

**10th European Conference on Traumatic Stress
05 - 09 June 2007, Opatija, Croatia**

The European Conference on Traumatic Stress (ECOTS) will convene for the tenth time in June 2007, to bring together practitioners and leading international researchers working in trauma related areas. A wide range of topics will be addressed: from basic research in neurobiology and traumatic memory, to the consequences of early and complex traumatization, epidemiology, new treatment options, community interventions, prevention and policy making. Of special interest will be recommended best practice when working with diverse populations exposed to a variety of traumatic events such as domestic violence, sexual abuse, disasters, traffic accidents, organized violence, aid work, or military service.

In recognition of its 10th anniversary, the ECOTS will strive to attract delegates from all European countries and all continents. The conference will aim to promote collaboration and networking among colleagues from different countries.

WHO WILL BE THERE?

The conference delegates will include several hundred psychiatrists, psychologists, social workers, emergency personnel, physicians, crisis center workers, counselors, therapists, military personnel, clergy, educators, law enforcement officers, advocates, volunteers and others.

The program formats will include keynote lectures, symposia, workshops, case presentations and poster sessions. Pre-conference meetings will provide half-day or full day training programs on specific topics related to traumatic stress.

SYMPOSIUM ABSTRACT

**Mental Health and Service Utilization among Adult and
Child Survivors of Hurricane Katrina**

Hurricane Katrina was the most destructive and costliest natural disaster to occur in the United States. Nearly 5 million people lived in the path of Katrina, and 1.3 million lived in the New Orleans metropolitan area at the time of the hurricane. Although not in the direct path of Katrina, New Orleans was devastated by a massive flood that occurred as a result. During and after the Hurricane, more than 500,000 residents of Louisiana and Mississippi were evacuated, and more than 100,000 people were housed in temporary shelters throughout the United States. Some 233,000 square kilometers were declared a disaster area, an area approximately the same size as the land mass of the United Kingdom. The papers in this symposium provide early data on the impact of the Hurricane on

survivors, in terms of mental health (especially posttraumatic stress disorder), suicidality, posttraumatic growth, and mental health service utilization. The first three papers concentrate on adults, age 18 and older, while the last paper provides insight into the effect of the Hurricane on children and adolescents. Daniel King, Chris Brewin, and Lynda King present on behalf of the Hurricane Katrina Community Advisory Group and the team of scientific collaborators who monitor that study (Ronald Kessler, Principal Investigator).

PAPER 1

Mental Illness, Suicidality, and Posttraumatic Growth after Hurricane Katrina

Daniel W. King
Boston University & National Center for PTSD

The Hurricane Katrina Community Advisory Group is a representative sample of survivors of Hurricane Katrina who agreed to participate in periodic surveys to monitor patterns and disparities in stress-related mental health problems and treatment of these problems. The baseline Community Advisory Group survey interviewed 1,043 hurricane survivors. Identical questions were asked in the Community Advisory Group survey as in the earlier National Comorbidity Survey Replication about mental illness and suicidality. The post-Katrina survey also assessed several dimensions of personal growth that resulted from the trauma (for example, increased closeness to a loved one, increased religiosity). This presentation compares results of these two surveys to estimate the impact of the hurricane on the prevalence of serious mental illness and suicidality (suicidal ideation, plans, and attempts). Despite the estimated prevalence of mental illness doubling after Hurricane Katrina, the prevalence of suicidality in the Community Advisory Group sample was found to be unexpectedly low. Data are presented on the role of posttraumatic personal growth in explaining this result.

PAPER 2

Exposure to Hurricane-related Stressors and Mental Illness after Hurricane Katrina

Chris R. Brewin
University College London

We investigated the prevalence of mental illness and the relations between hurricane-related stressors and mental illness among survivors of Hurricane Katrina and compared these findings between survivors who were in the New Orleans Metropolitan Area (NOMA) and in the rest of the hurricane-affected area. A telephone survey was administered to a probability sample of 1,043 English-speaking adult Katrina survivors between January 19 and March 31, 2006. The

survey assessed hurricane-related stressor exposure and 30-day DSM-IV anxiety-mood disorders. Pre-hurricane residents of the NOMA had a 49.1% estimated prevalence of any DSM-IV anxiety-mood disorder (30.3% PTSD). Prevalence in the remainder of the sample was estimated at 26.4% (12.5% PTSD). The vast majority of respondents reported exposure to hurricane-related stressors. Extent of stressor exposure was more strongly related to anxiety-mood disorders in the NOMA sub-sample than in the remainder of the sample. The stressors most strongly related to these disorders were physical illness-injury and physical adversity in the NOMA sub-sample and property loss in the remainder of the sample. Differential exposure to stressors did not explain the socio-demographic correlates of the outcomes. Nor was evidence found for socio-demographic differences in the relations between stressors and outcomes.

PAPER 3

Mental Health Service Use Among Hurricane Katrina Survivors

Lynda A. King

Boston University & National Center for PTSD

The impact of Hurricane Katrina on care of vulnerable survivors with mental disorders is poorly understood. We conducted a telephone survey of 1,043 displaced and non-displaced adult English-speaking Katrina survivors who resided in affected areas before the hurricane. Those with 30-day serious, mild-moderate, and no apparent mental disorders were identified with the K-6 scale. Use of mental health services, specific sectors, treatment modalities, and reasons for not seeking treatment or dropping out of treatments were recorded. Correlates of using services and dropping out of treatments were examined. Only 31.5% of survivors with active mental disorders used any mental health services since the disaster, including 46.5% of those with serious mental illness. Of those who used services, 60.5% dropped out by the time of interview. The general medical sector and pharmacotherapies were most commonly used, although the specialty sector and psychotherapies play important roles, especially for survivors with serious mental illness. Many treatments were of low intensity and frequency. Undertreatment was greatest among the young, old, never married, racial/ethnic minorities, uninsured, and those with moderate means. Structural, financial, and attitudinal barriers were frequent reasons for foregoing care. Profound unmet needs exist among Hurricane Katrina survivors with mental illness.

PAPER 4

Effects of Hurricane Katrina on Children: Examining Post-disaster Distress

**Mylea M. Charvat & Lisa Joseph
Pacific Graduate School of Psychology**

This study examined the effects of Hurricane Katrina on children across developmental stages. Subjects included 60 children, 28 males and 32 females, between the ages of 6 and 21. Children were assessed for symptoms of posttraumatic distress, particularly PTSD symptoms, using two PTSD assessment measures, the CRTES-R and the KRI. Parents were asked to complete an assessment of their children's behavior after the hurricane. Children also were asked to complete a questionnaire that examined the amount of loss they experienced as a result of the hurricane. The study examined the children's responses based on their scores on the PTSD measures, as well as by examining the children's scores on each of the clusters of PTSD symptoms, reexperiencing, hyperarousal, and avoidance. Results indicated that age was a predicting factor in the presentation of symptoms of PTSD. Additionally, results of the study indicated that the reexperiencing cluster of symptoms was the best predictor of posttraumatic distress in children. The study also examined the effects of loss on the children affected by the hurricane; subjects' experience of loss during the hurricane was the best predictor of both reexperiencing symptoms and hyperarousal symptoms. Time was another factor that affected PTSD symptomatology, with certain symptoms dissipating and recurring at different time periods.