

TSS GROUP NEWS



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Summer News Highlights

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

In the hopes that you are busy with all the fun that summer can offer, we will keep this short and sweet, sharing just a few quick notes with you.

Our first note is more of a question: Have you heard about the Women’s Health Project? This collaborative study with Denver’s **Sexual Assault Interagency Council (SAIC)**, funded by the National Institute of Justice, examines women’s experiences of social reactions from other people (people such as counselors, advocates, police officers, doctors) following sexual assault in relation to their later well-being and engagement with the criminal justice system. Please read more about the project at <http://www.du.edu/tssgroup/womenshealth/>. We appreciate your help getting flyers out in the community (see <http://www.du.edu/tssgroup/womenshealth/agencyinfo> for flyers and other materials). Please let us know if we can drop flyers off to you for display at your agency.

Next, we wanted to announce the good news that we have rolled out the **Denver Older Adult Research (OAR) Project** in collaboration with the Denver Forensic Collaborative, a multi-disciplinary team seeking to address and end abuse, neglect, and financial exploitation of older adults. We want to give a shout-out and offer our sincerest thanks to our DFC collaborators, particularly to Denver’s very own City Attorney’s Office, DA’s Office, Adult Protective Services, and Police Department. We are also delighted to have a new opportunity to work with the **Denver Anti-Trafficking Alliance (DATA)** to support their new demand-reduction work. Stay tuned for more on these (and other) projects in the coming months!

In addition, we offer a fond farewell to **Jane Sundermann**, who has been a graduate student in our research group for several years. She leaves us this summer to pursue new adventures – we wish her all the best and thank her for her contributions over the years.

On behalf of the TSS Group, thank you for all that you do. We are grateful for opportunities to work with you.



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Examining Posttrauma Appraisals and Distress in Adolescents

Tejas Srinivas, 4th Year Graduate Student

Exposure to trauma has been linked to a range of psychological symptoms and forms of distress, including posttraumatic stress disorder (PTSD), depression, and dissociation. Following a particular trauma, not all individuals will develop clinically significant psychological symptoms. And for those who do, not all will experience the same kind of psychological distress. While the details or severity of a trauma do play some part in symptom development (with more severe trauma increasing the likelihood of experiencing distress), they do not fully dictate the development or form of those symptoms. This leaves us with the question: what does explain who will develop clinically significant psychological symptoms, or what kind of psychological distress one may experience following trauma?

Apart from individual characteristics, a growing body of research suggests that one's *appraisals* following trauma—including *perceptions* of one's thoughts, feelings, and behaviors relating to the trauma—help explain the development and form of trauma-related symptoms (e.g., Foa, Ehlers, Clark, Tolin, & Orsillo, 1999; Ehlers & Clark, 2000). In a key paper, DePrince, Chu, and Pineda (2011) reported on findings from TSS Group studies that showed links between posttrauma appraisals and trauma-related forms of distress. Specifically, across three separate samples of adults who had experienced diverse trauma (e.g., childhood abuse, intimate partner abuse), results indicated that posttrauma appraisals of alienation were associated with PTSD, depression and dissociation; shame with PTSD; self-blame with depression; and betrayal with dissociation. These results suggest that specific posttrauma appraisals may be linked with different forms of trauma-related distress.

Data from our Healthy Adolescent Relationship Project (HARP) are helping us begin to address the question of whether these links between specific posttrauma appraisals and different forms of trauma-related distress also hold for adolescent populations. HARP focused on testing a 12-week prevention group with adolescent girls ages 12–19 who had been involved in the child welfare system and had a history of maltreatment exposure. Adolescents were assessed at four timepoints: pre-intervention/control, immediately post-intervention/control, two months post-intervention/control, and six months post-intervention/control. The third timepoint—two months post-intervention—was the only timepoint when adolescents completed questions about posttrauma appraisals. Consequently, our analyses were based on data from the third timepoint.

Results from our analyses with the adolescent population from HARP showed some interesting

parallels to findings from the adult populations in prior TSS Group studies. In particular, results indicated that posttrauma appraisals of alienation and shame were associated with PTSD symptom severity. Alienation also showed trends for significance in relation to depression and dissociation, shame showed a trend for significance in relation to depression, and fear showed a trend for significance in relation to depression and dissociation (though in the opposite direction for depression).

Our findings contribute to research examining links between specific posttrauma appraisals and different forms of trauma-related distress in adolescents in several ways. First, while additional research is of course needed, it appears that there may be parallels between appraisal processes in adolescence and adulthood, such that the kinds of appraisals adolescents experience may be linked to certain forms of distress in similar ways as they are for adults. Second, emotions apart from fear, such as alienation and shame, also appear to be important to the development of trauma-related distress. Third, appraisals of alienation, which refer to feelings of disconnection from the self and others, merit further study and may represent a particularly important target in trauma therapy for both adults and adolescents.

References

- DePrince, A. P., Chu, A. T., & Pineda, A. S. (2011). Links between specific posttrauma appraisals and three forms of trauma-related distress. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3, 430–441.
- Foa, E.B., Ehlers, A., Clark, D.M., Tolin, D.F., & Orsillo, S.M. (1999). The Posttraumatic Cognitions Inventory (PTCI): Development and validation. *Psychological Assessment*, 11, 303–314.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319–345.



TSS Group Accomplishments

Anne DePrince joined **Margaret Abrams** (Denver DA's Office) in June for a Battered Women's Justice Project training. Margaret offered training on building and implementing the multidisciplinary, community-coordinated Triage response to domestic violence while Anne provided data on the impact of this innovative approach.

A new journal article and online resource from the TSS Group are now available online:

Chu, A.T., DePrince, A.P., & Mauss, I.B. (2014). Exploring revictimization risk in a community sample of sexual assault survivors. *Journal of Trauma & Dissociation*, 15:3, 319-331. Visit: <http://www.du.edu/tssgroup/media/documents/chudpmauss2014.pdf>

Babcock, R.L. (2014). How should you talk to your teenage daughter about dating violence. *ExpertBeacon*. Visit: <http://www.expertbeacon.com/how-should-you-talk-your-teenage-daughter-about-dating-violence/>

ACCESS FULL-TEXT RESEARCH
ARTICLES FROM THE NEW TSS
GROUP WEBSITE. VISIT US AT
[HTTP://WWW.DU.EDU/TSSGROUP](http://www.du.edu/tssgroup)



Sure, we know lots of facts and figures about unwanted sexual experiences.



But, facts and figures don't tell the whole story.
Each woman's story is unique.
Learn about the Women's Health Project.

- ✓ Have you had an unwanted sexual experience in the last year?
- ✓ Did you tell someone (such as a counselor, advocate, police officer, health provider) about that experience?
- ✓ Are you 18 years of age or older?

Women who answer yes to these questions are invited to participate in the Women's Health Project.

WHAT DOES THE PROJECT INVOLVE?

- 4 interviews over 9 months with a female interviewer.
- The first interview takes 3 hours; the others each take 2 hours.
- Everything in the interview is voluntary. You do not have to answer any questions you do not want to answer.
- We are trying to learn:
 - ... what can people say and do to help after an unwanted sexual experience?
 - ... what is it like to talk to counselors, health providers, advocates, lawyers, or the police?
 - ... what makes it easier or harder to cope?
 - ... what is it like to try to find services that can help?

WILL MY COUNSELOR OR THE POLICE KNOW THAT I AM IN THE STUDY?

No. We will not tell anyone you are in the study. We keep everything you tell us about your experiences private.

WILL I BE PAID FOR MY TIME?

Yes! To thank you for your time, you can receive up to \$230 total, as follows: \$50 for the first interview, \$55 for the second interview, \$60 for the third interview, \$65 for the fourth interview.

WHAT ABOUT GETTING TO THE INTERVIEW?

We can help with cab fare, bus tokens, or \$10 cash for transportation costs. You tell us which you prefer.

CONTACTING US

For more information, please contact us:

Private email: healthstudy@du.edu Private phone: 303.871.4103 Website: www.du.edu/tssgroup/womenshealth

Agency information for the project is available at <http://www.du.edu/tssgroup/womenshealth/agencyinfo>