

TSS GROUP NEWS

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June News Highlights

Anne P. DePrince, Ph.D.
TSS Group Director

The 2009 Academic Year came to a close with a flurry of research activity. In collaboration with our system- and community-based partners as well as Drs. **Joanne Belknap and Angela Gover**, we have completed 6-month follow-up interviews in a study of women recently exposed to intimate partner violence (IPV). We presented preliminary data from this study at the National Institute of Justice Conference earlier this month.

In collaboration with Dr. **Stephen Shirk** and **Aurora Mental Health Center**, we will begin a small randomized control study this month to test the effectiveness of a modified therapy for teens who

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report depression and previous violence exposure. See this issue for more information on links between trauma exposure and depression symptoms (page 3)!

As always, we also look forward to finding ways to work with you. Thank you for the work you do on behalf of victims and survivors. And - **happy summer!**

Anne P. DePrince, Ph.D.

Director, TSS Group
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Electronic Resources

Anne P. DePrince, Ph.D.

The 2008 American Psychological Association (APA) Presidential Task Force on Post Traumatic Stress Disorder in Children and Adolescents has produced to resources:

- **Children and Trauma Update for Mental Health Professionals:** <http://www.apa.org/pi/cyf/child-trauma/update.html> (a 16-page booklet provides a brief overview for mental health professionals on PTSD/trauma in children/adults).
- **Children and Trauma: Tips for Mental Health Professionals:** <http://www.apa.org/pi/cyf/kids-trauma-tips.html> (tip sheet with basic information about PTSD in children/adolescents, out PTSD and trauma in youth).

- **Policy Briefing Sheet: Trauma and PTSD in Children and Adolescents:**

<http://www.apa.org/pi/cyf/child-trauma/fact-sheet.pdf> (guide for policymakers on the impact of exposure to trauma on children and adolescents).

The U.S. Department of Health and Human Services' Office on Women's Health (OWH) has released two new resources on women's mental health available at <http://mentalhealth.samhsa.gov/publications/allpubs/OWH09/default.aspx>:

- **Action Steps for Improving Women's Mental Health** explores the role gender plays in the diagnosis, course, and treatment of mental illness.
- **Women's Mental Health: What It Means To You** provides information for consumers about women's mental health issues.





Posttraumatic Appraisals and Distress in Young Adults

Rheena Pineda (4th Year Graduate Student)

While we do not yet know why some people exposed to trauma experience posttraumatic symptoms and others do not, an individual's appraisals of the event is a likely factor in the development, trajectory, and maintenance of posttraumatic distress. An individual may have many possible appraisals after a potentially traumatic event. However, appraisals of fear, helplessness, and horror have received the most attention due to their inclusion in the diagnostic criteria of posttraumatic stress disorder (PTSD; criteria A.2). Other appraisals (e.g., shame) may help researchers and clinicians learn more about posttraumatic symptoms.

But how are appraisals measured? To address important questions about appraisals, DePrince and colleagues developed the Trauma Appraisal Questionnaire (TAQ). The TAQ was created by interviewing ethnically diverse adults from the community and asking them to describe their beliefs and feelings¹. Using survivors own voices, we developed a new appraisal measure that assesses betrayal, shame, self-blame, fear, anger, and alienation. The measure demonstrated excellent reliability and validity (that is, the measure seems to measure what we think it is measuring!) in community and undergraduate samples.

In more recent research, we have examined appraisals in relation to violence exposure and distress. Among young adults, we predicted that individuals exposed to violence (e.g., sexual assault, domestic violence) would have higher levels of PTSD symptoms compared to those exposed to non-interpersonal traumas (e.g. car accident). Assuming that we found this pattern, we were then interested in whether appraisals

assessed by the TAQ could explain unique variance in PTSD symptom severity. For example, does betrayal, shame, self-blame, alienation, fear *or* helplessness matter above and beyond the type of trauma exposure in predicting PTSD symptoms?

To begin to address these research questions, we examined appraisals and posttraumatic symptoms in undergraduate college students who reported either violence or non-interpersonal trauma exposure.

**Alienation is linked with
posttraumatic symptoms in
young adults.**

Participants exposed to violence reported higher levels of PTSD symptoms than those exposed to non-interpersonal traumas. In addition, **feelings of alienation** reported on the TAQ predicted PTSD symptom severity, even while controlling for other appraisals (e.g., shame, self-blame) and the type of trauma exposure (violence versus non-interpersonal traumas). The alienation items in the TAQ include items such as: *There was a huge void inside me; Even though I had friends, I was still lonely; I was disconnected from people; I couldn't get close to people.*

These findings suggest that social alienation relates to the development and/or maintenance of PTSD symptoms in young adults. These findings may have implications for interventions with young adults exposed to violence. In particular, assessing the degree to which survivors feel alienated from others may be valuable to understanding their distress. As we do more research on the topic, we may find evidence that treatments should emphasize the importance of social support. 🌱



Trauma, Depression, and Executive Function

Claire Hebenstreit, 2nd year Graduate Student

The relationship between trauma and depression has been a topic of long-standing interest for the TSS Group. Previous research has established links between trauma and depression (see the [August 2008 TSS Group Newsletter](#) for more research linking depression and trauma). In addition, past research also points to several factors that influence the development of symptoms of depression following a traumatic event, including the severity of the traumatic event (Nixon, Resick, & Nisith, 2004), whether the event involves an interpersonal assault (McQuaid, Pedrelli, McCahill, & Stein, 2001), and the type of aggression that occurs during the traumatic event (Arias and Pape, 1999; Street and Arias, 2001).

To add to this literature, we were interested in examining an important aspect of cognition in relation to depression and trauma: executive function (EF). The EF system involves many different types of attentional abilities (such as directing and shifting attention) and plays a role in navigating situations that are unfamiliar, difficult, or complex (e.g., situations that involve decision making, troubleshooting, interacting with others). EFs are important to the tasks that people face in day-to-day life.

Past research from the TSS Group has shown links between interpersonal violence exposure and poorer EF in children (DePrince et al., in press). Among adults, increased trauma severity (Gilbertson et al., 2001) and interpersonal violence (Stein et al., 1999, 2002) have been associated with poorer EF performance. In addition, problems with EF have been well documented among individuals with depression; however, reserachers have yet to

examine trauma, depression, and EF together in a single study.

In sum, prior research shows that EF deficits are associated with both trauma and depression. We also know that trauma characteristics, including severity and frequency of trauma exposure, can be related to the severity of later symptoms of depression. Given the associations among these factors, we asked: do EF deficits help us understand why exposure to multiple incidences of violence is associated with worse depressive symptoms?

To address this question, we examined data from 93 women who recently experienced an interpersonal crime, such as sexual assault or domestic violence, or who had experienced some type of abuse before the age of 14. These participants came to DU and were interviewed about the number of traumatic events they had experienced. They completed a questionnaire assessing depression symptoms. They were also asked to do a series of tasks that tapped EFs, such as temporarily storing information (working memory), halting attention to irrelevant stimuli (interference control), and selectively processing relevant information (shifting attention).

Our preliminary results suggest that as the number of traumas increased, so too did the severity of depressive symptoms reported by women, consistent with previous research.

In terms of EF, we found that working memory and interference control were associated with the affective symptoms of depression. Consistent with past research, poorer interference control was associated with higher depression scores. This

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finding may have implications for understanding rumination that is common in depression. Poorer interference control may mean that people have difficulty screening out negative thoughts that interfere with other more helpful for positive thoughts or with ongoing activities.

Surprisingly, higher levels of depression were associated with *better* performance on the working memory task. Given past research suggesting that EF generally is *impaired* in depression, we had expected women with symptoms of depression to perform less well on this task. We are continuing to analyze the data in order to try to better understand this surprising finding. Further, we did *not* find that EF measures helped explain why more violence exposure is associated with higher depression levels. That is, the association between violence exposures and depression is not driven by problems with EF.

We are planning to examine several other research directions related to this study. First, we plan to look at EF tasks that tap a broader range of stimuli,

such as neutral or trauma-related stimuli. We're also interested in looking at other types of EF tasks to see if they produce the same results. In the future, it may also be might be useful to look at whether this same pattern is present in depressed individuals who have not experienced violence, in order to examine whether there is something unique about the cognitive correlates of violence-related depression.

References:

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TSS Group Achievements

Rheena Pineda received a dissertation fellowship from the University of Denver for a project that will focus on the role that intimate partner violence plays in Latina mothers' understanding of child mental health issues. Rheena is partnering with the **Denver Child Advocacy Center** to carry out this research.

Anne DePrince and **Ann Chu** presented data on narrative processes in responses to child abuse at the Annual Meeting of the Society for Research on Child Development (April, 2009).

DePrince and Cathryn Potter (DU Graduate School of Social Work) received a DU PROF Award to test two programs to decrease revictimization risk among teen girls in foster care.

DePrince was appointed as the new Faculty Director for DU's Center for Community Engagement and Service Learning, effective July 1, 2009.

For full text articles from the TSS Group, visit <http://mysite.du.edu/~adeprinc/pub.html> . 

