction of the child's fantasy-reality discrimination. The current study consisted of a High Trauma Exposure (HTE) group ($n = 37$) and a Low Trauma Exposure group ($n = 48$). Results suggested children were more accurate about their judgments with real events than fantasy events. Dissociation and anxiety did not correlate with the tendency to view angry or frightening events as real within the trauma and non-trauma conditions. Suggestibility correlated negatively with capacity to distinguish reality from fantasy. Children who were inaccurate in their emotional labeling by overemphasizing fear in the stimulus pictures were more likely to be highly symptomatic on the TSCYC, a valid measure of trauma symptoms. Further research into understanding suggestibility and fantasy proneness in children would broaden legal and clinical practitioners' understanding of children's responses, and promote efficient and effective ways to interview and interpret children's abuse accounts.

Jan Estrellado (2015)

Clinicians' attributions of symptoms to trauma and ethnic minority status based on client presentation

Feelings of mistrust, alienation, and the need for safety are symptoms that both ethnic minority individuals and traumatized individuals may experience. These effects may look similar in the therapeutic environment and one cause of symptoms may be overlooked in favor of the other. The purpose of the current research is to provide empirical data about therapists' perceptions of ethnic minority status and trauma history based on clients' presentations of these issues in therapy. Eighty-five therapist participants viewed three vignettes of actors portraying clients. Participants then responded to questions regarding the etiology of clients' symptoms, their attitudes towards race in the U.S., and their trauma and dissociation histories. All clients were chosen to be clearly identified members of African American or Middle Eastern groups and all presented a trauma history that was a plausible cause of the presenting symptoms. A $2 \times 2 \times (3 \times 2 \times S)$ analysis of variance and multiple regression were used. The between-group variables were the order in which the vignettes were viewed and the race of the client. The within-group variables were the client's stated cause of symptoms (Neutral, Trauma, or Race) and the type of distress. As expected, the results of the study suggest that when the client did not cite a cause of symptoms or stated that the cause of symptoms may have been due to trauma, the therapist would cite Trauma as the main cause of symptoms. However, when the client reported the belief that the cause may have been due to race-related discrimination, the therapist weighted Trauma and Ethnic Minority Status similarly. Therapists weighted Trauma similarly for African American and Middle Eastern clients, but weighted Ethnic Minority Status more heavily for African American clients than for Middle Eastern clients. The most highly dissociative therapists were less likely to cite Trauma as a cause of symptoms. Respondents with the highest levels of color-blindness were less likely to see Ethnic Minority Status as a cause for the clients' symptoms. The diminished role of race-related issues in the face of trauma suggests that further training is needed within graduate training programs to adequately identify and address the impact of race-related discrimination among ethnic minority populations.

Emily Hennrich (2015)

Neuropsychological impairment in dissociative and non-dissociative posttraumatic stress disorder (PTSD)

The long-standing debate between trauma theorists and fantasy theorists has led to great discussion about the etiology or true origins of dissociative symptomatology. The current study investigates the possibility that there are two distinct groups of dissociative individuals — one group characterized by trauma history and trauma-related symptomatology and the other by deficits in attention/concentration, executive functioning, memory and/or speed of information processing. This research aims to bring clarity to the long-standing debate that exists between Trauma Model and Fantasy Model theorists. One hundred participants from an intensive outpatient program were recruited to take part in a number of cognitive and neuropsychological measures, a clinical interview, and a questionnaire process. Results of this study revealed high correlations between dissociation and psychological symptom variables, with more mixed findings regarding correlations between dissociation and neuropsychological factors. Cluster analysis results presented three different clusters (Psychological Symptoms cluster, Low Severity cluster, and Neuropsychological Impairment cluster). Interestingly, the Low Severity cluster included the largest *n*, as compared to both the Psychological Symptoms and Neuropsychological Impairment clusters. Comparing the Neuropsychological Impairment and Psychological Symptoms clusters, more severe trauma history was found for those showing severe psychological symptoms. Further, the Creative Experiences Questionnaire was a strong marker for poor executive functioning in the high dissociation group, but not the low dissociation group. This subgroup, showing a combination of high dissociation, high fantasy proneness, and low executive functioning, would be interesting to evaluate further in future studies.

Grace Verbeck (2014)

Examining the evidence for a dissociative subtype of posttraumatic stress disorder

The study of trauma and dissociation represents an important facet in identifying the susceptibility and the multifaceted avenues to the development of and recovery from posttraumatic stress disorder (PTSD). A large body of research contributed to the inclusion of a dissociative subtype for PTSD in the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)*. Yet, the diagnostic criteria and associated factors that distinguish a subtype are not well described in the *DSM-5* and are contested in the empirical literature. This study examined the evidence for a dissociative subtype of PTSD in distinguishing a meaningful proportion of individuals with PTSD compared to the alternative models proposed that dissociation is either a marker for PTSD severity or is a primary component in the development of PTSD. Differences between PTSD with and without a high frequency of dissociative experiences were analyzed against a variety of domains including severity of posttraumatic stress, prevalence of interpersonal trauma and exposure to violence in childhood, frequency of comorbid psychiatric disorders, and cognitive functioning. The 100 participants included in this study were currently receiving outpatient psychiatric treatment and were split into four groups: Low Dissociation, High Dissociation, Non-Dissociative PTSD, and Dissociative PTSD. The findings of this research points specifically towards the differences in PTSD symptomatology with and without dissociation that may serve as risk factors to developing PTSD and the severity of symptoms such as a more severe symptoms of defensive avoidance. Additionally, the Dissociative PTSD group compared to the Non-Dissociative group showed a higher prevalence of comorbid psychiatric problems and a lifetime and childhood history of interpersonal trauma, slower processing speed, and a possible advantage in executive functioning tasks of inhibition. Further longitudinal research is needed to identify the etiological factors and to potentially characterize the mechanisms of dissociation in PTSD. This study also highlighted the need for uniformly used measurements of dissociation to specify a dissociative subtype of PTSD. Knowledge gained from longitudinal and psychometric research may prove valuable for informing the assessment and treatments for PTSD.

Lisa Toburen (2014)

The relation of therapist attachment, intention and dissociation to therapist verbal response

Researchers agree that psychotherapy is effective and that psychotherapists have a significant impact upon psychotherapy process. However, it is less clear how psychotherapists produce these effects. This

study examined the relationship between psychotherapist attachment, intention, dissociation, and psychotherapy response in an analogue experiment. Seventy four psychotherapists participated in the study. Therapist dissociation correlated significantly with anxious attachment while therapist intention correlated significantly with psychotherapy response. Supportive and exploratory psychotherapy responses presented as trait-like among psychotherapists. Higher levels of dissociation resulted in less supportiveness and men received more support from therapists than women. Additional research is necessary to continue untangling the relationship that characteristics of the therapist have with the process of psychotherapy.

Jillian DeLorme (2014)

The investigation of repeated trauma exposure and psychological adjustment in firefighters

The present study explored the relationships between exposure to trauma, fear reaction to those events, and reported PTSD symptoms in a population of fire fighters. In addition, this longitudinal study investigated dissociation and its relationship with both fear responses and reported PTSD symptoms. Participants included 64 fire fighters, 20–59 years of age with an average of 17.48 years of experience. Firefighters from across the United States were invited to participate. Participants were asked to complete the Impact of Events Scale—Revised (IESR), Clinician Administered Dissociative States Scale (CADSS), Dissociative Experiences Scale (DES-B), and Fire Incident Response Evaluation (FIRE) surveys through an online survey management system (Qualtrics). This study had two data points taken over the course of one month.

Results indicated that dissociation was associated with both PTSD symptoms and High Magnitude Fear Events (HFME). This association was stronger when exposure to events was connected to a significant fear response. Evidence for dissociation as a moderator of the correlation between PTSD and HMFE was also supported in this study. Overall, the rate of response to dissociation items appeared to be elevated in the population, and dissociative symptoms were more often reported than were traditional PTSD symptoms. Further analysis supports the theoretical argument that dissociation is a component of PTSD rather than defining a subgroup of the diagnosis.

Jennie Holden (2013)

Development and psychometric properties of the Dissociative Continuum Scale - II (DCS-II)

Dissociation can be defined as "a lack of the normal integration of thoughts, feelings, and experiences into the stream of consciousness and memory" (E. M. Bernstein & Putnam, 1986, p. 727). It has been shown to be relevant to numerous psychiatric disorders, including dissociative disorders (American Psychiatric Association, 2000) and somatization disorders (Saxe et al., 1994), as well as relevant to normative processes, such as absorption (Butler, 2006) and pain tolerance (Spiegel, 1991). The Dissociative Experiences Scale (DES) is the most frequently used measure of dissociation and was specifically designed to screen for dissociative disorders (E. M. Bernstein & Putnam, 1986). Due to the DES being highly skewed and intended to measure dissociative disorders (Putnam, 1989), this study created the Dissociative Continuum Scale - II (DCS-II) that has a more normal distribution than the DES-R and Multiscale Dissociation Inventory (MDI). The DCS-II assesses all aspects of dissociation, both normal and pathological. Three hundred adults from the general population completed the DCS-II, as well as additional measures to help identify the psychometrics of the DCS-II. Thirty six adults from the general population also participated in behavioral experiments of state-dependent memory, pain threshold, and pain tolerance. The DCS-II had excellent internal reliability with Cronbach's alpha = .95 and demonstrated convergent validity with the DES-R and the MDI. There were also significant correlations between the scores of the DCS-II and the scores on trauma measures, the state-dependent memory paradigm, and the pain threshold and pain tolerance experiment. Overall, there was evidence for both the multifactorial and unifactorial structure of dissociation. With further refinements of the DCS-II factors, the DCS-II may be a useful multifactorial measure of dissociation for both research and clinical use.

Nicole Kleumper (2013)

Dissociation, fantasy proneness, and suggestibility in participants with varying levels of trauma exposure

Psychologists have long assumed a connection between traumatic experience and a specific set of psychological symptoms often referred to as dissociation. This hypothesis is referred to as the Trauma model of Dissociation. In the last decade, a series of papers have been published that question the more traditional causal link between trauma and dissociation. In this research, the relationship among dissociation, suggestibility, and fantasy proneness were examined. Dissociation was measured by the Dissociative Continuum Scale (DES). Fantasy Proneness was measured by the Inventory of Childhood Memories and Imaginings (ICMI) and the Creative Experiences Scale (CEQ). Trauma History was assessed by the Trauma History Screen (THS), which was incorporated into the Demographics Questionnaire, and the Violence History Questionnaire (VHQ). Suggestibility was measured through the Gudjonsson Scale of Interrogative Suggestibility (GSS), as well as a autobiographically based version of this measure derived from the format of the original measure, which was created for the purpose of the current study and based on the events of September 11, 2001. Participants also completed the Response to Research Participation Questionnaire (RRPQ). Fantasy proneness and dissociation were correlated, but suggestibility and dissociation were not. Trauma history was associated with both fantasy proneness and dissociation. Dissociation correlated with trauma history controlling for fantasy proneness. The results support the trauma model of dissociation and fail to support the fantasy model of dissociation.

Diana Bull (2012)

PTSD and depression: Relationship to traumatic stress

This research focused on the comorbidity of depression with PTSD. Eighty-five adults were administered the Hamilton Depression Inventory (HDI), a list of events created from the Social Readjustment Rating scale (SRRS), the Dissociative Continuum Scale (DCS), the Detailed Assessment of Posttraumatic States (DAPS), and a demographic interview. Two types of traumatic symptom syndromes were defined – Type A PTSD and Type B PTSD. Type A PTSD met criteria A through F of the DSM-IV-TR as defined by the DAPS. Type B PTSD met criteria B through F according to the DAPS but failed to meet Criterion A. The results of the research were compatible with three conclusions. First, it is likely that PTSD-like symptoms can occur in reaction to non-Criterion A events. Second, PTSD is more likely after Criterion A events than after other negative events. Third, depression is non-specifically related to the experience of negative events. PTSD was diagnosable by the DAPS in 42% of those who had experienced a Type A trauma and 17% of those who had experienced Type B trauma only. PTSD was more related to Type A trauma than was depression. However, in Type B trauma situations, PTSD and depression were equally likely. Furthermore, trauma reactivity (the reaction of the individual) incremented over trauma exposure in the prediction of PTSD. Results were discussed in terms of the current controversies in the measurement of PTSD. Strengths and limitations of the study are discussed as well as directions for future research.

Sarah MacArthur (2011)

Heart Rate Variability in Adolescents in Relationship to Trauma, Dissociation, and Stress

Adult literature has begun to evaluate persistent symptoms of increased arousal in depth in relation to trauma and Post-Traumatic Stress Disorder (PTSD). Research has found a strong relationship between adults with PTSD and autonomic dysregulation of lower heart rate variability (HRV). There has been few research studies addressing the relationship between trauma and dissociation with HRV in children and adolescents, and even fewer studies examining these issues with a non-clinical sample. The purpose of this study was to investigate autonomic dysregulation more in depth by assessing the relationship between heart rate (HR) and HRV with traumatic symptoms, dissociative symptoms, traumatic experiences, and adverse life experiences during a baseline and a mental arithmetic stress phase. Fifty-eight adolescent participants between the ages 13–17 were recruited from a normal, non-clinical

community sample. Participants with lower trauma exposure were found to have a larger difference in HR from the baseline to the stress phase. Dissociation was found to have a significant positive relationship with the HRV measure of LF/HF during the stress phase only. PTSD symptoms did not significantly correlate to HRV in this study. Overall, results from this study found different HRV findings in adolescents than the findings reported in adult HRV research. These findings suggest HR may be one of the first symptoms of autonomic dysregulation that may be seen in relation to trauma during childhood and adolescents, while HRV is not yet differentiated in adolescents but may continue to change during adulthood. These findings indicate the need for further research to assess HRV in relation to trauma and dissociation in adolescents.

Sage Schuitevoerder (2011)

Psychometric properties of a novel PTSD screen in older combat veterans with varying levels of cognitive impairment

With the Vietnam veteran population approaching older adult status, a quick and reliable screen for PTSD is more important than ever. Cognitive impairment is a common complaint among this cohort, yet no existing studies have evaluated the feasibility of using a brief screen to measure PTSD in cognitively-impaired populations. A novel eight-item measure, the Simplified PTSD Screen (S-PTSD), was derived from the PTSD Checklist (PCL-S) with improved readability and legibility from existing measures. Seventy combat veterans (M age = 63.81, SD = 5.40) were assessed for PTSD and level of cognitive functioning. The S-PTSD demonstrated adequate internal consistency with Cronbach's α = 0.83. Internal reliability was maintained in individuals deemed as having moderate to severe cognitive impairment. The Clinician Administered PTSD Scale (CAPS) substantiated the new tool's concurrent validity with correlations from 0.43 to 0.65. The S-PTSD and the CAPS were correlated with the total amount of traumatic exposure as measured by the Life Events Checklist. The S-PTSD showed strong discriminant validity with a measure of depressive symptomatology, the Patient Health Questionnaire (PHQ-9). Specific measures of cognitive performance were not found to be correlated with the S-PTSD. Although more research is necessary, the S-PTSD shows promise as an efficient and reliable screening instrument to accurately screen for PTSD in older adults with varying levels of cognitive functioning.

Marci Allen (2010)

Boundaries in psychotherapy: Therapist negotiation styles

Interest in the concepts and applications of boundaries in psychotherapy has been growing steadily over the past decade. The discussion has brought to the forefront important areas of disagreement and confusion regarding therapeutic boundary maintenance and negotiation in gray areas. A novel methodology was employed in the present research to increase the ecological validity of the boundary assessment paradigm. In the current video-response methodology, psychiatrists (n = 26) and psychologists (n = 36) were far more likely to accept gifts and attend events than a previous sample employing self-report survey methodology. Further, acceptance of a patient boundary request was influenced by the manner in which the patient made the request (e.g., with or without emphasis on the therapeutic meaning of the event).

Therapists were more likely to accept gifts than to accept invitations to attend an outside event. Orientation appeared to impact likelihood of acceptance, with Humanistic therapists most likely to accept the invitations or gifts. Psychodynamic therapists were more likely to respond with refusal that lacked warmth. Clinicians' degree of warmth toward fictitious patients varied depending on the manner in which the request was presented (with greater warmth given to patients who gave requests with meaning than to patients with neutral or demanding requests). Psychiatrists responded with lower warmth than did psychologists. Theoretical and training implications of the results are discussed.

Jessica MacKinnon (2010)

Characteristics of those who report child abuse in non-mandated populations

This study examined the characteristics that influence a non-mandated person's willingness to intervene when confronted with a child reporting abuse. Eighty-one Caucasian, African American and Latin males and females aged 18-75 acted as participants in this study. Twenty-seven participants from each ethnicity were recruited for this study. Participants were asked to rate what they believed were potential foster mothers on a Suitability Questionnaire. They were asked to choose "randomly" from a bank of online videos of "potential foster mothers." These videos were actually of volunteers answering general questions about parenting beliefs. During the rating task, participants saw a child asking for help and were recorded on their reporting behavior. After the rating task, participants were asked to fill out the Paulhus Deception Scales, the Dissociative Continuum Scale and the Violence History Questionnaire to assess their level of dissociation, social desirability and abuse history.

The major findings of this study were that violence history is related to one's level of dissociation; ethnic groups are different in violence history, self deceptive enhancement and dissociation; few participants intervened concerning the child abuse video; participants were more likely to urgently request intervention for children who were ethnically different from themselves; and the lowest intervention rates were seen in those with high levels of dissociation and high violence histories.

Past research has focused mainly on vignettes and surveys focusing on one or more key variables and then asking what action would be taken. The results may be affected by the social desirability bias that may occur through exaggeration of their involvement based on legal standards and ignoring the consequences that reporting would entail. This study took the research a step further by having participants witness a child reporting abuse directly and evaluating reporting behavior more directly.

Leah Livesey (2010)

Child molestation as need fulfillment: The effect of child admiration, controllability, and intimacy-seeking behavior on offenders' perceptions of children

The prevention of child sexual abuse at its source necessitates investigation of the motivations of child molesters to offend. In addition to sexual arousal to children, prominent theorists have suggested that child molesters may be motivated by a desire to increase self-esteem, gain a sense of power and control, and decrease feelings of loneliness. Experimental studies examining these putative motivations are needed. Furthermore, few studies have investigated the effect of child behavior on offenders' perceptions of children, which may mediate an offender's choice of victim.

In this novel experimental paradigm designed to study non-sexual motivations in child molesters, ten child actors, five girls and five boys, each acted in five scenes differing in child emotional characteristics. Eighty-eight adult male child molesters and 51 non-offending adult male controls viewed five video clips of children (labeled the Child Conditions, specifically: Admiring, Controllable, Intimacy-Seeking, and two Confident Children) with all child actors equally represented in all Conditions. Participants rated children's personalities and the Likeability of each child to them.

Child molesters and controls demonstrated the same preference pattern for the Child Conditions: Confident > Admiring > Intimacy-Seeking > Controllable. Controls significantly preferred Confident and Admiring Children to Controllable and Intimacy-Seeking Children, whereas child molesters were more uniform in their ratings of the children. An interaction was found between Offender Status and Child Gender, indicating that participants reacted to boys and girls differently.

Measures of personality were used to predict participants' Child Likeability Ratings. The regression equations were significant, with effect sizes up to .35. An attachment measure significantly predicted child molesters' Child Likeability Ratings for the Confident, Admiring, and Controllable Children. Furthermore, child molesters were found to be significantly more fearfully attached than were controls. Finally, child

molesters and non-offenders differed significantly on all but one measure of personality. These findings support and extend the current theory and research on the role of attachment in the etiology and maintenance of sexual offending behavior, and support the use of attachment theory and therapy in the treatment of child sexual offenders.

Kristina Malek (2010)

False memory development: An in-depth look at false memory prevalence, circumstances, and associated risk factors

Despite the numerous research studies published on false memory creation, there has not been a study that has specifically evaluated the prevalence of false memories by asking people about their own experiences with false memory production. Studies that have used participants who reported false memory presence have often been recruited through the False Memory Foundation, a group that is potentially biased. This study was conducted in order to assess the prevalence rate for false memories in a non-clinical sample and to examine possible risk factors that might lead to false memory development.

In order to carry out this study, 200 participants were recruited from community colleges in San Diego County. Each participant completed a Memory Questionnaire to assess for false memory presence, recovered memory presence, trauma, and anomalous experiences. Of those 200 participants, 50 were randomly selected for Phase II in order to test the relationship between false memory or recovered memory and executive functioning, memory intrusion, and dissociation.

This study found that 12 percent of participants had experienced a false memory and 135 percent of participants had experienced a recovered memory. These percentages were relatively low in comparison to other studies. Moreover, risk factors such as dissociation, executive functioning, and memory intrusion were unrelated to the false and recovered memory experience. However, lower executive functioning was shown to be a risk factor for both PTSD and anomalous experiences.

Fabiola Figueroa (2010)

Avoidance strategies in school-age children who have witnessed domestic violence and their pattern of narrative report over time: Implications for the development of posttraumatic stress disorder

The present study was designed to assess children's memory for a recent domestic violence incident over time, as well as the relationship between memory, level of violence exposure, and symptoms of PTSD and dissociation. Thirty-two school-age children (ages 8-12) who had witnessed domestic violence were asked to provide four narratives across three time periods. One of the narratives centered on a witnessed episode of domestic violence, while the other three were neutral and happy stories. For all children, individual difference data was gathered on general memory ability. The Trauma Symptom Checklist for Children was completed by children and mothers at Time 1 and Time 3. Children also were administered the Child Memory Scales.

Results indicated that mothers and children were reporting differently across time on clinical symptoms, with children reporting more symptoms than mothers observed. Despite difference in level of symptoms, PTSD and dissociation correlated at each time point for mother and child respondents. Dissociation was correlated with number of dissociative narrative themes in the child's domestic violence account. The children's accounts of domestic violence showed more dissociative themes and lost more detail over time than did other stories. The children who mentioned the most fear-related detail in their domestic violence story dropped the most detail in these stories over time. Children with the highest level of dissociation at Time 1 showed the most negative emotion in their trauma narratives at Time 3. Results were discussed

for their implications in the use of multiple respondents for child assessments, and for their theoretical implications relating to dissociation and child trauma.

Kevin Fawcett (2009)

Compassion fatigue and psychotherapy: An analogue assessment of the silencing response

This study incorporated the use of a multimethod approach to assessing the prevalence and severity of compassion fatigue by coding and analyzing in-session therapist behaviors potentially indicative of trauma-related avoidance (the silencing effect). The final sample in this study consisted of 30 female participants who have earned at least a Masters Degree in a psychology-related field and have at least one year of clinical therapy experience. Participants engaged in one 30-minute therapeutic interview with a confederate client. Videotapes of the session were coded, assessing therapist behaviors directly after client statements regarding their emotional state as related to their experience of trauma. A 4-way ANOVA was conducted to test the hypotheses that therapists would engage in more avoidance behaviors when exposed to a client's traumatic material and that avoidance behaviors would increase throughout the session. The four independent variables were valence (positive versus negative client emotion words), time (first versus second half of the session), response (emotional approach versus cognitive therapist responses), and condition (positive versus negative emotional emphasis). The dependent variable was the number of responses made by the therapist to the client after a client emotional prompt. Results only partially supported these hypotheses, as therapists responded more to negative emotional cues than positive ones and the time variable was generally found to be nonsignificant. However, it was found that the emotion approach responses to negative client cues did drop over time in the positive condition, while the responses to positive client cues stayed relatively stable. Further, the therapists were generally more responsive in the positive condition. Compassion fatigue (CF) failed to predict outcomes on the avoidance measure, though compassion satisfaction (CS) did predict avoidance, particularly for therapists who tend to dissociate and who have a personal history of multiple traumatic experiences. The results are consistent with the conceptual hypothesis that therapists high in dissociation and traumatic experiences are able to experience CS and avoid CF by evading negative affect. The results indicate that further research is needed to uncover the nature of the relationship between compassion satisfaction, dissociation, and avoidance behaviors.

Maria Castelli (2009)

Culture and discipline: Perceptions of appropriate use of corporal punishment

The present study examined the relationships between dimensions of corporal punishment, which include severity and emotional context, as determinants of what African Americans and Caucasians view as acceptable forms of punishment. The final sample consisted of 119 African American and 66 Caucasian participants in southern California.

Four of the study's five null hypotheses were rejected. As predicted, significant relationships were found between emotional context and severity of punishment in making judgments about perceived severity. Contrary to the prediction, a small, negative relationship was observed between Trait Anger with perceived severity of punishment and perception of child abuse within the Angry Emotion Condition and willingness to label punishment as abusive for African American participants. These findings are important in that they highlight some of the limitations of previous research and potential areas for future research. Thus, the relationship between emotional context, severity of punishment and perception of appropriate corporal punishment is very complex.

Kristina Dulcey-Wang (2009)

Attachment classification and dissociation in siblings of pediatric cancer patients

The purpose of this study was to examine attachment style and dissociation as correlates of sibling adjustment following a brother or sister's diagnosis of childhood cancer. Twenty families who had a child diagnosed with cancer participated in the study and parents completed a demographic questionnaire, the Child Behavior Checklist (CBCL), and the Parent Impact Questionnaire. Siblings completed the Child Attachment Interview (CAI), the Trauma Symptom Checklist for Children Alternate Version (TSCC-A), the Sibling Knowledge of Illness Test (SKIT), and the Sibling Impact Questionnaire. As in prior studies, dissociation and posttraumatic stress were highly related. This study found higher rates of insecure attachment in siblings of pediatric cancer patients as compared with normative samples. Specifically, siblings were found to demonstrate more preoccupied attachment than established norms. Siblings who were more preoccupied had more knowledge of their brother or sister's illness, more somatic complaints, and significantly higher levels of anxiety, depression, posttraumatic stress, and dissociation than siblings who demonstrated more dismissal. As a group siblings showed more internalizing problems and dissociation, while siblings who were insecurely attached to their maternal attachment figure demonstrated more externalizing problems and behavioral problems including aggression, opposition, and defiance. The present study also aids in identifying subsets of siblings that could be at higher risk for developing adjustment problems. Females showed higher levels of anxiety, depression, and somatic complaints. Siblings who had a brother or sister in an active stage of cancer showed significant levels of dissociation. Strengths and limitations of the study are discussed as well as directions for future research and clinical intervention with siblings of pediatric cancer patients.

Noufar Chini (2009)

Posttraumatic stress disorder in Iranian immigrants: Relationship to cognitive functioning

The purpose of this study was to examine posttraumatic stress disorder and dissociation as it correlates with cognitive functioning in Iranians who migrated from Iran to the United States between 1978 to 1999. Twenty-five male Iranians and twenty-five female Iranians participated in the study, and completed the Wide Range Achievement Test-Third Edition (WRAT-3), Demographic Interview, Detailed Assessment of Posttraumatic Stress (DAPS), Dissociation Continuum Scale (DCS), Logical Memory I and II, Family Pictures I and II from the Wechsler Memory Scale-Third Edition (WMS-III), Rebus Learning and Rebus Delayed from the Kaufman Adolescent and Adult Intelligence Test (KAIT), Arithmetic and Digit Span from the Wechsler Adult Intelligence Scale-Third Edition (WAIS-III), Matrices from the Kaufman Brief Intelligence Test-Second Edition (KBIT-II), and the Wisconsin Card Sorting Test (WCST) Computer Version. This study extended prior research findings that cognitive functioning variables incremented over PTSD in predicting war trauma. As a group, Iranians were elevated on posttraumatic stress and dissociation. Iranians who were more traumatized showed deficits in cognitive functioning and memory recall measures. Specifically, Iranians meeting PTSD Criteria showed deficits in Arithmetic, Digit Span, Logical Memory I, and Family Pictures I. Furthermore, the number of childhood traumas related to PTSD, avoidance, arousal, and DCS. Strengths and limitations of the study are discussed as well as directions for future research.

Kelly Casey (2007)

The Abel Assessment for Sexual Interests: Impact of antisocial personality features and pedophilic tendencies on test performance

Problem. Diagnoses of Antisocial Personality Disorder and Pedophilia are two significant risk factors for

sexual recidivism in child molesters. It is unclear from the existing research, however, whether commonly used measures of sexual interest, such as the Abel Assessment for Sexual Interest (AASI), are capable of detecting high-risk offenders who are not motivated by a Pedophilic interest in children. The current dissertation will attempt to address this limitation by examining the AASI performance of other high-risk child molester subgroups.

Method. The archival data of 165 adult male sex offenders, including 107 child molesters and 58 offenders against adults, were analyzed for interactions between participants' AASI profiles, MCMI-III profiles, Screening Scale for Pedophilic Interest scores, and admitting status. One-way ANOVA analyses were conducted to determine which factors were significantly related to one another. Logistic regression analyses were also performed to determine the classification accuracy of the AASI for each subgroup of child molesters.

Results. The child molesters and offenders against adults differed on multiple key demographic and crime-related variables, including their number of sex-offense victims and non-sexual offenses. The MCMI-III profiles of the two offender groups did not differ. On the AASI, however, participants with longer viewing times on the deviant stimuli categories and shorter viewing times for the Adult Female slides were most often classified as a child molester. When the strength of the child molesters' pedophilic and antisocial tendencies were taken into account, the antisocial child molesters were found to have shorter viewing times for the Young Male, Adolescent Male and Adult Male stimuli categories, as well as longer viewing times for the Adult Female slides, compared to the pedophilic child molesters. In addition, the AASI had the highest classification accuracy for the Pedophilic, Non-Antisocial molesters and the lowest classification accuracy for the Non-Pedophilic, Non-Antisocial child molesters. All molester groups, however, had problematic false positive and false negative rates. Admitting status was more related to pedophilic than antisocial status. The AASI was unable to accurately classify deniers, but demonstrated better discriminant validity for admitting molesters and partial deniers, who were classified with a similar degree of accuracy.

Sven Schild (2007)

Trauma symptoms in deaf adults

The purpose of this study was to validate the Clinician Administered PTSD Scale (CAPS) in deaf individuals and to explore trauma symptoms in deaf adults. The CAPS was administered in conjunction with the Life Event Checklist (LEC), the Peritraumatic Distress Scale (PDST), the Trauma Symptom Inventory (TSI), the Trauma Symptom Checklist for Deaf Adults (TSCDA), the Somatoform Dissociation Questionnaire (SDQ), the Peabody Individual Achievement Test-Revised (PIAT-R), and a socio-demographic questionnaire. The 79 deaf individuals in this study were divided into two comparison groups: low and high trauma individuals. Results from this study provided the first empirical evidence for trauma incidence rates, vulnerability factors, general trauma symptoms, and specific information about the DSM-IV PTSD diagnosis in deaf individuals. Specifically, findings from this study supported the dose-response model for trauma for deaf individuals. As predicted, there was a significant positive correlation between number of personal traumas experienced and trauma symptoms. Vulnerability factors for traumatization included: (a) number of traumatic events, (b) race/ethnicity, (c) sexual orientation, (d) disability status, (e) prior substance abuse, and (f) lack of social support. Higher levels of traumatization were also associated with more symptoms of depression, anger, irritability, sexual concerns, tension reduction behaviors, and substance abuse problems. In addition, deaf trauma survivors also displayed unique trauma symptoms, as captured by the TSCDA scale. Regardless of level of traumatization, deaf people in general experienced significantly more dissociative symptoms than hearing people from the TSI standardization sample. Furthermore, results from this study indicated that the construct of PTSD manifested differently among the deaf population as reflected in the lower prevalence rates, different predictors for the

disorder, lower alpha coefficients, and different symptom constellation. For example, when each CAPS symptom cluster was evaluated regarding its ability to predict PTSD, only hyper-arousal symptoms and avoidance and numbing symptoms significantly contributed. Reexperiencing symptoms, the general hallmark feature of PTSD, did not contribute uniquely. Results are discussed with regard to the clinical implications for evaluating trauma symptoms in deaf adults.

Susan Haydar (2006)

Dual relationships and the psychologist's inner circle: Ethical decision making concerning multiple relationships with family and friends

Multiple relationships are defined by the APA Ethics Code (2002) as a therapist having a professional relationship with a client while simultaneously engaging in a secondary relationship with that client (be it social, business related, sexual, etc.). While the Ethics Code makes exceptions for these prohibitions, stating that a multiple relationship is not unethical if it does not involve exploitation of the client or loss of objectivity, a gray area exists in this definition. Furthermore, empirical research to date has not examined the reverse of this multiple relationship scenario: a social relationship becoming one of a therapeutic nature. The present study examined the dynamic of advice-giving between psychologists and their own inner-circle and explored the level of intervention and expectation of intervention between these samples. One hundred and fifteen participants were included (81 psychologists and 34 family members/friends of psychologists) and involved online as well as in-person vignettes regarding potential dual relationship scenarios between a therapist and their social circle. Both quantitative and qualitative data was extrapolated and showed that psychologists gave less intervention to their family and friends than their inner-circle expected (family members expecting the most intervention), that psychologists' level of intervention correlated with their estimation of their colleagues engaging in the same behavior and that psychologists answered consistently despite multiple methodologies (online versus in-person). Themes included boundaries of professionals getting more strict over time, that family and friends of psychologists believe that they are frequently being over-analyzed, that psychologists are in disagreement over whether they can compartmentalize their work versus social self and that professionals make a distinction between clinical advice giving and psychoeducation. Strengths and limitations of the study are discussed as well as directions for future research, such as: including role playing, self-awareness and assertiveness training in regards to this topic in psychology graduate and CEU courses, replicating this study with a national sample and larger family/friend pool and continuing to bring definition and establish frameworks around psychologists giving advice to their inner-circle and the standard of care in the professional community.

Amber Ruddock (2006)

The relationship of interviewer rapport behaviors to the amount and type of disclosure from children during child abuse investigations

This study examined 98 typed transcripts of child sexual abuse investigation interviews. The interviews were conducted at Children's Hospital by trained social workers. All children and all interviewers in the study were female. The transcripts were coded for interviewer rapport behaviors and child disclosure. Interviewer rapport behaviors included: use of emotion words, reflections, part nods, restatements, eye contact, and humor. Three factors of rapport behaviors emerged in a principal components analysis: Emotional Rapport (emotion words and reflections), Cognitive Rapport (part nods and restatements), and Visual Rapport (eye contact). Humor did not load on any factor and was not used in final analyses. Child disclosure was coded for: length of response, amount of question generated details, amount of spontaneous details, and amount of child anxiety. The focus of this study was to determine what interviewer rapport behaviors were associated with greater child disclosure. All rapport behaviors increased from the rapport phase to the abuse

investigation phase of the interview. Greater rapport was associated with longer response from the child. Emotional Rapport positively predicted question generated details, while Cognitive Rapport negatively predicted question generated details. Visual Rapport was not significantly predictive. However, 91% of interviewers increased their Cognitive Rapport in the abuse investigation phase, compared to only 48% of interviewers for Emotional Rapport. Greater rapport was not predictive of greater spontaneous details or less child anxiety. These results are discussed in terms of relevance to forensic interviewing of child sexual abuse victims.

Juan Hill (2005)

Trauma, hopelessness and the neuropsychological aspects of violence

Crime statistics indicate that African-Americans are arrested for nearly half of all homicides. Additional studies show disproportional engagement in such behaviors as fighting and carrying weapons that further increase the likelihood of serious violence among Black youth. The current study investigated the prevalence and potential impact of PTSD, hopelessness, attentional dyscontrol, and exposure to violence on anger, aggression, and the self-reported use of violence in 100 Black, White and Latino male participants age 16–22.

Nine measures were used in the investigation in addition to a demographic questionnaire. The measures included the Trauma Symptoms Inventory (TSI) Anger/Irritability Scale, the Violence Response Questionnaire (VRQ), the Conflict Tactics Scales (CTS) Non-Ordinary Violence Scale, the Trauma Symptoms Checklist-40 (TSC-40), the Survey of Children's Exposure to Community Violence, the Violence History Questionnaire (VHQ), the Beck Hopelessness Scale (BHS), the Stroop Color and Word Test, and the Digit Vigilance Test (DVT).

Multiple regression analyses indicated that exposure to violence, PTSD, hopelessness and attentional dyscontrol successfully mediated the relationship between race and self-reported use of violence. Analysis of Variance results indicated that African-American males were exposed to significantly greater levels of exposure to community violence than both White and Latino males, while they also exhibited higher levels of distractibility than Whites. Both of these factors significantly predicted the self-reported use of violence among African-Americans. While groups were comparable on measures of trauma, hopelessness, and anger, correlation results indicated that hopelessness was significantly related to PTSD, distractibility, and the use of violence among African-American males.

Leah Robbins (2005)

Disorganized attachment in a military sample: Contributions from maternal trauma history, expressed sadness and narrative errors

Forty-seven mother-infant dyads recruited from a San Diego military sample participated in the Ainsworth Strange Situation, and completed an interview on trauma and loss, and a set of questionnaires that contained a demographic questionnaire, the Dissociation Continuum Scale, the Beck Depression Inventory the Upsetting Life Events checklist, and the Violence History Questionnaire, and The Paulhus Deception Scales. Participants were coded using the new version of the Facial Action Coding System, and the D scoring system. Participants were also coded on the Trauma Resolution Index, Memory Errors Index, and Social Support Index. Mothers in the current military sample did not show more depression or dissociation than the normative sample, nor did they reliably show depression or dissociation when their husbands were deployed to war. Nonetheless, having a husband deployed to war was associated with activation of prior vulnerabilities to depression and dissociation among mothers with high trauma histories. These vulnerabilities appear to disorganize infants in this sample. Thus, the elevated rate of Disorganization was predicted and supported. Disorganization was predicted by trauma history, dissociation, expressed sadness, and evidence of disrupted cognition (narrative errors).

Katie Connell (2005)

Detecting simulated versus genuine posttraumatic stress disorder

This study examined the ability of various measures to detect malingered posttraumatic stress disorder (PTSD). Multiple measures that varied in methodology—endorsement of unusual symptoms on the Inventory of Problems (IOP), latency times on the Stroop and IOP, performance characteristics regarding symptoms that participants believe might relate to PTSD on the Test of Memory Malingering (TOMM) and IOP, cognitive items on the IOP, and an overall endorsement of PTSD items on the IOP, Dissociative Continuum Scale (DCS) and Detailed Assessment of Posttraumatic Stress (DAPS)—were used. The phenomenon of dissociation was also explored to see if it is more difficult to differentiate PTSD participants with dissociative symptoms from malingerers. It was hypothesized that these multiple measures would be able to discriminate between groups and that dissociation would negatively impact the ability to distinguish between true PTSD, feigned PTSD, and a normal group.

Individuals with PTSD, controls, and simulators were included for participation. To enhance ecological validity, simulators were provided a context trauma, given an external incentive of \$50, and cautioned not to over-exaggerate. In addition, simulators were instructed to spend 30 minutes on the Internet researching about PTSD while being monitored by a computer SPY program, which recorded what websites they searched, in order to gain information about how one goes about faking.

Results indicated that the use of these measures were successfully able to differentiate between groups. Sensitivity, specificity, and positive predictive accuracy all were 100% when discriminating PTSD participants from controls and more importantly, sensitivity of 92.11%, specificity of 90.00%, and positive predictive accuracy of 89.74% was obtained when differentiating between PTSD participants and simulators. The four participants who were misclassified as simulators all obtained high scores on the DCS, which supports the hypothesis that dissociative PTSD participants will be harder to distinguish from malingerers. A high correlation between dissociation and the IOP-PTSD scale and the DAPS Negative Bias scale within the PTSD group is cause for concern. From these results, the best predictors were chosen to create a useable malingering scale for forensic purposes. This scale obtained high classification rates but cross-validation is necessary.

Parysa Parvisian (2004)

The role of social support in resilience among child abuse survivors

This multifaceted resiliency study investigated a sample of 96 adults who were survivors of child abuse. Two dependent resiliency variables and 9 independent predictor variables were utilized. The resilience criteria included 13 dichotomy factors and Posttraumatic Stress Disorder (PTSD) on a continuum. The 13 factors included negative ratings on the following: abuse by a partner, abuse of a partner, insecure attachment, depression, substance abuse, criminal history, job instability, self-reported eating disorder, underweight or overweight status, PTSD, posttraumatic impairment, and dissociation. The 9 predictor variables included social support, social skills, shame-proneness, hope, self-esteem, assertiveness, problem solving, resourcefulness, and intelligence. The study's focus was social support and social skills as the main predictors of resiliency and mediators of other predictors. The most significant predictors of the resiliency criteria with large magnitudes of effect were the social skills factor and the Cognitive Distortion Scales (CDS) factor (shame-proneness, hope, and self-esteem). Gender was found to be a significant moderator in predicting resilience. The results are discussed in terms of research and clinical implications.

Carlos Cuevas (2004)

Obstacles to empathy in sex offenders: Recognition and interpretation of children's emotional cues

Empathy training has been a commonly used therapeutic intervention in the treatment of sex offenders. However, the empirical literature is mixed in regards to the measurement or efficacy of such interventions. Generalized measures of empathy have shown limited utility and no empirical support has been shown as to the efficacy of empathy training on the prevention of subsequent offending. In addition, studies have not conclusively demonstrated differences between offenders and non-offenders on empathy. Following an established stage model of empathy, this study aimed to look at differences in emotional recognition

and interpretation between outpatient sex offenders and community controls. Furthermore, the study aimed to examine how sex offender's emotional functioning related to their emotional recognition and interpretation abilities. The study was unique in its methodology in that it utilized video scenes of children as stimulus, rather than using general empathy measures as a way to ascertain emotional recognition.

Results indicated that sex offenders did not significantly differ from non-offender on emotional recognition. However, results indicated that emotional functioning in offenders was more likely to relate to their interpretation of emotions in children than it was for non-offenders. Offender shame and anger were the emotions that primarily impacted an offender's accuracy in viewing emotions in children, particularly in their perception of sadness and shame.

The study provides implications in regards to the approach to the measurement of empathy and treatment of offenders. Furthermore, new directions for research in the area of empathy in sex offenders are discussed.

Kevin Thomas (2003)

Prediction of child punishment: Examining the roles of dissociation, social desirability, self-consciousness, anger, violence history, and self-awareness

The risk factors associated with child abuse have been difficult to research, given the methodological and ethical constraints in manipulating certain variables in an experimental setting. The current investigation examined various factors associated with child abuse. The study utilized an analogue paradigm where participants were asked to deliver rewards (i.e., money) or punishments (i.e., unpleasant noise) to a child, in reaction to his performance on a learning task.

One hundred thirty individuals participated in the investigation. The effects of self-awareness on punishing behavior were examined via experimental manipulation. Participants' self-deception, impression management, self-consciousness, anger, dissociation, and violence history were also investigated as potential predictors of abusive behavior toward children.

As expected, participants who were made to be more self-aware demonstrated a less punitive discipline style than those in the low self-awareness condition ($p < .05$). Post hoc analyses provided further support for the inhibitory function of self-awareness. Common factors of abuse were more predictive of punishment in the low self-awareness condition (43% of variance in punishment) than in the high self-awareness condition (29% of variance in punishment), with unique predictor patterns emerging for both conditions.

As predicted, participants with a high violence history status used higher levels of punishment ($p < .05$), engaged in a more punitive discipline style ($p < .05$) and were more reactive ($p < .05$) to provocative child behavior. A trend toward significance for dissociation existed suggesting that high dissociators used higher levels of punishment.

Considering the significant contributions of self-awareness and violence history to the prediction of punishment, the ANOVA results were dummy coded and entered at level one for each regression analysis. In the second step, self-deception, private self-consciousness, impression management, and anger were added in order to predict variance in discipline style and total punishment. Private self-consciousness positively predicted discipline style and negatively predicted punishment. Anger negatively predicted discipline style and positively predicted punishment. Collectively, the predictors accounted for 21% of the variance in both discipline style and total punishment.

The paradigm in the current investigation allows researchers to investigate potential predictors of childhood punishment in a manner that is methodologically sound and ethically appropriate.

Miryam Longest (2003)

Non-reactive, homeostatic, and positive resiliency: Relationships and predictors

Resiliency to trauma has been a subject of study for several years. However, there are numerous accepted definitions of the general concept of resiliency, which can lead to confusion in the literature. The current study investigated three forms of resiliency, which can either co-occur or can manifest separately. The three forms are: Non-Reactive Resiliency, in which a person does not react to a trauma, Homeostatic Resiliency, in which a person may react strongly but returns to baseline functioning within six months, and Positive Growth, in which a person learns and grows from the trauma. The current study also examined variables that predicted the three forms of resiliency. The hypothesized predictors included IQ, personal or family mental illness, life stress, childhood abuse, previous trauma, trauma severity, and social support. Dissociation was examined as an exploratory variable. Social support predicted Homeostatic Resiliency ($\beta = .36, p < .05$). Criterion A Emotion (trauma severity) and previous trauma predicted Non-Reactive Resiliency ($\beta = -.60, p < .01$ and $\beta = -.33, p < .01$, respectively). Positive Growth was not significantly predicted by any of the measures. Negative report, a variable based on a free narrative of trauma-related consequences, was predicted by previous trauma ($\beta = .35, p < .05$). Clinical implications and suggestions for further research were discussed.

Elizabeth Allen (2003)

Therapist responses to traumatized female patients' anger and sadness: A countertransference study

This research involved 62 participants who were recruited from the San Diego area. Participants were licensed clinical psychologists and unlicensed graduate students in the field of clinical psychology. The largely Caucasian sample included twenty-three male participants and thirty-nine female participants.

Participants were recruited predominantly from the San Diego Psychological Association Handbook. If a participant agreed to be involved in the study after completing informed consent procedures, they were shown 8 brief vignettes of fictitious client scenarios. Each participant responded to the vignettes as if they were actually in therapy with the client. The therapist responded to the vignettes and completed 3 measures—the Multidimensional Anger Inventory (Siegel, 1996), the Violence History Questionnaire (Dalenberg, 1983) and the Paulhus Deception Scale (Paulhus, 1999). In addition to the measures and the spoken responses to the vignettes, therapists also rated the level of impairment of each “client” in the vignettes and indicated their satisfaction with their own responses.

The design included 4 manipulated variables and 1 static variable. The vignettes portrayed either a sad or angry female client whose emotion was directed at her therapist or another important person in her life. The type of event that provoked the emotion in the fictitious client was designed to be either moderate (an event rated by pilot subjects as likely to lead to client emotional response) or minor (an event rated by pilot subjects as unlikely to lead to client emotional response). Finally, the participant was introduced to the client as either having a trauma history or not. The static variable was the license status of the participant.

To test the 12 research hypotheses the researchers used repeated measures ANOVA and simultaneous multiple regression. It was revealed that the angry vignettes received more blaming responses, more threats to end therapy, and less encouragement of feelings than did the sad

vignettes. Sad vignettes received more countertransference disclosures and more apologies than did the angry vignettes. Mild provoking events produced more blame responses, and evoked less encouragement and responsibility taking from the therapist. The presence of a trauma introduction within the licensed group led to more generalizations to history of the patient. Licensed participants were slightly more threatening of termination of the patient than were unlicensed participants.

Results were discussed in terms of the empirical and theoretical literature on countertransference. Strengths of the study included a more ecologically valid design than previous studies and good agreement among coders. Weaknesses included the largely Caucasian sample, and the limitations imposed by the specifics of the “client” vignettes (showing White female clients).

Ian Schere (2001)

Keeping secrets: The role of ethnicity of child, ethnicity of interviewer, ethnicity of confederate, and level of ethnic identity on disclosure

Research on children's disclosure is an important and neglected facet of research on childhood sexual abuse. By utilizing a paradigm to measure disclosure, this study found a significant main effect for ethnicity of confederate ($F(1,90) = 6.13, p = .02$), and found a significant three-way interaction between the ethnicity of child, ethnicity of interviewer, and ethnicity of confederate ($F(1,90) = 5.33, p = .02$). The main effect showed that children's disclosure was significantly affected by the ethnicity of the adult wrongdoer. The significant interaction showed that Caucasian children tended to disclose the secret and Mexican-American children tended to keep it in all cases, except for those times when both the interviewer and the confederate were of a different ethnicity than the subject. In that event, the opposite result occurred, with Caucasian subject keeping the secret and Mexican-American children disclosing it.

This study consisted of 116 Mexican-American and Caucasian children between the ages of eleven and fourteen, (57% Mexican-American and 43% Caucasian). In addition to the disclosure paradigm, subjects in this study were also administered Harter's Perceived Competency Scale for Children, Wrightsman's Trust Scale (Revised), the Ethnic and Cultural Identity Measure—adapted from Phinney's (MEIM), and a demographic questionnaire containing David Finkelhor's (1988) risk factors for sexual abuse.

This research offers explanations for the results, discusses the role that culture and ethnicity plays in secret-keeping behavior, and shows a positive correlation between increased ethnic identity level and various aspects of healthy development in Mexican-American and Caucasian children. This study also provides a categorization of the subjects' behavioral responses observed during the disclosure paradigm to assist future investigations to better identify the personality styles and traits that relate to disclosure in children.

Erin McDonald (2001)

All things not being equal: Decision making in custody evaluations involving allegations of physical abuse

Custody evaluations involving allegations of child physical abuse bring together two areas of controversy within the field of forensic psychology—whether mental health professionals can accurately assess the credibility of children's allegations of abuse and whether evaluators faced with cases involving allegations of abuse can adequately assess parenting skills, attachment skills and the best interest of the child without bias. The focus of this study was to assess the influence of personal characteristics (such as evaluator attitudes toward children) and case characteristics (such as the degree of injury to the child, the child's race and the child's gender) on credibility ratings and custody recommendations.

Fifty mental health professionals (social work and psychology graduate students) viewed six videotapes of male and female children describing alleged incidents of physical abuse with three levels of physical

injury. For each participant the race of the child was held constant. After viewing each tape, participants rated the credibility of the child, the severity of the injury to the child and determined the custody recommendation that was in the best interest of the child. Participants also completed questionnaires measuring their violence history as children, their beliefs about children's freedom and their background.

Results indicated that credibility ratings mediated custody recommendations, and that gender of the child significantly affected custody recommendations and interacted with the severity of the injury for credibility ratings. Severity of injury to the child strongly affected custody recommendations. Post hoc analyses revealed multiple interactions based on the manner in which the injury to the child was inflicted. There were no overall differences in ratings given to the children based on race. Results also revealed differences in estimates of the prevalence of true cases of reported child abuse based on participants' violence history. The factors that predicted custody recommendations also differed based on participants' violence history. Authoritarianism also did not affect overall ratings on the dependent variables. Results were discussed in terms of their implications for clinical and forensic settings.

Oxana Palesh (2001)

Dissociation and delayed recall of traumatic memories in a Russian undergraduate population

Two hundred and one participants from Moscow State Linguistics University participated in a survey that contained a demographic questionnaire, the Dissociative Experiences Scale-Revised, the Impact of Events Scale, Zung Self-Rating Depression Scale, the Traumatic Events Survey, the Violence History Questionnaire, questions regarding memory status and attitudes towards child abuse. Among participants who reported child sexual abuse experiences ($n = 18$), twelve participants reported partial or full amnesia of the abuse. The frightening and shameful parents factor generated from the Traumatic Events Scale was the most consistent predictor of amnesia and recovered memory. Subjective experience of fear and terror during trauma (Criterion A trauma of PTSD) and chronicity of trauma also accounted for a significant amount of variance in predicting amnesia and recovered memory. Participants' alcohol use, dissociation and recency of trauma did not predict recovered memory. The PTSD symptoms on the IES were best predicted by dissociation symptoms measured by the Dissociative Experience Scale-Revised. Participants in the study who reported trauma and history of child abuse had more dissociative symptoms and were more depressed than non-traumatized participants. However, there were no significant differences on the PTSD symptoms between traumatized Russian participants and non-traumatized ones.

Mary Jo Collopy (2000)

The fantasy -reality distinction in children: Implications for eyewitness testimony

The increased prevalence of child eyewitnesses in the courtroom has inspired both legal and clinical professionals to closely scrutinize issues related to child suggestibility and credibility, with specific focus on the implausible or fantastic detail within child abuse accounts. This study sought to investigate the fantasy-reality distinction in young children, with the specific purpose of expanding on research by Dalenberg (1996), who found that fantasy elements are more likely to occur in children with the most severe abuse history. The design sought to explore potential predictors of both violent and nonviolent fantasy using a normal sample, focusing on how discipline history and dissociation impact violent fantasy productions. The relationship between fantasy and other predictor variables, including reality monitoring, imagination, intelligence level, parent fantasy training, creativity, and sleep character, was also explored.

Participants included 33 females and 29 males between the ages of 4 and 6 from preschool settings. Child subjects completed a brief intelligence instrument, provided spontaneous recall and responded to questions about a story, answered items about fantasy play in an imagination interview, and participated in a structured puppet play scenario and a creative exercise. Parents completed a Demographics Questionnaire, the Violence History Questionnaire, Child Dissociative Checklist, and responded in an interview to questions related to their child's imagination, fears, and play activities at home. The study's major finding was that boys with more severe discipline histories and higher levels of dissociation were those most likely to use violent fantasy. It also was discovered that children with more intelligence, more imagination, and lower reality monitoring skills were those most likely to use nonviolent fantasy. These results support the link between abuse and fantasy production. Clinical and forensic implications of the results were also discussed. Because this is the first study to discover a link between dissociation and aggression in young children, replication of the findings of this paradigm is recommended before definite conclusions are drawn.

Joseph McEllistrem (1999)

Accuracy and completeness of adult recall for invasive medical procedures experienced during the treatment of childhood leukemia

The accuracy and completeness of adult recall for central and peripheral details of invasive medical procedures experienced during the treatment of childhood leukemia was investigated. Twenty-two adult men and women were asked to recount the specific sequence of events surrounding their painful medical procedures by use of a free recall and a structured interview format. Accuracy and completeness of recall was not affected by age at the time of their first medical procedure. Additionally, regardless of the participant's age at the time of their first procedure they were not misled by suggestive questioning. The adults' memory was affected however, by the number of invasive medical procedures they received over the course of their treatment. The more invasive medical procedures the participants received, the more accurate they were in recalling central details asserted during both the free recall and the structured interviews. Additionally, the more invasive medical procedures they received, the more inaccurate they were for peripheral details asserted during their free recall of those procedures.

Scott Boliver (1999)

The effects of attorney race and use of racially relevant arguments on juror decision making

The issues of race and racism in the courtroom have become increasingly more salient with the advent of several recent controversial cases. This salience is reflected both implicitly, as the race of attorneys and judges become more representative of the population, and explicitly, as racially relevant arguments are used more frequently as defense or prosecution strategies in a practice popularly known as, "playing the race card." This study tested four hypotheses about juror race and level of authoritarianism, attorney race, and use of the "race card." One hundred forty-one Black and White participants were randomly assigned to one of four conditions (Black or White defense attorney who did or did not use racial arguments). Participants/jurors were asked to complete a 10-item demographic questionnaire and review materials about an alleged child abuse/neglect case. Additionally, participants viewed a videotape of the defense and prosecuting attorney's closing arguments, which operationalized the racially relevant argument and attorney race. Next, the participants read the applicable State of California judicial instructions and completed a dichotomous guilty vs. not guilty verdict ballot on each of the two counts and a 6-point

confidence in verdict measure. Finally, the participants completed three additional measures: the Multigroup Ethnic Identity Measure (MEIM, developed by Phinney (1992), the California F Scale (Adorno et al., 1950), and a post-verdict questionnaire. White participants were more likely to find guilt in the presence of racially relevant arguments. In addition, White participants scoring high on the F Scale were significantly more likely to render a guilty verdict than were non-authoritarians or Black participants. Furthermore, a significant positive correlation was found between a participant's score on the F Scale and the MEIM subscales. In other words, the more authoritarian a participant was, the more they reported identifying with their ethnicity and participating in ethnic group behaviors. Finally, for White participants, there was a significant positive correlation between level of authoritarianism and influence by the White defense attorney, but not the Black defense attorney. For Black participants, authoritarianism correlated with the influence of the Black defense attorney and not the White defense attorney.

Karen Hyland (2000)

Pathways to false memory production: The role of context, individual differences, and citations of parent authority

The psychological controversy surrounding the false memory/recovered memory debate has sparked a flurry of research studies to better understand the nature of the process of false or true recovered memory production. At the time of this study, perhaps the most advanced experimental paradigm was being used by Ira Hyman and Elizabeth Loftus, a design which induced adult subjects to report complete false memories of their childhoods. The design included three repeated measures—time, valence of the event, and objective truth of the memory. Two between group variables were also analyzed. Three levels of Type of Suggestion were utilized: Veracity-Confirmed (parental confirmation of memories), Veracity-Questioned (events labeled as a mixture of true and false), and Test Result (confirmation of memories by objective testing). Two levels of Context were used: Strong Context (two false events embedded in the context of four true events) and Weak Context (four false events embedded in the context of two true events). It was predicted that positive events would be remembered better than negative events, that parental confirmation would be the most powerful type of suggestion, and that false memories will be more likely in the Strong Context condition as compared to the Weak Context condition. Support was found for all three hypotheses.

Dissociation, reality testing, trauma symptoms, physical and sexual abuse history, and social desirability were evaluated as potential predictors of false event acceptance. Dissociation was found to be the only consistent predictor of false memory production, although the magnitude of effect was small. Abused subjects were less likely to accept parental statements as confirmation of memory.

Finally, the design included an important methodological advance over other false memory studies to date. When parents were recontacted, 45% of the “false memories” were confirmed as true. Clinical and forensic implications of the results were discussed.

Amy Walter (1999)

True and false claims of physical abuse: Relating parental coaching styles to child credibility

The reader of the literature on false allegations of child abuse is struck by the contradictions between the empirical evidence and the impression of most clinical writers. The literature in this area relies heavily on case studies, convenience samples and anecdotal reports, all of which have well-known shortcomings which limit their ability to lead us to firm causal statements. In Phase I of this study, survey data were collected from a group of 152 adult males and females, 37 of whom were parents, about the strategies

that they believe to be helpful in increasing the credibility of children's testimony and the strategies that they believe children can effectively utilize. Although males and females differed somewhat, adults believed that the most effective strategies to use to help children with their testimony were affect training, practice of the story, and concentration on the reason that testimony was necessary.

The results of the survey then were used in developing a category system to rate the frequency of actual use of these coaching techniques. In a sample of audiotaped "coaching" sessions between parents and their children, parents again used practice of the story and affect training frequently, as well as storyline suggestions. When the effectiveness of these coaching strategies was assessed, results showed that parent behavior only was related to the credibility of a child's allegation in true cases. The only strategy significantly related to credibility was practice of the story with the parent and child. On the other hand, in the true cases, parental involvement in the coaching (rated on a 10-point scale) negatively related to child credibility. Interestingly, in the false cases, the coaching techniques were not related to credibility, but the sample size for these analyses was quite small. Further, parental coaches of girls were likely to offer suggestions to the storyline. These results, along with previous results using this paradigm, support the use of this paradigm in examining parental coaching of abuse allegations.

Christopher Miller (1999)

The relationship between posttraumatic stress disorder symptomatology in parents of leukemia survivors and adult attachment classifications

The current investigation assessed the relationship between Bartholomew's (1991) four-category model of adult attachment classifications and the reporting of PTSD-related symptoms in 31 parents (19 mothers, 12 fathers) of childhood leukemia survivors. Self-report, objective measures of adult attachment (Relationship Questionnaire, Relationship Styles Questionnaire) and traumatic responses to identifiable events (Impact of Event Scale-Revised {IES-R}, Trauma Symptom Inventory {TSI}) were utilized in correlational and multiple regression analyses. Of specific interest was the degree to which different adult attachment styles were related to the reported experiencing of traumatic reactions to the diagnosis and treatment of leukemia in a parent's child. Correlational analyses demonstrated significant negative correlations between secure attachment and parental IES-R total symptom endorsement and the TSI Dysphoria symptom cluster. Fearful and dismissing attachments were significantly positively correlated with parental IES-R total symptom endorsement but not for the TSI Dysphoria or Trauma symptom clusters. Multiple regression analyses indicated that secure attachment was predictive of less parental reporting of symptoms of the TSI Dysphoria cluster and of IES-R total scores. Child age at diagnosis was not found to be related to current parental symptom endorsement, and parent age at child's diagnosis was found to be significantly negatively correlated with current parental symptom endorsement for the IES-R total score but not with the TSI Dysphoria or Trauma cluster. Four parental behavior categories were established by use of exploratory factor analysis, and no attachment category was found to be significantly correlated with such factors. None of the four behavioral categories was associated with the TSI Dysphoria factor, the TSI Trauma factor, or total IES-R scores. These findings suggest the need for conceptualization of traumatic reactions of parents of leukemia survivors from an attachment perspective.

Christy Stammen (1999)

Prediction of child punishment: Exploring anger level, self-concept, social desirability, and provocative child behavior

Recognizing and understanding the risk factors for abusive behavior toward children is vital in the fight against child abuse. A paradigm has been developed which creates a realistic scenario to address methodological issues in child abuse research without creating unreasonable risk to children and adults involved. The subjects were asked to teach a ten year old boy a series of spelling words through a computer. The subject viewed the child and observed the experimenter communicating with the child. (This was actually a videotape). Ninety-two community college students, aged 18 to 61, were told they may reward (with coins, which the child was shown to like) or punish (with noise, which the child was

shown to dislike) the child for correct or incorrect responses. Subjects were also told they may talk to the child through a one-way microphone, and these conversations were recorded without the subject's knowledge. The subject was then left alone to teach the child spelling words. In three separate sessions, the child spelled 18 words, 8 incorrectly. Half of the subjects were exposed to a provocative child. Subjects completed measures of social desirability, anger, self-concept, childhood punishment history, and child abuse potential. The computer recorded the number and level of rewards and punishments chosen by the subject (without the subject's knowledge). Believability of the paradigm was quite high. Subjects in the provocative child condition punished at significantly higher levels ($F[1,84] = 4.7, p < .05$), gave more negative feedback ($F[1,35] = 6.66, p < .01$), and utilized the highest level of punishment more often ($\text{Chi Square}[2, N = 88] = 8.68, p < .01$) than subjects in the nonprovocative child condition. Problems from others and social desirability were the most consistent predictors of punitive behavior for the entire sample. Social desirability was a significant predictor of punishment for subjects in the nonprovocative child condition, while anger and problems from others were significant predictors of punishment for subjects in the provocative child condition. These results, along with previous results using this paradigm, provide further support for the use of this paradigm in examining child abuse potential.

Kori Eldean (1998)

Attribution style, anger level and childhood punishment history as predictors of the use of punishment against children

Given the ethical constraints on studying child abuse in the laboratory, this study used a paradigm to research the use of punishment by adults that did not place a child at risk. The purpose was to gain an understanding of factors that relate to the tendency for an adult to engage in punitive behavior toward a child. In this research, individuals participated in experimental procedures in which they were instructed to teach a ten-year old child spelling words through the use of a computer. Participants were led to believe that the mythical child was in a room down the hall and viewed the child on the TV monitor, which was actually a videotape. Participants could reward correct answers (with coins) or punish poor spelling (with noxious noise) 18 times throughout the study. Eighty-five individuals participated in the research. Participants' attribution style, shame, guilt, anger, and violence history were investigated as potential predictors of the use of punishment. Dissociation was also examined for exploratory purposes. The effect of role playing that the child was the participants' own and the effect of parental status were also examined. As expected, nonparents possessed an overall more punitive discipline style than parents ($p < .05$). A trend towards significance existed for the role-play manipulation such that those individuals in the role-play condition punished at higher levels than those in the control condition. Specifically, those parents in the role-play condition punished significantly more ($p < .05$) and engaged in a more punitive discipline style ($p < .05$) than those parents in the control condition. No differences existed for nonparents. Given the significant amount of variance contributed by parental status and the role-play manipulation, the ANOVA was dummy coded and entered at level one of the regression. Shame was found to be a positive predictor of punishment while guilt was found to be a negative predictor. Absorption, a factor in the dissociation scale was also found to be negative predictor of punishment. Together, shame, guilt, dissociation-absorption, violence history, parental status and role-play condition accounted for 24% of the variance in punishment. Furthermore, the dispositional variables were more predictive of punitive behavior among the participants with a severe violence history (accounting for 22% of the variance in punishment of the "child") than among those with less severe violence histories (12% of variance accounted for). Given the results of this study, this paradigm holds promise as a child abuse simulation in which child maltreatment can be studied in the laboratory.

Stacey Hoyt (1998)

The perception of danger cues in traumatized and nontraumatized populations

This study examined the impact of childhood abuse history on adult revictimization potential. The purpose of this study was to obtain information about the role of moderating variables in revictimization of childhood abuse survivors. Specifically, how the use of dissociation and the experiencing of anxiety and trauma related symptoms impact an individual's awareness of danger cues, and their willingness to participate in potentially dangerous situations. Participants included 91 females between the ages of 18 and 25 from vocational programs. Subjects completed the Violence History Questionnaire, Trauma Symptom Inventory, State - Trait Anxiety Inventory and Dissociative Experiences Scale - Revised. They also viewed the Threat Options Video and completed the Perceived Threat Questionnaire, Background History Questionnaire, and Adolescent/Adult Traumatic Events Inventory which were created for this study. Major findings include the importance of dissociation and anxiety as predictors of awareness of danger, trauma symptoms and histories of severe abuse as predictors of willingness to engage in dangerous behavior, and the impact of specific childhood trauma on the reporting of feelings during the Threat Options Video.

Cathy Reto (1997)

Childhood maltreatment, dissociation, and bulimic symptomatology

The current study examined multiple relationships among sexual and physical abuse, dissociation, and bulimic symptomatology. Subjects were 130 females, 18 years and older, and were recruited from college and clinical populations. Group differences revealed that both the bulimic and abused groups exhibited significantly higher levels of dissociation than did their respective counterparts. Dissociation was found to be significantly correlated with all categories of abuse and bulimia. Furthermore, dissociation and bulimia appear to be intricately linked regardless of an abusive history.

Three path models of A: Tension Reduction Hypothesis, B: Pain Threshold Hypothesis, and C: Bulimia Facilitated Dissociation Hypothesis, were developed and tested in an attempt to establish causal, mediating relationships between abuse, dissociation and bulimia. The variables of tension and dissociation were supported as mediators of the relationship between abuse and bulimia. Dissociation proved far superior to tension, accounting for 27% of the total variance in the prediction of bulimic symptomatology.

In the prediction of dissociation, abuse variables alone accounted for 20% of the variance in dissociation. The two variables of abuse and tension accounted for 41% of the total variance in dissociation. The inclusion of bulimia in this equation proved superior to abuse and tension alone, and accounted for 53% of the total variance in the prediction of dissociation. This finding supports the supposition that bulimia may serve to facilitate a dissociative response to trauma.

This study examined the role of bulimia as a PTSD response in victimized women. Group comparisons revealed no differences on dissociation or PTSD scores between abused bulimics and nonabused bulimics. These results suggest that bulimia may exert a "suppressive" effect on PTSD symptoms. Most importantly, this study indicates that an abusive history, in and of itself, though correlated with many aspects of bulimic symptomatology, is a weak, nonspecific predictor of the development of bulimia. Though many of the findings of the current study are preliminary, this research has compelling implications for theory, research, and practice alike and warrants further investigation.

Kim Aransky (1996)

Dissociation, anger level, and childhood punishment history as predictors of use of punishment against children

The field of child abuse research is plagued with the methodological difficulty of manipulating its most important variables in the laboratory. The present research has responded to this dilemma by creating an

analogue paradigm in which these variables may be explored. In the laboratory, subjects were told that their task would be to teach a ten year old child a series of spelling words. A television monitor allowed the subject to view the child and observe communications between the experimenter and the child (it was actually a videotape). Subjects were told that they may reward (with coins, which the child is shown to like) or punish (with white noise, which the child is shown to dislike), the child for correct or incorrect responses. The experimenter then left the subject alone to teach the child spelling words via the computer. In three separate sessions, the child spells 18 words, 8 of which are incorrectly spelled. The computer recorded the number and level of rewards and punishments chosen by the subject (without the subjects knowledge). Eighty-seven subjects participated in this study. Subjects completed measures of dissociation, anger, attachment, childhood punishment history, and post-traumatic symptoms. Fifty-three percent of subjects who used low levels of punishment and had a history of childhood abuse were high dissociators, whereas, the corresponding figure increases to 89% ($z = 1.80, p < .05$) in subjects who used high levels of punishment. Thus, it seems to be the unique combination of dissociation capacity and punishment history that produced punitive responses to the "child." The most significant predictor of punishment within the reportedly nonabused group was their level of anger. Sixty-three percent of subjects who used the highest levels of punishment were also above average in anger, while only 42% of those who punished in the lowest levels were above average in anger ($z = 1.75, p < .05$). The manipulation of two variables--ability to communicate and delinquency label were also included. In the nondelinquent condition, subjects punished in higher levels when they were not allowed to communicate with the child. This new paradigm is promising for further work in the child abuse field.

Glorious Dunkerly (1996)

Race of interviewer, level of risk for child abuse, and child racial identity as predictors of secret-keeping behaviors and disclosure in Black and White children

The study of secret-keeping is a close companion to the study of child abuse, although the former is rarely formally addressed. In this research, children were asked to keep a positive secret (that someone left candy for the experimenter) or a negative secret (that someone hid the experimenter's purse). Interviewers (experimenters) were Black and White adult females, similar to the demographics of those in the role of child abuse investigators. Subjects were Black and White elementary school children. The "perpetrators," who asked the children to keep the secret were the same race as the children. As expected, a race of interviewer by race of child interaction emerged ($p < .1$) on the main dependent variable of number of probes necessary to elicit disclosure from the child. Children showed a preference for disclosing to their own race, a preference that was particularly strong for Black children in the negative secret condition. (Asian and Hispanic children also disclosed more easily to the Black interviewer, but interpretations of this finding is difficult given low n's and other methodological issues). This race interaction has both theoretical and practical significance. Children also completed the Racial Identity Attitudes Scale for Black Children, the Piers-Harris Children's Self-Concept Scale and the **Dunkerley** Sense of Safety Scale to assess sense of personal safety. They were also assessed on a number of factors thought to predict the likelihood of sexual abuse (a risk factor scale based largely on the work of David Finkelhor and further developed by the researcher in collaboration with Dr. Carl Clark). Given the high magnitude of variance contributed by race of interviewer and race of child, the ANOVA was dummy coded into regressions before the effect of these variables could be assessed. While the necessity of controlling for these variables lowered power, the largest regression predictor was the risk scale which accounted for significant variance in disclosure in the total sample and in the positive secret condition. The Racial Identity Attitudes Scale for Black Children was a good predictor for disclosure to a White interviewer such that those children who felt comfortable with their racial identity were more able to disclose the negative secret.

The meaning of these results for the interpretation of both race differences and risk factor effects is discussed.

Kathleen Strauss (1996)

Differential diagnosis of battered women through psychological testing: Personality disorder or post-traumatic stress disorder?

The purpose of this study was to obtain descriptive information regarding the clinical presentation of battered women and to determine if projective testing could assess and/or differentiate trauma symptoms from borderline personality symptoms. Eighty-six battered and nonbattered women between the ages of 20 and 63 were administered the Trauma Symptom Inventory (TSI), The Rorschach Inkblot Test, the Millon Clinical Multiaxial Inventory-II (MCMI-II) and the Violence History Questionnaire (VHQ). Battered women had a high rate of diagnosis of PTSD (84%) compared to nonbattered women (29%). Recently battered women experienced anxiety, depression, intrusive thoughts and avoidance behaviors as well as impaired reality testing. A group of women who had not been in an abusive relationship for at least four years continued to experience PTSD symptoms but did not evidence reality testing dysfunction.

Additionally, recently battered women were found to have higher rates of diagnosis of personality disorders organized at the borderline level of functioning, such as Schizoid, Antisocial, Narcissistic, Borderline and Paranoid personality disorders than the nonbattered women. However, the personality disorder scales of the MCMI-II correlated positively and highly with the trauma scales of the TSI enhancing the diagnostic confusion between PTSD and a borderline level personality disorder. Results indicate the TSI is effective in differentiating the battered from the nonbattered women, whereas the Rorschach is better able to predict a borderline organized personality disorder. Future research with the Rorschach, if studying personality disorders, should make more specific categories of personality disorders to be studied.

Results of this study support the vulnerability theory, that battered women who have a preexisting personality disorder before the battering may experience increased symptoms of trauma, and the misdiagnosis theory, that battered women may be misdiagnosed as having a personality disorder when they do not. Clinical and practical implications of these findings are discussed.

Lisa Mullenix (1995)

Potential mediators of self-esteem in foster children

This study examined three potential mediators of self-esteem in foster children and home-reared children ages 8-13: Social desirability, defensiveness, and self-reliance. Thirty foster children and 42 home-reared children of diverse ethnic groups and of lower socioeconomic status were interviewed. The Harter Self-Perception Profile was used to assess six different domains of self-esteem. Assessing various domains of self-esteem proved to be quite useful in understanding the mechanisms of self-esteem. Further, a self-reliance scale was developed which appears to be useful in assessing a child's likelihood of involving an adult in problem situations, as well as in determining the extent to which a child relies on herself.

Although self-reliance was predicted to be the most likely mediator of self-esteem in foster children, the variance in self-esteem was largely accounted for by social desirability and defensiveness in foster children and by defensiveness in home-reared children. This suggests that foster children have a propensity to respond in a socially desirable manner, perhaps due to the hope that they will be returned home if they say that they are just fine. Several possible reasons for why foster children responded in a socially desirable manner were discussed.

As expected, foster children had generally lower self-esteem than home-reared children, yet the differences were not always significant. However, foster children were found to feel significantly better about themselves in some domains as opposed to others. Interestingly, foster children were found to have significantly poorer self-perceptions of their behavioral conduct than home-reared

children. The practical and clinical importance of the self-esteem differences and use of the mechanisms within each group were discussed

Judith Shields (1994)

An empirical investigation of accuracy enhancing techniques for children's eyewitness reports

Given the influx of child abuse reports being made annually, the issue of children's testimony has gained renewed prominence. Increasing numbers of children are being seen within the context of a courtroom as victims of physical and sexual abuse or as corroborating witnesses to domestic violence. More often than not, children are the only witnesses to the crimes committed against them. Efforts to increase the reliability of children's testimony are thus crucial.

The present research included forty-nine 5-6 year olds and fifty-six 10-11 year olds who participated in one of three experimental conditions designed to influence their accuracy and willingness to answer "I don't know" to ambiguous or difficult questions. "I don't know" frequency and accuracy were assessed for an objective event (a film) and an event chosen by the mother from the child's personal history. The conditions were "Accuracy Demand," in which the child was instructed in a way to enhance "I don't know" responding to difficult questioning, the "Compliance Demand" condition, in which the child was pushed to answer the questions whether or not they were certain about the answer, and a "No Demand" control group.

Explicit directions regarding the appropriateness of the "I don't know" response did impact both "I don't know" frequency and overall accuracy for younger and older children. Complex interactions occurred with age and gender, with the strongest effects noted for younger girls. Free response narratives for the video event were extremely accurate for both age groups.

An imagery procedure tailored from the Cognitive Interview was successful in increasing the amount of recognized and recalled information in children's reports. The new information was 90.6% accurate, yielding strong support for the free-recall procedures that utilize memory retrieval aids for children.

Renee Baskin-Creel (1994)

Countertransference and individual psychotherapy with battered women

The literature on the treatment of battered women appears to reflect negative countertransference feelings (or disapproval) on the part of therapists. The author argued that theoretically, this disapproval may be related to three psychological threats the battered woman may pose: (a) a threat to safety, (b) a threat to belief in a controllable and predictable world, and (c) a threat to self-esteem (through the stimulation of stigmatization issues).

In this research, a computer task was designed to simulate four patients (all women): (a) a battered woman, (b) a bulimic, (c) a depressed patient and (4) a panic disordered patient. Subjects therapists could respond to the "patients" by identifying the sentence (patient material) that s/he wished to address and indicating the type of response (e.g., request for information, positive feedback, etc.) that s/he wished to give. Ten patient-therapist exchanges were possible for each "patient" presentation.

Results indicated that individual difference variables (FIRO-B Control Expressed Scale, Rosenberg Self-Esteem Scale, Rokeach Dogmatism Scale and Baskin-Creel Safety Scale) predicted substantial portions of the variance in the type of response chosen to each of the four simulated patients. The therapist's need for safety and the dogmatism scale were particularly powerful in predicting pattern of countertransference response. Overall, therapists explored feelings less in the battered woman scenario than in other scenarios. Individual difference variables were more powerful in predicting response style in the battered woman case than in the other diagnostic categories.

The results were discussed as they may apply to training of graduate students and to the understanding of therapist responses to victims of human-induced disaster.

Carlos Nelson (1994)

A self-schema analysis of gay male identity

The social-cognitive construct of self-schema was extended to gay male identity and was expanded to allow for structural or cognitive variation around a single aspect of self-identity. Ninety-one gay and twenty-one non-gay subjects completed the experiment on gay identity. All of the subjects were blocked into one of four schema types: centrally-gay, separated-gay, integrated-gay, and non-gay. The gay subjects were blocked by a gay self-schema measure which was developed and validated by the author during a pilot study. The subjects were randomly assigned into one of three experimental cue conditions: gay cue, neutral cue, and objective self-awareness (OSA) cue. Five diverse cognitive tasks (e.g. ease of memory access, organization of responses, importance of gay label in a list of self-identities, extremity of gay-related opinions) were used as dependent measures of schema activation. The five measures produced a single self-schema factor score which also was used as a dependent variable in an ANOVA. Analysis of variance yielded differences between the gay and non-gay groups on the factor score and on 3 of the 5 schema tasks, supporting the hypothesis of a gay self-schema (all F 's >15.99 , all p 's $<.0001$). Within the gay groups, the highest scores were typically for the centrally-gay group followed by the integrated and separated groups. Separated-gay subjects most often scored similarly to non-gay subjects.

The cue conditions were included to provide circumstances which would activate the gay schema, if present. Therefore, non-gay subjects, who do not have a gay self-schema, and centrally-gay subjects who have a chronically activated gay self-schema, would be unaffected by conditions, while integrated and separated would respond to conditions that turned attention to self (OSA cue) or to gay issues (gay cue). Differences between schema groups appeared at the neutral cue (Factor Score $F(3,96) = 10.09$, $p <.0001$) and the OSA cue ($F(3,96) = 10.39$, $p <$.001$). For integrated-gay and separated-gay subjects, although schema scores were higher in the OSA condition than in the neutral condition for 4 of 5 dependent variables and for the factor score, the difference was not significant on any measure. The results were discussed in the context of theories of self-schemata and the development of gay identity. Future research may improve on advances of methodology presented here and may integrate the study of gay subjects with other potentially stigmatized self-identities.

Erik Fox (1994)

Violent and non-violent adolescent sex offenders: Neuropsychological and cognitive distinctions

Although the treatment of adolescent sex offenders in the last decade has grown significantly, there is still an insufficient level of understanding concerning this group. The present investigation examined violent and non-violent sex offenders, positing that the violent sex offenders would have more neuropsychological deficits and fewer cognitive distortions than the non-violent sex offenders

Fifty-one adolescent sex offenders were tested at five treatment facilities in California. Violent and non-violent groups were defined in two manners, by the level of violence in the incarcerating offense, and based on their response on the Violence Response Questionnaire (VRQ). Cognitive variables were the vocabulary score on the WISC-R or WAIS-R, Irrational Beliefs Inventory, Comprehensive Cognition Scale, and four MMPI sub-scales. The neuropsychological variable was the Neurobehavioral Cognitive Status Examination (NCSE). In comparison to norms, differences between the entire sample of adolescent sex offenders and available normative samples were significant for all tests, $p <$.05$.

Logistic Regressions were used to determine differences between groups. Using the level of violence in the offense as the dependent variable, significance was not found. The endorsed level of violence as

measured by the VRQ as the dependent variable with the five cognitive predictors was significant, $p < .0001$, and accounted for 41 percent of the variance.

Using the level of violence in the offense as the dependent variable with the NCSE, significance was not found. However, using the total number of impaired scales on the NCSE as the predictor was significant ($p < .05$), with 8 percent of the variance accounted for. The endorsed level of violence as measured by the VRQ, as the dependent variable with the NCSE was significant ($p < .05$), and accounted for 20 percent of the variance.

A full model logistic regression was calculated with the significant cognitive and neuropsychological variables. The results were significant ($p < .0001$), with 50 percent of the variance accounted for. Increment tests also were significant.

The results of this research demonstrate differences between types of adolescent sex offenders which may have an important impact upon treatment considerations.

.Colleen Masters (1994)

Syndromes associated with a history of childhood sexual abuse

A wide range of symptoms have been linked to a history of childhood sexual abuse, although the evidence has been more anecdotal than empirical. Therefore, a portion of this research was concerned with the identification of specific post-sexual abuse syndromes that would significantly differentiate sexual abuse survivors from nonsurvivors, controlling for other kinds of adult or childhood trauma. It was hypothesized that a variety of symptoms would cluster in a manner supporting the existence and predictive power of the Ellenson syndrome, the Incest syndrome, the Post-Traumatic Stress syndrome, and Dissociation as a defensive style, and that these variables would remain significant when childhood physical abuse was covaried. The Ellenson Post-Sexual Abuse syndrome questions were embedded in the Mental Status Exam. The Incest syndrome and the Post-Traumatic Stress syndrome were measured by combinations of subscales of the Trauma Symptom Inventory, and dissociation was measured by the Dissociative Experiences Scale Revised.

The three post-sexual abuse syndromes and dissociation were found to be highly significant predictors of sexual abuse status, accounting for 35% of the variance. Impressively, when using these measures, 75% of the survivors and 81% of the nonsurvivors could be correctly identified by symptom profile alone. The predictive power of these specific syndromes of test results and high degree of variance accounted for suggest that these measures may be of value in differentiating between traumatized and nontraumatized sexual abuse survivors, as well as providing a useful heuristic for further child abuse research.

Consistent with the literature, a subgroup of clients present for treatment exhibiting symptoms of sexual abuse trauma, combined with partial or complete amnesia for the event. An attempt was made to provide preliminary evidence relative to the identification of individuals who may have repressed a history of sexual abuse by demonstrating the existence of a group of individuals who (a) deny such a history and, (b) show a tendency to use repressive defenses combined with high scores on the Ellenson Post-Sexual Abuse measure. Although this hypothesis was not supported by the data, the findings do point to the importance of the overuse of repressive and/or dissociative defenses in the prediction of sexual abuse status.

Ann Wycoff (1993)

Sexually abused and nonabused borderlines: Differentiating groups through psychological testing

The link between sexual abuse and borderline personality disorder is now well-established (cf. Briere,

1989; Herman, 1985), sparking interest in abuse-focused treatment of BPD. Several authors argue that borderline personality disorder may in fact be a type of chronic post-traumatic stress syndrome, and suggest that sexual abuse may predispose the victim to "borderline" symptoms (Briere & Runtz, 1987; Herman and van der Kolk, 1987). The result has been two sets of literature on borderlines, one suggesting abreactive work and supportive interventions and another arguing that BPD's should be helped to control their emotions and needs (particularly anger expression and entitlement) through interaction with a firm, limit-setting and confrontational therapist. Although abuse-focused and general psychodynamic literatures appear to suggest different dynamics, different treatment modalities, and different prognoses, no information exists to help the clinician make a therapeutic decision between the two modalities for a specific client.

The present investigation posited two subtypes within the category of DSM-III-R borderline personality disorder, a nonabused group who would show the diffuse ego impairment described by Kernberg (1975), and an abused group, who would show greater PTSD symptoms and a pattern of ego impairment specific to trauma-related material.

Ninety inpatients at a San Diego facility were interviewed using the Diagnostic Interview for Borderlines. Those who scored at 8 or above were defined as meeting borderline criteria. Sexual abuse was defined by self-report on a Maltreatment Inventory. Using Rorschach variables (FQx-for trauma-related and nontrauma-related contents, H, (H), splitting, and Perry & Viglione's Ego Impairment Index) and the subscales of Briere's Trauma Symptom Inventory, logistic regressions significantly discriminated (a) abused from nonabused groups, (b) borderlines from nonborderlines and (c) abused from nonabused borderlines. As hypothesized, both the TSI and the Rorschach contributed significantly, with the best predictors being the Intrusion and Dissociation factors of the TSI and the FQx-on the Rorschach. On the latter test, abused borderlines showed greater FQx-on trauma-related contents and lower FQx-on nontrauma-related contents. In addition, abused borderlines were seen by mental health professionals as demonstrating more staff splitting, although they did not engage in more splitting on the Rorschach. The full regression with these 5 variables accounted for 31% of the variance ($p < .0001$).

The results of this research were provocative. It is argued that borderline symptoms in an abused individual may reflect a different syndrome (and perhaps a different prognosis) than borderline symptoms in a nonabused patient. The ego impairment that is characteristic of borderline pathology may be specific, in one group, to traumatic material.

Emily Koel (1992)

Sexually abused boys: sexual confusion and aggression

Sexual abuse of boys has been a hidden problem that has only recently begun to emerge in the research and clinical literature. The hypotheses of this study were based on a model which predicts that sexually abused boys would be more confused about their sexual identity and would therefore be more aggressive. Sexual confusion was defined as hypermasculinity, homophobia, increased conscious masculinity, decreased conscious femininity and increased unconscious femininity. Aggression was measured using self-reported number of fights and the Violence Response Questionnaire (VRQ), a test developed by the author during pilot work. The VRQ consisted of hypothetical situations in three categories: threats to masculinity, threats to self-esteem and reasonable requests. The VRQ was shown to have adequate reliability and validity.

Forty sexually abused adolescent boys and thirty-nine controls participated in this study. Results indicate that the molested boys were more unconsciously feminine and were more aggressive. Using a multiple regression, a history of sexual abuse and violence within the molest did predict aggression. A history of violence accounted for aggression in some of the measures; however, it did

not account for the variance in reasonable request situations. In another set of regressions, sexual confusion was shown to add unique variance over and above the variance accounted for by a history of sexual abuse in predicting aggression. It was also found that sexual confusion was related to aggression whether or not it originally stemmed from a sexual abuse experience. Controlling for sexual confusion, sexual abuse still predicted increased aggression. Implications for clinical treatment and future research are discussed.

Margaret Geillinger-Tess (1992)

Effects of cotherapist gender on therapy groups with adult female molest victims

The present study compared psychotherapy groups led by male-female and female-female cotherapist teams in the treatment of adult female molest victims. Measures were administered at 0, 3 and 6-months of treatment.

Eight groups participated in this study. Four groups were led by female cotherapist teams (29 subjects), and the remaining 4 groups were led by male-female cotherapist teams (27 subjects). Three groups (19 subjects) disbanded prior to the 12th week of treatment; 2 groups were led by female cotherapists and 1 group by a male-female cotherapy team. Group cotherapists were pre-screened for experience and therapeutic "style". Groups consisted of all female members age 18 and older having a history of sexual victimization by one or more male perpetrators. Subjects also attended at least 70% of group sessions.

Measures administered consisted of the SCL-90-R, Problem Rating and Goal Scale, and the Barrett-Lennard Relationship Inventory. Since the dependent variables were not well-correlated, individual analysis of variance tests were used to assess group differences. Bonferroni corrections were calculated to control for the probability of a Type I error.

Results showed that group members' overall distress and problem severity significantly decreased over time regardless of therapist gender pairings. However, the variance provided by one of the male-female led groups may have positively biased the results thus contributing to nonsignificance.

Both group members and cotherapists perceived significant goal achievement (for members) over time regardless of therapist gender pairings. Subjects did perceive, however, that male cotherapists were significantly less empathic, had less regard for group members, and were also less unconditional in their regard towards members after 3 months of treatment. Male cotherapists were also seen by group members as being somewhat less congruent than their female cotherapists. Following 6 months of treatment, these results were no longer significant.

Disbanded groups had lower SES, less concurrent therapy experience, less extrafamilial sexual abuse, and more overall distress than groups completing the study. Results were discussed in terms of the possible presence of transference, the importance of "universality" of experience and intake procedures to maximize group effectiveness.

Cathy Duvenage (1992)

Dissociation, child abuse history, and amnesiac barrier strength in a non-clinical population

The recent literature outlines considerable controversy in the field of multiple personality disorder. However, theorists and researchers do agree upon certain aspects of MPD, of which a history of child abuse in the majority of patients diagnosed with the disorder emerges as a consistent etiological factor. Other factors which have also been of interest as contributing influence to the development of the disorder are dissociation

tendency, hypnotizability, and state-dependent learning. This research looks at these factors and investigates their interrelationship with one another and the degree to which they exist in a non-clinical population.

The Dissociative Experiences Scale was revised for use with a nonclinical population with the addition of seven normal dissociation experience questions. The Violence History Questionnaire and the Barber Suggestibility Scale were used to measure child abuse history and hypnotizability respectively. A mood state-dependent learning procedure was used to measure amnesiac barrier strength in happy-sad moods as well as fear. Happy and sad moods were induced with the Velten Mood Induction Procedure, while a fear inducing video segment was used to promote fear as a mood.

Significant results were found for a mood state-dependent learning effect as predicted by Bower (1981). Other significant findings included hypnotizability as a predicting factor of child abuse history, and dissociation and child abuse as predicting factors of state-dependent learning in the fear paradigm. No relationship between hypnotizability and dissociation was found contrary to reports in the literature. An attempt to outline a mediational relationship between child abuse history and state-dependent learning by dissociation and hypnotizability was not supported.

Nancy Hollingsworth (1991)

Child abuse as a continuum or class variable in the prediction of self-competency and locus-of-control

The nature of parental discipline techniques can have a profound effect on a child's developing self-image and sense of trust in the world. Maltreatment or abuse of children in the name of discipline is empirically linked both to serious psychopathology and to criminal action. Fundamentally, child abuse can be considered a class or dimensional variable. It was the purpose of this study to (a) establish the link between physical discipline and low self-competency and externality, and (b) examine the evidence for or against the threshold model of child abuse.

Three statistical methods were used to distinguish between dichotomous and continuous variables. It was predicted that the extent of parental use of physical discipline techniques would significantly correlate with each of the psychopathology measures (self-competency and locus of control). Second, it was hypothesized that the seven Pearson/biserial comparisons would consistently support a continuous (Pearson > biserial) or dichotomous (biserial > Pearson) definition of abuse. Third, it was predicted that the Pearson/biserial comparison results would be supported by the covariance and factor analyses.

In general, the prediction that abused children would experience more problems with low self-competence and externality was supported. Overall, increased physical discipline techniques was associated with decreased self-competency specifically in appearance, behavior and general self-worth subscales, and with decreased externality.

Three statistical tests of the continuous vs. dichotomous definitions of abuse yielded strong support for dichotomous-threshold definitions. The biserial-Pearson comparisons and the factor loading-phi coefficient correlations clearly supported a threshold model. The covariance plot yielded a graph which did not fit the predicted distribution, but instead was peaked maximally toward the extreme right. While no one statistical method can be said to be the definitive measure of, or test for, the existence of a class variable, the additive effects of this research supports the concept of abuse as a class variable in the prediction of psychopathology.

Three possible explanations for the threshold effect were offered: resiliency, trauma, and attribution theories. Implications for future research and therapeutic interventions were addressed, as well as a need for clear operational definitions.

Cynthia Post (1990)

Incest and depression: An attributional analysis

This study examined the role of incest status, attributional style, and incest attributions as they function independently and in interaction to predict depression. In order to measure incest attributions, the Incest Attribution Inventory was developed. Attributional style was measured by the Attributional Style Questionnaire. Depression was measured by the Beck Depression Inventory, Hopelessness scale, Attitude Towards Self Scale-Revised, and the Coppersmith Self-Esteem Inventory. Participants in the study were 37 incest victims and 34 control subjects who responded to ads in the local paper, flyers, and word of mouth information.

The results of this study indicated that attributional style and incest attributions are important predictors of depression in incest victims considerably more than in control subjects. An analysis of the specific attributional patterns that emerged in the study suggested that the incest victims who had high scores on attributional style for negative events (IGS-) and low scores on attributional style for positive events (IGS+) were most depressed. This finding was interpreted to mean that it was those who generalized from a depressive attributional style (IGS-) to other events in their lives that exhibited the highest depression scores. Up to 73% of the variance in depression was accounted for by the attributional measures.

The pattern of results that emerged from the Incest Attribution Inventory indicated that incest victims who endorse father attributions when it is in conjunction with a depressive attributional style (IGS-) were most depressed. This interesting finding, contradictory to much of the anecdotal material, is discussed. In general, the results provide a framework for the development of future research and clinical interventions with incest victims.

Kelley O'Neel (1989)

True and false allegations of physical abuse: The role of the mother in constructing a believable story

The rising number of reported cases of child physical abuse has resulted in increasing numbers of children appearing in court to testify about their experiences, and a subsequent growing concern about the possibility of increasing false allegations, particularly within the arena of child custody disputes. Many fear that parents may coach their children to make accusations that are not true, and thereby make it even more difficult to detect falsity. The purpose of this research was three-fold: (1) to design an ecologically valid paradigm for children who are testifying in physical abuse cases; (2) to incorporate the contribution of the mother and determine how she effects the child's story and; (3) to explore whether or not it is possible to empirically differentiate between true and false stories of physical punishment, and how the empirical measures relate to the believability of the story. A 2 (truth of story) x 3 (role of mother) x 2 (proximity of mother) design was used, and 97 subjects participated. Results indicate that it is possible to differentiate true from false stories using empirical measures, even when the mother helps the child prepare the story. While the mother does change the child's story in some predictable ways, the factors of the story that she influences are not those which differentiate true from false stories. The analyses on the believability of the stories revealed that raters reliably identify which children are telling the truth only under particular conditions, i.e. when they witness the child being asked confession-eliciting questions. In contrast, the empirical measures accurately predicted truth both with and without the confession material. The author suggests areas for subsequent research.

Delores Jacobs (1989)

A schematic analysis of child physical abuse

Physical child abuse has been associated with a number of seemingly contradictory symptomologies. Empirical investigations using abusive history alone as a predictor have typically controlled less than 10% of the variance in the criterion. In this research, the social-cognitive construct of schema was utilized to develop five different prototypical understandings of the abusive event. The presence of these understandings was assessed through the use of eight schema measures derived from the extant cognitive literature. Free-form narrative, paper and pencil tasks and responses to a computer game were combined in a multi-method approach which was subjected to principal components analyses. The resulting schema factor scores differentially predicted subjects' scores on measures of anger, depression, externality and mistrust, incrementing significantly over abusive status alone in regression analyses. The large magnitude of effect achieved by inclusion of the schema measures suggests that the scheme construct may provide a useful heuristic in further child abuse research.

Diedre Price (1989)

Model of the sense of self in normal weight bulimic females

The literature in the area of eating disorders states that bulimics suffer from depression, anxiety, and engage in bingeing and purging behavior. A connection has been made between the family environment in which the bulimic grew up and the development of bulimia. Another connection has been made between the sense-of-self and bulimia, implying that bulimics have a weakness in the sense-of-self. No research, however, has been conducted on the relationship between the family environment, the sense-of-self, and bulimic pathology. This study suggested that a Model for the Sense-of-Self is important in understanding the development of bulimia. This model stated that the family environment would lead to development of a less stable, solid, or firm sense-of-self, which would lead to the development of the bulimic pathology of depression, anxiety and bulimic behavior.

It was hypothesized that bulimic women and non-bulimic women would significantly differ on perceptions of family environment, sense-of-self, and pathology associated with bulimia. It was also hypothesized that sense-of-self would be a mediating variable between perceptions of family environment and pathology, with the sense-of-self predicting pathology and the family environment not predicting pathology.

The Family Environment Scale; five Sense-of-Self measures including three computer measures, the Snyder Self-Monitoring Scale, the Social Desirability Scale; the Beck Depression Inventory; the IPAT Anxiety Scale; the Eating Disorder Inventory; and background questionnaires were administered to 74 women. Thirty-seven of the volunteers fit the criteria for bulimia nervosa in the DSM-III-R. The other 37 volunteers did not fit the criteria and served as controls.

The data were analyzed using a number of discriminant analyses to determine group differences. Results indicated that bulimics perceived their families as significantly more achievement oriented, were significantly more depressed, anxious, and engaged in more bulimic behavior. The bulimics also had a significantly weaker sense-of-self. The Sense-of-Self Model was fully supported in the case of bulimic behavior, with the sense-of-self significantly predicting bulimic behavior, and the family environment no longer predicting bulimic behavior. In the cases of depression and anxiety, sense-of-self significantly predicted these pathologies, however so did the family environment. While these results do not establish causality, it was suggested that the bulimic's family environment affects the development of the weakened sense-of-self, which in turn affects the development of bulimic pathology. The results were discussed in terms of treatment strategies as well as a framework for recovery.

Kate Sarchet (1989)

Sociocultural pressures toward thinness: The effects of advertisements on bulimic and nonbulimic women

Twenty-four bulimic and twenty-six nonbulimic women participated in a study of their differential reactions to sociocultural pressures toward thinness. The sociocultural pressures took the form of food and drink advertisements, similar to those found in magazines, which featured thin and normal-weight models. All subjects were hypothesized to be more attracted to the products paired with the thin models. Bulimic subjects were expected to find the products paired with thin models particularly attractive. Advertisements were displayed on a computer screen. Attraction was measured by an appeal score given to each product, the time spent looking at each advertisement, and the recall of the products.

Suggestibility was hypothesized to be a mediating variable which would explain greater subject response to the thin models. Bulimic subjects were hypothesized to be more suggestible than nonbulimic subjects. Additional hypotheses indicated that the suggestibility measures would discriminate between groups and predict the Bulimia and Drive for Thinness subscales of the Eating Disorders Inventory. Suggestibility was measured with the Barber Suggestibility Scale and the Gudjonsson Suggestibility Scale.

An additional experimental intervention was included as a behavioral measure of subject persuasibility. This was presented in the form of an endorsement, by the experimenter, for one of the advertised products. Bulimic subjects were expected to be more persuasible than nonbulimics. Reactions to the endorsement were measured by subtracting the subject's predicted preference for a product from her expressed preference for that product after the experimenter's endorsement.

Results indicated that both groups were highly influenced by the experimenter's endorsement. While there were no overall differences between groups in terms of attraction to thin models and level of suggestibility, a subgroup of low-weight bulimics preferred the products paired with the thin models and rejected those paired with the normal-weight models. Low-weight, among the bulimic subjects, was also associated with being more influenced by the experimenter's endorsement. The Barber Suggestibility Scale was the only measure which was associated with preference for the thin model's product and this result appeared solely in the bulimic group. Directions for further research and implications for treatment are discussed.

Bonita Hammell (1987)

Subsystem relationships in incestuous step families and biological families

Subsystem relationships in stepfamilies and biological families in which incest had occurred were compared and contrasted with reports of control subjects. Specifically, this study sought to explore whether these groups differed in regard to marital satisfaction, dominance-submissiveness issues, and parenting attitudes related to disciplinarian, indulgent, protective, and rejecting styles.

The four groups who participated in this study were as follows: (1) 10 incestuous biological family couples, (2) 13 incestuous stepfamily couples, (3) 16 non-incestuous biological family couples, and (4) 14 non-incestuous stepfamily couples for a total of 106 subjects. In order to be eligible for the study, the incest group subjects had to have been court referred for treatment. All subjects had to have had less than eighteen weeks of therapy during the past year, and there had to have been a daughter or stepdaughter within the family who was between the ages of 9 and 18.

The instruments used were the Locke-Wallace Marital Adjustment Test, the Measure of Dominance-Submissiveness, and the Maryland Parental Attitude Survey. Data were analyzed using first a multivariate analysis of variance to control for the possible Type I error effect. Univariate and repeated measures analysis of variance tests were then used where indicated to assess group differences.

The results showed that incest couples were significantly less satisfied with their marriage than were control couples, and that the wives in incestuous stepfamilies were significantly less satisfied with their marriage than were the wives in incestuous biological families. Overall, the incest group also emerged as being more submissive than were the control group subjects, and the incestuous biological fathers were significantly more submissive than were the incestuous stepfathers. No differences were found between the groups with regard to parenting attitudes. Results were discussed in terms of tailoring treatment strategies to the differential needs of stepfamilies and biological families in which incest has occurred.

James Wilkes (1987)

Maternal response to infant cries: An analogue study of bidirectional influences in child abuse

In this study a repeated measures design was used to investigate the hypothesis that bidirectional influences exist such that both maternal and infant characteristics account for differences in the way infants are perceived by their mothers. Forty-four mothers of term infants and twenty-six mothers of premature infants participated in the experiment. All mothers completed three psychosocial measures including an adaptation of the Schedule of Recent Events, the Rosenberg Self-Esteem Scale, and the Harris and Lingoes Social Alienation subscale of the MMPI. Mothers then listened to brief recorded hunger cries of four term infants and four premature infants and rated each cry on several dimensions including mood aroused, perceptual rating, attributions about cause of the cry, and potential for eliciting an abuse response.

As predicted, mothers reported feeling more annoyance and worry in response to premature infant cries than term infant cries and mothers rated premature infant cries as more likely to elicit an abusive response. Mothers also reported feeling more attentive and sympathetic in response to premature infant cries than term cries. Significant differences also emerged between infant groups in attributions about cause of the cry. Hunger cries of premature infants were significantly more likely than cries of term infants to be attributed to anger or major discomfort and significantly less likely to be attributed to hunger, wanting attention, or minor discomfort.

Contrary to prediction, mothers of premature infants did not rate cries more negatively than mothers of term infants. As expected, however, higher levels of uncontrolled stress, social alienation, and low self-esteem in mothers were associated with mothers being more annoyed and worried by cries. Results are interpreted in the context of recent formulations of abuse, lending support to a model of abuse as a negative dynamic interaction.