XIII ESTSS CONFERENCE

Trauma and its clinical pathways: PTSD and beyond

Bologna, Italy
June 5–9, 2013

BOOK OF ABSTRACTS

SISST

Società Italiana
per lo Studio
dello
Stress Traumatico

The XIII ESTSS Conference: "Trauma and its clinical pathways: PTSD and beyond"
was organised by the Italian Society for Traumatic Stress Studies (SISST)
at the Savoia Hotel, Bologna, Italy
under the aegis of the Municipality of Bologna

Con il patrocinio del

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XIII ESTSS Conference: ''Trauma and its clinical pathways: PTSD and beyond'', Bologna, June 2013

PRE CONFERENCE WORKSHOPS, JUNE 5

Full Day Workshops

ESTD Workshop ''From trauma through dissociation to psychosis: understanding and treating psychotic symptoms from a trauma and dissociation perspective''

A. Moskowitz
Aarhus University, Denmark

Over the past decade, considerable research has linked traumatic experiences, including childhood trauma, to the development of psychotic symptoms. More recently, the concept of dissociation has been connected to psychosis, particularly auditory hallucinations, as well as to the historical conception of schizophrenia. In this workshop, Professor Andrew Moskowitz, the lead editor of ''Psychosis, trauma and dissociation'' will discuss historical, empirical, theoretical and clinical links between the concepts of trauma, dissociation and psychosis, with particular emphasis on: (1) connections between dissociation, Bleuler's schizophrenia and Kurt Schneider's first rank symptoms, (2) diagnostic issues between PTSD and psychotic disorders, (3) research evidence linking trauma with the development of delusions and dissociation with the development of auditory hallucinations and (4) clinical approaches to work with delusions and hallucinations informed by a trauma/dissociation perspective. Participants should come away with an increased understanding of the relevant concepts of trauma and dissociation to understand psychosis and an awareness of clinical approaches to work with psychotic symptoms from a trauma/dissociation perspective.

Seeking Safety: a model for trauma and/or substance abuse

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The goal of this presentation is to describe ''Seeking Safety'', an evidence-based treatment for trauma and/or substance abuse. We will cover (1) background on trauma and substance abuse (rates, presentation, models and stages of treatment, clinical challenges) and (2) implementation of ''Seeking Safety'' (overview, evidence-based). Assessment tools and community resources are also described. By the end of the training, participants can implement ''Seeking Safety'' in their setting. Learning methods include powerpoint, video, exercises, and discussion.

Objectives

(1) To review research and clinical issues in treating trauma and substance abuse.

(2) To increase empathy and understanding of trauma and substance abuse.

(3) To describe ''Seeking Safety'', an evidence-based model for trauma and/or substance abuse.

(4) To provide assessment and treatment resources.

Morning - *Half Day Workshops*

Narrative exposure therapy as treatment for trauma spectrums disorders—basics

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The workshop gives an introduction to narrative exposure therapy (NET), a treatment for trauma spectrum disorders in survivors of multiple and complex trauma. NET builds on Brewin's theory of the dual representation of traumatic memories. It is thought to contextualize particular associative elements of the fear network, the sensory, affective and cognitive memories of trauma. It is therefore important to understand and process the memory of a traumatic event in the course of the particular life of a client. Therefore, in NET, the patient, with the assistance of the therapist, constructs a chronological narrative of his life story with a focus on the traumatic experiences. Fragmented reports of the traumatic experiences will be transformed into a coherent narrative. Empathic understanding, active listening, congruency and unconditional positive regard are key components of the therapist's behaviour. For traumatic stress experiences, the therapist asks in detail for emotions, cognitions, sensory information, physiological responses and probes for respective observations. The patient is encouraged to relive these emotions, while narrating without loosing the connection to the ''here and now'': using permanent reminders that the feelings and physiological responses result from memories, the therapist links the experiences to episodic facts, that is time and place. By reprocessing in this way, meaning-making and integration is facilitated. At the end of treatment, the recorded autobiography may be used for human rights advocacy. The method of narrating the entire life story does not require the clients to select a single traumatic event from their trauma history. NET allows reflection on the person's entire life as a whole, fostering a sense of personal identity. Working through the biography highlights the recognition and meaning of interrelated emotional networks from experiences, facilitating integration and an understanding of schemas and behavioural patterns that evolved during development. Regaining of survivor's dignity and satisfaction of the need for acknowledgement as well as the explicit human rights orientation of ''testifying'' distinguishes the approach. The procedure is straightforward and can be easily understood by local therapists and counsellors in resource-poor contexts (i.e. after war and disaster). Additionally, the fact that the survivor receives a written biography as a result of the treatment has turned out to be a major incentive to complete the treatment. The procedure is demonstrated during the workshop with the involvement of participants.

Trauma-related disorders in forensic settings: research, treatment and policy ESTSS FORENSIC TASK FORCE WORKSHOP

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Workshop presentation

This workshop introduces attendees to the main psychological and criminological issues underlying the definition, measurement and treatment of childhood violent trauma and trauma-related disorders in diverse forensic settings with relevant reference to research, treatment and service delivery. The presenters derive their expertise from work in forensic settings and from studies of perpetrators in war zones. Prospective and retrospective studies on children who were abused or neglected uncovered a high incidence of later delinquency. Moreover, children clinically referred to residential treatment with a history of abuse scored significantly higher on measures of reactive and verbal aggression than non-abused control children. Finally, a large proportion of homicide offenders come from unfavourable home environments and up to 80% of subjects within delinquent samples report witnessing of violence in their childhood or adolescence. We can differentiate two basically different forms of human aggressive behaviour: (1) The reactive-impulsive form appears in response to acute threat. Aggression may reduce the threat and with it negative valence and emotional arousal. (2) In contrast, appetitive aggression frequently starts with a low arousing state, but becomes both increasingly pleasurable and arousing with practice. It is planned, goal-directed, and, as we suspect, motivated by the pleasure of hunting and power. Appetitive aggression is the one of the powerful attackers and hunters. This workshop explains these concepts and practice forms of assessment. This workshop introduces attendees with specific instruments to assess childhood adversity and the attraction to violence in offenders. This workshop also presents a road map of criminal justice systems, including prisons, courts, probation services and police custody arrangements. This is important given the established evidence that demonstrates a considerable excess of all mental disorders within prison systems, particularly amongst pre-sentence (remand) populations, and evidence that the prison population is continuing to rise across all of the world's continents. With mounting evidence that some parts of criminal justice systems operate as mental healthcare triage areas, pathways to healthcare from criminal justice will be explored. Service access and availability issues will be introduced and the nature of assessment and treatment in environments that are often geared towards detention (and punishment) will be reviewed. This will then allow a discussion regarding how best to intervene to ensure that the best interests of traumatized individuals who are passing through complex criminal justice systems are met.

Afternoon - *Half Day Workshops*

STAIR (Skill Training in Affective and Interpersonal Regulation) narrative therapy for adolescents

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Childhood physical or sexual abuse, neglect and other forms of maltreatment can result in developmental injuries that result in emotion regulation difficulties, a negative self-concept, and problems in relational and social functioning. STAIR (Skill Training in Affective and Interpersonal Regulation) Narrative Therapy (SNT) is a phase-based treatment guided by the principle that recovery requires not only the emotional processing of the traumatic experiences but also the rehabilitation of a positive self-concept as well as emotional, social and interpersonal capacities needed for effective living. This workshop will review SNT interventions as applicable to adolescents with example case presentations and experiential exercises. The initial treatment module, Skill Training in Affective and Interpersonal Regulation (STAIR), focuses on building and strengthening emotional awareness and regulation and more diverse, flexible and compassionate "working models" of self in relationship to others. The second module introduces the narration of trauma memories and their organization into a compassionate autobiography. SNT has been demonstrated to provide significant and clinically substantial relief from PTSD as well as improvement in emotion management and interpersonal functioning in adolescents.

Challenge and facilitation of trauma exposure therapy in survivors with dissociative reactions

M. Schauer[1] and Martina Ruf-Leuschner[2]
[1]Center of Excellence for Psychotraumatology, University of Konstanz, Konstanz, Germany; [2]University of Konstanz, Konstanz, Germany

Dissociation is a serious obstacle in the processing of traumatic experiences in survivors suffering from the consequences of multiple and complex stressors. An aetiological model of dissociation, derived from the repertoire of psychophysiological defense in response to threatening experiences, provides pragmatic intervention techniques to facilitate trauma-focused treatment. Extremely dangerous conditions evoke an evolutionary preserved defense cascade of survival responses, which escalate in relation to proximity and perceived characteristics of threat and perpetrator. First, there is the sympathetically dominated alarm response (flight and fight), which culminates in tonic immobility (fright), characterized by high dual autonomic tone. If there is no escape possibility, parasympathetic arousal remains high, while loss of sympathetic dominance will lead to dissociative loss of function and eventually fainting (flag and faint). We suggest that trauma treatment must therefore be aware of patient's reactions on two dimensions: those with peritraumatic sympathetic activation versus those, who went down the whole defense cascade, which leads to parasympathetic dominance during the trauma and a corresponding replay of dissociative responding and even fainting, when reminded. The differential management of dissociative stages and other important treatment implications will be presented.

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PRE CONFERENCE WORKSHOPS AND OPENING KEYNOTE ADDRESS, JUNE 6

Morning
Half Day Workshops

Functional and structural neuroimaging and EEG monitoring related to EMDR and CBT treatments for PTSD—EMDR workshop

M. Pagani
Institute of Cognitive Sciences and Technologies, CNR, Rome, Italy

In the recent past, several neuroimaging studies aimed at evaluating the neural correlates of PTSD-related psychotherapies revealing their neurobiological effects on brain function. Functional studies by single-photon emission computed tomography (SPECT) and electroencephalography (EEG) detected changes in cerebral blood flow and neuronal activation patterns, identifying the brain areas implicated in the various components of emotional processing and/or affected by the disorder. Investigations by magnetic resonance imaging (MRI) have also revealed PTSD-related structural changes. The first part of the workshop will review the neuroimaging methodologies and findings in PTSD treatment-related research, with an extensive review of previous literature on the neurobiological effects of the various psychotherapies. The second part will deal with the description and implementation in research and clinic of neuropsychological testing with brief comments and discussion about their use in recent studies published by our group. In the third part the EEG monitoring of a complete set of Eye Movement Desensitization and Reprocessing therapies in 30 patients suffering of major trauma as compared to 20 healthy controls will be presented. These findings will also be compared to the neurobiological effects of trauma-focused cognitive behavioral therapy in a second group of psychologically traumatized clients. The results are the first report ever on the neurobiological changes occurring before, during and after PTSD-related psychotherapies shedding light on the neuronal processes underlying their clinical efficacy. The description and the discussion about the contents of the workshop will provide the audience (1) the necessary information to understand the methodological principles behind neuroimaging techniques (SPECT, EEG and MRI), and their possible applications in research and clinic; (2) the up-dated critical knowledge of the published papers in the field of PTSD-related psychotherapies functional and anatomical studies; (3) the basic research principles and examples to be motivated to start, take part and/or collaborate to functional studies in order to better understand the neural basis of psychotherapeutic techniques. The presented material will represent the state-of-the-art of the current neuroscience PTSD-related research and neuroimaging methodologies available at the moment.

Brief Eclectic Psychotherapy for PTSD

B. Gersons[1,2] and M. J. Mink-Nijdam[1]
[1]Department of Psychiatry, Academic Medical Center, University of Amsterdam, The Netherlands; [2]Arq Psychotrauma Expert Group, The Netherlands

Course objective: Introduction to understand the framework of this effective treatment for PTSD—To understand and become familiarized with the different modules of this treatment-protocol. *Course contents*: The 16-sessions Brief Eclectic Psychotherapy for PTSD Protocol (BEPP) was originally developed for police officers (n-300) with PTSD and proved to be effective in a randomized controlled trial (RCT). A recent RCT has shown again its effectiveness with neuroimaging and a significant decrease of the heart rate. Meanwhile, BEPP has been used with excellent results for a range of other PTSD patients, e.g., following disasters (n-1300). The treatment starts with psychoeducation on PTSD. The patient and his or her partner learn to understand the symptoms of PTSD as dysfunctional, and caused by the traumatic event. The patient will then receive 4–6 sessions of relaxation and imaginary exposure, focused on the suppressed intense emotions of sorrow. Memorabilia is used to stimulate remembrances of the traumatic event and a writing task to write a letter to someone or an institution blamed for the traumatic incident. The letter is specifically used to help to express the aggressive feelings. Most symptoms will then disappear and the patient is able to concentrate on what the impact of the trauma has been on his view of him or herself and on their world. During BEPP, there should be considerable change and a new equilibrium should be reached. This is called the ''domain of meaning phase''. The treatment will end by a farewell ritual with the partner in which the letter and or mementos are burned to leave the traumatic incident behind, as a way to turn and face life and future, at the same time never to forget, but not hindering the individual anymore in their daily life. Participants can find more info on www.traumatreatment.eu. The BEPP protocol is available in English, German, Lithuanian, and Dutch.

Stabilization techniques in preparation for trauma-focused interventions with people who are refugees or seeking asylum

H. Kayal, J. Gratton, J. Blumberg and E. Walsh
Traumatic Stress Clinic, Camden & Islington NHS Foundation Trust, London, UK

Intended audience: This workshop is beneficial for any mental health practitioners working with refugees or other client groups presenting with complex PTSD. It is suitable for those only intend to do phase one stabilization work as well as for those intend to go onto providing trauma-focused interventions. *Aims*: This interactive workshop will explore treatment approaches to establish a sense of safety and stability in trauma-focused therapy preparation. *Abstract*: A phased model of treatment is recommended for the people who have experienced repeated and multiple traumas and who may still be facing ongoing stress and threat. Establishing a sense of safety and stability is the first stage of treatment before any exposure work can begin. This can be particularly challenging when treating refugees with complex PTSD presentations. Case examples of torture survivors, victims of trafficking and domestic abuse will be presented to illustrate some of the difficulties in this stage of treatment and interventions. *Learning outcomes*: The workshop will promote an understanding of:

1. Complex PTSD presentations in refugees and asylum seekers.
2. Stabilization and symptom management in preparation for trauma-focused interventions.
3. Managing dissociative flashbacks, dissociative seizures and sensory/physical flashbacks.
4. Cognitive techniques for managing shame, guilt and self blame which may be barriers to exposure work.

5. How best to work with trauma memories and when to use NET, CBT or EMDR.
6. Cultural considerations.
7. Managing vicarious traumatization and self-care.

Timeline (will be adapted depending on participants)

1. Understanding of complex posttraumatic stress disorder (assessment).
2. Cultural issues to consider throughout interventions.
3. The phased model of treatment.
4. Focus on phase one of treatment.
5. Developing a shared understanding of traumatic history with the client and how it relates to PTSD and treatment model.
6. Issues of consent and readiness, addressing any social, legal, financial or practical difficulties.
7. Identifying dissociative flashbacks, dissociative seizures and sensory/physical flashbacks.
8. Grounding techniques for managing dissociation.
9. Brief overview of techniques for managing anxiety.
10. Indicators for when trauma-focused therapy is useful and which type, as well as indicators for when it is not useful.
11. Managing self-care.

Crossing the borders: cognitive-behavioral and psychodynamic treatment for post-traumatic stress disorder

L. Wittmann[1] and N. Roberts[2]
[1]International Psychoanalytic University, Berlin, Germany; [2]Cardiff & Vale University Health Board, UK

Available empirical evidence regarding study drop outs and response rates indicates that no single therapeutic approach sufficiently addresses all needs of all trauma survivors. This clinical pre-conference workshop aims at furthering the mutual and respectful consideration of the potential benefits and limitations of cognitive-behavioral and psychodynamic approaches in the treatment of post-traumatic stress disorder (PTSD). After an introduction into the treatment rationale and empirical evidence for cognitive-behavioral and psychodynamic PTSD treatments, both approaches will be illustrated by case presentations. Together with the workshop participants, the following questions will be discussed: What are similarities and differences between both approaches? Where are strengths, challenges, and limitations of each approach? Also, the possibility of incorporating elements of one approach into the other will be explored and directions for future research emerging from these considerations will be considered.

Keynote Address

PTSD as a shame disorder **(18:10–19:00)**

J. L. Herman[1,2]
[1]Harvard Medical School, Boston, MA, USA; [2]Cambridge Hospital, Cambridge, MA, USA

Posttraumatic stress disorder is classified as an anxiety disorder in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV, 1994). This formulation has led to a fruitful investigation of the neurobiology of fear. Pathological derangements of the normal, innate fear-signaling system have been demonstrated in PTSD, and effective treatments have been developed aimed at reducing pathologic fear. However, this formulation fails to capture an essential characteristic of those traumas that are of human design, especially those that are repeated over a prolonged period of time. In these cases, where a relationship of dominance and subordination is established, feelings of humiliation, degradation, and shame are central to the victim's experience. The resultant posttraumatic condition can be conceptualized both as an anxiety disorder and also as a shame disorder. This lecture will explore the central role of shame in complex trauma.

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ORAL, JUNE 7

A. PLENARY HALL

Morning

Keynote Address

Hormonal changes and the treatment of PTSD **8:45–9:45**

M. Olff
Academic Medical Center, Department of Psychiatry, University of Amsterdam, Amsterdam, The Netherlands

Post-traumatic stress disorder (PTSD) has been associated with several biological changes, most notably with dysregulation of the neuroendocrine system. Most is known about the HPA axis in trauma and PTSD, but neuropeptides like oxytocin-associated stress and social behavior-gain more interest. This presentation will focus on the role of stress-related hormones and neuropeptides in the acute response to trauma, in the development of PTSD following trauma and it will address exciting developments on the role of biology in the treatment of PTSD.

Effects of trauma on families and children

Symposium: Transgenerational transmission of trauma in diverse cultural and political settings

Transgenerational effects of traumatic experiences in families of former war children of World War II **10:00–10:15**

M. Boettche[1], E. Bernsen[2] and C. Knaevelsrud[1]
[1]Center for Torture Victims, Freie University Berlin, Berlin, Germany; [2]Center for Torture Victims, Julius-Maximilians-University, Wrzburg, Germany

Background: Empirical findings on transgenerational effects of parental traumatic events on the second generation remain ambiguous. This study examined transgenerational effects of early life-time traumatization in a sample of aging former children of the World War II and their children. *Method:* In a cross-sectional study, 51 parent-child pairs were assessed using self-rated questionnaires. Assessment included mental health (posttraumatic stress disorder [PTSD, PDS]; anxiety, depression, somatization [BSI]) as well as parenting style [FEE], and communication about their war experiences within the family. Based on the presence of parental PTSD, the sample was divided into two groups (PTSD group, $N=34$ parent-child pairs; non-PTSD group, $N=17$ parent-child pairs). *Results:* There were no significant differences between the groups concerning the children's psychopathology. Children's self-rated somatization and depression were significantly related to parent's somatization and depression ($r=0.31$, $p<0.05$, and $r=0.35$, $p<0.05$, respectively) in the PTSD group; however, not in the non-PTSD group. Concerning the perceived parenting style, children of the PTSD group experienced their parents as more negative and punitive ($U=193.50$, $z=-1.96$, $p<.05$, $r=-0.27$) as well as more controlling and overprotecting ($U=120.00$, $z=-3.40$, $p<0.001$, $r=-0.48$) compared to the non-PTSD group. Both groups of children did not differ in their perception of the emotional warmth of their parents. Furthermore, children of the PTSD group perceived their parents as more emotional during the communication about war experiences compared to the non-PTSD group ($U=192.50$, $z=-2.01$, $p=0.02$, $r=-0.28$). *Conclusion:* This study also did not identify a direct transmission of psychopathological stress. However, the results underpin the assumptions of indirect transgenerational processes concerning the parental education and communication.

Violence following the Rwandan genocide: the role of childhood maltreatment in the transmission of trauma from parent to child **10:15–10:30**

H. Rieder and T. Elbert
University of Konstanz, Konstanz, Germany

Researchers still debate whether mental disorders from the trauma spectrum are transferred from one generation to another and-if so-discuss which mechanisms might be relevant in understanding distress in the second generation (Kellerman, 2001; Yehuda, 2001). The objective of this study is to examine these phenomena in post-genocide Rwanda, while further focusing on family violence as a potential factor. In a cross-sectional survey, 173 parent-child pairs were randomly selected from four sectors in Muhanga, Southern Province of Rwanda and interviewed by local psychologists. All respondents completed an event scale (Schaal & Elbert, 2006), the PTSD Symptom Scale-Interview (PSS-I, Foa & Tolin 2000) and the childhood trauma questionnaire (CTQ, Bernstein et al. 1994). In addition, descendants completed the Hopkins Symptom Checklist (HSCL-25, Derogatis 1974). Ordinal regression analyses showed that the parents' exposure to childhood maltreatment as well as their level of PTSD contributed to the variance of childhood maltreatment reported by descendants ($R^2=0.13$, $\chi^2=21.0$, $p<0.0001$). Also, exposure to war and genocide, exposure to childhood maltreatment and maternal PTSD symptoms, but not paternal symptoms, explained the amount of depressive and anxious symptoms in descendants ($R^2=0.40$, $\chi^2=76.4$, $p<0.0001$). In those descendants who fulfilled the A criterion of the DSM-IV diagnosis for PTSD, the CTQ sum score in descendants was positively correlated with the PTSD sum score ($r=0.24$, $p<0.05$). And, descendants growing up with a parent suffering from PTSD reported more physical abuse throughout childhood than those without ($U=2229.5$, $p<0.001$). These findings add evidence to the existing literature postulating that childhood maltreatment might be an important agent in the transmission of psychopathology from parent to child. Issues of a ''cycle of violence'' and the specificity of maternal PTSD in Rwanda are discussed.

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Mental health and subjective distress due to parental political imprisonment in adult offspring of former political prisoners of the GDR **10:30–10:45**

M. Boehm[1], G. Klinitzke[2], E. Braehler[3] and G. Weissflog[4]
[1]Department of Mental Health, Medical Psychology and Medical Sociology/ LIFE Research Centre for Lifestyle Disease, University of Leipzig, Leipzig, Germany; [2]Department of Mental Health, Clinic and Policlinic of Psychosomatic Medicine and Psychotherapy, University of Leipzig, Leipzig, Germany; [3]Department of Mental Health, Medical Psychology and Medical Sociology, University of Leipzig, Leipzig, Germany; [4]Department of Mental Health, Medical Psychology and Medical Sociology, Division of Psychooncology, University of Leipzig, Leipzig, Germany

Background: Studies on transgenerational traumatization suggest a multitude of relevant factors in the process of trauma transmission. We were interested in the association of different conditions with mental health and subjective perception of the distress resulting from parental imprisonment in a group of adult children of former political prisoners of the GDR. *Methods:* We compared different subsets of a sample of adult offspring of former political prisoners ($n = 64$) to identify effects of primary vs. secondary traumatization related to parental imprisonment, maternal vs. paternal imprisonment and parental PTSD. Measures of mental health (PTSD symptoms: *PDS*, screening for mental health problems: *SCL-27*) and the subjective estimation of distress due to parental imprisonment (*visual analog scales*) were dependent variables. *Results:* With regard to mental health, no differences emerged comparing those who had witnessed the parental imprisonment with those who had not and comparing those who had both parents, only mother and only father imprisoned. Subjective psychological distress differed significantly, with witnessing the imprisonment leading to higher subjective psychological distress and significantly higher strain on family relationships and with imprisonment of father only leading to lowest subjective psychological distress, followed by imprisonment of mother only. The highest distress was reported by subjects who reported imprisonment of both parents. Subjects who had at least one parent with current PTSD reported significantly higher psychological symptom severity, but not PTSD symptom severity. Also, there were no significant differences between the groups regarding subjective distress. *Conclusions:* Contrary to our expectations, neither experiencing the parental imprisonment nor having both parents imprisoned led to higher psychological impairment in this sample. In line with other research, parental PTSD seems to be more relevant for their children's mental health. Altogether, the results point to a complex process between appraisal of aspects of the parental experience and mental health in the second generation.

Transgenerational transfer of traumatic experiences and the role of rearing behavior in survivors of the Khmer Rouge regime and their children **10:45–11:00**

N. Stammel[1], S. Burchert[1], K. Antonietti[2] and C. Knaevelsrud[1]
[1]Center for Torture Victims, Free University Berlin, Berlin, Germany;
[2]Free University Berlin, Berlin, Germany

Background: The transgenerational transmission of traumatic experiences and their psychological consequences are increasingly being discussed in trauma research. Even though at present there is no conclusive evidence for the existence of a direct transmission of trauma, empirical data suggest that there might be an indirect transfer of traumatic experiences mediated by parental rearing behavior. The aim of this study is to examine the relationship between parental traumatization and the children's psychopathology by closely inspecting the potential mediation effects of parental rearing behavior in survivors of the Khmer Rouge regime and their offspring in Cambodia. *Method:* $N = 378$ mother-child pairs were interviewed in a randomized cross-sectional study in four provinces of Cambodia. We assessed symptoms of posttraumatic stress disorder (PTSD), anxiety, and depression and different aspects of perceived parental rearing behavior in structured interviews. *Results:* Preliminary results did not show a significant relationship between maternal traumatic experiences and children's PTSD and no differences in children's PTSD between mothers with and without PTSD. However, there was a gender-specific moderating effect: the daughter's own traumatic exposure had a stronger effect on their PTSD symptoms the higher their mother's traumatic exposure was ($\beta = 0.18$, $p < 0.05$). Maternal PTSD did not significantly correlate with abusive ($r = 0.05$; $p = 0.36$), rejecting ($r = 0.06$; $p = 0.24$) or overprotective ($r = 0.00$; $p = 0.95$) rearing behavior. No indirect effects from maternal PTSD on children's PTSD children's anxiety and children's depression mediated through parenting behavior could be found via path analysis. *Discussion:* This study does not provide evidence for the existence of a direct transmission of trauma. However, there seems to be a gender-specific latent vulnerability for PTSD. There was no support for an indirect intergenerational effect mediated by parenting behavior.

Invited Symposium: Intergenerational transmission of trauma and abuse

First, second, and third generation effects of the Holocaust **11:45–12:00**

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Of special interest to the study of intergenerational transmission of trauma and abuse is the case of the Holocaust. We conducted a series of both primary and meta-analytic studies on Holcaust survivors, including first, second, and third generations of survivors. With regard to the first generation, Holocaust survivors were meta-analytically compared with their counterparts (with no Holocaust background) on a range of outcomes, including psychological wellbeing, post-traumatic stress symptoms, psychopathological symptomatology, cognitive functioning, and stress-related physiology. Holocaust survivors showed substantially more post-traumatic stress symptoms, but showed remarkable resilience in several other domains of functioning (physical health, stress-related physical measures, and cognitive functioning). Concerning the second and third generation, no secondary traumatization effects were found. Secondary traumatization emerged only in studies with clinical participants, who were stressed for other reasons. Based on our own empirical work, we suggest that dissociation in the first generation may moderate the intergenerational transmission of dysregulated HPA-axis functioning. We examined the effects of the Holocaust on diurnal cortisol secretion in survivors and their adult offspring. Israeli female Holocaust survivors and matched comparisons formed a case-control study design with two generations: 32

Holocaust survivors and 33 comparisons, along with their offspring (total $n = 144$). Holocaust survivors showed higher levels of daily cortisol versus comparisons. Their offspring showed lower cortisol levels when surviving parents displayed more dissociation.

Neurobiology and attachment: a further perspective on trauma **12:00–12:15**

M. Ammaniti and A. Speranza
Sapienza Rome University, Italy

The recent contribution of neurobiological research in the area of attachment allows a wider understanding of the dynamics of traumatic experiences. A recent research has explored how different attachments (secure and dismissing) influence brain responses in areas related to empathy and emotions. It has been evidenced that dismissing subjects, who had infantile experiences of refusal toward emotional needs, activated motor, mirror, and limbic areas to a significantly greater extent, but deactivated the medial orbito frontal cortex (mOFC) and the perigenual anterior cingulated cortex (pACC). This brain hyperactivation may reflect emotional dysregulation connected to infantile experiences of rejection and lack of protection where as increased deactivation of fronto-medial areas may be the expression of the inhibition of attachment behaviors, which is a typical aspect of dismissing attachment. As regards other traumatic experiences, another study has explored neurobiological correlates of traumatic dissociation from an attachment perspective. Attachment disorganization related to early traumatic experiences is known as a powerful precursor of dissociative psychopathology in adulthood. Cortical connectivity modifications in EEG coherence were studied in subjects with dissociative disorders after attachment memories retrieval. Compared to healthy controls, who showed a significant increase in EEG connectivity, particularly in high-frequency EEG bands (beta and gamma) after retrieval of personal attachment-related autobiographical memories through the Adult Attachment Interview (AAI), patients showed a lack of modifications of EEG connectivity at each frequency band explored. These results shed light on the neurological bases of the dis-integrative effect of attachment disorganization in dissociative patients.

Enhanced amygdala reactivity to emotional faces in adults reporting childhood emotional maltreatment **12:15–12:30**

A. Van Harmelen[1], M. Van Tol[2], L. R. Demenescu[3], N. J. A. Van Der Wee[4], D. J. Veltman[5], A. Aleman[6], M. A. Van Buchem[7], P. Spinhoven[8], Brenda W. J. H. Penninx[4] and B. M. Elzinga[8]
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In the context of chronic childhood emotional maltreatment (CEM; emotional abuse and/or neglect), adequately responding to facial expressions is an important skill. Over time, however, this adaptive response may lead to a persistent vigilance for emotional facial expressions. The amygdala plays a key role in face processing, however, until now, the neurobiological correlates of face processing in adults reporting CEM were unknown. Here, we found that healthy controls and unmedicated patients with depression and/or anxiety disorders reporting CEM before the age of 16 ($n = 60$), showed enhanced bilateral amygdala reactivity to emotional (angry, fearful, sad, happy, and neutral) versus scrambled facial expressions when compared to controls and patients who report no childhood abuse ($n = 75$). CEM related enhanced amygdala response to emotional faces in general was independent of individuals' psychiatric status. These findings may be key in understanding increased emotional sensitivity and interpersonal difficulties, that has been reported in individuals with a history of CEM.

Probing social exchanges—a computational neuroscience approach to understand Borderline and Anti-Social Personality Disorder and the impact of attachment-related trauma **12:30–12:45**

T. Nolte[1,2], B. King-Casas[3,4], J. Feigenbaum[5], R. Montague[4,6] and P. Fonagy[1]
[1]Research Department of Clinical, Educational and Health Psychology, University College London, London, UK; [2]Developmental Neuroscience Unit, Anna Freud Centre, University College London, London, UK; [3]Department of Neuroscience & Computational Psychiatry Unit, Baylor College of Medicine, Houston, USA; [4]Menninger Department of Psychiatry and Behavioral Sciences Baylor College of Medicine, Houston, USA; [5]Research Department of Clinical, Educational, and Health Psychology, University College London, UK; [6]Human Neuroimaging Laboratory, Department of Neuroscience, Baylor College of Medicine, Houston, USA

Borderline Personality Disorder (BPD) and Anti-Social Personality (ASPD) disorder represent a common but often extremely debilitating form of severe psychopathology, often characterized by attachment disorganisation and early adversity. Functional neuroimaging research has shed light on the neural circuitry involved in complex mental processes such as affect regulation and social cognition or empathy, many of which are thought to be impaired in patients with BPD and ASPD. In our computational psychiatry framework, we used a number of two person social exchange paradigm as critical approximations to the interpersonal difficulties experienced by both BPD and ASPD patients to investigate shared and distinct computational processes and their underlying neural correlates. Preliminary behavioural and neurobiological data from 50 patients in this large scale study will be presented and linked with indices of patients' development such as attachment representations and relational trauma.

Afternoon
Keynote Address

A public health approach to understanding and preventing violent radicalization **14:00–15:00**

K. Bhui
Centre for Psychiatry, Wolfson Institute of Preventive Medicine, Barts & The London School of Medicine & Dentistry, London, UK

Very recent acts of terrorism in the UK were perpetrated by ''homegrown'', well-educated young people, rather than by foreign Islamist groups; consequently, a process of violent radicalization was proposed to explain how ordinary people were recruited and persuaded to sacrifice their lives. Counterterrorism approaches grounded in the criminal justice system have not prevented violent radicalization. Indeed, there is some evidence that these approaches may have encouraged membership of radical groups by not recognizing Muslim communities as allies, citizens, victims of terrorism, and victims of discrimination, but only as suspect communities who were then further alienated. Informed by public health research and practice, a new approach is proposed to target populations vulnerable to recruitment, rather than rely only on research of well-known terrorist groups and individual perpetrators of terrorist acts. This lecture proposes public health research and practice to guard against violent radicalization.

Invited Symposium: Cultural differences in the assessment of trauma I

Religion, spirituality and coping with trauma **15:15–15:30**

S. Dein
Mental Health Sciences Unit, Faculty of Brain Sciences, UCL, London, UK

There is emerging literature demonstrating positive relationships between religiosity and mental health. More specifically, studies indicate that among religious individuals, positive religious coping has positive mental health benefits, whereas negative religious coping may adversely impact upon mental health. This lecture examines the religious response to trauma, both social and individual, how it facilitates coping, and the psychological response. I include natural disasters such as the tsunami and human-made disasters such as 9/11. I discuss how individuals use spiritual resources in dealing with such events. Finally, I propose how religious frameworks can be incorporated into therapy when working with those affected.

Homicide and culture **15:30–15:45**

A. Ajaz
Fellow in Medical Education and Honorary Clinical Lecturer & Specialist Registrar in Forensic Psychiatry, London UK

According to the *Global Burden of Armed Violence* report (2nd edition, 2011), an estimated 526,000 people die violently every year, but only 55,000 of them lose their lives in conflict or as a result of terrorism. More specifically 396,000 people (including 66,000 women) are victims of intentional homicide (murder), 54,000 die as a result of so called 'unintentional' homicides (manslaughter), and 21,000 violent deaths occur during law enforcement actions. Homicide rates in the general population in England and Wales have been steadily increasing over the past three decades. The findings from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI) has shown that the number of homicides by people experiencing symptoms of mental illness has also increased. From 1997 to 2006, 5884 general population homicide convictionswere notified to the NCI. There was a significant rise in homicides in the general population; 2% per year, during this period. There was anoverall increase in the numbers of those with schizophrenia and those with psychotic symptoms at the time of the offence which was 4% per year over the study period. This rise was in part was associated with a rise in recent immigration in the psychotic cases, however it could not account sufficiently for the overall increase, which was more likely due to increased rates of co-morbid substance misuse. In this session a case will be presented looking at the relationship between homicide, mental illness and culture and there sultant challenges in assessment and diagnosis. The UK Criminal Justice System is reducing the number of successful partial defencesto homicide (i.e. diminished responsibility) because of a mental disorder, even though the number of mentally ill perpetrators of homicide has increased. This worrying trend suggests that considerations related to mental disorder are increasingly being overlooked and this is even more likely when it comes to considering important cultural factors.

Acculturation stress in indigenous immigrants in Guadalajara, Mexico **15:45–16:00**

S. J. Villaseor-Bayardo and M. P. Aceves Pulido
Universidad de Guadalajara, Mexico

Diversity in Mexico can be appreciated in the number of indigenous languages spoken in the country. This diversity carries with it problems derived from coexistence and different worldviews. Such problems require an analysis from the perspective of those who face a process of integration as a minority into the dominant culture. The city in particular is a context where the phenomenon of acculturation stress is experienced by indigenous migrants every day. The adaptation strategy most commonly used by the migrant population is known as acculturation, a term adopted to account for the subject's interaction with his/her context by assimilating, separating, or excluding themselves from it. The term ''acculturative stress'' is used to highlight the phenomenon of migration and its psychological consequences. Inserting the idea of subjectivity and culture into the realm of health implies understanding the way in which its conception and imbalance relate to the discourse produced by culture and a system of ideas. Thus, it becomes necessary to understand the system of beliefs, values, and lifestyles that produce and reproduce that reality, and that have been subjectively assimilated by the indigenous population. This article aims to understand their experience with a qualitative approach. Their life stories allowed us to have access to the circumstances that led to their acculturative stress.

Culture, post-natal depression, and trauma **16:00–16:15**

A. Persaud[1,2], K. Bhui[1,2] and M. Younger[1]
[1]The Centre for Applied Research and Evaluation-International Foundation(Careif) Centre for Psychiatry, Barts and the London, Barts & The London School of Medicine & Dentistry, London, UK; [2]World Association of Cultural Psychiatry (WACP), Rome, Italy

The lives of women, their children and their families around the important and eventful time of childbirth can be improved. Some non-western cultures have elaborate postpartum rituals that give status and importance to the new mother. Such rituals can increase self-esteem, decrease marital stress, and clarify social status. These special attentions in western cultures end quite abruptly after childbirth, with the focus of attention invariably transferred to the baby. The effects and consequences of perinatal mental illness are widespread, affecting the sufferers, their children, families and all who care for them. Their experiences vary depending on their personal circumstances, ability to access help, lifestyle, single-parent status, economic position, ability to work or access to transport particularly in rural areas, race and cultural disposition, racism, communication barriers and isolation. They cite feelings of not being accepted by the indigenous majority population, racism, and indifference from statutory services. Maternal mental health problems therefore pose a huge human, social, and economic burden and constitute a major public health challenge. Although the overall prevalence of mental disorders is similar in men and women, women's mental health requires special considerations in view of women's greater likelihood of suffering from depression and anxiety disorders and the impact of mental health problems on childbearing and childrearing.

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Invited Symposium: Cultural differences in the assessment of trauma II

Psychological distress following traumatic facial injury in an East London population **16:45–17:05**

E. Rahtz
Centre for Psychiatry, Barts and The London, Queen Mary's School of Medicine and Dentistry, London, UK

Patients who suffer facial trauma, whether from accidents, road traffic collisions, or interpersonal violence, face a range of psychosocial issues as a result of their injuries. Though standards of surgical treatment to restore function and appearance continue to improve, psychological problems may often be overlooked in busy wards and clinics. While distress is to be expected in the immediate aftermath of traumatic events, some patients continue to experience psychological distress. As well as high levels of acute stress disorder, facial trauma patients are also at risk of depression and, in the longer term, may develop post-traumatic stress disorder (PTSD) (Glynn et al., 2007). Changes in appearance can exacerbate the problems by constantly reminding patients of traumatic events. Depression and PTSD are frequently comorbid in trauma patients, and rates of PTSD can be higher among ethnic minority groups (Shih, & Schell, 2010).

However, manifestations of PTSD can be culturally specific, and distressed patients sometimes refuse to participate in research because of fears about revisiting the experience. These psychological conditions are treatable, however, and the ability to identify those at risk would enable healthcare practitioners to provide important interventions. This study looks at the culturally diverse population attending an East London hospital.

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Pre- and post-migration risk factors for psychological problems among Somali immigrants. Prevalence and predictors of psychological problems among Somali refugees **17:05–17:25**

N. Warfa
Centre for Psychiatry, Barts and The London, Queen Mary's School of Medicine and Dentistry, London, UK

This literature on refugee studies highlights the mental health needs of people who are exposed to traumatic life events. Compared with other populations, refugee groups have higher rates of mental disorders including PTSD and depression. This presentation focuses on the prevalence and predictors of psychological problems among Somali refugees. Remarkably, after 20 years of civil war, the rate of PTSD among Somali immigrants living in the West is low, mostly less than 14%. This presentation explores the specific sociocultural factors that might have kept the overall PTSD level low among this group.

Cancer and PTSD-prevalence of post-traumatic stress symptoms in head and neck cancer patients **17:25–17:45**

F. Shiraz
Centre for Psychiatry, Barts and The London, Queen Mary's School of Medicine and Dentistry, London, UK

There is increasing evidence that a proportion of head and neck cancer patients may develop psychological problems including PTSD, depression, anxiety, and poor quality of life (So, Chan, & Chan, 2012). These problems are often not recognized or treated and have a detrimental impact on patient survival and well-being (Oskam et al., 2010). Cancer differs markedly from other known PTSD stressors in that it is not a discrete, short-lived event. The cancer experience consists, instead, of a series of events beginning with cancer detection and diagnosis, then active medical and surgical treatment, and concluding with recovery and follow-up. Head and neck cancer is a particularly complex and distressing disease with 5-year survival rate of around 56%. Often, the treatment is extensive and affects basic everyday functioning, such as eating, breathing, and speaking (Weymuller et al., 2003). Many patients are distressed by visible permanent disfigurement and disruptions to their physical, social, and occupational functioning (Vartanian et al., 2004). We measured levels of (1) acute stress, (2) anxiety and depressive symptoms and (3) quality of life in a sample of 124 head and neck cancer patients in follow-up (i.e., post-diagnosis). Participants were administered the acute stress disorder (Bryant, Moulds, & Guthrie, 2000) questionnaire to assess ASD, hospital anxiety and depression scale to assess anxiety and depression symptoms (Zigmond & Snaith, 1983) and World Health Organisation Quality of Life Questionnaire, (Skevington & Lotfy, 2004, WHOQOL BREF) to measure the overall quality of life. The results showed elevated levels of psychological distress in head and neck cancer patients with a significant proportion experiencing high acute stress symptoms. In conclusion, our results show the importance of measuring psychological distress throughout the cancer experience as some patients will continue to experience high levels of emotional distress and unmet psychological needs.

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ORAL, JUNE 7

B. PLENARY HALL

Morning

Panel: Clinical utility of proposed ICD-11 categories for disorders specifically associated with stress

Introduction to ICD-11 proposals

A. Maercker
University of Zurich, Zurich, Switzerland

This 2-part panel addresses the proposals for the diagnoses of stress-related disorders put forward for inclusion in the 11th edition of the World Health Organisation's International Classification of Diseases (ICD-11). Among potentially far-reaching changes are a new distinction between PTSD and Complex PTSD, the introduction of a prolonged grief disorder, and changes to the conceptualisation of acute stress reaction and adjustment disorder. Members of the WHO committee will present the scientific basis for the proposals and discuss how they differ from DSM-5 as well as their practical implications for clinicians. Disorders specifically associated with stress (such as PTSD, prolonged grief disorder) must be differentiated from other mental disorders and from normal, self-limited stress responses. WHO is aware of concern about an overuse of certain stress-related diagnoses, especially among populations that have been exposed to a natural or human-made disaster. A tendency to focus on stress-associated diagnoses may be related to the appeal of the simple, external explanation for symptoms, which is suggested by names such as PTSD. ICD-11 proposals distinguish PTSD from complex PTSD with the latter following prolonged or multiple traumatization and exhibiting a particular symptom pattern. The American Psychiatric Association has decided against the inclusion of a separate diagnosis in DSM-5 but instead has expanded the conceptualization of PTSD to include additional aspects of disturbed emotionality and behavior. There is also significant controversy in the field about some existing or proposed categories that are seen as "milder", such as adjustment disorder or prolonged grief disorder. Some have challenged the validity and utility of these categories. In general, to help countries to reduce disease burden associated with mental disorders, the classification system must be usable and useful for health care workers around the world. With ICD-11, there appears to be a unique opportunity to produce such a system. Part 1 will focus on PTSD, complex PTSD, and adjustment disorder. Part 2 will focus on prolonged grief disorder and acute stress reaction.

Panellists Part 1: Andreas Maercker, Chris Brewin, Marylene Cloitre.
Panellists Part 2: Richard Bryant, Lynne Jones, Simon Wessely, Mark van Ommeren, and Andreas Maercker.

Diagnosing PTSD from three core elements **8:45–9:10**

C. Brewin
University College London, London, UK

The proposed definition of PTSD for ICD-11 diverges markedly from the direction proposed for DSM-V. In ICD-10, the PTSD diagnosis already differs from DSM-IV in not having a formal stressor criterion and in placing greater weight on re-experiencing in flashbacks and nightmares. The new proposal retains these elements while making the diagnosis simpler and more systematic. PTSD is defined as consisting of three core elements: (1) re-experiencing: vivid intrusive memories, flashbacks, or nightmares that involve re-experiencing in the present, accompanied by fear or horror; (2) avoidance: marked internal avoidance of thoughts and memories or external avoidance of activities or situations reminiscent of the traumatic event(s); (3) hyperarousal: a state of perceived current threat in the form of hypervigilance or an enhanced startle reaction. The symptoms must also last for several weeks and interfere with normal functioning. In DSM-V, there will be over 8,000 different combinations of symptoms that can yield a diagnosis of PTSD: in ICD-11 there will be only 27 possible combinations of symptoms.

The clinical utility of the ICD-11 complex PTSD diagnosis **9:10–9:35**

M. Cloitre
National Center for PTSD Palo Alto VA Health Care System, Palo Alto, CA, USA

This presentation will describe the rationale for and clinical utility of two related diagnoses, PTSD and complex PTSD within the spectrum of trauma and stress-related disorders. Pilot data will be presented regarding the validity of these two distinct classes of PTSD patients: differences in association with type of stressor and differences in severity of impairment. A latent profile analysis (LPA) conducted on 302 treatment-seeking individuals revealed three classes of patients: (1) complex PTSD patients who were high on PTSD symptoms as well as on disturbances in three domains of self-organization: affective dysregulation, negative self-concept, and interpersonal difficulties; (2) PTSD patients who were high on PTSD symptoms but low on the three self-organization symptom domains; and (3) a group of patients who were low on all symptoms. Chronic trauma was more strongly predictive of the complex PTSD than PTSD while conversely single-event trauma (9/11) was more strongly predictive of PTSD. In addition, complex PTSD was associated with greater impairment where significant contributions were made by the affective, self-concept, and interpersonal disturbance over and above PTSD symptoms. Individuals with borderline personality disorder (BPD) were eliminated from all analyses, suggesting that the complex PTSD class represents an identifiable group of individuals distinct from those with BPD. Treatment implications are discussed.

Prolonged grief disorder **10:00–10:25**

R. Bryant
School of Psychology, University of New South Wales, Sydney, Australia

There is increasing evidence that approximately 10% of the bereaved people experience persistent grief reactions that are characterized by yearning for the deceased, which is accompanied by marked emotional pain. Across cultures, many studies have noted that severe grief reactions that persist beyond 6 months after the loss are predictive of mental health impairment, suicidality, poor health behaviors (e.g., smoking, alcohol abuse), and cardiovascular and immunological disease. ICD-11 is introducing for the first time a diagnosis to recognize this condition: prolonged grief disorder. It is defined as severe grief reactions that persist beyond 6 months after the death, and can be accompanied by disbelief, bitterness, a sense of emptiness, and loss of identity. A major motivation for this development is the hope that it will minimize inappropriate treatment of grief reactions and facilitate identification of people who can benefit from treatments that have been shown to be specifically useful for prolonged grief responses.

Acute stress reaction: a new approach 10:25–10:50

L. Jones
Center for Health and Human Rights, Harvard School of Public Health, Harvard University, Cambridge, MA, USA

Acute stress reaction (ASR) as it is currently defined in ICD 10 is ambiguous. The description of normative and *transient* emotional, cognitive, and behavioral reactions that subside within days following exposure to traumatic events is contradicted by its position in the F codes which labels it as pathology. The confusion is compounded by the parallel existence of acute stress disorder in DSM-IV. In practice, ASR often appears to be used interchangeably with adjustment disorders (Isserlin, Zerach, & Solomon, 2008). This presentation will (1) clarify the new definition, which places less emphasis on particular symptoms such as fugue states; (2) explain the importance of a temporal distinction from other stress disorders such as adjustment disorder and PTSD; and (3) give the rationale for moving ASR to the ICD-11 chapter containing categories that represent reasons for clinical encounters that are not themselves disorders or diseases (the "Z" chapter in ICD-10). For example in conflict and disaster situations, the new categorization will allow humanitarian and other agencies to provide immediate social and psychological assistance to those in need without unnecessarily pathologizing their experiences. Second, in the aftermath of acute traumatic events, it will allow access to short-term support from health systems that require a diagnostic code, again without pathologizing the reaction itself (World Health Organization, 2011).

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The spectrum of trauma-related disorders

Symposium: Complicated grief: Progress in research on epidemiology and treatment

Complicated grief and PTSD in family-members after witnessing assisted suicide in Switzerland: social acknowledgement and forensic investigations as predictors 11:45–12:00

B. Wagner[1], V. Boucsein[2] and A. Maercker[2]
[1]Medical University, Leipzig, Leipzig, Germany; [2]University of Zurich, Zurich, Switzerland

Background: Assisted suicide is permitted in only a few countries worldwide. However, few studies have examined the impact that witnessing assisted suicide has on the mental health of family-members or close friends and related risk factors. *Method:* A cross-sectional survey of 85 family-members or close friends who were present at an assisted suicide was conducted in December 2007. Full or partial posttraumatic distress disorder (PTSD) (impact of event scale-revised), depression and anxiety symptoms (brief symptom inventory), and complicated grief (CG) (inventory of complicated grief) were assessed at 14-24-month post-loss. *Results:* Of the 85 participants, 13% met the criteria for full PTSD (cut-off $\geq$35), 6.5% met the criteria for sub-threshold PTSD (cut-off $\geq$25), and 4.9% met the criteria for CG. The prevalence of depression was 16%; and the prevalence of anxiety was 6%. The diagnosis of PTSD disorder is significantly related to having experienced the forensic investigation as emotionally difficult. Further, social acknowledgement as a survivor was related to PTSD symptoms and CG. In particular, perceived general disapproval was strongly correlated with all outcome measures. *Conclusion:* A higher prevalence of PTSD and depression was found in the present sample than has been reported for the Swiss population, in general. However, the prevalence of CG in the sample was comparable to that reported for the general Swiss population. It is recommended that a protocol be developed establishing a standardized response to cases of assisted suicide and that specific training be provided for the legal professionals involved.

Rates and risks for complicated grief in an orphaned sample 15 years after the Rwandan genocide 12:00–12:15

J. Unterhitzenberger and R. Rosner
Catholic University Eichstaett-Ingolstadt, Eichsttt, Germany

Complicated Grief (CG) became a well-researched syndrome in adults in western countries during the last years. Still, only few studies report its prevalence in adolescent samples or third world countries. We present findings about the mental health in adolescents 15 years after the Rwandan genocide, which left around 300,000 children and adolescents orphaned. Adolescents ($N = 69$) aged between 14 and 18 years ($M = 16.3$, $SD = 1.17$) living in rural Rwanda were given a newly developed self-report questionnaire on CG (grief questionnaire for children and adolescents, GQ-CA) and a questionnaire on major depression (MD) (Mini International Neuropsychiatric Interview, MINI). All participants (48% female) were bereaved by at least one parent and recruited through an orphanage and a secondary school. The results show that 76.8% of parents died due to genocide in 1994 with 50.7% of participants being double orphans. The high majority of deceased (72.6%) was murdered. Totally, 49.3% of adolescents ($N = 34$) were screened positive for CG in our sample. Predictors for higher risk of CG were living with relatives, loss of both parents and meeting criteria for MD. Comorbidity with MD was high with 76.5%. Nevertheless, 23.5% of adolescents assessed met criteria for CG without meeting those for depression. The prevalence of CG in Rwanda remains high even with losses dating back more than 14 years and it is higher than reported in previous studies in the country. Risk factors for CG were identified. Even though we found high comorbidity rates with MD, the study indicates the distinctiveness of CG by means of participants with CG diagnosis only. Limiting factors-such as the sample size, the first use of the GQ-CA, and the sample's selectivity-are to be discussed.

Posttraumatic growth and therapeutic alliance in a controlled clinical trial for the treatment of complicated grief 12:15–12:30

R. Rosner[1], G. Pfoh[2] and M. Kotoucova[2]
[1]KU Eichstaett-Ingolstadt, Eichsttt, Germany; [2]LMU, Munich, Germany

Aims: The aim of this presentation is to look at posttraumatic growth and therapeutic alliance in a trial on cognitive behavioral treatment for patients diagnosed with comorbid complicated grief (CBT-CG). *Method:* Fifty-one patients were randomized to either a waiting list control group or CBT-CG. Assessment included the prolonged grief disorder interview (PG-13), the computer version of a structured interview for DSM-IV (DIA-X), the symptom checklist (SCL-90-R), the helping alliance questionnaire (HAQ), and the posttraumatic growth inventory (PTGI). *Results:* Posttraumatic growth improved only minimally after therapy. A mediating effect for posttraumatic growth was not found. CBT-CG reduced CG symptoms and this change influenced posttraumatic growth. Results concerning the therapeutic alliance were ambiguous and showed varying results, depending on when in therapy and whether the patient's or the therapist's perspective was used. Correlations between therapeutic alliance and symptom reduction were larger at the end of treatment. *Discussion:* Given the lack of comparable results regarding posttraumatic growth as treatment outcome, it may be premature to judge posttraumatic growth as a non-suitable construct to measure treatment outcome in trauma-related disorders. Maybe other forms of treatment than CBT-for example, more humanistic approaches-would find different results. Results concerning the therapeutic alliance are in line with studies on other disorders than CG.

How do bereaved suffering from prolonged grief benefit from grief group participation? 12:30–12:45

K. Dyregrov[1], I. Johnsen[2] and A. Dyregrov[2]
[1]Center for Crisis Psychology/Norwegian Institute of Public Health, Oslo, Norway; [2]Center for Crisis Psychology, Oslo, Norway

Although most people recover quickly and naturally after the loss of a loved one, research clearly demonstrates that a sizeable number of bereaved are at risk of developing more complex grief reactions and struggle to adapt. Many such bereaved are referred for assistance through grief groups. This paper will report from part of a study conducted to explore grief group participation after traumatic deaths in Norway. Participants who fulfilled the criteria of prolonged grief disorder (PGD) were compared with participants who did not in order to explore whether they differed on satisfaction and experiences with participation. To allow for comparison, a subsample of 22 participants who fulfilled the criteria of PGD was drawn from the total of 262 participants. Demographic and loss-related variables were analyzed to explore factors associated with PGD. Fulfillment of PGD was then analyzed to explore the effect on life quality and overall satisfaction. The main finding was that participants who fulfill the criteria of prolonged grief were in general less satisfied with the groups and reported less positive effect on life quality. These findings highlight the need for certain qualifications of group leaders and possibly pregroup screening of potential grief group participants.

Panel: Mental health policy and trauma-informed services

Mental health policy and trauma-informed services **14:00–15:15**

V. Ardino
PSSRU Unit, London School of Economics and Political Science, UK

Mental health has often been described as a Cinderella service. Yet, it is clear that even more remains to be done for trauma-informed services including a priority status attached to the recognition of trauma burden in statements of policies on health and social care. There remain more gaps in provision and shortfalls in the quality of care compared with other disorders. There also remain concerns about the ''economic case'' for trauma-informed services, particularly relating an efficient allocation of resources between different groups of traumatized individuals and between different forms of service provision. The panelists will reflect interactively with the audience on the challenges for trauma-informed services to create a dynamic balance between improving the mental well-being of traumatized individuals, preventing and treating post-traumatic consequences and to promote a meaningful continuum between these goals and effective policy strategies. Furthermore, they will bring up discussion on quality assurance to reflect the way in which the voice of victims of trauma has been co-opted in the development of effective services. In particular, patient safety and quality improvement (im-plementation, change management, indicators, multidisciplinary processes, redesign processes) will be discussed.

Panelists: Chris Freeman, Ruth Lanius, Erica Van der Schrieck-de Loos, and Vittoria Ardino

Afternoon

Responding to disasters

Invited Symposium: European initiative on mass disasters

Psychosocial interventions in the aftermath of disasters: views of EFPA Standing Committee for crises, trauma, and disasters **15:15–15:35**

N. Karanci
Middle East Technical University, Turkey

EFPA established first a working party and then a Standing Committee on disaster, crisis, and trauma psychology to work on how psychology can contribute to preparing for and responding to emergencies and disasters. The Committee has been evaluating evidence and views from across Europe, has published a lessons learned document to reflect the experiences from various European disasters, worked closely with the European Commission, and embarked on further training for members from recently acceded countries. Training needs and quality standards for various professionals involved in psychosocial support is also an important area of our work. The Committee has also evaluated guidelines for the delivery of psychosocial support and target groups of trainees that are likely to be involved in psychosocial support services. Another important area is the process of collaboration in the case of cross-border disasters and incidents. Due to the extensive experiences of the members of our standing committee, we have made contributions in congresses and have worked in facilitating the formation of trauma and disaster psychology units in member countries. The presentation will provide an overview of the work of the standing committee and related recommendations.

Protecting children in emergency contexts **15:35–15:55**

V. Neri
Save the Children, Italy

In the past few years, Italy has been affected by two major earthquakes that challenged psychosocial interventions for child victims of such natural disasters. The aim of this presentation is to provide an overview of the response of *Save the Children* Italy to the 2009 earthquake in Abruzzo and the strategic reasoning used following this to improve *Save the Children*'s ability to respond to national emergencies and the 2012 earthquake in Emilia Romagna. The presentation will discuss advocacy strategies for supporting children in mass-emergencies. *Save the Children* has a long tradition of program development for child protection in emergency contexts, both internationally and nationally. In particular, the creation of Child Friendly Spaces-safe areas where children can play, socialize, and begin to recover during emergencies-is an effective tool to support children according to the principles and approaches contained in the UN Convention on the Rights of the Child and to apply the five priorities for protection as defined in the document ''Child Protection in Emergencies: Priorities, Principles and Practices''. In Emilia Romagna, *Save the Children*'s emergency staff immediately reached affected areas to assess children and adolescent needs and implement an intervention plan. This further demonstrated the importance of supporting children with psychosocial and educational interventions through a variety of activities and programs. *Save the Children* Italy is now coordinating a group of experts to define a set of guidelines to protect children in emergencies in Italy and is advocating for this at a governmental level.

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The European Network for Traumatic Stress (TENTS) **15:55–16:15**

J. Bisson
Cardiff University, Wales, UK

The European Union (EU) funded the European Network for Traumatic Stress (TENTS) project between 2007 and 2009. TENTS established a community-wide network of expertise on posttraumatic stress treatment for victims of natural and other disasters, examined which interventions are effective in the aftermath of disaster and whether these are available throughout Europe. TENTS produced guidelines and an evidence-based model of care along with dissemination materials. The European Network for Traumatic Stress-Training & Practice (TENTS-TP), funded by the EU between 2009 and 2011, expanded and developed the network that currently includes 36 European countries. It also connected other important European initiatives in the field of psychosocial care after trauma. The TENTS model of care was combined with guidance produced by NATO to develop a curriculum and teaching materials to disseminate and implement evidence-based care to those affected by traumatic events throughout Europe. Professionals responsible for teaching and training in this field were identified,

provided with an evidence-based teaching package, and equipped to implement this in a sustainable manner. This has resulted in levels of knowledge and expertise of mental health and social service professionals being raised, which should result in improved services to those affected by traumatic events. During this presentation, the development of the TENTS guidelines and the TENTS-TP Train the Trainers package will be described along with the ongoing work of TENTS since 2011. Please visit www.tentsproject.eu and http://www.healthplanning.co.uk/portfolio for more information.

Evidence-based practice on trauma

Symposium: Continuing to implement evidence-based trauma treatments: Lessons learned over the long-term

Community application and evaluation of alternatives for families: a cognitive-behavioral therapy **16:45–17:00**

D. Kolko
Western Psychiatric Institute and Clinic, Pittsburgh, Pennsylvania, PA, USA

This presentation provides an overview of the community application and evaluation of Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT; www.afcbt.org), a treatment approach for family conflict, physical coercion/abuse, and child behavior problems that is administered in three phases (engagement, individual skills-building, and family applications). AF-CBT has been implemented in diverse settings (e.g., outpatient, in-home, foster care), by different practitioners (BA-level caseworkers and MA-level clinicians) and with a variety of families having child welfare or mental health involvement. Training approaches recently used to teach practitioners the model will be described, notably, learning collaboratives and learning communities, to highlight the different levels or domains that are targeted prior to, during, and after a staff training program. We will then review data collected from various training programs to identify and address key implementation issues and challenges, including delivery of treatment with fidelity, family engagement, and sustainability. We will specifically review lessons learned about the sequencing of content and participants (child, caregiver, and joint sessions), use of brief treatment modules, and the need to apply creative clinical strategies designed to address and overcome negative reactions in the therapy (e.g., hostility and callousness, abuse minimization, challenging clinician authority, dismissiveness, aggressive gestures/threats). Lessons learned from supervisory and senior leadership (management) training will also be discussed, including the need to address enrollment, confidentiality, vicarious trauma, safety policies, and ongoing quality assurance methods. Finally, we will identify potential solutions to overcoming barriers to conducting AF-CBT to help practitioners incorporate this approach, such as specialized engagement methods, rapid assessment tools to identify clinical targets, psychoeducation and motivational enhancement routines, and safety monitoring strategies, agency metrics, and homework practice assignments, motivation for change, engagement, and active participation in treatment.

Sustainment of EBP in low-resource public mental health **17:00–17:15**

L. Berliner
University of Washington, Seattle, WA, USA

Implementation science has taught a number of lessons for implementation and sustainment of EBP. However, many of the methods for high-quality implementation and sustainment activities require external funding or significant infusion of additional resources. Many ''brand name'' EBTs require adopting organizations to purchase their support and monitoring programs. However, most brand name EBTs target a single outcome that can create organizational complications and costs for managing all of the sustainment activities across treatments. The harborview EBP initiative encompasses general or non-brand controlled interventions for the primary mental health conditions for which children present for care (e.g., posttraumatic stress, depression, anxiety, behavior problems). The initiative is designed for public mental health agencies that serve multi-problem children and families in complex psychosocial circumstances (e.g., foster care). It has government support for some of the key initial implementation activities (initial organizational consultation, training, case consultation, and ongoing consultation to clinical supervisors). It does not provide support for internal organizational sustainment activities. This presentation will describe a variety of practical organizational strategies that promote sustainment including approaches to incorporating routine standardized assessment to identify a clinical target and promote treatment engagement, establishing ongoing evidence-based internal supervision and access to internal training for new staff. Fidelity to the EBP model has been identified as critical for achieving outcomes, yet monitoring fidelity is a high-cost activity. This presentation will outline a number of quality assurance approaches that can be undertaken within the existing resources and that can applied across EBTs.

Implementing an evidence-based method for treating traumatized youth in regular clinics: experiences from Norway **17:15–17:30**

T. Jensen
Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

After the July 22, 2011 terror attack in Norway, the Heath Directorate initiated a nationwide plan for implementing trauma-focused cognitive behavioral therapy in child mental health clinics throughout Norway. Implementing evidence-supported interventions poses several challenges at the professional and organizational levels. Often mentioned obstacles are related to transferring models from a controlled, academic environment into ordinary clinics. Children referred to regular clinical care settings may be different from children treated in specialized university clinics, including severity of symptoms, family support, and motivation for change. We have limited knowledge as to how this affects the delivery of treatment. Moreover, many traumatized children and families referred for treatment in community settings are not seeking treatment for trauma-specific symptoms. Even in cases where the trauma history is acknowledged, children often are referred for other problems, such as depression or externalizing behavior. Implementation may include introduction of new assessment procedures at the clinics. The working conditions of therapists may also differ. In regular clinics, therapists have to treat a broad variety of disorders and few are specially trained in trauma treatment methods. Learning a new model while seeing other patients or having other demanding tasks may influence how therapists learn and deliver an intervention. Therapist turnover requires systems of implementation that ensures sustainability of the model. In this presentation, experiences from an implementation model will be presented based on the following seven core components: staff recruitment, preservice training, ongoing consultation, staff performance evaluation, decision support data systems, administration support, and system intervention. Focus will be on challenges that were encountered at the profesional and organizational levels. These challenges and solutions will be analyzed in light of data from an effectiveness study conducted in Norway.

Six years of EBT implementation: lessons learned from Project BEST **17:30–17:45**

B. Saunders
Medical University of South Carolina, Charleston, SC, USA

Project BEST is a statewide effort to implement TF-CBT using a community-based learning collaborative approach throughout the state of South Carolina (US) to ensure that every abused and traumatized child who needs it will receive effective, evidence-based treatment. This presentation will include empirical data concerning the impact of Project BEST and qualitative and anecdotal descriptions of key lessons learned as this project has matured. Now in its 6th year, more than 500 broker and clinical professionals have been trained and currently are using TF-CBT in 39 or the 46 counties. Prepost treatment effect sizes for PTSD symptoms for

child clinical training cases averaged $d = 1.16$, larger than prepost effects found in the recent clinical trials of TF-CBT. Overall outcome matrices (73.1% improved by $> 1/2$ SD) and diagnostic results (36–11% meeting PTSD criteria) also showed significant improvements. Similar results were found for measures of depression. These results indicate that community service providers can achieve excellent results using an evidence-based trauma treatment. However, implementation efforts have encountered frequent obstacles at the community, organization, and personal levels. Solutions have been tried and some been found to be successful. Lessons learned at each of these levels will be described. These include the importance of: (1) local, committed leadership; (2) brokers to the community implementation of a clinical treatment; (3) training brokers in their roles and responsibilities for treatment outcomes; (4) a sense of shared community responsibility and collective, community problem solving; (5) interorganizational relationships; (6) measuring clinical outcomes; (7) measuring implementation markers; and (8) use of these metrics by service organizations to facilitate service delivery. Implications for future implementation projects and research will be discussed.

ORAL, JUNE 7
HALL AUDREY GRACE

Morning
Debate: Collective traumas: how to remember, how to heal

Collective traumas: how to remember, how to heal **10:00–11:00**
P. Violi[1], J. Halpern[2], C. Demaria[1] and D. Salerno[1]
[1]TRAME: Centre for the Interdisciplinary Study of Cultural Memory and Traumas, University of Bologna, Bologna, Italy; [2]Institute for Disaster Mental Health, State University of New York, USA

The panel aims to open an interdisciplinary dialogue between psychological and cultural approaches to the theme of collective trauma. Collective traumas are more than the simple sum of many individual traumatic events; a collective trauma affects the entire life of a society, leaving often indelible traces in the physical environment, destroying houses and cities, and even more importantly, the ways people remember their experiences and attribute meaning to them. Memory lies at the core of any reflection on collective trauma: how can a society live with the memory of a terrible past? How can people deal with their traumatic past, especially in the case of conflicts, where memories involved are always conflicting and in opposition to one another? These and similar issues need to be examined through a range of disciplinary approaches. One panelist will describe a project where US trauma specialists worked in partnership with Middle East practitioners to develop a series of psycho-educational materials designed to expand awareness of the effects of disasters and chronic violence for children, caregivers, helpers, and the general public. Other participants in the panel, all working within a framework of cultural semiotics and memory studies, will discuss different aspects of the relationship between cultural trauma and memory.

Chairs: P. Violi and J. Halpern
Panellists: P. Violi, J. Halpern, C. Demaria, and D. Salerno

Evidence-based practice on trauma
Symposium: Trauma-focused cognitive-behavioral therapy (TF-CBT): research, training, and dissemination updates

Research on Trauma-Focused Cognitive Behavioral Therapy for Children and Families **11:45–12:00**
J. Cohen
Allegheny General Hospital, Pittsburgh, PA, USA

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a components- and phase-based treatment for traumatized children and adolescents and their parents or other caretaking adults (Cohen JA, et al. 2006; Cohen JA, et al. 2012). More than a dozen randomized controlled treatment trials (RCT) have evaluated the effectiveness of TF-CBT for traumatized children ages 3-17 years old related to diverse index traumas including sexual abuse, domestic violence, multiple/complex traumas, disaster and war (Cohen JA, et al. 2010). These studies have documented that TF-CBT consistently improves children's Posttraumatic Stress Disorder (PTSD) symptoms significantly more than comparison or control conditions. They also document that a variety of other child symptoms improve significantly more with TF-CBT than with comparison or control treatments, including depressive, anxiety, and behavioral symptoms, shame, and trauma-related maladaptive cognitions. TF-CBT is also significantly more effective than comparison conditions for improving parental emotional distress, parental support, effective parenting strategies and parental PTSD symptoms. TF-CBT has been evaluated cross-culturally and found to be effective in diverse populations. For example, RCTs respectively for sexually abused children in Australia; for multiply traumatized children across eight Norwegian community mental health clinics, and for sexually exploited war-exposed girls in the Democratic Republic of Congo, have documented that TF-CBT was significantly more effective in improving children's PTSD and other mental health symptoms than comparison or control conditions for these children. Additional ongoing RCT studies are currently ongoing in several other countries.

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Online resources for TF-CBT training and implementation **12:00–12:15**
B. Saunders
Medical University of South Carolina, Charleston, SC, USA

Implementation of evidence-based trauma treatments has reached the scale-up stage in many countries. Service systems are attempting to train thousands of service providers effectively and implement and sustain new practices with reasonable levels of fidelity in hundreds of service organizations. Many organizations are now struggling with how to train new therapists that replaced previously trained ones. It is unlikely that traditional approaches to professional continuing education can meet this demand, making the use of technology necessary. This presentation will describe several online resources for mental health professionals who are learning TF-CBT and how they can be used to help meet these significant training and implementation challenges. TF-CBTWeb is a free, multi-media 10-hour online training course that teaches the fundamental components and techniques of TF-CBT. TF-CBTWeb has over 144,000 registered learners worldwide, over 73,000 (51%) of whom have completed the full course. Median time of completion is 11 days and 80% of learners complete it within 6 weeks. Most learners (74%) hold masters degrees, and nearly two-thirds have less than 5 years of experience. Clinical social workers and professional counselor comprise 68% of all learners. Evaluation data indicate significant pre to post knowledge gains and high learner satisfaction with the course. CTGWeb is a 6-hour follow-up online course that teaches therapists how to apply TF-CBT to cases of child traumatic grief. TF-CBTConsult is an automated, multimedia online clinical consultation website that provides answers to the most common questions asked by new therapists learning TF-CBT. TF-CBTConsult currently has over 60 answer pages for common problems. Each of these resources will be described and demonstrated. How best to use these resources in training and implementation projects on TF-CBT will be described.

TTF-CBT Train-the-Trainer Programs **12:15–12:30**

A. Mannarino
Allegheny General Hospital, Pittsburgh, PA, USA

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) has been studied extensively over the past 20 years and has the most empirical support of any treatment for children and families exposed to traumatic life events. The demand from child mental health organizations for TF-CBT training has increased dramatically as county and state governments and other jurisdictions have begun to mandate that evidence-based treatments (EBTs) be provided. In order to meet this demand, the TF-CBT developers have developed a national Train-the-Trainer Program. This TTT Program and its parameters will be discussed in this presentation. To date, there have been three cohorts of TF-CBT trainers and there are now over 50 approved trainers. This has resulted in over 400 TF-CBT trainings and over 15,000 therapists being trained in the years 2009–2011. Additionally, there has been increasing demand for TF-CBT training in Europe. Building on existing collaborations, the TF-CBT developers have created a TF-CBT International Train-the-Trainer Program which includes Norway, Sweden, The Netherlands, and Germany. The International TTT Program will be described in this presentation as well as extensive training efforts in other countries such as Japan.

Dissemination and sustainment of TF-CBT in community mental health **12:30–12:45**

A. Mannarino
Allegheny General Hospital, Pittsburgh, PA, USA

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) has been studied extensively over the past 20 years and has the most empirical support of any treatment for children and families exposed to traumatic life events. The demand from child mental health organizations for TF-CBT training has increased dramatically as county and state governments and other jurisdictions have begun to mandate that evidence-based treatments (EBTs) be provided. In order to meet this demand, the TF-CBT developers have developed a national Train-the-Trainer Program. This TTT Program and its parameters will be discussed in this presentation. To date, there have been three cohorts of TF-CBT trainers and there are now over 50 approved trainers. This has resulted in over 400 TF-CBT trainings and over 15,000 therapists being trained in the years 2009–2011. Additionally, there has been increasing demand for TF-CBT training in Europe. Building on existing collaborations, the TF-CBT developers have created a TF-CBT International Train-the-Trainer Program which includes Norway, Sweden, The Netherlands, and Germany. The International TTT Program will be described in this presentation as well as extensive training efforts in other countries such as Japan.

Afternoon
Symposium: Complex trauma and psychopathology SISST-SIPGES

Memories of attachment hampers cortical connectivity in dissociative patients **15:15–15:35**

B. Farina[1,2]
Centro dipartimentale di formazione integrale, Universitá Europea di Roma, Rome, Italy; [2]Centro Clinico de Sanctis, Rome, Italy

The presentation will show the results of an experiment where we evaluated cortical connectivity modifications by EEG coherence analysis in subjects with dissociative disorders after attachment memories retrieval. According to many scholars, memories related to a traumatic attachment may trigger dissociative processes when the attachment motivational system is activated in the adult life by hampering the integrative mental functions. But, in our knowledge, no any neuroscientific evidence supported this hypothesis. We aimed to track the status of high order integrative mental functions in dissociative patients compared to controls by means of EEG cortical coherence after the Adult Attachment Interview, that it is supposed to be an optimal trigger of attachment memories. Results of the experiment and their possible outcome for the clinical work will be discussed.

Alexithymia and addiction behaviours: does trauma play a role? **15:55–16:15**

V. Caretti
Dipartimento di Psicologia, Universitá di Palermo, Palermo, Italy

This paper overviews the role of trauma in addiction behaviours and the intersection with alexithymia. There will be a summary of many studies conducted by the group leaded by V. Caretti on the topic of substance misuse and trauma with interesting data on dissociation, alexithymia. Furthermore the work underscores the importance of assessment of trauma in such populations.

ORAL, JUNE 7
HALL DIAMANTE

Morning
Open Papers: Evidence-based practice I

Traumatic incident reduction: novel evidence-based resolution techniques for psychological trauma **10:00–10:15**

J. Durkin
Institute of Mental Health, Nottingham, UK

Traumatic Incident Reduction (TIR) is a recent addition to the evidence-based approaches to trauma listed by the Substance Abuse and Mental Health Services Administration in the USA. Built on established theoretical foundations and taking a broadly person-centered perspective, its techniques predict rapid and positive changes in a relatively short amount of therapeutic time. Early empirical data will be presented for evidence of trauma resolution and posttraumatic growth, some in a single session, in community samples from the USA, Canada, and UK. As TIR can be delivered by lay practitioners, the potential for its use in communities unable to access psychologic therapies will be discussed.

Trauma-focused treatment for PTSD during the asylum process: application of the phased model **10:15–10:30**

E. Walsh
Traumatic Stress Clinic, Camden and Islington NHS Mental Health Foundation Trust, London, UK

The recommended model of treatment for PTSD (NICE, 2005) for refugees and asylum seekers following chronic trauma is based on Herman's (1992) phased model of treatment. Herman outlines three phases of treatment, namely 1) stabilization/building a sense of safety and trust, 2) trauma-focused treatment/remembrance, and 3) re-integration. It is recommended that the second phase, trauma-focused treatment, is not approached until a client feels safe and secure in their current environment. It is well-documented that there have been marked delays in the UK asylum process in recent years. Many people seeking asylum have had to wait over 5 years for their case to be heard, while having to manage fears in relation to possible deportation and practical difficulties of living within the asylum system. This raises a dilemma for therapists attempting to ensure appropriate clinical intervention for clients with PTSD, and not wishing to delay treatment that can offer symptomatic relief. Trauma-focused CBT is a recommended intervention for PTSD. Recent studies have focused on using trauma-focused CBT for refugees (Grey and Young, 2008). This presentation will use clinical case material to discuss trauma-focused treatment with clients with PTSD to human rights abuses in their country of origin, the country to which they would be deported should their claim be refused. It will also consider safety and symptom management during the wait for resolution of asylum claims, including negotiating the requirements of the immigration authorities.

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Trauma-focused cognitive-behavioral therapy (TF-CBT) for youth with complex trauma **10:30–10:45**

A. Mannarino and J. Cohen
Allegheny General Hospital, Pittsburgh, PA, USA

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) has been studied extensively over the past two decades, including in at least a dozen randomized clinical trials. Research has demonstrated that TF-CBT is an effective treatment intervention for youth aged 3-16 who have been exposed to sexual abuse, domestic violence, traumatic loss, and multiple traumas. These studies have shown that TF-CBT helps to remediate PTSD symptoms, depression, anxiety, shame, behavior problems, and parental distress in youth with trauma exposure. Over the past five years, the authors have acquired extensive experience in implementing TF-CBT with youth with complex trauma presentations and in consulting with clinicians both nationally and internationally who are treating youth with chronic trauma histories. This presentation will describe the implementation of TF-CBT with youth with complex trauma. There will be a discussion of TF-CBT as a ''phase-based'' treatment, including 1) an initial focus on safety and trust given these youngsters' backgrounds; 2) dedicating proportionally more of the model to the TF-CBT coping skills phase; 3) titrating gradual exposure more slowly as needed by individual youth; and 4) incorporating unifying trauma themes (e.g., feeling damaged; shame; sense of responsibility, etc.) throughout treatment. A composite clinical case will be included in the presentation to illustrate how TF-CBT can be implemented with youth with complex trauma backgrounds.

Transcending trauma: effectiveness of transcendental meditation practice for combating PTSD **10:45–11:00**

F. Travis
Maharishi University of Management, Fairfield, IA, USA

PTSD results from a natural response to an unnatural situation. The natural response is amygdala activation during highly emotional experiences to ensure deeper processing. The unnatural situation is extreme trauma. Traumatic experiences turn on amygdala functioning and keep it elevated-you want to be sure to avoid that situation again. This presentation reports the effect of transcending trauma through meditation practices on PTSD symptoms. The focus will be on effects of Transcendental Meditation (TM) practice, a meditation in the Automatic Self-Transcending Category. Results of three studies will be reported. First, a random assignment study of 18 Vietnam veterans reporting that TM was more effective than psychotherapy in reducing anxiety, depression, insomnia, alcohol abuse, PTS symptoms, and stress reactivity (Brooks & Scarano, 1985). A second single-group study of veterans from Iraq and Afghanistan reported significant reductions in anxiety, depression, and PTS symptoms after three-months practice (Rosenthal et al., 2011). A third matched study of 40 Congolese refugees with PTSD reported reduction in PTSD symptoms in the TM group after 30-days TM practice, which remained low at 135-days. PTSD symptoms in the control group trended upward (Rees et al., in press). This presentation will explore possible mechanism underlying significant reductions in PTSD symptoms through TM practice. It will include a model of how stress and transcending effect brain processing.

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Rees, B., Travis, F., Shapiro, D., & Chant, R. (in press). Reduction in posttraumatic stress symptoms in Congolese refugees practicing transcendental meditation. *Journal of Traumatic Stress*.

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The SAMIFO Center to care torture victims **11:00–11:15**

G. Santone[1], F. Gnolfo[1] and M. R. Silvestri[2]
[1]ASL ROMA A—ROMA, Italy; [2]ASL ROMA—A, Italy

Forced migrants, escaped from their countries because of politic, ethnic, religious, or gender problems, are not comparable to economic migrants in terms of health. In fact, forced migrants are highly exposed to psychic, social and physical hazard in their destination countries. The healthcare dedicated to asylum seekers and refugees must be conceived through a systemic approach multidisciplinary and multidimensional at the same time. The local health net GRIS Lazio permitted Public Health Care and Private Social Assistance to confront and share their ideas of good practice in order to create common resources, developing common ways of reflection on critical areas in the matter of migrants health. The agreement protocol (decisions ASL Roma A N°260–March 31, 2006 and N°1001 July 27, 2010) between ASL RM A and Centro Astalli association officially founded SAMIFO health center: a multidisciplinary integrated system between Public Health Care (ASL Roma A) and Private Social Assistance (Italian Jesuit Refugees Service).

Aims

1) To promote and facilitate the fruition to public health care
2) To inform patients about their rights and about the related information sources
3) To educate healthcare professionals about migration medicine topics
4) To ensure cultural-linguistic mediation to overcome the barrier of language and intercultural communication
5) To promote systemic approach to multidimensional trauma.

Scientific committee

1) Goals and actions planning
2) Promotion of information research and education activities
3) Raise the awareness of social and institutional actors
4) Promotion of the circulation of knowledge and results
5) Definition of a list of evaluation indicators

In our centre, in 2012, there have been more than 1,200 new outpatients and main health visits have been more than 5,039 general medicine, 1,002 psychiatric, 930 gynecologic, 263 forensic medicine, 532 psychologic. Total visits 7,766.

Open Papers: Evidence-based practice II

Morbidity following extreme trauma exposure **11:45–12:00**

T. Lundin
Department of Neuroscience, Uppsala University, Uppsala, Sweden

One way of describing the health status in a population is in terms of the frequency of days of sickness per year. With the help of data on the registered days of sickness per year, a study was made of a group of Swedish tsunami survivors (n = 1221) who were non-bereaved and extremely exposed during the 2004 tsunami disaster in South-east Asia. In order to investigate whether the extreme trauma exposure had influenced registered sickness a period of four years was studied, from two years before the trauma until two years after. In all cases, the ''background sickness'' was eliminated through taking into account only the increase in days of registered sickness per year. Student's t-test was used for statistical analysis. We found a significantly increased morbidity.

Reducing flashbacks with somatic updates within trauma focused cognitive behavior therapy **12:00–12:15**

J. Gratton
Traumatic Stress Clinic, London, UK

Traumatic events can lead to a wide range of psychologic and social sequelae for the survivor (Herman, 1992). Some survivors experience flashbacks as part of constellation of symptoms recognized as posttraumatic stress disorder. There are many types of flashbacks; such as visual, auditory, olfactory, and somatic. Somatic flashbacks can involve internal sensations such as pain or nausea. It can also involve movement: restricted, such as being held down; and forced, such as falling. Psychological interventions can come from multiple theoretical perspectives. The most commonly used intervention for specific symptoms of flashbacks is trauma focused cognitive behavior therapy (tf-cbt) (Grey et al., 2002). The use of hotspot updates such as cognitive or image-based updates is particularly well-described for visual flashbacks. However, there is a lack of literature on updating somatic flashbacks especially when cognitive updates are not effective. A brief review of the literature is followed by specific case examples related to traumatic events during child sexual abuse, torture, female genital mutilation, and domestic violence.

References

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Recovery scan: the routine use of a brief online screening instrument for PTSD at an early stage combined with telephone counseling (coaching exposure in vivo) and/or EMDR as an early therapeutic intervention **12:15–12:30**

S. Berendsen[1] and J. Gouweloos[2]
[1]Institute for Psychotrauma (IVP), Diemen, The Netherlands; [2]Impact, the Dutch knowledge & advice centre for post-disaster psychosocial care, Amsterdam, The Netherlands

Organizations are both morally and legally obliged to provide optimal psychosocial care for employers confronted with traumatic incidents at work. Therefore, various organizations expressed the need for tools that help them to provide this. To meet their needs, the IVP developed the ''Recovery Scan'': an online tool to monitor the recovery process of employers. The recovery scan consists of the Impact of Events Scale and questions on daily functioning and social support. Although the NICE guideline on PTSD (2005) recommends to start using a screening instrument 1 month after a traumatic incident, the recovery scan is offered after 1–2 weeks. The scan results in a traffic light score (green, orange, or red) gives an indication of how the employer is recovering. First results show that 1–2 weeks after the traumatic incident a majority (65%) scores ''green'' (no severe posttraumatic stress symptoms), indicating a high level of self-healing capacity. When employers score ''orange'' or ''red'' (possible difficulties with recovering), the IVP calls the employer for an initial telephone intervention. This consists of psycho-education, strengthening coping recourses, and coaching exposure in vivo techniques to diminish avoidance reactions. In accordance with the NICE guideline, EMDR is offered to those with severe posttraumatic stress symptoms in the first month after the traumatic incident. The Dutch railway system uses the Recovery Scan for 2 years. Since May 2012, more then 180 train divers and tickets collectors gave permission to use their results for research. This presentation elaborates on the practical use of the scan and the evaluation of the users. Furthermore, it will show first results on the level of stress reactions shortly after a traumatic incident at work, the recovery processes and treatment needs.

Narrative exposure therapy for the treatment of complex PTSD: an examination of the effect and adaptation in a Japanese clinical setting 12:30–12:45

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Background: Narrative exposure therapy (NET) is a short-term intervention based on cognitive-behavioral therapy and testimony therapy. NET has been developed for treating complex PTSD caused by organized violence and mainly has been applied to victims of war and torture. There are few published studies of NET as applied to PTSD patients with trauma histories other than war-related traumas. Neither case studies, trial reports, nor RCTs of NET have been reported yet in Japan, though application of KIDNET to abused children in child-care institutions has been started. *Aim of the study*: A pilot study was employed to examine the adaptation of NET to patients diagnosed with complex PTSD living in safe life-conditions in Japan, and its effect. *Method*: Five patients (all females, from 20s to 40s) with PTSD symptoms, recruited from an out-patient clinic and from a university counseling room, received three to four months of NET treatment (60–120 min, once to twice a week) and supplemental counseling. Two of them were diagnosed with depression and one was diagnosed with BPD. Types of trauma included childhood abuse with attachment trauma, domestic violence and witness of DV, and traffic accidents, etc. The symptoms were measured by CAPS, IES-R, SDS, and DES until a year later. *Results*: Assessments showed a significant reduction in symptoms of PTSD, dissociation, and guilt. Depression symptoms, as assessed by SDS, however, did not decrease significantly. Habituation and reintegration of autobiographical memory, together with cognitive restructuring, are thought to have reduced patients' PTSD symptoms and improved their interpersonal relations and social functioning. Subjects' narrative, behavioral, and physical symptoms were changed positively. NET was applicable even to subjects with symptoms of dissociation, dissociated memories sense, and emotions. *Conclusions*: The results indicate that NET could be an effective method for treating complex PTSD patients in Japan.

Evaluating a sexual violence therapy group for incarcerated women: symptom change and therapeutic alliance 12:45–13:00

M. Karlsson[1], A. Bridges[1], L. Milner[1], J. Bell[2] and P. Petretic[1]
[1]University of Arkansas, Fayetteville, USA; [2]Peace at Home Family Shelter Inc., Springdale, USA

Incarcerated women report higher rates of sexual victimization than the average woman (Severson, Postmus, & Berry, 2005). One in three incarcerated women suffers from PTSD (Teplin, Abram, & McClelland, 1996). Researchers have suggested that sexual victimization is a pathway to prison for women and that there is a need for gender specific treatments (Bloom, Owen, & Covington, 2004) such as trauma treatments that targets sexual victimization and associated issues. This study is an evaluation of a brief (8 sessions) sexual violence therapy group for incarcerated women adapted from already established cognitive-behavioral treatments. Outcomes from five groups ($N = 39$) show participants experienced significant decreases in PTSD, depression, anxiety, and worry. All effect sizes are large. This presentation will focus on the relation between symptom change from pre-to post-treatment and therapeutic alliance ($n = 19$). Controlling for demographics, there was a trend for therapeutic alliance to predict greater change in depressive symptoms ($p = 0.09$; $R^2 = 0.44$). Moreover, symptom severity at pre-treatment ($p < 0.05$) and greater therapeutic alliance ($p = 0.08$) predicted greater change in depressive symptoms ($R^2 = 0.39$). Therapeutic alliance was rated high (negatively skewed with low variability) and had no significant impact on changes in PTSD, anxiety, and worry symptoms over the course of treatment. Implications for trauma treatments, with a focus on incarcerated women will be discussed.

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Afternoon
Open Papers: Evidence-based practice III

What research on factors influencing trauma responses can tell us about survivors' vulnerability to later stress and trauma 15:15–15:30

E. Carlson
US National Center for PTSD, VA Palo Alto Health Care System, CA, USA

A large number of factors affect responses to trauma. These factors include characteristics of individuals (such as genetic or biological tendencies, developmental level and experiences, past trauma exposure, life stress at the time of the event, and gender), aspects of traumatic stressors (such as severity), posttraumatic symptoms, and posttraumatic life experiences and resources (such as social support, financial resources, treatment, and posttraumatic life stress). These variables typically work in combination, and their relative influences vary across individuals. Given such variation in the vulnerabilities of trauma survivors whom clinicians treat and the likelihood that these clients will be exposed later in life to highly stressful and traumatic events, it can be valuable to consider which variables might make a particular client more vulnerable to the *next* highly stressful life event or traumatic event he or she experiences. This presentation will first briefly review past research on pretrauma, time of trauma, and posttrauma variables that have been found to be significantly related to PTSD, noting prospective studies and meta-analysis studies. The presentation will then describe the results of a longitudinal study of recent survivors of traumatic injury of self or a family member. We examined the relationship of pretrauma variables, time of trauma variables, and posttrauma variables to PTSD and depression at two months and one year posttrauma. Results showed that the variables assessed accounted for 73% of the variance in PTSD symptoms at 2 months and 90% at one year and 65% of the variance in depression symptoms at 2 months and 84% at one year. Individual differences in risk profiles for those who developed PTSD and homogeneity in risk profiles for those who recovered well will also be presented, and we will consider which variables that make trauma survivors more vulnerable can most readily be addressed clinically.

Assessing and addressing survivors' unique risk profiles to foster resilience 15:30–15:45

E. Carlson
US National Center for PTSD, VA Palo Alto Health Care System, CA, USA

There are important individual differences in the variables that make trauma survivors vulnerable to later stressful life events and later traumatic stressors. In addition to treating trauma survivors presenting and prominent posttraumatic psychological symptoms, assessing these variables and addressing them with clients may increase survivors' resilience. This presentation will review major risk factors for posttraumatic psychological disorder including individual characteristics (such as genetic or biological tendencies, developmental level and experiences, past trauma exposure, life stress at the time of

the event, and gender), aspects of traumatic stressors (such as severity), posttraumatic symptoms, and posttraumatic life experiences and resources (such as social support, financial resources, treatment, and posttraumatic life stress). We will then discuss how most of these variables can be assessed to identify an individual trauma survivor's unique vulnerabilities to later life stress and trauma. Clinically relevant and freely available measures will presented for past trauma exposure, life stress, trauma severity, PTSD, dissociation, depression, cognitive/emotional expectancies, posttraumatic cognitions (including negative cognitions about self, negative cognitions about the world, and self-blame), affective sensitivity, self-destructive behaviors, social support, social constraints, and emotion approach coping/avoidance. Using measures like these, therapists can identify a unique risk profile for each trauma survivor that will reflect the survivor's greatest vulnerabilities and can then target these vulnerabilities to reduce or minimize them. Some empirically-supported options for addressing these potential vulnerabilities will be reviewed, including dialectical ehavior therapy, acceptance and commitment therapy, skills training in affect and interpersonal regulation (STAIR), and mentalizing therapy. A brief intervention that specifically addresses social support and social constraints and a mobile phone application aimed at fostering recovery from traumatic stress will also be described.

Early interventions designed to help victims of a violent crime: a systematic literature review of psychological outcomes **15:45–16:00**

S. Guay[1], E. De Tournay-Jett[2], D. Beaulieu-Prvost[3] and A. Marchand[3]
[1]School of Criminology, University of Montreal, Montreal, Canada; [2]Trauma Study Centre, Fernand-Seguin Research Centre, University of Montreal, Montreal, Canada; [3]University of Quebec, Montreal, Canada

Criminal acts are the most common traumatic events to which the general population is exposed. Developing clinical guidelines for preventing PTSD among crime victims would help to reduce mental and overall health costs. The goal of the present article was to systematically review published studies on the efficacy of early interventions for crime victims. From the 10 studies that were selected, five evaluated the efficacy of cognitive-behavior therapy (CBT), four evaluated psychological debriefing (PD) and one evaluated other types of interventions (i.e., a video). Our review found modest and inconsistent effects of active early interventions. CBT appeared to be the most promising intervention when compared to a control group or a progressive relaxation group, but relatively equivalent to supportive counseling. No proof of efficacy was found for PD when compared to other interventions or a control group, even though delayed PD and critical incident stress management (CISM) appeared to be superior to early PD and critical incident stress debriefing (CISD), respectively. A psychoeducational video for rape victims appeared to help a sub-group of victims (i.e., those who had been previously raped). The size of the reduction in PTSD symptoms for the assessment (or control) condition and PD are quite similar (r between 0.36 and 0.45) while the one for CBT is approximately twice as much (r between 0.78 and 0.82). The confidence intervals of the differences confirm that the symptoms reduction for CBT is statistically larger than for PD. Most studies did not evaluate the impact of the interventions on variables other than anxiety and depressive symptoms. Further research is needed in order to develop early interventions to prevent PTSD, improve quality of life, and reduce costs for health care.

Change during the course of therapy: results from a randomized controlled trial **16:00–16:15**

J. Diehle, F. Boer and R. Lindauer
American Medical Center–de Bascule, Amsterdam, The Netherlands

Children who are exposed to a traumatic event are at risk to develop a posttraumatic stress disorder (PTSD) or related problems and co-morbid disorders. Trauma-focused cognitive behavioral therapy (TF-CBT) and eye movement desensitization and reprocessing (EMDR) are advised by the NICE guidelines for the treatment of PTSD in children. We included 48 children in a randomized controlled trial comparing 8 sessions of TF-CBT and 8 sessions of EMDR. Investigation of treatment outcome on the clinician administered PTSD scale for children and adolescents (CAPS-CA) revealed no differences in effect sizes between the two therapies. It has often been argued that EMDR treatment shows faster results for the reduction of PTSD symptoms, especially re-experiencing symptoms. For the elaboration of this hypothesis, we included measures of PTSD during the course of therapy. Before therapy, at sessions 2, 4, and 6 and after therapy, children filled out the children's revised impact of event scale 13 items version (CRIES-13). Data for the change during the course of therapy will be presented and discussed in the light of treatment effectiveness and efficiency.

Factor analytic structure of the impact of events scale-revised: **16:15–16:30**

S. Wagner and C. Waters
University of Northern British Columbia, Prince George, Canada

Purpose: To evaluate the factor structure of the IES-R when used with a volunteer firefighter and a similar community participant sample. *Methodology*: A volunteer firefighter sample ($n = 65$) and a sample of similar community respondents ($n = 103$) completed a questionnaire study, including responses to the IES-R. The IES-R data from both groups were entered into a three-factor principal components analysis with direct oblimin rotation. *Findings*: We found further support for the validity of the IES-R when used with a community sample. However, our data suggest that when using the IES-R with a community sample, the choice between a two- and a three-factor model may depend on the composition of the participants. For volunteer firefighters, the factor analytic structure of the IES-R appeared to be similar to that of the community sample, with more scatter in terms of item loadings. *Originality/value*: To our knowledge, there is no previous research considering the use of the IES-R with a strictly volunteer firefighting sample. In addition, despite adequate research on the factor analytic structure of the original IES, little research has considered the factor analytic structure of the more recent IES-R, even with community samples.

Open Papers: Family processes

Traumatic experiences, anxiety, dissociation and attachment styles in substance abuse patients **16:45–17:00**

V. Chimienti
Dipartmento di Scienze dell'Uomo, Universitá degli Studi di Urbino ''Carlo Bo'', Urbino, Italy

Trauma in the early experiences of life is clinically associated with maladaptive development of relational functions and adult patterns of behavior. In particular, subjects with traumatic experiences present symptoms connected to disruption of normally integrated flow of consciousness. Anxiety, dissociation, emotion dis-regulation, and affect avoiding are the core features of complex posttraumatic stress disorder. In many cases, substance abuse can represent an economic way to self-treat this condition. The aim of this research explores reported traumatic experiences in drug addiction sample and relation between trauma, dissociation, anxiety, and attachment styles. This research was conducted on 102 Italian outpatients with drug addiction diagnosis. All subjects were administered a battery of self-report questionnaires: traumatic experiences checklist, dissociative experiences scale II, creative experiences questionnaire, state-trait anxiety scale and attachment style questionnaire. High frequency of traumatic experiences was found, especially in female and polydrug abusers. Emotional neglect, emotional abuse, and body threat severity composite scores were modestly correlated to

dissociative experiences, trait and state anxiety, and fantasy proneness. Comfort and preoccupation with relationship are related to majority of reported trauma. No association between trauma and dismissing style of attachment was found. Substance abusers report many and different kind of traumatic experiences in their life. Traumatic experiences confirm a direct influence on activation of alert system, as showed by association with anxious traits, dissociation tendencies and preoccupied style of attachment. In many cases justifying self-medication hypothesis of drug assumption for complex posttraumatic condition.

Traumatic experiences among men seeking treatment for using intimate partner violence **17:00–17:15**

B. Loemo, I. R. Askeland, J. Strandmoen, T. Heir and O. A. Tjersland
Norwegian Centre for Violence and Traumatic Stress Studies, University of Oslo, Oslo, Norway

Aims: Several studies report high prevalence of traumatic experience among men using intimate partner violence (IPV). However, there has been little tradition for integrating trauma work in IPV treatment. The aim of this presentation is to present data on prevalence of potentially traumatic experiences and violent behavior among men using IPV and its implications for treatment. *Methods*: Traumatic experiences checklist (TEC) and a questionnaire on violent behavior (VQ) was administered in a pretreatment clinical interview of 192 men who voluntarily attended treatment for IPV. *Results*: The majority of the men reported high numbers of potential traumatic experiences, especially in their family of origin. Half of the men had experienced emotional neglect (49.2%). Equal numbers were found for emotional abuse (48.4%) and six out of ten (61.8%) had experienced physical abuse from their parents or older siblings. Nearly seven out of ten (65.6%) men reported physical violence against partner during the year prior to assessment. Psychological violence were reported by nearly eight out of ten (78.1%) men. Traumatic experiences in family of origin were associated with the extent of violent behavior. *Discussion*: The high prevalence of traumatic experiences reported in this group of men and the association between trauma experiences and violence indicate that in addition to being a behavioral problem, IPV can be understood as a trauma-related disorder. Further, the results indicate the need to assess for traumatic experience and its possible trajectories in relation to violent behavior. A single case will be present to illustrate how to work trauma focused within the frame of IPV treatment.

Secondary traumatization and post-traumatic growth among former prisoners of war wives: the moderating role of self-differentiation and empathy **17:15–17:30**

G. Zerach[1] and Z. Solomon[2]
[1]Department of Behavioral Sciences, Ariel University Center, Ariel, Israel;
[2]Bob Shapell School of Social Work, Tel Aviv University, Tel-Aviv, Israel

Objectives: Psychic trauma can impact the traumatized individual's significant others, a phenomenon known as secondary traumatization (ST). However, the indirect exposure to trauma might also be accompanied with positive psychological changes, termed posttraumatic growth (PTG). Whereas war captivity is known as highly traumatogenic experience, only few studies focused on its pathogenic and salutogenic impact on ex-prisoners of war (ex-POWs) spouses present study examined ST and PTG among ex-POWs wives in comparison to wives of a matched control veterans. Moreover, this study further explores the contribution of two psychological mechanisms-i.e., self-differentiation and empathy-to wives' ST and PTG. *Methods*: Israeli ex-POWs' wives ($N = 116$) and a matched control group of wives of combat veterans ($N = 56$) were assessed using a variety of self-report measures during 2011. *Results*: It was found that ex-POWs' wives reported higher levels of ST and perception of husband's posttraumatic symptoms (PTSS) and lower levels of PTG compared to control wives. It was also found that the more husbands' PTSS and the higher wives' levels of fusion self-differentiation, the higher their reported ST. We found that empathy for distress moderated the relationship between husbands' PTSS and wives' ST; interaction of high husbands' PTSS and wives high empathy for distress was related to higher ST. In addition, we found both husbands' PTSS and wives' ST positively contribute to wives' PTG. Last, we found that cut-off self-differentiation moderated the relationship between wives' ST and PTG; interaction of wives' low ST, and low levels of cut-off was related to low PTG. *Conclusion*: The experience of living with former ex-POWs who might also suffer from PTSS is associated with wives' own distress but also positive outlook on life. Both self-differentiation and empathy might serve as a buffer against the toll of ST and advance PTG experiences.

Reliving childhood trauma in couple relationship and resolution in relational marriage therapy **17:30–17:45**

S. Jerebic and D. Jerebic
Family Institute Blizina, Celje, Slovenia

Childhood sexual abuse is a traumatic event that occurs in a relationship, and it is connected to problems in adult interpersonal relationships, especially couple relationships. Clinical experience shows that some survivors of sexual abuse experience the majority of flashbacks that reminds them of their original sexual abuse through sexuality. The relived and intrusive symptoms, thus, cause the individual to lose touch with the present and respond as if the trauma was taking place now. The involuntary memories are accompanied by physical and emotional distress that does not only hurt the victim but also their spouse who might experience symptoms of traumatization. Thus, couples often seek help from marriage and family therapists. The submission will present a therapeutic model of relational marriage therapy that uses the couple relationship to resolve trauma. The relational marriage paradigm assumes that the spouses regulate their internal psychological pain by projecting them onto each other through various emotional, cognitive, and behavioral patterns. Through transfer of projective-introjective identification one partner at least temporarily frees themselves from their pain; however, the other partner carries the pain instead. Using counter-transfer, the therapist, thus, discovers the internal psychological contents of both partners, addresses and names them, and helps both partners solidify new relationship patterns. This submission will, therefore, help broaden the understanding of the consequences of childhood sexual abuse trauma in relation to the intimacy of a couple relationship and contribute to practical knowledge and efficient use of the relational marriage therapy process in processing trauma.

Relationship between psychic structure, adult attachment and symptoms on war trauma **17:45–18:00**

P. Ferrajao and R. Aragao
Instituto Superior de Psicologia Aplicada, Lisbon, Portugal

Introduction: Literature highlights the protective role of both a secure adult attachment style and a better organization of psychic structure following exposure to a traumatic event. Both psychological processes promote the ability of emotional regulation and integration of traumatic experiences and the mobilization of social support. However, the relationship between attachment style adult and psychic structure is not clearly established in research. *Objectives*: Study of the relationship between the level of integration of psychic structure and adult attachment behavio, and correlation with clinical symptoms after exposure to a traumatic event. *Measures*: Operationalized psychodynamic diagnosis OPD-2; experiences in close relationships; brief symptom inventory. *Method*: Participants, war veterans exposed to traumatic events, performed two interviews that were recorded and transcribed. Two independent raters analyzed the interviews to assess Axis IV (structure) of the OPD-2. Participants completed two self-report instruments: experi-

ences in close relationships; brief symptom inventory. We tested the role of the level of integration of psychic structure as a moderating variable in the relation between adult attachment style and clinical symptoms after exposure to a traumatic event. *Results*: The results indicate that the level of integration of psychic structure is a moderating variable intervening in the relationship between adult attachment style and clinical symptoms after exposure to a traumatic event, verifying that a secure attachment style is a protective factor against exposure to a traumatic event in participants who presented a higher level of integration of psychic structure. *Conclusion*: The results highlight the protective role of the psychic structure of the organization by intervening in mobilizing external resources and emotion regulation skills following exposure to a traumatic event.

ORAL, JUNE 7
HALL FALCO

Morning
Invited Symposium: Neurobiology of dissociation

Influence of dissociation on emotional and cognitive processing in interpersonally traumatized patients with borderline personality disorder **10:00–10:15**

A. Krause-Utz[1], N. Y. L. Oei[2,3], P. Spinhoven[2,4,5], M. Bohus[1], C. Schmahl[1,*] and B. M. Elzinga[2,4,*]
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Objective: Emotion dysregulation is a core feature in borderline personality disorder (BPD). Functional magnetic resonance imaging (fMRI) studies have revealed a hyperreactivity of the amygdala and insula during emotion challenge in BPD patients compared to healthy participants (HC). Emotional distress is often associated with dissociative experiences in BPD. It has been proposed that dissociation is characterized by an overmodulation of affect associated with an inhibition of limbic brain activation. We aimed to investigate the influence of dissociative states on emotional distractibility in BPD patients. *Methods*: In a first study, we included 22 unmedicated BPD patients with a history of interpersonal traumatization and 22 HC (matched for age and education). During fMRI, participants performed a working memory task, while being distracted by negatively arousing versus neutral pictures from the International Affective Picture System. Before and after the task, participants completed the Dissociation Stress Scale (DSS-4), a measure of state dissociation. Based on a median split of their DSS-4 ratings, BPD patients were assigned to two subgroups with high (n = 11) versus low (n = 11) dissociation. In a second study, we applied a script-driven imagery approach. Before performing the emotional working memory task, BPD patients were exposed to either a personalized script inducing dissociation (n = 15) or to a neutral script (n = 15). *Results*: In study 1, BPD patients with high dissociation (n = 11) showed significantly lower activation in the amygdala and insula after emotional distraction compared to BPD patients with low dissociation (n = 11). In study 2, similar patterns of brain activation in the amygdala and insula were observed in BPD patients, who had been exposed to the dissociation script compared to BPD patients in the neutral condition. *Conclusion*: Findings of our studies suggest that dissociative states are associated with lower activation in limbic brain regions during emotional challenge in interpersonally traumatized individuals with BPD.

Blunted and discordant affect: syndrome specific to complex trauma **10:15–10:30**

W. D'Andrea
Department of Psychology, University of Michigan, Ann Arbor, MI, USA

The traditional conceptualization of traumatized patients relies heavily on expectations of physiological hyperarousal as a component of symptom presentation, with the assumption that trauma exposure primarily manifests as PTSD. Numerous psychobiological studies have demonstrated that patients with PTSD show strong autonomic and neurological hyperarousal in response to aversive affective stimuli. However, psychobiological data in this presentation suggest three conclusions which counter the prevailing assumption of hyperarousal: (1) that complexly traumatized patients will show evidence of hypoarousal as well as of hyperarousal; (2) that hypoarousal has significant consequences for affect, cognition, and relationship and; (3) that the manifestation of hypoarousal occurs transdiagnostically, in mood, anxiety, and personality disorders. This presentation presents data supportive of the construct of blunted and discordant affect (BADA) accumulated from three separate studies. In the first study, we present data from a trauma-exposed sample stratified on exposure severity; startle probes are presented while autonomic and reflexive responses are recorded. The subgroup with acute, late-onset exposure showed the expected hyperaroused profile, while the subgroup with chronic, early-onset trauma exposure exhibited a profile of blunted autonomic response featuring both sympathetic and parasympathetic withdrawal, followed by late exaggerated physiological rebound. Next, we present data from a sample of women with borderline personality disorder. Here, we find that increased trauma severity predicts blunted autonomic activity and decreased cognitive processing. Finally, we demonstrate the existence of a subgroup of depressed and anxious patients who show amygdala hypoarousal, rather than the expected hyperarousal; furthermore, complex trauma exposure is disproportionately represented in the hypoaroused group, and hypoarousal predicts treatment resistance. Taken together, these findings support the existence of a transdiagnostic construct of BADA strongly associated with early complex trauma history.

Consciousness and dissociation: how mind/brain/body can adapt to overwhelming experience **10:30–10:45**

R. Lanius and P. A. Frewen
Western University of Canada, London, ON, Canada

Consciousness refers to the quality or state of an organism's awareness of both its external and internal environment. Confrontation with overwhelming experience from which actual escape is not possible, such as childhood abuse, various forms of torture, as well as war trauma often confronts the mind, brain, and body with the challenge of finding an escape from both the external and internal environment when no actual escape is possible. How can consciousness be altered to make such an escape possible? Alterations in various dimensions of consciousness, including 1) temporality (time sense), 2) narrative (the story-like nature of thought as incorporating content, perspective, and structure), 3) embodiment (sense of having, consciously being in, and belonging to a body), and 4) affect (the experience of emotional feelings) can aid the mind, brain, and body's escape from both the external and internal environment when no actual escape is possible. In this symposium, we will describe in detail how each of the four dimensions of consciousness can emanate from overwhelming experience and their relationship to symptoms of dissociation often observed in chronically traumatized individuals. We will also discuss the method of neurophenomenology that has been used to study different dimensions of consciousness. Finally, implications for treatment will be described.

Structural alterations associated with dissociative traits in PTSD **10:45–11:00**

M. Pagani[1], D. Nardo[2] and R. Lanius[3]
[1]Institute of Cognitive Sciences and Technologies, CNR, Rome, Italy; [2]Neuroimaging Laboratory, Santa Lucia Foundation, Rome, Italy; [3]Department of Psychiatry, Schulich School of Medicine and Dentistry, The University of Western Ontario, London, ON, Canada

The nature of comorbidity between PTSD and dissociation is still largely unknown, and the role that dissociation plays in the genesis of PTSD and its current taxonomy as an anxiety disorder, separate from dissociative disorders, has been put into question. Neuroimaging studies have shown a rather heterogeneous pattern of results, by which dissociation might be associated with functional alterations in various areas. This study used Voxel-Based Morphometry (VBM) to investigate brain structural alterations related to trait dissociation and its relationship with posttraumatic stress disorder (PTSD). Thirty-two subjects either developing (N = 15) or non-developing (N = 17) PTSD underwent MRI scanning and were assessed with the Dissociative Experience Scale (DES), subscales for pathological (DES-T) and non-pathological trait (DES-A) dissociation, and other clinical measures. Gray matter volume (GMV) was analyzed by using VBM as implemented in SPM. PTSD and non-PTSD subjects were compared to assess brain alterations related to PTSD pathology, whereas correlation analyses between dissociation measures and GMV were performed on the whole sample (N = 32), irrespective of PTSD diagnosis, to identify alterations related to trait dissociation. As compared to traumatized controls, PTSD subjects showed reduced GMV in the prefrontal cortex, hippocampus, and lingual gyrus. Correlations with dissociation measures (DES, DES-T, DES-A) consistently showed increased GMV in the medial and lateral prefrontal, orbitofrontal, parahippocampal, temporal polar, and inferior parietal cortices. PTSD and dissociation seem to be associated with opposite volumetric patterns in the prefrontal cortex. Trait dissociation appears to involve increased GMV in prefrontal, paralimbic, and parietal cortices, with negligible differences between pathological and non-pathological dissociation. Hence in subclinically dissociated subjects, the tendency to experience pathological dissociative phenomena and absorption or imaginative involvement widely share the same neural substrates supporting a view of dissociation along a continuum.

Psychobiology and PTSD

Symposium: Neurobiological effects of treatment for posttraumatic stress disorder and borderline personality disorder

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Neurobiological correlates of PTSD and related psychotherapeutic treatment **11:45–12:00**

M. Pagani
Institute of Cognitive Sciences and Technologies, CNR, Rome, Italy

Recent studies have shown that psychological trauma may cause anatomical and functional changes resulting in post-traumatic stress disorder (PTSD). It has become increasingly clear that a number of specific brain structures play a key role in the generation of PTSD symptoms. These structures are involved in emotional, memory, linguistic, visuospatial and motor processing, all of which might be affected in the disorder. Different imaging techniques have been used to measure cerebral hemodynamic changes. Positron Emission Tomography and Single Photon Emission Computed Tomography studies have found regional cerebral blood flow (rCBF) changes during trauma recall in PTSD patients with reports of rCBF being either increased or decreased mainly within hippocampus, amygdala, medial pre-frontal cortex, including orbito-frontal and anterior cingulate cortices, as well as other cortical and subcortical structures. Furthermore, structural alterations as investigated by Magnetic Resonance Imaging have been shown to occur either as a predisposing factor for the development of PTSD, or as a neurotoxic consequence. On the other hand, specific neural structures have been recognized to play a role in the generation of PTSD symptoms consistently indicating amygdala hyperreactivity, and a correspondingly reduced medial prefrontal cortex (including anterior cingulated cortex) control over amygdala, as the core functional neural mechanisms implicated in PTSD. Over the past decade neuroimaging techniques have also been used to shed light on the neurobiological correlates of the various psychotherapies treating PTSD clinical symptoms in the attempt to reveal their neurobiological effects. The most recent findings about the neurobiological correlates of PTSD and the related psychotherapies will be reviewed. The different studies will be critically discussed, as well as the functional model underlying the pathophysiological mechanisms of PTSD. The results of an electroencephalographic (EEG) study monitoring for the first time the neuronal activation changes occurring during EMDR therapy in PTSD will be also presented.

Treatment effects on insular and anterior cingulate cortex activation during classic and emotional Stroop interference in child abuse related complex PTSD **12:00–12:15**

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Background: Functional neuroimaging studies have shown increased Stroop interference coupled with altered anterior cingulate cortex (ACC) and insula activation in posttraumatic stress disorder (PTSD). These brain areas are associated with error detection and emotional arousal. There is some evidence that treatment can normalize these activation patterns. *Method*: At baseline, we compared classic and emotional Stroop performance and BOLD responses (functional MRI) of 29 child abuse related complex PTSD patients with 22 non-trauma exposed healthy controls. In 16 of these patients, we studied treatment effects of psycho-educational and cognitive behavioral stabilizing group treatment (EXP) added to treatment as usual (TAU) versus TAU only, and correlations with clinical improvement. *Results:* At baseline, Complex PTSD patients showed a trend for increased left anterior insula and dorsal ACC activation in the classic Stroop. Only EXP patients showed decreased dorsal ACC and left anterior insula activation after treatment. In the emotional Stroop contrasts, clinical improvement was associated with decreased dorsal ACC activation and decreased left anterior insula activation. *Conclusions:* We found further evidence that successful treatment in child abuse related complex PTSD is associated with functional changes in ACC and insula, which may be due to improved selective attention and lower emotional arousal, indicating greater cognitive control over PTSD symptoms.

Effects of dialectical behavior therapy on pain-mediated affect regulation in borderline personality disorder **12:15–12:30**

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Background: Disturbed affective responding and affective dysregulation are core symptoms of Borderline Personality Disorder (BPD). At a neurobiological level, findings point to a conjunction of limbic hyperarousal and dysfunctional prefrontal regulation mechanisms. A second core symptom in BPD is self-injurious behavior (SIB), which is known to correspond to affective dysregulation and is used by patients to escape from aversive tension or undesired emotions. Earlier findings point to an improved inhibition of limbic arousal by means of painful stimulation in BPD. *Methods:* We investigated the effects of dialectical behavior therapy (DBT) on the role of pain in emotion regulation in BPD. We conducted an fMRI study with 14 patients and 16 healthy subjects using picture stimuli to induce negative (vs. neutral) affect and thermal stimuli to induce heat pain (vs. warmth perception) before and after 12 weeks inpatient DBT treatment. *Results:* Before therapy, painful stimuli led to stronger activation in the middle frontal gyrus in BPD patients compared to healthy controls. Negative pictures combined with painful stimuli led

to more activation of rostral anterior cingulate cortex in patients with BPD compared to negative pictures combined with baseline temperature, which normalized after DBT. Furthermore, patients showed more activation in the middle frontal gyrus in response to negative pictures, even when they were not combined with painful stimuli. *Conclusions:* The results are in line with previous findings on the soothing effect of self-injury. Furthermore, we found that DBT treatment led to diminished activation of limbic pain-related regions and enhanced prefrontal emotion regulation processes.

The acute effects of oxytocin administration on emotional processing in patients with posttraumatic stress disorder 12:30–12:45

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Posttraumatic stress disorder (PTSD) is associated with altered emotional processing and deficient emotion regulation abilities. The most prominent emotional alteration in PTSD is an exaggerated fear response, which is neurobiologically associated with amygdala hyperresponsivity. Indeed, recent meta-analyses have shown that amygdala hyperresponsivity is a consistent finding in PTSD. In healthy participants, the neuropeptide oxytocin has been shown to dampen amygdala reactivity to emotional faces (Kirsch et al., 2005). Moreover, in patients with generalized anxiety disorder, oxytocin was found to dampen amygdala responsivity to emotional faces to levels similar to that of healthy control participants (Labuschagne et al., 2010). Therefore, we investigated whether intranasal oxytocin administration in PTSD patients dampens amygdala reactivity during emotional face processing. In a randomized double-blinded placebo-controlled functional MRI (fMRI) study, we investigated the effects of intranasal oxytocin administration on emotional neural processing using a within-subjects design. In a randomized order, each participant received one dose of intranasal oxytocin and one dose of placebo. Participants performed an emotional face matching task, in which emotional faces (angry/fearful faces and happy/neutral faces) and visuomotor control blocks (scrambled faces) were shown. Our first results indicate that intranasal oxytocin reduces amygdala reactivity towards emotional faces in PTSD patients. These results are the first fMRI data suggesting that intranasal oxytocin administration could reduce the amygdala hyperreactivity consistently observed in PTSD. These initial findings suggest that oxytocin may be a promising agent in medication-enhanced psychotherapy in PTSD.

Afternoon
Invited Symposium: Genetic and epigenetic risk factors for PTSD

Traumatic stress and memory-related genes in the development of Post-traumatic Stress Disorder 15:30–15:45

Iris-Tatjana Kolassa[1], S. Wilker[2], V. Ertl[2], B. Lingenfelder[2], S. Kolassa[2], A. Papassotiropoulos[2], D. de Quervain[2] and T. Elbert[2]
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Genetic risk factors and environmental exposure (i.e., traumatic load) interact to influence the individual vulnerability to develop post-traumatic stress disorder (PTSD). Several genetic risk factors have been identified that influence the formation of a strong associative fear memory in PTSD, which stores sensory-perceptual representations of traumatic memories and leads to intrusive re-experiencing. For example, genetic variations associated with increased fear conditioning, reduced fear extinction, increased emotional memory or long-term memory formation have also been associated with an increased risk for PTSD. The talk will give an overview on the genetics of PTSD, concluding that genetic factors enhancing (emotional) memory formation, which should be evolutionary adaptive, may have a dark side, namely an increased risk for PTSD in case of traumatic life events.

DNA methylation at the glucocorticoid receptor gene promoter is linked to PTSD risk in genocide survivors 15:45–16:00

V. Vukojevic, I. Kolassa, A. Heck, M. Fastenrath, L. Gschwind, C. Vogler, P. Demougin, F. Peter, A. Stetak, T. Elbert, A. Papassotiropoulos and Dominique J.-F. De Quervain
Department of Psychology, Division of Molecular Neuroscience, University of Basel, Basel, Switzerland

The HPA-axis plays an important role in the regulation of memory. PTSD, which is characterized by intrusive traumatic memories, is accompanied by a dysregulation of the HPA-axis. This dysregulation is thought to represent-at least in part-a pre-trauma risk factor for the disorder. In the present study, we investigated if epigenetic variability of the human glucocorticoid receptor gene (*NR3C1*) promoter in survivors of the Rwandan genocide is related to PTSD. We found a significant negative correlation of DNA methylation levels at the *NR3C1* promoter with symptoms (intrusions and avoidance, but not hyperarousal) and the risk of PTSD. The significant correlation was restricted to the NGFI-A (nerve growth factor induced A) transcriptional factor-binding site of the *NR3C1* promoter. Inter-individual differences in methylation levels were not related to the number of traumatic live events, suggesting that the differences in methylation levels pre-existed the traumatic events. In a further experiment, we found that DNA methylation levels correlated negatively with *NR3C1* expression. Finally, an fMRI study in healthy humans revealed that inter-individual differences in DNA methylation at the *NR3C1* promoter were related to activation differences in the medial temporal lobe during memory recognition. Together, these findings suggest that an epigenetic modification of the glucocorticoid receptor gene promoter may act as a pre-trauma risk factor for PTSD, possibly through a modulation of memory processes.

The transgenerational scars of violence 16:00–16:15

H. Gunter, K. Radtke, M. Ruf, K. Dohrmann, M. Schauer, A. Meyer and T. Elbert
Department of Biology, University of Konstanz, Germany

Stress in the familial environment can have a profound influence on the physical and psychological health of parents and children alike. As familial abuse results in higher rates of depression and suicide, research aimed at monitoring and mitigating the negative effects of family stress can have a powerful societal impact. Recent research on both humans and rodent models demonstrates that epigenetic marks provide a powerful mechanistic link between stressors and behavioural outcomes, providing avenues for objectively assessing the impact of increased stress. Our research examines the epigenetic and psychosocial impact of several stressors experienced in German households, on women and their offspring. Previously we have shown that gestational exposure to intimate partner violence results in elevated levels of methylation in the promoter of glucocorticoid receptor (GR), a key regulator of HPA-axis. We will present the results of our current interdisciplinary investigation of 50 mother-child dyads, aimed at determining the extent to which gestational and familial environment can alter the long-term epigenetic imprinting of children and their behaviour. Our study combines numerous structured interviews that assess allostatic load in mothers (for example the Combined Abuse Scale and Everyday Stressors Index) and behavioural investigations of their offspring (for example, the Strength and Difficulties Questionnaire), with genome-wide investigations of DNA methylation. This allows us to draw a molecular link between the experience of prenatal and maternal stress and potential psychopathology later in life, opening the door for early objective screening and the treatment of 'at risk' individuals.

Psychobiology and PTSD

Invited Symposium: Treatment of sleep disturbances in PTSD

Medication for sleep disorders in Post-traumatic stress disorder with focus on alpha-blockers 16:45–17:05

J. De Jong[1], M. Van Der Gaag[2,3] and W. Van Der Does[4]
[1]Parnassia Group, PsyQ Psychotrauma, The Hague, The Netherlands; [2]Parnassia Group, Parnassia, The Hague, The Netherlands; [3]VU ParnassiaBavoGroup, VU University, Amsterdam, The Netherlands; [4]Faculty of Psychology, Leiden University, Leiden, The Netherlands

Background: Sleep disorders are very common in patients with post-traumatic stress disorder (PTSD). Some advances in pharmacological treatment have occurred over the last years. *Objective*: An overview of the literature of the last years about the medication for sleep disorders in PTSD, and the influence of medication used for PTSD on sleep disorders with special focus on alpha-blockers and preliminary results of a new study with doxazosin. *Method*: Several databases have been searched and relevant searches done. Based on articles found, some other articles have been chosen and used for this presentation. *Results*: Literature shows that disturbed sleep can contribute to maladaptive trauma responses. Sleep disorders affect treatment negatively, and treatments focused on sleep can influence treatment for PTSD in a positive way. Prazosin is a alpha-blocker and has shown to reduce nightmares in frequency and intensity; there are some hypotheses about working-model. Another alpha-blocker, doxazosin has shown some positive results in a small pilot study. Together with this study, preliminary results of a new study will be presented. *Conclusion*: Sleep is one of the most important factors in development and treatment of PTSD, and medication can influence the course of the sleep disorders in PTSD as well as PTSD. There are several reasons why alpha-blockers can have a positive effect on sleep disorders in PTSD. Prazosin has shown good results, and doxazosin is promising.

Prazosin versus placebo in the treatment of sleep disturbances in veterans with PTSD: a placebo controlled randomized clinical study 17:05–17:25

S. Van Liempt[1], J. Arends[2], J. Smulders[1], R. Kahn[3] and E. Vermetten[1]
[1]Military Mental Health-Research Center, Utrecht, The Netherlands; [2]Kempenhaeghe Centre for Sleep Wake Studies, Kempenhaeghe, Heeze, The Netherlands; [3]Department of Psychiatry, Rudolf Magnus Institute of Neuroscience, Utrecht, The Netherlands

Background: Sleep complaints are frequently reported in patients with PTSD and affect about 70% of patients, with frequent nightmares and anxiety dreams, frequent awakenings, difficulty falling asleep, decreased total sleep time, and restless sleep as most reported complaints. Promising studies have been published in the treatment of PTSD related sleep complaints for prazosin, a alpha-1 adrenoceptor antagonist. No studies have been reported that additionally assessed sleep architecture. We performed a randomized placebo-controlled trial in veterans with PTSD to study the effect of prazosin on the subjective sleep quality as well as sleep architecture. *Method*: Veterans with PTSD were treated for 8 weeks with either active medication or placebo in climbing dosages up to 14 mg. Before the treatment started, and in the last week of treatment, two nights of polysomnographic registrations were conducted in the homes of the patients. *Results*: In the prazosin group CAPS score was significantly lower after treatment, in the absence of a group $\times$ time effect compared to the placebo group. There was a trend for a lower PTSD severity score at end of the study phase. Sleep related problems were lower in both prazosin and placebo group, but did not differ between groups. Polysomnographic recordings showed a trend for an increase in TST in the prazosin group. This increase was predominantly due to an increase of REM sleep in the prazosin group. *Discussion*: These results showed a trend for increased total sleep time, which may be predominantly due to an increase in REM sleep, and also a trend for a decline in PTSD severity when compared with placebo. Furthermore, an improvement on subjective sleep parameters emerged. A limitation of this study was the small sample size, which limited the power to detect large differences.

Imagery rehearsal for post-traumatic nightmares: observations from two clinical trials 17:25–17:45

J. Cook[1,2], G. Harb[3,4] and R. Ross[3,4]
[1]Department of Psychiatry, Yale School of Medicine, New Haven, CT, USA; [2]National Center for PTSD, West Haven, CT, USA; [3]University of Pennsylvania, Philadelphia, PA, USA; [4]Philadelphia VA Medical Center, Philadelphia, PA, USA

Imagery Rehearsal (IR), a cognitive-behavioral therapy for the treatment of post-traumatic nightmares, involves selecting a target nightmare, changing the storyline, and rehearsing the new dream image. This presentation will review findings on dropout and outcome from a randomized controlled trial (RCT) of IR in 124 US Vietnam veterans with PTSD and recurrent nightmares. Intent-to-treat analyses indicated that veterans who received six sessions of manualized IR delivered in group format did not significantly improve more than veterans in the psychotherapy comparison condition in regards to their nightmare frequency or sleep quality. In fact, IR delivered in group did not produce substantive improvement in these older US veterans with chronic, severe PTSD. In addition, dropout was higher in IR than in the comparison condition. IR was most effective when the rescripted dream incorporated a resolution of the nightmare theme and excluded violent details. This presentation will also highlight observations from an ongoing RCT of IR delivered on an individual basis to US veterans from the wars in Iraq and Afghanistan. Although recruitment has been slow for this trial, initial impressions of efficacy are promising.

ORAL, JUNE 7
HALL GARGANELLI

Morning
Open Papers: Children and young people I

Expressive arts therapy (EXIT) for unaccompanied minor refugee boys (15–18) in transit refugee centers **10:00–10:15**

M. A. Meyer Demott
Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

Objectives: The lecture will present the research project EXIT. *Content:* EXIT (expressive arts in transition) developed for stabilizing people who live under extreme stress and/or have survived human- or nature-induced trauma. EXIT focuses on enhancing movement, imagination, engagement, connection, here and now, safety, and responsibility. The lecture will be about the research project where EXIT is being carried out with 200 refugee boys (15–18) in a randomized controlled study in Norway. This workshop/lecture will be of relevance and interest to those working with families, multicultural groups, adolescents, and trauma survivors.

Emotional availability among traumatized refugee families **10:15–10:30**

M. Brendler Lindqvist[1], A. Daud[2] and J. Hermansson Tham[1]
[1]Red Cross Centre, Stockholm, Sweden; [2]Karolinska Institutet Stockholm, Stockholm, Sweden

The early relationship of parent-infant is fundamental for the survival of the infant and basic for development of a child's social, emotional, and cognitive health. According to research, refugee parents with complex PTSD risk to transform their symptoms to their children. Red Cross Centre for Tortured Refugees, RKC in Stockholm, Sweden started in 2011 a clinical pilot project with the aim to explore and evaluate a treatment program based on the attachment theory and trauma theory for parents and their infants aged 6-24 months, as a possible way to prevent second-generation traumatization. The project runs in co-operation with the Karolinska Institutet Stockholm, Department of Women's and Children's Health. At the conference, we would like to present the work done during 2011–2013 at RKC. During two years, a treatment program for infants and small children to traumatized refugee parents with complex PTSD has been tested. The program, consisting of psycho pedagogical family interventions, video taping, and interplay therapy in groups, has been used. Nine families have taken part in two separate treatment periods. In the first period, there were five families and in the second period four families. All families were Arabic speaking. An Arabic interpreter has been used in all parts of the program. The project has been evaluated by emotional availability scales, EAS, and interviews. The preliminary results of the project indicate a need for developing a treatment program focusing on emotional availability between mother and child in refugee families as a preventive intervention. The results also raise questions about design and the treatment program.

Disclosing complex trauma in childhood: a train-the-trainer's model for competence building in local services **10:30–10:45**

I. A. Nordhaug[1], D. Nordanger[2], R. Dybsland[1], E. Rutle Johansson[1] and V. A. Johansen[1]
[1]Resource Centre on Violence, Traumatic Stress and Suicide Prevention-Region West (RVTS West), Bergen, Norway; [2]UNI Health, RKBU West, RVTS West, Bergen, Norway

To facilitate disclosure of complex trauma in childhood, Resource Centre on Violence, Traumatic Stress and Suicide Prevention-Western Norway (RVTS West) has established *Consultation Teams* (CTs) in more than 30 local authorities of Western Norway. The CT's function is to support local professionals who have concerns regarding possible child abuse. Professional can present worries anonymously to the teams and get advice on how to proceed. To enable CT members for the task, RVTS West has developed a standardized competence building program composed of four two-day modules. The first three modules cover knowledge about child abuse, consultation method, and disclosure conversations with children. The fourth module trains CT members to become trainers themselves: RVTS West has developed a *teaching package* for this purpose, including a PowerPoint presentation, pedagogic videos (e.g., on how to do disclosure conversations), and a detailed guide/handbook on how to present the material. In this way, competence on this area can be spread in the region through the CTs. The material developed also serves as a *manual for implementation* of the model in other regions or countries. The model and the teaching package will be presented at the conference.

Attachment and PTSD in multiple trauma samples **10:45–11:00**

A. Elklit, T. Andersen and K. Karstoft
National Center for Psychotraumatology, University of Southern Denmark, Denmark

Attachment orientation has been found to be associated with severity of posttraumatic stress disorder (PTSD) after the exposure to a potentially traumatic event. However, the exact relationships between trauma exposure, attachment orientation, and PTSD remain unknown. In this study, we investigated the relationship between trauma type, attachment, and PTSD in a large multiple trauma sample ($n = 5042$). All participants were assessed for PTSD symptomatology using the Harvard trauma questionnaire (HTQ) and for attachment orientation utilizing the revised adult attachment scale (RAAS). In line with our hypotheses, we found that a secure attachment style is related to lower PTSD severity, while the insecure attachment styles are related to higher PTSD severity. Furthermore, we found that anxious as well as avoidant attachment is related to high PTSD severity, albeit the association is stronger for anxious attachment. Furthermore, we found that these associations between attachment and PTSD severity are valid across trauma types. The results underscore the importance of attachment orientations in understanding adaptations to traumatic experiences. Moreover, trauma-focused interventions can be improved by taking attachment styles into consideration in treatment planning. In particular, individuals with negative models of self (preoccupied and fearful) may need additional support mobilizing an internal sense of security.

Forensic psychological expertise as part of the process of prevention or reprocessing of PTSD **11:00–11:15**

G. A. Saba
Associazione Artemisia, Florence, Italy

Children can be involved in legal proceedings in many ways: as children of separating parents who don't protect them from their own conflicts, or as victims of domestic violence or sexual abuse or as witnesses of crime. In these cases, children can be heard from social workers or by the court and may be subject to psychological evaluation, for example, in order to assess their skills of witnesses or the presence and extent of any post-traumatic experiences, or can be evaluated together parents and their parenting skills to identify

the best child custody and the best relationship with non-residential parent. Professionals, especially psychologists or child psychiatrists, may be called to provide assistance to children during hearing, especially after the Italian ratification of the Lanzarote Convention and resulting changes in legal codes, and their work can be a real help for children or may reiterate the negative effects of traumatic experiences. In case of psychological evaluation of children involved in legal proceedings, the ways in which the expertise is carried out have high potentiality to initiate a process of restructuring and recovery personal skills, to improve self-confidence, to increase self-esteem, the perception of better control of their life and greater sense of personal power; an actions against the effects of PTSD. Instead, an expert misconduct may confirm the negative expectations of children, in order to trust in themselves and in others, it may increase the difficulties, the sense of confusion and uncontrollability of the events that affect them and can be a new and stronger traumatization. Also because children have great expectations in justice and to see recognition of their rights and Also because children have great expectations with respect to justice and they want the recognition of their rights and wrongs suffered.

Open Papers: Children and young people II

Psychopathology among victims of early stress exposure 11:45–12:00

A. Maia and R. Pinto
University of Minho, School of Psychology, Braga, Portugal

The ''complex trauma'' is the term used to describe the exposure at multiple and/or chronic and prolonged adverse experiences (Cook et al., 2005). These chronic exposures often occur in home, result of physical, emotional, sexual abuse, and neglect. In consequence, the child has high probability to develop trauma and vulnerability to cope with later traumatic incidents (Gunnar & Quevedo, 2007). Although some limitations of the child protection services (CPS), the families and children who were the subject of intervention from the authorities are serious cases of abuse and neglect (Pinto & Maia, 2012). This study examined the predictors of psychopathology using two sources of data (official records and self-reports) of ten childhood adversities. The sample included 136 youths, ages 14 to 23 years, identified by CPS prior to age 13 and who lived with their family for at least five years. Results: Global psychopathology was only associated with the total amount of self-reported adverse experiences, but the subscale of depressive symptoms was predicted by both official and self-reported sexual abuse. Females were exposed to more chronic and prolonged adverse experiences than males, based on documented and reported data, and increased risk for psychopathology. Conclusions: Practitioners need to improve the maltreatment identification methods of multiple adverse experiences, particularly the sexual abuse. Maltreated girls should receive special attention, especially those who were sexually abused.

The unaccompanied foreign minors between trauma and repair interventions. A study on posttraumatic stress disorder, anxiety, depression, and dissociative tendencies in young migrants living in community care for children 12:00–12:15

A. Taurino[1], L. V. Vergatti[1] and M. T. Colavitto[2]
[1]Department of Educational Sciences, Psychology and Communication, University of Bari, Bari, Italy; [2]Psychologist, Bari, Italy

Objective: The aim of this work is to explore the presence of PTSD symptoms or symptoms associated with this disorder in a small group of unaccompanied foreign children who lived in emergency reception centers and residential communities for minors seeking asylum in Bari land. At the same time, it focused attention about the therapeutic value of community settings in relation to the symptomatic configurations referred above. Specifically, the study first intended to detect the presence of symptoms related to PTSD, anxiety, depression, and dissociative tendencies in the sample examined. The aim is to verify the relationship between the status of unaccompanied foreign minor and the development of PTSD and/or symptoms associated with it. A second aim is to verify any statistically significant differences about the presence of symptoms related to PTSD or associated with it according to the time spent by children in the community. *Statistical methodology and results:* The suggested tests showed the presence of a widespread symptomatology characterizing PTSD, depressive configuration, and mild dissociative tendencies. The Chi-square analysis confirmed how the PTSD symptoms, as well as the presence of depressive disorders, were distributed in a statistically significant manner in relation to the time spent by the children in the community. Both the univariate analysis of variance and the Kruskal-Wallis analysis performed on the scores related to dissociative tendencies indicated a significant tendency ?2 compared to the change in anxiety scores in the times examined. *Conclusions:* This study has highlighted the clinical relevance of interventions performed within residential contexts that were organized on the model of the global therapeutic environment.

The MATER study: analysis of psychosocial risk factors in perinatal and postnatal maternal complication. Preliminary results 12:15–12:30

C. Maiorani[1], M. Di Mario[1] and C. Zaiontz[2]
[1]Obstetrics Department of ''Maggiore'' Hospital, Lodi, Italy; [2]Post Graduate School of Specialization in Transcultural Psychotherapy, Istituto Transculturale per la Salute, Fondazione Cecchini Pace Milan, IES c/o Universita' Cattolica del Sacro Cuore, Milan, Italy

The purpose of this study, carried out at the obstetrics department of Maggiore hospital in Lodi, is to investigate the influence of personality types in pregnant women on child delivery complications, event appraisal, and adjustment process in the post-partum period. Statistical analysis performed involved Chi-square, *T*-test, and ANOVA. Special attention is given to culture-sensitive guidelines in the structuring of the protocol and by creating an empowerment-based clinical setting through a psychoeducational approach. The sample consists of 500 pregnant women, mostly Italian, participants to a preparatory course to child delivery. The protocol consists of an ample structured questionnaire called MATER (maternal adjustment, transcultural empowerment, representation) based primarily on standardized questionnaires (SCID-II, PDPI, PPQ-modified) administered starting from the third trimester of pregnancy. The protocol is divided into four sections: the first section investigates the self-perception of health in woman before pregnancy according to the principles of the bio-psycho-social-cultural model in order to identify personality-bound risk factors using the criteria of the SCID-II questionnaire. The second section investigates the possible presence of risk factors during pregnancy. The third part, focused on delivery, explores the presence of peri and postnatal complications involving clinical data, and a short questionnaire administered two days after child delivery. The fourth section entails a questionnaire aimed at identifying possible medical complications in the post-partum period and the presence of post-partum posttraumatic stress disorder (PP-PTSD) through the administration of PPQ-modified functioning as a preliminary assessment for post-partum PTSD. According to assessments, the clinical range for high-risk mothers is set at 19 or higher (Callahan, Borja, Hynam, 2006). New mothers who have a high-risk range according to PPQ-modified will then be engaged for clinical interviews, psychological diagnosis, and treatment when appropriate.

The impact of earthquake exposure on psychological well-being of adolescents in Sichuan Earthquake: role of cognitive flexibility 12:30–12:45

F. Fu
Department of Social Work and Social Administration, Hong Kong University, Hong Kong

Long-term effect of trauma on adolescents has always been concerned in trauma field. This research aimed at examining the impact of earthquake exposure on psychological well-being of adolescents as well as the role of cognitive flexibility between them three years after Sichuan earthquake. A total of 934 adolescents with

the mean age was 16.74 years (SD = 0.868; range = 15–19 years) filled in Earthquake Exposure Inventory (self-developed), CFI (Calhoun & Tedeschi, 1998) and PWB (Ryff & Keyes, 1995) after informed consent. First, ANOVA analysis results showed that there were significant differences of psychological well-being in the dimension of relocation of school ($T = 3.09$, $p < 0.01$), damage of property ($F = 2.73$, $p < 0.05$), and damage of school ($F = 5.76$, $p < 0.01$), and adolescents who had been relocated and suffered the damage of property and school had significant higher psychological well-being than those without such experiences. Furthermore, as for the role of cognitive flexibility, linear regression was performed and cognitive flexibility was found to have moderate relationship between earthquake exposure and psychological well-being, which implied that as the increase of cognitive flexibility, the positive impact of earthquake exposure on psychological well-being also increased. The results of this study provide the evidence for possible long-term positive effect of trauma on adolescents and highlight the importance of enhancing the cognitive flexibility in the recovery from trauma.

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Shame, self-blame, and gender differences in young survivors of a terrorist attack: the Utøya study 12:45–13:00

H. Flood Aakvaag[1], S. Thoresen[1], T. Wentzel-Larsen[1] and G. Dyb[2]
[1]Norwegian Centre for Violence and Traumatic Stress Studies, Kirkeveien, Oslo, Norway; [2]Institute of Clinical Medicine, University of Oslo, Oslo, Norway

Background: It is well documented that women have a higher conditional risk of PTSD compared to men. The reason for this is unresolved and has been much discussed in the literature. Several studies also document an association between shame, self-blame, and mental health. This study investigates if shame and self-blame may contribute to women's increased risk of posttraumatic stress reactions (PTSR) in a sample of young survivors of a terrorist attack. *Method:* Totally, 325 survivors (response rate = 66%) from July 22nd, 2011 terror attack on Utøya Island in Norway were interviewed face-to-face 4-5 months after the event. Trauma exposure was measured by a series of dichotomous questions relating to life threat, witnessing, sensory impressions, loss of someone close, and physical injuries. Shame and self-blame were measured by one item each, and PTSR were measured by the UCLA PTSD reaction index. Gender differences in shame and self-blame were investigated using chi square. Linear regression and chi-square tests were employed to investigate associations between gender, shame, self-blame, and PTSR. *Results:* No significant gender differences were found in level of trauma exposure. Girls reported significantly more shame, but not more self-blame, than boys. Shame and self-blame were associated with PTSR after controlling for exposure, gender, and other potential confounders. Girls also had significantly higher levels of PTSR. This was still true after adjusting for shame and self-blame. *Conclusions:* Shame and self-blame may contribute to PTSR in both genders, and may be of concern for preventive and treatment work in the aftermath of trauma. Shame and self-blame did not contribute much to explain the gender difference in PTSR. However, the higher level of shame in girls indicates that addressing shame may be especially important when working with women.

Afternoon
Open Papers: Children and young people III

Posttraumatic responses to the 22nd of July 2011 Oslo terror attacks among Norwegian high school students 15:15–15:30

D. Nordanger[1], M. Hysing[2], M. Posserud[3], A. Johansen Lundervold[2], R. Jacobsen[4], M. Olff[5] and K. M. Stormark[4]
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The July 22, 2011 Oslo terror was defined as a national disaster. Former studies on terror attacks and mass shootings have shown elevated levels of posttraumatic complaints both in direct victims and in general populations. Little is known about how such extreme events in a generally safe society such as Norway would affect an adolescent population. This study examines posttraumatic stress reactions and changes in worldview in relation to risk factors among 10,220 high school students using data from the ung@hordaland survey. One out of five of respondents knew someone directly exposed, 55.7% felt the events to some extent as threatening to their own or close ones' lives and 79.9% reported their worldview to be changed. Concerning PTSD symptoms, 0.8% reported substantial distress on the intrusion area, 4.9% on the avoidance area, and 1.1% on the hypervigilance area. Greater personal proximity to the events, higher levels of perceived life threat, and being a female or an immigrant predicted higher levels of PTSD symptom distress. Results indicate that the terror events made a deep impression on Norwegian adolescents, but without causing markedly elevated levels of PTSD symptomatology in the general young population.

Narration in child trauma therapy: helpful or harmful? 15:45–16:00

J. Cohen and A. Mannarino
Allegheny General Hospital; Pittsburgh, PA, USA

Many evidence-based child trauma therapies include a trauma narrative component but therapists, children, and parents often wonder whether talking about the child's trauma experiences is helpful, or in some cases whether this may even be detrimental. This presentation describes a recent empirical study that evaluated the use of trauma narration in one evidence-based treatment for young children after sexual abuse. Two hundred children aged 4-11 years were randomized to receive Trauma-Focused CBT (TF-CBT) with or without the trauma narrative and processing component, provided over 8 or 16 sessions. Results showed that regardless of length of treatment or inclusion of trauma narrative, TF-CBT was effective in significantly improving children's symptoms, parenting skills, and children's safety skills. However, some significant differences were found based on group assignment. TF-CBT provided in 8 sessions with the trauma narrative was the most effective and efficient condition for improving children's abuse-related fear and general anxiety, as well as parental abuse-related distress. On the other hand, parents assigned to the 16 session, no narrative condition reported greater increases in effective parenting practices and fewer externalizing child symptoms at post treatment. The results are discussed in the context of how TF-CBT is applied for children with complex trauma and the need for therapists to tailor evidence-based treatments for individual children's needs.

Hand injury: evolution of post traumatic stress disorders in adolescents 16:00–16:15

O. Convertino[1], M. Lanzetta[2], G. Urso[3], E. Berardi[1], D. Sala[1], F. Pirovano[1], F. Porco[1], S. Arrigoni[1], C. Recanati[1] and V. Matacchiera[1]
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The paper focuses on a new psychotherapeutic approach taking into consideration two cases with Post Traumatic Stress Disorder (PTSD) diagnosis following accidents involving the hand and the upper limb. The clinical cases have pain and motor deficit of the upper limb. It follows that the trauma involved a psychic transformation symbolically significant. This paper focuses on the consideration of PTSD diagnosis in adolescence and of the symbolic

of the hand meaning in the construction of identity, in the process of separation-individuation typical of this developmental period of life. The method has provided the treatment of cases through Co-therapy in Differentiated Times by Multidisciplinary Setting, which integrate the psychological and psysical representation and the identity of patients. The multidisciplinary team, consisting of physiotherapists, orthopedic surgeons and psychotherapists, focuses on creating interventions characterized by a common process, based on the analysis of transference and countertransference in different settings. The method provides analysis test results on time which, adequately processed, enable the design of a customized intervention programme, using several and integrated techniques (role-playing, collage, personal empowerment, pnl etc.). Test material, collected on levels of symptoms, strategic and symbolic, is examined by co-therapists in order to set up intervention. This step is planned in order to dissolve the trauma and support patients in identity definition. In the above cases, the processes related to identity construction in adolescents are influenced by the trauma that causes a dynamic Identity Suspension, connected to transposition and symbolic transfiguration of the damaged hand. In conclusion, the strength of the program is the ability to use the patients's symbolic processes with the different countertransferal aspects, in order to identify and implement the best approaches in the settings (systemic, analytic, cognitive, and PNL).

The course of posttraumatic stress in children: examination of recovery trajectories following traumatic events **16:15–16:30**

R. Le Brocque[1], J. Hendrikz[1], J. Kenardy[1] and N. Kassam-Adams[2]
[1]The School of Medicine, University of Queensland, Brisbane, Australia;
[2]Children's Hospital of Philadelphia, PA, USA

Despite the significant impact of posttraumatic stress disorder (PTSD) on child functioning and long term outcomes, studies in pediatric populations are plagued by the methodological problem of small sample sizes. To overcome this, a consortium of researchers have come together to develop the ''PTSD after Acute Child Trauma'' (PACT) data archive. The archive brings together data from prospective studies in the US, UK, and Australia that have assessed more than 2,500 children and their parents/caregivers following acute trauma such as unintentional injury, acute medical events, motor vehicle accidents, interpersonal violence, and disasters. Evidence suggests that symptoms of PTSD appear to be highest in the immediate acute period and most studies report a decline in the prevalence of symptoms over time. However a significant minority of children may develop chronic symptoms. There is also some limited evidence of delayed onset psychopathology. Although varying rates of symptoms have been observed following trauma, few studies have explored individual recovery patterns. This paper examines the course of posttraumatic stress symptom in children. The aim of this paper is to (1) empirically differentiate posttraumatic stress symptom trajectories in children following trauma; and (2) identify risk factors relating to these symptom trajectories. Using secondary analysis of the existing data, group-based trajectory analysis was conducted to examine child self- and parent-report symptom patterns following trauma. The relationships between risk factors such as child age, gender, type of trauma, and peri-trauma child behavior and symptom trajectory patterns are also examined. Results are discussed in terms of both clinical and research implications.

Open Papers: Children and young people IV

Does a rebel-affiliated collective identity protect former child soldiers from psychopathology? **16:45–17:00**

V. Ertl[1], A. Pfeiffer[2], E. Schauer-Kaiser[2], T. Elbert[3] and F. Neuner[1]
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Child recruitment for war is one of the most considerable violations of child rights. Child soldiers are exposed to warfare, brutal punishment, cruel assaults, mutilations, killings, and sexual attacks. In many cases, they are not only victims of atrocities, but forced perpetrators. These experiences severely impact the youths' mental health, as well as their functionality and reintegration. An under-researched aspect in this context concerns possible influences on the children's identity formation. Aforementioned war experiences and the omnipresent manipulation by rebel-commanders, who prefer children in their armies not only because they manage with little supply, but also because they are considered more malleable, easier to deceive, browbeat, and indoctrinate most probably affect the development of their personal and collective identities. Studies suggest that a strong identification with one's fighting group may be protective concerning psychopathology. Within an extensive epidemiological survey among 12 to 25-year-olds in Northern Uganda ($n = 1113$) we found a substantial abduction rate (43%). Among others, we collected data on socio-demography, trauma-exposure, symptoms of PTSD, and depression and perceived stigmatization. We presented 371 former child soldiers with an additional questionnaire investigating on current identification with the rebel-army. We hypothesized identification to act as a moderator in the relationship between trauma-exposure and psychopathology. Multiple regression analyses including rebel-affiliated identity and major predictors of psychopathology showed that identification with the rebel-army did not act protective. On the contrary, concerning symptoms of depression current identification was associated with a higher level of symptoms. However, a significant interaction between trauma-exposure and identification indicated that the strength of this association was smaller for subjects with extreme levels of war-exposure, who presented with high symptoms of depression, regardless of identification. We speculate that a high incongruence between the former child soldiers' current political and social reality and a rebel-affiliated world-view might explain our results.

Bounce back now: a web-based intervention for youth and families affected by disaster **17:00–17:15**

K. Ruggiero[1], M. Price[1], J. McCauley[1], K. Gros[2] and H. Resnick[1]
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Disasters confront families with a wide range of stressors, including threat of death or injury, loss of loved ones, limited access to basic necessities, and financial strain. Family roles, routines, and relationships also may be affected. Most youth disaster victims experience only transient distress, but many experience elevated symptoms of PTSD, depression, and substance abuse. Highly accessible, evidence-based interventions are needed. Our research team was awarded a grant from the National Institute of Mental Health to develop and evaluate *Bounce Back Now*, an *e*-health intervention for disaster-affected families. *Bounce Back Now* consists of four adolescent mental health modules and one parent module. Adolescent modules target posttraumatic stress, depression, alcohol use, and smoking. The parenting module includes education on adolescent mental health, parent-child communication, and family routines and relationships. A randomized controlled trial is ongoing. A sample of 2,000 disaster-affected families was recruited from households in the USA that were affected by a major tornado outbreak in the Spring of 2011 that resulted in over 450 deaths. We conducted baseline interviews with 2,000 adolescents and caretakers to assess disaster impact and mental health. Prevalence of post-disaster PTSD and depression among adolescents was 7.3 and 7.9%, respectively. Over 750 caregivers and over 700 adolescents have accessed the study website to date. Families who went to the site were randomized to receive the *Bounce Back Now* intervention *vs* an assessment-only comparison condition. Four month follow-up interviews have been completed with over 1,000 families, and 12-month interviews are ongoing. This presentation will describe data on

mental health functioning of these families, and will focus on web-usage statistics and demographic, disaster-related, and mental health-related variables associated with use of the intervention. Adolescent and parent reactions to the site will be described and discussed, as will evaluation and knowledge-change data.

Acute and posttraumatic stress reactions in young children and their parents following accidents **17:00–17:30**

M. Gigengack[1], E. Van Meijel[1], E. Alisic[2] and R. Lindauer[1]
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[2]Monash Injury Research Institute, Monash University, Melbourne, Australia

Young children can develop posttraumatic stress disorder (PTSD) after an accident, although symptoms may differ from those in older children. We know that in older children, child and parent acute reactions after an accident are associated with the development of child posttraumatic stress (PTS) symptoms. If we had insight into the reactions of *young* children and their parents, we would better be able to diagnose PTSD and offer timely treatment. The purpose of the present study was to explore the acute and PTS reactions of children aged 0-8 years and their parents following an accident. Participants were parents of 104 children, aged 0-8 years, and medically treated in a level I trauma center following an accident during the last 5 years. We conducted semi-structured telephone interviews to explore acute reactions in children and their parents and to screen for PTS symptoms. The descriptions of acute reactions were analyzed qualitatively. If parents reported PTS symptoms, the interview was extended with a semi-structured PTSD interview. We will present the characteristics of children's acute stress reactions mapped on their eventual PTS symptom development. Surprisingly, those children who eventually developed PTS symptoms, were not able to calm down shortly after the accident or were unconscious. Their parents reported high levels of anxiety directly after the accident. A significant minority of the children (13%) showed substantial PTS symptoms, although not all of them met the DSM-IV criteria. Additional symptoms like aggression and new fears were prevalent. Clinical implications for assessment of young children and suggestions for further studies into their acute and posttraumatic stress reactions will be discussed.

African American children raised by grandparents: the role of trauma and psychological well-being **17:30–17:45**

S. Kelley and D. Whitley
Georgia State University, Atlanta, GA, USA

A growing number of children around the globe are raised by grandparents because their birth parents are unable, or unwilling, to raise them. While the reasons for this type of out-of-home care vary by region, the majority of these children have been traumatized prior to placement with grandparents. Being raised by grandparents can occur abruptly or after a long and difficult period with the birth parents. Despite recent attention to this phenomenon, very little is known about the psychological well-being of these children. The purpose of this study was to explore the trauma histories of African-American children raised by grandmothers and to determine their psychological well-being. The sample was comprised of 1,146 African American children, aged 2–17 years, who were being raised by grandmothers (96%) or great-grandmothers (4%) in parent-absent households. The majority of grandmothers had low educational attainment and resided in an urban area. Almost one-third were 60 years of age or older. Results indicate that the most prevalent traumatic events and situations experienced prior to placement with grandmothers included child abuse and neglect (76.6%), parental substance abuse (67%), abandonment by birth parents (34.5%), parental incarceration (19%), and parental death (17%). Furthermore, almost 60% of children currently had no contact or only sporadic contact with their birth mother. Based on the results of the Child Behavior Checklist, 27.5% of children were determined to be in the clinically elevated range on total behavior problems, with 19.6 and 33.4% scoring in the clinically elevated range for internalizing and externalizing behaviors, respectively. In conclusion, children in out-of-home care with grandmothers typically experience multiple traumatic events prior to their placement. Given their past histories, it is not surprising that one-third of the children had clinically elevated behavior problem scores. Implications for practice, policy, and further research will be discussed.

A school based and teacher led TF-CBT-intervention for reducing nightmares among war affected youth in Northern Uganda **17:45–18:00**

J. Schultz
Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

The objective of this study is to explore the change in nightmares in former child soldiers and war-affected youth in Northern-Uganda attending a one-year school program. Due to conflict, the adolescent have dropped out of the ordinary education system. Pupils with posttraumatic nightmares were invited to participate in a school based short term intervention led by local teachers. The pupils went through screening interviews, baseline was established and they were interviewed 4 months post intervention. The intervention consisted of 4 group sessions and 4 individual sessions based on a short version of trauma-focused cognitive behavior therapy (TF-CBT) focusing on: psycho education, exposure, trauma narrative, breathing and relaxation exercises, and future orientation. Thirty one learners participated in the intervention and the majority had a significant reduction in their number of nightmares measured 4 months post intervention. Through the presentation, there will be a discussion of 1) cultural issues of trauma with a special focus on psychoeducation and 2) adaptions of evidence-based practice in order to facilitate the program to be led by teachers. To what extent and in what way can teachers and schools facilitate a trauma-focused intervention targeting nightmares and posttraumatic stress reactions (PTSD).

ORAL, JUNE 7
HALL GLORIA

Morning

Responding to disasters

Symposium: Education of helpers in preventing and treating conditions after disasters

Early intervention and treatment programs in public health services—implementation, philosophy, and strategy. How does this specific pedagogical approach strengthen professional content and maintenance of the competence in trauma and suicide prevention? 10:00–10:15

T. Anstorp, K. Silvola, N. P. Reinholdt and T. Araldsen
Regional Centre for Violence, Trauma and Suicide Prevention, Region East (RVTS Øst), Oslo, Norway

The Regional Centre for Violence, Trauma and Suicide Prevention, Region East (RVTS Øst) is located at Oslo University Hospital and financed by The Norwegian Directorate of Health. It covers four counties with almost two million inhabitants and is one of five similar units in Norway. These centers have two main tasks: to increase competence among professionals in public health and other relevant public institutions working with persons affected by trauma and suicide, and to support local and regional cooperation and professional networking. We use RVTS Ost as an example to highlight challenges in training programs in public services. Increased competence must be visible in practice as altered professional behavior and/or as better organization of administrative or other frames. On the individual-level, competence is conceptualized as interaction between knowledge, attitudes, and skills. This view has a direct consequence to the organization of training and to the pedagogical approach. The group size and length of the intervention process as well as maintenance of the results are important elements. To transform complex knowledge into useful content is a constant challenge. The content has to be rich yet clear, deep yet practical, and comprehensive yet simple. Skills training and practice require balance between safety and challenge throughout the whole training process. On the organizational level, two models will be identified and presented in this workshop. To reach out for professionals in the primary health care and other related services, the training program has to connect to different administrations, whereas the in- and out specialist health care is under the same administration. The preliminary work with leaders is crucial in both situations but looks different in practice.

What community caregivers with multidiciplinary background need in order to intervene succesfully after crisis and disasters to prevent long-term posttraumatic conditions? An educational program 10:15–10:30

K. Silvola, H. Herrestad, G. Nordmo and M. Kjolseth Braein
Regional Center for Violence, Trauma and Suicide prevention, Region East (RVTS Øst), Oslo, Norway

How should communities prepare to effectively respond to a disaster that involves their inhabitants? This became a nationwide issue in Norway after the terror of 22nd July, 2011. The terrorist attack on the political camp at Utøya affected hundreds of young people from all over the country. At the same time, The Norwegian Directorate of Health had just presented new guidelines for psychosocial care after crises and disasters. The Regional Centres for violence, trauma and suicide prevention (RVTS) got the task to help communities to implement these guidelines. As a first step, RVTS Øst (Region East) has designed a standardized learning experience ''Crises, trauma and sorrow''-the basic education in psychological first aid. The workshop is presented during two consecutive days. Each workshop requires minimum of two trainers and 24 participants. Best results are achieved with a mix of professionals from different organisations who have similar tasks in early intervening. A special target group is crises intervention teams in municipalities. A web education program ''When the crisis strikes'' is used as a warm-up and teaching of theory so that more time is left for skills training, interactive teaching, and networking. Our goal is to teach both the processes behind acute stress reactions as well as stabilization techniques, so that participants get both knowledge and skills to enhance resilience and to prevent long-term harmful effects. Communities are supported in making written guidelines for their work. Distributing the workshop to large numbers of professional is best done through regional training recourses together with the staff at RVTS Ost. A special focus on trainer's level of the program is under planning. The piloting phase lasts until summer 2013. By then, approximately 300 professional helpers have participated. This presentation focuses on the pedagogical design, thematic content, and implementation strategy. Workshop evaluations are summarized.

Integrating more expert trauma treatment into the regular health care system—experiences from the ''Norwegian Model'' 10:30–10:45

T. Anstorp
Regional Resource Centre for Violence, Trauma and Suicide Prevention, Region East (RVTS Øst), Oslo, Norway

In Norway, traumatized people often failed to get good enough help from the health services. Only a few therapists, most of them working in private practice, were treating complex trauma successfully. Fifteen years ago, a group of psychologists decided to organize educational programs to strengthen the understanding and treatment of severe traumatization. How could trauma knowledge be a part of ordinary health practice? The prevalence of complex traumas in psychiatric populations is so high that the general health service really needs to develop competence in this field. Six years ago, the organization of trauma educational programs was taken over by the newly established Regional Resource Centre of Violence, Trauma and Suicide Prevention (RVTS Øst). This center is financed by The Norwegian Directorate of Health. During the last six years, several thousand specialized health care workers have attended to one-year intensive training followed by a four-year period of workshops and supervision. Both out- and in-patient services have been very enthusiastic about this program, in which leaders are especially encouraged to attend. Our slogan is: ''Building competence involves change in both the organization of health systems as in clinical practice''. The workshop will describe how the trainings were organized as well as share some of the thematic content. It will describe system changes that have been made after massive training interventions. Furthermore, it will describe how we have developed a trauma perspective in which therapists of many theoretical backgrounds feel comfortable. They all share the common language of phase-oriented treatment. The tables are turned. From a few activist therapists, to health systems creating structured treatment programs for many different categories of traumatized patients—supported by The Directorate of Health.

Strenthening the support and care of Norwegian war veterans. Educational programs integrating trauma understanding and experiencies from soldiers in active duty and war veterans 10:45–11:00

N. P. Reinholdt and L. Lyster

Regional Resource Centre for Violence, Trauma and Suicide Prevention, Region East (RVTS Ost), Oslo, Norway

The Regional Recourse Centre for Violence, Trauma and Suicide Prevention-Region East (RVTS Ost) has a mission from the Norwegian Directorate of Health to perform different activities in order to strengthen the support and care for Norwegian war veterans. Since 1946, approximately 100,000 Norwegians have contributed in more then 40 peace keeping and military operations in four continents. Most of these veterans return with valuable experiences they can take advantage of in their personal and professional lives. However, a significant amount of soldiers have engaged in severe combat actions experiencing stress disorders and psychological distress. The project aims to build bridges between the Norwegian Defence at different levels and the civilian care system. Families of soldiers who are participating in international operations are an important target group. One of the aims is to prevent stress disorders among new veterans and their families and provide better treatment and care for those who already have difficulties. Extensive educational activities are planned for target groups who are responsible for the follow-up of our veterans. There are established educational programs for central groups in the health care systems. These programs use actively experiences from soldiers in duty, veterans, and their relatives. A decisive success criterion in order to be able to increase the knowledge within the civilian supporting systems is realistic understanding of the military reality and the challenges veterans and their families have to deal with. We have published a number of articles to spread knowledge about how foreign assignments can affect everyday life for the veterans and their families. This presentation covers different parts of the project and describes a structure for regional resource networks.

Responding to disasters

Symposium: Psychological responses following major incidents in the UK

Trauma risk management-an organizational response for police officers responding to a multiple shooting 11:45–12:05

E. Hunt, N. Jones, V. Hastings and N. Greenberg
Academic Centre for Defence Mental Health (ACDMH), King's College London, England, UK

Introduction: A major incident involving multiple fatalities occurred in Cumbria, England on June 2nd, 2010. It was one of the worst crimes involving firearms in British history. The Cumbrian Constabulary deployed an organizational peer support response for personnel involved known as Trauma Risk Management (TRiM). *Aim:* To examine data gathered during the TRiM process to evaluate the relationship of the intervention to sickness absence. *Method:* Seven hundred and twenty-three police officers and civilian support staff were identified from incident databases; details were gathered regarding exposure to the murders, sociodemographic information, and type of TRiM intervention, including an assessment of the psychological risk of the individual developing a trauma-related mental health problem. Cumulative sickness absence in the two months following the murders was used as a proxy for mental health status. *Results:* A total of 42.1% of officers received a TRiM intervention; those who did reported the highest levels of potentially traumatic exposure. The majority of psychological risk indices had reduced from the period of first evaluation to those evaluated one month later. Greater traumatic exposure was associated with longer sickness absence lengths. Higher TRiM risk assessment scores were significantly associated with receiving a supportive intervention for mental health difficulties; there was no evidence that the TRiM process itself affected mental health status. *Conclusion:* In this study of TRiM deployed within a police force responding to a major critical event, we found that it offered a way of mounting a structured response for the police officers involved. Our data suggest that TRiM may offer a way of identifying those at risk so that they can be offered early psychological treatment.

A psychosocial response to the Cardiff hit-and-run major incident October 19, 2012 12:05–12:25

N. Kitchiner[1], N. Roberts[1], T. Vick[2] and J. Bisson[1]
[1]Cardiff University, Cardiff, UK; [2]University Hospital of Wales, Cardiff, UK

On October 19th, 2012, a male driving a van murdered a mother of 3 and tried to kill 13 more in hit-and-run rampage in Cardiff, UK. More than a dozen people were injured in the incident. Two adults were left in a critical condition and five children, all received inpatient treatment at the University Hospital. This unusual incident triggered the local NHS Cardiff and Vale, Psychosocial Disaster Management Plan (PDMP). This paper will describe how the PDMP has been developed and tested over the past 10 years via mock table top scenarios prior to this incident (Bisson et al., 2010). The strengths and weaknesses of our PDMP have been systematically highlighted when applied to this incident. Data will include: how many victims and witnesses responded to a targeted contact via the police via a specifically designed psychosocial information leaflet. Scores from individuals who completed the trauma screening questionnaire (Brewin et al., 2002) sent with the information leaflet and pre and postdata from individuals who were offered early trauma focused psychological therapy. Implications for services offering a psychosocial response following a major incident will be discussed with recommendations for both clinicians and researchers (Meewisse, Olff, Kleber, Kitchiner, & Gersons, 2011).

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Planning for the psychosocial and mental health needs of people affected by emergencies: the Scottish model 12:25–12:45

G. Moreton
Rivers Centre for Traumatic Stress, Edinburgh, Scotland

Scotland has recently adopted new guidance to assist in planning for the psychosocial and mental health needs of people affected by emergencies. The guidance was produced by the Rivers Centre in consultation with a wide range of Scottish, UK, and international sources of expertise and is broadly based on the 2009 document, "Guidance for Responding to the Psychosocial and Mental Health Needs of People Affected by Disasters or Major Incidents" which was written by the team involved in the North Atlantic Treaty Organisation (NATO) guidance and the European Network for Traumatic Stress (TENTS) program. The consultation process benefited greatly from the input of survivors of previous emergencies. The Scottish guidance is based on the model of psychological first aid (PFA) and outlines a number of core principles which should inform the interagency response, including a timeline and tasks for the responding agencies. This paper will summarize the current understanding of best practice in disaster mental health and will present the Scottish model. We will share the lessons learned in the development of the guidance and in the process of implementing it, including plans to deliver training in PFA for first responders and seeking agreement on data-protection issues. Lessons learned will be illustrated with examples of the challenges associated with turning a document into something that responders will remember and find helpful in the emergency context.

Afternoon

Evidence-based practice on trauma

Workshop: Early Interventions based EBP for reducing the ASR and preventing PTSD

Scientifically based early interventions for reducing the ASR and preventing PTSD 15:15–15:35

M. Farchi[1] and Y. Gidron[2]
[1]Department of Stress, Trauma aand Resilience Studies, Tel-Hai College, Israel; [2]Faculty of Medicine and Pharmacy, Free University of Brussels (VUB), Belgium

Theory, evidence, and demonstration
This proposed symposium will provide the scientific rationale, the empirical evidence, and practical skills in three early interventions for treating the acute stress reaction (ASR), for preventing posttraumatic stress disorder (PTSD), and for improving recovery from traumatic events. First, we provide the neuropsychological rationale for the memory structuring intervention (MSI), which aims to help traumatized people shift the processing of their memory from an implicit, limbic, and emotional/somatic manner to an explicit, frontal-lobe and cognitive manner. The MSI prevented PTSD mainly in women, in two small randomized trials. We recently added to it vagal nerve breathing, to reduce sympathetic hyperactivity, and provide evidence for its ability to reduce ASR in a third trial. The second intervention tested on patients in an emergency room is based on stress and coping research, where coping self-efficacy prevents PTSD. This stress management (SM) intervention was also found to reduce ASR in patients attending an emergency room. The SM teaches patient's emotion-focused coping (vagal breathing) and problem-focused coping (identifying and planning active coping). Finally, the third intervention is psychological inoculation (PI), which aims to remove people's cognitive distortions and barriers that prevent adaptation to traumas. In PI, we expose people to challenging sentences that reflect an exaggerated form of their barriers or distortions (the ''vaccine''), they learn to refute (the ''antibody'' response). PI was found to increase physical activity, reduce barriers for condoms, reduce road hostility, reduce fears during a global flu epidemic and reduce helplessness under missile attacks, better than various control conditions. We shall demonstrate each method and its rationale, the evidence for its efficacy, ask participants to practice, and provide criteria for choosing when to use each intervention.

Memory structure intervention (MSI) for reduction of ASR symptoms and PTSD prevention 15:35–15:55

Y. Gidron[1] and M. Farchi[2]
[1]Faculty of Medicine and Pharmacy, Free University of Brussels (VUB), Belgium; [2]Department of Stress, Trauma and Resilience Studies, Tel-Hai College, Israel

Background: Currently, research shows very less evidence for early interventions that prevents posttraumatic stress disorder (PTSD), and less systematic work has been done to reduce the acute stress response (ASR) after traumas. We developed the memory structuring intervention (MSI) and recently added to it vagal breathing (VB). The MSI tries to shift trauma processing from implicit, limbic, and affective-somatic manners to explicit, frontal-lobe and cognitive manners, as these predict better prognosis. Furthermore, chronological organization of traumatic memories, labeling sensations, and providing causality may help produce such processing shift. Yet, since the MSI was ineffective in past for men, in whom sympathetic hyperactivity predicts PTSD, we added VB. We provide the scientific background, research evidence for the effectiveness, and will demonstrate the MSI+VB. *Method:* We conducted to date three randomized controlled trials (RCTs): first in 17 postaccident victims, second in 34 accident victims, and third in 124 patients attending an emergency room. The first two RCTs included PTSD measures, while the last RCT included enough patients only for assessing the ASR. Patients were randomized to MSI or to supportive listening (RCT1 and RCT2) or to MSI+VB versus supportive listening versus stress management (RCT3; see presentation 2). In the MSI+VB, patients learn slow paced breathing, and to chronologically organize their memory, label sensations, and provide causality for event elements. *Results:* In RCT1, PTSD symptoms at 3 months were reduced more in the MSI than in the control group, while in RCT2, this occurred only in women. In RCT3, the MSI+VB reduced ASR symptoms, while not in controls. *Conclusions:* The MSI+VB reduced ASR symptoms, and the MSI alone may prevent PTSD symptoms in women. A large RCT will test the MSI+VB in relation to ASR and PTSD.

A stress-management-derived intervention for ASR reduction and PTSD prevention: theory, evidence, and demonstration 15:55–16:15

M. Farchi[1] and Y. Gidron[2]
[1]Department of Stress, Trauma and Resilience Studies, Tel-Hai College, Israel; [2]Faculty of Medicine and Pharmacy, Free University of Brussels (VUB), Belgium

Theory, evidence, and demonstration *Background:* Currently, research shows very less evidence for early interventions that may prevent posttraumatic stress disorder (PTSD), and less systematic work was done to reduce the acute stress response (ASR). We developed a stress management (SM)-based intervention. The SM intervention teaches people to perform emotion-focused coping by vagal breathing (VB) and problem-focused coping (PFC) by empowering patients to focus on successful activities they did or plan to do during and after the event. These are aimed at increasing coping self-efficacy, a predictor of better prognosis after trauma. We provide the scientific background, research evidence for the effectiveness, and will demonstrate the SM intervention. *Method:* We conducted a randomized controlled trial (RCTs), with 124 patients attending an emergency room. Patients were randomized to SM or to supportive listening or to memory structuring intervention (explained in presentation 1). We focus on ASR symptoms-pain, anxiety, and heart rate as outcomes. The SM included VB and asking patients what they did during the event, in the emergency room and what they can do later, to help themselves. *Results:* The SM reduced ASR symptoms, while the control condition did not. These were seen in both genders. *Conclusions:* The SM reduced ASR symptoms. We are running a large RCT to test the effects of SM on the ASR and PTSD prevention.

Responding to disasters

Symposium: Aftermath of Van earthquake - psychosocial interventions, health workers and NGOs

Aftermath of Van earthquake: psychosocial interventions 16:45–17:05

T. Aker
Kocaeli University, Kocaeli, Turkey

Psychosocial support and interventions in Van were implemented by 184 mental health workers. Psychosocial services included the day nursery and etude facilities, analyzing the needs and resources, group workshops, short-term group psychotherapy, psychoeducation, social activities, psychiatric evaluation, and therapy and activities for supporting the volunteers. Psychosocial support was provided to a total of 14,603 people in 11 temporary settlements. Psychosocial support was also provided to 2,207 victims of disaster who moved out of Van in collaboration with the Ministry of Family and Social Policies and the International Organization for Migration. Training programs were organized for health care professionals working at the epicenter to equip them with the

necessary know-how in psychosocial support provision under disaster conditions. A basic level trauma training program for improving the self-efficiency of individuals was provided to the psychosocial workers of organizations working in the field of trauma in collaboration with the Ministry of Family and Policies, UNICEF and Disaster, and Emergency Management Presidency.

Aftermath of Van earthquake: health workers **17:05–17:25**

H. S. Kalkan
DiyarbakIr Ergani State Hospital, DIyarbakIr, Turkey

Health professionals in disaster areas form a unique group of at-risk individuals. They have two hats to wear: they are both victims and relief workers at the same time. Van was no exception to this. The health workers in Van had been deprived of their homes similar to anybody else in Van at the time and they had been angst ridden with the safety of their loved ones; however, they were still expected to serve the earthquake victims as if they had not been victimized themselves. They were expected to overcome an immense work load and heal others without having been given the chance to heal, pointing to the importance of psychosocial support interventions targeting the health workers.

Aftermath of Van earthquake: NGOs **17:25–17:45**

E. Kirmizi Alsan
Kocaeli University, Kocaeli, Turkey

The Van-Erciş and Van-Edremit earthquakes have shown once more that a healthy cooperation between NGOs and the governmental bodies is necessary for the provision of psychosocial support to the earthquake victims. The presence of a roof-top organization such as the Union of Disaster Psychosocial Services (UDPS) that consist of the Turkish Psychiatric Association (TPA), Turkish Red Crescent Society, Turkish Association for Child and Adolescent Psychiatry, Turkish Psychological Association, Turkish Psychological Counseling and Guidance Association, and Turkish Association of Social Workers has proven to be an essential ingredient for the formation of a healthy and productive collaboration between various NGOs and the governmental bodies.

ORAL, JUNE 7
HALL LADY G

Morning

Cultural issues and trauma

Workshop: Research on cultural competence for treating posttraumatic stress

Cultural competence in treating traumatic stress: towards a joint grant proposal **10:00–10:20**

J. Knipscheer and R. Kleber
Arq Psychotrauma Expert Group/Department of Clinical and Health Psychology, University Utrecht, Utrecht, The Netherlands

Mental health care for ethnic minorities with PTSD is often associated with low efficiency. Psychotherapeutic interventions, such as CBT and EMDR, are not evidence-based for ethnic minority groups, (Crumlish & O'Rourke, 2010; Palic & Elklit, 2011) and treatment as usual is characterized by high numbers of no show and drop out with substantial adverse psychosocial and economic consequences. Since a large and growing part of trauma victims concern people from ethnic minority groups, the key question for many mental health care professionals nowadays is: Are evidence-based interventions applicable and effective for affected ethnic minority groups and if not, what should be the alternative? Culturally adapted interventions seem to be more effective than regular interventions for primary measures of psychological functioning (Benish, Quitana & Wampold, 2011). However, the robustness of the evidence is marginal and only available for specific ethnic subgroups in the USA. In this workshop, two questions are central: (1) what characterizes a cultural competent trauma treatment and (2) how can the effectiveness be determined? We will introduce the cultural competence program that has been developed within *Foundation Arq* (the national expert centre for treatment of, and research into, the psychosocial consequences of trauma in The Netherlands) including cultural competence training for therapists and application of culture sensitive treatment modules. We will invite the participants to share their ideas and experiences concerning developing and studying cultural competency, and to explore possibilities of working together in creating a consortium. We aim to leverage our resources by collaborating with complementary partners on joint grant seeking regarding research on the effectiveness of cultural competent interventions for PTSD. The symposium will be highly interactive and active involvement of the participants will be very much appreciated.

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PTSD research among migrants and refugees **10:20–10:40**

R. Kleber
Arq Psychotrauma Expert Group/Department of Clinical and Health Psychology, University Utrecht, Utrecht, The Netherlands

Ethnic minorities form groups at risk for developing PTSD (Drogendijk et al., 2003; Norris et al., 2002) with prevalences varying from 20% for labor migrants (Lindert, Ehrenstein, Priebe, Mielck & Brhler, 2009) to more than 40% for refugees and asylum seekers (Fazal, Wheeler & Danesh, 2005; Toar et al., 2009). Posttraumatic symptoms may differ extensively between western and non-western groups with somatic complaints, hostility, and embitterment being more prominently articulated among migrants and refugee groups. The so-called ''*condicin migrante*'' may account for much of the variability in symptom presentation and PTSD development.

Cultural competence in trauma treatment: how can we measure if it works? **10:40–11:00**

J. Knipscheer
Arq Psychotrauma Expert Group/Department of Clinical and Health Psychology, University Utrecht, Utrecht, The Netherlands

Trauma-focused CBT and EMDR are evidence-based treatments of choice for treating PTSD (Bisson, 2009; NICE, 2005), however the external validity of RCT's is low as ethnic minority patients concern less than 1 percent in efficacy trials. The question is whether evidence-based interventions are applicable and effective among affected migrants and refugees. Cultural competencies (key notions are knowledge, attitude, and skills) as well as specific culture sensitive interventions (e.g., psycho-education, relaxation techniques, a contextual and systemic perspective, explicit attention to practical, societal and physical factors, affect tolerance and ''empowerment'') have been suggested to bridge the (cultural) gap between western therapists and non-western patients. Yet, up to now, the effectiveness of increased cultural competence of therapists in reducing drop-out of treatment and improving the success rate has not been studied. Methods to increase cultural competency (e.g., training therapists) and to determine the effectiveness will be discussed.

Effects of trauma on families and children

Symposium: Effects of war trauma in family life: From etiology to intervention

Parental care moderates the association between trauma and mental health in Tamil children in northern Sri Lanka **11:45–12:00**

V. Sriskandarajah, F. Neuner and C. Catani
Bielefeld University, Bielefeld, Germany

Traumatic experiences are common in the North and East of Sri Lanka, a region devastated by a civil war lasting for more than two decades and the Tsunami catastrophe in 2004. The Tamil population, in particular the children, now have to face the widespread consequences of years of trauma due to war and disaster. Research, so far, has mainly focused on the impact of these traumatic experiences on individual mental health and has found a high prevalence of posttraumatic stress disorder (PTSD) and depression in affected adults and children. However, little is known about the multifaceted effects of war on family life, on parenting behavior, and the use of violence against children. Against this background, we conducted an epidemiological survey with families in three regions of Northern Sri Lanka. The regions differed in their

level of war and Tsunami exposure. Structured clinical interviews were conducted separately with children and their caretakers and included standardized measures for the assessment of traumatic events, mental health, and parenting behavior. Interviews were carried out by previously trained local counselors. This presentation focuses on the child sample only ($N = 359$). Findings showed that children from the region not affected by war or the Tsunami, report less family violence than children from more affected regions. Depending on the trauma exposure in the specific area, PTSD prevalence varied from 1.7 to 33.6%. In a regression model ($R^2 = 0.44$) family violence, war exposure and parental care were significant predictors of child mental health. Most importantly, we found a moderating effect ($\beta = -0.11$) of parental care on the relationship between war exposure and mental health. War exposure leads to mental illness, only if parents are perceived as being less caring. These results are particularly relevant for the development of targeted psychosocial interventions for war torn families.

Does war lead to violence against children? Findings from a multi-informant survey in Northern Uganda **12:00–12:15**

R. Saile, F. Neuner, V. Ertl and C. Catani
Bielefeld University, Bielefeld, Germany

After 20 years of civil war in Northern Uganda, families are challenged by a multitude of individual level and family level risk factors for violence within the family. Parents who have been exposed to high levels of war-related traumatic events, and whose psychological functioning is impaired by posttraumatic symptoms and alcohol-related problems, may be more prone to engage in aggressive parenting behaviors towards their children. On a family system level, inter-parental violence, insecure living conditions, and changes in the family structure may contribute to more violent parent-child interactions. The current study was located in seven heavily war-affected rural communities in Northern Uganda, where experienced local therapists interviewed an exhaustive sample of second-grade students and their male and female guardians using standardized clinical questionnaires. The aim of the study was to identify individual level risk factors for self-reported aggressive parental behaviors as well as family level risk factors for child-reported experiences of family violence. Analyses are based on self-report data from 365 female guardians, 304 male guardians, and 283 triads including both guardians and the index child. The strongest predictors of self-reported aggressive parenting behaviors towards the child were guardians' own experiences of childhood maltreatment followed by female guardians' victimization experiences in their intimate relationship and male guardians' PTSD symptoms and alcohol-related problems. Regarding children's self-report of family violence, environmental variables such as general traumatic events and violence between adults in the household predicted children's experience of maltreatment. Parental variables such as female guardians' history of childhood maltreatment, female guardians' exposure to traumatic war events, and male guardians' PTSD symptom severity level increased children's risk for the experience of family violence. The current findings suggest that in a context of organized violence, an intergenerational cycle of violence persists that is exacerbated by female guardians' revictimization experiences and male guardians' psychopathological symptoms.

Families in the context of war—behavioral observations as a method to assess parenting in Northern Uganda **12:15–12:30**

J. Moellerherm[1], R. Saile[1], E. Wieling[2], F. Neuner[1] and C. Catani[1]
[1]Bielefeld University, Bielefeld, Germany; [2]University of Minnesota, Minneapolis, MN, USA

A growing body of literature has shown that war-affected families are at an increased risk for family violence. Ineffective parenting has been hypothesized as a mediating mechanism underlying this association. Recent studies mainly relied on standardized questionnaires to gain information about parenting practices following war exposure. However, quantitative data based on self-reports of behavior is subject to a number of limitations. Moreover, hardly any research has been conducted to systematically study family interactions in non-western countries affected by war and conflict using alternative methods of assessment. Considering the limitations of self-report measures, we used a combination of behavioral observations and quantitative methods to get a unique insight into parenting in Northern Uganda, where virtually the entire civil population has been severely affected by 20 years of civil war. Between April 2012 and December 2012, interactions of 100 mothers and their 6- to 12-year-old children ($M = 8.96$, $SD = 1.90$) were observed during five structured culturally adapted tasks. These activities included an emotion-focused discussion of one positive and one negative event from the child's life as well as one problem solving task. Activity-oriented tasks consisted of culturally adapted games. Each task took 5 min and was recorded on video. In addition to behavioral observations, mothers and their children participated in separate interviews that were based on standardized questionnaires. The questionnaires captured socio-demographic information, previous traumatic experiences, psychopathology, and parenting behavior. In the current presentation, we will focus on the process of adapting and implementing behavioral observation tasks in Northern Uganda. Further, we will present preliminary findings on the cultural validity of parenting dimensions as well as potential associations of parenting behavior with socio-economic background, war exposure, and mental health in children and their mothers.

Pilot implementation of a parenting and family group intervention with Acholi mothers in Northern Uganda **12:30–12:45**

E. Wieling[1], C. Mehus[1], J. Moellerherm[2], F. Neuner[2] and C. Catani[2]
[1]University of Minnesota, Minneapolis, MN, USA; [2]Bielefeld University, Bielefeld, Germany

Preliminary results of multi-method data will be presented for this pilot study exploring the feasibility of implementing a 9-session manualized parenting/family intervention called "Enhancing Family Connection (EFC)." Two groups ($N = 14$) were conducted in summer 2012 with Acholi mothers. Each session consisted of meeting for 3 hours, two times per week. EFC was conducted by two co-facilitators, two trained interpreters, and a support team. Pre-, post- and 4-month follow-up data were gathered for mothers and identified a focal child between the age 9 and 13 using measures to assess for mental health status, parenting practices, and child outcomes. Specifically, study goals were to evaluate 1) acceptability, 2) implementation, and 3) limited efficacy and effectiveness. Reports from recent studies in Uganda indicate that the civil war has resulted in individual-level consequences as well as deleteriously impacting the family system, including higher levels of partner violence, risk of alcohol problems in males and adverse parenting/child abuse. These findings endorse an ecological understanding that trauma and its sequelae do not happen at an isolated and individual-level. Rather, reciprocal and interdependent influences within family systems must be taken into account to the greatest degree possible. The EFC intervention was adapted from the widely established evidence-based Parent Management Training-Oregon Model (6 sessions), and also integrated trauma psychoeducation (1 session) and intergenerational transmission of violence models that include associated relational adversities (2 sessions). It is noteworthy that mothers attended all group sessions and three-wave data were collected for all mother-child dyads. Ongoing analyses consist of examining psychological and parenting measures, coding of mother-child observational structured interaction tasks, and content analysis of individual qualitative interviews. Preliminary results indicate that EFC was acceptable and can be implemented with Acholi mothers. There is early evidence that although parenting practices seemed to change for most mothers, prolonged intervention with additional support is necessary.

Afternoon

Miscellaneous

Symposium: Struggle of paradigms in a system of trauma care in Georgia

Trauma-informed mental health policy: how far can we go to close treatment gap? **16:45–17:00**

N. Makhashvili
Global Initiative on Psychiatry-Ilia State University, Tbilisi, GA, USA

There are currently an estimated 40 million persons that have been forcibly displaced by armed conflict, the vast majority of whom live in low- and middle-income countries (LMICs). They include over 26 million internally displaced persons (IDPs) who remain within the borders of their countries. These populations affected by conflicts commonly experience high levels of exposure to traumatic events and, consequently, significantly elevated levels of posttraumatic stress disorder (PTSD), depression, somatoform disorders, anxiety, etc. Poor living conditions, loss of livelihoods, reduced social support, and other stressors aggravate the burden of mental disorders. Recent study in Georgia provides data on high prevalence of PTSD, depression, anxiety and other disorders among IDPs, significant increase in functional disability and lack of mental health (MH) services. This evidence highlights the importance of a comprehensive approach to tackling trauma-related conditions to help ensure more effective interventions. Nevertheless, a lack of political support, inadequate management, and overburdened mainstream health services are hampering the development of coherent MH systems. The paper explores the current formal MH care system in Georgia, discusses the national program for MH and challenges of on-going reform, and indicates at wide treatment gap. The important step towards providing well-considered MH care is development of a strategic policy that will guide MH reform. However, how far the mainstream MH policies could incorporate services for trauma-affected large groups? What are the best practices in LMICs that can influence local policies and practice? The paper discusses the fresh data from on-going qualitative study and tries to conceptualize the chain of integrated care according to WHO model of 'Optimal Mix of Services' (2007). It proposes concrete strategies that should be implemented to tackle mental disorders and associated disability, as well as specifying the targets to be achieved by policy-makers.

Life with ambiguous loss—re-constructing identities: working with families of the persons missing as a result of wars in Georgia **17:00–17:15**

S. Tabaghua, N. Kiladze and L. Tsiskarishvili
Georgian Centre for Psychosocial and Medical Rehabilitation of Torture Victims, Tbilisi, GA, USA

Since 2009 the Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims—GCRT in cooperation with the International Committee on the Red Cross—ICRC has been implementing a program of psychosocial assistance to family members of the persons missing from the war of 1992–1993 in Abkhazia—a breakaway region of Georgia. In four cities of Georgia support groups are running. The program involves psychologic, legal and economic elements. The authors will present the concept and structure of the work; will discuss implemented group and individual interventions—importance of legal awareness workshops, as well as small business grants program available for the families. Apart from these peculiarities of working with ambiguous loss, ascribing meaning to life after the loss and reconstructing identity will be reflected upon. The effectiveness of the program will be analyzed; results of outcome evaluation shared; the challenges and barriers discussed as well as future plans in further developing the program will be presented.

Traumatizing treatment? Understanding the extent and nature of problems faced by children with mental health disorders in Georgia **17:15–17:30**

N. Agapishvili
Georgian Association for Psychosocial Aid Ndoba, Tbilisi, GA, USA

As a result of poor management of the mental health field in Georgia, majority of children and adolescents with mental disorders do not receive adequate treatment for their condition and mental disorders impose a heavy burden on their families, driving them under the poverty line. Presented study addresses two specific problems existing in Georgia that hinders children and adolescents from realization of their rights for mental health: 1) absence of stand alone strategy and programs for adequate management of mental health disorders for children and adolescents and 2) low awareness of the decision makers of the country and also public on the burden associated with mental health problems. Study of services funded under the state programs with regard to child and adolescents mental health was conducted in 19 psycho neurologic dispanseries, six psychiatric hospitals in 2012. Focus groups and structured interviews were used as instruments of study with service providers: medical staff, psychologists, nurses; service beneficiaries and parents; with mental health care experts. Findings of study: existing problems, inadequacies of treatment, treatment gaps, lack of needed services, and underestimation of specialized services, especially trauma services for children and adolescents etc will be presented. Working directions for improvement of child and adolescents mental health care field performance will be presented as well. Case demonstrating inadequate medical treatment provided by state funded outpatient service, alongside with negligence of child's real needs resulted in trauma-related conditions will be presented.

"The Caucasian Chalk Circle"—two families struggling for a 2 years old girl: reenactment of family trauma **17:30–17:45**

J. D. Javakhishvili[1], N. Burduli[2], N. Kuchukhidze[2] and K. Mgebrishvili[2]
[1]Foundation Global Initiative on Psychiatry-Tbilisi, Ilia State University, Tbilisi, GA, USA; [2]Family and Child Care Centre, Georgian Centre for Rehabilitation of Torture Victims, Tbilisi, GA, USA

The paper presents a case of multidisciplinary work with a 2-year-old girl put into situation similar to that described by Bertold Brecht in his famous "Caucasian Chalk Circle": two families struggle with each other for obtaining full guardianship and therefore, right to up-bring the child and live together. The dispute split her between the two families and turned into a dehumanized object of an ongoing conflict. In the course of psychotherapeutic treatment the situation was analyzed by the child's mother as a function of her family trauma. The paper describes a strategy of case management by the multidisciplinary team and explores factors of success; namely, how putting the child into the role of "patient" was avoided during management of the case, how impartiality towards the two sides engaged in the protracted conflict was achieved and maintained; how the initial "facade" treatment request to examine, diagnose and treat child formulated by biological mother's family was transformed into demand for psychotherapeutic help for biological mother and the whole family; how in the course of family counseling ongoing abnormal situation was linked with the trauma of biological mother's family and considered as re-enactment of her mother's traumatic experience which put her in front of the dilemma to choose between two parents in her childhood; guilt associated with her choice facilitated transmission of trauma to the next generation and its reenactment. In addition, issues related to counter transference developed among case managers due to extreme emotionality of the case and the ways of overcoming them will be discussed; lessons learned out of overall management of the case will be shared.

ORAL, JUNE 7
HALL SAVOIA

Morning

Evidence-based practice on trauma

Symposium: Internet-based interventions for trauma-related disorders in different populations: Treatment outcome and therapeutic alliance

Internet-based psychotherapy for posttraumatic stress disorder in war-traumatized Arab patients: a randomized controlled trial 10:00–10:20

B. Wagner[1], J. Brand[2], W. Schulz[2] and C. Knaevelsrud[2]
[1]Medical University Leipzig, Leipzig, German; [2]Treatment Centre of Torture Victims, Berlin, Germany

Objective: Internet-based interventions for posttraumatic stress disorder have proved feasible and effective in Western countries. Their applicability and efficacy in war and conflict regions remains unknown. This study investigated the efficacy of a cognitive-behavioral Internet-based intervention for war-traumatized Arab patients, with focus on Iraq. *Method:* A total of 159 individuals with posttraumatic stress disorder participated in a parallel-group randomized trial. Participants were randomly allocated to a five-week treatment group ($n = 79$) or a waiting list control group ($n = 80$). The treatment group received two weekly 45-minute cognitive-behavioral interventions via Internet over a five-week period. The primary outcome was recovery from posttraumatic stress symptoms at posttreatment. *Results:* Posttraumatic stress symptoms were significantly reduced from baseline to posttreatment (intent-to-treat analysis) in the treatment group relative to the control group ($d = 0.68$ to $d = 0.92$). Additionally, patients in the treatment group showed greater reduction of comorbid depression ($d = 1.03$) and anxiety ($d = 0.79$) than did those in the control group. Treatment effects were sustained at 3-month follow-up. Completer analysis indicated that 62% of patients in the treatment group had recovered from posttraumatic stress symptoms at posttreatment versus 2% in the control group (odds ratio: 74.19, 95% CI [9.93-585.8], $p < 0.001$). *Conclusion:* The results indicate that, even in unstable settings with ongoing exposure to human rights violations through war, people with posttraumatic stress symptoms benefit from a cognitive-behavioral treatment provided entirely through the Internet. This method of delivery could improve patients' access to humanitarian aid in the form of e-mental health services.

EMMA and TEO: two e-health applications for stress related disorders 10:20–10:40

R. Banos[1], S. Quero[2], V. Guillen[2], M. Moles[2], M. A. Perez-Ara[2] and C. Botella[2]
[1]Universidad de Valencia; [2]Universitat Jaume I

The aim of this work is to present two e-health applications (EMMA and TEO) for the treatment of stress related disorders: Posttraumatic Stress Disorder, Adjustment Disorders and Complicated Grief. A common therapeutic element for these disorders is the exposure and processing of internal and external stimuli related to the negative event (e.g., Rosen, 2004). EMMA is a Virtual Reality applicationwhichadapts itself in a flexible manner to the particular needs of patients providingsignificant virtual environments capable to activate and enhance the emotional processing of the negativeevent.Results obtained so farin several case studies (Andreu-Mateu, Botella, Quero, Guillén & Baños, 2012; Baþos et al., 2008; Botella et al., 2006, Botella, Osma, García-palacios, Guillén, & Baños, 2008) and in two controlled works(Andreu-Mateu, 2011; Baþos et al., 2011; Quero et al., 2012) support the efficacy of this system for the treatment of stress-related-disorders. Furhtermore, other studies have shown high levels of expectations and satisfaction among patients and lower levels of aversiveness over the traditional condition (Baþos et al., 2009; Botella, Baños, et al., 2006; Botella et al., 2010). More recently, our team has developed an Online Emotional Regulation System (TEO) which permits the patient to do the homework assignments at home over the Internet. This web-based system allows in a simple and effective way to create personalized therapeutic material to present to the patient (Quero, Botella et al., 2011). Preliminary data about the acceptability (Quero, Pérez-Ara et al., 2011) and efficacy (Quero et al., 2012) has already been obtained. TEO system falicites the patient's treatment adherence and the therapist's work in designing homework assigments.

Predictors of treatment outcome in an Internet-based cognitive-behavioral therapy for posttraumatic stress disorder in older adults 10:40–11:00

M. Boettche[1], P. Kuwert[2] and C. Knaevelsrud[1]
[1]Center for Torture Victims, Freie University, Berlin, Germany;
[2]Ernst-Moritz-Arndt-University Greifswald, HELIOS Hanse Hospital Stralsund, Stralsund, Germany

Background: There have been important advances in the development of Internet-based treatment approaches for posttraumatic stress disorder (PTSD). However, data regarding which variables are uniquely linked to treatment response are rare. The aim of the study is to examine the influence of potential predictors on treatment outcome in Internet-based cognitive-behavioral intervention for PTSD in older adults. *Method:* In a manualized writing therapy, 72 older adults ($M = 70.9$ years, $SD = 4.56$) with war-related (subsyndromal) PTSD were examined at four assessment points (pre, post, three-, and six-month follow-up). Initial psychopathology, sociodemographic variables, and resource-related variables (self-efficacy; posttraumatic growth; locus of control) were examined as potential predictors of treatment outcome. *Results*: Multiple hierarchical regression analyses for the prediction of PTSD directly and 6 months after treatment identify PTSD at pretreatment ($\beta = -0.52$, $p < 0.001$, $\beta = -0.60$, $p < 0.001$, respectively), external ($\beta = 0.23$, $p = 0.03$, $\beta = -0.26$, $p = 0.02$, respectively) and internal locus of control ($\beta = -0.27$, $p = 0.02$, $\beta = -0.24$, $p = 0.03$, respectively) and posttraumatic growth ($\beta = -0.32$, $p = 0.01$, $\beta = -0.20$, $p < 0.10$, respectively) as predictors. Already well-known variables in face-to-face therapy (e.g., gender, marital status, education) failed to be significant outcome predictors in this Internet-based treatment study. *Discussion*: The results demonstrate the relevance of resources for treatment outcome in older adults with PTSD and pave the way for future research whether prior additional resource-oriented treatment components can lead to a better therapeutic outcome in Internet-based cognitive-behavioral therapy.

Evidence-based practice on trauma

Workshop: Psychodynamic trauma therapy Part I

Psychodynamic trauma therapy 11:45–12:05

R. Bering[1], A. Elklit[2] and K. Harold[3]

[1]Center of Psychotraumatology, Alexianer Krefeld GmbH/University of Cologne, Cologne, Germany; [2]South Danish University, Odense, Denmark; [3]Duke University, Durham, NC, USA

The integration of various psychotherapeutic schools is crucial for the development of efficient trauma therapy. However, in the Guidelines of the ISTSS the psychodynamic approach is thought to be less efficient than cognitive-behavioral therapy, EMDR, or pharmacotherapy. This is mostly due to the lack of controlled studies. Nevertheless, the depth psychology has been of main importance to understand attachment disorders, the dynamic of stress response syndromes, and the development of trauma therapy. For this, our workshop addresses the following questions: how can we integrate psychodynamic trauma therapy (PTT) in order to guarantee a state-of-the-art treatment in psychotraumatology? In the meantime, there exist elaborated trauma-specific manuals based on PTT such as the multidimensional psychodynamic trauma therapy, the psychodynamic-imaginative trauma therapy, and the configurational analysis. Efficiency is proven for the PTT in single-case, clinical studies and controlled studies. According to the ESTSS General Certificate in Psychotraumatology, our workshop has three objectives: 1. We describe the essential components of PTT. 2. We discuss how PTT can be integrated into management plans that include trauma-focused psychological treatments also combined with pharmacotherapy and EMDR. 3. Finally, we compare and contrast PTT and the evidence for it with other treatments for PTSD. We conclude that basic principles of PTT should be integrated into trauma therapy.

Inpatient unit treatment of posttraumatic stress disorder: combination of psychodynamic trauma therapy and the myoreflextherapy 12:05–12:25

R. Bering[1], K. Mosetter[2] and K. Muth[3]
[1]Center of Psychotraumatology, Alexianer Krefeld GmbH/University of Cologne, Germany; [2]Gesellschaft fr Regulationsmedizin, Konstanz, Germany; [3]Center of Psychotraumatology, Alexianer Krefeld GmbH, Germany

Introduction: Posttraumatic stress disorder (PTSD) often involves a variation of neuro-muscular syndromes, such as tension-headaches, shoulder-neck-pains, backaches, or abdomen-trouble. In order to provide broad treatment to victims of trauma, the Center of Psychotraumatology, Nordrhein, endorses psychodynamic trauma therapy (PTT) through a specialized physiotherapy (myoreflextherapy). The session includes two parts: first, the concept of the center is described briefly. *Method:* Empirical data on the therapeutic effects of inpatient unit treatment in a multiprofessional setting ($N = 96$) are presented. The effect seizes of approximate 6-week treatment is between $d = 0.60$ (SCl-90), $d = 0.78$ (PTSS-10), $d = 0.90$ (BDI), and $d = 1.0$ (IES). Over this, we examined a subpopulation ($n = 30$) symptoms of pain by semistandardized interviews and psychometric scales, such as SES, FESV, and FKB-20. *Results:* We confirmed our previous results and could provide evidence of moderate to large effects in treatment of PTSD-related and neuro-muscular syndromes. Over this, we compare our findings to other single-case, clinical studies and controlled studies based on psychodynamic, cognitive behavioral, and EMDR treatment. *Conclusion:* We conclude that the combination of PTT and myoreflextherapy is effective in treatment of PTSD and takes neuro-muscular symptoms associated with PTSD into account.

Psychodynamic psychotherapy in clinical practice guidelines for PTSD: present status and future directions 12:25–12:45

H. Kudler
Duke University, Durham, NC, USA

As first author of the ISTSS practice guideline on psychodynamic psychotherapy for PTSD and clinical champion for the USA Department of Veterans Affairs (VA) in the development of the VA/Department of Defense (DoD) Clinical Practice Guideline for the Management of PTSD, I have had first hand and ''back room'' experience in determining the quality and implications of research evidence for the efficacy of psychodynamic psychotherapy for PTSD. This presentation will consider the existing evidence base, biases that exist on all sides of this issue, current clinical practice guideline recommendations around the world and suggestions for future guideline development, research, and practice.

Afternoon

Evidence-based practice on trauma

Workshop: Psychodynamic trauma therapy (part II) - making sense of repetitions and countertransference

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Psychodynamic trauma therapy (part II): making sense of repetitions and countertransference 15:15–16:15

R. Ørner[1] and L. Wittmann[2]
[1]University of Lincoln, Lincoln, UK; [2]International Psychoanalytic University, Berlin, Germany

Traumatic stress is a core concept for psychodynamic theory and practice. It has been thus for more than 100 years. Its continuing relevance arises from a number of considerations, not least of which is emergent views and conceptualizations of repetitions and the various poque-related ways in which they are expressed. This second part of the psychodynamic trauma therapy workshop will concentrate on two ways in which repetitions occur and thus assume a pivotal role in caring trauma survivors: REPETITIONS: First of all, consideration will be given to the phenomenon of repetition from the point of view of what are essential differences between one off occurrences and that which expresses itself in ways that are persistently recurrent. Insights gained from recognition of patterns that are inherent in repetitions will be used to develop a more reflective view of the predicament of trauma survivors, how to improve care and which outcomes are realistic and realisable when some degree of repetition is recognized as integral to the human predicament. With participation from workshop participants and drawing upon their own experiences, the emergent construction of repetition will be applied to persistent intrusive re-experiencing, transference and COUNTERTRANSFERENCE: Reports of traumatic events can cause all kinds of cognitive, emotional, or behavioral reactions. Therapists may have to cope with normative reactions, activation of own behavioral patterns, or experience ego-alien aspects. Determinants of countertransference reactions and possibilities to recognize them will be reflected on. This will be followed by an illustration of specific countertransference topics and strategies of using them as a tool for therapeutic progress. Room will be given for participants to discuss cases of their own clinical work.

The spectrum of trauma-related disorders

Workshop: Simple, complex PTSD and comorbidity, traps in the treatment

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Simple, complex PTSD, and comorbidity, traps in the treatment 16:45–17:05

M. S. Patti, V. Franchi and G. Pistocchi
ARP, Milan, Italy

Clinical practice with patients with different trauma-related disorders, occurring singularly or repeatedly in childhood or adulthood, demands unique attention on setting the necessary conditions before treatment. Traumatic events arouse substantial alarm with relevant impairments of impulse control functioning and affect regulation. Especially for patients with complex and repeated trauma experiences occurring during developmental age, these disorders

are associated with severe dissociative phenomena that make alliance with therapist very difficult and insecure. Aptitude to use support of other human beings may be compromised; the impairments keep on because of continuous changing of self-conditions, such as anxiety because of expectations of new aggression, tendency to replace traumatic experiences with disruptive behaviors in relation to himself or others, in order to relieve violence, shame, fear, terror, and other overwhelming emotions. Therefore, acquiring reliable diagnostic criteria may be useful in order to decide promptly if focusing intervention on the elaboration of fixated and painful trauma experiences, and to facilitate metabolizing processes, that may provoke worsening, or if taking care of dysfunctional features of personality. Indeed, the suffering of many patients may often get worse, when they deal with their traumatic experiences, inside respect, care, and attention of the therapist.

The diagnostic process with traumatized patients **17:05–17:25**

M. S. Patti, G. Pistocchi and V. Franchi
ARP, Milan, Italy

The diagnostic process is an important step before starting any treatment. It is a very delicate phase in which we glean precious information on which we subsequently base the therapeutic alliance and treatment plan. This phase may last sometime. When the client presents with posttraumatic symptomatology, the first goal is to understand the impact of the trauma on the client's functioning before the traumatic event and not only on the client's current existence. That is in order to understand more about the dynamics of the client's psychological balance before the trauma and in what way this was impacted on by the trauma. All these help us to appreciate the nature of the symptoms presented. The extent and the strength of the reaction in relation to the seriousness of the traumatic event helps us to perceive whether the construction of our client's personality allows them to go through a process of self-reflection and to integrate aversive experiences into their personality. Sometimes, the traumatic event is not mentioned as the reason for the consultation and only after the initial work of accurate diagnosis (''diagnostic process'') it is possible to recognize a traumatic etiopathogenesis, which will lead us in the setup of the treatment. For the first period, any therapeutical intention aimed at the trauma processing is suspended in order to create a reflective space shared with the patient. The goal of that is to understand how that particular trauma destabilized the patient's way of functioning so far. In particular, the goal is to understand the real stuff of the patient, based on his or her attachment relationship, so that we can set up a treatment plan, tailored to the current difficulties and to the available resources. Contemporary, it is necessary carrying out stabilization of those symptoms (intrusive, hyper-arousal) that are disabling the patient.

The ''impossible'' patients: the importance of a multimodal approach **17:25–17:45**

M. S. Patti, G. Pistocchi and V. Franchi
ARP, Milan, Italy

The patients that Chu calls ''chronically disempowered'' present long-standing difficulties that seem impervious to change. (. . .) They are highly symptomatic and utilize extensive amount of psychiatric and psychological care. They are prone to severe regression in treatment, which may lead to considerable morbidity even mortality . . . They also create uncomfortable countertransference responses. With these patients, it is very important to set up a multimodal approach for treatment, tailored on the dissociative parts and their different functioning, and for the collaboration between the different professional figures and services, it is necessary to take care of the patient in a safe situation. It is crucial to keep the patient in a very long phase 1 of treatment (stabilization). First of all, this phase involves the building of a service network (psychiatric and social) that the patient can use, paying attention to the necessary alliance between the different colleagues (this is a fundamental element, based on the seriousness and peculiarity of the pathology). In this network, it is possible to start the work of setting boundaries with precise rules, concerning the way of asking for help (limits on times and duration of calls, limits on sending sms). It is crucial an initial work of psychoeducation/description of the presence of dissociative parts, contemporary to a work of affective regulation that consists of developing self-soothing strategies with a particular attention at creating a trust atmosphere, often subject to ruptures and threats. In fact, the threat of a rupture of the alliance is always present. It is important to activate body safety strategies and emotional modulation before choosing a combination of several approaches such as EMDR, sensorimotor psychotherapy in a context of a constant monitoring of the relationship.

ORAL, JUNE 7
HALL STUART TUDOR

Morning

Effects of trauma on families and children

Symposium: Child sexual abuse and its consequences across Europe

Prevalence, incidence and some correlates of sexual abuse of children in Croatia **10:00–10:15**

M. Ajdukovic, N. Susac and M. Rajter
University of Zagreb, Zagreb, Croatia

Sexual abuse of children has been a topic of many international studies, but so far no epidemiological data obtained on a nationally representative sample from Croatia has been published. This study was conducted as a part of the BECAN project and it focused, among other types of violence against children, on lifetime prevalence and one-year incidence of child sexual abuse. The aim of this paper is to examine age and gender differences in prevalence and incidence of child sexual abuse and its correlations with other types of violence in children's lives, as well as some characteristics of children. A probabilistic stratified cluster sample included 2.62% of children aged 11 ($n = 1223$), 13 ($n = 1188$), and 16 ($n = 1233$) from 40 primary and 29 secondary schools. A modified version of ISPCAN child abuse screening tool-children's version was used, with five items referring to child sexual abuse. The instrument used also included socio-demographical questions and questionnaire of peer violence. Results showed that 10.8% of children in Croatia have experienced some form of sexual abuse during their lifetime, while 7.7% of them experienced it in the last year. Prevalence and incidence are higher for older than for younger participants (4.8%, 10.7%, and 16.5% prevalence for particular age groups and 3.7%, 8.1%, and 11.1% incidence). Gender differences were obtained only in the older age groups and only when it came to non-contact sexual abuse, with girls experiencing it more than boys. Children who have experienced sexual abuse have a higher prevalence and incidence of abuse in the family. Those children also experience and perpetrate peer violence more often, skip school more often, have lower grades in school, and use internet communication services more often. These data will be discussed in the context of results obtained in previous studies and the effects of multiple victimization.

Perpetrators of child sexual abuse in Bosnia and Herzegovina and Croatia: victimization by peers, family members and adult acquaintances **10:15–10:30**

N. Susac[1], M. Rajter[1], J. Brkic Smigoc[2] and M. Ajdukovic[1]
[1]University of Zagreb, Zagreb, Croatia; [2]University of Sarajevo, Sarajevo, Bosnia and Herzegovina

This study was conducted as a part of the BECAN project and the focus of this paper will be on presenting data about the perpetrators of sexual abuse against children and comparison of results obtained in Bosnia and Herzegovina and Croatia. The samples in this study are nationally representative and include children aged 11, 13 and, 16 years from Bosnia and Herzegovina ($n = 2664$) and in Croatia ($n = 3644$). A modified version of ISPCAN child abuse screening tool-children's version was used with five items referring to child sexual abuse by various perpetrators. Children who reported experiencing some form of sexual abuse in the last year or earlier in life were asked to specify whether the perpetrator was an adult man, adult woman, child/adolescent male, or child/adolescent female and then if he/she was a stranger, a person they know, or someone who is related to them. Results showed that prevalence of sexual abuse in Croatia is 4.8%, 10.7%, and 16.5% depending on the age group, while in Bosnia and Herzegovina it amounts to 8.9%, 11.9%, and 26.8%. More detailed item analyses between countries regarding gender and age will be provided. Female participants from Croatia, regardless of their age, most often listed boys who they already knew as perpetrators of both contact and non-contact sexual abuse. Younger male participants most often listed adult men as perpetrators of non-contact sexual abuse but, as their age increased, most frequent perpetrators of sexual abuse became familiar girls. These data will be compared with those obtained in Bosnia and Herzegovina and will be discussed in the context of preventive activities.

Institutional abuse in Austria: the relation of CSA, different types of sexual violence and psychopathology in adult survivors **10:30–10:45**

D. Weindl, M. Knefel, V. Kantor, R. Jagsch, A. Butollo and B. Lueger-Schuster
Department of Clinical Psychology, University of Vienna, Vienna, Austria

Background: Institutional abuse (IA) and its aftermaths are still lacking well-founded research. Nowadays, groups of victims of IA are struggling with different kinds of consequences. Two studies about the psychotraumatological consequences of IA in institutions of the Catholic Church and the country of Lower Austria were made. Data about three dimensions of abuse (emotional, physical, and sexual) were collected and analyzed. Furthermore, psychopathological symptoms were screened with questionnaires. In this paper, we will concentrate on the consequences of CSA in institutional context. *Method*: Four-hundred ninety clearing reports of victims of IA were analyzed, and 224 adult survivors actively participated in these investigations. All sexual violent acts were abstracted into five clusters, which were then related to the psychopathology in adulthood. Questionnaires used: PTSD checklist-civilian version (PCL-C) and the brief symptom inventory (BSI). BSI scales and the PCL-C sum scores of all participants, who especially had experienced CSA were compared with the different clusters of CSA. *Results*: (preliminary): One-hundred thirty-five participants reported any type of sexual violent acts. The existence of those different violent acts showed different outcomes on the BSI scales and the PCL-C sum score. The PCL-C sum score in association with the different types of sexual violence (cluster 1-5) indicate statistical significance, e.g., in cluster 1-(sexual violence with penetration) the PCL-C sum score differentiated significantly between those who had experienced it and those who didn't (cohens $d = 0.50$, $p = 0.013$, medium effect size). For the BSI-scales, significant differences were identified. *Conclusions*: In these studies, some evidence was found that different types of sexual violence cause different psychopathological impacts on adult survivors. These results might be the first step towards constructing a ''trauma-dose''-index. Further, adequate and different interventions according to the experienced type of CSA could be applied in future to the victims.

Health-related consequences of child sexual abuse **10:45–11:00**

U. Schnyder[1], M. A. Landolt[1], T. Maier[2] and M. Mohler-Kuo[1]
[1]University of Zurich, Zurich, Switzerland; [2]Psychiatric Services of the Canton St. Gallen-North, Wil, Switzerland

Background: Child sexual abuse (CSA) is a worldwide problem due to its high prevalence and short-term and long-term consequences. The present study examined health-related quality of life (HQoL) and survivors' behavioral and emotional problems by type of CSA. *Method*: The present study on adolescent victimization involved a nationally-representative sample of 9th grade students 13–20 (15.5 ± 0.66) years old in Switzerland. Data were collected through

self-reported computer-assisted questionnaires between September 2009 and May 2010. Fifteen forms of sexual victimization were assessed using a newly-developed Child Sexual Abuse Questionnaire (CSAQ). The sample consisted of 6'787 students. CSA was further categorized as 'non-contact CSA only' and 'CSA with physical contact'. Health-related consequences were assessed using the SF-12 and the Strength and Difficulty Questionnaire (SDQ). *Results*: About 24% of girls and 12% of boys reported having experienced 'non-contact CSA only', and 15% of girls and 5% of boys reported about 'CSA with physical contact'. Children who reported 'CSA with physical contact' had lowest HQoL in both mental (mean = 41.7 [40.9–42.6]) and physical health (mean = 52.3 [51.6–53.0] compared to children with 'non-contact CSA only' (mean = 44.9 [44.3–45.5] and 53.8 [53.3–54.2] respectively) and 'no history of CSA' (mean = 48.9 [48.6–49.2] and 54.5 [54.1–54.8] respectively). Similarly, children who had experienced 'CSA with physical contact' reported more behavioral and emotional problems (mean = 13.2 [12.8–13.7]) than those with 'non-contact CSA only' (mean = 11.9 [11.6–12.2] and 'no history of CSA'. Similar pattern was found in both girls and boys. Results remained the same for all three outcomes after controlling for gender, not living with biological parents, and nationality in multiple regression models. *Conclusion*: Children who experienced CSA reported lower quality of life and more behavioral and emotional problems. A gradient effect was observed by the severity of CSA. Children who experienced CSA with physical contact had worst health status. Immediate intervention for victims of CSA is necessary to reduce long-term consequences.

Miscellaneous

Symposium: From vision to daily routine - practical clinical implementation of interdisciplinary teamwork

A specific interdisciplinary outpatient pre-program as an example of seamless transition from outpatient to inpatient setting 11:45–12:00

J. Binder
Integrierte Psychiatrie Winterthur, Winterthur, Switzerland

Specialized wards for posttraumatic stress disorders (PTSD) often have a long waiting-list and generate longer treatment times. The latter frequently causes problems with health insurance providers or other cost-bearers. In order to constructively address these difficulties and to take into account both the needs of the patient and cost limitations, an outpatient pre-program in a small-group setting was included in the treatment concept of IPW's (Integrierte Psychiatrie Winterthur) specialized ward for PTSD. This 8-week pre-program prior to planned inpatient admission not only utilizes patients' waiting-list time for therapeutic interventions, but also reduces the average length of inpatient treatment. Goal of this symposium is to present the elements of the program (psycho-education, trauma-adapted skills-training, resource-oriented movement therapy) and to report on our experiences in working with this comprehensive inpatient-outpatient and cross-disciplinary intervention. Benefits such as solid psycho-educational knowledge, early trust-building and improved predictability of patients' readiness for trauma therapy considerably facilitate the earlier introduction of exposure-based therapy in the inpatient setting in comparison with patients who did not participate in the pre-program, thus reducing the length of hospitalization.

Multimethod teamwork in trauma-specific psychotherapy 12:00–12:15

S. Weber
Integrierte Psychiatrie Winterthur, Winterthur, Switzerland

Patients who are admitted to our specialized ward for posttraumatic stress disorders are allocated to a one-to-one psychotherapist based on their case history and clinical characteristics. We offer a range of trauma-specific interventions, although not every therapist uses every intervention. The specialization and continuing education of the individual therapist, therefore, plays an important role in the allocation of patients, as the aim is to match trauma-specific interventions to individual disorder characteristics and predominant symptoms. In practice, it often becomes necessary to adapt or extend psychotherapeutic case planning at short notice in the course of treatment. In order to flexibly achieve these process changes, we selectively work with multimethod interventions in individual cases by using other therapists within the team. This occurs during long periods of absence cover, but also selectively for one-to-one sessions. With the help of short case studies, we will demonstrate in which specific situations we decided on a multimethod therapy and consequences for the course of treatment.

Courage for new beginnings 12:15–12:30

K. Wild
Integrierte Psychiatrei Winterthur, Winterthur, Switzerland

This is a case study of the course of treatment of a 60-year-old Chilean, who fled to Switzerland 40 years ago after incarceration and torture. He lived for his family, work, and football and had his traumatic memories much under control until he was involved in a road traffic accident 9 years ago, in which he was trapped in his car and had to be cut free. His physical injuries were slight. Nevertheless, from that moment on he suffered from extreme pain. His legs refused to carry him. He described his own catastrophic condition figuratively as "I lived like a house plant". Our primary therapeutic approach was on a physical level, as taking the case history and beginning with NET had caused emotional flooding and denial of any connection with events in Chile. Intensive one-to-one movement therapy was enhanced by psycho-educational psychiatric sessions, one-to-one nursing with the main focus on coping strategies in everyday life as well as physiotherapy. The movement therapy approach focused on the patient's feeling of security, which he initially only achieved when lying in the embryo position. This symposium highlights how minimal changes in body position and the tiniest movements gradually increased the patient's feeling of security, until he managed to stand up without using a stick or props whilst at the same time being fully aware of his actions. In the course of treatment, he gained understanding of how his emotions influenced his physical condition and insight into personal means of control. Connections to early traumata could be introduced gradually.

Integration of interdisciplinary teamwork in everyday clinical practice through trauma-related topics 12:30–12:45

M. Stadtmann
Integrierte Psychiatrie Winterthur, Winterthur, Switzerland

The IPW's (Integrierte Psychiatrie Winterthur) specialized ward for posttraumatic stress disorders works with an interdisciplinary concept aimed at improving symptom management in an inpatient setting. Tasks and treatment areas are defined and allocated according to the correspondent expertise of individual members of the treatment team. The goal is to offer a holistic and complementary form of therapy, which empowers patients to improve symptom management and therefore facilitate coping in their daily lives. The integration of this interdisciplinary concept in everyday clinical practice is achieved through so-called "weekly themes". Important trauma-related topics are focused in turn for a two-week period. Topics comprise security/insecurity, self-efficacy, anger/aggression, avoidance, closeness/distance, future perspectives, and self-acceptance and are addressed verbally and non-verbally. The movement therapy group enables improved body perception based on the specific theme. In the art therapy, group patients address the topic with composition and expression. The psycho-education group

focuses on the verbal-cognitive level. The nursing staff introduces the theme with the help of theoretical principles and is responsible for transfer to everyday life, using practical situations as examples. The above groups are distributed over the weekly therapy plan. In addition, the evaluated results will be presented.

Afternoon

The spectrum of trauma-related disorders

Symposium: Assessment of childhook trauma exposure and adult posttraumatic symptoms in routine clinical work

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Stability of childhood trauma questionnaire-scores before and after therapy **15:15–15:35**

K. Arefjord[1], D. Winje[1], A. Dovran[2], L. Waage[3] and A. L. Hansen[4]
[1]Department of Clinical Psychology, University of Bergen, Bergen, Norway; [2]Department of Clinical Psychology, University of Bergen, Bergen, Norway; District Psychiatric Center Kronstad, Haukeland University Hospital, Bergen, Norway; [3]Centre for Research and Education in Forensic Psychiatry, Haukeland University Hospital, Bergen, Norway; Correctional Service, Ontario, Canada; [4]Faculty of Psychology, Department of Psychosocial Science, University of Bergen, Bergen, Norway

The childhood trauma questionnaire-short form (CTQ-SF) is a 28-item retrospective measure of the frequency and severity of different types of abuse and neglect. CTQ-SF has exhibited good test-retest reliability and good convergent validity with measures of PTSD, dissociation and depression, and discriminant validity with measures of vocabulary and social desirability. In this study, the CTQ-SF was administered at pre- and post-treatment to a sample of patients in therapy with psychology students in supervised clinical training at an out-patient clinic. The stability of scores on the CTQ-SF was examined. Preliminary analyses indicate that CTQ-SF demonstrate good test-retest reliability after ended therapy. The stability of the CTQ-SF in the context of reduction of in different types of psychopathology in the sample, contributes to evidence supporting the accuracy of retrospective self-reports of childhood abuse.

Multiple types of childhood trauma in a sample of sexually abused adults **15:35–15:55**

I. Steine[1], D. Winje[2], A. Dovran[3] and S. Pallesen[4]
[1]Faculty of Psychology, Department of Biological and Medical Psychology, University of Bergen, Bergen, Norway; Child and Adolescent Psychiatric Outpatient Clinic, Fana, Fusa, Austevoll, Haukeland University Hospital, Bergen, Norway; [2]Faculty of Psychology, Department of Clinical Psychology, University of Bergen, Bergen, Norway; [3]Department of Clinical Psychology, University of Bergen, Bergen, Norway; District Psychiatric Center Kronstad, Haukeland University Hospital, Bergen, Norway; [4]Department of Psychosocial Science, University of Bergen, Bergen, Norway

Background: Sexual abuse is a widespread problem in the general population in Norway as well as internationally. A recent WHO-study showed that childhood adversities, such as sexual, physical, and emotional abuse are highly interrelated. The childhood trauma questionnaire short form (CTQ-SF) is a well-validated screening instrument of childhood sexual, physical, and emotional abuse, as well as of physical and emotional neglect. A recent review of studies utilizing the CTQ-SF reported a high prevalence of severe emotional abuse and neglect in both clinical and victim populations. Taken together, the literature underline the importance of assessing multiple rather than single types of childhood adversities in studies of child abuse and neglect, in order to better contain the complex and inter-related nature of the topic. *Objective*: The aim of the present study was, therefore, to investigate the prevalence of emotional and physical abuse and neglect in a sample of sexual abuse survivors in Norway, using the CTQ-SF in order to ensure compatibility with previous studies. *Method*: Throughout 2011 and 2012, approximately 300 users of support centres for sexual abuse survivors in Norway completed a comprehensive questionnaire, including among other things the 28-item version of the CTQ-SF. *Results*: Preliminary results will be presented and compared to existing literature. Implications of the findings will be discussed.

Childhood trauma, attachment style, psychopathy and underlying biological mechanisms **15:55–16:15**

L. Waage[1], A. L. Hansen[2], D. Winje[3], A. Dovran[4] and K. Arefjord[3]
[1]Correctional Service, Ontario, Canada; Centre for Research and Education in Forensic Psychiatry, Haukeland University Hospital, Bergen, Norway; [2]Faculty of Psychology, Department of Psychosocial Science, University of Bergen, Bergen, Norway; Centre for Research and Education in Forensic Psychiatry, Haukeland University Hospital, Bergen, Norway; [3]Department of Clinical Psychology, University of Bergen, Bergen, Norway; [4]Department of Clinical Psychology, University of Bergen, Bergen, Norway; District Psychiatric Center Kronstad, Haukeland University Hospital, Bergen, Norway

Objective: The aim of this study was to investigate the relationship between childhood trauma, attachment styles, facets of self-reported psychopathy, and underlying biological markers. *Method*: One-hundred four inmates from Bergen prison participated in this study. The childhood trauma questionnaire-short form (CTQ-SF) was used to assess childhood maltreatment. Attachment style was measured by the experiences in close relationships (ECR) and self-reported psychopathy was measured by self-report of psychopathy-III (SRP-III). Underlying biological mechanisms were measured as heart rate variability and heart rate using the Actiheart system. *Outcomes*: When looking at the four categories of adult attachment styles (secure, dismissing, preoccupied, and fearful) the results indicated that individuals with fearful attachment style reported high levels of childhood maltreatment and posttraumatic stress symptoms. Moreover, the results revealed that participants with fearful attachment style had higher parasympathetic activity compared to secure attachment style. However, there was an abnormal relationship between sympathetic and parasympathetic activity in the group of fearful attached participants. We also examined the relationship between the two-dimension model of attachment (avoidant and anxious) and self-reported psychopathy (SRP-III), and found that the avoidant dimension was positive related to all facets of psychopathy. The strongest relation was with the callous facet. *Conclusion*: The present results indicated that there might be a relationship between childhood trauma, attachment, and self-reported psychopathy. Specific underlying biological mechanisms that might be affected due to adverse childhood experiences were identified.

The spectrum of trauma-related disorders

Symposium: Psychological processes following childhood trauma, separations and loss–more than PTSD?

Autobiographical memory specificity in complex PTSD and DID **16:45–17:05**

R. Huntjens[1], A. Van Minnen[2], D. Hermans[3] and I. Wessel[1]
[1]University of Groningen, Groningen, The Netherlands; [2]Overwaal Center for Anxiety Disorders, Radboud University Nijmegen, Nijmegen, The Netherlands; [3]University of Leuven, Leuven, Belgium

This study investigated autobiographical memory in patients with complex PTSD and dissociative identity disorder (DID). When recalling autobiographical events, many emotionally disturbed patients summarize categories of events rather than retrieving a single episode, so-called over general memory. One of the key mechanisms considered underlying over general memory retrieval is affect regulation. The recollection of general memories may produce

less affect than the recollection of specific episodic memories, thus enabling the individual to carry on with normal daily life. The current study was aimed at investigating over general memory in a sample of patients with experiences of chronic sexual and physical abuse in childhood. We included the autobiographical memory test (AMT), in which respondents have to provide autobiographical memories in response to positive and negative cue words. In addition, we also asked participants to indicate the perspective of remembering for each retrieved event. That is, a distinction can be drawn between two different perspectives of remembering. Field memories refer to memories in which the person remembers the event from the original viewpoint (i.e., seeing it again through their own eyes). Observer memories refer to memories in which the person sees him or herself while remembering the event (i.e., from the perspective of a detached spectator). The results indicated that the complex PTSD and DID patients recalled significantly fewer specific memories compared to controls. Associations with several types of posttraumatic symptoms will be presented, including cognitive and behavioral avoidance.

Effects of separation and loss on PTSD symptom change over time in a treatment seeking sample **17:05–17:25**

G. Smid and N. Van Der Aa
Foundation Centrum '45/Arq Research Program, Oegstgeest, The Netherlands

Background: Separation and loss experiences often accompany traumatic events, especially in refugees. Current conceptualizations of loss-related psychopathology emphasize similarities with post-traumatic stress disorder (PTSD) (Maercker & Znoj, 2010). It is unclear what the effects of separation and loss experiences are on PTSD levels as well as change in these levels during treatment. *Methods*: In a sample of treatment seeking individuals at a specialized trauma treatment centre ($N = 139$), we assessed PTSD symptoms as well as exposure to traumatic events using the Harvard trauma questionnaire at the start of treatment (care as usual) and one year later. Fifty-eight percent of the sample consisted of refugees, whereas the other part consisted of non-refugee groups, such as military veterans, police officers, and other violence victims. We used latent growth modeling to evaluate the effects of separation and loss experiences as well as being refugee on both baseline level of PTSD symptoms and change during treatment. *Results*: More separation and loss experiences were associated with a higher baseline PTSD symptom level (standardized regression weight $= 0.45$, $p < 0.001$). In addition, more separation and loss experiences were associated with a greater reduction in PTSD symptoms after one year of treatment. Refugees reported significantly more frequent exposure to almost all (21 out of 24) types of traumatic event, including separation and loss experiences. Nonetheless, after adjusting for separation and loss experiences, the baseline level of PTSD symptoms in refugees was only marginally elevated compared with non-refugee groups (standardized regression weight $= 0.17$, $p = 0.08$). *Conclusion*: Separation and loss experiences strongly contribute to the distress associated with PTSD. Results suggest that the effects of these experiences can be effectively targeted during treatment.

Reference

Maercker, A., & Znoj, H. (2010). The younger sibling of PTSD: Similarities and differences between complicated grief and posttraumatic stress disorder. *European Journal of Psychotraumatology, 1*, 5558. doi: 10.3402/ejpt.v1i0.5558.

Mental health problems associated with female genital mutilation **17:25–17:45**

J. Knipscheer[1], E. Vloeberghs[2], A. Van Der Kwaak[3], Z. Naleie[4] and M. Van Den Muijsenbergh[5]
[1]Arq Psychotrauma Expert Group, Diemen/Department of Clinical and Health Psychology Utrecht University, Utrecht, The Netherlands; [2]Pharos, knowledge- and advisory center for migrants, refugees and health, Utrecht, The Netherlands; [3]Royal Institute for the Tropics/University of Amsterdam, Amsterdam, The Netherlands; [4]Federation of Somali Associations, Rotterdam, The Netherlands; [5]Radboud University Medical Centre Nijmegen, Nijmegen, The Netherlands

Objective: Although experts have assumed that circumcised women are more prone to developing mental health problems than the general population, there has been little research to confirm this claim. This study investigated the mental health status of adult women who had undergone genital mutilation in their youth in Africa and later in life migrated to Europe. Risk factors associated with the report of mental health problems were also determined. *Method*: Sixty-six circumcised women originating from five African countries (Somalia, Ethiopia, Sudan, Eritrea, and Sierra Leone) and who had migrated to The Netherlands were assessed by means of four standardized questionnaires (HTQ-30, HSCL-25, COPE-Easy, LAS) and topic interviews. *Results*: One-third of the respondents met criteria for affective or anxiety disorders, scores indicative for PTSD were presented by 17.5% of the subjects. Infibulation as the type of circumcision, a lively memory of the circumcision, an avoidant coping style (in particular substance abuse), and lack of income were significant factors associated with psychopathology. *Conclusions*: There is no reason to pathologize the consequences of female genital mutilation, but specific attention to the serious psychosocial problems among a considerable minority group (especially infibulated women who remember their circumcision well and use avoidant ways of coping) is warranted.

ORAL, JUNE 7
HALL SYDNEY

Morning
Open Papers: Occupational health and secondary trauma I

Physicians and nurses involved in adverse patient events are traumatized and have a higher risk in burnout: a nationwide multicenter study 10:00–10:15

E. Van Gerven[1], S. Vandenbroek[2], L. Godderis[3], H. De Witte[4], M. Euwema[4], W. Sermeus[1] and K. Vanhaecht[1]
[1]Department of Public Health, University of Leuven, Leuven, Belgium; [2]IDEWE, Leuven, Belgium; [3]Department of Occupational, Environmental and Insurance Medicine, University of Leuven, Leuven, Belgium; [4]Department of Psychology, University of Leuven, Leuven, Belgium

In healthcare, one out of seven patients is involved in an adverse event. Adverse events can lead to two types of victims. The first and most important victim is the patient and family. The second victim is the involved physician and/or nurse. The second victim is defined as a health care provider involved in an unanticipated adverse patient event or medical error, who becomes victimized in the sense that the provider is traumatized by the event. They feel personally responsible, feel as they have failed their patient and second-guess their clinical skills and knowledge base. Symptoms are both personal and professional and include posttraumatic stress disorder (PTSD). PTSD has a strong association with the existence of burnout. We performed a nationwide cross-sectional multicenter study in 37 hospitals in Belgium. One-thousand one ninety-eight physicians and 4,635 nurses participated in the web survey regarding the prevalence of burnout and adverse events. Results show that involvement in an adverse patient event implies a 2-fold increased risk of burnout. There is a high correlation between adverse events and depersonalization. Since involvement in an adverse patient event has serious consequences on emotional and professional level, support systems need to be in place to protect both patients and health care workers. Several European institutes and universities are actually repeating this study and are launching a new European research network to collaborate, share knowledge, and launch scientific studies on this health policy topic.

Perception of Threat and Safety at Work among Government Employees after the 2011 Oslo Terrorist Attack 10:15–10:30

A. Nissen and T. Heir
Norwegian Center for Violence and Traumatic Stress Studies

The aim of this study was to examine the perception of threat and safety at work among employees who have experienced a terrorist attack directed at their workplace. Employees in 14 of the 17 Norwegian ministries were asked about threat and safety perception at work, traumatic exposure, and symptoms of posttraumatic stress disorder (PTSD) 9 to 10 months after the terrorist car bomb attack in Oslo on the 22nd of July, 2011. Of the 1881 ministerial employees who completed the survey, 198 (10.5%) were at work in the government district when the terrorist bomb exploded. This high stress-exposed group reported a significantly higher level of perceived threat (odds ratio [OR] = 3.03), and a lower level of perceived safety (OR = 2.81) at work compared to low stress-exposed employees. When controlling for PTSD symptoms, however, the ORs did not significantly differ between the two groups, whereas PTSD symptomatology in itself was significantly associated with both high perceived threat (OR = 2.87) and low perceived safety (OR = 2.59). Women (OR = 0.49), older employees (OR = 0.78) and highly educated employees (OR = 0.43) had significantly lower levels of perceived threat after controlling for PTSD symptoms. Our data suggest that employees with a high degree of stress-exposure during a workplace terrorist attack have greater fears of future attacks and feel less safe at work after the attack compared to low stress-exposed employees. It appears that this can be explained by the higher prevalence of PTSD symptoms among high stress-exposed employees.

Integrated group counseling for mental health & resilience of Thai army rangers in southern most provinces of Thailand 10:30–10:45

D. Chongruksa[1], P. Prinyapol[1], S. Sawatsri[2] and C. Pansomboon[3]
[1]Prince of Songkla University, Songkhla, Southern Thailand; [2]Pramongkok Hospital, Bangkok, Thailand; [3]Youth Observation, Tumbon Bangjak Muang District, Thailand

This research presented an integrated group counseling developed for Thai army rangers deploying in the three southern most provinces during the unrest. The intervention focused on the improvement of mental health and resilience, and the reduction of risk symptoms related to stress. The group process was the interactive model of existential therapy, art therapy using mandala, Cognitive Behavioral Therapy and Psycho-education. The design was the control experiment. Forty-four voluntary rangers aged between 22 and 45 years were randomly assigned equally to the experiment and the control groups. They were selected from 384 rangers derived by cluster sampling based on low scores of resilience inventory and Thai mental health inventory (TMHI-54), and on high scores of Thai general health questionnaires (GHQ 28). The assessment was done 3 times: before treatment, at termination, and at 1-month follow up. The experiment attended 20 session group counseling while the control received educational information. The data were analyzed by two-way MANOVA and ANOVA: repeated measure. The results were: 1. The average scores of those attending group counseling after the experiment and follow up were significantly different from those of the control in all three inventories with relative medium effect sizes and at 1-month follow up with small decrease in effect sizes. The significant differences were also revealed in all subscales: hardiness, optimism, resources and purposes for resilience inventory; symptom, anxiety, social dysfunction, and depression for GHQ 28; and mental state, mental capacity, mental quality, and social support for TMHI-54. 2. Of all 384 rangers, half of them scored at low level on resilience and nearly half on mental health. About two-thirds scored at normal level on general health where more than half were at high level on depression subscale.

Indirect exposure to client trauma and the impact on trainee clinical psychologists: secondary traumatic stress or vicarious traumatization? 10:45–11:00

G. Turpin[1], R. Makadia[1] and R. Sabion-Farrel[2]
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This study investigated the extent of exposure to trauma work among trainee clinical psychologists and its impact on well-being. It investigated which theoretical model (secondary traumatic stress (STS), vicarious traumatization (VT), or even a non-specific model of general psychological distress) could best account for any negative effects associated with indirect exposure to client trauma. Five-hundred sixty-four trainees participated in an online survey, which included self-report measures of general psychological distress, trauma symptoms, and disrupted beliefs. Most trainees

had caseloads of 1-2 trauma cases, with the most common trauma experienced by their clients as being sexual abuse. Exposure to trauma work was not related to self-reported general psychological distress or disrupted beliefs within trainees, but was a significant predictor of trauma symptoms. Level of stress of clinical work and quality of trauma training contributed to the variance in trauma symptoms. It is concluded that the study provides support for STS but lacked evidence to support VT or a non-specific model of general psychological distress. The implications for training clinical psychologists and other psychological therapists are discussed.

Trauma for physicians and nurses after an adverse patient event: a systematic literature research of the impact on functioning and well-being **11:00–11:15**

E. Van Gerven[1], D. Seys[1], S. Scott[2], J. Conway[3], A. Wu[4], M. Panella[5], M. Euwema[6], W. Sermeus[1] and K. Vanhaecht[1]
[1]Department of Public Health, University of Leuven, Leuven, Belgium; [2]Sinclair School of Nursing, University of Missouri, Missouri, USA; [3]Institute for Healthcare Improvement, Cambridge, USA; [4]Johns Hopkins Bloomberg School of Public Health, Baltimore, USA; [5]Faculty of Medicine, Amedeo Avogadro University of Eastern Piedmont, Novara, Italy; [6]Department of Psychology, University of Leuven, Leuven, Belgium

One out of seven patients is involved in an adverse event. Adverse events within healthcare settings can lead to two victims: the first and most important victim is the patient and family. The second victim, however, is the involved health care professional. The objectives of this systematic literature research were to determine definitions of the second victim concept, the prevalence and the impact of the adverse event on the second victim, and the used coping strategies. A second victim is defined as a health care provider involved in an unanticipated adverse patient event and/or medical error who become victimized in the sense that the provider is traumatized by the event. Frequently, second victims feel personally responsible for the unexpected patient outcomes and feel as though they have failed their patient, second-guessing their clinical skills and knowledge base. It is estimated that almost 50% of all health care providers become a second victim once in their career. Feelings of guilt, anger, frustration, psychological distress, fear, and PTSD are the most common psychosocial and physical symptoms. The error can have an impact on both the personal and professional life of the second victim. The coping strategies used by second victims have an impact on their patients, colleagues, and themselves. Defensive as well as constructive coping strategies have been reported in practice. Support networks need to be in place to protect both the patient and involved health care providers.

Reference

Seys, D., Wu, A. W., Van Gerven, E., Vleugels, A., Euwema, M., Panella, M., et al. (2012). Health care professionals as second victims after adverse events: A systematic review. *Evaluation & the Health Professions*. In press. doi: 10.1177/0163278712458918.

Open Papers: Occupational health and secondary trauma II

The relationship between secondary traumatic stress and job burnout: a meta-analysis **11:45–12:00**

R. Cieslak[1], K. Shoji[2], A. Douglas[3], E. Melville[3], A. Luszczynska[4] and C. Benight[5]
[1]Department of Psychology, University of Social Sciences and Humanities, Warsaw, Poland and Trauma, Health, and Hazards Center, University of Colorado, Colorado Springs, USA; [2]Trauma, Health, and Hazards Center, University of Colorado, Colorado Springs, USA; [3]Department of Psychology, University of Colorado, Colorado Springs, USA; [4]University of Social Sciences and Humanities, Wroclaw, Poland and Trauma, Health, and Hazards Center, University of Colorado, Colorado Springs, USA; [5]Trauma, Health, and Hazards Center and Department of Psychology, University of Colorado, Colorado Springs, USA

This study is aimed at reviewing the evidence for relationships between secondary traumatic stress (STS) and job burnout among professionals working with trauma survivors. Critical moderators explored were: 1) the type of measurement, 2) the conceptualization of STS and job burnout, 3) gender, and 4) the cultural context. To evaluate cultural context we focused on differences between the findings obtained in the US and other countries, as well as the differences in findings obtained for English-language measures *versus* other-language measures. A systematic review of literature yielded 41 original studies, analyzing data from a total of 8,256 workers. Meta-analysis indicated that associations between STS and job burnout were strong (weighted $r = .69$). Studies applying measures developed within the compassion fatigue framework (one of the conceptualizations of job burnout and STS) showed significantly stronger relationships between STS and job burnout, indicating a substantial overlap between measures (weighted $r = .74$; 55% of shared variance). Research applying other frameworks and measures of job burnout (i.e., stressing the role of emotional exhaustion) and STS (i.e., focusing on symptoms resembling post-traumatic stress disorder or a cognitive shift specific for vicarious trauma) showed weaker, although still substantial associations (weighted $r = .58$; 34% of shared variance). Significantly stronger associations between job burnout and STS were found for: 1) studies conducted in the US compared to other countries, 2) studies using English-language versions of the questionnaires compared to other-language versions, and 3) in predominantly female samples. In conclusion, results suggests that due to high correlations between STS and job burnout, there is a substantial likelihood that a professional exposed to secondary trauma would report similar levels of job burnout and STS, particularly if job burnout and STS were measured within the framework of compassion fatigue.

Occupational stress: approach and intervention with paid-professional firefighters **12:00–12:15**

A. Sommerfeld and S. Wagner
University of Northern British Columbia, Prince George, Canada

The primary purpose of this project was to answer the question "What support do firefighters and their partners feel they need for the prevention and treatment of fire rescue occupational stress"? phase 1 of the research was a reflexive ethnography of facilitator experiences during presentation of a workshop to paid-professional fire rescue members based on the Veteran Affair's Wellness Kit. Phase 2 consisted of completion, coding and, analysis of in-depth personal interviews with select fire rescue members and their partners. Results from phase 1 indicated that the workshop format was positively accepted and well attended; members stated that they learned from the workshops and would recommend other similar learning opportunities. Results from the phase 2 interviews revealed findings of positives from the job such as time-off, but less positives for safety, stress, technology usage, and training. Training was suggested for improvement in several areas, and continuing discussion of behavioral health was an often requested topic. Overall, the present research supported a broad holistic view of stress that institutes overall cultural and organizational changes to support stress prevention. Despite this ongoing need for additional behavioral health management information, firefighters and their partners believed the level of support within the fire department could be sufficient for the prevention and treatment of occupational stress. Further, acknowledgement of existing psychological issues remains paramount to prevention strategies for this group.

Hostility in firefighters: personality and mental health **12:15–12:30**

S. Wagner, R. Pasca and J. Crosina
University of Northern British Columbia, Prince George, Canada

Purpose: To evaluate the self-reported personality and mental health symptomatology of a group of firefighters characterized as high-hostile *versus* those characterized as low-hostile. *Methodology*: A group of paid-professional firefighters ($n = 94$) completed a questionnaire study that included use of a demographic questionnaire, the impact of event scale-revised (IES-R), the NEO personality inventory (NEO-PI), Framingham type A scale, and the symptom checklist-90 (SCL-90). *Analysis*: Firefighters were divided into high-hostile and low-hostile using the 50th percentile as the categorizing factor. Once categorized, group differences were investigated regarding personality characteristics as measured by the NEO-PI, controlling for type A behavior. Group differences were also investigated for mental health as measured by the SCL-90, controlling for both type A behavior and neuroticism. *Findings*: Low-hostile firefighters self-reported greater agreeableness; whereas, high-hostile firefighters self-reported greater neuroticism. Further, high-hostile firefighters self-reported greater posttraumatic symptomatology, as well as increased symptoms of somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, phobia anxiety, paranoid ideation, and psychoticism. *Originality/value*: To our knowledge, this is the first study to specifically investigate the impact of hostility on mental health of paid-professional firefighters. In addition, the findings suggest that interventions to screen for and subsequently, reduce hostility in firefighters may be beneficial for mental health in this occupational group.

Gender differences in humanitarian aid workers **12:30–12:45**

H. Siller[1] and B. Juen[2]
[1]Women's Health Centre of Innsbruck Medical University Hospital, Medical University Innsbruck, Innsbruck, Austria; [2]Department of Psychology, University of Innsbruck, Innsbruck, Austria

Gender differences in trauma (e.g., trauma type, lifetime prevalence of trauma) and the posttraumatic stress disorder are well-established and may point to a different vulnerability of women to traumatic events. Studies on short- term delegates after the tsunami have drawn a more complex picture, indicating that the social reference of men and women should be taken into account. The study was set on humanitarian aid workers using quantitative and qualitative approaches to assess resources, stress, gender - and culture - specific aspects in humanitarian aid. Analysis was done on 22 semi-structured interviews with humanitarian aid workers using the content analysis. Gender-specific content was additionally analyzed using an intersectional approach to refine results. The poster will focus on qualitative results. Results show that resources during the mission refer to effectiveness of work, support and safety provided by the organization, team-related resources and culturally adapted coping strategies. Stressful factors during the mission were more strongly emphasized for external factors (work- and organization-related) and team-related factors. Moreover, stress was expressed after returning from the international work, leading to a specific feeling of detachment and difficult re-entry. Returning to the home country was also related to a changed appreciation of the home country. The results of the intersectional approach on gender revealed feelings of in/equality of men and women, impact of gender mixture in teams, and also the importance of the status of a person. Results can be translated for further implications for training and further support of humanitarian aid workers.

Examining disaster mental health workforce capacity **12:45–13:00**

L. Reifels[1], L. Naccarella[2], G. Blashki[3] and J. Pirkis[1]
[1]Centre for Health Policy, Programs & Economics, Melbourne School of Population Health, The University of Melbourne, Melbourne, Australia; [2]Australian Health Workforce Institute, The University of Melbourne, Melbourne, Australia; [3]Nossal Institute for Global Health & Melbourne Sustainable Society Institute, The University of Melbourne, Melbourne Australia

Objective: Despite considerable advances in disaster mental health a lack of systematic data on the capacity of the multifaceted workforce which provides best-practice mental health support to disaster-affected individuals constitutes one of the biggest challenges to effective disaster response planning. In order to address this challenge and inform future disaster planning, we conducted a state-level examination of the profile and capacity of the disaster mental health workforce in Victoria, Australia. *Method*: Comprehensive workforce scoping (including professional and paraprofessional providers) informed recruitment for a cross-sectional online survey ($n = 791$). The survey elicited information regarding the workforce profile, key indicators, and correlates of disaster mental health capacity, as well as key barriers and enablers of effective disaster response participation. Data analysis involved a combination of descriptive, correlational, and thematic analyses of survey data. *Results*: Study findings highlight the diverse profile and considerable variability in the disaster mental health capacity of providers. Existing workforce strengths include high provider interest and mobility levels, and a good understanding of disaster impacts. However, many providers lacked disaster work experience and confidence to provide best-practice interventions, with confidence levels corresponding to training and provider experience. *Conclusions:* Study findings provide a broad-based training mandate, whilst highlighting the need for practice opportunities and structural provider support. Cross-professional capacity surveys focused on best-practice disaster mental health interventions can provide systematic data to inform strategic disaster workforce planning, sustainable capacity building and provision of enhanced support services in disaster-affected communities.

Afternoon
Open Papers: Occupational health and secondary trauma III

Traumatic stress in intensive care staff: associations with burnout and coping **15:15–15:30**

C. Dalia[1], G. Colville[2], J. Brierley[3], K. Abbas[3] and L. Perkins-Porras[1]
[1]St George's University of London Medical School, London, UK; [2]St George's Hospital, London, UK; [3]Great Ormond Street Hospital for Children, London, UK

Background: A recent meta-analysis has found that healthcare workers are at risk of posttraumatic stress symptoms arising from work-related critical incidents. It is hypothesized that repeated exposure to traumatic medical events in Intensive Care settings places this group of health professionals at increased risk of developing symptoms of posttraumatic stress disorder (PTSD). *Objectives*: 1) To ascertain level of posttraumatic stress symptomatology in a mixed staff group working in an intensive care setting. 2) To examine associations between PTSD symptoms, burnout and coping strategies. 3) To determine whether the use of particular coping strategies was associated with scores on a PTSD screening instrument. *Design*: Cross-sectional questionnaire study *Participants*: Fifty-eight health professionals working on a pediatric/neonatal intensive care unit. *Measures*: Trauma screening questionnaire (TSQ); abbreviated maslach burnout inventory (aMBI), list of coping strategies. *Results*: In total 48 (83%) participants reported at least one posttraumatic stress symptom in the previous week and a significant number, $n = 10$ (17%), scored above the clinical cut-off on the TSQ, suggesting they were at risk of developing PTSD in relation to traumatic work-related experiences. There was no significant association with gender, number of years qualified, whether the staff member lived alone or had children, or whether they were a doctor or a nurse. Scores on the TSQ were however associated with scores for emotional exhaustion ($r = 0.496$, $p < 0.001$) and depersonalization ($r = 0.273$, $p = 0.038$) on the aMBI. People with higher TSQ scores were more likely to report ignoring stress ($p = 0.008$) and taking time off ($p = 0.039$) as coping strategies and less likely to say they had hobbies ($p = 0.02$). *Conclusion*: A significant minority of intensive care staff reported PTSD symptoms relating to their work. Symptoms were independent of demographic factors or length of experience but were related to burnout. More research is needed on the prevalence of psychological distress in this group.

"An investigation into the consequences and effects of secondary trauma on health professionals working with traumatized individuals" **15:30–15:45**

R. Konistan
London Metropolitan University, London, UK

Secondary traumatization has been reported among professionals working with traumatized individuals, hence themselves fall victim to secondary traumatic stress (Figley, 2002a) That is through exposure and while engaging in helping or wanting to help a traumatized individuals. Secondary trauma is receiving attention in recent years particularly within mental health professions (Bride, 2002). Sabo (2006) found that nurses who provide intensive take to patients fall victims and suffer compassion fatigue. Thomas (2004) suggested that almost seven percent of professionals who work with victims of trauma display emotional reactions that are very similar to symptoms of PTSD. The American Psychological Association has indicated that these symptoms can be grouped under three categories, which are re-experiencing the traumatic event, augmented arousal and relentless avoidance and, numbing of widespread thoughts associated with the trauma. Thomas (2002) approved that STS (i.e., stress reaction almost indistinguishable to PTSD symptoms, except that the trauma was experienced indirectly by hearing about or knowing about a traumatic situation. Overall, the aims of the current research are to highlight many of the above-indicated issues suggested by pervious research work; and to examine the concept, the prevalence, the main etiology and, effective treatment approaches used for compassion fatigue and secondary traumatic stress among a sample of healthcare providers working in hospitals in London.

Shattered assumptions in trauma assistants **15:45–16:00**

P. Andreatta
University of Innsbruck, Innsbruck, Austria

"Disasters and crises tap into our deepest fears, setting in motion the struggle for survival and the pain and suffering that go along with it. No one who participates in such an experience, including the helpers, can escape being affected by it." (Charney & Pearlman, 1998). This presentation focuses on the social-cognitive aspects of facilitating the development and maintenance of PTSD within secondary traumatization. Our cognitive worlds consist of theories and working models including beliefs about ourselves, the external world, and the relationship between the two. This approach is theoretically approached in the "Assumptive Worlds" of Janoff-Bulman (1992). Working with victims of disasters can shatter the helper's own fundamental concepts and leads to an abrupt disintegration of the inner world. Helpers are at-risk for secondary traumatization, which is mainly facilitated by the role of empathy (Figley, 2002). Quantitative data ($N = 131$) among a sample of trauma assistants working in crises intervention and paramedics were collected. To examine the effects of traumatic stress the posttraumatic stress diagnostic scale (Foa, 1995) was used and to survey fundamental beliefs and view of the self and the world the World Assumptions Scale of Janoff-Bulman (2007). Results show changes within cognitive schemas regarding the participant's world and self-view concerning fundamental assumptions about the meaningfulness of life, benevolence of people, control, self-worth, and assumptions about justice. Trauma assistants show more impact on their fundamental assumptions than paramedics, which can be discussed form the perspective of empathy. On top of that, a specific pattern of disruption in schemas was found. This pattern can be either interpreted to function as psychodynamic defense and/or to be a hint for posttraumatic growth.

Psychological trauma and other stressors affecting the mental health of local staff working in the Vanni region in Sri Lanka **16:00–16:15**

B. Lopes Cardozo[1], T. Sivilli[2], C. Crawford[1], W. Scholte[3], P. Petit[3], F. Ghitis[3], A. Ager[4] and C. Eriksson[5]
[1]Centers for Disease Control and Prevention, Atlanta, USA; [2]Department of Psychiatry, Emory University, Atlanta, USA; [3]Antares Foundation, Amsterdam, The Netherlands; [4]Columbia University, New York, USA; [5]Fuller Theological Seminary, Pasadena, USA

In the aftermath of the civil war in Sri Lanka that extended from 1983 to 2009, humanitarian organizations provided aid to the conflict-affected population of the Vanni region in northern Sri Lanka. Little is known about the consequences of the stress of humanitarian aid work on national staff, even though they make up the majority of the workforce in many humanitarian organizations. In August 2010, we conducted a needs assessment to determine the mental health status of Sri Lankan national humanitarian aid staff working in post-war conditions of stress and hardship, and consider cultural, contextual, and organizational characteristics influencing such status. A total of 398 staff members from nine organizations working in the Vanni area participated in the survey, which assessed stress, work characteristics, social support, coping styles, and symptoms of psychological distress. Exposure to traumatic, chronic, and secondary stressors was common. Nineteen percent of the population met the criteria for posttraumatic stress disorder (PTSD), 53% of participants reported anxiety symptoms, and 58% reported depression symptoms. Those reporting high levels of support from their organizations were less likely to suffer depression and PTSD symptoms than those reporting lower levels of staff support ($OR = 0.23$, $p < 0$ .001) and ($OR = 0.26$, $p < 0.001$), respectively. Participants who were age 55 or older were significantly less likely to suffer anxiety symptoms than those who were between 15 and 34 years of age ($OR = 0.13$, $p = 0.011$). Having experienced travel difficulties, including threatening checkpoints, and rough roads, was significantly associated with more anxiety symptoms ($OR = 3.35$, $p < .001$). We recommended that humanitarian organizations provide stress management training and increase support to their staff. Best practices to address high levels of depression and anxiety symptoms in these workers needs to be explored further.

Open Papers: The spectrum of trauma related disorders

The co-occurrence of PTSD and dissociation: differentiating severe PTSD from dissociative PTSD **17:00–17:15**

C. Armour[1], K. Karstoft[1], A. Elklit[1] and D. Richardson[2]
[1]University of Southern Denmark, Odense, Denmark; [2]Operational Stress Injury Clinic, St. Joseph's Health Care London, University of Western Ontario, London, Ontario, Canada; National Center for Operational Stress Injury Canada

Recent studies have suggested that distinct subgroups of PTSD may exist based on their level of dissociation, indeed a dissociative PTSD subtype has been suggested for the DSM-V. However, the nature of the relationship between dissociation and PTSD remains unclear. Furthermore, it is not yet clear whether certain characteristics and experiences differentiate between severe PTSD and dissociative PTSD. The current study investigated the co-occurrence of dissociation and posttraumatic psychopathology in a sample of 432 treatment seeking Canadian military veterans. Participants were assessed with the clinician administered PTSD scale (CAPS) and self-report measures of traumatic life events, depression, and anxiety. CAPS severity scores were created reflecting the sum of the frequency and intensity items from each of the 17 PTSD and three dissociation items. The CAPS severity scores were applied to latent profile analysis (LPA). Subsequently, several covariates were added to the model. The LPA identified five classes: two low PTSD severity subgroups (13.7%, and 20.0%, respectively), an intermediate PTSD severity group (22.1%), a severe PTSD group (30.5%), and a dissociative PTSD group (13.7%). The experience of sexual assault (i.e., attempted rape, made to perform any type of sexual act through force or threat of harm) was the only covariate which was significantly predictive ($OR = 2.733$; $CI = 1.253–5.967$) of membership in the dissociative PTSD group compared to the severe PTSD group. The participants from this all-veteran sample were assessed by the same clinician. Furthermore, the study was retrospective and included a relatively narrow measure of dissociation. In conclusion, a significant proportion of individuals experienced high levels of dissociation alongside their PTSD, which may constitute

a dissociative-PTSD subtype. Sexual assault may increase the likelihood of experiencing a dissociative-PTSD subtype compared to severe PTSD alone.

The amputated fingers: reflections on co-therapy in differentiated time **17:15–17:30**

O. Convertino[1], M. Lanzetta[2], G. Urso[3], E. Berardi[1], D. Sala [1], F. Pirovano[1], F. Porco[1], S. Arrigoni[1], C. Recanati[1] and V. Matacchiera[1]
[1]Studio Convertino, Monza, Italy; [2]Italian Institute of Hand Surgery, Monza, Italy; [3]Rehabilitation Centre "Il Carrobiolo", Monza, Italy

The paper aims to examine two cases with amputation of the fingers as a result of workplace accidents. We will consider, through psychodiagnostic tests, the trauma's influence entailment of the redefinition of the body schema and the symbolic value of the loss of fingers. The approach of ''co-therapy at differentiated time by multidisciplinary setting'' has the objective of helping patients to revise the posttraumatic stress disorder by drawing on various techniques that aim to integrate the new body schema, the new symbols connected to it, activated from behavioral strategies and processes of identity. The hand assumes a central life significance for the individual: an amputation is not only an motor expressive impairment, but it compromises psychic mechanisms related to self-definition and the representation of reality inside and outside the person. The individual defines himself according to the perception of the body (body schema) and the features that it can perform. The method is based on diversified and integrated techniques (role playing, collage, personal empowerment etc.) elaborated by the team of professionals after the analysis of the final test results. The multidisciplinary team operates with a shared procedure based on the analysis of transference and countertransference in different settings. In conclusion, the ''co-therapy at differentiated time by multidisciplinary setting'' creates, from the integration of aspects of the co-therapist's countertransferal and the patient's symbolic process, a new and effective technique under different settings.

PTSD and anxiety and depression after exposure to physical assault, through 8 years **17:30–17:45**

V. A. Johansen[1], D. E. Eilertsen[2], D. Nordanger[1] and L. Weisaeth[3]
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Background: There is a lack of prospective longitudinal studies focusing on the victims exposed to physical violence by a perpetrator other than a family member. *Aims*: To assess the prevalence and comorbidity of PTSD and anxiety and depression symptoms, and the stability of symptoms, in a sample of victims of non-domestic violence exposed to physical assault, through 8 years. *Method*: This study had a single group longitudinal design with four repeated measures, the first as soon as possible after the exposure ($N=143$ at T1), the second 3 months later ($N=94$ at T2), the third after one year ($N=73$ at T3) and the fourth after 8 years ($N=47$ at T4). Questionnaires used were: impact of event scale-15 and 22 (IES-15 and 22), posttraumatic symptom scale-10 (PTSS-10) and the Hopkins symptoms check list (HSCL-25). *Results*: Probable PTSD cases measured with IES-15 were found to be 33.6% at T1, 30.9 at T2, 30.1% at T3 (12 months), and 19.1% at T4 (8 years), while probable anxiety and depression cases measured with HSCL-25 were 42,3% at T1, 35,5% at T2, 35,6% at T3, and 23,4% at T4. The comorbidity of probable PTSD and probable anxiety and depression symptoms were high, the values ranged from 87.5% at T1 to 55.6% at T4. The estimated probability of recovery during the 8 years from PTSD symptoms is 52% while the corresponding findings concerning anxiety and depression are 43%. *Conclusion*: The high occurrence of both PTSD symptoms and anxiety-depression after 8 years shows that exposure to physical assault by strangers need to be given more attention as a severe risk of chronic mental health problems. Clinicians have to be aware of individual experience and symptoms when offering follow-ups and psychological treatment.

Long-term consequences of armed conflicts: the burden of mental health disorders and factors influencing coping among conflict-affected populations in Georgia **17:45–18:00**

N. Makhashvili[1], I. Chikovani[2], M. McKee[3], V. Patel[3], J. Bisson[4], N. Rukhadze[2] and B. Roberts[3]
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Background: There are high numbers of internally displaced persons (IDPs) in the Republic of Georgia as a result of armed conflicts over the past two decades. *Methods*: A cross-sectional household survey conducted in late 2010 using multistage random sampling of conflict-affected persons aged ≥ 18 years from three war-affected groups: displaced in early 1990s (Old IDPs); displaced in 2008 (New IPDs) and those who returned to border-line villages after being initially displaced from their homes (Returnees). Outcome measures included PTSD, depression, anxiety, and functional disability. *Results*: The data shows that almost a quarter (24%) of IDPs met criteria for PTSD, 14% for depression, and 11% for anxiety. When limited to only respondents who had any mental health condition, 42% of them had co-morbidity of these disorders. The burden of disability was also substantial: a 14% increase in disability was related to PTSD, 20% to depression and, 19% to anxiety, with women significantly more likely to report higher disability scores than men. The influences of time and coping mechanism with trauma were also examined. *Conclusions*: The paper explores patterns of mental health conditions among IDPs and returnees and presents range of factors associated with them, and their associated burden with disability, including coping factors. The policy implications are also discussed and recommendations made on establishing appropriate mental health and trauma services for large groups of IDPs.

XIII ESTSS Conference: ''Trauma and its clinical pathways: PTSD and beyond'', Bologna, June 2013

POSTERS, JUNE 7

Psychobiology and trauma

Resilience to the development of posttraumatic stress disorder associated with common KIBRA alleles

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Background: The core feature of posttraumatic stress disorder (PTSD) is a strong but defragmented memory for the traumatic events survived. Genetic factors involved in (emotional) memory formation have been repeatedly found to influence vulnerability to PTSD development subsequent to trauma exposure. Because accumulating evidence from behavioral and biomolecular studies indicates that the gene encoding brain protein KIBRA is involved in long-term memory performance, we hypothesized that common *KIBRA* alleles influence the susceptibility of lifetime PTSD development. *Methods*: We employed a structured clinical interview to assess traumatic load and current and lifetime PTSD in two independent samples of survivors from genocide (N = 392, Rwanda) and civil war experiences (N = 399, Northern Uganda). DNA was isolated from saliva samples and chip-based single nucleotide polymorphism (SNP) genotyping was performed. We fitted logistic regression models with correction for multiple comparisons to evaluate the influence of 115 tagged *KIBRA* SNPs on current and lifetime PTSD in the Rwandan discovery sample. Hypothesis-driven replication analysis was performed in the Ugandan sample employing the same statistical model. *Results*: We discovered an association of two *KIBRA* SNPs, rs10038727 and rs4576167, in near complete linkage disequilibrium with lifetime PTSD in the Rwandan sample and replicated this association in the independent Ugandan sample. Traumatic load increased the likelihood of PTSD development in both genotype groups; however, carriers of the minor allele of rs10038727 and rs4576167 had significantly reduced risk to develop PTSD across all levels of traumatic load. *Discussion*: We identified a protective effect of the minor allele of rs10038727 and rs4576167 in two independent samples. The results of this study indicate that the gene encoding KIBRA influences the likelihood of PTSD development through its impact on long-term memory processes.

Childhood trauma, PTSD, and physical health

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Associations between childhood trauma and adult mental health problems like depression, anxiety, and posttraumatic stress disorder (PTSD) are especially emphasized in the literature. Although less extensively researched, childhood traumatic experiences have been hypothesized to increase the risk of adult onset of a spectrum of chronic physical diseases. A recent meta-analysis of the effects of child abuse on medical outcomes in adulthood found that the increased risk of selected adverse physical health outcomes was comparable to that observed for poor mental health outcomes. Unfortunately, the literature suffers from methodological shortcomings that limit the more specific understanding of the relationship between the childhood trauma and physical health. The effects of neglect and emotional abuse are underrepresented in the literature, whereas childhood sexual abuse and childhood physical abuse are overrepresented. The potential mediators (e.g., behavioural, physiological, and psychological) of the relationship are neither well understood nor well researched, and some common health outcomes, such as an unhealthy low body weight, are almost entirely overlooked in the literature. On this background, we present the results of a stratified random probability survey conducted in Denmark with 2981 participants born in 1984. Our results showed that PTSD symptomatology and childhood abuse were significantly associated with both underweight and overweight/obesity in adulthood. Furthermore, childhood emotional abuse was especially associated with underweight, whereas sexual abuse and overall abuse were particularly associated with overweight/obesity. Also, we found that childhood abuse was significantly associated with poorer self-reported physical health status in adulthood. Psychological distress and health risk behaviours partially mediated the relationship between no abuse, sexual abuse, and physical abuse and health problems and fully mediated the relationship between emotional abuse and physical health. These results indicate that early interventions following adverse childhood experiences are important to prevent some of the long-lasting consequences on adult physical health.

Validity of Impact of Event Scale-6—Portuguese version

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The posttraumatic stress disorder (PTSD) is characterized by specific symptoms that individuals develop after exposure to traumatic events and respond with intense fear, helplessness, or horror. The value and limitations of brief screening procedures is well known for traumatic stress. However, its usefulness depends on adapting instruments for native languages and its application being disseminated on practice contexts. The purposes of this study are (1) to develop an abbreviated version of the Impact of Event Scale-Revised (IES-R) based on the study of Thoresen and colleagues and (2) to calculate the cutoff of the IES-R-6. The sample has 520 participants, 147 (28.3%) men and 373 (71.7%) women. The average age is 28.72 (SD = 12.61) years. The instruments used were the Portuguese versions of Impact of Event Scale – Revised (IES-R) and the Clinician-Administered PTSD Scale (CAPS). To accomplish the abbreviation IES-R for the Portuguese version, we use regression enter method to prove the hypothesis from Thoresen and colleagues. The procedure for abbreviation results in a subset of six items (IES-6), which was correlated with the IES-R (pooled correlation = 0.951). Using CAPS as gold standard, the cutoff for IES-6 is 12.5 and for IES-R is 35.5. The Cronbach's alpha calculated for the IES-6 is 0.84. The IES-6 has good

psychometric qualities and is a good instrument for PTSD screening, and also is a robust brief measure of posttraumatic stress reactions. Our data demonstrate that the IES-6 is a reliable measure to assess PTSD; however, it should be used with an interview to acknowledge the complexity of traumatic stress. The specific utility of both IES-R and IES-6 on several contexts is discussed considering future developments.

Miscellaneous

Transformation performance: a dramaturgical methodology for the processing of traumatic memory

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This article examines the potential of performance as a transformative event, realigning a wounded psyche by enabling embodied dialogues between self and traumatic memory through the application of a nascent methodology, ''Transformation Performance'' (T/P). It considers the postadoption ''self'' as a posttraumatic ''self,'' making critical connections between the two, and proposes that the adoption process is characteristically traumatic in nature, resulting in personal and cultural dislocation. The research questions the ontological nature of psychic trauma as an invasive, compromising agent, exploring how an etiological strategy of temporal disruption, intervention through creative process and alternate memory planting through performed narrative, might operate to address the characteristically oppressive nature of traumatic memory instigating a process of transformation in the adopted individual. The research design is guided by a geological metaphor: the psyche is distorted around ley-lines—traces of historic trauma—connecting and influencing public representations of ''self''. T/P resolves these ''misrepresentations'' through a supported creative process, which seeks to liberate the psychic and physical ''self''. This practice-led research originates in responses developed in reflection on work undertaken with recovering addicts in 2009, the personal testimonies of American and British military personnel collected in 2010–2011, alongside my own heuristic questioning and autobiographical deconstruction, in search of a posttraumatic performance of the liberated postadoption ''self''. The research considers the work of Dr. Francine Shapiro and will hypothesise that the methodology of T/P offers a comparable creative approach to the processing of traumatic memory. The experience of T/P is one of ''living through'' posttrauma, and not of transcendence, on one hand, or ''coping'', on the other. Accordingly the ''self'', arrived at by means of T/P is hypothesised as a publicly articulated site of personal history reclaimed through performance as a subaltern consciousness, articulated and liberated by the enabled narrative voice.

Factorial structure and invariance of the Posttraumatic Symptom Scale (PTSS-10) in patients with posttraumatic stress disorder

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Background: Posttraumatic Symptom Scale (PTSS-10) detects multiple symptoms of posttraumatic stress disorder (PTSD). The results for the factorial structure of the scale are inconsistent and it is not known to what extent the scale exhibits measurement invariance. *Objective*: Different factor structure models of the PTSS-10 scale were tested, and various forms of measurement invariance examined. *Methods*: A total of 247 subjects with a diagnosis of PTSD were examined on two time points. The factor structure was determined by means of exploratory and confirmatory factor analysis. The invariance of the PTSS-10 scale was tested by confirmatory factor analysis with increasing restrictions. *Results*: A two-factor structure was identified; the first factor reflected a general mental instability, while the second factor included classic symptoms of PTSD. For this model, strong measurement invariance was observed. *Conclusions*: The PTSS-10 scale is a screening tool that is appropriate for the evaluation of changes in PTSD symptoms.

Posttraumatic stress disorder in the elderly in Poland

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Background: The studies on the elderly people who survived WWII in Europe show the negative impact of exposure to war-related traumatic events on mental health even after a long time. The prevalence of posttraumatic stress disorder (PTSD) and other trauma-related symptoms and disorders differ between the countries. Despite the issue of long lasting consequences of WWII-related traumas, there is also a challenge to explain the differences between particular countries. *Objective*: The aim of the study was to estimate prevalence of PTSD and other trauma-related symptoms among the Polish elderly who survived the WWII. *Method*: There were two studies conducted in 2007–2010 ($N = 218$) and in 2012 ($N = 177$). All participants were born before 1945. Measures: PDS, IES, BDI, GHQ-12, NHP, a questionnaire with the items addressing exposure to different types of war-related traumatic experiences and a scale measuring perceived negative impact of the WWII experience on one's life as a whole. *Results*: Prevalence rate of PTSD in study I was 29.4% and in study II was 33.7%. Mean values of both number and severity of symptoms of PTSD were significantly higher for respondents with at least one war-related trauma compared to the participants who did not relate any such trauma. Among the predictors of PTSD were older age, experiencing loss of parent during the war, and experiencing at least one war-related trauma. *Conclusions*: Compared to other studies on WWII-related PTSD in other countries, the level of PTSD is very high. It is important to explain the factors contributing to such results.

The role of peritraumatic dissociation, anxiety level, and perceived controllability in development of PTSD symptoms following childbirth

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It is still controversial whether childbirth should be included as a traumatic happening. Unlike other traumatic experiences, childbirth is not sudden; however, there are many factors that bear signs of trauma. Strous et al. (2012) showed that the degree of experienced labor pain has a direct impact on woman's well-being and a desire of having more children in future. Most of examined women who developed PTSD symptoms had a natural delivery without analgesics. In this study, it was assumed that PTSD depends on level of dissociation, anxiety level during labor, perceived sense of control before and during childbirth, level of experienced labor pain, and previous traumatic experiences. This study involved two groups of women which differed in a type of delivery (natural without analgesic vs. labor with analgesic). Carried statistical analysis showed significant differences between those two groups directly after birth and three months after delivery.

Cultural issues and trauma

Basic assumptions in different groups of trauma patients

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The core of trauma is an experience that is outside the range of normal human experiences. As a result of the traumatization, existing basic assumptions about oneself and the world are invalidated. In psychotherapeutic treatment of posttraumatic psychopathology, telling and reliving the traumatic experiences in a safe environment entails also a revision of these basic assumptions. Trauma context, cultural background, and forced migration may be associated with differences in basic assumptions. Earlier results showed that war victims reported high levels of global and low levels of personal assumptions concerning justice, control, and predictability (Smith, 2005). Children of war-traumatized parents reported lower levels ofworld assumptions (Smith, 2005). Veterans with traumatic exposure reported lower levels of self-worth and benevolence of people than non-exposed veterans (Dekel et al., 2004). The aim of our study is to compare the characteristics of basic assumptions in refugees, Second World War victims, children of war victims, and veterans. Data were obtained from patients referred to Foundation Centrum '45 at intake (n $>$ 100 patients per subgroup). The World Assumptions Scale (Janoff-Bulman, 1989), a self-report scale, was used to examine participants'cognitive schemes about themselves and their world.The scale consists of eight subscales: benevolence of the world and people, just world, controllability, randomness, self worth, self-controllability, and luck. The study aims to access differences in basic assumptions about oneself and the world in patients with different traumatization contexts and possible implications of these differences for intervention purposes.

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Torture and sex: the present in which women and men who survived the camp live

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Torture is a series of traumatic events focused on the individual and directed to break down and revert personality with cruel, deliberate, and systematic application of psychological violence, or violence against the body, but often a combination of both. According to the principles of international humanitarian law and international human rights laws, victims of torture in Bosnia and Herzegovina have, due to 1992–1995 armed conflict, three categories recognized: All persons subjected to torture during the conflict (camps and illegal detention centers); victims of rape and other forms of sexual violence (identified form of torture as an instrument of torture and crimes against humanity—by the ICTY); families of the missing—only until the identification of the missing. All survivors of torture live with a lifelong trauma. Unacknowledged status, unemployment, housing, disorganized legal framework are just some of the additional stressors. A comprehensive rehabilitation plan is required. Those who survived torture in Bosnia face discrimination because they cannot achieve their basic rights under the existing legislation. Officially, women are in the same position with men, but in practical life situation has another dimension. Social stereotypes and traditional views on the roles of men and women are entrenched. Throughout and after the war, the situation changed and complicated the position of both sides regardless of whether they were exposed to the same extreme traumatic situation, torture and rape. The author attempted to illustrate the similarities and differences existing in the manifested symptomatology, the family and society circumstances, and daily functioning of women and men who have an extremely traumatic camp experience in common.

Keywords: *Torture*; *gender discrimination*

SRGS and SZŻ—questionnaire measurements of posttraumatic growth

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More and more research point to the fact that many people develop significantly after stressful experiences (Park, 1998). For several years, the subject of systematic study is the phenomenon of posttraumatic growth (Calhoun & Tedeschi, 2004; Linley & Joseph, 2004; Tedeschi & Calhoun, 1996, 2004; Tedeschi, Park, & Calhoun, 1998), defined as "the experience of positive change that occurs as a result of the struggle with difficult or traumatic life events, this is expressed by appreciation and increase the value of life, enhanced interpersonal relationships, increased sense of personal strength, change the system of values, and enrich the spiritual life" (Tedeschi & Calhoun, 2004, p. 1). The beginning of the process of posttraumatic growth is a major event in life that undermines the basic patterns of the world, including assumptions about the predictability and the controllability, as well as those core beliefs about oneself and the meaning of their existence (Janoff-Bulman, 2004). Since the first conceptualization of posttraumatic growth, there is a challenge for researchers to create a good tool for measuring this phenomenon. To measure the posttraumatic growth, questionnaires and various qualitative techniques are most commonly used, which are based on a structured interview and narrative techniques (Neymeier, 2006). Among the methods for quantitative measurement of posttraumatic growth, two questionnaires seem to be the most popular: Posttraumatic Growth Inventory (PTGI) developed by Tedeschiego and Calhoun (1996) and Stress-Related Growth Scale (SRGS) developed by Park, Cohen, and Murch (1996). The poster presents the results of work on the Polish adaptation of the SRGS (Park, Cohen, & Murch, 1996) and the authors questionnaire Life Change Inventory.

Cultural competence training: a pilot program for providers working with trauma-exposed lesbian, gay, bisexual, transgender, and questioning youth in America

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Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are at a higher risk of depression and suicide compared to their heterosexual peers (Marshal et al., 2011). They experience an increased exposure to chronic stress, bullying, rejection, and other trauma(D'Augelli, Hershberger, & Pilkington, 2010). There is a critical need for culturally competent providers to work with trauma-exposed youth; yet, asset mapping reveals a lack of training resources on how to provide LGBTQ sensitive and affirming services. *Working with LGBTQ Youth: What You Really need to Know* is a pilot provider training program that was funded by the Los Angeles County Department of Mental Health. In 2012, The Village Family Services created, tested, and implemented a 9 module, 11-hour training to 201 service professionals across 10 locations in Los Angeles County. The program included 7 hours of interactive classroom training paired with 2 hours of technical assistance and 2 hours of onsite coaching. In addition, a group of LGBTQ youth advocates was recruited and trained, and each classroom session included the active participation of at least one youth advocate. Evaluation results indicate improved provider ability to deliver appropriate, sensitive, and affirming services to LGBTQ transitional age youth. Moreover, organizational change occurred including modification of policies and an increase in the creation of safe spaces.

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Responding to disasters

An example of solidarity: studies of Turkish Psychiatric Association and Union of Disaster Psychosocial Services after the Van and Erciş Earthquakes

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Studies conducted after disasters happened within the last decade have shown that the need of psychosocial interventions were much more important than it was supposed before. There is a consensus on the view that psychosocial interventions are crucial to prevent the development of mental disorders that may arise in the future. Two big earthquakes happened in Turkey consecutively: the first one was in Erciş on the 23 September 2011,and the second was in Van on the 9 November 2011, with the magnitudes of 7.2 and 5.6, respectively. Six hundred and forty-four people died, 4152 people were injured, 252 people were rescued, a vast number of buildings damaged, and approximately one million people were adversely affected by the earthquakes. The aims of this study were to mention and assess the psychosocial interventions as presented by the Turkish Psychiatric Association (TPA) along with the Union of Disaster Psychosocial Services (UDPS) after the Van and Erciş Earthquakes.

Parenting after terror—experiences with an outreach program after the July 22 terror attack at Utøya Island

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Background: On 22 July 2011, Norway experienced two sequential terrorist attacks against the government, the civilian population, and an island summer camp for young members of the governing Labor Party. Questions immediately arose on how the health authorities should respond to help the directly affected. Within days, a national, proactive outreach strategy was developed and implemented in Norwegian municipalities. Little evidenced-based knowledge exists on how outreach strategies guidelines after mass trauma are implemented and how well they function. *Objective*: The aim of this study is to find out how the parents of the youth who were at Utøya experienced the outreach strategy and whether or not they felt that their family's needs had been adequately addressed. *Method*: Approximately one year after the attack on the island of Utøya, parents (N = 405) were asked whether or not they had unmet needs for (1) their child who had been at Utøya, (2) themselves, (3) other family members, or (4) the family as a whole. They were also asked to give a short, written description of their unmet needs. *Result*: Descriptive analysis of the number of parents who reported unmet needs and a thematic analysis of the type of unmet needs reported will be presented. *Implications*: The parents' experiences can contribute to our knowledge about how to successfully implement outreach programs after mass trauma. In this poster presentation, the outreach strategy will be briefly described along with results and possible implications.

Posttraumatic growth in connection to profession-related traumatization

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Background: The work of emergency services is closely connected with the experience of serious injuries or death, severely disfigured dying victims as well as with emotional contacts with patients and their families. This can lead to the development of secondary traumatization. Some rescue workers see in their routine job the source of their own posttraumatic growth and increase their own appreciation of life. The carried out studies on PTSD and posttraumatic growth showed mixed results regarding to the relations between the two variables and their influence factors. *Aim*: The aim of this study is to examine how high is the percentage of those who use the traumatic experience as a source of work-related trauma positive reevaluations and their appreciation of life and how strong is the influence of posttraumatic growth on the general mental health of rescue workers. In addition, the variables included in the analysis, which have a potential influence on the development of posttraumatic growth, are studied. *Method*: The data were obtained from 53 Belarusian paramedics and 115 firefighters. *Results*: The study showed a positive relationship between the secondary traumatization and posttraumatic growth. The perceived growth processes do not involve mental health and are strongly influenced by the self-efficacy, disclosure and co-rumination. The sociodemographic factors "professional group" and "gender" correlate significantly to posttraumatic growth. It is shown that women and paramedics tend strongly to posttraumatic growth than men and firefighters. At the same time, these groups are usually more traumatized.

Predicting coping styles in adolescence following trauma

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Decades of research have established the importance of coping when dealing with a stressful or traumatic event. Individuals tend to use the same overall coping styles across situations, and correlational studies have demonstrated a relationship between individual characteristics and coping. However, there is a lack of research investigating the interplay between these individual characteristics and their combined effect on different coping styles. It is of special importance to identify maladaptive coping styles in adolescents because they may be prone to use these coping styles for the rest of their lives. This study used a cross-sectional design to investigate the combined effect of personality traits, attachment, locus of control, and social support on rational (problem-focused), avoidant, and emotion-focused coping in 320 students (females n = 199) attending a Danish high school, where a female student was killed. Combined, the variables accounted for 19% of the variance in problem-focused coping, 21% of the variance in avoidant coping, and 49% of the variance in emotion-focused coping. The fact that the independent variables could account for a substantially larger amount of the variance in emotion-focused compared to rational and avoidant coping is likely due to a confounding of emotion-focused coping with distress, which affects many of the most commonly used coping measures, including the CSQ used in this study. This study points to the importance of conducting regression analyses rather than relying exclusively on correlational research. The results suggest that personality traits and attachment can account for some of the variance in coping styles, but that a large amount of the variance remains to be accounted for. A combination of individual and situation-specific characteristics is likely to be necessary to account for the remaining variance in the use of coping styles.

Understanding trauma survivors with their autobiographical trauma memory profiles

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Among the autobiographical memory aspects that were found to be related to trauma symptoms, the following seems to have strong empirical support; (1) coherence, (2) accessibility, (3) sensory detail, and (4) vividness. The purpose of this study was to explore what patterns of the autobiographical memory of trauma exist, and to examine how such different patterns of autobiographical memory of trauma relate to posttraumatic stress disorder (PTSD) and to trauma-related appraisals. Data from 115 Korean college students who had reported at least one traumatic event or negative stressful event

within past three years were analyzed. The participants answered the items from the Memory Experiences Questionnaire (Sutin & Robins, 2007), Posttraumatic Diagnostic Scale (Foa, Cashman, Jaycox, & Perry, 1997), and Trauma Appraisal Questionnaire (DePrince, Zurbriggen, Chu, & Smart, 2010). We performed a two-step cluster analysis and specified that a four-cluster solution was valid; (1) cluster 1 (high accessibility and vividness with low coherence and sensory detail), (2) cluster 2 (low coherence, accessibility, sensory detail, and vividness), (3) cluster 3 (high coherence, accessibility, sensory detail, and vividness), and (4) cluster 4 (high coherence, accessibility, and vividness, with low sensory detail). Then, we investigated the differences among clusters on posttraumatic appraisals by using MANOVA. As a result, clusters 1 and 3 showed higher betrayal, self-blame, alienation, anger, and shame than cluster 4, and cluster 3 represented higher fear than clusters 2 and 4. Also, cluster 3 showed the most severe PTSD symptoms than other clusters. Such results indicated that while accessibility and vividness of the trauma memory were most consistently related to the primary emotional symptoms, the other memory characteristics may have more complicated contribution to trauma-related emotions. Coherence and sensory detail were inconsistent with the previous findings, and we discussed the possible reasons such as the demographic characteristics of our sample.

The spectrum of trauma-related disorders

Dissociation as a mediator between childhood trauma and depression among women with fibromyalgia or rheumatoid arthritis

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The aim of this study was to inquire into the relationship of childhood trauma and dissociation with lifetime diagnosis of major depressive disorder among women who suffer from fibromyalgia (N = 30) or rheumatoid arthritis (N = 20). Childhood Trauma Questionnaire (CTQ-28), Somatoform Dissociation Questionnaire (SDQ-20), Dissociation Questionnaire (DIS-Q), Beck Depression Inventory (BDI), Spielberger State-Trait Anger Expression Inventory (STAXI), and Dissociative Disorders Interview Schedule (DDIS) were administered to all participants. Among women with fibromyalgia or rheumatoid arthritis, depressive patients had elevated scores on both somatoform and psychological dissociation but childhood trauma scores did not differ between depressive and non-depressive groups. In regression analysis, somatoform dissociation (SDQ) predicted lifetime diagnosis of major depression whereas psychological dissociation (DIS-Q) predicted current depression (BDI). Among childhood trauma types, somatoform dissociation was predicted by emotional neglect and psychological dissociation by sexual abuse. In conclusion, rather than childhood psychological trauma, dissociation is related to depressive disorder among women with fibromyalgia or rheumatoid arthritis. However, dissociation serves as a mediator in the process leading from childhood trauma to depressive disorder.

Borderline personality disorder: the current status of the BPD diagnosis and its proposed relationship to attachment disruption and childhood trauma

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The purpose of this review is to elucidate the roles of insecure attachment and childhood trauma in development of borderline personality disorder (BPD), further informing discourse concerning the validity of the BPD diagnosis and its *DSM* status as a personality disorder. The author provides evidence in support of (1) the substantial contribution of both insecure attachment and childhood trauma to BPD and (2) a model of BPD development that incorporates both factors. Evidence from empirical and theoretical works was drawn from published sources in texts and peer-reviewed journals. Findings suggest that there is reason to propose a model of BPD development in which attachment trauma creates in the individual a vulnerability to abuse, ultimately contributing to the constellation of symptoms currently referred to as ''borderline personality disorder.'' Further, it is argued that the aforementioned manifestation of BPD actually reflects posttraumatic sequelae, and should be referred to as such, requiring re-visitation of Herman's (1992) concept of ''complex posttraumatic stress disorder'' as well as multivariate, longitudinal research.

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Mental health sequelae of childhood sexual abuse

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Objectives: Child sexual abuse (CSA) may have a devastating impact on mental health and is likely to nurture later psychological disorders. The exploration of victims who nevertheless do not develop psychopathological symptoms aims to identify resilience factors in the aftermath of CSA. There is a lack of research assessing the mental health and resilience of minor victims. Funded by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, this study aims to identify factors related to the mental health of minor CSA survivors. Mediators and moderators, such as abuse characteristics, perceived social support, or maladaptive cognitive appraisals, are taken into account. Additional information is collected about the process of disclosure and its possible implications for the survivors' mental health. *Methods*: Currently, study participants between 7 and 17 years of age are being recruited in collaboration with the healthcare and child welfare systems. A structured clinical telephone or face-to-face interview assessing the experience of CSA (Juvenile Victimization Questionnaire) and lifetime psychopathological symptoms (Kiddie-SADS-PL) is conducted. In addition, the study participants as well as their non-abusive caregivers separately fill out questionnaires to assess posttraumatic stress symptoms as well as potential resilience factors. *Results*: In this contribution, we present results on the feasibility of our study, sample characteristics, and first results on the prevalence of resilience and of the most frequent mental disorders. *Conclusions*: The data will provide information about CSA survivor's psychosocial adaptation and resilience. Protective factors to be found might indicate additional strategies for prevention and intervention.

Type of trauma, alexithymia and dissociation, and their impact on the process of adaptation after trauma

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The aim of this study was to verify the assumptions about the impact of the type of trauma experienced on post-traumatic disorder and posttraumatic growth. As moderating variables, dissociation and

alexithymia were included. To verify the assumptions, a group of 47 people of both sexes was examined. The study was conducted in a person who has experienced one of the types of trauma: trauma associated with rape or sexual violence, trauma associated with the death of a loved one, or the trauma associated with being a victim of a fire, accident, etc., in the last three years. All individuals were asked to complete the following questionnaire for the measurement of PTSD, alexithymia, dissociation, and posttraumatic growth. The analysis showed that the amount of posttraumatic disorder as a result of lived trauma is the highest in the group of people who have experienced sexual trauma. Regression analysis showed that the dissociation is very important to the development and maintenance of the symptoms associated with the criterion B and C. The alexithymia was a significant predictor for the criterion D. The high levels of alexithymia were associated with deeper problems of affective arousal and regulation of affect after trauma. However, regression analysis revealed that the increase in the level of trauma is important in traumatic disorders (according to the B, C, D symptoms criteria) and the overall level of dissociation. If the disorder is greater, then the posttraumatic growth is smaller.

Traumatic symptomatology and cognitive distortions among male victims of physical and sexual childhood abuse and intimate partner violence

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Childhood abuse and intimate partner violence (IPV) victimization have been related to several negative outcomes (Black et al., 2011; Coker et al., 2002). However, few studies have investigated male victims, which limit the understanding of victimization in general. This study recruited male college students (N = 95) to compare victims to non-victims on trauma symptomatology and cognitive distortions. Twenty-one males (22.1%) reported being victims of child abuse; 33.3% victims of physical abuse only, 47.6% of sexual abuse only, and 19.0% of both physical and sexual abuse. Sixty males (63.1%) reported being victims of IPV; 21.7% victims of physical IPV only, 28.3% of sexual IPV only, and 33.3% of bothphysical and sexual IPV. In contrast to research indicating significant differences, this study found few differences between male victims of childhood abuse and non-victims. Only victims of childhood sexual abuse reported significantly more trauma symptoms and cognitive distortions; surprisingly, they reported more symptoms than victims of both types of abuse. While victims of sexual and/or physical IPV endorsed more trauma symptoms and cognitive distortions compared to non-victim, the strongest effect was found for males reporting both types of IPV victimization. Cognitive distortion patterns will be discussed for all victimization groups. Implications for research and clinical work with male victims will be discussed.

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Effects of trauma on families and children

The effects of traumatic stress on parental involvement in schools

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Parental involvement on school activities is a known important aspect to promote children achievement; however, there is lack of research on parent'sdifficulties that may explain why some parents fail to provide the support that children need. Several adverse conditions may contribute to limit parental involvement, specifically, traumatic stress symptoms may be important to explain school involvement variations. This study aims to verify the nature of the correlations between parental school involvement and traumatic stress symptoms. In this study, 74 parents, 54 mothers (74%) and 19 fathers (26%), aged between 24 and 50 years (M = 38.32, SD = 6.19), from schools at Penafiel municipality, northern Portugal, participated, who responded to the questionnaire of Parental Involvement in School—Parent Version (QEDE-VPA). This instrument measures parental involvement in school volunteering activities, parental involvement in learning activities at home, school-family communication, and participation in parents' meetings. The Impact of Event Scale—Revised (IES-R) measured traumatic stress symptoms. The main result reveals a significant negative correlation (r = −0.567) between overall parental involvement and traumatic stress. Other correlations between instruments' subscales are also negative. These results highlight the complexity and intergenerational nature of traumatic stress effects. Also, it considers parents traumatic stress as an important target on School Involvement programs, particularly on highly traumatized communities. There is need to raise awareness of this issue on educational community. Results are discussed considering limitations, future plans, and implications to practice.

Children's Revised Impact of Event Scale: Portuguese version, psychometric characteristics and usefulness in school context

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The Children's Revised Impact of Event Scale (CRIES) is a brief child-friendly measure designed to screen children at risk for posttraumatic stress disorder (PTSD) and has been used to screen very large samples of at-risk-children following a wide range of traumatic events. In the absence of an instrument to screen at-risk children for PTSD, particularly on school context with specific adversities such as peer violence, excessive punishment, watch an act of violence, among others, we assume relevant possibilities on an earlier screening to enable prevention of future consequences. We aim to translate and to verify psychometric characteristics of the Revised Child Impact of Event Scale-Portuguese version, and to check its usefulness on school context events impact in children. To achieve these goals, we translated, blind back-translated, and achieved agreement between versions. We asked for consent of 120 children with ages between 12 and 16 years on Penafiel Municipality schools, in northern Portugal. We used a sociodemographic questionnaire, a list of stressful events, and the Portuguese version of CRIES. We used reliability analysis and factor analysis to verify main psychometric characteristics of CRIES 13-item version. Also, bivariate analysis of each stressful event exposure and CRIES results is achieved to pursue an external level of validity. The importance of traumatic stress symptoms assessment in children has been emphasized, with special applicability in schools, considering the effects of several contextual events and its relevance on children well-being, mental health, and academic achievement. The implications to practice, to guidelines for school contingency plans, and future research are discussed.

Multiple victimization among women: symptomatology, trauma, and resilience

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The dominant model in victimology research has focused mainly on the individual forms of victimization, neglecting their cumulative effect. Thus, this study aims to characterize women who experienced multiple victimization, describe the types and patterns of victimization suffered, and the impact of victimization on their psychological and mental health. The study integrates 30 women aged between 18 and 64 years in a deprived social and economic condition, who suffered violence in the last 12 months, as well as other forms of victimization throughout life. We used a structured interview to evaluate the violence they suffered throughout life, two scales to measure sexual and partner violence in the past year, and two questionnaires to assess symptomatology. We conclude the high prevalence of various forms of victimization accumulated, from childhood to adulthood. There was a significant increase of victimization in adulthood, where mainly the partner perpetrated the most serious forms of violence. Participants did not give evidence for significant clinical symptoms. Several hypotheses' are discussed concerning this results, namely possibility that women try to convey an image of strength and endurance, as well as the fact that the vast majority are living in shelters that gives them a sense of current safety and welfare.

Anxiety in children who experienced different forms of abuse

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Anxiety is one of the most common consequences of child abuse. The aim of this study was to examine different aspects of anxiety symptoms: separation anxiety, social anxiety, test anxiety, obsessive-compulsive symptoms, worry, anxiety sensitivity, and somatic symptoms in abused children of different ages. A clinical study, conducted in the Child Protection Centre of Zagreb, involved three groups of abused children aged between 9 and 18 years: (1) emotionally abused children (N = 62), (2) sexually abused children (N = 84), and (3) both physically and emotionally abused children (N = 49). *The Fear and Anxiety Scale for Children and Adolescents* (SKAD-62; Vulic-Prtoric, 2004) was used. It is a 62-item self-report measure divided into 7 subscales/aspects of child and adolescent anxiety. Differences in various aspects of anxiety were examined for younger children (9–13 years) and older children—adolescents (14–18 years). Among younger children, physically and emotionally abused children have higher scores on the anxiety sensitivity scale compared to the other two groups of the same age. Differences within each group of abused children were tested as well. Results show that in the group of physically and emotionally abused children, younger children show more signs of separation anxiety, obsessive-compulsive actions, anxiety sensitivity, and somatic symptoms than older physically and emotionally abused children. This research also considers above-average results on each anxiety subscale in three groups of abused children with regard to age. Among younger physically and emotionally abused children, more separation anxiety is found in relation to emotionally abused children of the same age. Older sexually abused children show significantly more symptoms of social anxiety compared to emotionally abused children of the same age. Comparison of younger and older children with above-average results within each type of abuse will also be presented. All results will be discussed with respect to its treatment implications.

Personal and social resources in the offspring of former political prisoners in East Germany (1945–1989)

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Purpose: Between 1945 and 1989, more than 300,000 people were incarcerated for political reasons (e.g., the illegal crossing of the border, contact to persons in the western countries, etc.) in East Germany. Traumatic maltreatments led to physical and psychological long-term consequences. It seems that the detainees' offspring are more vulnerable for mental disorders, but there is only little information about their personal and social resources. *Methods*: In a cross-sectional study, 43 persons whose parents were in prison for political reasons in East Germany (1945–1989) were recruited in a multimodal way (media, internet, memorials). Individuals took part in a postal survey conducted in 2010. Resources (resilience [RS-11], social support [OSS-3/ESSI]), psychopathological variables (depression [PHQ-9], somatoform disorders [PHQ-15], anxiety [GAD-7]), and imprisonment-related variables (e.g., one or both parents, one or more times, child was born before/while or after detainment) were assessed. *Results*: Offspring of former political detainees indicated less resilience compared to a representative sample. Less resilient participants reported more psychopathological symptoms than high resilient ones. The levels of received and perceived social support they reported were comparable to levels in a German representative sample. None of the imprisonment-related variables were significantly associated with one of the resources. Resilience and social support were negatively associated with psychopathological symptoms. *Conclusion*: Compared to the general population, the offspring of former political prisoners reported less resilience but social support on a similar level. Social support and resilience were inversely related to psychopathological symptoms. Hence, it seems that personal and social resources are protective factors in this population. The interaction between resources, psychopathology, and relevant confounding variables needs further investigation. The results of our study add to the sparse research on political imprisonment in East Germany.

Crisis intervention in the acute phase after trauma: risk factors, reactions, and subjective needs

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The acute team offers support for relatives after acute loss of a loved one. A team of psychologists and social workers carries out this support. In a study on 426 cases of acute losses taken from the documentation of the acute team in lower Austria, we examined the following variables: Risk factors: history (previous traumata, psychiatric illness in the past, more than one loss within a short time, etc.); personal factors (bad physical status, chronic illness, high dependency, etc.); situational factors (intensity, duration, intensity of helplessness, etc.); and social risk factors (accusation, lack of social support, etc.). The focus was set specifically on two areas: problematic acute reactions and interventions. Problematic acute reactions include extreme forms of avoidance, extreme and continuing arousal, panic attacks, continuing numbness, etc. Interventions covered safety (staying with the client, being available for the client, listening to the client, etc.), connectedness (helping to use social networks, enhancing positive social support, etc.), calm (helping to reduce arousal, psycho-education, etc.), self-efficacy (coaching through the situation, helping to stay active and take decisions, etc.), hope (helping to go on with life and referral to further support systems). The results showed a high satisfaction with the interventions as well as highly significant correlations between certain risk factors and certain problematic reactions like, for example, the tendency to react with panic attacks and a psychiatric illness in the past. Regression analysis showed that the situational risk factors can best predict problematic acute reactions. A highly significant result could also be found between the interventions that promote ''calm'' (mainly psychoeducation) as predictor and the client′s satisfaction with the intervention. Implications for practical work are deduced from the results.

Subjective assessment of childhood abuse and neglect in the course of psychotherapy

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Background: Childhood abuse and neglect is supposed to be a strong risk factor in the development of physical and mental health

problems in later life periods. Among those reporting maltreatment, multicategory abuse seems to be the norm rather than the exception. The exposure to multiple types of abuse and the number of different types of maltreatment are critically for the outcome in later life. Apart from the immediate harassment of physical injuries, the additional experience of neglect and emotional humiliation is thought to be the pivotal element of weak self esteem, severe relational disturbances, and decrementing mental health scores in adulthood. But, how do those who are affected see their own difficult childhood and does reflection change in the course of psychotherapy? *Methods*: Thirty two female inpatients (age mean 39 ± 10.9) were assessed with the Childhood Trauma Questionnaire (CTQ) and questionnaires for psychosomatic disorders before and after treatment. Twenty nine healthy women (age mean 36 ± 10.4) served as control. *Results*: After therapy, the patients exhibited significantly reduced derealisation, reduced symptoms of posttraumatic stress disorder as well as reduced anxiety and depression. However, awareness of childhood maltreatment increased, indicated by enhanced rating in the CTQ subscales emotional abuse and emotional neglect and reduced trivialization. No significant change was observed in any of the questionnaire results in the healthy controls indicating that the effects found in psychosomatic patients are due to psychotherapy. *Conclusion*: Psychotherapy goes along with higher reflection. A more critical interpretation of early relationships does not contrast to improvement. Instead, the individual identification of emotional maltreatment in addition to physical abuse may play an important role in the course of psychotherapy.

Polyvictimization and trauma symptoms in a sample of catalan youth

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Several studies have noticed that focusing merely on one type of the large spectrum of victimizations adolescents can suffer has several important limitations. First, it is likely to underestimate the full burden of victimization adolescents are actually exposed to. Second, a narrow focus on specific types of victimization hampers the identification of the most highly victimized children (and thus, those at greatest risk for serious mental health problems). Third, this fragmented approach can lead to a serious overestimation of the impact of individual victimization experiences (since outcomes may be related to other victimizations or their co-occurrence rather than individual victimization events). This study aims at studying the strength of the associations between different kinds of victimization (e.g., sexual victimization) and total trauma symptoms taking into account the full range of victimizations adolescents suffer. The final aim is to clarify those kinds of victimization whose role in explaining trauma symptoms may have been overestimated by studies that do not take into account other kinds of victimization. A total of 804 victimized adolescents ($M = 15.74$ years; $SD = 1.19$) were recruited from eight different secondary schools in Catalonia. The Juvenile Victimization Questionnaire (JVQ) and the Youth Self Report (YSR) were employed to assess victimization and posttraumatic stress symptoms, respectively. Results indicated that, in girls, Peer and Sibling Victimization, Sexual Victimization, and Indirect Victimization lost weight at explaining trauma symptoms when the whole range of victimization were taken into account. In boys, the same happened with Conventional Crime, Sexual Victimization, and Indirect Victimization. These results are in line with prior research and highlight the importance of taking into account all the kinds of victimization adolescents can suffer when studying its association with mental health issues.

Do children of veterans with chronic posttraumatic stress disorder have more emotional and behavioral disturbances?

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The objective of this study was to determine if the children of veterans suffering from chronic posttraumatic stress disorder (PTSD) have more emotional and behavioral disturbances than those of veterans without PTSD. The research involved 70 veterans with PTSD and 70 without PTSD and their spouses. The PTSD symptoms in father were assessed by the Clinical-Administrated PTSD Scales (CAPS). The mothers assessed the disturbances in their school-aged children through the Child Behavior Check List (CBCL). Both groups of children did not reach clinically significant cutoff scores on CBCL. However, the children of veterans with PTSD had significantly higher scores on scales of withdrawal, anxiety, and depression.

Polydrug use typologies and childhood maltreatment in a nationally representative survey of Danish young adults

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Childhood maltreatment is known to associate with substance use during adolescence and early adulthood. Variations may be explained by sex of the subject. Three latent class analyses were performed on eight types of illicit drugs for the total random sample of the population of young Danes ($n = 2{,}980$) and males ($n = 1{,}555$) and females ($n = 1{,}425$) separately. Logistic regression was performed to assess associations between patterns of polydrug use, sociodemographic characteristics, and four types of childhood maltreatment. A three-class solution best described patterns of polydrug use in all samples. A differential pattern of associations between latent classes, sociodemographics, and maltreatment variables was demonstrated across samples. Albeit males and females have similar drug use patterns; these patterns have differential relationships with external correlates, most notably childhood maltreatment experiences.

Intergenerational transmission of dysfunctional relationship: The case study of a mother–daughter dyad with violent partner

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The effects of trauma are cumulative and related to mental functioning and various dimension of personality and involve different variables such as attachment, behaviour, dissociation, as well as the level of adjustment (Fonagy, Moran & Target, 1993). Parenting skills are also negatively influenced by traumatic experiences that deteriorate symbolic competence and secure relationships. Specifically, parents' failure in elaborating traumatic experiences leads to increased vulnerability in children who tend to develop dysfunctional relational pattern and emotional dysregulation (Tronick, 1989). According to this framework, the aim of our research was to investigate early traumatic experiences and attachment styles in a sample of five mother–child dyads, who were living in a safe house for women and children escaped from domestic violence. *Methods*: Intergenerational transmission of trauma has been evaluated by direct observation of behavioural indicators, cognitive competence, physiological responses to stress, and depressive and anxiety symptoms. *Measures*: Adult Attachment Interview—administered to mothers, aged 16–44 years; Attachment Q-Sort or Separation Anxiety Test—administered to children, aged 5–15 years. *Results*: One of the participants was a mother of 16 years old, whose mother (44 years) and daughter (1 year) lived in the same safe house. Their experiences showed the transmission of dysfunctional relationship pattern. The results of the daughter at the AQS were -1.02, both grandmother and mother were classified as ''Dismissing'' at the AAI and they both described their partner as physically and psychologically violent.

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Operation of selective notes at the victims and perpetrators of traffic accidents

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The study was intended to find differences in the perceived level of anxiety and the perception of words related to a car accident, between people involved in a road accident, in which month has passed since the event and the control group of drivers. To verify the above problem, testing regime was constructed consisting of a test version of the modified emotional Stroop test and the questionnaire. In the study, 93 people attended, 43 people after an accident and 50 in the control group. As expected, those with a research group achieved significantly longer reaction times to name the ink color of which are written words evocative of the accident, who survived $F(1,94) = 7.173$, $p < 0.01$ despite the fact that the average age of the study group was lower and the reaction time is known to deteriorate with age.

Impact of trauma on communities

Relationship between traumatic stress and appraisal of social context in Lithuania: pilot study

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Introduction: Social context can be significantly related with traumatic stress not only on individual, but also on community level. Lithuania restored its independency only 20 years ago and as well as other Eastern Europe states started to build new social structures and develop new social rules. All population had to adapt to the new changing social context. The aim of this study was to evaluate relationship between traumatic stress and appraisal of social contextual factors in a sample of Lithuanians from general population who were exposed to traumatic events. Research was funded by a grant (No. SIN-01/2012) from the Research Council of Lithuania. *Methods*: A sample of 59 participants, mean age 34.21 (SD = 14.68) range from 19 to 76 years, 67.8% women, 32.2% men participated in a pilot study. Appraisal of social context was measured by self-report Social Changes Inventory (SOCHI) developed by the authors of this study (Kazlauskas, Zelviene, 2012). Measures also included perceived lifetime trauma exposure, traumatic stress reactions were measured using Lithuanian version of Impactof Event Scale—Revised (IES-R). *Results*: Pilot study results supported our prediction that traumatic stress reactions are related with appraisals of social context. Traumatic stress reactions significantly correlated with insecurity related with perceived constant threats for the country from outside, uncertainty about the future of the country, hopelessness that people in country were never happy, insecurity that you cannot trust anybody and could be betrayed by somebody, and that one cannot share his own ideas and thoughts with others. According to this finding, we conclude that negative appraisal of social context in Lithuania is significantly related with traumatic stress.

Evidence-based practice on trauma

Early intervention for psychological trauma: facilitating evidence-informed practice within a provincial health system

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Evidence indicates that early responses to individuals following a potentially psychological traumatizing event would best align with a practical approach to providing information and supportive care, with referral to mental health services only when indicated or requested. This approach, which recognizes both the literature on human resilience posttrauma, as well as the potential negative impact associated with psychological debriefing techniques, represents for many service providers a significant change in practice. A need was identified within a large-scale Canadian provincial health care system (Alberta Health Services) to identify current evidence-informed best practice with respect to early interventions post-trauma and support service providers to align practice with this current standard of care. In order to achieve these outcomes, a working group was struck involving leaders and service providers from each of the five regional zones, with representation including EMS and a representative from the organization's contracted Employee and Family Assistance Program. Following a comprehensive literature review, international benchmarking, and an internal environmental scan of current practice throughout the provincial health care system, a Practice Guideline was developed, and recommendations were put forth to facilitate the uptake of the Practice Guideline within programs and by staff. An online Psychological Trauma Toolkit was developed, containing links to the practice guideline, as well as sections with information specific to managers, service providers, and all staff. The Toolkit provides basic information about psychological trauma, how to assist someone who has been recently exposed to a potentially traumatic event, and recovery and building resilience. In addition, multiple resources and links are provided, both to facilitate a trauma-informed perspective as well as to highlight opportunities for training in Psychological First Aid (PFA), an approach that most closely aligns with the developed Practice Guideline.

The German CANMANAGE consortium: implementation of managed mental healthcare for children and adolescents after abuse and neglect

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Victims of child abuse and neglect (CAN) have a high risk to develop mental disorders. Some survivors however are resilient despite exposure to CAN. The CANMANAGE consortium, funded by the Federal Ministry of Education and Research, addresses the need to improve dissemination of evidence-based treatments for CAN survivors with clinically relevant trauma sequelae (study 1) as well as the need for longitudinal studies helping to further understand risk and resilience factors (study 2). Further associations of migration background with long-term mental health outcomes of CAN survivors are examined (study 3). Study 1, a randomized controlled intervention study, investigates the effectiveness of a structured CAN-specific case management at the interface between the child welfare and the healthcare system to improve utilization of evidence-based treatments for CAN-survivors. Specific efforts to engage CAN-survivors with migration background in clinical management and treatment will be tested for their effectiveness in study 3. Study 2 examines underlying processes of resilient functioning and aims to identify distinct latent classes of symptom trajectories in survivors of CAN. The consortium will recruit 500 participants aged 4–14 years with substantiated CAN and non-offending caregivers across five sites in Germany. Participants are assessed regarding trauma history, mental health, and risk and resilience factors and then followed up three times, i.e., 6, 12, and 24 months after inclusion. Participants with clinically relevant mental disorders are included in the randomized controlled intervention study. An additional intervention program will be implemented to overcome specific barriers to treatment for families with migration background. Participants without clinically relevant mental health problems are

followed up in the resilience study. The studies will gain new insights in developmental-specific mechanisms of vulnerability and resiliency of children in the aftermath of CAN and provide conclusive results on the effectiveness of a method of managed mental healthcare for so far underserved CAN victims.

PTSD and primary health care: a qualitative approach to explore General Practitioners perspectives and experiences

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The Portuguese survey included on the National Study of Mental Health indicates a prevalence rate for mental disorders of 22.9%. The majority of mental health cases are detected through primary health care system, and 10–20% of people use the primary health care because of complaints related to psychological disturbance. Posttraumatic stress disorder (PTSD) prevalence rate was 7.87% in the Portuguese population. PTSD is a potentially debilitating anxiety disorder triggered by exposure to a traumatic experience with high negative effects on general health and on quality of life, long-term impacts implicating high economic cost to health system. Because of the complexities associated with assessment and treatment PTSD, several doubts arise on the role of General Practitioners (GPs) to identify and decide the best care approach. A qualitative research surges as a powerful resource to describe how PTSD cases are processed in primary health care by GPs, focusing on how they conduct assessment, diagnosis, intervention/treatment, follow-up and refers. This study uses a qualitative design to explore GPs beliefs underlying decision-making and their practices. Semi-structured interviews are conducted with 20 GPs. The semi-structured interview is designed to be flexible and broad, yet effective to generate meaningful results concerning four specific dimensions: assessment procedures, diagnosis, interventions, follow-up and refers. Results from interviews are analyzed with a thematic referrals to determine common ideas and themes on each dimension. Reported difficulties are discussed to provide solutions for best care to patients considering current guidelines to manage PTSD patients.

Vilnius study on effects of brief eclectic psychotherapy for posttraumatic stress disorder: pilot study results

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Introduction: The brief eclectic psychotherapy for posttraumatic stress disorder (BEPP) is a promising approach for treatment of PTSD developed by Berthold Gersons (Gersons et al., 2011). Several studies confirmed the effectiveness of BEPP (Gersons & Carlier, 2004; Lindauer et al., 2005; Olff et al., 2007). Recent study in Amsterdam supported its efficacy in comparison with EMDR (Nijdam et al., 2012). Vilnius study was started to evaluate the efficacy of BEPP and the effects of BEPP in Lithuanian sample of patients with PTSD. This research was funded by a grant (No. MIP-011/2012) from the Research Council ofLithuania.The main goal of this presentation is to present results of subjectively perceived effects of BEPP in a pilot study. *Methods*: Small sample from a general population with various traumatic experiences participated in a pilot study. All participants were included into the study based on CAPS results and meeting the criteria for PTSD. BEPP was delivered by three experienced PhD level clinical psychologists, trained in BEPP by B.Gersons. Continuous supervisions were organized to ensure validity of BEPP. Impact of Event Scale—Revised (IES-R) and CORE-OMwere used for therapeutic changes assessment, and Working Alliance Inventory was used to measure the quality of therapeutic alliance. Also, qualitative data from clients during intermediate assessments about attributions of therapeutic changes and satisfaction with treatment were collected. *Results*: Pilot study supported the effectiveness of BEPP and the significant therapeutic changes in PTSD levels, well-being, and functioning. In comparison to IES-R measurements, clients reported subjectively more optimistic changes. Clients attributed number of factors contributing to the therapeutic change, including psychoeducation, role of the therapist, and personal involvement.

The protective role of perceived social support for intrusion and numbing - data in survivors of institutional abuse

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Background: Perceived social support (PSS) is a protective factor against psychological problems and disorders. Survivors of institutional abuse in the Catholic Church in Austria participated in this study.They recalled their PSS in three dimensions: perceived emotional support (PES), perceived practical support (PPrS), and perceived social integration (PSI). *Method*: We developed the Recalled Perceived Social SupportQuestionnaire (RPSSQ) to measure PSS in this specific sample. Additionally survivors answered the PTSD Checklist-Civilian Version (PCL-C). A one-way ANOVA with PSS as factor and a correlation between PSS and the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV) criteria B to D was computed. In this study, we focused on the impact of different types of PSS and their relationship to the PTSD criteria B (intrusions), C (avoidance/numbing), and D (hyperarousal). *Results*: One-hundred and eighty five persons filled in the questionnaires. The theoretical three-factor structure of the RPSSQ was supported by the results of an exploratory factor analysis. 48.4% of the sample fulfilled the DSM-IV criteria for PTSD. There were two surprising results: (1) There was a significant influence of the level of PSS on criteria B ($d = 0.48$) and C ($d = 0.45$), but there was no significant connection between PSS and criterion D. (2) There was a significant negative correlation between PES and the severity of PTSD. Moreover, there was a significant correlation between PSI and the severity of symptoms of PTSD. However, there was no significant relationship between PPrS and symptoms of PTSD, $r = -0.088$, $p > 0.05$. *Conclusion*: There is no general protective effect of PSS on psychopathological symptoms. However, PES and PSI have a positive influence on intrusion and avoidance/numbing. Furthermore, PPrS seems not to beprotective against negative consequences of institutional abuse. The specific circumstances and clinical implications will be discussed.

A qualitative study on recovering from shame in complex PTSD patients

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Although posttraumatic stress disorder (PTSD) is classified as an anxiety disorder and effective treatments have been developed aimed at reducing fear, this formulation seems accurate for single traumas but not for complex traumas that are repeated over a prolonged period of time. In the latter cases, shame is central to the victim's experience. The purpose of this study was to explore how complex trauma survivors that have had psychotherapy overcome from significant shame experiences. Semi-structured interviews composed of open-ended questions were conducted with a purposive sampling of 10 adults who had had traumatic events that elicited intense feelings of shame. Shame was conceptualized as an assault on the self. Grounded theory was used in the collection and analysis of the data. Results suggest that shame strikes at the core of the individual's being, with the most positive aspects of the self bearing the brunt of attack. Specifically, shame undermines the individual's positive self-concept and damages the individual's connection to others. Our participants overcame from their trauma experiences through the process of self-reconstruction. Rebuilding of

the self emerged as the core category that represents the process of recovering from the shame. With rebuilding, individuals restore and expand their positive self-concept, and repair and strengthen their connections to the outside world. This process of rebuilding of the self was achieved through the therapeutic relationship with their therapists and by such processes as self-acceptance, self-empathy, contextualizing of self, reconnection with the others, and proactively reaching out. Although feelings of shame may not entirely disappear, they became marginalized from the core self and faded into the larger landscape of the individual's identity and experience. Implications for psychotherapy and directions for further research are discussed.

XIII ESTSS Conference: ''Trauma and its clinical pathways: PTSD and beyond'', Bologna, June 2013

ORAL, JUNE 8

A. PLENARY HALL

Morning

Keynote Address

Pediatric medical traumatic stress **8:45–9:45**

M. A. Landolt
University Children's Hospital, Zurich, Switzerland

Each year large numbers of children and adolescents are treated in hospitals for severe injuries or illnesses. A significant portion of these children face adverse and painful medical interventions and procedures which they often cannot completely understand, especially if they are young (e.g., organ transplantation, open-heart surgery, burn treatment, etc.). Previous studies have shown that children treated for accidental injuries and severe illnesses are at risk for developing short- and longer-term trauma disorders, such as post-traumatic stress disorder. Importantly, the findings suggest that fathers and mothers are affected too, sometimes even more than the children themselves. After an overview of the current state of research regarding the prevalence of trauma disorders among different groups of pediatric patients and their parents, a pediatric medical stress model is presented to explain the pathogenetic factors that are involved in the development of trauma-related disorders in ill and injured children. Based on this model, measures of primary, secondary, and tertiary prevention will be discussed. The lecture will end with some thoughts and suggestions for the future development of this field.

Effects of trauma on families and children

Invited symposium: Pregnancy and birth in refugee survivors of sexual violence with PTSD. Considerations for treatment

Cultural considerations in psychological assessment and treatment for pregnant women with PTSD following trafficking and sexual exploitation **10:00–10:20**

E. Walsh
Traumatic Stress Clinic, Camden and Islington NHS Mental Health Foundation Trust, London, UK

A number of studies have identified complex mental health needs in victims of trafficking, and specifically the high prevalence of PTSD (Zimmerman, 2006) and additional anxiety and mood disorders (Zimmerman, 2006). Statistics on women trafficked to the UK and sexually exploited identify that women are from a wide range of countries (UKHTC, 2012). Many women present to psychological services during pregnancy. They may have experienced traumatic events and hold specific cultural beliefs about their experiences that are outside the knowledge base and training of the therapist (such as traditional medicine rituals or beliefs about gender and responsibility for exploitation). Trauma-focused CBT (Grey, Young, & Holmes, 2002) is a recommended intervention for PTSD. Most studies have focused on using CBT with simple (single-incident) trauma, without a specific focus on cultural issues related to the PTSD. More recent studies have focused on using trauma-focused CBT for refugees (Grey & Young, 2008). This presentation will use clinical case material to illustrate the application of a CBT model for victims of trafficking from different cultures to the therapist, who are pregnant or new mothers, where specific cultural experiences and beliefs played an important role in the development and maintenance of PTSD symptoms.

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Zimmerman, C., Hossain, M., Yun, K., Roche, B., Morison, L., & Watts, C. (2006). Stolen smiles: A summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe. London: London School of Hygiene & Tropical Medicine.

Psychological interventions to prepare and support victims of sexual violence with PTSD for and during labour and birth **(10:20–10:40)**

J. Blumberg
Traumatic Stress Clinic, Camden and Islington Mental Health Foundation Trust

This first part of the symposium discusses psychological interventions aimed at preparing and supporting victims of sexual violence with PTSD for and during labour and birth. It is hypothesised that refugee and asylum seeking women who have suffered sexual violence and have PTSD are potentially particularly susceptible to re-traumatisation during labour and birth, as well as to subsequent post-natal depression. This is both because previous experience of sexual violence and aggression and previous psychiatric treatment are thought to be risk factors for the development of post-partum PTSD, as well as because of other variables such as lack of social support and cultural alienation (Polachek et al., 2012; Soet et al., 2003). Other commonly experienced stressors such as insecurity regarding immigration status, lack of access to benefits and lack of access to secure housing also seem likely to raise risks of post partum difficulties. Utilising 2 case studies, this aspect of the symposium will focus on interventions aimed at managing the needs of 2 rape survivors. Firstly, to minimise further traumatisation and triggering of past traumatic memories during labour and birth and secondly to manage risk of the development of post-natal depression. A description of the preparatory psychological work with the women themselves and the training of doulas from a voluntary organisation, Birth Companions, will be discussed, as well as multi-disciplinary work with other professionals who were involved in these women's care both pre- and post-birth. Qualitative feedback from the doulas and from the women themselves will be used to illustrate the utility of these interventions.

References

Polachek, I. S., Huller Harari, L. H., Baum, M., and Strous, R. D. (2012). Postpartum Post Traumatic Stress Disorder symptoms: The uninvited birth companion, *IMAJ*, *14*, 347–353.

Soet, J. E., Brack, G. A. & Dilorio, C. (2003). Prevalence and predictors of women's experience of psychological trauma during childbirth. *Birth*, *30*, 36–46.

The treatment of PTSD in trafficked women who are pregnant **10:40–11:00**

K. Robjant
Traumatic Stress Service, Clinical Treatment Centre, Maudsley Hospital, London, UK and Vivo International

Women who have been trafficked into Europe have frequently experienced multiple incidents of sexual violence in the context of forced sex work. It is not uncommon for victims of trafficking to have already experienced trauma, loss and attachment difficulties in their own upbringing, which may contribute to their vulnerability prior to being trafficked. As a result of their experiences of multiple traumatic events, PTSD may develop. Trafficked women who have experienced sexual violence and become pregnant may represent a particularly vulnerable group and have unique needs. Through case study examples of clients eventually treated with Narrative Exposure Therapy (Schauer, Elbert & Neuner, 2005), the complex interplay between PTSD in relation to sexual violence and the physical and psychological effects of pregnancy and parenting in this client group will be discussed. The cases will illustrate particular dilemmas arising prior to and during treatment, which include decisions around termination, the impact on bonding and attachment and the prevention of intergenerational transmission of trauma.

Reference

Schauer, M., Neuner, F., & Elbert, T. (2005) Narrative exposure therapy. A short term intervention for traumatic stress disorder after war, terror or torture. Germany: Hogrefe & Huber.

Impact of trauma on communities

Symposium: Trauma and the legal process of seeking asylum

Psychological evidence and asylum decision making **11:45–12:00**

J. Herlihy
Centre for the Study of Emotion and Law, London, UK

A refugee, as defined by the Geneva Convention, is a person who, ''. . . owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country . . .'' (Article 1(2)). People seeking protection as refugees have to present their claim to a receiving state, usually including an account of past experiences—often highly traumatic – in order to establish a ''well-founded fear''. In order to assess whether the person's situation meets with the refugee definition, state and judicial decision makers must assess whether (a) the account given fits with information known about the claimed country of origin and (b) whether they believe the account given. This ''credibility assessment'' risks being highly subjective. We will present studies that suggest that assessments of credibility can and should rely on the best available psychological evidence. One area of interest is the consistency of memory, particularly for traumatic experiences. One of the most common assumptions of decision makers is that when details change in the repeated telling of an account, this suggests that the account is untrue. Preliminary data will be presented from a study of repeated interviews of 69 UK trauma survivors, showing significant inconsistency of recall across different types of memories.

Non-clinicians' judgments about asylum seekers' mental health: how do legal representatives of asylum seekers decide when to request medico-legal reports? **12:00–12:15**

L. Wilson-Shaw[1], N. Pistrang[1] and J. Herlihy[2]
[1]University College London, London, UK; [2]Centre for the Study of Emotion and Law, London, UK

Background: Procedures for determining refugee status across Europe are being speeded up, despite the high prevalence of mental health difficulties among asylum seekers. An assurance given is that ''vulnerable applicants'' will be identified and excluded from accelerated procedures. Although experts have recommended assessments to be undertaken by experienced clinicians, this is unlikely to happen for political and financial reasons. Understanding how non-clinically qualified personnel perform assessments of mental health issues is timely and crucial. Misrecognition of refugees due to the inappropriate use of accelerated procedures involves the risk of returning the very people who have the right to protection from further persecution. *Objective*: To examine the decision making of immigration lawyers, who are an example of a group of nonclinicians who decide when and whether to refer asylum-seekers for psychiatric assessment. *Method*: Semi-structured interviews were conducted with 12 legal representatives working with people seeking refugee or human rights protection in the United Kingdom. The resultant material was analysed using Framework Analysis. *Results*: Themes clustered around the legal case, the client, the representative and the systems, all with subthemes. A mapping exercise integrated these themes to show how representatives brought together questions of (1) evidential reasons for a report, influenced by their legal, psychological and case law knowledge, and (2) perceived evidence of mental distress, influenced by professional and personal experiences and expectations. *Conclusions*: The legal representatives interviewed were well-informed and trained in psychological issues as well as clearly dedicated to their clients. This helped them to attempt quasi-diagnoses of common mental health problems. They nonetheless demonstrated stereotypical understanding of post-traumatic stress disorder and other possible diagnoses and the role of subjectivity. The study has implications for other groups particularly those less trained and compassionate who are required to make clinical judgments without the necessary expertise.

The importance of looking credible: the impact of the behavioural sequelae of post-traumatic stress disorder on the credibility of asylum-seekers **12:15–12:30**

H. Rogers[1], S. Fox[1] and J. Herlihy[2]
[1]Royal Holloway, University of London, London, UK; [2]Centre for the Study of Emotion and Law, London, UK

Memory difficulties following traumatic experiences have been found to result in testimonial inconsistencies, which can affect credibility judgements in asylum decisions. No investigations have looked into how/whether the behavioural sequelae of Post-Traumatic Stress Disorder [PTSD] impact decisions. This study aimed to investigate this by looking at whether observable symptoms of PTSD can be confused with perceived cues to deception. An actor performed four versions of a fictional 'asylum interview' that contained differing levels of pre-defined 'deception' and 'trauma' behaviours. Four groups of students (total $n = 118$) each watched a different interview. They gave subjective ratings of credibility, plus quantitative and qualitative information about the factors that influenced their judgements. Despite the content of the interviews remaining the same, significant differences in credibility ratings were found between interviews; with the interview containing both 'trauma' and 'deception' behaviours being rated as significantly less credible than the interview containing only the PTSD behaviours. 'Emotional congruence' was conceptualised as an important factor in influencing credibility. Results are discussed in terms of possible heuristics involved in judgements of an asylum-seeker population, as well as implications for vulnerable asylum seekers whose symptoms do not conform to stereotypes. Limitations and avenues for future research are highlighted.

Overgeneral memory in asylum seekers and refugees **12:30–12:45**

B. Graham[1], J. Herlihy[2] and C. Brewin[1]
[1]University College London, London, UK; [2]Centre for the Study of Emotion and Law, London, UK

Studies in Western samples have shown that post-traumatic stress disorder (PTSD) and depression are associated with overgeneral autobiographical memory retrieval. This study assesses whether this association extends to asylum seekers and refugees from diverse cultural backgrounds. The inclusion of specific details in personal testimony has been taken as a marker of credibility in legal guidance. An association could therefore have important practical implications for those providing testimony of their experiences when seeking asylum. 38 asylum seekers and refugees were recruited through clinics and community groups. Clinical interviews assessed PTSD and depression and participants completed a test of autobiographical memory specificity. When accounting for omissions, participants with PTSD and depression recalled a lower proportion of specific memories. Those with PTSD also failed more frequently to report any memory. This study indicated that lower memory specificity observed in people experiencing PTSD and depression in Western populations extends to asylum seekers and refugees from diverse cultural backgrounds. It adds to the literature suggesting that being recognised as a refugee fleeing persecution is more difficult for those with post-traumatic symptoms and depression. Limitations and future directions for research are discussed.

Afternoon
Keynote Address

Genetic and environmental correlates of trauma-related attachment patterns in children and adults **14:00–15:00**

M. van IJzendoorn
University of Leiden, The Netherlands

Disorganized attachment behaviors and unresolved attachment representations are key-concepts of attachment theory addressing issues of loss or other traumatic experiences across the life span. In this talk these concepts are defined against the background of more common psychiatric syndromes, such as reactive attachment disorder and post-traumatic stress disorder. Recent work on the (epi-)genetics and neurobiology of disorganized and unresolved attachment will be discussed, and environmental influences on the emergence and development of these attachments will be highlighted. Evidence for the effectiveness of interventions on disorganized or unresolved attachments is still scarce.

Responding to disasters
Symposium: American Red Cross disaster mental health response lessons learned from hurricane Sandy and the Sandy Hook school shooting

American Red Cross disaster mental health response to Hurricane Sandy and the Connecticut shooting: the View from National Headquarters **15:15–15:30**

V. Cole
American Red Cross National Headquarters, Washington, DC, USA

This presentation will describe the structure of the disaster mental health program and how it is mobilized in large disasters. The presenter will focus on the American Red Cross disaster mental health philosophy as it applied to events as diverse as Hurricane Sandy and a school shooting in a small town in Connecticut. In both cases, the community mental health needs differed markedly from what is addressed by typical mental health interventions or community-based psychosocial support programs. The American Red Cross three-element approach emphasizes tailoring services to the needs of the disaster-affected community and spans the disaster cycle from preparedness to response to recovery. Although the majority of the population is expected to be psychologically resilient, recent research shows that 30–40% of those directly exposed to the disaster will develop long-term psychological consequences such as post-traumatic stress disorder, anxiety disorder or major depression. DMH uses psychological triage and mental health surveillance tools to track trends and assist in the allocation of limited resources. Another important function of disaster mental health is to monitor and alleviate stress faced by other disaster responders. Both of these disasters posed significant challenges to staff assigned to the job. Strategies to protect the emotional health of the workforce will be discussed during this presentation as well.

American Red Cross Response to Hurricane Sandy **15:30–15:45**

D. Ryan
American Red Cross, Washington, DC, USA

Hurricane Sandy made landfall on the New Jersey coast on October 29 with sustained winds of 80 mph. This major storm impacted an area the size of Europe and affected 11 states, the District of Columbia, and Puerto Rico. More than 16,000 Red Cross disaster responders were assigned to the relief operation, serving over 10 million meals and snacks and providing 107,000 health and mental health contacts. This presentation will discuss early mental health interventions such as psychological first aid and crisis intervention in shelters, hotels, home visits, community gatherings, on feeding trucks, and through neighborhood canvassing, along with particular considerations for communities with frail elderly and non-English-speaking populations. The Red Cross model of coordinated efforts between workers in disaster mental health, client case work, and health services will be examined, and use of the PsySTART behavioral surveillance tool will be described. The American Red Cross has a strong staff mental health program, and this presentation will include the distinct needs of staff working through the phases of this hardship relief operation, from the initial sheltering in place in Red Cross offices to assessing the impact of damage to their own homes, through the effects of a prolonged response with exposure to extensive suffering, and with special considerations during the holiday season. While the hurricane relief effort was ongoing, the Red Cross in Greater New York also responded to fatal fires, the Newtown shooting, and a ferry accident with 80+ injuries which required additional mental health response for clients and staff. A discussion of lessons learned will include the importance of pre-disaster partnerships with local, city, and state agencies and NGO's and the critical need for a staff mental health component on hardship disasters.

Mental health role in death notifications Following the Shootings at Sandy Hook Elementary School **15:45–16:00**

V. Cole[1], D. Ryan[2], W. Dailey[3] and J. Halpern[4]
[1]American Red Cross National Headquarters, Washington, DC, USA; [2]American Red Cross in Greater New York, NY, USA; [3]Yale University School of Medicine, New Haven, CT, USA; [4]Institute for Disaster Mental Health, State University of New York, New Paltz, NY, USA

In the United States when an unexpected death occurs outside the home in a non-institutional setting, a police officer or staff member from the coroner's office normally informs the family or significant others as soon as possible in a face to face meeting. The simplicity and straightforwardness of this approach reduces the likelihood that the victim's family will first learn of the death from another, perhaps less reliable, source, such as news media. While officials who perform death notifications attempt to do so in a compassionate and

respectful manner, most have little, if any, training regarding the psychological consequences of traumatic events, or how to promote recovery among those who mourn an untimely death. Nevertheless, awareness of the need to improve death notifications has been growing. In the aftermath of the school shootings in Sandy Hook, Connecticut, officials decided to include mental health professionals and clergy members as part of three-person teams that then visited families of victims. While the efficacy of this approach has not been scientifically evaluated, anecdotal evidence suggests it helped comfort families of those killed and connected them at the outset with mental health and spiritual resources designed to promote subsequent recovery. In addition to describing the importance of involving mental health professionals in death notifications, this presentation will describe: (1) How and why mental health personnel became involved in notifications at Sandy Hook; (2) How mental health professionals might assist government officials in planning for and responding to mass casualty events; and (3) How to support self-care among mental health responders involved in death notifications and mass casualty events.

Crisis counselling for survivors of the Sandy Hook Shooting **16:00–16:15**

J. Halpern
Institute for Disaster Mental Health, State University of New York, New Paltz, NY, USA

This presentation will discuss the mental health interventions used to support families, community members, and first responders in the first week after the Sandy Hook school shooting. Examples of ''working the Maslow hierarchy'' of basic needs will be presented. Counselors addressed basic safety needs as well as issues of meaning. Instrumental support was helpful to some survivors, who needed proper clothes or travel expenses for funerals. Counselors addressed safety needs as families were exposed to new threats as well as sights and sounds that triggered intense reactions. Families also needed protection from intrusive press, celebrities, onlookers and unwelcome acquaintances. Members of this religious community also benefitted from talking about meaning and religion. Counselors reinforced existing social support networks of trusted family, friends, and clergy and provided informational support or psychoeducation as parents sought counsel on how to help their surviving children. Parents' many challenging questions such as ''how to explain these events to young children'' will be presented. Case examples demonstrating the importance of reassurance, safety, routine and honesty, will also be discussed. The clinical usefulness of the ''Dual Process Model of Coping with Bereavement'' will be reviewed as family members struggled not only with loss but with having to make difficult decisions such as whether or not they should stay or leave the community. The counseling that was delivered to surviving members of the school community will also be described. The challenge of providing an orderly mental health response when not all clergy or mental health providers were sufficiently trained or screened will be reviewed.

Responding to disasters

Symposium: Trauma informed practice; Lessons learned from the juridical and school system when interacting with surviving youth from the Norwegian massacre of July 22nd 2011

Police Interviews with Terror Exposed Youths - Experiences from police interviews after the Terror Attack in Norway, 2011 **16:45–17:00**

A. Langballe, J. Schultz and T. Wentzel-Larsen
Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

The objective of this study is to explore how the affected youths have experienced the conduct of the police interviews four months after the terror attack in Oslo. 281 youth responded to both closed and open ended questions about their experiences from the police interviews. They were asked to describe their emotions and reactions during and after the police interview, and to what extent they experienced this as a stressful and meaningful activity. The police interview could be characterized as a potentially secondary traumatizing event for the victim. Usually the young victim has no experience of the legal system which often appears to be totally out of his/ hers control. However, only 10% of the youth considered the interview as partly or extremely stressful situation. Through the victim's narratives the paper will discuss both factors that have decreased feelings of helplessness and stress and increased the positive experiences from the interviews, and how the youth at the same time felt the interview mentally and psychologically demanding. The findings will be discussed according to knowledge of principles based on traumatic stress exposure and forensic psychology.

The Trial after the Terror Attack in Norway, 2011 - Terror Exposed Youth' Experiences from the Trial Process **17:00–17:15**

S. Laugerud and A. Langballe
Norwegian Centre for Violence and Traumatic Stress Studies, Norway

The objective of this study is to explore how terror-exposed youth experienced the trial after the terror attack in Norway in 2011. A year after the attack the perpetrator was sentenced to jail. Approximately 2–4 months after the trial, a total of 290 (N = 320) survivors were interviewed as a part of a longitudinal study measuring exposure, PTSD, and other indicators of mental health. The survivors were asked to describe how they experienced the trial and how it affected their emotional well-being. Among them 40 survivors testified in court and they were asked to give ample descriptions of how they experienced retelling and reliving the traumatic event in court. During the trial the survivors were exposed to the perpetrator and repeatedly exposed to pictures and descriptions of the traumatic event. Within Victimology the legal system has been characterized as a high-risk environment for victims with potential for ''revictimization'' and ''retraumatization''. At the same time a trial may provide restoration of trust, safety, relationships, and contribute to repairing social, emotional and psychological harm. In the presentation preliminary findings will be discussed according to knowledge of the Norwegian legal system and the theoretical perspective of ''revictimization'' and ''retraumatization''.

Returning to School after Surviving the Norwegian Terror Attack in 2011 - Students Self Perceived Capacity for Learning after Being Terror Exposed **17:15–17:30**

J. Schultz, A. Langballe, T. Wentzel-Larsen and G. Dyb
Norwegian Centre for Violence and traumatic Stress Studies, Oslo, Norway

The objective of this quantitative study is to explore the relationship between trauma-related symptoms and school achievement among Norwegian terror-exposed youth present at the Utøya terrorist attack in 2011. A total of 220 adolescents participating in the study (N = 320) were enrolled in school; ranging from lower and upper secondary school and higher education. They were answering a comprehensive questionnaire 4 months after the massacre. Exposure, post traumatic stress symptoms and indicators of mental health were collected in addition to indicators of school adjustment, school attendance, coping and school achievement. Students perceived capacity for learning 4 months after the attack is analyzed in relation to PTSD-symptoms. There will also be a presentation of the youths'

report of to what extent and in what way the schools have adjusted and adapted the student's learning environment in the first months after the massacre.

Teachers' Perceptions of Meeting their Terror Exposed Students - The Teacher Role in Facilitating and Adapting the Learning Process **17:30–17:45**

M. Dalset[1] and J. Schultz[2]
[1]Department of Special Needs Education, Faculty of Educational Sciences, University of Oslo; [2]Norwegian Centre for Violence and Traumatic Stress Studies; Oslo, Norway

In the aftermath of the 22 July 2011 massacre in Norway, the Minister of Education and Research urged teachers and school leaders to go to the greatest possible length to adjust the learning environment of students that were directly affected by the terror. The objective of this study is to explore how teachers and school leaders perceive their role in terms of supporting students that were present during the Utøya terror attack. Using a qualitative design, the study explores feelings of uncertainty and confidence related to the follow-up of these students. 24 teachers and 12 school leaders from 6 schools with a total number of 36 exposed students were selected for the study. Preliminary findings indicate that the perceived role of teachers is unclear when it comes to which actions that should be taken in school settings. The informants seem to possess different levels of trauma knowledge and skills. Consequently, they report varying degrees of uncertainty when it comes to ways of transforming general trauma-related information into individually appropriate action; ensuring a flexible practice to accommodate student needs within a rigid school system; balancing demands and consideration; helping traumatized students achieve better educational outcomes; and talking with students about challenging topics. A broad spectrum of measures has been implemented, ranging from minimal actions on the one hand to extensive personal involvement on the other. According to prevailing theory, neither of these extremes is considered beneficial. So far limited research has been conducted on how trauma-informed practices in schools can help mitigate or intensify the impact of traumatic experience.

ORAL, JUNE 8

B. PLENARY HALL

Morning

Impact of trauma on communities

Panel: Human rights violations, trauma and the role of the ESTSS

Human Rights violations, trauma and the role of the ESTSS **8:45–10:00**

F. Orengo[1], D. Adjukovic[2], B. Lueger-Schuster[3] and J. Den Otter[4]
[1]Spanish Society of Psychotraumatology (Sepet), Madrid, Spain; [2]Faculty of Psychology, Zagreb, Croatia; [3]Faculty of Psychology, Vienna; [4]International Rehabilitation Center For Victims of Torture, Copenhagen, Denmark

The ESTSS is now committed to go a step ahead in the defense of HR, which is no less as the prevention of psychotraumatic disorders. We want to reflect on how the ESTSS can be much more active in HR issues. We want to create spaces, places or gathering and been together offering professional advice and experience but also the opportunity to sit and discuss the best therapeutic practices. The ESTSS wants to be a forum for those psychotraumatologists of different countries or social groups that are or were in conflict. We want to give them the opportunity, as the most skilled European scientific society in the field of trauma, to find a place of peace and communication, of respect and warm interchange.

Presenters:

Dean Adjukovic will discuss the longer-term consequences of traumatization in violent conflicts for communities and societies. Brigitte Lueger Schuster will present some suggestions about how the ESTSS may use its leading role in psychotraumatology to foster exchange about human rights issues by providing a frame for the gathering of research questions, sharing of experiences in treatment, and initiating of preventive measures, that is empowerment through human rights. Joost den Otter will comment on the work of the International Rehabilitation Center for Victims of Torture. Francisco Orengo will present on the positive and negative effects of the so- called ''Ley de la memoria histórica'', a Spanish Law from 2004 that tried to repair / treat the legal and social problems related to the long term effects of the Spanish Civil war.

The spectrum of trauma-related disorders

Symposium: Sexual abuse and violence in the Catholic Church – research and practice on disclosure and the latent impact on psychopathology

Testimonials of victims of sexual abuse in the Roman Catholic Church—comparison of data collected by the victim hotline of the Roman Catholic Church in Germany and the contact point of the German Independent Commissioner **10:00–10:15**

M. Rassenhofer[1] and A. Zimmer[2]
[1]Department of Child and Adolescent Psychiatry/Psychotherapy, University of Ulm, Ulm, Germany; [2]Diocese Trier, ZB 1.3.2 Counceling Services, Germany

Background: As reaction to the ''German abuse scandal'' in 2010, caused by the disclosure of former cases of child sexual abuse in some Catholic and pedagogical institutions, the Roman Catholic Church in Germany as well as the Independent Commissioner, assigned by the German Government, established telephonic contact points for victims of sexual abuse. The hotline of the Catholic Church included internet counseling by psychological experts. The contact point of the Independent Commissioner aimed at collecting information for the political process. Burdened callers were referred to counseling services. *Objective and method*: Both contact points were accompanied by research processes, information, and experiences callers transferred in conversations were documented and analyzed. This presentation focuses on description and comparison of testimonials of victims in the context of the Roman Catholic Church given to the two contact points. The two samples are compared concerning demographic aspects as well as characteristics and dynamics of abuse. Furthermore, psychosocial consequences that were reported by the victims are presented and contrasted. *Results*: From the victim hotline of the Roman Catholic Church resulted $N = 753$, from the contact point of the Independent Commissioner $N = 413$ analyzable data sets of victims who reported sexual abuse within a Catholic context. While callers of the Catholic hotline were predominantly Catholics or former members of the Roman Catholic Church (95%), this group only represents a relatively small part of the population of victims that addressed themselves to the contact point of the Independent Commissioner (9%). Testimonials given to the two contact points are relatively similar. Callers were mostly middle-aged and mainly informed about repeated abuse in the past by a male offender. Often victims reported even several psychosocial problems as consequences of the abuse. *Discussion*: Testimonials of victims deliver further insight into the dynamics of sexual abuse. Prevention and intervention strategies can be derived.

Victim protection in Austria—an overview of the work of the Independent Victims Protection Commission (UOK) **10:15–10:30**

U. Konrad
Independent Victim Protection Commission, Austria

In 2010 the ''Independent Victims Protection Commission (UOK)'' was established after reports of violence and sexual abuse in institutions of the Catholic Church against children shocked the public. In this presentation, I will report on the structure and tasks of the UOK. The main objective of the UOK is to collect and administer reports of these cases (''clearing''). It provides legal and psychological support for the survivors. Other important tasks are the active and preventive protection of victims accompanied by campaigns to raise awareness and inform the public. The UOK is formed by professionals from different fields (law, psychiatry and psychology, education, and media) and is led by the former governor of Styria. In total, the UOK registered and archived 1,439 allegations and was able to process 1;221 allegations. From 2010 until the end of December 2012, the UOK completed 904 cases. Survivors contacted the UOK from all Austrian regions The UOK developed guidelines for compensation: after the first assessment interview at the UOK, the clearing phase is initiated with up to 10 hours of interviews and supportive counseling with a psychologist. The victims are able to choose freely the psychologist they want to work with. More than 100 psychologists, specialized in trauma psychology, work with the UOK. Furthermore, there are also lawyers available to the survivors for legal advice and procuration. After the clearing phase, the survivors are offered further psychological treatment paid by the Catholic Church. Also financial compensation between 5,000 and 25,000 Euros are given. Since 2010, more than 23,500 hours of psychological treatment have been provided and more than 8 million Euros have been paid to the survivors. The guidelines and the procedure of case-management as well as the individual process management will be presented. Recommendations for further commission work will be discussed.

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Survivors of institutional abuse committed by the Austrian Catholic Church—a study on the posttraumatic outcome and prevalence of abusive acts 10:30–10:45

B. Lueger-Schuster[1], D. Weindl[2], V. Kantor[2], R. Jagsch[2], Y. Moy[2], A. Butollo[2] and M. Knefel[2]
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Background: Since the 1990s, Austrian survivors of institutional abuse (IA) have been demanding acknowledgment and criminal investigations. In April 2010, an Independent Survivors' Protection Commission was established to redress and support the survivors. This study analyzed the data of 450 survivors of IA, who disclosed to the commission. *Objectives and Methods*: The prevalence of IA committed by clerical professional workers and the abuse-related disorders were analyzed. Different kinds of data collection were used. Four-hundred fifty (age $M = 55$ years, range 25–80) survivors gave written informed consent to scientifically analyze their clearing documents. These documents comprised written reports (passive participation), including psychological assessment given by mental health professionals. Of these 450 survivors, 185 completed self-report questionnaires (BSI, PCL-C, and instruments measuring resilience). *Results*: We present results from the analysis of the clearing documents and the questionnaire data. IA was experienced with an average age of 10 years. 75% of the sample was men. From the 185 who filled in the questionnaires almost 50% suffered from PTSD. 82% of the 185 reported intrusions and 71.6% reported a clinical relevant psychopathological symptom distress. More boys than girls suffered from childhood sexual abuse, whereas girls were more exposed to acts of violence. However, the prevalence of PTSD is higher in the females. Those with less PTSD symptoms were more optimistic and resilient. No differences were found in demographic factors and the numbers and types of exposure. *Conclusion*: IA always leaves a mark on the survivors. The results shed light on the complex dynamics of IA and its consequences on psychopathological outcome. Further research on the complex relationship of IA and its psychological consequences is needed to enhance the development of specialized treatments.

"What if . . ."—survivors personal views on the impact of institutional abuse in Catholic Church in later life 10:45–11:00

V. Kantor[1], D. Weindl[2], M. Knefel[2], Y. Moy[2], A. Butollo[2], R. Jagsch[2] and B. Lueger-Schuster[2]
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Background: In 2010, numerous adult survivors of institutional abuse (IA) committed by members of the Austrian Catholic Church disclosed their experiences to a specifically established victim protection commission. In cooperation with this commission a research project at the University of Vienna assessed the survivors with standardized questionnaires. Although these instruments provided interesting results, a deeper insight into the very personal consequences of IA was needed because previous research paid no attention to these issues. The primary aim of this study was to understand survivors' perceptions of the effects of IA on their later life. Qualitative research based on phenomenography was carried out to explore survivors' explanatory approach toward their experiences. *Method*: Specially trained clinical psychologists conducted 47 semi structured in-depth interviews with 39 male and 8 female survivors of IA (Age $M = 58.66$, range: 38–80). All interviews were tape-recorded and transliterated verbatim. For in-depth analysis, quantitative content analysis (Mayring, 2010) was used. The main interview features were: (1) personality before/after the IA; (2) "what if" the IA had not had happened; (3) feelings of shame and guilt; (4) breaks in life according to IA. *Results*: All participants experienced physical, emotional, and/or sexual violence by members of the Catholic Church. Almost all participants described personality changes related to the IA. They also reported small to large consequences of the IA on their lives' path (e.g., effects on interpersonal relationships, career, etc.). Feelings of shame and guilt were especially prevalent in cases of sexual violence. *Conclusion*: These constructs resulting from the analysis of narratives are discussed in the light of recent findings. Our results contribute to a better understanding of the effects of IA and have important implications for psychotherapy and clinical work.

Reference

Mayring, P. (2010). Qualitative Inhaltsanalyse. Grundlagen und Techniken [Qualitative Content Analysis] (11th ed.). Basel: Beltz Verlag.

Miscellaneous

Symposium: Trauma assessment 2.0: using customized computer apps in clinical research and praxis

A generic questionnaire framework supporting psychological studies with smartphone technologies 11:45–12:00

J. Schobel[1], M. Ruf-Leuschner[2], R. Pryss[1], M. Reichert[1], M. Schickler[1], M. Schauer[2], R. Weierstall[3], D. Isele[3], C. Nandi[3] and T. Elbert[2]
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Many psychological studies are performed with specifically tailored "paper & pencil"-questionnaires. Such a paper-based approach usually results in a massive workload for evaluating and analyzing the collected data afterwards, e.g., to transfer data to electronic worksheets or any statistics software. To relieve researchers from such manual tasks and to improve the efficiency of data collection processes, we realized smart device applications for existing psychological questionnaires (e.g., the KINDEX, PDS, or CAPS questionnaire). Based on these applications, we were able to demonstrate the usefulness of smart devices (e.g., smartphones or tablets) for mobile data collection in the context of psychological questionnaires. Although the implemented applications already have shown several advantages in respect to data collection and analysis, they have not been suitable for psychological studies in the large scale yet, e.g., due to the high maintenance efforts for the psychologists. More precisely, changes to a questionnaire or its structure still must be accomplished by computer scientists, since its implementation is hard-coded. What is needed instead is an easy-to-use and self-explaining framework for creating, running, and evolving the questionnaires of psychological studies on mobile and smart devices. In this context, supporting the complete questionnaire lifecycle is essential, i.e., IT support for creating, using, evaluating, and archiving questionnaires is required to assist end-users having no programming background. We present our generic questionnaire framework, which encompasses the following three parts: a questionnaire configurator to create the questions and questionnaires, a way of integrating mobile devices to deploy, run and log questionnaires, and a middleware enabling a secure data exchange. Finally, we discuss how smartphone technology and mobile devices can be used to suitably support psychologists in their daily work with questionnaires. As major benefit of the framework, better data quality, shorter evaluation cycles, and significant decreases in workload will result.

Detecting adverse childhood experiences with a little help from tablet computers 12:00–12:15

D. Isele[1], M. Ruf-Leuschner[2], R. Pryss[3], M. Schauer[2], M. Reichert[3], J. Schobel[3], A. Schindler[3] and T. Elbert[2]
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Adverse childhood experiences, ranging from abuse to emotional neglect, damage the mental and physical health and may impede the treatment of mental disorders. However, validated instruments that assess childhood adversity including the full range of childhood maltreatment are lacking. The adverse childhood experiences index (ACE; Dube et al., 2003; Felitti et al., 1998) retrospectively assessed different forms of abuse, neglect, and household dysfunctioning during the first 18 years of life, and quantified the ''breadth of the experienced adversities'', by means of the ACE score. Thus, this instrument allows quantifying the magnitude or ''dose'' of toxic childhood experiences. A recent modification of the ACE index, by Teicher and colleagues (2011, MACE Scale), gathers in even greater detailed and in more comprehensive ways information about the various types of maltreatment: self experienced abuse or neglect, as well as peer victimization and witnessing domestic violence are all explored in detail. Supplementary information gained about emotional reactions to the events, and temporal anchoring of the experienced, are highly valuable for psychotherapeutic and research purpose. We present short versions of the MACE and a pediatric version (Isele et al., in prep.), adjusted to the cognitive and emotional development status of minors. These new versions fill the need for structured clinical interviews, mapping abuse, and neglect in this sample. Their application in clinical research and therapeutic contexts is shown including an electronic tablet-computer supported assessment.

Preventing further trauma: KINDEX mum screen—assessing and reacting towards psychosocial risk factors in pregnant women with the help of smartphone technologies 12:15–12:30

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The KINDEX mum screen has been designed to be administered by gynecologists and midwives during pregnancy for the assessment of the main psychosocial developmental risk factors, which include traumatic experiences of the parents, intimate partner violence, drug abuse, a history of mental health problems, poverty, acute stress, and others. In addition, we have developed a self-assessment version that runs on tablet computers (iPads). Validation of the KINDEX has been successfully completed in Germany, Spain, Greece, and Peru. Gynecologists or midwives interviewed 80–120 pregnant women in each country. A randomized sub sample of respondents was assessed by trained clinical psychologists using standardized structural interviews to assess perceived stress and mental disorders. 14-months after giving birth the new mothers were interviewed again and the predictive value of the KINDEX was assessed by structured clinical interviews and the analysis of the cortisol levels (deposited in hair over a month) of mother and child as indicator for stress. The results show that the KINDEX assesses valid information about existing risk factors through a structured 15-minute interview with the pregnant women or through the application of this instrument as self-rating on a tablet computer. The tablet computer application in addition to the paper–pencil version has the advantage of automatic analysis of the data and instant recommendation for further support of the pregnant woman.

Screening for mental disorders in post-conflict regions using computer apps—a feasibility study from Burundi 12:30–12:45

A. Crombach[1], C. Nandi[1], M. Bambonye[2], M. Liebrecht[3], R. Pryss[3], M. Reichert[3], T. Elbert[4] and R. Weierstall[1]
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A high level of psychosocial functioning is essential for survival in many resource-poor countries and is needed for development in these regions. Organized violence, often in combination with other stressors such as poverty and familial conflict, however, result in a range of mental disorders and damage socio-economic progress. An efficient assessment of mental health is a prerequisite for prevention and intervention measures. However, this may require considerable resources that are difficult to obtain in resource-poor countries. We present new methods for the efficient and effective assessment of mental, especially trauma- and stress-related disorders that can easily be administered by trained local paramedics. For decades, Burundi has been a staging ground for armed conflicts leaving behind many survivors with trauma-related illness. In a study with over 900 combatants and veterans from the military as well as former rebels in Burundi, we used a tablet-computer (ipad)-based survey for the assessment of trauma-related syndromes, especially PTSD, in need for treatment. All participants reported the experience of serious traumatic stressors and a substantial portion presented severe symptoms of the trauma-spectrum. Based on the PSS-I and other standardized screening instruments, an ipad app guided the semi-structured clinical interviews. Psychologists from the University of Konstanz, the Burundian military as well as psychologist students from the University Lumière, Bujumbura, Burundi carried out the interviews. In this contribution, we use the Burundian example to portray the logistics and technology of data acquisition and present respective data. We demonstrate the feasibility of using a computer-based screening approach in the field and in clinical settings. We provide evidence, that the computerized assessment of clinical symptoms can be a useful tool for mental health assessment and screenings, both in research and practice.

Afternoon
Keynote Address

Difficult pathways to childbirth: post-partum PTSD and its implications for mother and child 14:00–15:00

P. Di Blasio
Research Center on Developmental and Educational Dynamics (CRIdee), Dipartimento di Psicologia, Universitá Cattolica del Sacro Cuore, Milano, Italy

Studies of childbirth-related PTSD gained significant attention after the DSM-IV (APA, 1994) revisions. Such revisions introduced the concept of ''stressful situations in which a person had experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others'' replacing the assumption of ''extreme events that were outside the range of usual human experience'' (DSM-III, 1980). Research, then, started to explore childbirth as a potential in connection with both negative and traumatic experiences related to this event, such as stillbirth, pregnancy loss, premature birth, perinatal death. Furthermore, research has also started to uncover how childbirth-related negative experiences may interconnect with a spectrum of risk factors for posttraumatic stress symptoms, such as a history of pre-existing psychological problems, anxiety, a negative cognitive appraisal of the delivery, negative contacts with the medical staff, obstetric variables, being a single parent, lack of partner support, a difficult pregnancy, previous sexual abuse, or other types of previous traumatic experiences. More recently, the scientific community has put forward the idea that women may also develop posttraumatic stress disorder (PTSD) even in cases of a regular childbirth involving a full-term pregnancy and a healthy child and mother. In other words, the typical childbirth may also be experienced as such, a emotionally charged event that it can lead to the development of posttraumatic stress symptoms or even to a full diagnosis of PTSD. Childbirth is a complex experience, which differs from other traumatic events because it is associated with a range of positive and negative emotions. Childbirth elicits psychological and physiological adjustments; also, it is usually positively perceived by the partner and family even when mothers-to-be are worried about their physical integrity and their child's health. Worries are also about uncertainties concerning their ability to adapt competently to the new requirements of the child and to the social context.

Prevalence rates of childbirth-related symptoms satisfying full criteria for PTSD are between 1.5 and 5.6% and prevalence rates of threshold PTSD are between 24 and 33%. In a few cases, PTSD symptoms co-occur with post-natal depression. Posttraumatic symptoms together with comorbidities may have a considerable impact on the mother's ability to process information about the child, frequently leading to a negative perception and representation of the child. In fact, women who present PTSD-related emotional numbing may be at higher risk of parenting problems due to a lack of emotional responsiveness to the child's behavior, and to a lack of communication and attuned interaction with the child. The PTSD-related hyper arousal may, in turn, elicit maternal irritability and anxiety toward the child. It is warranted that health professionals support mothers to elaborate the stress mechanisms of post-partum PTSD—even in typical childbirths—to avoid any emotional overloading of women who are already experiencing a spectrum of stressful tasks to welcome the new born.

Effects of trauma on families and children

Symposium: Prevention and treatment of trauma in children and adolescents new directions and special challenges

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Intergenerational transmission of trauma and posttraumatic stress disorder in an epidemiologic sample **15:15–15:30**

A. L. Roberts[1], S. Galea[2], S. B. Austin[1], M. Cerda[1], R. J. Wright[3], J. W. Rich-Edwards[4] and K. C. Koenen[2]
[1]Harvard School of Public Health, Boston, USA; [2]Columbia University, New York, USA; [3]Harvard Medical School, Boston, USA; [4]Brigham and Women's Hospital, Boston, USA

Background: Research conducted using small samples of persons exposed to extreme stressors has documented an association between parental and offspring posttraumatic stress disorder (PTSD), but it is unknown whether this association exists in the general population and whether trauma exposure mediates this association. We sought to determine whether mothers' posttraumatic stress symptoms were associated with PTSD in their young adult children and whether this association was mediated by higher trauma exposure in children of women with PTSD. *Methods*: Using data from a cohort of mothers ($n = 6924$) and a cohort of their children ($n = 8453$), we calculated risk ratios (RR) for child's PTSD and examined mediation by trauma exposure. *Results*: Mother's lifetime posttraumatic stress symptoms were associated with child's PTSD in dose-response fashion (mother's 1–3 symptoms, child's RR = 1.2; mother's 4–5 symptoms, RR = 1.3; mother's 6–7 symptoms, RR = 1.6, compared to children of mothers with no symptoms, $p < 0.001$ for each). Mother's lifetime symptoms were also associated with child's trauma exposure in dose-response fashion. Elevated exposure to trauma substantially mediated elevated risk for PTSD in children of women with symptoms (mediation proportion, 74%, $p < 0.001$). *Conclusions*: Intergenerational association of PTSD is clearly present in a large population-based sample. Children of women who had PTSD were more likely than children of women without PTSD to experience traumatic events; this suggests, in part, why the disorder is associated across generations. Health care providers who treat mothers with PTSD should be aware of the higher risk for trauma exposure and PTSD in their children.

Reducing the impact of child trauma exposure: reaching children and parents through trauma-informed systems and online **15:30–15:45**

N. Kassam-Adams
Children's Hospital of Philadelphia, Philadelphia, USA

How can we reduce the impact of acute trauma for children and parents? Mental health professionals play an important role in addressing the impact of child trauma, but many children and families exposed to trauma will not seek mental health services, especially in the acute aftermath of trauma exposure. Thus, a key challenge to our field is to reach beyond traditional mental health service models to prevent the development of persistent and troubling traumatic stress responses and other psychological sequellae of acute trauma in children. This presentation will describe two areas of research and program development that are reaching beyond mental health services to address the impact of child trauma exposure: 1) promoting trauma-informed practices within systems that reach many children proximal to the time of trauma exposure (e.g., health care, schools, law enforcement), and 2) developing online and e-Health approaches that can have wide reach to children and families. Mental health professionals have opportunities to help develop and support trauma-informed services in other systems. Taking health care systems as an example, the presentation will provide an update on current work to promote trauma-informed practice by pediatric health care providers, and to develop and evaluate practical methods for screening and secondary prevention in the health care setting. We will also describe e-Health approaches in this area, including innovative web-based tools for parents, children, and health care professionals. The cutting edge of current research and practice in this area is systematic examination of which interventions work, for whom, during which time period post-trauma, and how these can be integrated into the health care delivery context. In the area of e-Health, rigorous development and evaluation are underway, next steps include attention to dissemination of resources so that parents and children have timely access to online resources after trauma exposure.

Challenges in the application and dissemination of TF-CBT in community settings **15:45–16:00**

A. Mannarino
Allegheny General Hospital, Pittsburgh, USA

Trauma-focused cognitive-behavioral therapy (TF-CBT) has been extensively studied in 13 randomized clinical trials and demonstrated to be effective in reducing children's trauma symptoms and behavior problems and parents' emotional distress and depressive symptoms. Nonetheless, there are always challenges in transporting an evidence-based treatment (EBT) from an academic, research setting to frontline community agencies. This presentation will focus on some of these challenges and also provide some ideas as to how to overcome them. One major challenge is that clinicians often do not feel a great deal of administrative support when implementing TF-CBT and over time, begin to use the model less frequently and/or consistently. Accordingly, it is essential to educate administrators and supervisors about trauma impact and the clinical benefits to families of using TF-CBT so that they can support their therapists both in terms of obtaining the necessary training and supervision and implementing the model with fidelity. Another challenge occurs when organizations are implementing more than one EBT at the same time. In these situations, there can be some tendency toward "therapist drift" as clinicians may integrate different therapeutic models or incorporate some aspects of one EBT into a different EBT. Ongoing supervision and consultation is critical to assist therapists in determining with what cases TF-CBT is appropriate and how to implement the model with fidelity. Other challenges include the additional financial costs of implementing an EBT such as TF-CBT, how to sustain the model at a given agency when TF-CBT-trained clinicians leave the organization, and how to encourage clinicians and administrators to use objective assessment measures to evaluate treatment progress.

Prevalence and risk factors of PTSD in children and adolescents after the 2012 earthquake in the Emilia Romagna region: implications for intervention **16:00–16:15**

B. Forresi, C. Del Giovane, F. Soncini, G. Aggazzotti, R. d'Amico, E. Parmelli, E. Righi and E. Caffo
University of Modena and Reggio Emilia, Modena, Italy

PTSD is one of the psychological disorders that occurs after natural disasters. Many cases will remit within a few months, however in some estimates nearly one-third of cases have a chronic course. Delay-onset PTSD and progressive increase of symptoms seem to be very common. Given the significant rates of PTSD among children and adolescents after earthquakes and the long-term impact on their mental health, it is of primary importance to identify and treat symptoms effectively. The authors will present preliminary data from a cross-sectional study aimed at evaluating the prevalence of PTSD in a sample of children and adolescents nine months after the 2012 earthquake that hit the Emilia Romagna region in northern Italy. Data concerning risk (e.g., level of trauma exposure and parental psychopathology) and protective factors for the development and the persistence of the disorder will be also presented. Children and adolescents (age range: 9–14 years), randomly selected from schools in the Province of Modena, have been assessed using an exposure questionnaire on objective/subjective experiences during the earthquake, the UCLA PTSD index for DSM-IV (UPID), and the strengths and difficulties questionnaire (SDQ). Parental symptomatology has been also assessed, in order to evaluate the influence of parental psychopathology on offspring's adjustment. Given the few studies conducted in Italy about the long-term psychological impact of natural disaster on children and adolescents, the present research has important implications for the prevention and treatment of traumatized children and adolescents in Italy, as well as for the development of effective posttrauma interventions.

Vivo Invited Symposium: Psychological consequences and needs of survivors of organized violence

Mental health needs of survivors of acute armed conflict and consequences of family and community violence **16:45–17:15**

U. Karunakara
Medecins sans Frontieres, Geneva, Switzerland

Organizations working in regions where armed conflict takes place are confronted with huge challenges, e.g. providing food, shelter, security and medical assistance to large groups of refugees. During the last 15 years, these organizations have learned that it is necessary to expand their focus and also include the mental health consequences into their assistance. More recently, many organizations had to realize that domestic and community violence are additional problems in refugee settlements with multiple consequences. The presentation will present multiple case examples and a general analysis and will discuss consequences for international crisis intervention and humanitarian aid.

Mental health of asylum seekers and refugees in Italy: an epidemiological study **17:15–17:30**

E. Danese
Vivo International, Italy

Asylum seekers and refugees usually have experienced a large number of traumatic and stressful events, such as torture, imprisonment, direct exposure to the war, as well as physical and sexual violence. Considering these dramatic rates of trauma it is not surprising that asylum seekers and refugees are considered at high risk to develop post migration mental health problems. In fact, there is consistent evidence showing that compared to the general population these populations have much higher rates of psychiatric disorders, in particular Posttraumatic Stress Disorder (PTSD) and depression. In Italy, the situation of asylum seekers and refugees is particularly difficult because of the lack of studies assessing their psychological wellbeing. The present epidemiological study was conducted to estimate the magnitude and type of mental health problems related to traumatic stress in a sample of 125 asylum seekers and refugees (mean age = 28; 78.4% men, 21.6% women) living in Northern Italy. Clinical psychologists carried out structured interviews including standardized measures for the assessment of exposure to traumatic events, for the diagnosis of PTSD as well as the severity of depression and suicidal ideation. More than 80% of the participants have experienced torture; a similar percentage has been directly exposed to the war. As a consequence, 30% of the sample was diagnosed with (mostly severe) PTSD and 25% with Depression. 15% of the participants reported suicidal thoughts and 70% had complaints about somatic problems. A clear dose-effect relationship was found between exposure to various traumatic stressors and PTSD; those who had been exposed to a large number of traumatic events had a higher risk for developing psychological problems. The results support findings regarding the mental health of asylum seekers and refugees from other countries and point to a rather alarming situation in Italy. More research in this field is needed, most urgently to develop and evaluate adequate types of intervention.

Life stories of asylum seekers in Italy: experiences from a medical care project **17:30–17:45**

A. Nava
Medecins sans Frontieres, Rome, Italy

In the center of this presentation will be the exemplary life stories of two refugees out of 350 who came to Italy and were followed up on their way in the host country. In the center of MSF's work in Italy is a holistic approach that does not reduce the refugees problems to the DSM definition of traumatic stress and PTSD but includes the idea of the refugee him-/herself about his/her project of life. This includes that their life back in their country of origin was characterized by suffering, losses and violence, that they decided to leave their original social context (often collecting debts) and that they started a long journey facing dangerous situations and humiliation before finally reaching Italy. They gradually approach the new context in Europe which is at first imagined and unknown, which later became unfamiliar and finally obscure, due to the impossibility and denial of the right to reach what they had in their mind and what they had hoped for hoped for. When disillusioned and deeply involved into a total lack of 'normality', they start to vent different physical and mental symptoms and they are obliged to spend the last energy for a new struggle for survival. What means at this point to start a path of integration or rehabilitation, looking towards which 'destination'? Is the work on their story essential to start any kind of integration? Which kind of resilience we are going to raise? Is their 'trauma' the result of what is behind them or is still waiting for them?

War at home - consequences of organized violence for family life **17:45–18:00**

C. Catani
Vivo International and University of Bielefeld, Germany

A substantial body of research shows the detrimental effects of war on the mental health of the civilian population. One of the most vulnerable groups in this context are children. Data from various studies including vivo's work in different conflict zones around the world range from a 20% to 50% prevalence of posttraumatic stress disorder (PTSD) in children and adolescents even years after the traumatic war experience. In addition, many children in these contexts suffer from comorbid affective and somatic problems. Apart from these direct or immediate effects of war exposure, the development of children in (post-) conflict areas is threatened by a wide range of secondary factors, such as homelessness, malnutrition, loss of a parent, or family violence. Whereas the direct consequences of organized violence have been addressed by a large number of studies, only very few have considered the indirect and multifaceted effects of war on family life and on the social and economic conditions that affect the family. One important finding from this new line of research is that war, together with its concomitants, seems to make families particularly vulnerable to an increased

perpetration of violence especially towards their children. This presentation will introduce and discuss these findings including recent studies conducted by our workgroup with families in post-war countries Northern Sri Lanka and Northern Uganda. Besides pointing to the well-known harmful consequences of parental violence on the healthy development of the affected children, our data also show that positive and supportive parenting can buffer the negative effect of war on mental health in children. The presentation will end by addressing implications of these findings for the treatment of war-traumatized families and the prevention of further use of adverse parenting strategies and violence towards children.

ORAL, JUNE 8
HALL AUDREY GRACE

Morning
Symposium: Traumatic parenthoods and perinatal depression: adaptation and psychopathology in stressful conditions

The Family wound 10:00–10:15

R. de Bernart
ITFF (Istituto di Terapia Familiare Firenze), Florence, Italy

From the beginning of Systemic Family Therapy, we found a connection between the symptom presented by the identified patient and his/her function in a delicate balance of family relationships. This function often (if not every time) was responsible of stopping the growth of the person affected, because this was not compatible with continuing the function for the family. More recently working on the meaning of the symptom we found that it was always connected with a *family wound*, which took place often in a previous generation and which was the cause of the need of the function. In many cases, a perinatal problem (like for instance the death of a parent or a serious problems in the quality of life of the family, or other traumatic events) was behind this wound. The author will try to introduce this theoretical concept trough some clinical examples possibly with images and videos.

Attachment, adaptation and psychopathology in perinatal period: the father's role 10:15–10:30

F. Baldoni
Attachment Assessment Lab, Department of Psychology, University of Bologna, Bologna, Italy

In the perinatal period, fathers may suffer from affective disorders similar to post-partum depression with a frequency ranging in the world from 2% to 31.3%, with a mean of 10.4% in 2010 (Paulson, Bazemore, 2010, Baldoni, Ceccarelli, 2010). The clinical expression of *Paternal Perinatal Depression* (PPND) differs from maternal perinatal depression. In these cases, the depressive symptoms are less severe, less definite, and often occur in comorbidity with other disorders whose symptoms could overlap with the affective one causing complicated clinical pictures. In particular anxious disorders, illness behavior alteration (in particular somatically focused) and behavioral acting outs (aggressiveness, alcoholism, addiction disorders) are frequent. Moreover, in the perinatal period the mother's and father's emotional states are linked and empirical research has found a significant correlation between PPD and MPD. In fact, anxious or depressed fathers, or those with behavioral problems, can be a handicap for the emotional equilibrium of their companion and for the good development of the relationship between mother and child. A lack of their ''secure base'' protective function can foster an affective disorder in the mother and negatively influence the attachment and psychomotor development of the child. Some research data that confirm this hypothesis will be presented, in particular:

1. Fathers whose companions have undergone affective post-partum disorders show anxiety, depressive symptoms, irritability, somatic complaints and worry about their own health and paternal role up to the fifth month of pregnancy (Baldoni, Baldaro, Benassi, 2009);
2. During in vitro fertilization and embryo transfer procedure (IVF-ET), when the male is anxious, depressed or hostile, women manifest more severe affective disorders, anxiety and somatization independently of the success of the procedure (Baldoni, et al. 2010);
3. Depression, low dyadic sensitivity and insecure attachment forerunners in fathers influence the development of preterm born children (Baldoni, et al. 2012).

Prevalence and course of maternal postnatal depression following preterm birth 10:30–10:45

F. Agostini[1], F. Monti[1], E. Neri[1] and A. Biasini[2]
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Introduction: Prematurity is a very traumatic experience for both infant and his/her parents. Important consequences regard the infant's survival and the risks for long-term developmental, cognitive, emotional and behavioral problems; at the same time, the premature birth is associated to parents' worries, fears, concerns and negative affective states relative to the survival of the baby. Perinatal depression has been detected in about 50% of preterm babies' mothers, a percentage which is higher than the one found in the general population (Brandon et al., 2011). At 6 months of corrected age, these levels tend to decrease to 20% and remain stable up to 2 years (Miles et al., 2007; Poehlmann et al., 2012), representing a relevant risk for the development of the preterm child, up to 3 years (Singer et al., 1999). *Objectives and methods*: The project aims at evaluating prevalence and course of postnatal depressive symptoms and comorbid anxious symptomatology in preterm babies' mothers at relevant moments of infant development: 3, 9 and 12 months of infant's corrected age. Analyses will be carried on comparing three groups of mothers differentiated by: 1) Preterm delivery of a baby weighing less than 1500 grams (Very Low Birth Weight); 2) Preterm delivery of a baby weighing less than 1000 grams (Extremely Low Birth Weight); 3) Term delivery of a healthy baby. At every step of the project, mothers will complete the Edinburgh Postnatal Depression Scale (Cox et al., 1987), Parenting-Stress Index (Abidin, 1995), Penn State Worry Questionnaire (Meyer et al. 1990), Social interaction and Anxiety Scale (Mattick, Clarke, 1998). Besides, the level of child development will be assessed using the Griffiths Mental Development Scales (Griffiths, 1996).

The relationship between attachment style, affect dysregulation and perinatal depression 10:45–11:00

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Introduction: Many authors considers maternal post-partum depression as a syndrome related to depression during pregnancy. This study aims to explore the relationship between attachment style, alexithymia (a specific difficulty to perceive and communicate to others emotional states characterized by affective dysregulation) and perinatal depression (prenatal and post-partum). *Methods*: Fifty-nine women with an age ranged from 16 years to 40 years ($M = 28.05$; $SD = 5.85$) at 5th–8th months of pregnancy completed the following self-report questionnaires: *Beck Depression Inventory—II* (BDI-II: Beck, Steer, Brown, (1996); *Toronto Alexithymia Scale—20 items* (TAS-20: Bagby, Parker, Taylor, 1994; Bagby, Taylor, Parker,1994); *Attachment Style Questionnaire* (ASQ: Feeney, Noller, Hanrahan, 1994). At 2–4 weeks postpartum the following self-report questionnaires were

administered: *Beck Depression Inventory - II* (BDI-II: Beck, Steer, Brown, (1996); *Postpartum Depression Screening Scale* (PDSS: Beck, Gable, 2000); *Attachment Style Interview* (ASI: Bifulco, et al., 2002). *Results and conclusions*: Analysis of data evidenced a significant correlation between alexithymia, insecure attachment and perinatal depression (prenatal and post-partum). In particular, this study suggests that an insecure attachment style and the presence during pregnancy of alexithymic traits accompanied by affective dysregulation and depression symptoms seem to be important risk factors of post-partum depression.

Symposium: Early identification and early treatment of the psychopathological consequences of torture

The extreme trauma and torture survivors identification interview *(E.T.S.I.)*: preliminary outcome of a clinical trial in Cameroon and Chad **11:45–12:05**

L. Mosca and M. Germani
San Giovanni Hospital, Rome, Italy

The *E.T.S.I. Interview* was developed by the Centre for post-traumatic and stress pathologies of San Giovanni Hospital in Rome. It was designed as a semi-structured clinical interview for the early identification of the clinical consequences of extreme trauma and torture in asylum seekers. It comprises five different sections, exploring: 1) Trauma related symptoms; 2) Previous traumatic experiences; 3) Resilience; 4) Interviewer's clinical evaluation; 5) Background information. A reliable and prompt identification of survivors of extreme traumas is a rather pressing need to maximize the possibility of a successful treatment. Indeed, it enables the clinician to proceed with early referrals to specialized centers, where they can receive the most appropriate treatments. On the contrary, delayed screening and diagnosis will result in inappropriate treatments, higher levels of individual suffering, possible social consequences, in addition to higher expenses for the public health system and social services. The *E.T.S.I. Interview* also provides a specific Triage evaluation tool, to determine, through a specific color code, the likelihood a person has experienced extreme traumas and the urgency for medical and psychological interventions. A first clinical and statistical trial project was conducted in 8 first reception centers in Italy, which showed the reliability of the *E.T.S.I. Interview*, as well as the high correlation rates between its sections. A second clinical and statistical trial project is being carried out in Chad and Cameroon, in cooperation with the Trauma Centre Cameroon and the Association Jeunesse pour la Paix et la Non Violence in Chad. Preliminary results will be presented.

Early interventions in the treatment and rehabilitation of torture and extreme trauma survivors **12:05–12:25**

M. Germani and M. Luci
San Giovanni Hospital, Rome, Italy

Due to the severity and the specificities of the psychopathological consequences of complex traumas, an effective treatment requires the integration of different therapeutic interventions either at the same time, or consecutively. The clinical experience acquired in specialized centers for the treatment of torture survivors, in accordance with the new therapeutic approaches and techniques defined by the most recent scientific literature, has identified three main stages within the treatment of individuals surviving extreme traumas. These, can be defined as: 1) Early phase or stabilization and symptoms reduction; 2) Integration of traumatic memories; 3) Integration of the personality, development of relational and metacognitive skills. In the specific case of refugees surviving torture, the role of social instability and marginality, their emotional ''desert'', the uncertainties regarding their future, the loss of the previous cultural, social and familiar identities, increase the burden of the severe psychopathological wounds produced by the experiences of violence and torture. These issues add uncertainties and hindrances to the clinical evolution of torture survivors to overcome their severe post-traumatic impasse. Hence, the natural history of the complex psychopathological conditions in these patients moves towards exacerbation and chronicity, if no adequate treatment is implemented. The early phase of the treatment is, therefore, crucial. The possibility to have access to different, integrated multidisciplinary interventions, conducted by experienced professionals, should be considered as a conditio sine qua non in the treatment of complex traumas in refugees, who survived torture. Moreover, supporting teams must include medical doctors, psychologists, social workers, legal professionals and trainers. In this field, different approaches, which are generally not considered therapeutic interventions, as social holding, legal assistance, psycho-social rehabilitations, are a relevant part of the treatment. This multidisciplinary approach only can generate a sufficient therapeutic compliance, the possibility of a positive therapeutic relationship and the achievement of a symptomatic stabilization. In this presentation, the different specific interventions of the early phase, will be discussed: pharmacological and psychopharmacological treatments, supportive psychotherapeutic treatments, psychoeducation, etc.

From theory to clinical practice: the case of Mr. Kole **12:25–12:45**

C. Pagani, M. Curia and C. Ruffetta
Centro di Consultazione Etnopsichiatrica di Milano, Italy

The clinical case in question regards a young man who fled the Ivory Coast, leaving his wife and small baby. He arrived in Italy seeking asylum in July 2011. The huge sense of humiliation and shame induced by profound memories prevented him from preparing a claim for the Refugee Commission's audition. His credibility was at risk because of inconsistencies in his accounts and confusion. In June 2012 the System Protection for Asylum Seekers (S.P.R.A.R.) referred Kole to the Centre of Etnopsychiatry for his memory problems. A week before his first appointment at our Centre, the patient had a bad accident on the first day of job-training, breaking his leg. The dissociation symptoms caused by the intrusive nature of his memories had been undervalued. The psychotherapy revealed that Kole was in a state of ''un-reflectiveness'', overwhelmed by disruptive feelings due to a complex grief and the depression for the loss of his family members. The patient felt pangs of remorse and cried for several weeks before being able to confess persecution and violence perpetrated over generations to his family, accused of anthropophagy. The treatment had to face the huge feeling of guilt and the interiorization of the internal persecutor. History and psychology were both necessary to shed light on the historical, political and psychological mechanisms of torture. In addition to the treatment, we prepared a psychological certification for the Refugee Commission that allowed Kole to self-disclose 2 months later on the day of the interview and be recognized as a refugee. The therapy supported the patient in progressively assuming personal responsibility for his future, adjusting the distorted perception of the self. This clinical case demonstrates the importance of reestablishing the truth and justice for the healing process.

Afternoon

Debate: Towards a trauma-informed listening - strategies for journalists and clinicians across different domains

Towards a trauma-informed listening: strategies for journalists and clinicians across different domains **16:45–17:45**

Convenors: E. Newman[1], G. Rees[2] and V. Ardino[3]
[1]University of Tulsa, USA; [2]Dart Centre for Journalism and Trauma, London, UK; [3]PSSRU Unit, London School of Economics and Political Science, London, UK

Good listening is an essential skill for both journalists and clinicians, especially those working with trauma survivors. But, what do we mean by good, trauma-informed listening? Do different modes of listening have different implications for the accuracy of the interview or assessment and for the wellbeing of the person being listened to? How does power need to be understood in trauma-informed listening strategies? This workshop aims to explore three different understandings of what might constitute good listening. Rees will look at the interview encounter from the perspective of journalists interrogating powerful political and business figures, Newman will explore the challenges of working with those in a structurally powerless situation and Ardino will discuss the challenges of the forensic interview, where the subject may simultaneously be both victim and perpetrator, and where malingering may be an issue. The workshop will also offer an overview of strategies for training mental health professions and journalists.

ORAL, JUNE 8
HALL DIAMANTE

Morning
Open Papers: Response to disasters

The Six-C's Model—guidelines for the emergency mental health providers **10:00–10:15**
M. Farchi
Department of Stress, Trauma & Resilience Studies, Tel-Hai College, Israel

The Six-C's Model—Guidelines for the Emergency Mental Health Providers

The SIX C's model was created for addressing the need to standardize the mental health interventions during Acute Stress Reaction (ASR). The model is based on 4 theoretical models:

Hardiness (Kobasa, 1979; Maddi, 2006): A combination of three attitudes (commitment, control, and challenge) that together provide the courage and motivation needed to turn stressful circumstances from potential calamities into opportunities for personal growth.

Sense of Coherence (Antonovsky, 1979): A model that describes the personal dispositions serve to make individuals more resilient to the stressors they encounter in daily life.

Self-Efficacy (Bandura, 1988): The belief of one's ability to succeed in specific situations and challenges.'

Psychoneuroimmunology (**PNI**): The relation between the limbic system and the prefrontal cortex during stressful events (Gidron, 2001).

These models are the platform for the Six C's Model aimed to *shift the person from a helplessness state to a coping survivor*. This goal can be achieved using the six following elements:

Cognitive Communication: Using cognitive channel for verbal communication.

Challenge: Activation through physical and cognitive challenges.

Control: Activation with encouragement of the ability to choose from deferent options

Commitment: Verbal commitment to once safety.

Continuity: Restructuring once memory into logical chronological sequence.

This model was successfully implemented over 250 traumatized persons during the latest Israeli operation in Gaza.

The presentation will include demonstration of the model using case studies & Videos. Implementations for more targeted population (as ER patients) will be discussed.

Recovery in psychological distress and self-rated health in survivors of a natural disaster—a longitudinal comparison with a population sample **10:15–10:30**
L. Wahlstrom, H. Michélsen, A. Schulman and M. Backheden
Karolinska Institutet, Stockholm, Sweden

Knowledge of the course of psychological health in survivors of disasters are often hampered by the lack of access to predisaster data or relevant comparison groups. We had the opportunity to compare longitudinal data from survivors of the 2004 Indian Ocean tsunami with a matched population sample. A total of 831 survivors from Stockholm were categorized according to the combination of different types of exposure (severe injury, life threat, loss, presence on the beach/in water), and compared on measures of Self Rated Health and General Health Questionnaire-12, with a matched population sample of 3322 individuals from the same region. Data were collected in three waves; 14 months, 3 years, and 6 years postdisaster from survivors, and in the same year as the third wave, from controls. Analyses with ordinal data were performed with logistic regression for proportional odds, and with control for a number of sociodemographic variables. In comparison to the population sample, for the more exposed groups, levels of psychological distress were still higher at 3 years, and had with few exceptions levelled out at 6 years. In data from the sixth year post-disaster, survivors of most exposure groups reported higher levels of Self Rated Health, than the matched population sample. We will discuss the use of the Self Rated Health measure, and the General Health Questionnaire, and the mechanisms behind this paradoxical benefit, in the context of disaster.

Conceptualizing events outside of ''normal human experience'' in trauma victims following a disaster **10:45–11:00**
A. Ahmad
University College London, London, UK

Psychologically fragmented individuals, suffering the effects and consequences of a disaster, creates certain challenges for the responding medical practitioner. How may such trauma be understood? Norris et al. (2002) reviewed literature on the psychosocial consequences of a disaster, concluding that over 1/3 of studies described individuals who suffered from severe distress including diagnosable disorders. An ontological distinction will be made between a trauma that occurs (in)ternal to an individual and a trauma that occurs (ex)ternal to the individual. Natural disasters are unlike other forms of trauma because the individual can suffer from the destruction of property, and the disintegration of their lifestyle and livelihood. In this paper, I refer to phenomenological aspects, which are apparent during a rupture of the land. For example, my analysis focuses on how the individual's rupture of experience can accommodate an ownership of their being-in-the-world (their territory) and an understanding of their altered narrative (their landscape). The paper leads onto discuss an individual's psychological symptoms as part of a symbiotic relationship with their land; the other. This allows for a re-framing of the individual's situation as a transformative narrative rather than a pathology. Finally, I explore the implications of my argument for cross-culturally applying a PTSD diagnosis.

Applications of psychological first aid around the world **11:00–11:15**
L. Snider[1], M. Van Ommeren[2] and A. Schafer[3]
[1]War Trauma Foundation, Diemen, The Netherlands; [2]Department of Mental Health and Substance Abuse, World Health Organization, Geneva; [3]World Vision International, Melbourne, Australia

Psychological first aid (PFA) has been recommended by many international expert groups, including the Inter-Agency Standing Committee, the Sphere Project and World Health Organization's (WHO) mhGAP Guidelines Development Group. PFA involves humane, supportive and practical help to fellow human beings suffering serious crisis events. Crisis responders around the world expressed a need for resource materials that could be adapted to

varied socio-cultural contexts, applied to a range of emergency events and easily translated between languages. In particular, there were no widely-agreed upon resources for use in low and middle countries that suffer disproportionately from effects of humanitarian emergencies. In 2011, WHO, War Trauma Foundation and World Vision International launched the *PFA: Guide for Field Workers* to address these requests for resources. The guide underwent an extensive process of international peer review, incorporating input from over 60 professionals from a variety of socio-economic contexts. Endorsed by 24 international humanitarian agencies it reflects the emerging science and international consensus on supporting people in the immediate aftermath of extremely stressful events. Since its release, it has been translated into over 8 languages and used in extensively in varied contexts to orient professionals and volunteers. For staff and volunteers helping in emergencies, the guide offers information on the most supportive things to say and do for people in distress, approaching a crisis situation safely, and supporting people in ways that respect their dignity, culture and abilities. The guide is a model requiring adaptation to the varied contexts in which it is applied. The dilemmas and creative solutions that arise in translating and adapting the guide—as well as modifying training and orientation approaches —will be presented as lessons learned. The larger question of whether PFA reflects a universal world model of shared human responses and recovery modes following trauma will be explored.

Open Papers: Cultural issues

Long-term adaptation of Holocaust among survivors living at the site of their victimization **11:45–12:00**

B. Kahana[1], E. Kahana[2], J. Lee[2] and T. Bhatta[2]
[1]Cleveland State University, Cleveland, OH, USA; [2]Case Western Reserve University, Cleveland, OH, USA

This paper explores unique challenges faced by Holocaust survivors who continue live where their victimization was perpetrated. Our study was based on interviews with 104 elderly Holocaust survivors living in Hungary. This group of survivors also endured serial psychological trauma during the communist era and after the fall of communism. We considered the cultural context of post-traumatic adaptations by comparing the reports of Holocaust survivors living in the United States or to Israel. In our interview of Hungarian Holocaust survivors, their perceptions on the conditions of their life during five critical historical periods after the end of World War II were rated. Findings reveal that Hungarian survivors perceived their life the most difficult during the height of communism in the Stalin era. They also identified their sources of concerns as economic hardships and political issues such as anti-semitism. Concerns about anti-Semitism reemerge during the brief 1956 revolution and after subsequent historical periods. Problems with social integration as well as family conflicts are found among Hungarian survivors compared to survivors in the States and in Israel. The divorce rates were seven times higher among Hungarian survivors compared to Israeli and by American survivors. Furthermore, themes from qualitative data reveal themes of family strife among the sample in Hungary, exemplified by elderly parents who are distant from their adult children. Furthermore, survivors living in Hungary also reported significantly greater psychological distress than their counterparts who relocated to new homelands. Consistent with prior research with other groups of victims experiencing trauma (Lawyer et al., 2006), our findings confirm that remaining in a previously traumatizing environment may have adverse psychological effects on the well-being and adaptation of trauma survivors.

Adversity in childhood predicts depressive symptoms and suicide attempts at women's community **12:00–12:15**

A. Maia, V. Pinto and J. Alves
Escola de Psicologia, Universidade do Minho, Braga, Portugal

Exposure to adversity in childhood has been associated with depressive symptoms and suicide attempts in adulthood. The objectives of this study were to examine the prevalence of 10 types of self-reported adverse experiences in adult women in the community and assessed whether these experiences were predictive of depressive symptoms and suicide attempts. Two hundred and twenty-five Portuguese women, aged between 18 and 78 years, completed *Adverse Childhood Experiences (ACE) Study Questionnaire* and the depression subscale of the *Psychopathological Symptom Inventory* (BSI). Almost 96% of women reported having experienced at least one adverse experience during childhood and adolescence. In a linear regression, adversity explains 6.6% of the variance in depressive symptoms. Logistic regression indicated that for every one point increase in the standard deviation of adversity total, the risk of suicide attempts is increased by 1.818 times. Exposure to adverse experiences during childhood is frequent and the degree of exposure is a predictor of depressive symptoms and suicide attempts. It is essential to develop prevention and intervention programs in the community in order to promote improved health in this context.

Arrivals: migrants' stories through the use of images **12:15–12:30**

D. Manduri
Istituto Terapia Familiare di Bologna, Italy

Starting from the difficulty of listening and supporting migrants and, in particular, their stories and their pain, the Institute of family therapy of Bologna has created and tested a technique of story-telling that departs from what images suggest to migrants. In doing this, the institute has integrated two techniques of training and family therapy: the systemic-relational thinking and the use of images. We have created an ad-hoc narrative-tool, making use of Shuan Tan's graphic novel 'The Arrival'. The highly suggestive images are viewed, chose and narrated in groups, by migrants who have known each other for a period of time. We tested 'Arrivals' in five classes of migrants studying Italian, for a total of 100 migrants. This paper will explore some of the results of our experimentation and provide some preliminary conclusions, which seem to tell us that images facilitate the recall, recount, acceptance and understanding of complex migrant stories, including those rich and painful.

An epidemiological study of substance use among Karbala university students in Iraq in 2010 **12:30–12:45**

A. Al-Mousawi[1,2] and A. Lovell[3]
[1]Karbala Medical college; [2]Chester University Chester; [3]Department of Mental Health and Learning Disability, Health and Social Care Faculty, Chester University, UK

Objective: To determine substance (tobacco, alcohol and illicit drug) use prevalence rates and trauma and Post-Traumatic Stress Syndrome and symptoms among Karbala University students in Iraq in 2010 and their associations. *Background*: Substance (tobacco, alcohol and illicit drug) use disorders are a major and a rapidly growing worldwide problem. Smokers' number in the world exceeds 1.3 billion while alcohol disorders affect 76 million. *Methods*: A total of 5446 students in Karbala University participated voluntarily in a cross sectional survey in 2010. Based on widely used reliable and valid self-report questionnaires, the survey instrument was prepared and piloted before implementation. Chi-square and multinomial logistic analyses were used at a significance level of <0.001. *Results*: The prevalence rate for current cigarette smoking was 10% while for shisha was 8%. Although most smokers (83%) reported a desire to stop smoking, only 4% quitted smoking. The majority (84%) began smoking by the age of 20. Smoking and alcohol consumption was significantly higher among: males, older age, married, evening study students, environmental smoke exposed students and those with more smoker friends. Parental smoking and fathers' higher education significantly increased their children smoking. Alcohol drinking prevalence was very low (2%) and was significantly higher among smokers.

Lifetime illicit substance use prevalence rates were: 19% for sedative pill, 13% for codeine containing cough while it was low (1–3%) for other illicit drugs. Males had a significantly higher trauma exposure than females and mean trauma frequency. All smoking output variables and illicit drug use were significantly higher with exposure and frequency of trauma. Post-Traumatic Stress Disorder and symptoms showed positive association with smoking and illicit drug use behaviours. *Conclusions*: Significant association were found between substance use and gender, marital state, parent and friends smoking. Predictors with significantly high odds ratios for substance use behaviors were determined.

The advantages of art therapy in PTSD treatment **12:45–13:00**

K. A. Schouten
Foundation Centre '45, Diemen, The Netherlands

Art Therapy treatment is an integrated part of Foundation Centre '45, partner in Arq. In clinical practice Art Therapy shows good results and several experts describe the benefits. Art Therapy offers a safe way to access and express feelings and memories about traumatic experiences. And especially with traumatized refugees from several cultures, it provides an intercultural language: the language of art. Art Therapy might provide a safe and graduate treatment. The visual and experiential characteristics of Art Therapy correspond with the nature of traumatic memories. The inability to put traumatic experiences into words appears to underline the indication of art therapy in PTSD treatment. Preliminary investigations showed that 1) there is some proof that Art Therapy interventions might be effective in reducing PTSD symptoms and depression, and 2) Art Therapy experts seems to have consensus about the efficacy of art therapy in PTSD treatment. In Foa's guidelines three recommendations for the Arts Therapies are described: randomized controlled research; developing and testing specific Art Therapy treatment for PTSD and further research of intercultural art therapy as effective intervention to bridge barriers of language and culture. In this presentation the preliminary results of the feasibility study of Art Therapy according to protocol as PTSD treatment for adults will be presented and illustrated with examples from clinical practice.

Afternoon
Open Papers: Military research

Effects of home on the mental health of British forces serving in Iraq and Afghanistan **15:15–15:30**

N. Greenberg[1], N. Jones[2], K. Mulligan[2] and M. Davies[2]
[1]Academic Centre for Defence Mental Health, Weston Education Centre, London, UK; [2]Academic Centre for Defence Mental Health (ACDMH), King's College London, London, UK

Background: Most studies of the mental health of UK armed forces focus on retrospective accounts of deployment and few sample personnel while they are deployed.*Aims*: This study reports the results of a survey of deployed personnel, examining the perceived impact of events at home and military support for the family on current mental health during the deployment. *Method*: Surveys were conducted with 2042 British forces personnel serving in Iraq and Afghanistan. Prevalence of common mental disorders was assessed with the 12-item General Health Questionnaire (GHQ-12) and posttraumatic stress disorder (PTSD) was assessed with the PTSD Checklist – Civilian version (PCL-C). *Results*: The prevalence of common mental disorders was 17.8% and of probable PTSD was 2.8%. Perceived home difficulties significantly influenced the mental health of deployed personnel; the greater the perception of negative events in the home environment, the greater the reporting of adverse mental health effects. This finding was independent of combat exposure and was only partially mitigated by being well led and reporting subjectively good unit cohesion; however, the effect of the totality of home-front events was not improved by the latter. Poor perceived military support for the family had a detrimental impact on deployment mental health. *Conclusions*: The armed forces offer many support services to the partners and families of deployed personnel and ensuring that the efforts being made on their behalf are well communicated.

The role of victims associations on the adaptation process: roles and meanings from the point of view of the war handicapped veterans **15:30–15:45**

A. Maia[1], J. Mendes[2], L. Sales[2], P. Araujo[2], A. Dias[2] and R. Lopes[2]
[1] CIPsi University of Minho and Centre for Social Studies of Coimbra University; [2]Trauma Centre/Centre for Social Studies of Coimbra University, Coimbra, Portugal

Introduction: The role of victim's associations in the adaptation process after trauma exposure is still poorly understood. The aim of this qualitative study was the comprehension of the experience of handicapped veteran's in a victims association. We intended to explore the meaning attributed to this participation and how it contributes to the process of recovery and rehabilitation. *Methods*: We conducted interviews with *Handicapped of the Armed Forces Association* (ADFA) members. We looked at the coping strategies and the meaning attributed to each, with an emphasis on how participation in the association is conceptualized by the handicapped veterans. *Results*: Victims report individual strategies as more relevant than social oriented strategies, and lack of social resources. Some use self-distraction coping strategies like refuge on work or art as a way of emotional expression. There are also descriptions of non-efficient coping strategies, like alcohol abuse or isolation. In the other hand participation on the association activities has a meaning of struggle for rights. Most of the individuals report the importance of their participation in group activities with people who went through the same kind of experience. This participation seems to contribute to a shared identity as victim and as handicapped. Informal meetings, as are annual lunches of the associates, appear to be crucial for their sense of identity. *Conclusion*: The literature is not clear on the relevance of belonging to victims associations to the coping process after trauma. This study suggests that belonging to ADFA bring to subjects a sense of identity and the feeling of legal rights struggle. Those two meanings may represent important contributions to the adaptation process, but have the risk of offering a ''rigid'' identity as victim and handicapped, instead of promoting alternative views of themselves.

The diagnostic accuracy of the posttraumatic stress disorder checklist (PCL-C) in the context of military psychological screening **15:45–16:00**

A. Searle[1], M. Van Hooff[1], A. Mcfarlane[1], C. Davies[2], K. Fairweather-Schmidt[1], S. Hodson[3], H. Benassi[4] and N. Steele[4]
[1]Centre for Traumatic Stress Studies, University of Adelaide, Adelaide, Australia; [2]Data Management and Analysis Centre, Discipline of Public Health, University of Adelaide, Adelaide, Australia; [3]Department of Veterans Affairs, Canberra, Australia; [4]Mental Health, Psychology and Rehabilitation Branch, Joint Health Command, Canberra, Australia

Introduction: Post-traumatic stress disorder (PTSD) is prevalent among Allied Forces military personnel, especially in the current climate of repeated Middle East deployments. Several military forces, including the Australian Defence Force (ADF), routinely screen for PTSD with the widely-used and well-validated Post-traumatic Stress Disorder Checklist (PCL-C). However, it is unknown whether the established cut-off of 50 is optimal for military personnel. This has important implications given that personnel's scores may ultimately result in receipt of treatment, or conversely, social stigma or career harm (e.g., inability to deploy). This study is the first to test the diagnostic accuracy of the PCL-C in a large representative military population (the ADF). *Methods*: In the ADF Mental Health Prevalence and Wellbeing Study, a large representative sample of currently-serving Navy, Army and Air Force members ($n = 24{,}481$) completed

the PCL-C. Then, a stratified subsample ($n = 1798$) completed a structured diagnostic interview to detect 30-day PTSD. Using demographic information from military records, data were weighted to represent the entire ADF population ($n = 50{,}049$). *Results*: Results of ROC analyses showed the PCL-C had good overall diagnostic efficiency, with an area under the ROC curve of .85. The optimal screening cut-off of 29 showed a good balance of high sensitivity and specificity, and was very similar to the cut-off (1) currently used by the ADF, and (2) identified as optimal in a sample of US military personnel. Using its established cut-off (of 50), the PCL showed poor sensitivity (though high specificity), and did not identify the majority of personnel with PTSD. *Conclusions*: The PCL represents a cost-effective and clinically useful means of screening for PTSD in the ADF. Results also support the assertion that military populations may need a less-stringent screening cut-off than civilian populations. The established cut-off appears more useful for epidemiological research purposes.

Resources and strategies used by handicapped veterans 16:00–16:15

A. Maia[1], J. Mendes[2], L. Sales[2], P. Araujo[2], A. Dias[2] and R. Lopes[2]
[1]CIPSI University of Minho and Centre for Social Studies, University of Coimbra; [2]Trauma Centre/Centre for Social Studies, University of Coimbra, Portugal

Introduction and aim: Most research resorts to coping questionnaires to assess the strategies used after traumatic exposure, analyzing the relation between coping and adaptation. The aimed of this study is to describe coping strategies, including the type of social, public and informal resources to which war veterans make us of, and their perception of the utility of these resources. *Method*: Members of the Portuguese *Handicapped of the Armed Forces Association* (ADFA) were invited to participate and report on all the resources they used and their level of satisfaction with them. Participants answered a Questionnaire built where a list of NGO's, public institutions and private services were included. Other strategies, as religious practices and social support, were also included. Finally we measured coping strategies (Brief COPE), PTSD symptoms (PCL), global psychopathology (BSI) and global satisfaction in various areas of life. *Results*: Preliminary analysis shows a very low use of most social resources. Most of the participants report no use of public institutions, other than medical services. Change in religious beliefs was reported by 22% of the participants and actual symptoms are correlated to most of coping strategies in unexpected ways: for example, social and instrumental support coping and expression of emotions is related to higher PTSD symptomatology. *Discussion*: These preliminary results show that the amount of resources used, when compared with the available institutions, is very low. Future analysis and the inclusion in the study of qualitative data would help us understand specific characteristics of this group in order to suggest intervention strategies that suit their characteristics and needs.

Prevalence and correlates of self-reported psychiatric illness and suicidality in treatment-seeking Canadian peacekeeping and combat veterans with PTSD 16:15–16:30

J. D. Richardson[1], K. St Cyr[2], A. McIntyre-Smith[2] and J. Elhai[3]
[1]Department of Psychiatry and Behavioral Neuroscience – McMaster University/Operational Stress Injury Clinic- St. Joseph's Health Care London-Parkwood Hospital, London, UK; [2]Operational Stress Injury Clinic- St. Joseph's Health Care London-Parkwood Hospital, London; [3]Department of Psychology, University of Toledo, Toledo, USA

The impact of peacekeeping and combat on PTSD, depression, and anxiety in military personnel is well-documented. Clinician-administered mental health assessments require substantial resources to administer; therefore the use of client-administered questionnaires can be useful in the screening process. This study examined the prevalence of self-reported PTSD and comorbid depressive and anxiety disorders; and the associated suicide ideation. Actively serving Canadian Forces members and veterans seeking treatment at the Parkwood Hospital Operational Stress Injury Clinic (N=279) completed measures such as the PRIME-MD Patient Health Questionnaire (PHQ), *modified* Brief Traumatic Brain Injury Survey (BTBIS), the PTSD checklist (PCL-M). The majority ofpatients met criteria for a depressive disorder (79.6%, n=232), while 73.1% (n=201) screened positively for PTSD. In regression analyses, the number of items endorsed on the PCL-M was significantly associated with suicide ideation (β=0.425, p=0.000), however after controlling for depression severity and possible mTBI, number of PCL-M items was not significantly associated with suicide ideation (β=0.013, p=0.866). Depression severity emerged as the most significant predictor of suicide ideation (β=0.661, p=0.000).

Open Papers: Effects of abuse and violence

Understanding torture with Rorschach Inkblot Test: torture and its psychological effects on personality structure 16:45–17:00

C. Alozkan and M. Paker
Psychology Department, Istanbul Bilgi University, Istanbul, Turkey

This study mainly investigates the torture's effects on the personality structures. As a part of an extensive research project of torture and its psychological effects which held in Turkey between the years of 1990–1995, Rorschach Inkblot Test has been applied to the four groups of participants (*tortured/activist = 26, tortured/non-activist = 25, non-tortured/activist =* 30, *non-tortured/non-activist = 28*) and the protocols were coded using Exner's Comprehensive System (1990). ANOVAs were carried out to analyze torture's effects on the six main axis of Rorschach and the results yield significant effects of being tortured on the cognitive and affective characteristics, self perception and the interpersonal world. Main effect of political activism was also investigated and significant effects on the included contents, ideation and self perception were found. Interactions of the two main effects were also significant and showed how political activism status may change the effects of being tortured. This study is important since it is one of the first controlled studies that investigated the relationship with torture and Rorschach by considering the subjective meaning of political activism.

Perspectives on overlapping psychopathological symptoms and PTSD diagnosis in a sample of adult survivors of institutional abuse: a comparison of DSM-IV versus DSM-5 criteria 17:00–17:15

M. Knefel, V. Kantor, D. Weindl, A. Butollo, R. Jagsch, Y. Moyand and B. Lueger-Schuster
Department of Clinical Psychology, Faculty of Psychology, University of Vienna, Vienna, Austria

Background: Institutional abuse (IA) has very severe consequences in terms of psychopathological symptoms for adult survivors. Not only PTSD but many other psychological disorders have been observed in studies of those adults who lived in an institution and experienced various forms of abuse (sexual, physical, emotional). Questions of interest in this context are: Is PTSD an adequate measure to describe the existing underlying psychopathology? Which psychopathological symptoms are else present and in how far do they overlap? Are different people diagnosed with PTSD using the new DSM-5 criteria compared to DSM-IV criteria? *Method*: 184 adult survivors of IA committed by members of the Austrian Catholic Church filled in self-report questionnaires: The PTSD Checklist—Civilian Version (PCL-C), the Brief Symptom Inventory (BSI), and the Coping Inventory for Stressful Situations (CISS), among others. New DSM-5 criteria were operationalized via single BSI and CISS items that covered diagnosis relevant symptoms. *Results*: In our sample, 89 persons (48.4%) fulfilled the DSM-IV criteria for PTSD. All of them also reported other psychopathological symptoms (BSI) such as anxiety and depression. 84.9% of all 184 persons showed clinical relevant symptoms on at least one out of ten symptom dimensions (nine BSI subscales and

PTSD). Using DSM-5 criteria (B-E), prevalence dropped to 40.2% (74 persons). 16 persons did not fulfil PTSD criteria any longer; only one person fulfilled DSM-5 criteria without fulfilling DSM-IV criteria. All of those 16 persons scored positive on at least one BSI scale, indicating other psychological problems. *Conclusion*: These findings allow a very comprehensive view at psychopathology following IA. PTSD does not seem to be a sufficient diagnosis for psychopathology of survivors of IA. DSM-5's PTSD criteria are narrower and diagnose fewer people with PTSD than DSM-IV. Clinical implications are being discussed.

Narrative exposure therapy and physiotherapy in treatment of torture survivors **17:15–17:30**

H. Stenmark, M. Hellen, T. Hogstad and S. Nomat
Regional Centre on violence and traumatic stress, St. Olav University Hospital, Trondheim, Norway

Studies on treatment of torture survivors with PTSD have shown conflicting findings. Some studies show little effect on symptoms of PTSD after treatment, while other studies show some effects of treatment, even though a proportion of the torture survivors do not improve. The need to explore better treatment options is therefore evident. This study explores the use of a prolonged version of Narrative Exposure Therapy combined with Physiotherapy to help torture survivors diagnosed with PTSD and severe body pain. Nine torture survivors were screened before treatment with Clinician Administered PTSD Scale, Hamilton Rating scale for Depression and Numeric Pain Rating Scale, and then screened again three months after treatment and six months after treatment. The patients also completed rating scales for PTSD symptoms and pain after every session. In the presentation preliminary results will be presented along with clinical vignettes from the treatment.

Impact of childhood life events and trauma on the occurrence of depressive and anxiety disorders **17:30–17:45**

J. Hovens
Leiden University Medical Center, Leiden, The Netherlands

Objective: To investigate the effect of childhood life events and childhood trauma on the occurrence of depressive and/or anxiety disorders over a 2-year period. *Methods*: Longitudinal data were collected from 1167 adult participants, without a baseline diagnosis of depressive or anxiety disorder, in the Netherlands Study of Depression and Anxiety (NESDA). Childhood life events and childhood trauma at baseline were assessed with a semi-structured interview. The CIDI based on DSM-IV criteria was used to diagnose depressive and/or anxiety disorders over a 2-year period. *Results*: At baseline, 14.7% reported at least one childhood life event and 35.3% any childhood trauma. Childhood life events did not predict the occurrence of depressive or anxiety disorders. During 2 years of follow-up, 226 (19.4%) of the participants developed any depressive or anxiety disorder. Emotional neglect, psychological, physical and sexual abuse were all associated with an increased risk of occurrence of either depressive disorders or comorbid anxiety and depressive disorders. However, when the presence or absence of lifetime psychopathology was taken into account, emotional neglect remained the only predictor ($p = 0.048$). The occurrence of depressive and/or anxiety disorders seemed to be mediated through a higher baseline severity of depressive symptoms and the presence of a prior history of a disorder at baseline. *Conclusion*: Emotional neglect was prospectively associated with an increased risk of the occurrence of depressive disorders and comorbidity over a 2-year period, in adults without baseline psychopathology, likely mediated through subsyndromal depressive symptoms and kindling effects.

ORAL, JUNE 8
HALL FALCO

Morning
Invited symposium: State of the art of cortisol, propranolol in the context of PTSD treatment

Footprints: A translational approach to advance treatment for anxiety disorders **10:00–10:15**

M. Kindt
University of Amsterdam, Amsterdam, The Netherlands

Until the end of the 20st century, a dominant view in psychology and psychiatry was that once fear memory traces are formed, they are resistant to change. In the last decade, there is increasing evidence that upon retrieval a previously formed fear memory can return to a destabilized phase requiring protein synthesis to be re-stabilized. This opens a window of opportunity to weaken or even erase a previously formed fear memory. In a series of laboratory studies we showed that the systemic administration of propranolol, either before or after memory retrieval, erases previously learned fear responding in humans. Propranolol is a relatively non-toxic drug that passes the blood brain barrier and is supposed to block the beta-adrenergic receptors in the amygdala, thereby reducing the release of norepinephrine – a neurotransmitter crucial in the protein synthesis required for the synaptic changes underlying the formation and reconsolidation of fear memory. At present, cognitive behavioural therapy is the dominant and most effective intervention for people suffering from emotional disorders such as PTSD. Yet, in many cases, the results are short-lived, and the fear returns with the passage of time. One notable finding in our studies on disrupting the reconsolidation of fear memory is that after participants had been treated with propranolol combined with memory reactivation, the fear memory expression did not return when triggered by well-established retrieval techniques for fear responses. This indicates that the fear memory is either fully eradicated, or is no longer accessible. Thus, while the participants could still remember the fear association, this memory no longer generated the emotional response of fear. These findings are promising and seem to open new avenues for treatments of patients suffering from excessive fear such as trauma victims or people with other anxiety disorders. Even though the fear-reducing effect in the laboratory is strong, the effect is also subtle by showing that retrieval per se is not sufficient to destabilize the fear memory and hence to disrupt the process of fear memory reconsolidation. In this talk, I will present a series of studies demonstrating some necessary conditions for disrupting reconsolidation of fear memory by beta-adrenergic blockade. We show that the destabilization of fear memory depends on whether memory retrieval engaged an experience of new learning. In addition, our findings provide insights into the transition from memory retrieval - to reconsolidation - to extinction. Finally, I will touch upon the promises and challenges of translational research to develop better treatments for emotional disorders such as PTSD.

Is hydrocortisone an effective pharmacological treatment of intrusive memories in PTSD? - a randomized, placebo-controlled, crossover study **10:15–10:30**

P. Ludäscher
Zentralinstitut fuer Seelische Gesundheit, Mannheim, Germany

Background: Posttraumatic stress disorder (PTSD) is characterized by traumatic memory processing. It is an ongoing debate whether reduced cortisol secretion in these patients might promote PTSD symptoms. Extensive evidence indicates that elevated glucocorticoid levels impair the retrieval of emotionally arousing information. Hence, the hypothesis was proposed that elevation of cortisol might decrease risk and symptoms of PTSD by inhibiting retrieval of traumatic memories. *Methods*: We conducted a study with two doses of hydrocortisone within a double-blind, randomized, placebo-controlled, cross-over design. 30 participants with PTSD were assigned to either : 1) 1 week placebo- 1 week hydrocortisone (10 mg/d)- 1 week placebo- 1 week hydrocortisone (30 mg/d) or 2) 1 week hydrocortisone (30 mg/d) - 1 week placebo- 1 week hydrocortisone (10 mg/d) - 1 week placebo. The primary outcome was the frequency and the intensity of intrusions assessed three times per day. *Results*: We could not find any differences of the frequency and the intensity of intrusions between 10 mg hydrocortisone- 30 mg hydrocortisone- and placebo condition. Overall symptomatology also did not differ between the three conditions. *Conclusions*: For the first time we included a sample size of 30 female participants with PTSD to test the impact of hydrocortisone on automatic memory retrieval. However, we could not replicate previous findings showing a significant impact of hydrocortisone on automatic memory retrieval. Regarding the small sample sizes of previous studies the results of our study challenge the idea of a positive treatment effect of hydrocortisone on symptoms of PTSD.

Increased Plasma Levels of Endocannabinoids and Related Primary Fatty Acid Amides in Patients with Post-Traumatic Stress Disorder **10:30–10:45**

I. Tatjana Kolassa[1,2], D. Hauer[3], H. Gola[1,2], P. Campolongo[4], J. Morath[1,2], B. Roozendaal[5], G. Hamuni[1,2], A. Karabatsiakis[2] and G. Schelling[3]
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Endocannabinoids (ECs) and related N-acyl-ethanolamides (NAEs) play an important role in the regulation of our stress response, anxiety and fear, as well as the encoding, recollection and extinction of traumatic memories. Since circulating EC levels are elevated under acute mild stressful conditions in humans, we hypothesized that individuals with traumatic stress exposure and post-traumatic stress disorder (PTSD) would also show alterations in plasma EC and NAE levels. We determined the plasma concentrations of the two ECs (anandamide, ANA; 2-arachidonoylglycerol, 2-AG), and the levels of four NAEs (palmitoylethanolamide, PEA; oleoylethanolamide, OEA; stearoylethanolamine, SEA; N-oleoyldopamine, OLDA) in individuals with PTSD, trauma-exposed individuals without PTSD, and healthy controls. Individuals with PTSD showed significantly higher concentrations of ANA, 2-AG, OEA, SEA and significantly lower OLDA levels than healthy controls. Trauma-exposed individuals took an intermediate position in all ECs and NAEs (except for 2-AG) between PTSD patients and healthy controls. PTSD patients had significantly higher 2-AG and PEA levels than trauma-exposed individuals without PTSD. PTSD symptom severity (as measured by the Clinician Administered PTSD Scale) correlated positively in trauma-exposed individuals (traumatized persons with and without PTSD) with PEA and negatively with OLDA. CAPS subscores for intrusion, avoidance and hyperarousal were negatively associated with OLDA levels. Individuals with PTSD but also trauma-exposed individuals without PTSD show changes in plasma ECs/NAEs concentrations. The specific functional role of EC and NAE alterations in PTSD pathophysiology needs to be determined in future studies.

Effects of cortisol on memory retrieval in patients with PTSD **10:45–11:00**

K. Wingenfeld
Department of Psychiatry, Charité Universitätsmedizin Berlin, Campus Benjamin Franklin, Germany

In posttraumatic stress disorder (PTSD) enhanced negative feedback of the hypothalamus pituitary adrenal (HPA) axis is a prominent finding which has often been interpreted in the context of enhanced glucocorticoid receptor (GR) sensitivity (Yehuda 2009; Rohleder, Wolf et al. 2010). Neuropsychological alterations are also an important feature in PTSD. Problems particularly with learning and memory have been found, including deficits in verbal declarative memory as well as autobiographical memory. In healthy humans, most studies suggest impairing effects of glucocorticoids on memory retrieval (Wolf 2009). Up to now, studies that investigate the effects of cortisol administration on memory in patients with PTSD are rare and yielded inconclusive results (Bremner, Vythilingam et al. 2004; Grossman, Yehuda et al. 2006; Yehuda, Harvey et al. 2007; Yehuda, Golier et al. 2010). In a placebo controlled cross over study we compared the effect of exogenous cortisol on memory retrieval in PTSD patients (N=44) with the effects in healthy controls (N=65). Opposing effects of cortisol on memory were observed when comparing patients with controls. In controls, cortisol had impairing effects on memory retrieval, while in PTSD patients cortisol had enhancing effects on memory retrieval. The present results suggest beneficial effects of acute cortisol elevations on hippocampal mediated memory processes in PTSD. Possible neurobiological mechanisms underlying these findings are discussed.

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Workshop: Children following disaster: PTSD predictors and risk factors

Children Following Disaster: PTSD Predictors and Risk Factors **11:45–12:45**

E. de Soir[1], L. Scaut[2]
[1]Royal Higher Defence College, Brussels, Belgium; [2]De Weg-Wijzer Centrum voor Psychotherapie, Leopoldsburg, Belgium

This workshop aims to discuss the risk factors for the development of posttraumatic stress reactions (PTSR) in children and youth involved in disaster. Results from previous scientific research indicate that several risk factors are related to the development of PTSD; the type of exposure to the disaster and peritraumatic dissociation during or immediately after the disaster, i.e. peritraumatic dissociation. In a first part, the presenters will provide a theoretical overview from literature on children involved in large scale accidents and disasters. During this part of the workshop, a recent research on child survivors of the Ghislenghien gas explosion (Belgium, July 30th 2004) will be presented. In a second part, recent disaster situations in Belgium i.e. the Pukkelpop Rock disaster (August 2011) and the Sierre bus disaster (March 2012) in which 22 children died - will be used to present a community driven and practice-based trauma intervention model.

Afternoon

The spectrum of trauma-related disorders

Symposium: Trauma, PTSD and substance use

Alcohol abuse in war-affected rural communities in Northern Uganda? **15:15–15:30**

R. Saile, F. Neuner, V. Ertl and C. Catani
Bielefeld University, Bielefeld, Germany

During two decades of civil war in Northern Uganda, almost the entire population was forcibly displaced into Internally Displaced Person (IDP) camps. Besides a multitude of adversities characterizing life in the camps, hazardous alcohol use, especially amongst men, emerged as a major problem as it has been linked to a loss of functioning and an escalation of partner violence in intimate relationships. Although war exposure appears to be associated with higher levels of hazardous alcohol use, little is known about the relationship between trauma exposure, psychopathology, and hazardous drinking in post-conflict societies. The current study presents preliminary findings on hazardous alcohol use in seven heavily war-affected communities in Northern Uganda after most IDPs have left the camps. We tested previous trauma exposure and posttraumatic symptoms as potential risk factors for higher levels of alcohol-related problems and subsequently examined hazardous alcohol use in men as a predictor of female experiences of partner abuse. Analyses are based on data from structured interviews with 365 women and 304 men comprising 235 couples. We employed the Alcohol Use Identification Test (AUDIT) to collect information on alcohol-related problems. We found that 46% of men and 1% of women engaged in hazardous drinking. In men, childhood maltreatment, but not war-related trauma exposure, predicted higher levels of hazardous drinking. There was a trend towards more alcohol-related problems when men suffered from more severe PTSD symptoms, whereas depressive symptoms were associated with less hazardous alcohol use. When controlling for a range of risk factors, alcohol-related problems in male partners proofed a significant predictor of female-reported experiences of partner abuse. Alcohol abuse amongst men in Northern Uganda is still widespread and future research is needed to assess the extent of alcohol-related disorders and risk factors for hazardous alcohol use in order to develop effective prevention and treatment programmes.

Childhood trauma and its association with prolonged use of benzodiazepines in opioid-maintained patients **15:30–15:45**

M. Vogel[1], K. Duersteler-MacFarland[1], M. Walter[1], J. Strasser[1], S. Fehr[1], L. Prieto[2] and G. Wiesbeck[1]
[1]Division of Substance Use Disorders, Psychiatric University Clinics, Basel; [2]London School of Hygiene & Tropical Medicine

The association of traumatic experiences with the development of substance use has been demonstrated in a wide variety of studies. In opioid-maintained patients, traumatic experiences are highly prevalent and are often related to adversities in childhood but also consequences of the lifestyle of individuals who are dependent on illegal drugs. A large proportion of opioid-maintained patients also use additional substances such as cocaine, amphetamines or

prescription drugs. Particularly, use of benzodiazepines is common. We conducted a cross-sectional survey of 193 patients maintained on oral opioids or injectable diacetylmorphine. We assessed adverse childhood experiences with the Childhood Trauma Questionnaire (CTQ), patterns and motives for benzodiazepine use with a specifically designed questionnaire, as well as clinical diagnoses and current substance use. Sixty-seven per cent of participants reported a moderate-to-severe score in at least one subcategory of traumatic childhood experiences. Furthermore, prolonged use of benzodiazepines was associated with higher overall CTQ scores, and more moderate-to-severe subscores for emotional abuse, and emotional and physical neglect. This association remained significant while controlling for potential confounders in multivariate analysis. Corresponding to the self-medication theory, subjective motives for use were often self-therapeutic, comprising relief from anxiety, sleeping problems or traumatic memories. Trauma may be at the bottom of these symptoms, leading to the development of psychiatric comorbidities and concomitant substance use. However, conventional treatment strategies for substance using patients usually fail to address traumatic experiences. Moreover, trauma-specific therapy is often reserved for patients that have successfully addressed their substance use beforehand. In the face of failure of conventional treatment attempts, this dilemma often leads to addiction therapists prescribing benzodiazepines on a long-term basis for treatment of trauma-related symptoms or disorders such as PTSD, depression or anxiety disorders.

PTSD and khat misuse in Somali refugees in Nairobi 15:45–16:00

M. Widmann[1], J. Mikulica[1], J. Von Beust[1], D. Ndetei[2,3], M. Al'absi[4] and M. Odenwald[1]
[1]University of Konstanz, Konstanz, Germany; [2]University of Nairobi, Kenya; [3]Africa Mental Health Foundation, Kenya; [4]University of Minnesota, Minneapolis, MN, USA

The leaves of the khat tree (Catha edulis) are traditionally chewed in African and Arab countries and contain the amphetamine-like alkaloid cathinone. Over the past years, Somalis have been repeatedly exposed to war, violence, famine and displacement. Here we report associations of PTSD and excessive khat use among Somali refugees living in Nairobi. We compared male Somali khat chewers (33) fulfilling the DSM-IV criteria for khat dependence and comparable non-chewers (15) of the same age. PTSD and khat dependence were assessed with the Mini International Neuropsychiatric Interview. We quantified the number of experienced traumatic events by the event list of the Somali version of the Posttraumatic Diagnostic Scale. Additionally we assessed current khat use patterns and khat use history. The studied group was heavily burdened by traumatic events and posttraumatic symptoms. Khat use patterns varied from moderate to excessive (up to 18 hours per day on average last week). Khat addicts reported more traumatic event types and had more often PTSD than non-users (27% vs. 0%, $p = .04$). Eighty-five percent reported functional khat use, i.e. that khat helps to forget painful experiences. Binge khat users (11) chewed khat for more than 24 hours in a row last week and reported the highest levels of trauma load and psychopathology. We found evidence for self-medication of trauma consequences by using khat among Somali refugees. Findings need to be replicated with a representative sample. Somali refugees are highly burdened by psychopathology. Adequate community-based treatments need to be developed.

Trauma load moderates the association between motivation to change and treatment outcome in German alcohol detoxification 16:00–16:15

M. Odenwald[1] and P. Semrau[2]
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Motivation to change is thought to be crucial for achieving long-term alcohol abstinence, however empirical results are contradictory. Patients taking part in addiction treatment report frequently traumatic experiences and PTSD but this has not systematically been studied in terms of effects on treatment outcomes. This study aimed to clarify whether individual Trauma Load explains some of the inconsistencies between motivation to change and behavioral change. Fifty-five patients admitted to an alcohol detoxification unit were enrolled in this study. At treatment entry, we assessed lifetime traumatic experiences (Trauma History Questionnaire, THQ) and motivation to change (University of Rhode Island Change Assessment, URICA). Mode of discharge was taken from patient files after therapy. We tested with multivariate methods whether Trauma Load moderates the effect of motivation to change on dropout from alcohol detoxification. Dropout of detoxification treatment occurred in 55.4%, 44.6% were completers. Age, gender and days in treatment did not differ between completers and dropouts. Patients who dropped out reported on average more traumatic event types than completers. Treatment completers had higher scores in the URICA subscale Maintenance. Multivariate methods confirmed the moderator effect of Trauma Load: Among participants with high Trauma Load treatment completion was related to higher Maintenance and Contemplation scores at treatment entry but not among patients with low Trauma Load. We report first evidence that the effect of motivation to change on detoxification treatment completion is moderated by Trauma Load: Among patients with low Trauma Load, motivation to change is not relevant for treatment completion; among highly burdened patients, however, who have a priori a greater risk to drop out, a high motivation to change might make the difference. This finding justifies research into specific interventions for alcohol patients with severe life-time trauma history to increase their motivation to change.

Psychobiology and PTSD

Invited symposium: Neurobiological studies in traumatized children and adolescents

HPA-axis reactivity in traumatized youth; cortisol levels before and after trauma-focused psychotherapy 16:45–17:00

J. B. Zantvoord, K. Schmitt, J. Diehle and R. Lindauer
AMC/deBascule Amsterdam, The Netherlands

Posttraumatic stress disorder (PTSD) is characterized by alternations in the HPA-axis and glucocorticoid pathway. Findings in several adult populations with PTSD indicate enhanced HPA-axis reactivity, including increased negative feedback. However the small number of endocrinological studies conducted in traumatized youth show somewhat diverged findings as compared with adults. These diverged findings render further investigation, particularly considering the substantial developmental changes in brain regions involved in the regulation of the HPA axis which take place throughout childhood and adolescence. Furthermore publications on longitudinal studies, investigating the effects of trauma focused psychotherapies on HPA-axis function, are scares in traumatized adults and nonexistent in youth. Against this background we will present our first cross-sectional and longitudinal cortisol data in traumatized youth. HPA axis reactivity was assessed by measuring salivary cortisol levels before, during and after a script driven imagery procedure. Salivary cortisol was collected in youth with PTSD (aged 8–17) and their traumatized but healthy peers. Children and adolescents diagnosed with PTSD were assessed before and after 8 sessions of trauma focused psychotherapy (either TF-CBT or EMDR). Endocrinological outcome data are correlated with PTSD symptoms scores as measures with the CAPS-CA. Results will be presented in developmental framework and potential clinical significance will be discussed.

Gene × environment; the impact of 5HTTLPR genotype on the risk of developing posttraumatic stress symptoms in children and adolescents 17:00–17:15

J. Ensink, J. B. Zantvoord, E. Van Meijel, M. Gigengack and R. Lindauer
AMC/deBascule Amsterdam, The Netherlands

In the past decade a vast body of epidemiological and experimental data has shown that gene by environment (G x E) interactions play an important role in the etiology of several psychiatric disorders. Because posttraumatic stress disorder (PTSD) is a disorder that is dependent on exposure to an environmental pathogen, G × E studies examining genetic risk for PTSD have been a topic of increasing interest. Twin research has shown that genes play a considerable role in the etiology of PTSD. Association studies in adults have focused on genes involved in the dopaminergic and serotoninergic systems. These studies suggests that variations in a polymorphism (5HTTLPR) of the serotonin transporter gene (5-HTT) are involved the development of PTSD in adults. However, the number of GxE studies in traumatized children exploring the role of 5-HTTLPR polymorphisms is still limited. Against this background we examined the association between the serotonin transporter gene polymorphism (G) and trauma exposure (E) in children and adolescents in a pilot study. Participants age 11 to 21, were interviewed with the Anxiety Disorder *Interview* Schedule IV (*ADIS*-IV) three months post trauma to measure PTS symptoms. To explore the impact of 5TTLPR on specific endophenotypes we measured the executive functions with the Behavior Rating Inventory of Executive Function (BRIEF). DNA was extracted from saliva samples. Saliva samples were used to differentiate between versions of the 5-HTTLPR genotype. We will present our main outcomes on PTSD symptoms and executive functions. Furthermore, we will propose future lines of GxE research in traumatized children and adolescents and discuss the potential clinical implications of findings from these studies.

Neuroimaging in children, adolescents and young adults with psychological trauma 17:15–17:30

M. A. W. Rinne-Albers[1], N. J. A. Van Der Wee[2], F. Lamers-Winkelman[3] and R. R. J. M. Vermeiren[4]
[1]Curium-LUMC, The Netherlands; [2]Leiden Institute for Brain and Cognition, LUMC, Leiden, The Netherlands; [3]Vrije Universiteit Amsterdam, The Netherlands, Kinder en Jeugd Traumacentrum Haarlem;
[4]Curium-LUMC Leiden, The Netherlands, Leiden Institute for Brain and Cognition Leiden, The Netherlands

Childhood psychological trauma is a strong predictor of psychopathology. Preclinical research points to the influence of this type of trauma on brain development. However, the effects of psychological trauma on the developing human brain are less known and a challenging question is whether the effects can be reversed or even prevented. The presentation gives an overview of neuroimaging studies in traumatized juveniles and young adults up till 2012. Neuroimaging studies in children and adolescents with traumatic experiences were found to be scarce. Most studies were performed by a small number of research groups in the United States and examined structural abnormalities. We could not identify any studies investigating treatment effects. Neuroimaging studies in traumatized children and adolescents clearly lag behind studies in traumatized adults as well as studies on ADHD and autism.

Cross-sectional and longitudinal study of salivary cortisol and dehydroepiandrosterone sulfate in adolescent rape victims with PTSD 17:30–17:45

I. A. E. Bicanic[1], R. M. Postma[2], G. Sinnema[2], C. De Roos[3], M. Olff[4], F. Van Wesel[5] and E. M. Van De Putte[6]
[1]University Medical Centre, National Psychotrauma Centre for Children and Youth Utrecht, The Netherlands; [2]University Medical Centre, National Psychotrauma Centre for Children and Youth, The Netherlands; [3]Psychotrauma Centre for Children and Youth, GGZ Rivierduinen Leiden, The Netherlands; [4]Centre for Psychological Trauma, Department of Psychiatry and Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands; [5]Department of Methodology and Statistics, University of Utrecht, Utrecht, The Netherlands; [6]Department of Paediatrics, University Medical Centre, Utrecht, The Netherlands

Background: Rape is associated with Post Traumatic Stress Disorder (PTSD), which can be treated successfully with trauma-focused treatment. PTSD as a result of sexual trauma has been associated with dysregulation of the Hypothalamic Pituitary Adrenal (HPA) axis. In adolescent rape victims with PTSD, lower cortisol and lower Dehydroepiandrosterone Sulfate (DHEAS) have been found, but as yet no studies have examined changes in HPA-axis functioning after trauma-focused treatment. *Aims*: To examine changes in psychological and HPA-axis functioning in adolescent rape victims after trauma-focused treatment with parallel parent guidance. *Methods*: Twenty-one female adolescents with rape-related PTSD completed Cognitive Behavioural Therapy or Eye Movement and Desensitization Reprocessing. Their parents received parallel parent guidance. Basal salivary cortisol and DHEAS were assessed at pre- and post-treatment at 0, 15, 30, 45 and 60 minutes after awakening. Self-report questionnaires and a clinical interview were used to assess psychological functioning and presence of PTSD at pre- and post-treatment. Outcome data were compared with previously published data on psychological and endocrinological functioning of 37 non-traumatized controls (Bicanic et al., 2012). *Results*: Post-treatment, PTSD and depression symptoms were significantly lower than at pre-treatment. PTSD diagnosis was no longer present in 86% of the patients. Significantly higher levels of DHEAS were found post-treatment. Non-significant increases in cortisol levels were observed. Post-treatment cortisol and DHEAS levels corresponded to levels of non-traumatized controls. *Conclusion*: The findings suggest a normalization of the HPA-axis in adolescent rape victims after trauma-focused treatment with parallel parent guidance. Future randomized controlled trials should be conducted to confirm whether trauma-focused treatment is effective in changing HPA-axis functioning.

ORAL, JUNE 8
HALL GARGANELLI

Morning
Open Papers: Children and young people I

Realities of night and day—prison rioting as a response to structural violence and severe traumatization in a juvenile facility in Georgia **10:00–10:15**

L. Tsiskarishvili, K. Pilauri and N. Kvavilashvili
The Georgian Centre for Psychosocial and Medical Rehabilitation of Torture Victims—GCRT, Ilia State University, Tbilisi, Georgia

In 2009 the Georgian government decided to shift the criminal justice system from a zero tolerance approach to a more humane and prisoner-centered approach. The EU agreed to support this undertaking financially. One of the main priorities set, was to reform the juvenile justice system. For this purpose a psychosocial unit, with trained psychologists and social workers, was set up in the juvenile correctional facility. For the first time in history Georgian juvenile delinquents were provided with access to day activity programs, vocational training programs, schooling and individual sentence planning. However, in August 2012 a massive riot took place in the juvenile facility. Most of the property and equipment was damaged and some of the convicts received mild injuries as well. In order to analyze the causes of the riot, the Georgian Centre for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT) conducted a study among the juveniles who were in the facility at the time of the riot. The study consisted of a semi-structured in-depth interview and the use of a mental health needs assessment instrument—SQIFA SIFA. The study reveals that in parallel to introduced innovations (psychosocial services, schooling, etc.) the juveniles were systematically subjected to severe physical and psychological violence by the administration: group beatings, sleep deprivation, insults and humiliation of family members, among others. Interestingly enough, none of the newly hired professional staff was aware of what was going on in the facility after their working hours were over; juveniles were very strictly warned that they will would wind up in even worse conditions, if they would disclose the violence. The presentation will reflect upon the reasons why these two parallel realities in the facility existed, as well as the impact of incongruent attitude towards the juveniles on their mental health and psychosocial wellbeing.

Perceived social support and psychological distress in terror victims: exploring the social causation and social selection hypotheses in young survivors from the shooting at the Utøya Island, Norway, July 22 2011 **10:15–10:30**

S. Thoresen[1], T. Wentzel-Larsen[1], T. Jensen[2] and G. Dyb[1]
[1]Norwegian Centre for Violence and Traumatic Stress Studies; [2]Department of Psychology, Faculty of Social Sciences, University of Oslo, Oslo, Norway

Research has repeatedly demonstrated associations between perceived social support and psychological distress. Such associations are usually interpreted as support for the social causation hypothesis, indicating a buffering effect of social support against the development of mental health symptoms. A competing explanation has received much less attention, namely the social selection hypothesis. This hypothesis proposes that healthy individuals are selected into social relationships, and individuals who develop mental health problems may risk a loss in social support. The aim of this study was to investigate the social causation and social selection hypoteses in terror victims. Survivors from the shooting at the Utøya Island in Norway July 22. 2011 participated in face-to-face interviews approximately 5 months (T1) and 14 months (T2) after the shooting. T1 includes 325 participants, with a response rate of 66%. Preliminary results for T2 is a response rate of approximately 60% of the original total population. At both time points, participants completed the Duke-UNC Functional Social Support Questionnaire (FSSQ), the UCLA Posttraumatic Stress Disorder Reaction Index (PTSD-RI), in addition to various demographic and exposure-related measures. We will investigate the social causation and the social selection hypotheses by analyzing both the relationship between social support at T1 and posttraumatic stress reactions at T2, and the relationship between posttraumatic stress reactions at T1 and social support at T2, adjusting for other relevant factors. A better understanding of the relationship between social support and mental health may have important implications for clinical practice with trauma victims.

BEAR: building emotional and affect regulation in children **10:30–10:45**

R. Pat-Horenczyk
Mevasseret Zion, Jerusalem, Israel

A growing number of studies have investigated protective factors that can increase resilience of children in the face of adversity. There is evidence that exposure to traumatic events may impair regulation in children and the capacity for self-regulation may play a central role in coping and posttraumatic adaptation. The Building Emotional & Affect Regulation (BEAR) intervention is a new program for building resilience in children who have been removed from their homes due to exposure to significant traumatic events including physical and sexual abuse, neglect, and severe psychological illness of the parent. The program is based on our experience in building resilience in children with a new emphasis on enhancing emotional regulation as a major protective factor. We implemented a pilot of the BEAR group intervention in five children's homes in Singapore. The children living in these homes were characterized by the psychologists as suffering from outbursts of anger and aggression, excessive clinging behavior, and shame. Thirty-eight children participated in the six-session intervention which focused on enhancing self-regulation abilities in the physical, cognitive, emotional and social domains. The intervention consisted of exercises to increase mindfulness and self awareness, psycho-education, experiential and artistic activities, and enhancing social support. The pilot program was evaluated through questionnaires administered to the children, their caregivers, and the group facilitators at pre- and post-intervention and were also assessed at a 3-month follow-up. Evaluation measures focused on the child's perceived strengths and weaknesses, coping abilities, and emotional self regulation. Preliminary results show significant increase in the caregiver's perception of the child's ability to cope with day-to-day problems and their overall level of self regulation, as well as a significant reduction in the child's general level of distress.

Evidence-based trauma interventions: how and for whom do they work? Results from "Teaching Recovery Techniques" intervention among Palestinian children **10:45–11:00**

S. Kangaslampi[1], K. Peltonen[1], Q. Samir[2], M. Diab[3] and R. Punamaki[1]
[1]University of Tampere, Tampere, Finland; [2]Islamic University Gaza; [3]Gaza Community Mental Health Programme

Recent reviews of trauma interventions for war exposed children call for discovering the mechanisms underlying their effectiveness

(Peltonen & Punamäki 2010; Tol et al., 2010). In other words, concerning the treatment of PTSD in children, it is important to know not just *what* is effective, but also *why* it is effective and for *whom* interventions should be targeted at. This study examines the effectiveness of a CBT-based intervention called Teaching Recovery Techniques (TRT) among 482 Palestinian school children. TRT is an intervention aimed at the secondary prevention of persistent problems and speeding up recovery after traumatic events. It is designed to be used in a group setting, most commonly and easily in schools. The group randomized control data is analyzed according to the principles of Conditional Process Modeling as described by Hayes (2012). The results suggest that the intervention was effective in reducing children's PTSD symptoms but, contrary to our expectations, not through decreasing negative cognitive appraisals or self-attributions. There was also some evidence that depressed children benefited more from the intervention than their non-depressed peers. Combining the results of this study and earlier results based on the same data (Qouta et al., 2012) we learn that certain mental health problems such as depression and peritraumatic dissosiation can affect the treatment of PTSD in different ways, even when manualized and evidence-based interventions are used. In addition, the mechanisms by which trauma interventions work must be studied in more detail.

Media and terror victims: media contact, satisfaction and regrets in young survivors from the shooting at the Utøya Island, Norway, July 22 2011 11:00–11:15

S. Thoresen and G. Dyb
Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

When a disaster or a terror attack strikes, it is followed by massive media attention. Journalists may face ethical dilemmas in their contact with highly traumatized victims. Little is known about how victims percieve media attention and media exposure. The aim of this study was to investigate negative and positive experiences with media exposure in terror victims, and factors associated with negative or postitive perceptions. Survivors from the shooting at the Utøya Island 22 July 2011 participated in face-to-face interviews approximately 5 months (T1) and 14 months (T2) after the shooting. T1 includes 325 participants, with a response rate of 66%. Preliminary results for T2 is a response rate of approximately 60% of the original total population. In T2, the respondents were asked to report if they had or had not been contacted by media, if these contacts were perceived as positive or negative, and if they had been interviewed by media about their terror experiences and/or about their experiences with the trial. In addition, they were asked to rate the degree to which their media exposure had been perceived as stressful and/or positive, and their potential regrets about participation. We will investigate if the media experiences were associated with gender, age, level of trauma exposure, peri-traumatic stress reactions, or posttraumatic stress reactions (PTSR). Results will broaden our understanding of how media exposure is perceived in subgroups of terror victims, and may also be useful for ethical considerations in journalism.

Open Papers: Cognition and emotion I

''Why me?'' At risk for PTSD after war and terror—sign of weakness or virtue? 11:45–12:00

H. K. Smebye
Hospital of Østfold, Fredrikstad, Norway

Is research into pretrauma risk-factors for PTSD asking all the right questions? People surviving war and terror with PTSD may compare their fate to survivors with no lasting psychic problems and ask: ''Why did I develop severe problems, while my comrades didn't?'' A preliminary report after the Utøya-massacre in July 2011 found that while half of the young survivors developed symptoms close to or fulfilling a PTSD-diagnosis, 9% reported improved school results and 25% improved social functioning. If Utøya-survivors with PTSD searched published pretrauma PTSD risk-factors for an answer to their ''Why me?''-question, they would find only signs of weakness: e.g. lower education, previous trauma, general childhood adversity, psychiatric history, reduced hippocampus and extinction learning. Clinical evidence from traumatized refugees with severe PTSD suggests an additional set of factors predisposing survivors for PTSD. The therapeutic approach built on Ehlers and Clark's PTSD-theory stressing the importance of appraisals of the trauma and its aftermath for developing a PTSD. These appraisals often are story-lines behind nightmares. Changes in dysfunctional appraisals reduce PTSD-symptoms. This presentation will show how appraisals of many severely traumatized refugees are related to truly heroic values. Many soldiers and freedom fighters risked their own life helping others—with little regard to own safety. It is speculated that these altruistic and empathic values have predisposed them for developing PTSD: In their present nightmares they often experience fear of killing others, or accusations from persons they did not manage to save—resulting in feelings of guilt and shame. When developing their trauma-narratives, they realize that without their strong desire to help others, they would not be so troubled by their traumatic past. This suggests that developing PTSD might for some be a sign of virtue. Helping them realizing this creates an important basis for restoring their self-respect.

Validation of health grief prototype narrative 12:00–12:15

V. Sousa, M. Sa, L. Ferreira and J. C. Rocha
UnIPSa; Centro de Investigação em Ciências da Saúde (CICS), Instituto Superior de Ciências da Saúde—Norte, CESPU. Rua Central de Gandra, Gandra, Portugal

Bereavement is a natural and universal phenomenon that involves a continuous process of adaptations on part of the human being to integrate experienced events. The individual organizes himself and its experiences around coherent, complex and diverse narratives. To better understand the experience of healthy grief arises the relevance to determine the discourse of the prototype narrative of healthy Grief (HG). The aim is to validate this narrative and compare with other disorders prototype narratives. Participants are identified by structured interview that include the following instruments: sociodemographic questionnaire; Inventory of Complicated Grief (ICG). For Validation the HG narrative we had 28 participants with Complicated Grief (24 women and 4 men, age M = 74,15 SD = 22,0) and for HG group 45 participants (ICG cutoff $\leq$25; 38 women and 7 men, age M = 22,0 SD = 5,56). The results of the validation shows that this narrative is accurate with the experience of health grief, and the comparison with other prototype narratives showed significant differences and similarities that will be discussed. The divergent and convergent validation results of the HG prototype narrative allow discussion about the value of constructed narratives for clinical practice and research.

Trauma-related guilt and posttraumatic stress among journalists 12:15–12:30

T. Browne[1], M. Evangeli[2] and N. Greenberg[3]
[1]Traumatic Stress Service, South West London & St Georges Mental Health Trust, London; [2]Royal Holloway University, London; [3]Academic Centre for Defence Mental Health, Kings College London, London

There is growing recognition that journalists routinely cover traumatizing events which may leave them at risk of work-related psychopathology. It was hypothesized that unique aspects of their role (e.g. to observe and not intervene) and job-specific factors (e.g. the requirement to sensationalize an event) may make them particularly vulnerable to guilt in the aftermath of a work-related traumatic event. This study investigated the relationship between trauma-related guilt and symptoms of work-related posttraumatic stress disorder (PTSD), and the role of guilt in mediating the effect of work-related traumatic events on PTSD symptoms. Fifty journalists, recently exposed to work-related trauma, completed an online questionnaire that explored their work-related experiences of trauma, PTSD symptoms, and

guilt cognitions. Higher levels of exposure to work-related trauma were significantly associated with higher levels of PTSD symptoms and guilt cognitions. Guilt cognitions were significantly positively associated with PTSD symptoms, and were found to partially mediate the relationship between exposure to work-related trauma and PTSD symptoms. The association between guilt cognitions and PTSD symptoms indicated that trauma-specific cognitions might be significant in understanding the impact of work-related trauma on the mental health of journalists. The findings provide tentative support for PTSD models that focus on posttrauma appraisals, in addition to the impact of peritraumatic fear on memory. This study provides preliminary evidence of a relationship between guilt cognitions and PTSD symptoms among journalists exposed to work-related trauma. It implies there may be specific factors that increase vulnerability to guilt among certain high risk occupational groups.

Reference

Browne, T., Evangeli, M., & Greenberg, N. (2012). Trauma-related guilt and posttraumatic stress among journalists. *Journal of Traumatic Stress, 25*, 201–210.

The moderating effects of previous losses and emotional clarity on complicated grief and traumatic stress **12:30–12:45**

J. C. Rocha and S. I. Castro
Instituto Superior de Ciências da Saúde- Norte, Cespu—Gandra, Portugal

The connections between complicated grief and traumatic stress have previously been investigated; however, the learning effects resulting from previous losses and emotional clarity are still unclear. Understanding these effects may shed more light on the general hypotheses of emotional aging (more than chronological aging). We aimed to assess the moderating effects of emotional clarity and previous losses on bereavement outcomes: complicated grief and traumatic stress Sample has 190 participants (147 female and 43 male) with a average age of 37.49 (SD = 23.75) evaluated using a sociodemographic questionnaire, the Inventory of Complicated Grief, the Impact of Event Scale–Revised, and the Lack of Emotional Clarity sub-scale of Difficulties in Emotion Regulation Scale. Results show that those participants with more than two previous losses have a higher risk for Complicated Grief, however there is no evidence of an increased risk for PTSD. The moderations reveal important interaction effects: the number of previous losses change the relationship between complicated grief and traumatic stress (R2 of interception model of,469) and that emotional clarity changes the association between previous losses and complicated grief. The results are discussed on the perspective of the confounding nature of cumulative effects on both Complicated Grief and Traumatic Stress, and the key role of emotion clarity and the importance of the number previous losses to explain relations between grief and traumatic stress.

The association between Posttraumatic Growth and Defence Mechanisms **12:45–13:00**

M. Boerner[1], S. Joseph[1] and D. Murphy[2]
[1]School of Sociology and Social Policy, Nottingham, UK; [2]School of Education, Nottingham, UK

Background: Posttraumatic growth has become a major topic of research investigation. As such researchers and practicing therapists have started to think about the facilitation of posttraumatic growth. However, interest in the therapeutic facilitation of posttraumatic growth could be premature as several issues remain to be resolved. Most notably, it is not clear whether posttraumatic growth is always associated with adaptive psychological processes or whether at times posttraumatic growth may result from maladaptive processes. Defensive processes may moderate stress responses and could also influence the perception of posttraumatic growth. The aim of the present study is to examine whether certain defence styles are associated with posttraumatic growth. *Methods/Design*: A convenience sample of students [N = 93] of the University of Nottingham completed a questionnaire package that included the Posttraumatic Growth Inventory (PTGI), and the Defense Styles Questionnaire (DSQ-40). The DSQ-40 captures, for example, denial by the item "I fear nothing". *Results*: Ninety three participants representing a response rate of 46.97% [58.1% females and 41.9% males] took part. They had a mean age of 22.09 [SD = 3.47]. The reliability of the measurements were satisfactory (PTGI) to acceptable (DSQ-40) with the exception of the neurotic defence style of the DSQ-40 [$\alpha = .41$]. In a 1-tailed test, posttraumatic growth was associated with mature [$r = .341$; $p < .01$], neurotic [$r = .385$; $p < .01$], and immature defences [$r = .298$; $p < .01$]. *Conclusion*: Mature and neurotic defences were found to be associated with posttraumatic growth. These results suggest that the report of posttraumatic growth is caused by adaptive and maladaptive defensive processes. Therefore, self-reported posttraumatic growth may be associated with mechanisms which have the potential to impede as well to facilitate the healing process.

Afternoon
Open Papers: Cognition and emotion II

South Asian women and sexual assault: honor, shame, and trauma **15:15–15:30**

R. Correia
Barts Health NHS, London, UK

People who have been sexually assaulted are often reluctant to disclose their experiences to or seek help from health professionals and only around one in ten victims of rape report the offence to the police. Seeking support following sexual assault can be particularly difficult for some individuals due to cultural, religious and family honor reasons. For example, South Asian women are often held responsible for maintaining family honor and avoiding shame, which can make it difficult for women to leave violent relationships. Arranged and forced marriages are also common amongst this population often resulting in repeat victimization and more severe and persistent mental health problems. In addition to cultural barriers to seeking support the more vulnerable are sometimes illegal in the country with no recourse to public funds, socially isolated and unable to speak English. In cases where the violence is disclosed, the women may be disowned by their families and ostracized by the community. Guilt, shame and self-blame are often reported by those who have experienced sexual violence. This study is a retrospective case note review looking at past and current mental health needs of South Asian women attending the Haven-Whitechapel (Sexual Assault Referral Centre) following acute sexual assault for forensic medical examination and/or follow-up medical and psychosocial care. Data was collected on demographics, details of the assault and services involved in aftercare. Attention is also paid to risk assessment and risk management including referral to external agencies. The clinician reflects on cultural influences and psychological difficulties experienced by South Asian women and the role of clinical psychology in alleviating distress. Cases will be discussed and clinical dilemmas commonly affecting the work with these clients will also be addressed.

Guilt and trauma: how to survive to have caused the death of others? **15:30–15:45**

P. Andreatta
University of Innsbruck, Innsbruck, Austria

Traumatic reactions after accidents (e.g. motor vehicle accidents) and the role of attribution for the event is more focused in research in recent years. Furthermore Kubany et al. (1995) formulated a Multidimensional Model of Trauma-Related Guilt and developed the Trauma Related Guilt Inventory. The factor attribution is still controversially discussed (Sholomskas et al. 1990; Siol et al. 2003;

Janoff-Bulman, 1977; Montada, 1995). The role of self-blame, taking responsibility, blaming others and such more for adaption, coping and well-being seems to be complex. In addition it is often not distinguished between ''guilt feeling'' and ''being guilty''. This research would like to contribute to this discussion. Aim is to view the person who is responsible or at least a partial liable for the ''unintended'' death or serious injury of others: How is the person ''dealing'' with this experience? Qualitative data from $N = 25$ ''causer'' of the death or severe damage of others were collected. Their stories were acquired through narrative interviews (Hermanns, 1995) and collected data approached by a combination of Grounded Theory (Strauss & Corbin, 1996) as well as qualitative content analysis according to Mayring (2002). Results show a huge variety of different variables: Posttraumatic reactions, shattered assumptions, suicidal thoughts, and different types of guilt feelings. Expectations to get punished by ''life'' itself were found. Psychodynamic defense and different styles of attribution, which leads even to degradation of victims, is another outcome. Taking responsibility leads for some to acceptance of the situation, for others to not being able to ''overcome''. Actions of compensation and reconciliation are actively approached by ''causers''. Beneficial versus failed processes of communication between ''causer'' and victim are shown.

Beyond Posttraumatic Stress Disorder: posttraumatic growth in children in the aftermath of the Indian Ocean tsunami 16:00–16:15

S. Exenberger[1] and B. Juen[2]
[1]Research Department, SOS Children's Village International, Innsbruck, Austria; [2]Department of Psychology, University of Innsbruck, Innsbruck, Austria

In the worst hit part of India, the Southern state Tamil Nadu, mostly fishing families were affected by the Indian Ocean tsunami in 2004. This paper presents one work-package of the project ''Post-tsunami'' funded by the European Commission and goes beyond posttraumatic stress disorder as a main reaction to a traumatic event. It aims to show subjective positive change in children in the long-term aftermath of tsunami, which has been named as posttraumatic growth (PTG) (Tedeschi and Callhoun, 1995, 2004). In 2009, 175 tsunami-affected children aged 8 to 17 gave answers to the Revised Posttraumatic Growth Inventory for Children (PTGI-C-R) and the Children's Impact of Event Scale-13 (CRIES-13). They are single and double orphans, either living with their biological parent or in an out-of-home care organization providing family based care (SOS Children's Village). In addition, 41 children living at a SOS Children's Village gave answers to the open-ended questions of the PTGI-C-R. The quantitative data were analyzed using PASW Statistics 18 software. The qualitative data were analyzed on the basis of the qualitative research methodology ''Grounded Theory''. Results indicated that posttraumatic growth is present in children belonging to an Asian culture as 55.5% of them had an average response of some perceived change four years post-event. Older children showed significantly higher PTG scores than younger ones, and no sex differences were found. The total CRIES-13 score correlated significantly with the total PTG score ($r = .18^*$, $p < .05$). About 25 children who gave answers to the open-ended questions described spontaneously positive changes. The results are discussed from an evolutionary and cultural perspective taking into consideration that the hallmark behaviours of PTSD are all adaptive behaviours to extreme threats which can become pathological, but also can be viewed as the foundation of PTG.

Absence of corpse as a risk factor for complicated grief: the case of the tragedy of Entre-os-Rios, Portugal 16:15–16:30

L. Ferreira, V. Almeida and J. Rocha
Instituto Superior de Ciências da Saúde- Norte, Cespu—Gandra, Portugal

The loss of a loved one with whom we develop bonds is a source of suffering, pain and despair. When the loss is associated with multiple losses and the absence of the dead bodies of those who died, we can considerer as a situation with high risk for complicated grief. That happened in Entre-os-Rios Portuguese village when a bridge fell on Douro River, all 59 passengers from one bus and three cars died and 36 bodies have nor been recovered. This study aims to reveal several dimensions of the grief process of relatives from the tragedy of Entre-os-Rios victims, 10 years after the tragedy, comparing with grievers from road accidents.To this end, we performed a cross-sectional comparative and exploratory study with a sample of relatives of victims of the tragedy of the Entre-Rios ($n = 20$) in which at least one dead body was not recovered (experimental group) and a sample of relatives of victims of road traffic accidents ($n = 20$), with the same time from bereavement (control group). Were used the Impact of Event Scale—Revised, the Inventory of Complicated Grief and a semi structured interview.There was the prevalence of complicated grief in relatives of victims of the tragedy of Entre-os-Rios (ICG ≥ 25) in 95% and a prevalence of Traumatic Stress (IES-R $>$ 35) of 70%. The difference between groups, experimental and control, was statistically significant using the t-test. We can once again conclude that the absence of body is an important factor in the process of complicated and traumatic grief.

Open Papers: Cognition and emotion III

Defensive character of posttraumatic growth: effects of mortality reminders on reports of growth among patients with life-threatening illness and their caregivers 16:45–17:00

A. Luszczynska[1], A. Bukowska-Durawa[1] and N. Knoll[2,3]
[1]Warsaw School of Social Sciences and Humanities, Warsaw, Poland; [2]Institute of Medical Psychology, Charité, Universitätsmedizin Berlin, Berlin, Germany; [3]Department of Psychology, Freie Universität Berlin, Berlin, Germany

Individuals confronted with a life-threatening illness often report posttraumatic growth or finding benefits in disease. These positive evaluations of personal strength, perceptions of improved personal relations and new possibilities may represent a defensive response (cf. Janus-face model). Three studies investigated the effects of mortality reminders on reports of posttraumatic growth or benefit findings among people living with life-threatening illness or their caregivers. Eighty people living with HIV (Study 1), 164 breast cancer survivors (Study 2), and 50 family caregivers for a patient with Huntington Disease (Study 3) were randomly assigned to the experimental (mortality reminders) or control conditions. Across three studies, those exposed to mortality reminders reported lower posttraumatic growth or benefit finding, compared to the controls. These effects were moderated by time elapsed since diagnosis: mortality reminders led to lower posttraumatic growth/benefit finding among those who received the diagnosis more recently. The results provide an insight into the defensive character of posttraumatic growth/finding benefits in illness and changes in the character of these beliefs over time elapsing since diagnosis.

Childhood trauma and PTSD increase the risk of cognitive impairment in a sample of former indentured child laborers in old age 17:00–17:15

A. Burri, A. Maercker, S. Krammer and K. Simmen-Janevska
Department of Psychology, University of Zurich, Zurich, Switzerland

Background: Recently, links between trauma, posttraumatic stress disorder (PTSD) and increased risk of dementia have been suggested. According to several pieces of evidence, stress experienced early in life induces structural, functional, and epigenetic changes in brain regions involved in cognition. *Aim*: To investigate the association between childhood trauma exposure, PTSD and neurocognitive function in a unique cohort of former indentured Swiss child laborers in their late adulthood. To the best of our knowledge this is the first study to investigate the relative role of childhood versus adulthood trauma in the risk of cognitive impairment in later life. *Material and methods*: According to PTSD status and whether they experienced childhood trauma (CT) or adulthood trauma (AT), participants ($n = 96$) were categorized as belonging to one of four groups: CT/PTSD+, CT/PTSD-, AT/PTSD+, AT/PTSD-. Information on cognitive status was assessed using the Structured Interview for

Diagnosis of Dementia of Alzheimer Type, Multi-infarct Dementia and Dementia of other Etiology according to ICD-10 and DSM-III-R, the Mini-Mental State Examination, and a vocabulary test. Depression symptoms were investigated as a potential mediator for neurocognitive functioning. *Results*: Individuals screening positively for PTSD performed worse on all cognitive tasks compared to healthy individuals, independent of whether or not they reported childhood adversity. When controlling for depression symptoms, the relationship between PTSD and cognitive impairment became stronger. *Conclusion*: Overall, results tentatively indicate that PTSD is accompanied by cognitive deficits which appear to be independent of earlier childhood adversity. Our findings suggest that cognitive deficits in old age may be partly a consequence of PTSD or at least be aggravated by it. Consideration of cognitive deficits when treating PTSD patients and victims of lifespan trauma without diagnose of a psychiatric condition is crucial. Furthermore, early intervention may prevent long-term deficits in memory function.

The role of EEG data in guiding treatment and evaluating treatment outcome of refugees affected by torture and war trauma
17:15–17:30

J. Aroche
NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Sydney, Australia

Clients seeking treatment at STARTTS tend to exhibit complex presentations that often include Post Traumatic Stress Disorder (PTSD) as well as a complex array of other symptoms. The treatment available at STARTTS includes approaches with a substantial evidence base, such as Eye Movement Desensitisation and Reprocessing (EMDR) and exposure based Cognitive Behavioural Therapy (CBT), as well as other less well researched approaches, such as Neurofeedback Therapy (EEG Biofeedback). It is also often complemented with a variety of other psychosocial and body based interventions. One of the challenges inherent to this model is establishing a coherent basis for making decisions about the optimum choice of treatment for different clients presenting to the service. Increasingly, STARTTS has been utilizing Electro EncephaloGraphy (EEG) data to assist in making these decisions, guide treatment and evaluate results for the more severely affected client cohort. This paper will outline how EEG data is being utilized to complement clinical observations and other assessment methods, and provide examples from case studies to illustrate the encouraging results obtained.

Post-traumatic stress disorder and allocentric spatial memory
17:30–17:45

K. Smith[1], N. Burgess[2], C. Brewin[3] and J. King[3]
[1]Royal Holloway; [2]Institute of Cognitive Neuroscience; [3]University College, London, UK

Objectives: This study will investigate the effect of stress on hippocampal functioning, following trauma, and examine whether PTSD sufferers have impaired hippocampal functioning as suggested by a prominent model for PTSD: Brewin's (1996, 2001) Dual Representation Theory. The hippocampus integrates perceptual and memory systems in a way that means that the hippocampus is uniquely central to memory for spatial location and navigation, and so it is reasonable to expect that it would be involved in contextual fear conditioning. The effect of PTSD on the hippocampus will be investigated by assessing performance on two tasks of allocentric spatial memory compared with trauma-exposed controls. *Design*: This study will compare the performance of a group of PTSD sufferers and a trauma-exposed control group on two tests of allocentric spatial memory. A higher total score reflects greater hippocampal functioning. The independent variables will therefore be the PDS total score and the total score on the BDI-II. *Methods*: Participants will complete two Subtests on the ''four mountains'' task (topographical perception and topographical memory) (Hartley et al., 2007) and two Subtests of the ''town square'' task (same viewpoint and shifted viewpoint) (King, 2002). *Results*: Participants in the PTSD group performed worse on two tests of allocentric spatial memory than trauma-exposed controls. There was no difference between groups on egocentric memory performance (same viewpoint condition on the town square task). Performance will correlated with PTSD symptom severity on the PDS and symptoms severity on the BDI-II. *Conclusion*: Impaired or reduced hippocampal processing is implicated in PTSD.

The role of propranolol in reducing emotional memory consolidation and reconsolidation in healthy individuals and symptoms of posttraumatic stress disorder in patients: a systematic review
17:45–18:00

L. Olivera Figueroa[1], M. Lonergan[2] and A. Brunet[3]
[1]Department of Psychiatry, Yale University School of Medicine; [2]Department of Psychology, Concordia University, Montréal, Québec, Canada; [3]Psychosocial Research Division, Douglas Mental Health University Institute, Montréal, Québec, Canada

Rationale: A growing body of animal and human research suggests that the beta-blocker propranolol has the capacity of selectively affecting emotional memory consolidation and reconsolidation for negative stimuli. These findings have inspired researchers to assess Propranolol's potential to serve as a pharmacological adjunct for the treatment of memory-based psychiatric conditions like posttraumatic stress disorder (PTSD). However, studies on this phenomenon have yielded incongruent findings. *Objective:* We evaluated whether administration of propranolol, compared to placebo, can interfere with the consolidation and reconsolidation of emotional memories in healthy populations, as well as with symptoms of PTSD. *Methods*: A systematic search for randomized control trial articles published in English, French, and Spanish-language journals after January 1994 until March 2011 was conducted across the PubMed, PsycInfo, ISI Web of Knowledge, PILOTS, and Cochrane Central databases. To assess the quality of each study, the Jadad Scale was appraised. *Results*: Our systematic search revealed 15 studies examining the effect of propranolol on consolidation and 7 studies examining reconsolidation of emotional memory in healthy populations. Furthermore, 7 articles were found addressing propranolol's role in treating PTSD. *Conclusions*: After a qualitative analysis of each selected study, some support was found for the notion that propranolol may impair the consolidation and reconsolidation of emotional memories. Moreover, the overviewed literature showed preliminary support for the potential of propranolol in the treatment of PTSD. However, further research is necessary before forming firm conclusions on these topics, particularly on whether propranolol has the capacity to affect the reconsolidation of previously-formed traumatic memories.

ORAL, JUNE 8
HALL GLORIA

Morning

Responding to disasters

Workshop: Childhood trauma reactions and the role of teachers and schools post-natural disaster - Training the trainer

Childhood trauma reactions and the role of teachers and schools post-natural disaster: training the trainer **10:00–10:20**

R. Le Brocque[1], J. Kenardy[1], A. De Young[1], S. March[1] and N. Triggell[2]
[1]School of Medicine, University of Queensland, Brisbane, Australia; [2]Education Queensland, Brisbane, Australia

In February 2009, the Black Saturday bushfires tore across the Australian state of Victoria and resulted in Australia's highest ever loss of life from a bushfire: 173 people died and 414 were injured. The fires burned over 4,500 km2 (450,000 hectares, 1.1 million acres). In December, 2010 and January, 2011, a series of floods hit Australia, primarily the state of Queensland. The floods killed 35 people. At least 70 towns and over 200,000 people were affected. The area affected covered over 1.35 million square kilometers (half a million square miles). Three-quarters of the state of Queensland was declared a disaster zone. In response to these events which affected many children, we developed a training and information package for teachers and school based mental health professionals, 'Childhood Trauma Reactions: A guide for Teachers from Pre-school to Year 12'. The training was delivered across the state of Queensland and positive evaluations relating to content, delivery, and accessibility were received from both child health specialists and school personnel. Teachers are in a unique position to identify children experiencing difficulties following natural disasters because of their role, expertise, and extended contact with children. This resource package is designed to assist teachers and health professionals in becoming more attuned to identifying emotional and behavioral difficulties in young people following a traumatic event and provides information on the prevention and management of long-term adverse reactions. This workshop, in a 3–4 hour training format, will provide an introduction to the program which is freely available on our web. In this workshop we will overview child trauma reactions across development including very young children to adolescents, explore the role of teachers and schools in helping children after traumatic events such as natural disasters, and discuss strategies for identifying children who are in need of more specialized psychosocial support.

The role of teachers and child mental health specialists in helping children after natural disaster **10:20–10:40**

R. Le Brocque[1], J. Kenardy[1], A. De Young[1], S. March[1] and N. Triggell[2]
[1]School of Medicine, University of Queensland, Brisbane, Australia; [2]Education Queensland, Brisbane, Australia

Research suggests that there is a range of ways that schools respond following natural disasters. Some schools decide to promote and establish a normal routine as soon as possible. This is often the case for high schools where there is immense pressure for the young adults to perform in end of year university entrance examinations. However, for a variety of reasons, other schools may also choose to re-establish normal routines. Despite the preference for normal routines, these schools may often experience the intrusion of disaster related content in the children's work, find that students are unable to concentrate for long periods, and find that academic functioning may not be optimal. Alternatively, some schools provide counseling and support for students and their families and often find the role of teacher blurred within the post disaster environment. Some schools incorporate disaster planning and knowledge into their curriculum in the form of content on environmental recovery or projects on understanding weather patterns and weather events. Psychosocial skills, such as resilience and anti-bullying projects, are also increasingly being integrated into the school curriculum and these coping skills can be used in the post-disaster environment. Teachers often ask how they can help young people in their class who have experienced a traumatic event. Although teachers play an important role in identifying mental health concerns in their students, their primary role is in continuing and supporting children's education. This workshop explores how schools and teachers can help their students in the acute and long term following natural disasters. The workshop also explores how teachers and child mental health specialists can work together to provide psychosocial support for the young people in their care in the wake of a natural disaster.

Childhood trauma reactions: a guide for teachers from preschool to year 12. Integrating lessons learned from a disaster recovery program for children aimed at teachers and mental health professionals **10:40–11:00**

R. Le Brocque[1], J. Kenardy[1], A. De Young[1], S. March[1] and N. Triggell[2]
[1]School of Medicine, University of Queensland, Brisbane, Australia;[2]Education Queensland, Brisbane, Australia

In response to a series of natural disasters occurring in Australia in 2009 to 2011 a training and information package for teachers and school based mental health professionals was developed, 'Childhood Trauma Reactions: A guide for Teachers from Pre-school to Year 12'. The training was delivered across the state of Queensland and positive evaluations relating to content, delivery, and accessibility were received from both child health specialists and school personnel. Teachers are in a unique position to identify children experiencing difficulties following natural disasters because of their role, expertise, and extended contact with children. This resource package is designed to assist teachers and health professionals in becoming more attuned to identifying emotional and behavioral difficulties in young people following a traumatic event and provides information on the prevention and management of long-term adverse reactions. This session presents a summary of the information package and training delivered to teachers and mental health professionals and highlights how one state responded to the emerging mental health needs of children post-disaster. Participants in this session will discuss the challenges of screening and identifying at-risk children in the immediate and short term following disaster. Workshop participants will also identify resources within their own community which can be accessed to help support children and adolescents post disaster.

Responding to disasters

Symposium: Optimal psychosocial care concerning shocking incidents. Experiences and evaluation part I

Evaluating post-disaster psychosocial care using a multi-dimensional heuristic framework: lessons for research and practice 11:45–12:05

M. Duckers[1] and J. Yzermans[2]
[1]Impact, Diemen and [2]Nivel, Utrecht, The Netherlands

Psychosocial care provided to those affected by disasters and critical incidents has received increased attention in recent years in international literature. The topic covers all disaster-related problems, falling within the scope of a variety of service providers. However, how these actors should function in this context, is not always easy to determine. Models to support decision-making are welcome, as optimal care intervention is debated, and empirical evidence is scarce. In order to gain a better understanding of post-disaster psychosocial care a framework is constructed, comprised of three dimensions derived from the international literature and several practice guidelines. Psychosocial care can differ in (1) 'objective', varying between support and clinical care; (2) 'attitude', between waiting and outreaching; and (3) 'quality', from low to high. The dimensions constitute a three-dimensional parabolic distribution area where care provision can be positioned. Theoretically, attempts to prevent an overly passive or active attitude towards those affected by disasters are to be promoted, regardless of the objective. Sensitivity to people's needs, vulnerabilities and adaptive capacity (resilience) can potentially contribute to quality. This framework is used to evaluate different disasters and crises in the Netherlands. Lessons for the future planning of psychosocial care and research into it are presented.

Validation of a screening instrument for victims of a crash with Turkish airlines in 2009 12:05–12:25

J. Gouweloos[1], J. Ten Brinke[2], M. Sijbrandij[3] and H. Te Brake[1]
[1]Impact, Diemen, The Netherlands; [2]GGD Kennemerland, Hoofddorp, The Netherlands; [3]VU University Amsterdam, The Netherlands

After a disaster, an important minority develops long-term mental health problems (most commonly posttraumatic stress disorder, other anxiety disorders or depression). In order to provide optimal psychosocial care, it is important to identify those who are at risk of mental health problems and in need for psychological treatment at an early stage. After the crash with Turkish Airlines at Schiphol Airport (the Netherlands) in 2009, Impact developed a short screening instrument: ''Trauma Checklist Getroffenen'' (TCG, Trauma Checklist for Affected). The instrument measured the psychosocial health and treatment needs of the victims. It is based on the methods used after the London bombings in 2005 (Brewin, 2008). This presentation describes the accuracy of the TCG in predicting mental health problems. It will also highlight the treatment needs of the victims of the crash. Interviewers of the local public health organization called the victims 6 weeks (N = 89), 9 months (N = 84) and 3 years (N = 56) after the crash. They completed the TCG by telephone. To measure the sensitivity and specificity of the TCG respondents also completed a structured clinical interview, the M.I.N.I. International Neuropsychiatric Interview (Sheehan et al., 1998), 3 years after the crash. The last interviews were conducted in December 2012. This presentation will describe how accurate the TCG can predict PTSD, depression and flight phobia 3 years after an airplane crash. It will also compare the treatment needs of victims in the first year and 3 years after the crash. This will shed light on the questions if the needs of the victims have been met, if those who are mostly in need for professional help are reached and if an active, outreaching approach can be recommended.

A fine balance. How can we supply necessary support and outreach services and at the same time avoid interfering with survivors own coping efforts? 12:25–12:45

G. Dyb[1], T. Jensen[1], K. Alve Glad[1], E. Nygaard[2], S. Thoresen[1]
[1]Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway; [2]University of Oslo, Oslo, Norway

On July 22nd 2011, Norway experienced a terror attack at an island summer camp for young members of the Labor Party. 69 youth died and 490 survived. A national intervention program included; early and proactive outreach from crises teams, continuity in outreach from a contact person in the municipalities and targeted interventions by specialized mental health services to survivors and families in need. To aid identifying people with clinical needs a screening instrument was developed, and recommended to be performed at three time points. The intent was to ensure that all survivors in need for services were identified and offered relevant attention. Survivors from the Utøya Island (N = 325, response rate = 66%) were interviewed 5 months after the shooting. Trauma exposure, loss of someone close, peritraumatic reactions and post-traumatic stress reactions were measured. Provided services were registered including perceived usefulness of care. Trauma exposure was very high in the survivors, e.g. 64% witnessed someone get injured or killed, and 87% reported to have seen dead people. The interviews indicated that survivors had received services from crises teams in the acute phase (87%) that 84% had a contact person in the municipalities. Specialized mental health services were often involved (73.1%). Twenty survivors (6.2%) had not received any help. Perceived usefulness of services will be presented in relation to trauma experiences and levels of distress. A high level of exposure is a risk factor of long lasting suffering after trauma, and proactive outreach and early involvement of specialized services may have promoted healing. However, proactivity may influence survivors' coping strategies negatively. Youth's perceived usefulness of services can shed light on these difficult considerations.

Afternoon

Evidence-based practice on trauma

Symposium: How to prevent PTSD - explorations of novel interventions early after trauma

Intranasal oxytocin administration to prevent PTSD in recently traumatized individuals: the rationale and design of a randomized controlled trial 15:15–15:30

J. Frijling[1], M. Van Zuiden[1], L. Nawijn[1], S. Koch[1], D. Veltman[2] and M. Olff[1]
[1]Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands; [2]Department of Psychiatry, VU University Medical Center, Amsterdam, The Netherlands

Currently there are no evidence-based interventions to be administered shortly after trauma exposure that prevent the development of post-traumatic stress disorder (PTSD) in traumatized individuals. The neuropeptide oxytocin is a potent regulator of several important processes associated with PTSD development. Oxytocin regulates physiological and behavioral stress and fear responses. In addition, oxytocin administration influences socio-emotional processes such as attachment behaviors. Interestingly, dysregulated stress and fear responses prior to and immediately post-trauma, as well as a lack of perceived social support early after trauma are risk factors for the development of PTSD. Therefore, we hypothesize that early oxytocin administration may be a promising strategy for the prevention of PTSD, by ameliorating dysregulated stress and fear responses as well as facilitating adaptive social functioning. We have initiated a randomized double blind placebo-controlled trial to investigate the effectiveness of an intranasal oxytocin treatment regimen in preventing the development of PTSD in recently traumatized individuals at increased risk for PTSD. Participants at risk for PTSD are recruited from Emergency Departments of two medical centers in Amsterdam.

The one-week intranasal oxytocin/placebo treatment starts at the latest at day ten post-trauma. Participants are assessed for PTSD symptoms at 1.5, 3 and 6 months post-trauma. In this presentation, the rationale behind intranasal stimulation of the oxytocin system in recently trauma-exposed individuals at risk for PTSD will be discussed and the design of the trial will be presented. In addition, preliminary data of the trial will be shown.

Efficacy of a brief dyadic cognitive behavioral intervention designed to prevent PTSD **15:30–15:45**

A. Brunet[1], M. J. Cordova[2], I. Bousquet Des Groseilliers[3], A. Marchand[3] and J. I. Ruzek[4]
[1]McGill University; [2]VA Northern California Health Care System, CA, USA; [3]Université du Québec à Montreal, Canada; [4]NC-PTSD Palo Alto, CA, USA

Background: Posttraumatic Stress Disorder is a public health problem for which there is a dearth of effective secondary prevention interventions. *Design*: In a randomized-controlled trial, we evaluated the efficacy of a new dyadic two-session cognitive-behavioral intervention vs. a wait-list, delivered by a trained social worker or a nurse. Participants were adults presenting to the emergency department in the aftermath of trauma exposure, mostly motor vehicle accidents. *Results*: In the intent-to-treat sample ($N = 74$), we obtained a significant time by group interaction whereby the treated group was more improved at 3-month follow-up than the non-treated group, $F(2, 72) = 4.17$, $p = .019$. Controlling for the moderate improvement observed in the wait-list group, the intervention yielded a net effect size of $d = 0.42$. Similar results were obtained with the sample of study completers at the 3-month follow-up ($F[2, 64] = 3.30$, $p = .043$; $d = .43$), as well as at the 2-year follow-up ($F[3, 46] = 4.11$, $p = 0.008$; $d = .54$). At follow-up, no treated participant met criteria for PTSD, compared to five in the control group (Fisher's exact test, $p = 0.01$). From a public health perspective, the occurrence and severity of PTSD could be reduced if this new, easy to deliver, intervention was offered as part of regular care in the hospital setting.

Results of randomized controlled trial of a Web-based early intervention for posttraumatic stress disorder: moving from universal to selective prevention **15:45–16:00**

J. Mouthaan[1], M. Sijbrandij[2] and M. Olff[1]
[1]Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands; [2]Clinical Psychology, VU University, Amsterdam, The Netherlands

In this presentation, we will present the results of a randomized controlled trial of a self-guided internet-based intervention (called Trauma TIPS) to prevent the onset of PTSD. Adult injury patients were randomly assigned to receive the Trauma TIPS internet intervention ($n = 151$) or to no early intervention ($n = 149$). Trauma TIPS consisted of psychoeducation, in vivo exposure and stress management techniques. Clinically assessed and self-reported PTSD symptom severity was measured at 1, 3, 6 and 12 months post-injury. The results showed that in both the intervention and control group PTSD symptoms significantly decreased over time ($P < .001$) without significant differences in trend. Results from post-hoc subgroup analyses indicated that the Trauma TIPS intervention may be efficacious in reducing PTSD symptoms in patients with high initial PTSD symptoms. In light of our results, future research should move from universal to selective prevention and focus on the efficacy of applying interventions to high risk individuals. Early risk screening strategies using highly sensitive instruments can facilitate in identifying persons at risk for developing PTSD in need of diagnostic follow-up.

Coping coach: Web-based secondary prevention for school-age children **16:00–16:15**

N. Kassam-Adams[1], M. Marsac[1], K. Kohser[1], J. Kenardy[2], S. March[3] and F. Winston[1]
[1]The Children's Hospital of Philadelphia, Philadelphia, PA; [2]University of Queensland, Australia; [3]University of Southern Queensland, Australia

Background: The Internet can expand access to secondary prevention resources for a wide range of trauma-exposed children and families. Web-based interventions (alone or in combination with professional care) may play a key role in stepped care models for prevention and early intervention after acute trauma. This presentation will describe the development and initial evaluation of Coping Coach, a web-based prevention tool for school-aged children with recent acute trauma. *Method*: Based in the empirical research literature, we identified likely etiological mechanisms for the persistence of posttraumatic stress (PTS) in children after acute trauma. We then developed ''Coping Coach,'' an interactive online game that addresses trauma-related appraisals and specific coping strategies with the aim of reducing the development of PTS symptoms. We employed systematic user-testing with children to optimize usability and functionality of key interactive features. 12 trauma experts were asked to review Coping Coach content and activities to assess content validity and developmental appropriateness. *Results*: Preliminary results from expert review of Coping Coach indicate ratings of good to excellent for the relevance, likely effectiveness, and age-appropriateness of game activities. In the US, pilot-testing with children exposed to acute medical events found high acceptability and engagement with intervention activities. Pilot testing with children in Australia will begin soon. *Discussion*: Best practices in the development of web-based interventions and ''serious games'' require theoretically-grounded selection of intervention targets and interactive activities. Results of user testing and expert review indicate that Coping Coach is very engaging for children, and that the activities address the intended targets. Further testing in a randomized, controlled trial is now underway to evaluate the effect of Coping Coach on intervention targets (appraisals, coping) and to estimate its efficacy in reducing PTS symptoms and improving health-related quality of life after acute medical events.

Responding to disasters

Symposium: Optimal psychosocial care concerning shocking incidents. Experiences and evaluation part II

Toward optimal psychosocial care concerning shocking events: resilience, timely detection, and adequate referral **16:45–17:05**

H. Te Brake
[1]Impact, Diemen, The Netherlands

Although there is agreement that most people recover on their own merit following shocking events, an overarching view on how this resilient stance relates to care for trauma victims needs further development. Given the wide variety of caregivers who provide psychosocial care in the early phase (both professionals from a clinical stance and non-professionals, e.g. volunteers from a supportive stance), such an overarching view would be needed to achieve optimal cooperation and provide the best possible care. Three questions are relevant: (1) how do we support people's resilience; (2) how (and when) do we detect the people in acute need; (3) how do we organize a timely referral to high quality treatment? However, the link between all three questions is of great importance and strongly relates to individual resilience. Based on qualitative and quantitative research on resilience, guideline development, and expert opinions, an evidence informed approach is used to address these issues. Vantage point is that optimal quality of psychosocial care makes maximal use of the victim's resilience.

Evaluating quality of post-disaster psychosocial care from a victim's perspective **17:05–17:25**

J. Holsappel[1], T. Dorn[2], T. Fassaert[2] and H. Te Brake[1]
[1]Impact, Diemen , The Netherlands; [2]GGD Amsterdam , The Netherlands

To measure the experienced psychosocial care following critical incidents, two important conditions should be met: 1) agreement on

the features of optimal post-disaster psychosocial support; and 2) availability of an instrument to assess the experienced by victims. Both conditions are covered in the research project *Quality of Psychosocial Care (QPC)*. Consensus on features of good psychosocial care was found using the method of concept mapping. With a group consisting of both experts and victims, an extensive list of characteristics of optimal psychosocial care was made, which was then analyzed (e.g. in using cluster analyses). The analysis resulted in the formulation of eight principles of optimal psychosocial care, varying from 'paying attention to the needs and abilities of the victims' to 'informing the victims on the emotions they can expect'. Based on these clusters, a questionnaire was designed, to be used about six to eight weeks after a critical incident. The questionnaire comprises thirty items, which victims have to assess for weight (how important is the specific item) and frequency (how often was the item realized in the contacts with caregivers). The presentation will present preliminary psychometric results of a pilot testing of the questionnaire among victims of a train accident in the Netherlands ($N > 130$) which is currently taking place. Also, some specific issues will be discussed, like how to develop a questionnaire that can be applied in diverse situations and at the same time generates sufficiently specific results so they can lead to action and change. Reflecting on the value of expert opinions for the design of a measuring instrument, on its action ability, and on the extent to which the questionnaire specifically Dutch, it will be discussed how this instrument could bring quality management in psychosocial care any further.

Monitoring the implementation of psychosocial care guidelines in uniformed service organizations **17:25–17:45**

N. Burger, M. Duckers and F. Zwenk
Impact, Diemen, The Netherlands

In recent years several instruments have been developed to organize psychosocial support in uniformed service organizations (USOs). Standards and guidelines are a valuable point of reference, however, there is a traditional gap between norms described in guidelines and everyday practice. Once the nature of the gap—large or small—is explored, one can undertake deliberate action to close it. Against this background a national monitor is conducted in the Netherlands to determine the extent to which USOs work in line with the Guidelines Psychosocial Support for Uniformed Workers. Police officers, firemen, paramedics and military staff run the risk of being confronted with potentially shocking events. The presentation will focus on the results from a combined qualitative and quantitative study. It is explored systematically whether their organization includes structure and process features as recommended in the guidelines, as well as the factors that stimulate or hinder guideline implementation. Particular attention is given to explanatory variables like organizational support; team organization; and external change agency support. Differences between types of USOs are identified. The monitoring study appears a useful implementation tool for organizations where professionals are indispensable guards of each other's well-being and health.

ORAL, JUNE 8
HALL LADY G

Morning
Cultural issues and trauma
Workshop: Pathways to healing of patients suffering from spirit possession

Pathways to healing of patients suffering from spirit possession
10:00–11:00

M. Van Duijl
Netherlands Institute of Forensic Psychiatry, The Hague, The Netherlands

Refugees and migrants seeking mental health services often present with dissociative presentations and cultural explanations that psychologists and psychiatrists treating them find difficult to understand and deal with. Western diagnostic categories and treatment models seem limited in dealing with this in a transcultural setting. There is however increasing evidence for dissociative presentations, such as dissociative and possessive trance disorders, being related to traumatic experiences [1]. This workshop will give more insight in recognition, diagnosis and management of dissociative disorders in the transcultural practice. The applicability of the new diagnostic criteria for dissociative disorders in the DSM-5 will be discussed and practiced in the workshop. Case histories from the African and Dutch clinical setting with traumatized refugees and migrants will be discussed to illustrate different idioms of distress, explanatory models and culturally sensitive interventions. Presenters' most recent research findings on classification [2], help-seeking and explanatory models of patients with spirit possession in Uganda will be referred to, as well as recent relevant literature. Aims of the workshop: The participants will achieve tools to recognize dissociative symptoms, learn how to deal with different explanatory models for dissociation and reflect on options for management of dissociative disorders in a transcultural context.

Impact of trauma on communities
Symposium: Positive and negative effects of war trauma on Iraqi civilians

Psychological problems related to war trauma in Iraqi civilians
11:45–12:05

M. M. Koryurek
[1]State hospital, Ankara, Turkey

Most studies on war-related psychological trauma have focused on posttraumatic stress disorder (PTSD) in soldiers returning home after deployment. Yet, the number of civilians affected by wars is rising. Following the invasion of Iraq by USA between 2003 and 2006, approximately four million Iraqis were displaced, including Turkmens, who are the third largest ethnic group in Iraq after Arabs and Kurds. Because of their cultural links with Turkey, many young Iraqi Turkmen pursue higher education in Turkey. This paper aims to detect the prevalence and predictors of psychological symptoms caused by war trauma in young Iraqi Turkmen students who came to Ankara for higher education. The sample consists of 203 Iraqi Turkmen students who were surveyed in a group setting using standardized instruments to measure depression and PTSD. Results show that the prevalence of PTSD and depression was 17.2% (21.2% for females, 16.3% for males) and 23.2% (20.0% for females, 23.9% for males), respectively. The most frequent traumas reported was waking up by the noise of an explosion or bombing, being at the scene during an explosion or bombing event and house being raided. Being at the scene during an explosion or bombing event was more frequent in men than women. Our results show that significant rates of war-related psychopathology (PTSD and depression) persist many years after the trauma among Iraqi youth, despite the fact that they are safely away from the war zone.

Trauma types and posttraumatic growth in war-exposed Iraqi youth
12:05–12:25

C. Kilic
Department of Psychiatry, Hacettepe University, Ankara, Turkey

Although traumatic events cause long-lasting psychological symptoms, many survivors may come out stronger. Benefiting in some way from the traumatic experience is called *posttraumatic growth* (PTG). Type of the trauma and personality seem to be important predictors of development of growth after traumas. Several possibilities exist to explain the differential effects of trauma type on the development of PTG, including severity of trauma, the degree of social network disruption, stigmatizing or shame-inducing nature of trauma, etc. Turkmens are the third largest ethnic group in Iraq and have suffered the burden of war, as well as ethnic and sectarian violence. The purpose of this study was to investigate the relationship between the traumatic experiences and PTG among Turkmen youth living in Ankara. We hypothesized that different trauma types would lead to differing levels of growth. A total of 203 students were included in the study. All were ethnic Turkmen university students living in Ankara. 163 (80.3%) were male. Mean age of the sample was 25.2 (sd: 3.8) (range 18–36). The students were assessed using self-report measures of PTSD, depression and PTGI. They were also asked about the details of war trauma. Regression analyses were conducted where the independent predictors of PTG scores were examined. Four different trauma types were included in analyses in addition to demographic variables. Growth in the personal domain was negatively predicted by personal trauma factor (i.e. higher personal trauma meant lower personal growth). Non-personal growth was not predicted by the study variables.

Relationship of posttraumatic growth to symptoms of PTSD in young Iraqis studying in Turkey **12:25–12:45**

K. M. Magruder
Medical University of South Carolina, USA

While the scientific literature is replete with reports of the negative effects of war on both combatants' and civilians' mental health, there is considerably less concerning the positive effects. The concept of posttraumatic grown (PTG) captures the notion of positive psychological gains as a result of struggles with adversity. These are particularly important issues for young people who have grown up in war-torn areas. Iraq is a country that has been particularly hard hit, with almost continual war and civil unrest since 1980. The aim of this paper is to examine the experiences of 203 young Iraqi students studying in Turkish universities who grew up in Iraq during a period of 3 wars and investigate their levels of PTG and the relationship of PTG with symptoms of posttraumatic stress and depression. Eligible Iraqi students were administered the Posttraumatic Growth Inventory (PTGI), the Traumatic Stress Symptom Checklist (TSSC), the Beck

Depression Inventory, a war and life experiences assessment, and socio-demographic information. There were no differences in total PTGI scores by age, gender, or depression score. However, PTGI scores were significantly higher (i.e., more growth) for those with TSSC scores suggestive of PTSD. Multivariate analyses showed that PTGI score, war-related traumatic events (post 2003), general life events (post 2003), and depression scores were positively related to TSSC score. Results show that higher levels of post-traumatic growth are related to higher levels of PTSD symptoms, even controlling for depression, trauma, and other life events. These findings suggest that in addition to adversity itself, the presence of PTSD symptoms may stimulate PTG, and that depression symptoms do not dampen this response.

Afternoon

Cultural issues and trauma

Workshop: Local work with complex traumatized refugee families in Norway

Local work with complex traumatized refugee families in Norway **15:15–15:45**

K. Jagmann, M. Braein and K. Holt
The Regional Centre for Prevention of Violence, Trauma and Suicide, Region East, Norway

We are three clinicians working as special advices at The Regional Centre for Prevention of Violence, Trauma and Suicide, Region East (RVTS Øst). RVTS Øst is located at Oslo University Hospital and is financed by The Norwegian Directorate of Health. Our Centre covers almost half of the population of Norway. RVTS Øst has two main tasks: 1) to increase competence among professionals in public health and other relevant public institutions working with persons affected by trauma and suicide, and 2) to support local and regional cooperation and professional networking. In this workshop we want to share our experiences from our current program for increasing competence among the professionals in the local municipalities on work with complex traumatized refugee families. This program is a training of the local worker in using a model for the family work. This model is sensitive to trauma and culture as well as focusing on the complexity of the family situation. In the workshop we want to present this by using role play, showing video and pictures and share our knowledge through an oral presentation. We also want to create room in the workshop for the sharing of experiences of the workshop participants in similar work.

A practical approach to enhancing local work with complex traumatized refugee families in Norway **15:45–16:15**

K. Jagmann, M. Braein and K. Holt
[1]The Regional Centre for Prevention of Violence, Trauma and Suicide, Region East, Norway

Norwegian municipalities settle refugee families based on political decisions, but there is a lack of guidelines on how to help complex traumatized families after being settled in the communities. We want to demonstrate a model for work with refugee families that we have experienced as effective and helpful for complex traumatized families. The model is based on a trauma sensitive, culture sensitive and holistic approach. The children are our particular focus, but we also see the need of giving interventions to the family as a group and for the parents. We want to demonstrate the model through a case presentation of a complex traumatized refugee family we have worked with and followed for several years. The interventions used are trauma sensitive; based on a phase oriented treatment plan where stress reducing interventions and stabilization comes prior to integrating and resolving trauma. The model is also culture sensitive requiring that the service providers are aware of the cultural factors central in the meeting between the clients and us. Further, we believe that working with complex family situations require a holistic approach demanding a systematic long term cooperation between the different services in the community. Flexibility, as well as creativity is important for adjusting interventions to the particular family. By presenting our case example we will demonstrate how this work can be demanding, time consuming and at times frustrating. But we hope we as well will demonstrate the joy, meaningfulness and hope we experienced in the work with these families.

Effects of trauma on families and children

Workshop: Body awareness, new possibilities for children and young refugees

Body awareness, new possibilities for children and young refugees **16:45–17:45**

G. Nielsen
Oasis Copenhagen Denmark

The workshop describes the development of the body awareness through exercises, games and body therapy with tools from psycho-motor skills and Somatic Experience (developed by Peter Levine Ph. D.) The workshop invites to try out simple exercises from the young people's progress in the body therapy. A workshop on the body therapeutic work, with children and young people in the interdisciplinary treatment with traumatized refugees in Oasis, Copenhagen, Denmark. A little Iraqi girl and a young Afghan woman, both caring daughters of traumatized refugees. Common to them is the continuing concern for their parents. A young Kosovo Albanian man fled unaccompanied from war at the age of 17, when did his escape actually end? The workshop is based on their reports and progress in the therapy. Each represents one of the various defense mechanisms. Common to them is their emerging confidence in their perceptions and their eagerness to find a foothold in their own lives.

ORAL, JUNE 8
HALL SAVOIA

Morning

Miscellaneous

Invited symposium: New studies in the military: Evidence in tailored interventions

Does structured post-deployment rest (third location decompression) improve the mental health of military personnel? **10:00–10:15**

N. Greenberg[1], N. Jones[2], N. Fear[2], M. Fertout[3] and S. Wessely[2]
[1]Academic Centre for Defence Mental Health, King's College London, and Department of Psychological Medicine, Institute of Psychiatry, London, UK; [2]King's Centre for Military Health Research, King's College London, and Department of Psychological Medicine, Institute of Psychiatry, London, UK; [3]Academic Centre for Defence Mental Health, Department of Psychological Medicine, Institute of Psychiatry, King's College London, Weston Education Centre, London, UK

Objective: Third location decompression (TLD) is an activity undertaken by UK Armed Forces (UK AF) personnel at the end of an operational deployment, which aims to smooth the transition between operations and returning home. We assessed whether TLD impacted upon both mental health and post-deployment re-adjustment. *Method*: Data collected during a large cohort study was examined to identify personnel who either engaged in TLD or returned home directly following deployment. Propensity scores and inverse probability of treatment weights (IPTW) were generated and used in adjusted regression analyses to compare mental health outcomes and post-deployment re-adjustment problems. *Results*: TLD had a positive impact upon mental health outcomes (PTSD and multiple physical symptoms) and levels of harmful alcohol use. However, when the samples were stratified by combat exposure, although post-deployment re-adjustment was similar for all exposure levels, personnel experiencing low and moderate levels of combat exposure experienced the greatest positive mental health effects. *Conclusion*: We found no evidence to suggest that TLD promotes better post-deployment re-adjustment, however, we found a positive impact upon alcohol use and mental health with an interaction with degree of combat exposure. This study suggests that TLD is a useful post-deployment transitional activity that may help to improve PTSD symptoms and alcohol use in UKAF personnel.

Systematic review and meta-analyses of psychosocial interventions for veterans of the military **10:15–10:30**

N. Kitchiner[1], N. Roberts[1], D. Wilcox[2] and J. Bisson[1]
[1]Cardiff University, Cardiff, UK; [2]South West Veterans Mental Health Service, Bristol, UK

Background: The efficacy of psychosocial therapies for common mental health disorders in veterans is unclear and requires further examination. *Method*: Systematic review and meta-analyses of randomized controlled trials (RCTs). Twenty databases were searched. Studies were included if they reported a psychosocial intervention designed to treat or reduce common mental health symptoms in veterans identified as being symptomatic at the time they entered the study. Studies of substance dependency disorders and psychosis were excluded. Eligible studies were assessed against methodological quality criteria and data were extracted and analyzed. *Results*: Twenty-nine RCTs were identified. There was evidence for the use of trauma-focused therapies for posttraumatic stress disorder (PTSD) and some evidence for psychological interventions in the treatment of borderline personality disorder, depression, insomnia, and panic disorder comorbid to PTSD. However, methodological quality of many of the studies was less than optimal. *Conclusions*: Trauma-focused psychological therapies are likely to be effective for combat-related PTSD but there is a need for more research to determine the efficacy of psychological treatments for other mental health disorders in veterans.

Clinical focus on MUPS; assessment and treatment **10:30–10:45**

M. Zeijlemaker[1] and E. Vermetten[2]
[1]Royal Dutch Airforce, Utrecht, The Netherlands; [2]Military Mental Healthcare, Utrecht, The Netherlands

Background: Medical unexplained physical symptoms (MUPS) have been around for ages. This so-called ''diagnosis'' can be considered a nightmare for the ''die-hard'' scientific oriented clinician. It can also be an enormous challenge. MUPS are the third most common factor in the OIF/OEF returning veterans, after musculoskeletal disorders and mental disorder and account for approx. 34% of possible diagnoses in returning veterans. The clinical phenotype consists of persistent idiopathic symptoms that drive patients to extensively seeking medical care. The symptoms are diffuse and vary from fatigue to dizziness and chronic pain. Despite hypotheses about stress-relatedness, a pathophysiological substrate, thus far, is lacking. We propose a clinical treatment program that bypasses the diagnostic pitfalls. *Method*: Patients are assessed individually by family physician and carefully screened. Upon inclusion, they are invited in multidisciplinary day treatment for 12 weekly sessions, in a closed group. Modules that are offered are cognitive behavioral therapy, graded physical therapy (fitness, psychomotor therapy focus, psycho education, and case management. We use a model of allostatic load awareness. *Results*: We present data on 104 referrals and six groups that were treated at the Dutch Military Hospital. Patients were compliant, and satisfied with the interventions. There was less medical consumption and increased job participation at the end as well as with long-term follow-up. *Conclusion*: Military service is a challenging and demanding job. Loyalty to the organization can drive individuals to performances beyond normal reason. Deployments can pose additional stressors that can lead to syndrome complexes that are poorly understood, but effectively treated.

Military multimodal memory desensitisation and reprocessing (3MDR); first results of a new exposure-based treatment for PTSD **10:45–11:00**

E. Vermetten[1], L. Meijer[1], P. Van Der Wurff[2] and A. Mert[2]
[1]Military Mental Health—Research/UMC Utrecht, The Netherlands; [2]Military Rehabilitation Center, Doorn, The Netherlands

Introduction: The dual task processing in eye movement desensitization and reprocessing (EMDR) has proven effective for the treatment of posttraumatic stress disorder (PTSD). The procedure is typically performed in sedentary condition with imaginary exposure conditions. Therapeutic adherence has reported a problem in military populations compromising treatment efficacy. *Method*: We implemented a ''high end'' treatment procedure that preserved dual task processing principle, yet introduced new mode of exposure. We designed a treatment based on the six DoF motion base of the computer assisted rehabilitation environment (CAREN) facility. This adds to regular therapy physical (walking) elements, virtuality with visual (pictures/words with 180 deg field of vision) and auditory (Dolby surround). We used personal pictures of soldiers' own deployment to which they were exposed while walking on a treadmill. Pictures had been rated before on a Likert scale of affect

and arousal. We used multimodular strategies to enhance affective arousal. Dual task processing was installed by an oscillating ball (moving target) superimposed on the display that was followed with the eyes. Cognitive associations were recorded and typed on the screen. One session lasted 45 minutes. We used this procedure for four weekly sessions. Aspects of presence were adhered to, to maximize possible positive outcome. *Results*: First subjects reported to be captivated by the exposure, and felt a presence by being time distorted. They performed well in the procedure. They walked a repetitive cycle while walking and viewing high affect pictures of deployment scenes. *Conclusions*: The first patient encounter with the system was positive. This has potential for avoidant patients, therapy resistant patients, and patients in who a boost is needed to enhance compliance downstream therapy. The system allows avoidant soldiers to use this mode of exposure as a useful treatment addition. Future research is to develop this in a 'low end' device or tool and conduct research to assess its effectivity in PTSD.

Miscellaneous

Symposium: New studies in the military: Prevalences and trajectories of resilience and pathology

Trajectories of PTSD and delayed onset in a group of 746 Danish soldiers deployed to Afghanistan—a study of long-term consequences of deployment three years after homecoming **11:45–12:00**

M. Bertelsen[1], D. Berntsen[2], T. Madsen[1] and S. B. Andersen[1]
[1]Danish Veterancentre, Danish Defence, Ringsted, Denmark; [2]Department of Behavioral Sciences, Aarhus University, Aarhus, Denmark

Objective: Effective planning and tailoring of treatment for PTSD and other trauma-related disorders in military settings depend on large-scale prospective studies on long-term incidence and development. A number of studies have shown incidence rates of PTSD following military deployment on 2–12%, and it has been shown that delayed onset of PTSD in some military cohorts is high. Prospective research designs with multiple assessments over a longer period of time are scarce, due to difficulties designing such studies in a population of civilians. This prospective study investigates the development of PTSD symptoms and other trauma-related disorders and outlines different trajectories in the development of PTSD. Further, it investigates to what degree delayed onset of PTSD can be expected up to three years after deployment to Afghanistan. *Method*: A number of 746 Danish soldiers deployed for Afghanistan, Helmand Province from February 2009 to August 2009 were included in a prospective study. The study was carried out in six waves, and the soldiers were assessed before, during, and at homecoming, three months after, seven months after and three years after homecoming. Primary outcome measures are PTSD, depression, anxiety, and substance abuse. A sub sample of the cohort was analyzed using latent class growth analysis to identify different trajectories of the development of PTSD. *Results*: It was shown that 9.6% of the soldiers displayed PTSD-symptoms above a cut-off at 44 on the PCL-C scale three years after homecoming. A total of 4% were delayed onsets. Further, our analysis revealed six different trajectories of PTSD, one large resilient group and five groups that showed variable patterns of vulnerability of early or late onset of PTSD symptoms.

Persistence of stress sensitization following deployment in soldiers with high early life trauma **12:00–12:15**

G. Smid[1], M. Van Zuiden[2] and E. Vermetten[3]
[1]Foundation Centrum '45 / Arq Research Program, Diemen, The Netherlands; [2]Academic Medical Centre, Amsterdam, The Netherlands; [3]Research Centre—Military Mental Health, Utrecht, The Netherlands

Background: Stress sensitization, i.e., increased responsiveness to stressful life events has been found in high trauma exposed adults within the first 18 months following trauma exposure (Smid et al., 2012) as well as in young children (Grasso, Ford, & Briggs-Gowan, 2012). However, it is unclear whether stress sensitization may persist over time. We hypothesized that soldiers exposed to high levels of early life trauma would be at risk of persistence of stress sensitization 2 years following deployment. *Method*: In a cohort of Dutch soldiers deployed to Afghanistan (N = 814), we investigated the effects of stressful life events reported 1 and 2 years after deployment on change in PTSD symptoms. Early life trauma was assessed prior to deployment. Data were analyzed using latent growth modeling. Using multiple group analysis, we examined whether high early life trauma moderated the relation between post-deployment stressors and linear change in posttraumatic distress after deployment. *Results*: Stressful life events reported during the first year were associated with a steeper linear increase in PTSD symptoms post-deployment (from 2 to 26 months) in high combat stress exposed soldiers. Stressful life events reported during the second year continued to predict a steeper linear increase in high combat stress exposed soldiers with high early life trauma, but not in other soldiers. *Conclusion*: Stress sensitization following high combat stress exposure may persist in soldiers with high early life trauma during two years following return from deployment.

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Predicting PTSD: identification of pre-deployment biological vulnerability factors **12:15–12:30**

M. Van Zuiden[1], E. Geuze[2], E. Vermetten[2], A. Kavelaars[3] and C. Heijnen[3]
[1]Department of Psychiatry, Academic Medical Center, University of Amsterdam, The Netherlands; [2]Research Centre for Military Mental Health, Utrecht, The Netherlands; [3]Laboratory for Neuroimmunology and Developmental Origins of Disease, University Medical Center, Utrecht, The Netherlands

The presence of PTSD is associated with numerous biological changes. However, it remains unknown whether these previously observed biological correlates of PTSD precede trauma-exposure and development of PTSD, and thus, represent a biological vulnerability factor for the development of PTSD. Alterations in the functioning of the glucocorticoid receptor (GR), which mediates the effects of cortisol throughout the body, is one of the previously observed biological correlates of PTSD. We hypothesized that altered functioning of the GR pathway is already present before PTSD development and represents a vulnerability factor. Therefore, we investigated the predictive value of several components of the GR signalling pathway for the development of high levels of PTSD symptoms in response to military deployment to a combat-zone. We included approximately 1,000 Dutch soldiers prior to their deployment to Afghanistan. Of these participants, 76% completed the assessment 6 months after return from deployment. A variety of GR pathway components were assessed in peripheral blood collected prior to deployment (e.g., GR receptor number, GR target gene messenger RNA expression). PTSD symptoms were assessed prior to deployment and 6 months after return. We will summarize the results of our study, which show that several components of the GR pathway measured prior to deployment to a combat-zone independently predicted development of high levels of PTSD symptoms, as assessed 6 months after return from deployment. In all, these results show that the GR pathway in peripheral blood is a vulnerability factor for development of a high level of PTSD symptoms. Implications of the identification of biological vulnerability factors will be discussed.

Prevalence of delayed-onset PTSD in military personnel: is there evidence for this disorder? Results of a prospective UK cohort study 12:30–12:45

L. Goodwin[1], M. Jones[1], R. Rona[1], J. Sundin[2], S. Wessely[1] and N. Fear
[1]King's Centre for Military Health Research, King's College London, London, UK; [2]Academic Centre for Defence Mental Health, King's College London, London, UK

Objective: Delayed-onset posttraumatic stress disorder (PTSD) is defined as onset at least 6 months after a traumatic event. This study investigates the prevalence of delayed-onset PTSD in a representative UK military sample. *Method*: One-thousand three-hundred ninety-seven participants from a two-phase prospective cohort study of UK military personnel. Participants had been deployed to Iraq before the phase 1 assessment and were not deployed again during the study period. Delayed-onset PTSD was categorized as participants who did not meet the criteria for probable PTSD (assessed by the PCL-C) at phase 1, but who met the criteria by phase 2. *Results*: 3.5% of participants met the criteria for delayed-onset PTSD, representing 46% of all PTSD cases assessed at both phases 1 and 2. Twelve (27%) had previously met the criteria for sub threshold PTSD at phase 1. Sub threshold PTSD, common mental disorder (CMD), poor/fair self-reported health, and multiple physical symptoms at phase 1, and the onset of alcohol misuse or CMD between phases 1 and 2, were associated with delayed-onset PTSD. *Conclusions*: Delayed-onset PTSD exists in this UK military sample. Military personnel who developed delayed-onset PTSD were more likely to have psychological ill health at an earlier assessment, and clinicians should be aware of potential co-morbidity in these individuals, including alcohol misuse. Leaving the military, or experiencing relationship breakdown, was not associated.

Afternoon

Miscellaneous

Symposium: Clinical pathways regarding trauma responses among journalists

Ethical dilemmas as a predictor for PTSD in news journalists working with large-scale violence 15:15–15:35

K. Backholm[1] and T. Idaas[2]
[1]Abo Akademi University, Turku, Finland; [2]The Norwegian Union of Journalists, Oslo, Norway

During work in crisis situations, a news journalist may be exposed to potentially traumatic events via personal exposure or in a more indirect manner when meeting first-hand victims. Thereby, journalists are at risk for developing long-term post-crisis stress reactions. Identifying the occupation-specific risk factors is important for promoting mental health among news professionals. In this study, possible relationships between experienced ethical dilemmas during a crisis assignment and level of PTSD symptoms were investigated with a web-based survey. The sample consisted of 371 Norwegian news journalists who worked during the Oslo/Utöya terror attack in 2011. The concept of journalistic ethical dilemmas as a risk factor is inspired by the work on moral injury in soldiers by Litz and colleagues (2009). Dilemmas were, in the current study, defined as doubts occurring when the journalist experienced going beyond individual work-related ethical boundaries when for example, carrying out dubious orders received from the home office. The study follows up findings from studies with Finnish journalists working in school shootings (Backholm, 2012) and Norwegian journalists covering the 2004 tsunami (Idås, 2010). Preliminary results show that ethical dilemmas of several subcategories predicted a higher level of PTSD symptoms. Going beyond ethical boundaries seems to be an important factor for understanding possible pathways to impairment in journalists, but further refinement of the concept and more research is needed.

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The effects of occupational-related intimidation among journalists: a predictor of posttraumatic stress symptoms 15:35–15:55

S. Drevo[1], K. Parker[1], E. Newman[2], B. Brummel[1] and N. Cook[1]
[1]University of Tulsa, Tulsa, USA; [2]University of Tulsa and Dart Center for Journalism and Trauma, Tulsa, OK, USA

Although studies have demonstrated high rates of posttraumatic stress symptoms among victims of workplace harassment (Matthiesen & Einarsen, 2004; Tehrani, 2004), work-related intimidation and harassment among journalists has not been examined. The current study examined English speaking journalists who responded to an online survey assessing journalists' workplace experiences. This study was conducted to determine whether occupational-related intimidation would predict posttraumatic stress symptoms when controlling for previous occupational-related trauma exposure. Initial regression analyses ($N = 155$) revealed a significant prediction model with intimidation as a statistically significant predictor of posttraumatic stress symptoms, irrespective of the contributions of previous occupational-related trauma exposure. The results from our sample suggest that occupational-related intimidation tactics (e.g., followed on foot, phone tapped, damaged property) have a more deleterious effect on psychological well-being than does previous exposure to work-related traumatic events (e.g., mass casualties, war zones, natural disasters, etc.), particularly regarding the experience of posttraumatic stress symptoms. Posttraumatic stress symptoms among journalists may not only be a function of, and a manifestation from, the very nature of the stories they pursue, but from experiencing intimidation due to their occupation. Results will be updated based on sample size at the time of the conference.

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Predictors for posttraumatic growth among journalists covering large-scale violence 15:55–16:15

T. Idaas
The Norwegian Union of Journalists, Oslo, Norway

A survey investigating the potential stressful experiences faced by first responders and journalists working in the disaster area after the 2004 Tsunami indicated that the journalists, compared to the first responders, were far more exposed to grotesque impressions of the disaster scene. They also experienced significantly higher levels of stress reactions than first responders. At the same time 9 out of 10 journalists answered that they were glad to take part in the coverage and that they would be happy to take part in the coverage of a similar situation in the future. (Idås, 2010; Thoresen, 2007). This paradox was investigated further in the current study, focusing on 371 Norwegian news journalists covering the terror attack in 2011, and the aftermath (response rate 72%). The web-based survey included questions covering social support, PTSD (IES-R) and,

posttraumatic growth. Preliminary results from the July 22-study show that posttraumatic stress was significantly related to posttraumatic growth. It also indicates that the level of posttraumatic growth was related to the type of stressor the journalists were exposed to and the social support and recognition they experienced.

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Impact of trauma on communities

Symposium: Creating resilience in organisations

Managing the risk of trauma in high risk policing roles **16:45–17:05**

R. Hooke
Metropolitan Police, London, UK

London's Metropolitan Police Child Abuse Investigation Command employs over 600 officers and staff and is part of the Specialist Crime and Operations Directorate. In addition to 16 London borough Child Abuse Investigation Teams there are some 60 officers and staff involved in investigating the activities of organized on-line child sex abusers and others involved in the manufacture and distribution of child abuse images. This work is supported by a computer forensic team providing intelligence on offender activities, covert on-line investigations and officers involved in interviewing offenders and their child victims. In March 2011, a review was conducted by the presenter, the then Head of the Paedophile Unit, into the risks that this work presented to staff and the mechanism required to manage that risk. Although there had been a program of support provided by Occupational Health, it was now felt that a more scientific approach was needed which provided anonomized management information to be used to reduce the trauma risks. Previous research had indicated that this work presented a risk and that dealing with child sex abuse involved many variables which could only be managed using a holistic approach and skilled professionals. With the support of a specialist psychologist and criminologist, a comprehensive review was undertaken to identify who needed support and what kind of support would be most effective. The adopted program was reviewed by ACPO and recognized as best practice. Over the past two years, each officer within the Directorate has gone through a comprehensive psychological screening involving the use of psychometric questionnaires and a structured interview. This initial screening has been followed up with regular follow up screening. This presentation will provide results from the screening and evidence of the factors which lead to increased resilience and the organizational and performance benefits that have resulted.

Training and support for front-line officers and staff in dealing with trauma **17:05–17:25**

E. Eades
Surrey Police, Guildford, UK

Surrey Police is responsible for policing the county of Surrey in South East England. The Occupational Health Department is based at Force Headquarters in Guildford. Surrey Police have been proactive in finding ways to support their 1,840 regular police officers, 278 special constables, 211 police community support officers, and 2,000 support staff. Despite having one of the lowest crime rates in the UK, Surrey has had to deal with a number of high profile murders and has one of the busiest motorway networks in the country. The force has been proactive in its approach to supporting its officers and staff and has initiated a risk assessment process, which has identified a number of roles as being high risk. However, it is mindful that policing can place significant pressure and stress on its workers and therefore has been running a program of training for front line managers and supervisors, which train them in how to deal with a crisis and how to provide support to members of their teams. This presentation will provide a brief outline of the training and support provided to teams when handling traumatic operations including shooting, murder, major road crashes, child abuse, and many other challenging policing events. The crisis management, demobilizing, and defusing interventions undertaken by front line supervisors will be described together with the additional support, which is made available from the Occupational Health service. The last part of the presentation will review the evaluation processes and results and describe how the program is reviewed and adapted to the needs of the officers and staff.

The role of RoadPeace in building resilience in bereaved family members **17:25–17:45**

N. Tehrani
Twickenham, London, UK

RoadPeace is a charity created for all victims of road crashes and was set up in response to the desperate need of road crash victims for timely information, immediate, and long-term support and practical help with legal proceedings. RoadPeace provides a range of support services for road crash victims including emotional support, practical information, and an advocacy and casework service together with a tenacious campaigning presence, championing the rights of road crash victims and working to improve road safety in the UK and wider through its representations in Europe and beyond. The focus of this presentation is the support provided to groups of bereaved, affected by deaths on the roads. Unfortunately, despite the large number of people affected by road deaths, (around 13,000 each year in the UK), many find that there is little support to meet their particular needs. The goal of RoadPeace was to introduce a brief, economically viable and effective group model of resilience building to support bereaved families and friends. The six seminars followed a manual-based approach, and each participant had a workbook which was used during the sessions and for their homework. Each session began with an outline of the session's goals, a review of the previous homework, an introduction to new information, psychoeducation and skills training, practice and homework setting. The findings from the program are encouraging and suggest that the intervention has been successful. Whilst not designed as a treatment for posttraumatic stress, clinically significant improvements have been found in anxiety, depression, and trauma scores plus some improvement in lifestyle. More important has been the impacts of the program in helping the participants re-engage with others and to learn skills for dealing with distressing symptoms. The qualitative results provide a strong endorsement for the program.

ORAL, JUNE 8
HALL STUART TUDOR

Morning

Cultural issues and trauma

Symposium: Mental health of children and adults exposed to mass violence and conflict

Relationship of posttraumatic stress and persistent pain and somatization 10:00–10:15

N. Morina[1], U. Schnyder[1], C. Martin-Soelch[2] and J. Mueller[1]
[1]University Hospital Zurich, Zurich, Switzerland; [2]Department of Psychology, University of Fribourg, Fribourg, Switzerland

This cross-sectional study examined the prevalence and correlates of persistent pain and somatization in the aftermath of war, and the role of traumatic exposure and posttraumatic stress symptoms in their development. Civilian war survivors ($n = 147$, 55.8% female; mean age: 43.8) from Kosovo were assessed regarding their trauma history, posttraumatic stress symptoms, current persistent pain, and somatization. Participants reported on average more than five types of traumatic war exposure, 41 (27.9%) met criteria for a PTSD, which was associated with higher persistent pain and somatization symptoms. 54.8% reported somatization symptoms and an average of 3.2 (1–6) persistent pain. Hyper-arousal symptoms mainly explained the relationship of posttraumatic stress symptoms and persistent pain and somatization. The preliminary results indicate that persistent pain and somatization are highly prevalent among war-exposed civilians and that hyper-arousal may be a significant factor in understanding and treating traumatized people who are experiencing pain and somatization.

Trauma, mental health and intergenerational aspects: Kosovar children and their parents 11 years after the war 10:15–10:30

M. Schick, N. Morina, R. Klaghofer, U. Schnyder and J. Mueller
University Hospital Zurich, Zurich, Switzerland

Objective: This cross-sectional study investigated the intergenerational interplay of trauma-related mental health problems among families 11 years after the Kosovo war. *Methods*: In a cross-sectional study, 51 randomly selected Kosovar families (encompassing school-age child, mother and father) were examined with regard to traumatic exposure, posttraumatic stress (UCLA, PDS), anxiety, (SCAS, HSCL-25) and depressive symptoms (DIKJ, HSCL-25) as well as differential intergenerational aspects. *Results*: Considerable trauma load and high prevalence rates of posttraumatic stress, anxiety, and depression were found in both children and parents with mothers showing the highest symptom scores. While strong correlations were found between children's depressive symptoms and paternal posttraumatic stress, anxiety, and depression, maternal symptomatology did not correlate with child mental health. In multiple regression analyses, children's depressive symptoms were significantly related only to the PTSD symptom severity of their fathers. *Conclusion*: Eleven years after the Kosovo war the presence of posttraumatic stress, anxiety, and depressive symptoms in civilian adults as well as children is still substantial. In this sample if war survivors, children's depression seems to be related to paternal, but not maternal, psychological impairment. This finding may be reflective of the centric position of fathers within the Kosovar familial system and should be considered in the treatment of families affected by trauma.

Effects of trauma on families and children: migration and aggressive behavior in children of traumatized parents 10:30–10:45

J. Mueller and N. Morina
University Hospital Zurich, Zurich, Switzerland

Background: Research shows correlations between posttraumatic stress disorder (PTSD) and aggressive behavior. It is unclear, however, if forced migration into exile adds to these problems. The aim of our study was to compare aggressive behavior of children whose parents had been traumatized by the Kosovo war who live in exile (Switzerland) with the same behavior of children still living in their home country. *Methods*: We assessed $N = 150$ pairs of children and at least one of their parents, $N = 114$ of those were still living in Kosovo. Trained interviewers conducted the assessment that included traumatic event types, posttraumatic stress disorder (UCLA PTSD INDEX for DSM-IV and Posttraumatic Diagnostic Scale), aggression, (The Aggression Questionnaire) and the children's social behavior (Strengths and Difficulties Questionnaire children version). *Results*: Children of the Swiss sample indicated significantly more traumatic event types as those of the Kosovar sample. However, children of the Kosovar sample showed higher PTSD symptom severity as well as higher aggression than the Swiss sample. Children of both samples did not differ regarding their social behavior. Generally, PTSD symptom severity was correlated with aggression and social behavior respectively. *Discussion*: The rates of posttraumatic stress disorder in Kosovar adults and their children are still high 11 years after the Kosovo war. According to previous studies, aggression was correlated with PTSD symptom severity. Possibly, the fact of living in a post-conflict country is more stressful than having to adapt to a new culture of a safe exile, leading to a higher vulnerability of individuals living under the first condition.

Posttraumatic stress and prolonged grief disorder in resettled Iraqi refugees 10:45–11:00

A. Nickerson and R. Bryant
University of New South Wales, Sydney, Australia

While reserach has documented high levels of psychopathology in refugees, there is inadequate research identifying symptom profiles in individuals exposed to mass trauma and violence. This study employed latent class anlaysis to determine whether there are distinctive classes of bereaved people based on PTSD and PGD symptom profiles following mass trauma. Participants were 248 Mandaean adult refugees who were assessed at an average 4.3 years since entering Australia following persecution in Iraq. Latent class analysis revealed four classes of participants: 1) PTSD/PGD class (16%), 2) predominantly PTSD class (25%), 3) predominantly PGD class (16%), and 4) low symptoms class (43%). Predictors of class membership were also investigated. These findings provide evidence of specific symptom patterns following exposure to mass trauma and loss, which are associated with different types of pre- and post-migration experiences.

Evidence-based practice on trauma

Symposium: Evidence based community approaches for survivors of childhood trauma in Germany

Developmentally Adapted Cognitive Processing Therapy for adolescents and young adults with PTSD symptoms after physical and sexual abuse: design of a randomized clinical trial 11:45–12:05

A. Vogel[1], H. Koenig[2], F. Neuner[3], B. Renneberg[4], U. Schmidt[5], R. Steil[6] and R. Rosner[1]
[1]Department of Clinical and Biological Psychology, Catholic University Eichstaett-Ingolstadt, Eichstaett, Germany; [2]Department of Medical Sociology and Health Economics, University Medical Center Hamburg-Eppendorf, Hamburg, Germany; [3]Department of Psychology, University of Bielefeld, Bielefeld, Germany; [4]Department of Education and Psychology, Freie Universität Berlin, Berlin, Germany; [5]Max Planck Institute of Psychiatry, Munich, Germany; [6]Department of Clinical Psychology and Psychotherapy, Johann Wolfgang Goethe University, Frankfurt, Germany

Although the severe consequences of childhood sexual or physical abuse (SA/PA) for mental and physical health are well known and may dramatically reduce quality of life, evidence for psychotherapeutic interventions for adolescents and young adults is lacking. Many survivors develop chronic posttraumatic stress disorder (PTSD). The D-CPT consortium addresses the need to evaluate an evidence-based treatment for PTSD related to SA/PA in adolescents using a new cognitive behavioural psychotherapy called developmentally adapted cognitive processing therapy (D-CPT; study 1) as well as the need to assess further consequences of effective treatment of PTSD for the patients themselves as well as for society: study 2 aims to assess possible moderators of treatment response; study 3 will focus on PTSD-related epigenetic changes and whether these changes are reversible through effective intervention; study 4 investigates whether direct health care costs (i.e., treatment costs) and indirect costs of the disorder (unemployment, productivity losses) can be reduced due to successful treatment; study 5 assesses the neurophysiological processing of threat cues in PTSD and their respective changes in the course of treatment. Study 1 investigates the efficacy of the already piloted D-CPT outpatient treatment manual in an open, rater-blinded, multicenter, randomized clinical trial. Developmental adaptations of the therapy protocol concern emotion processing, therapy format, and addressing typical developmental tasks. The manual will be explained in greater detail. The intervention has been piloted successfully and a very large effect size has been obtained. For the RCT the consortium will recruit 90 participants aged 14–21 years who suffer from PTSD after SA/PA across three study sites in Germany. The trial will include assessments at pre-treatment, post-treatment, and three and six month follow-up comparing D-CPT with treatment as usual (TAU).

Childhood abuse and neglect as a cause and consequence of substance abuse—understanding risks and improving services (CANSAS) 12:00–12:25

I. Schäfer[1], S. Barnow[2], M. Klein[3], M. Muhlhan[4], N. Scherbaum[5], M. Driessen[6], R. Thomasius[7], U. Ravens-Sieberer[8], M. Haerter[9] and S. Pawils[9]
[1]Department of Psychiatry and Psychotherapy, Universit Medical Center Hamburg-Eppendorf, Germany; [2]Department of Clinical Psychology and Psychotherapy, University of Heidelberg, Germany; [3]Catholic University of Applied Sciences, Cologne, Germany; [4]Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Germany; [5]Department of Psychiatry and Psychotherapy, University of Duisburg-Essen, Germany; [6]Department of Psychiatry and Psychotherapy, Bethel, Bielefeld, Germany; [7]German Center for Addiction Research in Childhood and Adolescence (DZSKJ), Hamburg, Germany; [8]Department of Child Public Health and Health Psychology, University Medical Center Hamburg-Eppendorf, Germany; [9]Institute of Medical Psychology, University Medical Center Hamburg-Eppendorf, Germany

Substance use disorders (SUD) belong to the most frequent behavioral consequences of childhood abuse and neglect (CAN). Lifetime diagnoses of SUD are found in about 20% of adult survivors of CAN in community samples and in 30% of individuals who seek treatment for the consequences of CAN. Conversely, 24–67% of all patients in treatment for SUD have a history of CAN, which makes them one of the groups with the highest burden of CAN in the health care system. Moreover, parental substance abuse and dependence is one of the most important risk factors for the perpetration of CAN. Regarding both perspectives, CAN as cause and as a consequence of SUD, a better understanding of relevant mediators and risk factors is necessary, to improve prevention and develop adequate treatments. Given the high prevalence of SUD in survivors of CAN and its important role as a risk factor for the perpetration of CAN, the objectives of the CANSAS-network are 1) to gain a better understanding of the relationships between these two important public health problems, 2) to provide evidence-based treatments for survivors of CAN with SUD, and 3) to provide services with trainings to improve the assessment of CAN among clients with SUD assess risk factors for the perpetration of CAN in this population. These aims will be achieved in a multidisciplinary network, including experts in the fields of trauma treatment for patients with (comorbid) SUD, epidemiology and risk factor research, biological, and psychological moderators, as well as health services research.

"Recognize-realize-act" strategic concept to improve child protection in children's hospitals in Saxony 12:25–12:45

J. Schellong[1], A. Neumann[1], A. Heilmann[2], F. Schwier[3], U. Schmidt[4], C. Erfurt[4], R. Berner[2], G. Fitze[3] and K. Weidner[1]
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Background: A major risk factor for impaired health in later life is experiencing violence in childhood. Throughout childhood almost every person will be seen by representatives of the health care system. Therefore, these representatives hold a key position in recognizing signs and symptoms of violence or child abuse. In most cases though, caregivers are unaware of their important role. Moreover, a previous survey of awareness of caregivers of this topic has shown high levels of uncertainty how to act in cases of suspected child maltreatment. Special training programs, adapted to the realities of medicine, are needed to improve the appropriate care of victims. *Methods*: Previously recorded material on how to act in case of suspected child maltreatment was adapted and approved in a pilot project in hospitals in the City of Dresden in 2011.These experiences helped to generate a strategic concept to introduce and strengthen child protection groups in children's hospitals in Saxony. The aim is to establish a standard for all clinics including already existing material and procedures as well as networking processes with the youth welfare system. The project is explicitly supported by the government of Saxony and covers the period of 03/2012–12/2013. *Results*: The project is currently in the implementation and training phase with a high rate of participating hospitals (40 out of 43). Adaption of the existing documents and the privacy-oriented communication to the local youth welfare system in case of suspected child maltreatment proves worthwhile. Regional conferences with all professions involved already took part in the first hospitals. *Conclusion*: The project receives highly positive responses from a huge number of targeted clinics. One of the reasons for acceptance may be the government-based approach.

This corroborates the importance of political support in addition to standardized procedures dealing with child protection issues.

Afternoon *Open Papers: Children and young people I*

''You, son of an Interahamwe!''—The trauma of being a child of a genocide suspect in Rwanda 16:00–16:15

H. Rieder and T. Elbert
University of Konstanz, Konstanz, Germany

Psychological research in post-conflict societies often focuses on mental health problems or social changes regarding different groups of a population. Children and adolescents whose parents were accused of participation in acts of violence are mainly missing in these studies. The present study aimed at deepening the understanding of how descendants' deal with their parents' past and how they integrate affectively what they know about what had happened. In 2010 and 2011, a qualitative study was conducted applying in-depth interviews with descendants of former prisoners and genocide suspects in Muhanga, in the Southern Province of Rwanda. Ten young adults (age range 19–31 years old) who survived genocide in 1994 and who have had at least one parent in prison over the past years were interviewed using a narrative biographical approach. Additionally, questions were included on their own traumatic experiences, communication on the parent's participation, truth-seeking strategies, and parent–child relationship during and after imprisonment. Data were then combined with findings from a quantitative analysis on communication, relationship patterns, and changes in the course of life of the descendants based on 60 structured interviews conducted within the same setting. A first explanatory model was produced to describe internal processes of dealing with the parent's past over the interviewees' lifetime. It suggests that rather than openly criticizing their parents, descendants point at their own inhibited development of autonomy, parentification processes, and forced premature adulthood, and experienced discrimination as stressful consequences of their parents' actions. The parent's confession is a determining factor in how emotions can be expressed and how they can be further processed by descendants. These preliminary findings are discussed with regard to the current Rwandan context.

Types of attachment among adults victimized as children 16:15–16:30

A. Widera Wysoczanska
Institute of Psychology, University of Wroclaw, Wroclaw, Poland

The aim of the study was to discover links between childhood victimization on one side and the type of parent–child relationship and the attachment in adulthood on the other side. The sample consisted of 50 females and males who were victimized in their childhood (sexually, physically, and by substance abuse), 25–55 years of age, selected by purposeful sampling. ''The Type of Abuse Questionnaire'' and ''Intimate Situations Questionnaire'' were used to determine the type of childhood abuse experienced by the investigation group. The questionnaire ''Retrospective Perception of Parental Attitudes'' was used to identify the sample group's retrospective and subjective perception of their parents' parental attitudes. Four dimensions of parental behaviors were measured: support and distance, interpersonal boarders, meeting the needs of a child, and acceptance of own parenting. The types of attachment in adulthood were investigated using the ''Attachment Styles Questionnaire'' by Plopa. In the sample group, sexual violence experienced in childhood significantly correlated with a distance parent, transition of interpersonal borders, and lack of acceptance of oneself as a parent—these correlated with disorganized and ambivalent attachment in adulthood. Physical abuse experienced in childhood significantly correlates with lack of support, restricted meeting of a child's needs, and disorganized and ambivalent attachment. Parents' addiction significantly correlates with lack of support and restricted meeting of a child's needs as well as with escaped attachment in adulthood. The stages of an integrated therapeutic program for persons who experienced childhood abuse are discussed.

Open Papers: Children and young people II

Traumatic experiences and psychological well-being of unaccompanied refugee minors in Germany 16:45–17:00

V. Mueller, J. Morath, J. Baumann, M. Schauer, K. Dohrmann, D. Isele, T. Elbert and M. Ruf-Leuschner
Department of Psychology, University of Konstanz, Konstanz, Germany

Objective: Only little is known about the mental health of unaccompanied refugee minors (URM) who seek asylum in Europe. The objective of this cross-sectional study is to investigate the extend of mental health problems (PTSD, Depression, Aggression) of URM and to assess the exposure to adversity, with a focus on family and organized violence. *Methods*: A total of 56 unaccompanied refugees who came to Germany as minors were interviewed by trained clinical psychologists. The participants were between 13 and 21 years of age. They came from 20 different countries of origin. Adverse and traumatic life experiences including domestic and organized violence were assessed using structured interviews. Moreover, mental health problems including symptoms of PTSD, depression, and somatization, and also behavioral problems and appetitive aggression were investigated. *Results*: More than two-thirds of the respondents had experienced organized violence and 77% had lost at least one parent. A minimum of two traumatic events were reported. The greater the exposure to organized violence the greater was the severity of trauma-spectrum symptoms. 36% of the URM fulfilled the DSM-IV criteria for PTSD. Half of the participants presented with moderate to severe depression symptoms. Violence experienced within the family correlated with the amount of self-reported violent acts. *Conclusion*: The preliminary results of this study indicate that unaccompanied refugees, who immigrated to Germany under the age of 18, frequently suffer from mental disorders. The substantial experience of adversity and violence may contribute to limited self-control and thus reduce the threshold for aggressive behavior. It is important to sensitize social workers and legal guardians for the problems of this group and to improve their access to mental health services.

To be a therapist and a parent in shared trauma situations 17:00–17:15

O. Nuttman-Shwartz[1], R. Dekel[2] and T. Lavi[3]
[1]Sapir college, Israel; [2]Bar Ilan University, Ramat Gan, Israel; [3]Sderot Resilience Center, Qassam-ridden, Israel

Recent literature has been focusing greater attention on the challenges and the implications of situations, in which both the intervener and the client are exposed to a similar threat which is coined as S*hared Traumatic Reality (STR)*. The research examined the experiences of being a professional and a parent in continuing STR situations. Three focus groups with 30 therapists from different social services in the areas exposed to continuous missiles attacks were conducted. The meetings were recorded, documented, and analyzed by two scholars. The results show that despite the intensive and ongoing professional work in situations of STR, the participants felt a sense of professional competence and growth and were confident about their ability to continue helping the residents of their locality.

In addition, they use a continuum of strategies for handling the demands of the personal and professional spheres in the context of STR. While the family domain found to be the vulnerable space for the participants in this study, the professional role served as a shield that enabled the participants to continue functioning. During the presentation, we will present the complexity of the STR phenomena, factors which contributed to this positive feeling as well as the necessity to strengthen the therapists' family functions and to help the therapists to deal better with their dual role.

The predictive role of parental and child reported social support in therapy with traumatized children **17:15–17:30**

T. Holt[1], T. Jensen[2] and S. Ormhaug[1]
[1]Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway;
[2]Department of Psychology, University of Oslo, Oslo, Norway

Aims: Social support has been found to play a significant role in the development and maintenance of different types of problems after traumatic experiences. In the child field, however, there is still a need for studies investigating this. This presentation focuses on 1) the contribution of social support (as reported from both youth and parents) on the child's trauma related symptoms pretreatment, and 2) the role of social support on the child's therapeutic change. *Method*: Data is derived from an effectiveness study in Norway comparing TF-CBT with treatment as usual (TAU) in eight ordinary community clinics where 156 traumatized children aged between 10 and 18 (M age = 14.7, SD = 2.2, 80.5% girls) and their primary caregivers are investigated. Instruments examining youth's trauma exposure, their trauma related symptoms, their perceived social support, and parental reported support were employed. *Results*: Linear regression analyses demonstrated that *youth's own* perceived social support was significantly linked to all trauma-related symptoms pre-treatment; indicating that less self-perceived support was related to higher symptom level. Further, this association was stronger among the oldest youth. *Parental reported support* had a significant impact on outcome, but contrary to our expectations, more support was related to higher symptom-level post-therapy. Treatment group moderated this effect, as it was only present in TAU-group. Age had no moderating effect. *Conclusion*: Findings show that social support is related to child's trauma symptoms, but that youth own perceived support and parental reported support play somewhat different roles within this sample.

The integration of traumatic experiences and the changes of relationship values of perpetrators of domestic violence (PoDV) **17:30–17:45**

D. Dyjakon
University of Lower Silesia, Wrocław, Poland

Background: This study is part of a wider program of research relating to relationships in violent partners. Traumatic events experienced by PoDV are critical to the violence strategy development in their adult lives. The study involved 36 men who had carried out violence against partners and children. This research sought to address: ''whether the therapeutic work on the integration of traumatic events has any impact on the change in valuation of relationships especially with a partner and children?'' *Methods*: 1. Collecting research material by autobiographical narrative interview (Schütze, 1983). Transcripts of interviews subject to analysis with valuations according to ''Method of Self-confrontation'' (Hermanas, Hermans-Jansen 1995). Narrative question: ''Tell me the story of your life with particular emphasis on relationships with other people, especially loved ones.'' 2. The partnerships test (Shostrom and Kavanaugh, 1975) describes the type of current relationships. 3. The nature of psychotherapy was integrative therapy of groups, consisting of offenders, with the primary aim of integrating traumatic events. The study was conducted in three stages: 1) a narrative interview and partnerships test (completed by the offenders and their partners); the psychotherapy for perpetrators; 3) an interview with offenders. *Results*: The research showed that: 1) Traumatic experiences influence the formation of values such as: anger and hatred, unfulfilled longing, and helplessness and isolation (Hermans, Hermans-Jansen, 1995), which during therapy were transformed into primarily values of ''strength and unity''. 2) Based on the collective material of the research, seven types of relationships were identified and transformative patterns distinguished for each partnership type. *Conclusions*: Drawing attention to using valuations as a method of self-confrontation in PoDV psychotherapy is an important step to deepen and consolidate the changes their relationships with other people, to understand other people's experiences and establishing acceptable standards of social functioning.

Keeping children in evidence-based trauma treatment: factors impacting attrition **17:45–18:00**

G. Sprang[1], C. Craig[2], J. Clark[3], K. Vergon[4], J. Cohen[5], M. Staton-Tindall[6] and R. Gurwitch[7]
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This study expands our understanding of treatment attrition by investigating factors predicting treatment drop out in a large national data set of clinic-referred children and parents seeking trauma-specific evidence-based practices. Using de-identifed data (N = 2579) generated by the National Child Traumatic Stress Network (NCTSN) Core Data Set (CDS) collected between Spring 2004 and Fall 2010, the study uses sequential logistic regression analyses to assess prediction of the probability of a given subject having prematurely dropped out of treatment. The findings of this study suggest that race, placement in state custody, and a diagnosis of posttraumatic stress disorder, oppositional defiant disorder, and major depressive disorder predict treatment attrition. Based on the findings of this study, drop out management recommendations are made, as are implications for further research and ongoing practice.

ORAL, JUNE 8
HALL SYDNEY

Morning
Open Papers: Complex traumatisation and comorbidity

The body remembers; examples of the mind body connection in survivors after severe traumatic experiences **10:00–10:15**

A. Arnautovic
Vive Zene Center For Therapy And Counseling, Tuzla, Bosnia and Herzegovina

Dismissal of trauma is never final and recovery is never complete. During and immediately after the traumatic event, organism, in a psychological sense, uses its existing defense mechanisms in order to survive. Especially remembered are experiences of severe physical trauma. The concept of mind body connection is not new. Many tried to explain it over the centuries. The human body, cell tissues, and organs, remembers and carries a base memory of perfect health common to the entire human race. Individuals are unaware of the link between their existing health conditions and symptoms with what was happening. The most common symptom among those who survived the detention camp and experience of rape is chronic pain syndrome. Psychological factors play a significant role in the onset, severity, exacerbation, or maintenance of the pain. Dismissal of pain occurs only when they revive the memory of pain. The pain can severely disrupt different aspects of daily functioning. Treatment of people with severe traumatic experience followed by painful syndrome is complex, time consuming, and it should be multidisciplinary. The combination of drug therapy and psychotherapy is necessary. Also important is the support of the community to the traumatized persons and their family members. Professionals who help people with severe traumatic experiences must not forget the personal reactions and feelings that may not have been worked through and those may be 'blind spots' that hinder the therapeutic process. The author wants to show the parts of psychotherapy sessions where there has been connecting memories and experiencing symptoms that clients have in the present and personal experiences of recognizing relived.

Psychiatric and social impairment in refugee out-patients and psychiatric in-patients **10:15–10:30**

S. Palic[1], M. Lind Kappel[2], M. Stougaard Nielsen[2], A. Elklit[1] and P. Bech[3]
[1]Danish National Centre for Psychotraumatology, University of Southern Denmark, Odense, Denmark; [2]Clinic for PTSD and Transcultural Psychiatry, Aarhus University Hospital, Aarhus, Denmark; [3]Psychiatric Research Unit, Frederiksborg General Hospital, Hillerød, Denmark

There are no commonly applied measures of psychiatric and social impairment in treatment seeking refugees in the West. Consequently, the level of impairment in this psychiatric group relative to other psychiatric groups in the West is unknown. In the present study, 448 consecutive outpatients from a Danish clinic for traumatized refugees were assessed with the Health of Nation Outcome Scales (HoNOS) over a 3-year period. Their pre- and post-treatment scores were compared to those of Danish psychiatric inpatients collected over a 10-year period. Diagnoses represented were affective, anxiety, and personality disorders, schizophrenia, dementia, and addiction. Despite being outpatients, the refugees had the highest levels of psychiatric and social impairment pretreatment. Post-treatment, the refugees further showed the smallest percent wise improvement. Consequently, better cooperation between the specialized clinics for refugees and other parts of the psychiatric and health care system is urged to meet the very complex needs of this population.

Posttraumatic stress disorder in bulimia nervosa **10:30–10:45**

R. Schumann, L. Tieghi and D. Ballardini
Centro Gruber, Bologna, Italy

Objective: Comorbidity among eating disorders, traumatic events, and post-traumatic stress disorder (PTSD) have been reported in research with various prevalences due to differences in assessment, diagnostic criteria, and recruitment methods. The main objectives of this study were to explore the prevalence of PTSD and the relation with bulimia nervosa (BN) and to describe the nature of traumatic events experienced in a female outpatient sample. *Methods*: Two-hundred fifty-seven outpatient females with BN were assessed (EDI-II, EAT, TFEQ, GHQ and SCID-I/P) for comorbidity, anxiety disorders and PTSD. *Results*: From the 257 women with BN (age $25{,}81 \pm 6{,}83$; BMI $20{,}98 \pm 4{,}01$; duration $3{,}44 \pm 2{,}62$ years) 18.2% ($n = 47$) met DSM-IV criteria for PTSD. The BN with PTSD did not present significant differences in the eating disorders characteristics, the majority (95.7%) reported the first traumatic event before the onset of BN. The most common traumatic events reported were sexually related during childhood and adolescence (41%), 8.5% reported childhood obesity experienced as a traumatic event of their PTSD. The BN patients with PTSD referred significantly more multipulsivity (52%) than in BN patients without PTSD (22%). *Conclusions*: BN and PTSD do co-occur and traumatic events tend to occur prior to the onset of BN. It is necessary to assess trauma history and PTSD in BN and it might be effective to enlarge the interdisciplinary treatment program with a trauma therapy module for this subgroup of BN patients to address their PTSD-related psychopathology.

Patients as partner on the trauma team to improve quality and safety of care processes **10:45–11:00**

E. Van Der Schrieck De Loos
CBO Dutch Institute for Healthcare Improvement, The Netherlands

Engaging the patient's perspective on care processes is crucial to enhance quality and safety of trauma care. Healthcare is teamwork and patients must be identified as a team member. Only patients participate during the entire care process. They can be a partner on the trauma team as they have an unique perspective on their care. Patients can therefore have an important role in preventing medical errors by providing information about their medication history or asking questions about their treatment. Current interventions are mostly based on patients themselves and need to be further developed, evaluated, and innovated while implementation is moving on. Interventions for healthcare professionals to engage patients has to be further developed. Engaging patients is only possible when initiatives are based on the relationship between patients and healthcare professionals. Active patient participation can only be achieved on a voluntary basis. Hence, it depends on the patient's willingness and ability to become a partner in trauma care. Healthcare professionals can, while keeping full responsibility for their patients, improve their care by using the patient's eyes and ears. This makes a good relationship with an active dialogue between healthcare professionals and their patients crucial. Optimizing this relationship requires education of both patients and healthcare professionals by raising awareness and using practical tools. To create a long term effect of the patient's role it is essential that incorporation of the patient's perspective is developed at the levels of the individual care process, healthcare organizations, the healthcare system, and laws and regulations. The session is based on the results of the international qualitative exploratory research report: *"The role of the client in patient safety. A necessity, not a desirability"* and consisted of an international literature review, web search, semi-structured interviews, and an expert

meeting to discuss recommendations for implementation of the patient's role.

Influence of comorbid depression on the course and on the prognosis of the posttraumatic stress disorder **11:00–11:15**

G. Grbesa, M. Simonovic and M. Stankovic
Medical School University Nis, Nis, Serbia

Background: Comorbidity of posttraumatic stress disorder (PTSD) and depression offers the possibility to explore broad spectrum of interactions of mood and anxiety disorders in several domains: in the domain of clinical presentation, course and prognosis as well as in the treatment effectiveness. *Method*: Totally 60 patients were divided into the experimental: PTSD-depression (30), and control: PTSD—only group (30). The assessment was made by means of the following intruments: SCID for DSM-IV, CAPS-DX, MADRS, and 17-items HDRS. The patients were evaluated the three sessions: initially upon treatment-seeking, after 6 months and after 2 years during the longitudinal follow-up. The data were analyzed using the methods of the descriptive statistics and of corellational and regressional analyses of the data. *Results*: Experimental PTSD-depression group is characterized by the increased emotional reactivity, more intense re-experiencing symptoms, and by more severe depressive cognitive symptoms cluster. The evolution and the clinical course reveal recurrence of the depressive episodes. The control PTSD-only group is characterized by the emotional numbing, affect restriction, and by evolution towards DESNOS or towards personality changes with prominent impulse control difficulties. *Conclusion*: The experimental PTSD-depression group shows more intense cognitive engagement and increased emotional reactivity in comparison with the control group. The subjects of the PTSD—depression group are more attainable to treatment, but also, to the potential risks of the triggering of the depressive episodes during any treatment modality, either by using medication or psychotherapeutic approach.

Open Papers: Barriers to trauma care

Does PTSD increase the risk of self-poisoning during out patient psychiatric treatment? **11:45–12:00**

J. Siqveland[1], E. Hauff[2] and T. Ruud[1]
[1]Akershus University Hospital, Nordbyhagen, Norway; [2]University of Oslo, Oslo, Norway

PTSD as comorbid diagnosis to depression or borderline personality disorder has in some, but not all, investigations found to be related to more severe pathology and worse clinical outcome. One aspect of a worse clinical outcome is self-destructive behaviors, such as self-poisoning. The present project investigates whether PTSD as a comorbid condition to major depressive disorder (MMD) and borderline personality disorder (BPD) is predictive of increased risk of self-poisoning. Using data from the electronic patient administration system at a large University Hospital in Norway, all patients receiving outpatient psychiatric care from three community mental health centers in the period 2006–2011 will be included. These data are linked to registry data of all self-poisoning episodes from the corresponding emergency medical department. All self-poisoning episodes during treatment at the community mental health centers are included in the further analysis. Based on clinician rated diagnosis, four comparison groups will be created (1) MDD, (2) MDD + PTSD, (3) BPD, and (4) BPD + PTSD. Based on previous research, we expect that the MDD + PTSD group will have a higher risk for self-poisoning than the MDD group, whereas there will be no difference in risk for self-poisoning between the BPD + PTSD and the BPD group. Using a case-control design, risk ratio for self-poisoning for the different diagnostic groups will be calculated. Results from these analyses will be presented.

Crisis intervention in the acute phase after trauma: the client's subjective needs **12:00–12:15**

B. Juen[1], E. Mohr[1], H. Siller[2] and S. Nindl[1]
[1]Department of Psychology, University of Innsbruck, Innsbruck, Austria; [2]Women's Health Centre of Innsbruck Medical University Hospital, Medical University Innsbruck, Innsbruck, Austria

The acute team offers support for relatives after acute loss of a loved one. A team of psychologists and social workers carries out this support. In a study on 426 cases of acute loss taken from the documentation of the acute team lower Austria risk factors, problematic acute reactions, as well as interventions and satisfaction with the interventions were analyzed. Additionally, we analyzed narrative protocols of 25 cases using qualitative content analysis. In the poster, the focus is set on the qualitative results. Results showed that the clients' subjective needs to emphasize the importance of specific resources and interventions to enhance manageability, sensibility, and comprehensibility. The results showed that the clients' most important resources were somebody who listened to them, the support from and to family, social integration, as well as personal resources. The most important interventions from the clients' viewpoint were the giving of information, the enhancement of social resources, and the listening. As indicators of positive change, they saw positive emotions, ability to perform everyday routines, reduction of intrusive thoughts, and arousal as well as acceptance of the events.

Comorbidity of depression and posttraumatic stress disorder **12:15–12:30**

M. Simonovic[1], G. Grbesa[1], M. Radisavljevic[1] and T. Milenkovic[2]
[1]Medical Faculty University of Nis, Nis, Serbia; [2]Clinic for Mental Health, Clinical Center Nis, Nis, Serbia

Objective: The aim of this investigation is to determine the group of symptoms which are the most prominent in depression comorbid to PTSD and to compare delineated features with the similar features of the depressive episode which is a part of the primary major depressive disorder. The results were interpreted regarding the patterns of cerebral activity in PTSD and depression. *Method*: One-hundred twenty patients were divided in experimental (depression-PTSD) and control (depression-only) group, and evaluated using the following instruments: MADRS, HDRS-17, and QIDS-SR. The statistical analysis of the data was performed by mean of Student t-test and Mann -Whitney U test. *Results*: Symptoms which differed most significantly between the two groups were: On MADRS instrument inner tension, sleep disturbances trouble concentrating, lassitude, inability to feel, and pessimistic thoughts ($p < 0.001$). On HDRS-17 instrument: early, middle, and late insomnia, agitation, work, and activities ($p < 0.001$). On QIDS instrument: early, middle, and late insomnia, concentration, interest and, decision-making ($p < 0.001$). *Conclusion*: By interpretation of the results obtained regarding the patterns of cerebral activity in PTSD and depression, we reached the conclusion that depressive symptoms which were followed by PTSD are not the results of the increased activation of the neural circuits by the two pathophysiological processes, but there is the case of differential engagement of neural networks in which stimulation from the brain structures responsible for generation of emotional input, increasingly arrives into the brain centers involved in the processing of emotional contents, in which in depressed individuals, the more intense and deeper emotional processing takes place causing more intense experience of emotional stimuli and bridging the connection from perceptual and cognitive contents up to affective and visceral center of the organism. That is why the depression comorbid to PTSD is so severe and difficult to treat and to live with.

Barriers to mental health care in a high risk profession; a study on the Dutch police **12:30–12:45**

N. Burger[1] and B. Gersons[2]
[1]Impact, Arq Psychotrauma Expert Group, The Netherlands, [2]Arq Psychotrauma Expert Group, AMC University of Amsterdam, Amsterdam, The Netherlands

Introduction: Police officers experience many traumatic events next to organizational and daily life stressors. This results in 25–37% mental health problems in Dutch police. These MH-problems interfere with work, like avoidant behavior when action is necessary, or using excessive violence, wrong judgments, and concentration problems. The police organization is often legally responsible for the prevention and treatment of MH-problems. *Method*: A mixed method study was conducted to establish the demand for mental health care, the accessibility of care, and the care actually delivered to Dutch police officers. Quantitative data on the use of mental health were gathered and qualitative data were collected from focus groups and laptop conferences on the access to and experience of MH-care. *Results*: Annually at least 8% of Dutch police officers receive mental health care. Many police officers with MH-problems however do not receive or avoid MH care. In our study, we encountered important barriers towards care. Police officers avoid to show and to talk about even minor MH-problems. They are afraid to be stigmatized as weak and not fit for the job. Also, officers are afraid that looking for MH care will interfere with job promotions. Moreover, people surrounding the officer who needs help, do not recognize the psychosocial problems or are hesitant to discuss these with the officer in question. In a blueprint delivered by Arq to the Dutch police, some solutions to break the barriers are listed and will be presented at the conference.

A national study of the psychological impact of bank robbery with a randomized control group **12:45–13:00**

M. Hansen and A. Elklit
National Centre for Psychotraumatology, University of Southern Denmark, Odense, Denmark

Background: Despite numerous annual bank robberies worldwide, research in the psychological sequelae of bank robberies is limited. Thus, research needs to investigate the prevalence of acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) in bank employees, whilst comparing how bank employees exposed to bank robbery differ from employees not exposed to bank robbery. *Objective and design*: We studied the prevalence of ASD one week after the robbery ($N = 458$) and the prevalence of PTSD 6 months after the robbery ($n = 378$) in a national Danish bank employees exposed to bank robbery. We also investigated several other forms of psychological sequelae and related factors in bank robbery victim for instance prior traumatic experience, anxiety symptoms, and general traumatic symptoms. The results were compared to a randomized control group of bank employees never exposed to bank robbery ($N = 303$). *Results*: The estimated ASD rate was 11.1% ($n = 41$), and the estimated PTSD rate was 6.2% ($n = 23$). However, the ASD and the PTSD prevalence rates were limited by the avoidance diagnostic criteria (ASD without avoidance = 14%, PTSD without avoidance = 17.8%). Preliminary results indicate that the control group scored significantly lower than the ASD robbery group but surprisingly significantly higher than the PTSD robbery group on for instance general traumatization and anxiety. *Discussion and conclusions:* The results are discussed in relation to existing research and the effect of other factors such as prior traumatic exposure. A preliminary conclusion is that a bank robbery is a traumatizing event for employees, especially when disregarding the avoidance symptoms. This seems to be particularly pertinent in relation to the acute phrase following the bank robbery.

XIII ESTSS Conference: ''Trauma and its clinical pathways: PTSD and beyond'', Bologna, June 2013

POSTERS, JUNE 8

Psychobiology and Trauma

The roles of peritraumatic heart rate and acoustic startle reflex in predicting traumatic memory processing

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Objectives: Heart rate (HR) has been studied as an index of cognitive processing and stress defense. In a previous study with the trauma film paradigm, low peri-film HR was found to predict greater intrusion and regarded as indicative of dissociation. This study attempted to replicate this finding and directly examined the correlation between HR and dissociation. In addition to frequency, the vividness of intrusion was also investigated. In addition, differences in cardiac startle response to a sudden loud noise were related to the psychophysiological reactions to traumatic cues. *Methods*: Participants showing and not showing startle were categorized into the startle (n = 14) and non-startle group (n = 19), respectively. All participants were exposed to the trauma film with HR, state dissociation, and fear being assessed pre-, peri-, and post-film. The frequency and vividness of intrusion were recorded with an intrusion diary for 7 days. *Results*: The non-startle group showed higher trait dissociation and higher HR across all phases than the startle group. Overall, HR decreased by 0.63 bpm peri-film. For the non-startle group, lower peri-film HR was associated with higher fear and state dissociation. Moreover, the more the peri-film HR decreased, the less vivid were the intrusions. However, for the startle group, these associations were not significant. A moderating effect of group was shown in the relationship between peri-film HR decrease and intrusion vividness. *Discussion*: This study was the first to examine how startle moderates the relationship between HR and intrusion. The findings suggested interesting individual differences in stress defense style. Moreover, the group discrepancy in the psychological correlates of HR deceleration suggests the importance of considering individual differences. Finally, this study is one of the few to examine intrusion vividness. The findings suggest different mechanisms underlie intrusion frequency and vividness.

Neural correlates of memory dysfunctions in PTSD: preliminary findings of a systematic review and a mixed image/voxel-based meta-analysis

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Background: Memory is a central component of posttraumatic stress disorder (PTSD) as defined by its three symptom clusters. Structures part of the ''fear network'' show abnormal activities in PTSD (i.e., hippocampus, medial prefrontal cortex/anterior cingulate cortex (mPFC/ACC), and amygdala) and are also involved in memory processes. *Methods*: We conducted a systematic review and a mixed image/voxel-based meta-analysis on neural correlates of memory dysfunctions in PTSD on the past 20 years of neuroimaging literature. A total of 26 publications (*Global Memory*; PTSD: n = 368; Controls: n = 291) comparing PTSD patients to their control groups (Healthy and/or Exposed), fulfilled the study criteria: 21 used long-term memory (LTM) paradigms (PTSD: n = 266; Controls: n = 234) and 9 used short-term memory (STM) paradigms (PTSD: n = 123; Controls: n = 102). *Results*: When performing a memory task (*Global Memory*), PTSD patients had significant greater activations than controls in left supramarginal gyrus (SMG, BA40) and diminished activations in bilateral insula/inferior frontal gyrus (IFG, BA13/47), mPFC/ACC, and left medial/superior frontal gyrus (BA8/9). During LTM paradigms, they exhibit significant greater activations in right IFG (BA44), as well as decreased activation in right superior temporal gyrus (BA21/22/38), right insula (BA13), left SMG/Inferior parietal lobule (BA40), and precuneus/posterior cingulate cortex (BA7/23/31). During STM tasks, patients show significant less activation in left IFG (BA47), right motor area (BA4/6), and left precuneus/angular gyrus (BA39). *Conclusion*: In PTSD, the dysfunction in the insula/IFG is common to all memory paradigms. This structure, together with the ACC, composes the salience network (SN). The results provide evidence that dysfunctions of the SN can disable PTSD patients to cognitively engage in a cognitive task (switch from resting state to task).

The role of sleep in emotional memory processing in PTSD patients

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Sleep appears to play an important role in emotional memory processing and emotional coping. Disturbed sleep (nightmares and insomnia) is one of the key symptoms of posttraumatic stress disorder (PTSD) and may play an important role in the aetiology and/or maintenance of PTSD. Polysomnographic studies in PTSD patients have reported mainly on changes in REM characteristics and arousal regulation. However, little is known about the relation between sleep disturbances and emotional memory processing in PTSD. A previous sleep study in healthy subjects suggests the occurrence of adaptive changes in sleep architecture after emotional experiences, which benefit emotional housekeeping and the attenuation of emotional responses towards negative emotional experiences (manuscript under submission). The current controlled patient study assesses the impact of an induced, emotionally distressing experience on sleep parameters in PTSD patients, including the distribution of sleep stages, REM sleep-related variables, and EEG power spectral parameters. In addition, we will analyse how sleep changes in response to the stressor relate to emotional attenuation over sleep. The main experimental groups are traumatized police officers and veterans with PTSD (N = 25) and without PTSD (N = 25). We will also include a control group of non-trauma exposed controls (N = 25). The experimental set up involves presentation of neutral or distressing film fragments in the evening, followed by polysomnography (EEG - F3, F4, C4, O2- referenced to linked A1 + A2; EOG; EMG; ECG; respiratory signals; limb movements) of undisturbed, whole night sleep, and cued recall of film content on the next

evening. The order of the film conditions is counterbalanced across subjects. Emotional state and physiological measurements (ECG, respiratory effort, GSR, and plethysmogram) are assessed before and after film viewing and cued recall. Physiological signals are recorded during the film and stills as well. Preliminary results will be presented and discussed.

Physiological reactivity of individuals with PTSD and support during a trauma oriented social interaction with a significant other: a gender-comparative analysis

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Overt behavioral support processes and physiological responses are dimensions that have been much overlooked in the exploration of the links between social support and posttraumatic stress disorder (PTSD). A multi-method strategy was developed to study physiological reactivity during a supportive interaction with a significant other. The mean and variability of heart rate (HR) of 52 participants with PTSD (40 women) were respectively measured in four phases: (1) a 2-minute resting baseline, (2) a-10 minute neutral interaction with the significant other, (3) a 15-minute active interaction with the significant other evoking the impacts of PTSD on their lives, and (4) a 2-minute recovery phase. Our results revealed a significant increase in HR responses during the trauma-oriented discussion. This HR response increase was significant in comparison to all other control periods, i.e., the preceding neutral discussion with a significant other as well as the initial and final resting periods ($p < 0.01$). Men and women from our sample showed similar HR mean and variability during each phase. Although there was no link between the intensity of PTSD symptoms (measured with the CAPS) and women's HR at all phases, significant positive correlations were found for men during phases 1, 3, and 4 (rs > 0.62, ps < 0.05) with HR variability. During phase 3, the more the men expressed emotions to their significant other, the less HR variability was observed ($r = 0.40$, $p < 0.05$). Our findings suggest that PTSD symptoms are more strongly associated with the physiological reactivity of men before, during, and after an interaction with a significant other about their trauma. Clinical strategies addressing these issues will be discussed.

Miscellaneous

Development and validation of a scale to measure trauma-related guilt and shame

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Although scholars agree that emotions of guilt and shame are critical in the development of posttraumatic stress disorder (PTSD) symptoms after a traumatic event, measurement instruments of these emotions in relation to trauma are still limited. Additionally, the existing scales principally measure trauma-related guilt, and the emotion of shame is often not included, even though a body of clinical research on psychological trauma indicates that the emotion shame is important in the development and course of PTSD symptoms. Moreover, the existing measures fail to recognize that these moral trauma-related emotions do not only have a cognitive component but also a behavioral reaction. As guilt is essentially a constructive moral emotion, associated with feelings of responsibility and agency, it results in a desire to repair what one has possibly done wrong. However, this repair behavior is not part of the existing instruments that measure trauma-related guilt. Just like guilt, shame has, next to the cognitive component (negative self-evaluations, "I am a bad person"), its own behavioral element: withdrawal (e.g., hiding). Shame makes one want to withdraw and to avoid dealing with the consequences of traumatic events. We addressed these issues by developing and validating a new scale that measures both trauma-related guilt and shame experiences. The scale contains two guilt subscales that assess negative behavior-evaluations (cognitive) and the tendency to repair (behavioral) following a traumatic event, and two shame subscales that measure negative self-evaluations and withdrawal behavior following a traumatic event. Our scale's ability to distinguish these two classes of responses (cognitive and behavioral) and its ability to include both trauma-related guilt and shame represents a vital advantage of the scale over existing instruments. Consequently, it has the potential to be an important tool for identifying trauma-related guilt and shame.

The degree of dissociative and posttraumatic stress in oncology

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A traumatic event is considered a stressful event that overwhelms the resilience of the subject. A traumatic event can be an isolated incident or repetitive causing a chronic trauma in the patient. The shift to the subjective experience of trauma led to a definition of traumatization as an individual response at cognitive, affective and defensive level. In this sense, an event becomes "traumatic" according to the way in which the subject experiences it in his or her inner world, i.e., in relation to the quality of his or her personal reality. Traumatic experiences act on splitting up higher integrative functions and this creates the existence of dissociative phenomena and psychopathological disorders such as posttraumatic stress disorder (PTSD). The disruption resulting from psychological trauma however does not seem to be a defense of the mind, but rather a side effect that has grave repercussions on the ability of the individual to regulate emotional, and metacognitive capabilities in relation to one's own identity. The seriousness of the dissociative disorder and PTSD when associated with traumatic histories of development can worsen the prognosis if they are present as an illness in combination with other disorders. In fact, if we try to analyze a dramatic context such as cancer, it is noted that the communication of a poor diagnosis can be characterized as a critical time for the development of this phenomena. In this situation, it seems to be essential for a specific intervention to reduce symptoms and return the patient to a normal level of functioning in order to be able to manage the organic pathology.

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Psychometric properties of the Hungarian versions of the Impact of Event Scale-Revised and the Impact of Future Events Scale

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A study that investigated the psychometric properties of the Hungarian versions of the Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1996) and the Impact of Future Events Scale (IFES; Deeprose & Holmes, 2010) in a sample of healthy subjects is presented. The IES-R is a 22-item self-report measure that assesses subjective distress along three subscales after traumatic events. The previously available and validated Hungarian version of the Impact of Event Scale (Horowitz et al., 1979) is updated and retranslated to fully assess all posttraumatic symptoms. The IFES is a 24-item scale that was developed based on the IES-R and assesses the impact of intrusive, prospective, personally relevant imagery

of events occurring to the respondent in the near future. The two scales are tested in one time with the purpose of exploring possible connections between effects of past events and the impact of future events on the individual. The psychometric properties of the Hungarian versions of the scales were tested in a sample of 200 healthy subjects. The internal consistency, test–retest reliability, convergent and divergent validity, factor structure, as well as information about the translation process are discussed. The process of the analysis of the convergent and divergent validity raises transdiagnostical questions.

H.O.W.? Now!: Logotherapy and a rapid strategic integrated approach to treating PTSD with or without SUD

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In an interview from the documentary film ''RESTREPO,'' after returning in 2006 from the Korengal Valley region of Afghanistan, U.S. Army Staff Sergeant Joshua McDonough said, ''They're gathering intel right now basically on how to deal with us, because they haven't, there's no . . . really . . . research, or intel, on how to treat us right now. They haven't had to deal with people like us, since WWII and Vietnam, dealing with guys who are coming back with 15-month deployments with as much fighting as we went through.'' According to the George Washington University Face the Facts Initiative, about 300,000 veterans do date, one in five of the wars in Iraq and Afghanistan, have been diagnosed with posttraumatic stress disorder (PTSD). Currently, atleast 30,000 U.S. military veterans are ineligible for disability benefits because there were found to have a personality disorder, something the military says is a pre-existing condition. In April 2012, General Eric Schinseki, secretary of the Department of Veterans Affairs, announced that an increase in 1,900 mental health professionals would be reduced to 1,600. From current statistics regarding the dramatic increase in military suicides and the diagnosis of PTSD, and a variety of other mental health disorders including substance use disorders (SUD), it is clear that the shortage of professionals may just be the tip of the iceberg.

Cultural Issues and Trauma

Holocaust survivors and their post-war relationships: women's coping, healing, and interpersonal bonds

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There is an unidentified discrepancy in the literature. One body of literature suggests that social support aids recovery from trauma (Tedeschi & Calhoun, 2004), while another asserts that trauma leads to difficulties in establishing and maintaining relationships so that access to support is restricted (Krystal, 2006). Thus, the two bodies of literature, taken together, reflect a *paradox* first identified and referred to as a ''*bind*'' by Banks (2006): trauma survivors need social support to heal; yet, due to their exposure to trauma, some survivors are left relationally challenged. This paradox is exacerbated in the case of *complex trauma.* Research supports the presence of a traumatic syndrome that differs from posttraumatic stress disorder (PTSD) in terms of severity and complexity of symptom presentation (Ford, Stockton, Kaltman, & Green, 2006; Ford & Kidd, 1998). Herman (1992) coined the term ''complex post-traumatic stress disorder'' (p. 119) to capture this more severe and complex presentation. People with complex PTSD suffer in the interpersonal realm. It is not just that complex trauma is (1) severe in nature and (2) often occurs over an extended period of time, but that (3) *it is trauma inflicted upon individuals by human perpetrators* that leads to its devastating and long-lasting effects, including impaired relations with others (Ford, Stockton, Kaltman, & Green, 2006). Survivors of the Holocaust have endured the extreme end of the complex trauma spectrum.

Ethnic minority youth survivors of the Utøya-massacre, and their sense of belonging in the Norwegian society in the aftermath of 7/22

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Background: On 22 July 2011, the Norwegian Labor Party's youth organization was attacked during their annual gathering at the small island of Utøya. The terrorist action was an attack on the government's immigration policy and the multicultural Norway. The perpetrator's intention was to start a war against Islam and against multiculturalism. His goal was a monocultural Norway. Thus, the politically active youth from ethnic minority groups who was at Utøya did not only represent the ''liberal immigration policy,'' they were also a manifestation of it. The study is a part of the larger ongoing study: ''The terrorist attack: Experiences and reactions among Utøya survivors,'' conducted at the Norwegian Center of Violence and Traumatic Stress Studies. *Aim*: The purpose of the study is to explore ethnic minority youths' sense of belonging in the Norwegian society in the wake of the terror attack at Utøya. In the aftermath of the attack, there has been a heated debate in the media about immigration and integration policies in Norway. Among the 325 participants in the first round of data collection, 11.3% (N = 36.7) had immigrant background. In the second phase of data collection, these were asked about whether their sense of belonging in the Norwegian society had changed in the wake of the terror attack, and if so, in what way. *Method*: Open-ended, qualitative questions about belonging were included in the semi-structured interviews with survivors of ethnic minority background 12 months after the attack. Narratives about experiences of belonging will be subject of qualitative content analysis. The content is currently analysed, and results will be presented at the conference.

Victimization and PTSD in a Greenlandic youth sample

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Background: Despite a growing number of studies and reports indicating a very high and increasing prevalence of trauma exposure in Greenlandic adolescents, the knowledge on this subject is still very limited. *Methods*: In a Greenlandic sample from four different schools in two different minor towns in Northern Greenland, 269 students, aged 12 to 18 (M = 15.4; SD = 1.84) were assessed for their level of exposure to 20 potentially traumatic events (PTEs) along with the psychological impact of these events. *Results*: Of the Greenlandic students, 86% had been directly exposed to at least one PTE and 74.3% had been indirectly exposed to at least one PTE. The mean number of directly experienced PTEs was 2.8 and the mean number of indirectly experienced PTEs was 3.9. The most frequent direct events recorded were death of someone close, near drowning, threatened to be beaten, humiliation or persecution by others, and attempted suicide. The estimated lifetime prevalence of PTSD was 17.1%, whereas another 14.2% reached a subclinical level of posttraumatic stress disorder (PTSD) (missing the full diagnosis by one symptom). Following exposure, girls were three times more likely to suffer from PTSD compared to boys. Education level of the father, type of school, living in a single parent household, and being exposed to multiple direct and indirect PTEs were significantly associated with an increase in PTSD symptoms. *Conclusion*: The findings indicate that various types of PTEs that Greenlandic adolescents are exposed to have the potential to result in substantial mental health problems. Furthermore, the findings indicate that Greenlandic adolescents are more exposed to certain specific PTEs than adolescents in similar studies from other nations. This study revealed that Greenlandic girls are particularly vulnerable toward experiencing PTEs. Indeed, in general, girls reported more experiences of direct and indirect PTEs. Furthermore, girls reported being more commonly exposed to specific types of PTEs compared to boys.

Project TIC-Talk: tailoring trauma informed care to lesbian, gay, bisexual, transgender, and questioning youth

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Childhood trauma has been proven to have detrimental effects into adulthood oftentimes resulting in mental and physical health challenges as well as substance abuse (Felitti et al., 1998). Research indicates that lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are at higher risk for trauma and face greater psychosocial challenges compared to other teens (GLSEN, 2009). Effective intervention is critical to maximizing outcomes for trauma-exposed youth, and trauma informed care is a ''seminal concept in emerging efforts to address trauma in the lives of children'' (Hodas, 2006, page 6). Trauma-informed care (TIC) uses a strengths-based approach to address trauma and promote resiliency (Hodas, 2006). There is currently a gap in tailoring TIC to LGBTQ adolescents, in spite of their increased exposure to traumatic events. To fill the gap, The Village Family Services in Los Angeles, California, developed TIC-Talk, a replicable, single-session training specifically for providers working with LGBTQ trauma-exposed youth. The evidence-supported lessons of TIC-Talk include concepts and theory as well as concrete steps required to diffuse this innovation. The information provided generalizes to both clinical and non-clinical settings including schools, community-based organizations, and juvenile justice facilities. Evaluation results indicate an increased understanding and implementation of TIC.

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Responding to Disasters

Psychosocial crisis management in CBRN incidents: recommendations for a hospital staff training curriculum

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Introduction: The risk of chemical, biological, and radioactive and nuclear (CBRN) accidents and attacks has grown in the past several years. Studies have shown that CBRN incidents have an impact on population mental health. However, it is clear that even small-scale CBRN incidents can cause psychological stress that affect disaster management. For this reason, the European commission supports international collaboration in CBRN risk management. *Methods*: According to our survey, hospitals are often not prepared for such incidents. Based on the current knowledge on stress response reactions in crisis management, we examined the differences between general disaster situations and stress responses in CBRN incidents. Pilot trainings and workshops were conducted in Berlin, Krefeld, and Madrid. *Results*: We created a model that clarifies the interface between stress responses and CBRN incidents, and focuses on differentiated knowledge about CBRN specialties. Our CBRN stress response model focuses on the psychological impact as a framework for addressing the emotional, cognitive, and behavioral effects. Via a consensus process, we defined recommendations on how to prepare hospital staff on psychosocial care assistance in case of CBRN incidents. We conclude that psychological models are needed to understand the difference between CBRN and other major incidents. We recommend implementing CBRN training for nursing staff and physicians in hospitals as a regular part of the training curriculum.

Posttraumatic growth following rape and sexual assault

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Posttraumatic growth is an increasing popular field, which emphasizes the potential developmental possibilities after a trauma. Posttraumatic growth has been defined as the experience of positive change that occurs following highly challenging life crises. It is supposed to be manifested as an increased appreciation for life in general, more meaningful interpersonal relationships, an increased sense of personal strength, changed priorities, and a richer existential and spiritual life. A number of concerns have been raised pertaining method and normative pressure on clients. During the last 10 years, the Danish rape crisis center in Aarhus has gathered information from victims of rape and sexual assault in relation to the victims' qualitative experience of changes in life perspective and trauma-specific learning following the traumatic experience. We will present data from 350 Danish victims of rape or sexual assault on their experiences of changes after the incident. We have conducted a qualitative analysis of positive and negative life changes three months post-assault. Also, we have conducted a longitudinal study of positive and negative life changes 3, 6, and 12 months post-assault exploring the associations between life changes and psychological well-being. The data are currently being processed, but preliminary results show that only 1/7 of the participants report a positive change three months following the assault. Furthermore, the experience of positive change three month following the assault is significantly associated with lower levels of PTSD symptoms. We hope that the results will be able to contribute to the discussion concerning the concept and methodology of posttraumatic growth following rape.

Coordinating research after the 2011 Norway terrorist attacks

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How can we learn about the causes and effects of disasters without adding to the trauma of survivors, the bereaved, and personnel involved? This poster will present the coordinating function that has been set up after the terrorist attacks in Norway in 2011 with this explicit ambition in mind. The terrorist attacks in Norway on 22nd July in Norway left 77 people dead, most of them youths, several hundreds wounded, and an entire nation in shock and grief. A small, peaceful country marked by openness and trust saw its the government district in smoke and ruins, and some of its most idealistic and politically engaged young people callously massacred. A number of project in disciplines ranging from trauma medicine via psychology and the social sciences to the humanities has raised a broad array of research questions regarding causes, effects, the response of institutions, and the public at large. The plethora of possible angles raised the question of shielding those directly affected from the possibility of further research-induced traumatization. The Norwegian Research Ethics Committees were given the task of coordinating research where those directly affected participate. The primary objective is to safeguard the interests of those affected by the attacks. The tasks are:

- Monitoring the load on the informant group
- Maintaining an overview of ongoing and planned research activities
- Contributing to the exchange of information between researchers
- Building networks and creating meeting places

This poster will introduce the setup of the function, reflect on the work and the lessons learned so far, and introduce plans for the way forward. The purpose is to share the experiences made and to invite the conference participants into a discussion about the concept of such a coordinating effort.

Complexity for residents in Fukushima: Forced migration, evacuation decision, and discrimination after the nuclear power plant accident

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Still ca. 150,000 Fukushima residents are leaving their homes. They are worrying about the radiation levels in space and their radiation exposure, ceaselessly after the Fukushima Daiichi power plant accident. For example, although it was already known that radioactive substance were not released in a circle and strongly affected by geographical conditions, the evacuation zone was settled only within 20 km from the power plant at March 2011. Afterward, Japanese government recognized that there were high radioactive areas outside 30 km radius. This zone was called ''planned evacuation zone'' and 7,000 residents (including 2,100 voluntary evacuees in advance) were forced to leave at April 2011. This means thatinhabitants in this area had exposed high radioactivity without official warning for one month. They show anger even against the local people who live nearby the power, because some local governments have reaped a high profit margin for about 40 years. The parents have guilty to their small children. On the other hand, within 30 km zone, this was set up as the emergency evacuation preparation zone, were relaxed at September 2011. However, after the one year of this notice, only 10 % of inhabitants returned, due to lack of infrastructure construction and anxiety for the potential health risk in the long term. It might seem a strange phenomenon that only few people decided to relocate permanently outside Fukushima. This is partly because they are discriminated as ''radioactive material-contaminated citizens'' by others. Shigemura et al. reported about discrimination among TEPCO workers (JAMA, 2012). Discrimination against residents in Fukushima was also reported. In this poster presentation, we will try to focus on migration, discrimination and thecomplexity of their feelings and emotions according to the interviews of staffs in a psychiatric hospital in Minami-soma city.

The Spectrum of Trauma-Related Disorders

The effect of time perspective and of the emotional regulation difficulties on the PTSD symptoms among substance abuse Inpatients

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Given the clinical relevance of the co-occurrence of post traumatic stress disorder (PTSD) among substance abuse inpatients, as well as the fact that PTSD is frequently underdiagnosed in this population, becomes relevant to research connections between factors that may be implicated in PTSD. Furthermore, recent publications highlight the relevance of time perspective in PTSD treatment strategies. Also, recent research suggests that emotion regulation difficulties may contribute to the development, maintenance, and exacerbation of PTSD among substance abusers. We aim to assess the importance of the studied constructs in order to integrate them, if justifiable, in the therapeutic program treatment. Sample consists of 72 substance abuse inpatients being treated in a therapeutic community, who received a questionnaire composed by a socio demographic section and the Portuguese versions of the Zimbardo Time Perspective Inventory—Revised, Trancendental Future Time Perspective Scale, Temporal Perspective Inventory—Negative Future Subscale, Difficulties in Emotin Regulation Scale and Impact of Event Scale—Revised. The frequency of participants with IES-R results above the cutoff value (35) was 71%. Time perspective dimensions, in particular, past perspectives, on stepwise multiple regression predict 35.5% of IES-R. Furthermore, emotional regulation difficulties have also revealed of high importance, Emotional Clarity and Strategies model has $R^2 = .343$. In addition, several significant correlations between traumatic stress, emotional regulation difficulties, and time perspective dimensions are observed. Screening PTSD should be integrated in routine assessment and both time perspective and emotional regulations difficulties are relevant when defining treatment plans. The present findings support the existence of pervasive effects on the way patients consider their past experiences.

Complex posttraumatic stress disorder presenting as somatization disorder

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This study sought to determine the correlates of somatization disorder among a group of women recruited from a semi-urban and rural area in eastern Turkey. Dissociative Disorders Interview Schedule, Posttraumatic Stress Disorder (PTSD) section of the Structured Clinical Interview for DSM-IV, Dissociative Experiences Scale, Beck Scale for Suicidal Ideation, Hamilton Depression Rating Scale, Childhood Abuse and Neglect Questionnaire, and a Checklist for PTSD criterion A Traumatic Events were administered to participants with somatization disorder and 40 non-clinical controls recruited from the same region. Exposure to traumatic events of any type was high in both groups. However, women with somatization disorder reported criterion A traumatic events and/or childhood abuse and/or neglect more frequently than the comparison subjects (90% and 60% reported at least one type of trauma, respectively). Current depressive disorder (N = 33, 77.5%), (N = 22, 55%), current PTSD (N = 12, 30%), dissociative disorder (N = 11, 27.5%), borderline personality disorder (N = 6, 15%) were more frequent in the somatization disorder group compared to the controls. Childhood emotional (25%) and physical abuse (20%), and emotional neglect (30%), suicide attempts (22.5%), and self-mutilative behavior (20%) were reported significantly more often in the somatization group. Interestingly, 37.5% of the somatization group reported at least one type of extrasensory/supernatural experience (including possession), whereas none of the controls did. In this group of women with endemically high exposition to traumatic events in childhood and adulthood, the high number of somatic complaints represented a complex PTSD covering wide psychiatric comorbidity rather than merely a somatization disorder.

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Stressors and anxiety in pediatric patients with somatization

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Somatization refers to the expression of psychological distress through somatic symptoms. In order to help a person with somatization, it is important to identify the source of his/her psychological distress. The aims of this study are to identify the main subjectively perceived stressors in children with somatization and to explore the relationship between somatic symptoms, anxiety, and number and intensity of those stressors. Research was made at the Department of Pediatrics, University Hospital Centre Zagreb. Participants were all children (14 boys and 46 girls) aged from 10 to 18 years referred to pediatric psychologist due to somatic complaints of an unexplained organic origin in the period from May to December 2012. Participants filled in anxiety questionnaire (SKAD-64) and sentence completion test. Based on the sentence completion test and clinical interview, main stressors were identified and participants rated each of these stressors on a scale from 1 to 5. In 36% of participants the main

stressor was school, in 21% family relationships, in 16% relationships with peers, and 18% highlighted their somatic symptoms as a main source of stress. In this sample, 43% of children had heightened level of anxiety with17% in a clinical range. We found significant positive correlation between anxiety score and number ($r = 0.351$, $p = 0.01$) and overall intensity ($r = 0.363$, $p = 0.01$) of stressors. No significant difference in anxiety, number, and overall intensity of stressors was found regarding the type of symptoms (headache, syncope, cardiac, gastrointestinal). Our results showed a positive relationship between anxiety and number and intensity of stressors in children with somatization. Since stress is an important factor in development of somatization, it is important to identify its sources in order to help our patients develop more effective coping mechanisms.

Attachment styles in posttraumatic stress disorder

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Objectives: Previous studies have shown insecure attachment as a risk factor for mental disorders. Furthermore, research has uncovered attachment styles as moderators between critical incidents and the occurrence of PTSD. However, there is little information whether patients with PTSD differ in their attachment patterns from patients with other mental disorders and healthy controls. *Method*: Therefore, we compared patients with PTSD ($n = 2666$), patients with other mental disorders ($n = 11110$) and students as healthy controls ($n = 84$). Attachment style was assessed by the Relationship Questionnaire (RQ-2). Chi-square tests and ANOVAs were applied for estimating group differences. *Results*: Results demonstrate that 64.3% of controls may be classified as having a secure pattern of attachment while the majority of patients with PTSD as well as patients with other mental disorders developed a fearful-avoidant (39.9%/30.3%) or preoccupied (28.9%/27.0%) attachment style. There were statistically significant effects for the secure ($p < 0.001$, $\eta^2 = 0.01$) and the fearful-avoidant ($p < 0.001$, $\eta^2 = 0.02$) attachment patterns between the three groups: Patients with PTSD showed more rarely a secure but more often a fearful-avoidant attachment style compared to patients with other mental disorders and healthy controls, too. While only 35.7% of healthy controls had insecure attachment patterns, 81.5% of the patients with other mental disorders and 87.5% of the persons with PTSD belonged to the group of insecure-attached persons. *Discussion*: Results stress the importance to give attention to attachment patterns and their possible consequences in working with psychosomatic patients, particularly in presence of PTSD. Limitations of the study are the small sample size of healthy controls as well as measuring attachment styles by a self-report instrument.

Psychometric evaluation of the Grief Questionnaire for children and adolescents

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Complicated Grief (CG) is discussed to be added as a new diagnosis in DSM-V and ICD-11. Therefore, the need for evaluated inventories on CG will be high. For adults, e.g., the Inventory of Complicated Grief (ICG) is well disseminated and evaluated. However, concerning children and adolescents, there is hardly any psychometric evaluation reported for grief instruments. We investigated the psychometric properties of the Grief Questionnaire for Children and Adolescents (CG-CA) which was first used in a study with adolescents in Rwanda. The CG-CA consists of 36 items, which were mainly extracted from the Extended Grief Inventory (EGI) and supplemented with grief-related trauma items. 69 Adolescents (52% male) aged 14 to 18 years ($M = 16.3$, $SD = 1.16$) completed the CG-CA at two measurement points and provided data for the evaluation. An exploratory factor analysis revealed the existence of two factors. The questionnaire showed a high internal consistency ($\alpha = 0.94$). Furthermore, the CG-CA showed good concurrent and construct validity. The effect size for a correlation with impairment of daily functioning was high. A cut-off for an indicated CG-treatment was computed with a sensitivity of 85.3% and a specificity of 85.9%. This suggests evidence for the test's high predictive validity. The findings indicate that the CG-CA is a suitable questionnaire for assessing CG. Nevertheless the examination of its psychometric properties took place in a small orphaned sample in a third-world country setting. To increase external validity, it needs to be evaluated in a general population sample and—as criteria for CG are mainly based on research in western countries—evaluation should take place in this region as well.

The traumatic real beyond the dream: the repetition in the symptomatic phenomena related to trauma

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Symbolic and real define two aspects in opposition of subjective experience; they offer a clinical perspective to the reading of trauma and trauma-related symptomatic phenomena. The symbolic order coincides with the "laws of language" that structure the unconscious, whereas the real order is opposed to the symbolic; it is the "unknown," anxiety and drive, and concerns the "unassimilable" part of the trauma. A traumatic event is a "real" experience that is "beyond the functioning of the unconscious" and beyond the laws that structure the dream formation, as theorized by Freud and transposed into linguistics by Jacques Lacan. The trauma breaks the defensive power of the symbolic order and creates a fixation on the real of the body. This fixation implies a real repetition of the traumatic event that is persistently identical with itself. Repetition, beyond the power of representation of the dream, is the generating principle of symptomatic phenomena, such as nightmares and flashbacks, which characterize the tendency to relive the traumatic event compulsorily within the posttraumatic disorders. Anxiety is the signal of the encounter with real: the phenomenon that reveals the irruption of the "traumatic real" beyond the protective shield of the symbolic. Within this theoretical and clinical perspective, "put in to words the events," as a process of symbolization and attribution of meaning to the "real" traumatic experience, becomes the principle that guides a possible therapeutic intervention on the traumatized subject.

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Effects of Trauma on Families and Children

Individual differences in mothers' response to their infant's affective states: a functional MRI case study and meta-analysis

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We investigated using behavioral coding and functional neuroimaging of a series of four mothers, three with childhood trauma histories, two of whom had current posttraumatic stress disorder (PTSD). Behavioral measures were obtained while mothers interacted with their infants. Subsequently, mothers viewed videos of their own child as well as a standard infant in each of three affective states (happy, neutral, and sad). Behavioral findings indicated, with regard

to their maternal sensitivity scores, that mothers who suffered from PTSD showed a more healthy maternal behavior (0.61 [case 1] and 0.59 [case 2]) as compared to mothers with no psychopathology (0.41 [case 3] and 0.37 [case 4]). Interestingly, supporting those findings, neuroimaging results for mothers with childhood trauma histories showed greater brain activation during exposure to one's own infant relative to an unfamiliar infant in regions associated with social cognition (e.g., fusiform gyrus, precuneus) and emotion-empathy (e.g., anterior cingulate cortex, insula). In contrast, the mother without childhood trauma history exhibited a lack of response in brain regions associated with social cognition and emotion-empathy. In conclusion, the findings in traumatized mothers with PTSD provide some evidence for these mothers' ability to break the cycle of intergenerational transmission of trauma. We also performed a voxel-based whole-brain meta-analysis of functional neuroimaging studies investigating the neural correlates of healthy mothers' attachment experiences by examining brain response while mothers viewed pictures, videos, or heard sounds of their infants. Results indicated a comparable neuronal response pattern observed in three mothers with a childhood trauma history described above, thus providing further evidence for the capacity of women with a history of critical life events for resilience.

Perceived anxiety of family among firefighters: a comparison of Korean and Japanese

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Perceived anxiety of family among Japanese and Korean firefighters was investigated. 535 Japanese firefighters dispatched to the disaster areas severely affected by the Great East Japan Earthquake participated in the study following 3–4 months after the earthquake ($N = 511$, who gave valid responses to the questionnaire). 1,507 Korean firefighters were requested to answer one of the two questionnaires (A: traumatic stress, B: general mental health) via e-mail, the valid responses to the questionnaire were 533 ($N_A = 267$, $N_B = 266$). Results of Korean firefighters ($N = 266$) were compared with Japanese in terms of perception of family's anxiety, 9 items about whether one has felt the anxiety of one's family. First of all, of the participants, only 23.4% of Japanese and 22.6% of Korean participants responded affirmatively to the item, ''There were no family that felt stress, or anxiety about my dispatch,'' suggesting that three-quarters of participants in both country believed that their families had experienced anxiety related to their rescue work. With regard to the difference between two countries, affirmative rate of Japanese was higher than Korean in following items. (1) My family felt anxiety because of the frightful spectacle of the disaster area in media coverage ($\chi^2(1) = 57.902$, $p < 0.001$). (2) My family felt anxiety because they didn't know about my activities in the disaster area ($\chi^2(1) = 5.245$, $p < 0.05$). In following items, the affirmative rate of Korean was higher. (1) My family felt anxiety because my appearance was changed by stress ($\chi^2(1) = 22.321$, $p < 0.001$). (2) My family felt anxiety because they did not know how to relieve my stress ($\chi^2(1) = 28.026$, $p < 0.001$). These findings indicate the need to provide mental health care to family members of firefighters when conducting interventions for firefighters.

Corporal punishment in childhood and subsequent physical health and mental health risk and outcomes in early adulthood: the moderating effects of parental warmth and consistency

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This study examined the relation between experience of corporal punishment in childhood and later health outcomes as measured by number of physical illnesses, health risk behaviors, psychological risk, and lack of health-promoting behaviors in young adulthood. It has been suggested that physical abuse and physical discipline exist on a continuum, such that they are quantitatively, not qualitatively, different. Research supports a link between child physical abuse and numerous negative outcomes, including physical health sequelae (e.g., Felitti, 1998). Considering that corporal punishment is used by the majority of American parents, it is important to examine if this parenting practice is associated with comparable developmental outcomes. Thus, the current study investigated if corporal punishment might have a similar, albeit less severe, impact on later health outcome as physical abuse. Research has further suggested that family environment can affect the relation between corporal punishment and outcome, with parental warmth and consistency moderating the relation between parenting practices and subsequent outcomes. We further examined the moderating effect of parental warmth and consistency to determine if harsh parenting has a less detrimental impact within the context of a warm and consistent environment. In this sample of 188 young college adults, corporal punishment did not predict physical illnesses, risk behaviors (including activities related to substance use and sexual behaviors), psychological risk (including symptoms and diagnoses of mental illness, sleep problems, life difficulties, and disabilities), or health-promoting behaviors (including routine health maintenance activities) when controlling for age and sex. However, the relation between corporal punishment and number of physical illnesses was significantly moderated by parental consistency. In addition, parental warmth was found to be a significant, unique predictor for risk behaviors and psychological risk, with higher levels of warmth related to lower levels of risk behaviors and psychological risk.

Self-blame and PTSD in adolescents surviving terrorism: the mediating role of school connectedness

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Researchers agree that coping strategies are key determinants of youth psychological adjustment following terrorism (Pfefferbaum, Noffsinger, & Wind, 2012). In particular, self-blame related to survivor guilt has been shown to increase the risk of posttraumatic stress disorder (PTSD) in adolescents (Drury & Williams, 2012). School connectedness, defined as students' perceptions of being accepted by the school and identifying themselves as being part of the school, is strongly associated with positive psychological outcomes (e.g., Resnick et al., 1997). However, the role of school connectedness in the relationship between self-blame and adolescent PTSD after terrorist activities remains unexplored. The aim of this small-scale, cross-sectional study is to examine whether school connectedness mediates the link between self-blame and PTSD in adolescents who survived the 2004 terrorist attack against school no. 1 in Beslan, Russia. Sixty adolescents (aged 14–18 years) directly and indirectly exposed to the attack completed measures of coping, school connectedness, and PTSD three years after the traumatic event. More than half of adolescents ($N = 41$, 68.3%) met full criteria for PTSD. No associations emerged between age, gender, exposure, and diagnosis of PTSD. We found a relationship between self-blame and diagnosis of PTSD ($OR = 1.88$, 95% $CI = 1.12$, 3.16). We also found a relationship between self-blame and school connectedness ($B = -0.26$, $SE = 0.06$, $p < 0.05$). Mediation analysis indicated that, after adjusting for relevant covariates, school connectedness partially mediated the relationship between self-blame and presence of PTSD, with an OR reduction of 23%. Findings suggest that adolescent survivors of terrorist attacks may benefit from school-based interventions aimed at teaching proactive coping skills as well as supporting students' sense of belonging and emotional bonding to teachers, peers, and the school environment.

Intimate partner violence victimization and perpetration: the predictive role of attachment and other risk factors in young adult females

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Attachment style has been hypothesized as a mediating variable which may predict differential outcome in causal models of intimate partner violence (IPV) (Lettieri, 1996). Perpetrators and victims of IPV are more likely to have insecure attachment types when compared with individuals in non-violent relationships (Goldenson et al., 2007). This study examines the predictive role of adult attachment styles in relation to IPV perpetration and victimization to determine if attachment insecurity is a unique predictor of victimization or perpetration when child abuse experiences, witnessing interparental abuse, and adult cognitive distortions are incorporated in the causal model. Female college students ($N = 189$) completed the following measures: The Revised Conflict Tactics Scale (IPV), Childhood Maltreatment Interview Schedule Short Form (childhood maltreatment and witnessing parental IPV), Experiences in Close Relationships Revised (adult anxious- and avoidant-attachment), and the Cognitive Distortions Scale (negative cognitions). In this relatively high-functioning sample, preliminary regression analyses revealed that anxious attachment predicted psychological abuse perpetration [$F(1, 149) = 9.075$, $p = 0.003$] and psychological abuse victimization [$F(1, 146) = 13.493$, $p < 0.001$]. Anxious attachment and cognitive distortions of self-blame were correlated [$r(178) = 0.517$, $p < 0.001$], and both emerged as unique predictors depending on the order of entry of the variables within hierarchical regression analyses. These analyses indicated childhood abuse, as well as anxious attachment and self-blame, are important pathways to adult IPV in our sample of young adult females. While childhood abuse appears to be an important distal predictor of IPV victimization and perpetration, adult anxious attachment and self-blame serve as more proximal predictors. The common thread between these latter variables is a negative self-evaluation in relational functioning. Our findings suggest that childhood maltreatment experiences set in motion a cognitive framework that predicts later trauma, such as IPV.

Posttraumatic stress disorder symptoms in the first weeks following the preterm infant's hospital discharge

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Background: Although over 5% of women develop clinically significant posttraumatic stress disorder (PTSD) symptoms directly related to their experience of giving birth, few data are available regarding prevalence and features associated with PTSD symptoms following preterm birth. This study aims to examine features associated with PTSD symptoms following the preterm birth. *Method*: Within 4 weeks of the infant's hospital discharge [mean (SD) time since discharge = 2.2 (1.0) weeks), 110 French women (mean (SD) age = 29.5 (4.3) years] who delivered prematurely [mean (SD) time since delivery = 14.5 (3.5) weeks] completed the Impact of Event Scale-Revised (IES-R, range 0–88) and the Edinburgh Postnatal Depression Scale (EPDS, range 0–30), the Multidimensional Scale of Perceived Social Support and the Dyadic Adjustment Scale. Demographic and clinical data and information related to traumatic event exposure were also collected. *Results*: Mean (SD) IES-R and EPDS scores were 25.24 (18.31) and 22.19 (6.79), respectively and 30% of mothers ($n = 33$) scored above the cut-off for probable PTSD. IES-R score correlated with depressive symptoms ($r = 0.42$, $p < 0.05$), C-section delivery ($r = 0.22$, $p < 0.05$), prior traumatic exposure, ($r = 0.21$, $p < 0.05$), and gynecological history ($r = 0.20$, $p < 0.05$) but not with perception of partner's support and quality of marital relationship (all ps > 0.10). Multivariate analyses revealed that increased postpartum depressive symptoms ($ß = 0.45$, $p < 0.05$), having undergone a c-section ($ß = 0.23$, $p < 0.05$), traumatic event exposure in the 12 months prior to childbirth ($ß = 0.19$, $p < 0.05$), were independently associated with PTSD symptoms, and explained 28.0% of the variance in PTSD symptoms. *Conclusion*: PTSD symptoms were independently associated with increased depressive symptoms, c-section and prior traumatic exposure, suggesting that these factors might be involved in the development or maintenance of PTSD symptoms after preterm delivery. Future longitudinal studies examining the long-term impact of premature birth are warranted.

Rates and predictors of posttraumatic stress disorder of children and adolescents in foster care

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Background: Causes for children to be placed in foster families are very often connected with psychotrauma. Regarding these background, it is surprising that there exists comparably only little research about posttraumatic stress disorder (PTSD) in foster children. Furthermore, a comparison between the results of international studies is complicated as the foster care systems in different countries vary considerably. The aim of this study is to examine the rate of PTSD in a sample of German foster children. Possible risk factors for the development of PTSD in foster children are analyzed. *Methods*: Seventy-four foster children (10–18 years old) and their foster parents were studied using a wide range of diagnostic instruments. Among these were the Child Behavior Checklist, the Child Dissociative Checklist, the Childhood Trauma Questionnaire, and a detailed questionnaire to explore family relationships. PTSD was assessed using the German version of the Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA). *Results*: Five percent of the foster children fulfilled a PTSD diagnosis according to DSM-IV criteria, 22% regarding to ICD-10 criteria. Significant correlations between the severity of PTSD and some risk factors were found. These include the sum score of the Childhood Trauma Questionnaire (CTQ), the age of entering the foster family, and the reasons for the outplacement. Entering these three predictors in a regression model, only the CTQ sum score remained significant. *Discussion*: Compared to other internationally published foster children studies, the rate of PTSD is quite small. Possibly this might be due to the recruitment conditions, leading to an oversampling of healthy children. As there were only few PTSD cases, it is not surprising that most of the assumed predictors remained insignificant. Nevertheless, the CTQ seems to be a good predictor for PTSD in foster children.

Resilient emotional competence in pediatric diabetes

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Diabetes is a chronic disease whose abrupt onset triggers traumatic experiences and requires a psychological adjustment to the patients and their family. Achieving this adaptation is a necessary goal for the proper control of the disease. On the contrary, patients may conflict with it, exposing them at high risk of psycho-physical complications. The ability to favour bio-psycho-behavioural adjustments, post-traumatic, allows the remodelling of the internal state of the child, promotes, and activates resilience, i.e. the capacity of the Self to self-organize. This process is facilitated by the integration of a sense of Self by state transitions ensuring continuity of experience and inner cohesion, as well as the emotional regulation and attachment experiences. According to Schore's model, situations of attachment influence the development of the right hemisphere, dominant for processing, expressing and regulating the emotional information. The two components (sympathetic and parasympathetic) of the ANS not only regulate automatic and somatic aspects of emotional states but also of the stress response, so the attachment relationship is able to directly model the maturation of systems of stress management that act on an unconscious level in the brain of the child. Affective experiences regulated (and unregulated) are stored in the orbitofrontal system in its cortical and sub-cortical connections, these internal interpersonal representations fulfil the role of biological regulators that control the mental processes, allowing the development of homeostasis, but also the maturation of the orbitofrontal cortex itself, so of self-regulatory and stress recovery mechanisms. In chronic disease, activation of recovery through emotional re-channelling represents an important protective factor both with respect to the possibility of future re-traumatisation and to facilitate the adaptation.

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Combat trauma and intimate partner relationships: a review and analysis

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Posttraumatic stress disorder (PTSD) symptoms have been consistently linked to a range of negative family functioning outcomes. Combat veterans with PTSD have a higher likelihood of multiple divorces, verbal and physical aggression, sexual dysfunction, impairments in emotional expressiveness, and emotional numbing symptoms associated with relationship dissatisfaction (Monson, Taft, & Fredman, 2009). Recent work has supported the notion that trauma not only affects the primary victim but also those to whom they are intimately connected. However, there has been lack of attention given to the course of combat trauma and couple distress—specifically the mechanisms by which symptoms and distress are maintained or exacerbated. This review addresses this gap in the literature by providing a critical review of empirical work on the interaction between combat trauma and intimate relationships. In addition, theoretical perspectives that attempt to explain mechanisms of how trauma influences family functioning, including caregivers burden, ambiguous loss, reintegration, secondary traumatization, couple adaptation to traumatic stress model, and cognitive-behavioral interpersonal model are critically reviewed. The need for a bidirectional causal framework is emphasized; however, limitations of these perspectives necessitate further research. To this end, Conservation of Resources Theory (Hobfoll, 1988, 1989) is presented as a promising framework for the investigation of the cyclical intersection of combat trauma symptomology and couple distress, using the avoidance cluster symptoms as a specific example. Recommendations for future research utilizing this framework are outlined.

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Does age at trauma exposure matter in the development of motivational abilities?

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Objectives: Exposure to traumatic stress may have a negative impact on subsequent motivational development. This study examined the relationship between childhood adversities and motivational abilities in late adulthood depending on developmental psychological stages. *Methods*: The motivational abilities self-efficacy, conscientiousness, and impulsivity (self-control) were investigated in a sample of 114 former Swiss indentured child laborers (so-called "Verdingkinder") with a mean age of 77.6 years. These individuals were separated from their biological families early in life and were placed mostly in farmer families where they were forced to work to earn their own living. Potentially traumatic events during childhood were assessed by using the Childhood Trauma Questionnaire (CTQ). The sample was split in four age groups according to the beginning of the trauma: infancy (0–2), preschool (3–5), early childhood (6–9), and early adolescence (≥ 10). *Results*: 81.6% of the participants reported clinically relevant CTQ values, with emotional neglect being the most prominent childhood adversity. Age group comparisons did not reveal significant differences with regard to the three motivational variables. The strongest relationship was found between self-efficacy and CTQ total score ($r = -0.59$, $p < 0.01$) in the group early adolescence, followed by the relationship between conscientiousness and CTQ total score ($r = -0.39$, $p < 0.05$) in the same age group. Finally, impulsivity and CTQ total score were most strongly associated in preschoolers ($r = 0.37$, $p < 0.05$). *Conclusion*: Trauma factors seem to have a negative impact on self-efficacy and conscientiousness after the age of 10. In contrast, impulsivity (self-control) seems to be affected by the deleterious effect of trauma already at an earlier age. This study is the first in trying to answer the question, whether traumatic stress in childhood negatively influences the development of motivational abilities over the life span, which is of ultimate importance in dealing with life requirements.

Exploring the support networks of breast cancer survivors

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Background: The importance of social support in chronic illnesses like breast cancer has been well-documented. However, currently missing from the literature is an in-depth exploration of the support networks of breast cancer survivors. *Aim*: This study aimed to investigate the support networks of breast cancer survivors with a view to understanding the type of support (e.g., emotional, practical, medical) that was provided by sources and the way in which these sources are linked and the extent to which they support each other. *Methods*: Using a qualitative, narrative approach, 10 breast cancer survivors were interviewed about their breast cancer journey. In addition to the interviews, ecomaps were developed to provide a framework which depicted the strength of relationships and direction of support between members of the support network and the breast cancer survivor. *Findings*: Thematic analysis revealed two core themes: gender stereotyping in support and treatment side-effects on relationships. The first theme illustrates how male partners tended to provide practical support, whereas female friends provided emotional support. The second theme relates to the debilitating effect of treatment and how this left the breast cancer survivor unable to socialise. The impact and relevance of these themes are diagrammatically represented using examples from the ecomaps. Associations between the sources of support are also represented. *Discussion*: This study highlights the effect of gender differences and treatment side-effects on the support networks of breast cancer survivors. Through ecomapping, the complexity of the support network can be represented, which shows that there does not seem to be a main provider of support to the breast cancer survivor, but instead there are a number of sources which provide different types of support. This research gives insight into the complexity and availability of support to breast cancer survivors.

Impact of Trauma on Communities

Transition between past and present: surrendering inverse rules of history through peace and reconciliation efforts with a new generation in Bosnia-Herzegovina

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Bosnia is shaped like a human heart in Southeastern Europe. The unique pre-war ethnic composition of Bosnia included Muslims or Bosniaks, Serbians or Catholics, and Croatians or Orthodox Christian. Genocide in Bosnia attempted to ethnically cleanse unarmed Muslims from their communities. The cold war, the longest siege in modern history represented a tragedy in Bosnia-Herzegovina. Children war victims are now young adults and have faced intergenerational transmission of pathogenic emotions. The universal existence of intergenerational trauma has had a lasting effect. The cold war has

shaped lives of victimized children and the same images will continue to shape the lives of generations to come. Communal wounds are the reality of Bosnia-Herzegovina. In turn, such anti-human behavior may create a disconnect with memory. The product of intractable ethnic hatreds cannot be a simplistic explanation when recalling violent memories. The further the past recedes, the closer it becomes. With a qualitative design, Bosnian young adults will be asked to remember wrongs suffered, which represents an unbearable crime against humanity. Reconciliation efforts have become the forerunner in post-conflict peace building. A process toward sustainable peace includes changing destructive behavior patterns between former enemies into constructive relationships to further empower Bosnian young adults for communal reconciliation.

Posttraumatic stress reactions in middle-age non-clinical sample and effects of social transformations in a country

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Background: In 20th century, Lithuania underwent two World Wars, Nazi and Soviet occupations—the last one lasted for 50 years. These social–political transformations included forced integration into Soviet Union, political repressions, and constraints in all the country. The research question is what kind of effect this has on current mental health in the general population. *Methods and participants*: We analysed a non-clinical sample of middle-aged participants. The sample was divided into two groups: one of those participants, whose mother or father survived Soviet or Nazi political repression, and the others, who were matched according to socio-demographic characteristics and whose parents did not directly experience political repressions. The participants completed the questionnaire which assessed their life-time trauma experiences, present posttraumatic stress reactions, and subjective consequences of parents' political repression to their life. In continuing study, participants from the general population were asked about their attitudes towards the social transformations in the country to analyse the consequences of political repression to broader population. *Results*: The results show that two non-clinical samples of middle-aged participants did not differ in PTSD reactions, but parents' experiences of political repression were considered as having affected their life and psychological well-being. So in a broader sample, effects of social transformations were analysed and the results show the importance of these historical events in the country.

Evidence-Based Practice on Trauma

Psychotherapeutic interventions from the western world in war-traumatized children—a meta-analysis

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Background: There has been lately some effort in the treatment of traumatized child and adolescent post-conflict populations, and a growing body of evidence shows that psychotherapyis effective in this group. However, with treatments usually being designed and applied in industrialized countries, little is known whether the treatment context has any impact on its outcome. A bibliography and meta-analysis were used to examine interventions for children and adolescents that were applied in industrialized countries vs. those applied in war-torn countries of origin. *Methods*: A literature search produced 21 studies covering 14 different kinds of psychotherapeutic interventions; of these, only 9 both (1) were randomized and (2) reported pre- and post-intervention scores. Five studies investigated the effects of psychotherapy in refugees seeking asylum in western countries, 2 investigated the effects of psychotherapy in refugees seeking asylum in countries with similar to the original culture, and 14 examined interventions in displaced youth in their country of origin. *Results*: Both cognitive behavior therapies (CBT) and psychodynamic interventions were effective for trauma symptoms. The methodological quality of the retrieved studies, however, was very diverse. Most treatment studies for refugees in western countries did not use a control group. The only randomized controlled trial (RCT) applied to refugees in the United States reported no differences between play therapy and trauma-focused CBT. RCTs applied to refugees in their country of origin/similar cultureyielded Cohen's d between 0.27 and 1.80. Non-RCT effects were between 0.61and 1.31 for treatment in western countries, and between 0.03 and 0.91 in the original/neighbor country. *Limitations*: Limitations included methodological inconsistencies across studies and lack of a randomized control group design, yielding few studies for meta-analysis. *Conclusions*: The superiority of a specific intervention might change with the treatment context. Further research is needed to identify the most effective treatment in a specific context.

Moderators of intervention outcomes among children disaster survivors: a meta-analysis

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Post-disaster environments pose a unique set of mental health delivery challenges, requiring intervention delivery readily deployable and maximally effective. Our knowledge is limited with respect to the impact such challenges have on intervention outcomes among children survivors of disasters presenting with post-traumatic symptoms. We used meta-analysis to assess whether interventions vary in efficacy across intervention types, settings, and levels of professional training. Thirty-three studies were identified that provided outcome data on interventions for children exposed to natural and man-made disasters, wars, accidents, and other sudden traumatic events. Interventions were carried out in school and health or mental health settings, and intervention providers included mental health professionals and teachers and other school professionals. Large effect sizes were found for interventions in reducing PTSD symptoms, and intervention conditions resulted in better outcomes than control conditions. Outcomes varied by the type of intervention, but not by the setting in which the intervention was carried out or by the providers' training level. Generally, exposure therapies yielded the largest and psychological debriefing/crisis the smallest effect sizes. Children receiving interventions in schools did not differ from children in health or mental health settings. Mental health professionals and teachers and other school professionals had similar success when delivering interventions for children survivors of disasters. Our results suggest that special attention be paid to the type of intervention utilized to reduce PTSD symptoms in this population, but that schools and teachers can serve as appropriate resources for effective intervention delivery.

Evaluating a multidisciplinary public approach for treating victims of rape and sexual assault in Denmark

L. H. Nielsen and A. Elklit
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In Denmark, around 500 rapes are reported to the police every year and it is estimated that around three to four times more are actually committed. International research has established that rape is an extremely traumatic event that can have long-term negative consequences for victims including psychological, sexual, behavioral, and physical problems. Rape traumas do not exist in a cultural and societal vacuum. Hence, experiences with the legal, medical, and mental health system following a rape can profoundly affect victims' well-being following an assault—both in a positive and negative way

(Campbell et al., 1999). In Denmark, the first multidisciplinary public approach for treating victims of rape and sexual assault was established in 1999 (Bramsen, Elklit & Nielsen, 2009). This approach has not yet been evaluated, so we do not know whether we are inadvertently hurting the victims we are trying to help and how this might affect them. The aim of the current Ph.D. project is to evaluate how victims of rape and sexual assault in Denmark experience the help they receive through the multidisciplinary public system and how they perceive their interactions with the different professionals they meet in this system (police officers, nurses, medical examiners, psychologists, and attorneys among others). The aim of the project is to evaluate: (1) Does the multidisciplinary public approach meet the needs of victims of rape and sexual assault when they approach the system for help? (2) Does the system unintentionally re-victimize the victims they are trying to help and in what way does this affect the psychologically well-being of the victims following a sexual assault? Evaluation data is collected in the acute phase following the rape and at follow-up six months post-assault and this is combined with psychological data already collected at the rape crisis center at the same intervals.

Spanish-validated tests in paediatric psychological trauma assessment

A. M. Garcia-Sanchez[1], J. M. Martin-Jimenez[2] and R. A. Garcia-Oliva[3]
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Assessment trauma is, as much in children as in adults, the first step when planning the therapy. But, there is a lack of validated children assessment instruments in some trauma fields when a research is designed in Spanish. Some complex trauma symptoms as dissociation in paediatric population could not be measured by any validated questionnaire in our language. We think revising the most accurate assessment instruments in Spanish could be useful for Spanish-speaking researchers in children's trauma. In addition, revising also the main fields related to complex trauma could be interesting to recall researchers and clinicians that it is important not to forget any of those fields to have a wide and exhaustive profile of the trauma impact in children.

''Actimeter'' as an innovative tool for the objective measurement of sleep disorder of torture survivors with complex PTSD

U. H. Harlacher and L. Nordin
DIGNITY—Danish Institute Against Torture, Copenhagen, Denmark

An ''actimeter'' is a watch-like device worn around the wrist, which continuously measures and stores (hand/arm) movements. The accumulated data over about one week deliver, besides other, sleep-related data that allow for the quantitative analysis of important parameters like total sleep duration, sleep-latency, and frequency of sleep interruptions. First experiences using this tool as a part of the interdisciplinary treatment of sleep problems at DIGNITY in Copenhagen, where torture survivors with complex PTSD and other complex problems are treated, are positive. Wearing the advice continuously during one week is well tolerated by most clients. The quantitative measurement seems to be reliable since there is a god correlation with the client's subjective description of physical activity during the day. Besides for measurement, the advice is also usable as a therapeutic tool since most clients become motivated and curious about to inspect and analyze the results since corrections of negative expectations, e.g., about the duration of the first sleep-phase, can be made and since it is easier to identify potential interventions, e.g., correction of timing of medication. The device will be presented, its use explained, and experiences made with the tool so far will be presented using case descriptions including actimeter-outcome graphs.

Very brief exposure in PTSD—a pilot project on tortured and traumatised refugees

L. Nordin and U. H. Harlacher
DIGNITY—Danish Institute Against Torture, Copenhagen, Denmark

Fear responses can be activated outside of awareness by masked phobic stimuli with a very brief stimulus onset (Öhman & Soares, 1994). Within experimental psychology research, it has long been known that very brief stimuli can trigger physiological responses, i.e., stimuli that do not lead to conscious perception may trigger a response. When an anxiety provoking image is shown on the computer screen so fast that it only appears as a flash of light, subjects respond by exhibiting a measurable physiological response corresponding to an anxiety response. Siegel and Weinberger (2009) have shown that very brief exposure (25 ms) to images of spiders promoted approach towards a live tarantula. This pilot trial is a modified replication on tortured and traumatised refugees suffering from posttraumatic stress disorder (PTSD). Additional to Siegel and Weinberger's (2009) experiment, physiological parameters will be measured with a non-invasive 64-channel electroencephalograph, heart rate, and electric skin conductance. The objective is to evaluate whether very brief evoked responses can also be observed with PTSD-related stimuli in traumatised refugees and whether repeated very brief exposure will result in decreasing avoidance of trauma stimuli. The experiment and experiences made will be presented, using case-descriptions including data from the physiological parameters.

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XIII ESTSS Conference: ''Trauma and its clinical pathways: PTSD and beyond'', Bologna, June 2013

ORAL, JUNE 9

A/B PLENARY Hall

Evidence-based practice on trauma

Symposium: SPE-STRESS - WHO guideline on stress related problems and disorders

Problems and disorders specifically related to stress (SPE-STRESS)—rationale and methods **8.45–9.05**

M. Van Ommeren
WHO, Geneva, Switzerland

The WHO's recently completed guideline ''Problems and disorders specifically related to stress (SPE-STRESS)'' was developed to address the absence of suitable, evidence-based guidelines for managing problems and disorders related to stress in primary health care and other non-specialised health care. This is the first presentation of this symposium on these guidelines and will cover the rationale and methods. There have been no suitable clinical guidelines for managing these mental health problems in primary health-care settings in low- and middle-income countries. Agencies working in post-conflict and natural disaster settings are increasingly interested in mental health care. This requires the development and testing of a module on the management of SPE-STRESS. The module would be part of the mhGAP programme, which is WHO's flagship programme for scaling up mental health care globally. An external Guideline Development Group (GDG) was formed to develop WHO recommendations based on systematic evidence appraisal of evidence (Barbui et al., 2010). WHO guideline development requires recent (not older than 2 years) systematic reviews of studies evaluating the interventions, with no date limitations on included individual studies. We searched for systematic reviews and if these were unavailable, commissioned them. The quality of evidence for each intervention was summarised using GRADE. Evidence profiles also listed judgments on: intervention benefits versus harms; values and preferences regarding the intervention (e.g., acceptability to end users); and feasibility of the intervention (e.g., resources needed). After peer review, the GDG met to agree on recommendations.

Reference

Barbui, C., Dua, T., van Ommeren, M., Yasamy, M. T., Fleischmann, A., Clark, N., et al. (2010). Challenges in developing evidence-based recommendations using the GRADE approach: The case of mental, neurological, and substance use disorders. *PLoS Medicine*.

Problems and disorders specifically related to stress (SPE-STRESS)—pharmacological management **9.05–9.25**

J. Bisson
Cardiff University, Wales, UK

The WHO's recently completed guideline ''Problems and Disorders Specifically Related to Stress (SPE-STRESS)'' was developed to address the absence of suitable, evidence-based guidelines for managing problems and disorders related to stress in primary health-care and other non-specialised health-care settings. This is the second presentation of this symposium on these guidelines and will cover pharmacological management. Eight of SPE-STRESS's 21 recommendations concern pharmacological treatment. On the basis of the available evidence, the guideline recommends against the use of benzodiazepines in children, adolescents or adults to reduce acute traumatic stress symptoms or insomnia in the first month after a potentially traumatic event, or to assist with bereavement. Selective serotonin re-uptake inhibitors and tricyclic antidepressants are recommended to be considered in adults for the treatment of posttraumatic stress disorder (PTSD) if (1) stress management, cognitive-behavioural therapy with a trauma focus and/or eye movement desensitization and reprocessing have failed or are not available or (2) if there is concurrent moderate-severe depression. They are not recommended to manage PTSD in children and adolescents. Evidence from the systematic reviews and randomised controlled trials used to inform these recommendations will be presented along with the reasoning behind the recommendations and the strength of them.

Problems and disorders specifically related to stress (SPE-STRESS)—psychological management **9.25–9.45**

L. Jones
Harvard School of Public Health, Boston, MA, USA

The WHO's recently completed guideline ''Problems and disorders specifically related to stress (SPE-STRESS)'' was developed to address the absence of suitable, evidence-based guidelines for managing problems and disorders related to stress in primary health-care and other non-specialised health-care settings. The third presentation will cover the13 of SPE-STRESS's 21 recommendations that concern psychological management. For adults these include recommendations forcognitive-behavioural therapy with a trauma focus to reduce acute traumatic stress symptoms in the first month after a potentially traumatic event. The guidelines recommend psycho-education and behavioral interventions for secondary non-organic enuresis and relaxation techniques and sleep hygiene for insomnia in the first month after exposure to traumatic events. No recommendations for psychological interventions could be made based on available randomised evidence with regard to dissociative symptoms and hyperventilation after a recent traumatic event. However, the guidelines warn against rebreathing in a paper bag for hyperventilation in children in the first month after exposure to a traumatic event. For adults and children with posttraumatic stress disorder (PTSD), recommended psychological treatments are cognitive behavioural therapy (CBT) with a trauma focus, eye movement desensitisation and reprocessing, and, in adults, stress management. The guidelines also recommend that structured psychological interventions should *not* be offered universally (to all) bereaved children and adults who do not meet the criteria for a mental disorder. The evidence used to inform these recommendations will be presented along with the reasoning behind them and their strength.

Responding to disasters

Symposium: Initiatives of the European Commission for target group oriented psychosocial aftercare programs - EUTOPA and EUNAD

Multidisciplinary guidelines on crisis intervention programs: what about disability management? **10:00–10:20**

C. Schedlich[1], G. Zurek[2] and R. Bering[3]
[1]German Federal Office of Civil Protection and Disaster Assistance, Bonn, Germany; [2]Alexianer-Institute for Psychotraumatology, Berlin Krefeld, Germany; [3]Center of Psychotraumatology, Alexianer Krefeld GmbH, University of Cologne, Cologne, Germany

Introduction: In the last 10 years, the European Commission (EC) funded various projects, which aimed to develop and optimize quality standards and Multidisciplinary Guidelines (MGs) in psychosocial crisis management. However, most MGs focus early intervention. We are going to address the following questions: how are the different measures, interventions and resources linked to the needs of those affected? What are the actual approaches in solving interface problems for transition from acute to mid- and long-term psychosocial support? What has been done for minorities with special needs (e.g., handicapped people)? *Method*: A literature analysis has been conducted that is addressed to the questions if Pan-European projects have focused on the special needs of handicapped. *Conclusion*: Common terminology on measures and interventions of psychosocial crisis management is improving. However, the special needs of handicapped survivors of disasters have not frequently been taken into consideration.

EUTOPA: European guideline for target group-oriented psychosocial aftercare-implementation: latest research on the validation of the target group intervention programme **10:20–10:40**

R. Bering[1], C. Schedlich[2], D. Wagner[3] and G. Zurek[3]
[1]Center of Psychotraumatology, Alexianer Krefeld GmbH/ University of Cologne, Cologne, Germany; [2]German Federal Office of Civil Protection and Disaster Assistance, Bonn, Germany; [3]Alexianer-Institute for Psychotraumatology, Krefeld Berlin, Germany

Background: The target group intervention programme (TGIP) is considered a secondary preventive concept of individual psychosocial aftercare and describes every intervention step from psychological primary care to indicated psychotherapy more specifically. Our concept is based on the opinion that process-orientation and identification of risk-groups is successful in driving forth effective crisis intervention programmes. However, the TGIP is not adapted to the special needs of handicapped. *Method*: The latest development on the TGIP is given compiled by demonstrating data from the brake down of the historical archive of Cologne as well as from the Love Parade Disaster in Duisburg. *Results*: Our field studies are in line with meta-analyses conducted for this purpose. Studies that address the questions of special risk factors of handicapped are rarely seen. *Conclusion*: Cumulative psychotraumatic exposure, peritraumatic dissociation, objective severity of the event, subjective evaluation of the event and reaction of the social and vocational environment are to be rated as ubiquitous factors which promote the development of stress disorders. However, special risk factors of target groups with special needs like blinds and deafs exist but they are not represented in risk factor models so far.

EUNAD: assisting disabled in case of disaster **10:40–11:00**

S. Vymetal[1], A. Elklit[2], T. Heir[3], C. Schedlich[4], K. Cummings[5] and R. Bering[5]
[1]Charles University in Prague, Prague, Czech Republic; [2]University of Southern Denmark, Odense, Denmark; [3]Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway; [4]German Federal Office of Civil Protection and Disaster Assistance, Bonn, Germany; [5]Center for Psychotraumatology, Alexianer Krefeld GmbH, Germany

Background: The project EUNAD aims toward the implementation and preparation of EU human rights-related assistance programmes for disabled survivors of disasters. *Objectives*: The current project are: (1) evaluation of networks of associations for disabled; (2) conduction of qualitative studies on blinds and deafs in general psychotraumatology; (3) organisation of workshops to include associations for handicapped in the field of psychotraumatology; and (4) trainings of uniformed services, social workers and mental health professionals to assist handicapped after major incidents. Special attention is given to disaster management plans in israelian war zones. *Results*: EUNAD focus on recommendations for psychosocial support programs of deafs and blinds after disaster. *Conclusion*: EUNAD may be a step forward in the implementation of the UN Convention on the rights of persons with disabilities.

Presidential Panel

ESTSS Presidential panel: back to the future: trauma, Europe, and ESTSS **11.45–13.00**

B. Gersons
Academic Medical Centre, University of Amsterdam, The Netherlands

Panel description: What is the future of ESTSS in Europe and in the world? Past-presidents of ESTSS will answer in a lively debate questions posed by the Conference participants about trauma, Europe, and ESTSS. What does Europe mean for the former ESTSS presidents? Is ESTSS for research or also for debate and clinical practice? Putting participants' questions will be two excellent young ESTSS members Evaldas Kazlauskas (Lithuania) and Mirjam Nijdam (The Netherlands). The participating presidents are: Stuart Turner (UK), Roderick Orner (UK), Ueli Schnyder (Switzerland), Dean Ajdukovic (Croatia), Berthold Gersons (The Netherlands), Jonathan Bisson (UK), Miranda Olff (The Netherlands), Brigitte Lueger-Schuster (Austria), and Vedat Sar (Turkey).

Panelists: ESTSS Past Presidents and current President

ORAL, JUNE 9
HALL DIAMANTE

Invited Symposium: Trauma-related psychopathology and service delivery in forensic mental health services

Prevalence on complex PTSD in prison settings and a strategy for trauma-informed services **8:45–9:05**

V. Ardino[1] and L. Milani[2]
[1]PSSRU Unit, London School of Economics and Political Science, London, UK; [2]CRidee, Dipartimento di Psicologica, Universitá Cattolica del Sacro Cuore, Milano, Italy

This paper investigates the main psychological and criminological issues underlying the definition, measurement, and treatment of trauma and post-traumatic reactions in forensic settings with relevant reference to research and to possible pathways of care in forensic settings. The paper will derive from current prevalence data on complex PTSD a few insights into the implementation of innovative management strategies to include the notion of trauma-informed services within forensic services. The evidence demonstrated that prisoner populations present a wide spectrum of childhood interpersonal trauma; therefore, specific aspects of early trauma as measured highlight different pathways to CPTSD and re-offending risk that should be considered in rehabilitation programs.

Trauma and psychopathy **9:05–9:25**

V. Caretti[1], A. Schimmenti[2], G. Craparo[2] and G. Di Carlo[1]
[1]Department of Psychology, University of Palermo, Palermo, Italy;
[2]Kore University, Enna, Italy

Objectives: The relationship between traumatic experiences and antisocial personality disorder is well estabilished; the same cannot be said about the relationship between traumatic experiences and psychopathy (Hare, 1999). In fact, although several authors have suggested that the origin of psychopathic personality can be rooted in adverse relational experiences with caregivers during childhood (e.g. McWilliams, 2011), research on this issue appears to be inconclusive. The study analyzes the relationship between traumatic experiences and psychopathy in a subset of the Italian PCL-R validation sample (Caretti, Manzi, Schimmenti, & Seragusa, 2011) who answer questions on traumatic experiences; case studies will be also presented to elucidate such relationship. *Method*: The sample involved 121 Italian offenders (85% males) who were convicted for violent crimes. The sample was recruited in prisons and forensic psychiatic facilities. Age in this sample ranged from 23 to 71 ($M = 42$, $SD = 10$). Two measures were administered to the sample: (1) Psychopathy Checklist-Revised (PCL-R; Hare, 2003). The PCL-R is a 20-item clinician-report measure to assess psychopathy and its related psychological and behavioral aspects. (2) Traumatic Experiences Checklist (TEC, Nijenhuis et al., 2002). The TEC is a 29-item self-report measure used to assess a wide range of potential traumatic experiences from childhood to adulthood. *Results*: Partial correlations were used to analyze the associations between PCL-R scores and the TEC total scores, controlling for age. Traumatic experiences significantly correlated with PCL-R total scores ($r = 0.34$, $p < 0.001$), Factor 1 scores ($r = 0.18$, $p < 0.05$) and Factor 2 scores ($r = 0.41$, $p < 0.001$). Regression analyses showed indeed that TEC scores were able to predict the PCL-R Total score ($F(1,19) = 15.70$, $p < 0.0001$, $R^2 = 0.12$). *Discussion*: Findings of the study show that traumatic experiences play a key role in the development of personality disorders; however, the stronger associations were found between traumatic experiences and the social deviance factor of the PCL-R (Factor 2). It is then possible that other variables (including genetic and temperamental ones) have a mediating role in linking traumatic experiences and the interpersonal and affective facets of psychopathy. Thus, case studies from the PCL-R interviews will be presented in order to illustrate some of the possible developmental pathways from traumatic experiences to psychopathy.

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Mental health services in-reach and trauma **9:25–9:45**

A. Forrester[1,2]
[1]South London & Maudsley NHS Foundation Trust, London, UK; [2]Department of Forensic & Neurodevelopmental Science, Institute of Psychiatry, King's College London, London, UK

In England and Wales, mental health in-reach services have been developed and delivered into prisons over the last 10 years or more. This delivery followed the transfer of delivery arrangements from the Home Office to the National Health Service (NHS), which provides the majority of healthcare within the United Kingdom. This new form of delivery has been driven by policy, in keeping with the principle of equivalence (Exworthy et al., 2012) and as a consequence many new services are now in place. More recently, since an influential national report by Lord Bradley (Department of Health, 2009), there has been enhanced emphasis on services working across criminal justice pathways, including court liaison and diversion services and newer services working in police custody areas. The background to these policy initiatives is presented (Home Office, 1996; Home Office & NHS Working Group, 1999; Home Office, 2007; Department of Health, 2009) along with a description of the development of services over the last decade or more (e.g., Steel et al., 2007). Recent evaluations of local prison in-reach teams are presented (Forrester et al., 2010, Forrester et al., in submission), along with the results of a new national survey of prison mental health services (Forrester et al., in press). Ensuring that services follow policy recommendations has led to linkage between different areas within offender mental health, often with the same individuals working across a range of criminal justice areas. This has led to service developments working across police stations, courts, prisons, and probation, in order to ensure that the healthcare pathways inside justice systems are as interconnected as possible. Local examples of this type of service development are described, along with unpublished results from a first cohort of over 500 people to receive mental health services while detained in police custody settings in an area of South London. Research in this area is limited, but early results support the view that there are high levels of mental health morbidity and health service disengagement among this group.

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Open Papers: Family processes

Ambiguous loss, PTSD and marital relations 10:00–10:15

R. Dekel
Bar Ilan University, Ramat Gan, Israel

Background: There is a solid base of evidence that posttraumatic symptoms (PTS) following military conflicts are associated with lower marital satisfaction and higher distress among female spouses. Earlier qualitative studies suggested the concepts of ambiguous loss and boundary ambiguity to describe the situations in which the veteran returns home from deployment and copes with PTS. The current quantitative study examines the role of boundary ambiguity as a mediator between veterans' PTS and spouses' adjustment. *Methods*: Two hundred and forty couples took part in the current study. In all cases, the male participated in combat. While half of them were referred to mental health services after returning home, the other half were not. Veterans completed a posttraumatic stress disorder (PTSD) questionnaire. Spouses completed the following questionnaires: Boundary ambiguity, well-being, functioning and secondary traumatization. Personal and couples' background data were assessed. *Results*: Boundary ambiguity was a full mediator between veterans' PTS and female spouses' well-being and functioning and a partial mediator between veterans' PTS and spouses' secondary traumatization symptoms. *Discussion*: The results highlight the applicability of ambiguous loss as a useful model for understanding and treating families in which one of the spouses suffers from PTS. In addition, it clarifies several pathways through which PTS affects various dimensions of spouses' adjustment.

Posttraumatic outcome of intimate partner violence: aggregate effects of childhood maltreatment and cognitive distortions 10:15–10:30

J. Henrie, P. Petretic, M. Karlsson and M. Calvert
Department of Psychology, University of Arkansas, Fayetteville, AR, USA

Studies have revealed that approximately 58–64% of female victims of intimate partner violence (IPV) experienced posttraumatic stress disorder (PTSD) symptoms (e.g., Astin et al., 2002). Given the variability of IPV posttraumatic outcome, it is incumbent to identify the mechanisms through which PTSD symptomatology develops. Extant research hypothesizes that multiple childhood trauma experiences (e.g., various forms of maltreatment) have additive effects on later trauma (e.g., Cloitre et al., 2009). Furthermore, a strong association between maladaptive cognitions and PTSD symptoms has been identified (e.g., Belsher et al., 2012). This study examines the aggregate risk effects of prior maltreatment experiences and maladaptive cognitive styles on subsequent PTSD symptomatology following IPV victimization. In the authors' existing sample of college students ($N = 762$), hierarchical multiple regression analyses revealed a significant model [$F(9, 400) = 67.387$, $p < 0.001$. Adjusted $R^2 = 0.594$];their separate sample of female college students ($N = 189$) also revealed a significant model [$F(10, 128) = 19.47$, $p < 0.001$. Adjusted $R^2 = 0.572$]. In both samples, each level of predictor variables was significant. Currently, there are no empirical studies testing this model within a community sample of adult females, despite research indicating a broader range of negative impact identified within adult community samples versus college convenience samples. Thus, the current project will test this model in a large community sample of adult females. In addition to a demographic forms, the respondents will complete the following measures: Revised Conflict Tactics Scale (IPV exposure), Trauma Symptom Inventory-2 (PTSD symptomatology), Childhood Maltreatment Interview Schedule Short Form (childhood maltreatment), and Cognitive Distortion Scales (maladaptive cognitions). Data collection is underway. Findings will be compared and contrasted with those of the aforementioned college samples, such that the applicability of the larger theoretical model can be discussed across demographically diverse samples.

Co-brooding in the couple: repetitive negative sharing as a risk factor for adjustment disorder 10:30–10:45

A. Horn and A. Maercker
Division of Psychopathology and Clinical Intervention, University of Zurich, Zurich, Switzerland

In the individual, brooding has been identified as the maladaptive component of rumination predicting adverse mental health outcomes. As soon as the brooding-related thoughts and feelings are shared repetitively – e.g. with the romantic partner – it can be seen as co-rumination. The aim of this study was to study the predictive value of co-rumination in the couple as a risk factor for symptoms of adjustment disorder after an adverse life event above and beyond established individual risk factors. Of 334 individuals who participated in an online-couple study, $N = 174$ reported having experienced an adverse event. Co-brooding in the couple was assessed with a new questionnaire, beside intrapersonal brooding and emotion regulation strategies. Adjustment disorder symptoms were assessed with the ADNM concurrently, and 3 months later. Results reveal that co-brooding predicted adjustment disorder symptoms longitudinally above and beyond known intrapersonal risk factors. The results underline the importance of socio-interpersonal processes as risk and protective factors in the aftermath of an adverse event that might be worth exploring further.

Childbirth, PTSD and past traumatic experience: a complex relationship 10:45–11:00

S. Freedman[1], R. Casif-Lerner[2], U. Elhalal[3] and C. Weiniger[4]
[1]Bar Ilan University, Ramat Gan, Israel; [2]Medical School, Hadassah-Hebrew University Medical Center, Ein Kerem, Jerusalem, Israel; [3]Department of Obstetrics and Gynecology, Hadassah-Hebrew University Medical Center, Ein Kerem, Jerusalem, Israel; [4]Department of Anesthesiology and Critical Care Medicine, Hadassah-Hebrew University Medical Center, Ein Kerem, Jerusalem, Israel

Background: posttraumatic stress disorder (PTSD) following childbirth occurs in approximately 2% of the cases, and is associated with previous experiences of child sexual abuse (CSA) and traumatic

events during birth itself. The impact of other previously experienced traumatic events and antenatal behavior on PTSD has not been examined. *Method*: This self-report cross-sectional study examined 185 women. Participants were 12–48-hour postpartum women in the postnatal wards. A trained investigator presented the questionnaires and the anonymous completion strategy, with questionnaires returned to a locked box. Questionnaires assessed trauma history, peritraumatic dissociation, PTSD and depression symptoms, and a birth questionnaire. *Results*: CSA was not related to elevated symptom levels. Birth-related trauma was related to significantly higher depression and dissociation scores, although not with elevated PTSD levels. Women reporting previous (but not current) traumatic birth, were significantly less likely to have taken a doula (3.3%, past birth traumatic vs. 31% no birth traumatic, $\chi^2 = 12.7$, $p < 0.05$) and were significantly more likely to have requested epidural analgesia (75.93% past birth traumatic vs. 57.5% no birth traumatic, $\chi^2 = 7.6$, $p < 0.05$). *Conclusions*: These results may indicate that previous experience of traumatic events other than CSA, particularly regarding birth experience, may affect postpartum reactions, and that birth-related trauma may affect decisions regarding consequent birth plans and posttraumatic reactions.

ORAL, JUNE 9
HALL FALCO

The spectrum of trauma-related disorders
Symposium: Intrusive re-experiencing - New developments in experimental and clinical approaches

Capturing intrusive re-experiencing in trauma survivors' daily lives using ecological momentary assessment 8:45–9:00

B. Kleim[1], B. Graham[2], R. Bryant[3] and A. Ehlers[4]
[1]University of Zurich, Zurich, Switzerland; [2]University College London, London, UK; [3]University of New South Wales, Sydney, Australia; [4]University of Oxford, Oxford, UK

Intrusive memories are common following traumatic events and among the hallmark symptoms of posttraumatic stress disorder (PTSD). Most studies assess summarized accounts of intrusions retrospectively. We used an ecological momentary approach and index intrusions in trauma survivors with and without PTSD using electronic diaries. Forty-six trauma survivors completed daily diaries for seven consecutive days recording a total of 294 intrusions. Participants with PTSD experienced only marginally more intrusions than those without PTSD, but experienced them with more ''here and now quality,'' and responded with more helplessness and shame than those without PTSD. Most frequent intrusion triggers were stimuli that were perceptually similar to stimuli from the trauma. Individuals with PTSD experienced diary-prompted voluntary trauma memories with the same sense of nowness and vividness as involuntary intrusive trauma memories. The findings contribute to a better understanding of everyday experiences of intrusive re-experiencing in trauma survivors with PTSD and offer clinical treatment implications.

Memory reactivation and the onset of intrusive memories 9:00–9:15

R. Bryant and J. Cheung
School of Psychology, University of New South Wales, Sydney, Australia

It is well established that stress hormones affect the consolidation and retrieval of emotional memories. Recent evidence also suggests a role for stress hormones in the reconsolidation of emotional memories, which holds promise for the treatment of disorders such as posttraumatic stress disorder (PTSD). The extent to which the processes underpinning memory reactivation impact on intrusive memories has yet to be explored. The current study examined the effect of endogenous stress hormones on intrusive memories of a previously encoded emotional event. Sixty-three healthy participants viewed a highly stressful film, and two days later were exposed to (1) a cold water stressor prior to reactivation of the encoded memory, (2) a non-stress condition prior to memory reactivation, or (3) a cold water stressor without memory reactivation. Reactivation following a stressor led to greater intrusions of the distressing film. These findings suggest that intrusive memories of a trauma that may be compounded by stressors that occur in the aftermath of the trauma and in the context of remembering the traumatic event. Implications for managing traumatic intrusions are discussed.

The effects of mental imagery on intrusion development and automatic defense responses 9:15–9:30

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The importance of mental imagery in clinical psychology has received a lot of attention in the past decade, underscored by the appearance of several special issues on this topic. Several theories have suggested a special role for mental imagery versus abstract contextualized memories with associated distinct neurobiological structures being involved in both processes (Brewin, Gregory, Lipton, & Burgess, 2010; Holmes & Mathews, 2010). As a feature of emotional memory in general, mental imagery is considered to play an important role in the development and maintenance of a wide range of psychiatric disorders. Experimental studies help to unravel the underlying mechanisms. Here, two experiments are presented that investigated the effects of posttrauma imagery rescripting on the development of intrusive memories using a trauma analog design. In the first study, the effects of three interventions (imagery re-experiencing, imagery rescripting, and positive imagery, conducted 30 minutes posttrauma) were examined, resulting in clear differences in intrusion development. In the second study, these results were replicated for the two major interventions and the role of individual differences (pretrauma anxiety symptoms) was taken into account. Furthermore, a third experiment showed that imagery rescripting also influences automatic defense responses such as the freezing response, indicating its importance as a tool in the treatment of psychopathology.

References

Brewin, C. R., Gregory, J. D., Lipton, M., & Burgess, N. (2010). Intrusive images in psychological disorders: characteristics, neural mechanisms, and treatment implications. *Psychological Review, 117*(1), 210–232.

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Intrusive memories of hallucinations and delusions after intensive care 9:30–9:45

D. Wade[1], C. Brewin[2] and J. Weinman[3]
[1]Critical Care, University College Hospital, London, UK; [2]Department of Psychology, University College London, London, UK; [3]Department of Psychology, Kings College London, London, UK

Background: Many patients have frightening hallucinations in intensive care units (ICUs), and there is a high prevalence of posttraumatic stress disorder (PTSD) among ICU survivors.[1] Previous studies found that patients experienced ''delusional'' or ''factual'' memories after leaving the ICU.[2] We aimed to investigate the prevalence, nature and content of ICU-related intrusive memories as this has not previously been done. *Methods*: The prevalence of early intrusive memories and amnesia in intensive care were measured in a prospective cohort study of 157 patients,[3] among other psychological and clinical risk factors for PTSD. A sample of patients who indicated intrusive memories on the Posttraumatic Diagnostic Scale (PDS) three months after ICU discharge were later interviewed using the Full Intrusions Interview ($n = 17$). *Results*: It was found that 65% of the cohort had hallucinations, and 47% had early intrusive memories of the ICU before discharge. More than half of early intrusive memories included hallucinations experienced in ICU. Furthermore, the 45% of patients who remembered little of their ICU stay were more likely to have early intrusive memories (62% vs 39%, $p = 0.02$). Associations were also found between receiving benzodiazepines in the ICU and delirium, hallucinations, amnesia and intrusive memories. At three months post-ICU, 27% of patients had scores over 18 on the PDS, indicating PTSD. When content

analysis of the 17 interviews was carried out, 15 patients' intrusive memories were of hallucinations and paranoid delusions from intensive care; while two patients' memories were mainly factual, such as bleeding or pain. The themes of hallucinatory intrusions included torture, courtrooms, cults, gas-chambers, zombies; and conspiracies by hospital staff to steal patients' organs, blood, money, or souls. Memories were rated as vivid, clear, frequent, long-lasting, uncontrollable and distressing, with helplessness and anxiety. *Conclusion*: Many patients re-experience frightening hallucinations and delusions as intrusive memories months after leaving an ICU.

Psychobiology and PTSD

Symposium: The roles of neuroendocrine stress responses in the process of traumatic memory

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Glucocorticoid signaling, traumatic memories and posttraumatic stress symptoms in survivors of critical illness and intensive care therapy **10:00–10:20**

D. Hauer and G. Schelling
Department of Anaesthesia, University of Munich, Munich, Germany

Critically ill patients are at an increased risk for traumatic memories and posttraumatic stress disorder (PTSD) and often receive exogenously administered glucocorticoids for medical reasons. Critical illness could therefore represent a useful model for investigating HPA-axis functioning and glucocorticoid effects on traumatic memories and PTSD development. Studies in long-term survivors of intensive care units (ICU) treatment demonstrated a clear and vivid recall of traumatic experiences and the incidence and intensity of PTSD symptoms increased with the number of traumatic memories present. Recent experiments in animals have clearly shown that the consolidation and retrieval of traumatic memories is regulated by an interaction between the glucocorticoid and the endocannabinoid system (ECS). The ECS is also an important regulator of the HPA-axis' activity during stress *per se*, an effect which has also been demonstrated in humans. Likewise, a single nucleotide polymorphisms (SNP) of the glucocorticoid receptor (GR) gene (the Bc*l*I–SNP) which enhances the sensitivity of the GR to cortisol and possibly HPA-axis feedback function was associated with enhanced emotional memory performance in healthy volunteers. The presence of the Bc*l*I–SNP also increased the risk for traumatic memories and PTSD symptoms in patients after ICU therapy and was linked to lower basal cortisol levels. Interestingly, the prolonged administration of glucocorticoids to critically ill patients resulted in a significant reduction of PTSD symptoms measured after recovery without influencing the number of categories of traumatic memory. This effect was also seen after a single bolus of hydrocortisone in individuals after exposure to a highly traumatic event. These hydrocortisone effects can possibly be explained by a cortisol-induced temporary impairment in traumatic memory retrieval which has previously been demonstrated in both rats and humans. Stress doses of hydrocortisone or the pharmacologic manipulation of glucocorticoid–endocannabinoid interaction during traumatic memory consolidation and retrieval could be useful for prophylaxis and treatment of PTSD.

Examining the moderating roles of the cardiac defense response and salivary alpha-amylase in the relationship between cortisol and traumatic intrusions **10:20–10:40**

C. Chou[1], R. La Marca[2], A. Steptoe[3] and C. Brewin[1]

[1]Clinical Psychology, University College London, London, UK; [2]Klinische Psychologie und Psychotherapie, Universität Zürich, Zurich, Switzerland; [3]Institute of Epidemiology and Health Care, University College London, London, UK

Objectives: Cortisol has been extensively studied in relation to posttraumatic stress disorder (PTSD). Inconsistent findings have suggested the need to investigate possible moderators. This study assessed cortisol levels during memory encoding and consolidation with the Trauma Film Paradigm. The relationship of cortisol with intrusive memory was assessed. Cardiac defense response (CDR) and salivary alpha-amylase (sAA), indicators of stress coping patterns and sympathetic activation, respectively, were examined as moderators. *Methods*: The CDR was assessed to a group of 45 healthy adult participants as Accelerators (who are more physiologically prepared to confront or escape from stressors) or Decelerators. Pre-existing psychological characteristics were assessed in all participants before they were introduced to the trauma film. Saliva samples were collected at baseline, and at the encoding and consolidation stages of the film. The frequency and vividness of intrusive memories for the film were recorded with an intrusion diary for seven days. *Results*: Cortisol increased in response to the film. Participants with higher pre-existing posttraumatic distress released lower level of cortisol post-film. In terms of the association with intrusive memory, lower cortisol at the encoding and consolidation stages predicted greater vividness of intrusions. The correlations of cortisol and intrusion frequency were moderated by the CDR at the encoding stage, and sAA levels at the early consolidation stage. *Conclusions*: Inconsistency between the findings concerning intrusion vividness and frequency imply diverse mechanisms underlying the two measures. The associations between cortisol, posttraumatic distress and intrusion vividness support literature arguing an insufficiency of cortisol as a cause of over-consolidation of traumatic memory (Yehuda & Harvey, 1997). Moreover, the moderating effects suggested the importance of considering individual differences in stress-coping patterns and sympathetic activation when studying the role of cortisol in traumatic memory.

The role of frontal brain asymmetry in physiological responding to negative memories **10:40–11:00**

T. Meyer, C. Quaedflieg and T. Smeets
Department of Clinical Psychological Science, Maastricht University, Maastricht, The Netherlands

Frontal brain asymmetry is an electroencephalography (EEG) biomarker that can serve as an indicator of psychopathology, as well as of adaptive responding to adverse experiences. For instance, relatively left-sided frontal activity has been shown to predict better self-regulation of startle responses to negative pictures. We investigated whether frontal asymmetry would dampen startle responses during and after aversive memory elicitation. Resting EEG was recorded in 64 participants, followed by presentation of one of two trauma films with continuous EEG recordings. Afterwards, participants underwent an auditory startle paradigm including neutral pictures of both trauma films (one of which was previously seen) and unrelated neutral pictures. We expected more left-sided frontal activity at rest and during film viewing to correlate with dampened startle reactions in response to film-related memory elicitation. We will present our preliminary findings and discuss potential implications for the prediction of posttraumatic stress disorder (PTSD) after aversive experiences.

ORAL, JUNE 9
HALL GARGANELLI

Open Papers: Impact of trauma on communities

Utilization of societal trauma in post-conflict societies: contemporary version of "Enemy of the People" image in the South Caucasus **8:45–9:00**

J. D. Javakhishvili[1,2]
[1]Ilia State University, Tbilisi, Georgia; [2]Foundation Global Initiative on Psychiatry, Tbilisi, Georgia

This paper presents meta-analyses of the research revealing patterns of utilization of societal trauma and associated with it phenomena in internal socio-political life in the six post-conflict societies of the South Caucasus (Georgian, Armenian, Azerbaijani, Abkhaz, Nagorno-Karabakhian and South Ossetian). The research took place in 2012, in the frame of the International Alert's "Mediation & Dialogue in South Caucasus" Program, funded by EU. A multi-ethnic team of researchers, representing each country/constituency of the South Caucasus was involved in the study. Qualitative methods such as discourse analysis, in-depth interviews and case studies were used. The meta-analyses reveals the presence of societal trauma and "Enemy Image" phenomenon in current socio-political discourses of the South Caucasus societies; it shows how the trauma is transmitted to the generation, which has not witnessed the armed conflicts/wars via different types of narratives; it shows how maladaptive cognition shared within the society on the necessity/usefulness of enemy image transforms it into powerful manipulation tool, utilized by the governing elites and other political forces active in the countries/societies; it describes how the "Enemy of People" concept inherited from the Soviet system obtained a new frame and is projected onto political opponents, bridging current socio-political life of the societies with the Soviet past. The comparative analysis of the patterns of utilization of the societal trauma-related phenomena in the six societies and their impact on internal socio-political life will be presented, an experience of particularly designed trauma-recovery focused reconciliation activities in South Caucasus and corresponding lessons learned out of them will be shared.

Reference

Javakhishvili, J. D., Kvarchelia, L. (editors), Abasov, I., Bagdasaryan, G., Hovanesyan, M., Kabulov, E., Khapava, K. (contributors). 2013. *Myths and conflicts: Instrmentalisation of conflict in political discourse*. London, UK: International Alert.

The problem of continuous trauma in dislocated post-apartheid communities: preliminary findings of community projects based on COR theory **9:00–9:15**

G. Van Wyk
Traumaclinic Emergency Counselling Network, Cape Town, South Africa

Many communities that were dislocated under apartheid in South Africa are still trapped in spirals of poverty, violence, abuse, and neglect, with high levels of continuing trauma exposure. Current and best practice treatment methods are not accessible, affordable, or efficient in dealing with traumatic stress on this scale. The typical Western, individualised approach, dealing only with past trauma, is also not appropriate in these communities. In this paper, it is proposed that the Conservation of Resources Theory (COR), with its accent on social support resources, may provide a model for designing pragmatic interventions in these communities and possibly also in other under-resourced communities. The preliminary findings of a number of such community projects in Cape Town are discussed.

Readiness to reconcile and mental health in internally displaced persons in Colombia **9:15–9:30**

N. Stammel[1], C. Heeke[2], M. Ziegler[3], M. T. Diaz Gomez[1] and C. Knaevelsrud[1]
[1]Center for Torture Victims, Free University of Berlin, Berlin, Germany; [2]Center for Torture Victims, Berlin, Germany; [3]Center for Torture Victims, Humboldt University Berlin, Berlin, Germany

Background: The armed conflict in Colombia has led to severe human rights violations, forced displacements and other forms of violence in about one-third of the population since 1960. In recent years, the Colombian government adopted different reparation measures to indemnify the victims of the conflict and to provide peace and reconciliation in the country. Worldwide, reconciliation has become a key concept for sustainable peace activities in post-conflict societies. Recent studies provide evidence for a positive relationship between readiness to reconcile and mental health among victims of human rights violations. *Method*: $N = 454$ randomly selected internally displaced persons were interviewed in a cross-sectional study in four provinces of Colombia. We assessed symptoms of posttraumatic stress disorder (PTSD), anxiety and depression as well as the participants' readiness to reconcile with the perceived perpetrators in structured interviews. *Results*: Preliminary analysis did not show significant relationships between readiness to reconcile and sociodemographic or displacement-specific variables. There were, however, significant negative relationships between readiness to reconcile and symptoms of PTSD ($r = -0.17$, $p < 0.01$), depression ($r = -0.15$, $r < 0.01$) and anxiety, respectively. *Discussion*: The preliminary results are in line with international research on the relationship between readiness to reconcile and mental health. The results will be discussed in the context of international studies and the current political situation in Colombia.

Psychiatric diagnosis and traumatic experiences among men seeking treatment for violent behaviour against their partner **9:30–09:45**

I. R. Askeland, B. Loemo, J. Strandmoen, O. A. Tjersland and T. Heir
Norwegian Centre for Violence and Traumatic Stress Studies, NKVTS, Oslo, Norway

Objectives: Traditionally, treatment programs for intimate partner violence (IPV) have been modeled as a "one size fits all." The aim of this presentation is to present data on the prevalence of psychiatric diagnosis and potentially traumatic experiences among men using IPV and its implications for treatment. *Methods*: The Traumatic Experiences Checklist and the Mini International Neuropsychiatric Interview (MINI 6.0.0) were administered in a pretreatment clinical interview of 192 men who voluntarily attended treatment for IPV. *Results*: The majority of the men (70.1%) fulfilled the diagnostic criteria for at least one psychiatric diagnosis, measured by MINI. Nearly 2 out of 10 (18.5%) qualified for a PTSD diagnosis. The majority of the men (76.2%) reported potential traumatic experiences in their family of origin. Half of the men had experienced emotional neglect (49.2%). Six out of 10 (61.8%) had experienced physical abuse from their parents or older siblings. *Discussion*: Associations between diagnoses and reported traumatic experiences will be discussed. The high prevalence of psychiatric diagnosis in this group might indicate a need to screen for psychiatric symptoms and to implement an individually tailored treatment. Clinical pathways will be illustrated by presenting a single case.

A collaborative model for building capacity in post-conflict mental health services 9:45–10:00

E. Newnham[1], A. Akinsulure-Smith[2], K. Hann[1], N. Hansen[3] and T. Betancourt[1]
[1]Harvard School of Public Health, Boston, MA, USA; [2]City University of New York, New York, NY, USA; [3]Yale University, New Haven, CT, USA

Mental health disorders contribute to a vast proportion of the global burden of disease, yet this need is largely unmet in many post-conflict settings. A critical element of bridging this gap entails addressing human resources constraints and ensuring high-quality training and supervision of local mental health workers. The presentation will describe training practices for an evidence-based, group mental health intervention for war-affected youth in Sierra Leone. Clinical training was conducted over a two-week period. Sessions comprised didactic learning, intensive role play, and within group-feedback on intervention components, including psychoeducation for trauma, sequential problem solving, interpersonal and communication skills, behavioral activation, and cognitive restructuring. A collaborative approach to training and implementation was vital: for each technique, trainees contributed locally relevant examples and context which informed delivery of the treatment. Supervision was conducted in-country and via weekly Skype or phone meetings with an international team. Analysis of the trainees' fidelity to the intervention and supervision records illustrated the strengths of a collaborative training model. A strong grounding in evidence-based practice, and guided culturally relevant implementation of the intervention, highlighted a model applicable to other limited-resource settings.

Open Papers: Military research

What explains Posttraumatic Stress Disorders (PTSD) in UK service personnel: deployment or something else? 10:00–10:15

M. Jones[1], J. Sundin[2], L. Goodwin[1], L. Hull[1], N. T. Fear[1], S. Wessely[1] and R. J. Rona[1]
[1]King's Centre for Military Health Research, King's College, London, UK;
[2]Academic Centre for Defence Mental Health, King's College, London, UK

Unlike US studies, UK studies have not found an overall "deployment effect" on the prevalence of PTSD in regular armed forces personnel deployed to Iraq or Afghanistan. The aims of the current study were to assess whether the lack of difference in PTSD prevalence between the group deployed to Iraq or Afghanistan and the comparison group can be explained by the inclusion, in the comparison group, of personnel who have deployed elsewhere and who have a high rate of PTSD; and to assess the factors associated with PTSD in those not deployed, deployed to Iraq and/or Afghanistan or deployed elsewhere. The sample comprised 8261 regular UK armed forces personnel who deployed to Iraq, Afghanistan, other operational areas or were not deployed. Deployment to Iraq or Afghanistan (OR 1.2, 95% CI 0.6–2.2) or elsewhere (OR 1.1, 0.6–2.0) was unrelated to PTSD although holding a combat role was associated with PTSD if deployed to Iraq or Afghanistan (OR 2.7, 1.9–3.9). Childhood adversity (OR 3.3, 2.1–5.0), having left service (OR 2.7, 1.9–4.0) and serious accident (OR 2.1, 1.4–3.0), were associated with PTSD while higher rank was protective (OR 0.3, 0.12–0.76). For the majority of UK armed forces personnel, deployment confers no greater risk for PTSD than service in the armed forces per se. Vulnerability factors such as lower rank, childhood adversity and leaving service, and having had a serious accident may be at least equally important as holding a combat role in predicting PTSD in UK armed forces personnel.

Predicting persistent PTSD in the UK military who were deployed to Iraq: a longitudinal study 10:15–10:30

R. Rona[1], M. Jones[1], J. Sundin[2], L. Goodwin[1], L. Hull[1], S. Wessely[1] and N. Fear[2]
[1]Kings College London, Kings Centre for Military Health Research, London, UK; [2]Kings College London, Academic Centre for Defence Mental Health, London, UK

The purpose of this study was to assess whether it was possible to distinguish between short lived and persistent posttraumatic stress disorder (PTSD) over a mean period of three years. We assessed which baseline risk factors are associated with persistent and partially remitted PTSD in comparison to fully remitted PTSD. A randomly selected sample of 6427 (68%) UK service personnel completed the PTSD checklist (PCL) between 2004 and 2006 (Phase 1) and between 2007 and 2009 (Phase 2). Two hundred and thirty (3.9%) had possible PTSD at baseline. 66% of those with possible PTSD at baseline remitted (PCL score <30) or partially remitted (PCL score 30–49) by Phase 2 of the study. Associations of persistent PTSD, compared to the fully remitted group, with risk factors at Phase 1 adjusted for confounders were having discharged from service (OR 2.97, 95% CI 1.26–6.99); higher educational qualification (OR 2.74, 95% CI 1.23–6.08); feeling unsupported on return from deployment (OR 10.97, 95% CI 3.13–38.45); deployed but not with parent unit (OR 5.63, 95% CI 1.45–21.85); multiple physical symptoms (OR 3.36, 95% CI 1.44–7.82); perception of poor or fair health (OR 2.84, 95% CI 1.28–6.27); older age and perception of risk to self (increasing with the number of events reported, $p = 0.04$). Deploying but not with a parent unit and psychological distress were associated in the partially remitted PTSD when compared to the fully remitted group. The positive and negative likelihood ratios for the factors most highly associated with persistent PTSD indicated they were of marginal value in identifying persistent PTSD. Many factors contribute to the persistence of PTSD but none alone is useful for clinical prediction.

Longitudinal study on psychological impact and cortisol response of Portuguese military to peace mission deployment to Afghanistan 10:30–10:45

L. Sales[1,2], A. Dias[3,4], M. Roque[5] and A. Furet[5]
[1]Military Hospital of Coimbra, Coimbra, Portugal; [2]Centro de Trauma, CES, Coimbra, Portugal; [3]Utrecht University, Faculty of Social Sciences, Utrecht, The Netherlands; [4]Centro de Trauma, CES, Coimbra, Portugal; [5]Military Hospital of Coimbra, Coimbra, Portugal

Background: Biomarkers research is an internationally recognized field of interest. Cortisol is one of the most studied, namely within the trauma-focused studies. Despite military staff receiving special training to cope with stressful conditions, deployment and its surroundings may represent an additional stressful task. However, specific previous vulnerabilities may impair their ability to cope adequately with the situation. Considering this scenario, we tried to investigate longitudinally the changes in cortisol response and psychological functioning that occur with the deployment exposure. *Goals*: This study analyses psychological dimensions and salivary cortisol variation in a group of Portuguese military staff that have been deployed to a peace mission in Afghanistan during six months. *Method*: Sixteen male military were assessed in four different moments: before deployment; during the mission; early; and later on after deployment. Military filled psychological scales (Childhood Trauma Questionnaire; Brief Symptom Inventory; Post Traumatic Diagnostic Scale; Impact Event Scale- revised) and collect salivary samples, in three different moments—after awake; half an hour after awake; around 4.00 pm. Statistical analyses such as mean differences and regression analysis will be used for the data interpretation. *Results*: Data are still in analysis. However, we expect to confirm the hypothesis that deployment may increase the risk for PTSD and for psychological symptoms, namely in subjects with previous vulnerabilities such us childhood trauma exposure and atypical cortisol responses. *Proposed discussion*: If the data confirm the tested hypotheses, selection criteria of subjects for risk professions should consider the identified vulnerability factors. The validity of our study is increased by the used of longitudinal methodology. However, better generalizability will be gathered if a matched military control group not exposed to the mission would be assessed as well.

PTSD and existential concerns of Turkish veterans 10:45–11:00

B. Guloglu, O. Karairmak
Counseling and Guidance, Bahcesehir University, Istanbul, Turkey

Human-made disasters, mass violence and technological disasters causing threat to life, injury, loss of significant others have destructive impacts on individuals. Military-combat is the most common cause of PTSD among men. The PKK has started guerilla war against Turkish Republic in 1984. Besides attacking security forces, the PKK involved in many violent actions such as suicide bombings, bombing civilians, kidnapping. The PKK has been listed as a terrorist organization by the European Union and the United States. Turkish Armed Forces is the first responder to the PKK terrorist attacks. Army service is compulsory for men after 18 years old in Türkiye. Therefore, male citizens frequently engage in battles with the terrorists. The data were collected from 247 veterans who were seriously injured in battles. PTSD symptoms were screened. Most frequent symptoms were avoidance, re-experiencing, anger, difficulty-concentrating and easily startled. The veterans also answered the open-ended question of what did you lose? 53 of them only listed organ deficiency, the rest both mentioned organ deficiency and other types of loss. While analyzing the data using qualitative methods, six themes emerged: losing-future expectations, reducing-meaning of life, damaging-interpersonal relations, ruining-self-perception, losing-psychological balance and losing-autonomy. Future expectations theme included the words of dreams, spring-time of life, future, hope, and hopelessness. Lives, joy of living, view of life were chosen for the theme of reducing meaning of life. My love of life, friends, spouse, brothers in arm, and folks were associated with damaging interpersonal relations. Self-confidence, compassion and pity, ability to make decision, self, self-respect, trusting others were related to ruining self-perception. Losing psychological balance included psychological concerns, furious, angry, hostile, impatient, harsh, unstable, going crazy. Freedoms, dependent, needy, and clingy were related to losing autonomy. The emerged themes were compatible with existential concerns; therefore the results were discussed from the existentialist view.

ORAL, JUNE 9
HALL GLORIA

Evidence-based practice on trauma
Workshop: To be or not To be - Early interventions following traumatic events

To be or not to be: early interventions following traumatic events **8:45–9:45**

S. Freedman
Bar Ilan University, Ramat Gan, Israel

Traumatic events are common occurrences, and whilst cognitive behavioural therapy (CBT) has been shown as an effective treatment for chronic posttraumatic stress disorder (PTSD), controversy still exists regarding early interventions. This workshop will cover the literature regarding early interventions, describing interventions from the first hours post-event, up to those beginning within 1-month post-trauma. Interventions will be demonstrated, both by video and role play. In addition, issues such as optimal timing of interventions, the role of debriefing, the value of early interventions, delivery systems and the management of mass traumatic events will be discussed.

Evidence-based practice on trauma
Symposium: Narrative reconstruction for PTSD - Theory, RCT and changes in narratives

Narrative reconstruction for PTSD – theoretical background and outcome study findings **10:00–10:20**

T. Peri, M. G. Gofman and Z. Vidan
Bar Ilan University, Ramat Gan, Israel

The high rates of posttraumatic stress disorder (PTSD) patients who are not helped by current effective psychotherapy methods call for the development of additional new treatment methods (Hoge, 2011; Schynder, 2005). Memory disturbances related to the lack of integration of the traumatic memory within the autobiographical knowledge base are seen as a major factor contributing to intrusion symptoms in PTSD (Brewin, 2011). In this symposium, we propose narrative reconstruction (NR) as a novel module for the treatment of intrusive symptoms and memory disturbances in PTSD patients. NR is a brief and focused intervention (up to 12 sessions) combining elements of cognitive behavioral treatment such as exposure and cognitive restructuring, albeit in a unique way, alongside psychodynamic elements. The goal of NR is to create a cohesive and chronological narrative of the trauma while simultaneously addressing the personal significance of the trauma and integrating it in the patient's autobiographical memory. Theoretical background, treatment description, and potential therapeutic advantages will be discussed. The following presentations will present preliminary results of an ongoing randomized control trial evaluating the efficacy of NR and a study comparing patients' spontaneous narratives of the trauma before treatment versus after treatment. Presentations will be followed by a discussion of these findings and possible further directions for research.

Traumatic narratives before and after narrative reconstruction treatment **10:20–10:40**

Z. Vidan[1], R. Tuval-Mashiach[1], L. Jelinek[2] and T. Peri[1]

[1]Bar Ilan University, Ramat Gan, Israel; [2]Universitatsklinikum Hamburg-Eppendorf, Hamburg, Germany

Analysis of trauma narratives is a central tool for understanding the characteristics of traumatic memories and their contribution to the development of posttraumatic stress disorder (PTSD). It is assumed that the way in which the trauma story is told provides a window to understanding the structure and organization of the traumatic memory. A large body of research has shown that traumatic memories have different characteristics than other autobiographical memories, that is, they are more fragmented, unorganized, and incoherent in comparison to other autobiographic memories and thus not integrated into the autobiographical memory system. Traumatic memories are also characterized by vivid negative sensorial and emotional content and are accompanied by negative attributions to the self. The current study compared traumatic narratives of 12 patients before and after treatment with narrative reconstruction (NR, Peri & Gofman, in press). A structural analysis was employed to measure narrative disorganization and fragmentation according to guidelines first introduced by Foa et al. (1995) and modified by Halligan et al. (2003) and Jelinek et al., (2009,2010). Preliminary results show a significant increase in narrative organization posttreatment compared to pre-treatment ($p < 0.01$). The decrease in fragmentation level did not reach significance level yet it was significantly correlated with the reduction in PTSD symptoms as evaluated by the Clinician Administered PTSD Scale (CAPS, $p < 0.05$). Qualitative analysis of the formal aspects of the trauma narratives pre- and posttreatment showed that posttreatment narratives had better story line continuity, and fewer memory gaps. Content analysis revealed a stronger sense of control, and a more positive perception of one's self and agency. The results demonstrate the connection between traumatic memory encoding and PTSD, as well as illustrate NR's impact upon traumatic memory.

Preliminary results of a RCT examining treatment outcome of narrative reconstruction for PTSD **10:40–11:00**

M. G. Gofman, Z. Vidan and T. Peri
Bar Ilan University, Ramat Gan, Israel

A randomized controlled trial (RCT) examining the efficacy of Narrative Reconstruction (NR) is currently in progress. Previously reported preliminary results of an open trial of six post-traumatic stress disorder (PTSD) patients were promising (Peri & Gofman, in press). The effect size for pre-treatment to follow-up changes of PTSD symptoms [Clinician Administered PTSD Scale (CAPS) total score] of 1.66 was slightly higher than that reported in the meta-analysis of psychotherapy for PTSD (1.43) by Bradley et al. (2005). The current study reports initial results of the RCT.16 patients were randomly assigned to two experimental groups: (1) an active-treatment group of eight patients and (2) a minimal intervention wait-list group of eight patients, which served as the control group. All patients met *DSM-IV-TR* criteria for PTSD as ascertained by the CAPS participated in the study. PTSD patients referred to the Community Counseling Service of the Psychology Department at Bar Ilan University who agreed to participate in study were treated by PhD-level interns of the clinic. Treatment lasted for 12 fifty-minute sessions. Patients' medications were not altered during therapy. Participants were evaluated by trained MA-level psychology students blind to treatment condition, pre-treatment, post-treatment and at 3-month follow-up. Psychometric measures included the CAPS, the self-report post-traumatic diagnostic scale and the beck depression inventory. To date, the effect size for change in PTSD symptoms for the active group versus the wait-list control stands at 1.7, exceeding the average effect size of 1.11 reported by Bradley et al. (2005) for treatment versus wait-list control.

ORAL, JUNE 9
HALL LADY G

Effects of trauma on families and children
Symposium: Complexities of family adaptation after traumatization. 1. Research findings

Psychological and social sequelae of sexual violence: a mixed-method study in Eastern Congo **8:45–9:05**

A. Verelst
Centre for Children in Vulnerable Situations, University Gent, Gent, Belgium

This contribution addresses psychological and social consequences lived by adolescent survivors of sexual violence in Eastern Congo and presents related implications for their psychosocial rehabilitation. Based on a large-scale mixed-method study, the contribution discusses protective and risk factors associated with psychosocial well-being in girls who experienced sexual violence. First, in a school-based study ($n = 1340$), self-report questionnaires on posttraumatic stress symptoms, externalising and internalising psychological problems, war-related traumatic events, daily stressors, coping, social support and rape myth acceptance were administered. Furthermore, this multi-method study included a qualitative exploration ($n = 27$) of psychological and social consequences of sexual violence. Findings of these intertwined studies show that adolescent victims of sexual violence face a myriad of psychological and social sequelae. Negative social reactions, social support and daily stressors seem to be associated with the psychological impact lived by these adolescent survivors. Implications for psychological treatment of the diverse responses to traumatic stress in adolescent survivors within the specific context of Eastern Congo are formulated.

The effects of occupations and change of political system to second generation of Lithuanian survivors of political repression **9:05–9:25**

I. Vaskeliene, D. Gailiene, E. Kazlauskas and N. Grigutyte
Faculty of Philosophy, Vilnius University, Vilnius, Lithuania

Background: In twentieth-century Lithuania experienced two world wars, Nazi and Soviet occupations. Independence of Lithuania from the last Soviet occupation was restored just in 1990. All the population was effected by the change of political system and implemented assimilation policy from occupation regime. About one-third of Lithuanians directly suffered from Nazi and Soviets repressions. The hypothesis is that second generation of survivors of these political repressions would experience long-lasting psychological effects. This presentation will point out these long-lasting intergenerational effects. *Methods participants:* Transgenerational effects of political repression were analysed in a sample of 145 participants whose mother or father survived Soviet or Nazi political violence. Their results were compared with a sample of 177 participants matched according to socio-demographic characteristics and whose parents did not directly experience political repression, and 66 participants whose parents survived Holocaust experiences. Besides, the parents of the second generation of survivors of political repression participated in the study. Second-generation participants completed questionnaires which assessed subjective experiences of parents' political trauma, their lifetime trauma experiences, present post-traumatic stress symptoms, sense of hopelessness and coherence. *Results*: The results indicate that second generation of survivors of political repression related their life difficulties during Soviet occupation to parents' status as survivor, and associated this with well-being, the relationship with their parents, and attitudes. The effects of political change and restoration of independence in the country were also indicated: it stimulated more open communication in families about the experiences of political violence. Present mental health measures between the three second-generation groups revealed one statistically significant difference: post-traumatic hyper-arousal is more intense among second generation of survivors of political repression. The performed path analysis identified intergenerational links of mental health between survivors and their offspring.

The absent father? Quantity and quality of father involvement in a refugee sample **9:25–9:45**

E. Van Ee
Foundation Arq, Diemen, The Netherlands

Parental traumatisation has been proposed as a risk factor for child development, but the mechanisms involved are poorly understood. Despite increased attention on the role of fathers within families there is still a dearth of studies on the impact of trauma on father involvement. The presented study investigated the quantity and quality of father involvement and the influence of post-traumatic stress on the quality of involvement in a refugee and asylum seeker population. Eighty refugees and asylum seekers and their young children (aged 18–42 months) were recruited. Measures included assessment of parental trauma (Harvard Trauma Questionnaire), quantity and quality of involvement (quantity of care-giving and Emotional Availability Scales), and perception of the father–child relationship (interview). This presentation will provide unique data of structured and thorough observations of parent-child interactions among refugees often severely traumatized by war. The results show that fathers were less involved in care-giving tasks and play activities than mothers. No parental gender differences were found on each of the Emotional Availability Scales. Traumatic stress symptoms negatively affected the perception and the actual quality of parent-child interaction (sensitivity, structuring, non-hostility). Most fathers acknowledged the negative impact of post-traumatic stress on the relationship with their child and desired an improvement as the relationship with their child is of importance to them. Still, almost all fathers described the relationship with their child as good. Despite the impact of post-traumatic stress, refugee fathers have a certain involvement within the lives of their children. As the quality of father-involvement is of importance to the development of the child, traumatized fathers are as much in need of clinical intervention as mothers.

Effects of trauma on families and children
Symposium: Complexities of family adaptation after traumatization. 2. Clinical expertise

The individual's psychic trauma as group transition **10:00–10:15**

T. Toscani
Istituto di Terapia Familiare di Bologna (ITFB), Bologna, Italy

In the past 13 years, the Institute of Family Therapy in Bologna, founded in 1996 (associated to SITF, AIMS, EFTA and affiliated to SiSST), has dealt mainly with clinical manifestations of simple and complex post-traumatic stress disorder (PTSD) when treating individual, families and couples. Within our trauma team, we apply diverse approaches and methodologies for diagnosis and therapy, combining individual trauma treatment and family therapy based on relational-

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systemic framework. In our work with families, we use an integrated model, employing the contextual diagnosis, systemic-relational approach, combined with insights from psycho-traumatology and the new validated work techniques on traumatic memories. The interventions are focused connecting the event to the post-traumatic response and to the pre-traumatic personality. Bonds and family relationships can be a resource or a hindrance in the healing of psychic trauma. The diagnosis and the treatment of simple and complex post-traumatic disorder of the individual is contextualized within his/hers family, couple and social significant relationships. The person's suffering and his/hers treatment pathway becomes a choral event within the relationship, which returns responsibility, rights and hopesto each actor. This contribution to the workshop will with just a few clinical slides, illuminate how within very different treatment pathways the clinical work with family and parental network constitutes an important resource for the diagnosis and treatment of psychic trauma. Considering psychic trauma an individual response as well as a group response implies being conscious that to treat trauma within significant relationships opens up the hope of transmitting to future generations that from painful events of one's own history, one can evolve.

Therapeutic dialogue with refugee families: stories of trauma, stories of culture, stories of an encounter between home and host societies **10:15–10:30**

L. De Haene[1] and P. Rober[2]
[1]Faculty of Psychology and Educational Sciences, K.U.Leuven, Belgium;
[2]Institute for Family and Sexuality Studies, K.U.Leuven, Belgium

This workshop engages in a participative exploration of relational complexities involved in therapeutic work with refugees. Building on clinical case material, we address how the ongoing dialogue between refugee clients and clinician implies complex relational processes of negotiating remembrance and forgetfulness within the therapeutic space. The workshop explores different relational and social meanings from which to understand and engage in this balancing movement between silencing and disclosure, remembering and forgetting in the therapeutic encounter. First, we address how silence and disclosure in refugees' stories of collective violence and loss echo the dual imperative to both forget and witness that is invoked by man-made atrocity and that resonates in community, family, and individual responses to refugee trauma. Furthermore, we address how silencing communication strategies may be rooted in clients' cultural worlds and how the encounter with cultural alterity may invite an open negotiation of divergent universes of meaning and action. Lastly, we explore how relational transactions of silencing and disclosure may also touch upon intricate power disparities between refugee clients and clinician. This imbalance between the therapist's social position and refugee clients' isolation calls for an attentive reflection on how negotiating remembrance may be experienced as imposing and reiterating inequality, while equally indicating how refugees' stories as told in the clinical context may be marked by their broader social context that silences and denies these stories of dislocation. In relating to these different meanings of remembrance and forgetfulness, this workshop will primarily explore ways of respectfully engaging their relational transactions into therapeutic conversation, opening new spaces of dialogue and expressing the therapist's willingness to accept co-authorship for what is said, not said, and not feasible to say in a clinical space that is inevitably located at the nexus of subjective and sociopolitical meaning.

Mind the babies: an early intervention method that focuses on strengthening the bond between infants and their traumatized mothers **10:30–10:45**

I. Hein and A. Jasperse
Foundation Centrum '45, Diemen, The Netherlands

This workshop will introduce a newly implemented Infant Mental Health group treatment that focuses on the relationship between babies (children under 1 year) and their parents suffering from post-traumatic stress disorder (PTSD), depression and/or anxiety. Patients who participate are refugees or victims of human traffic, without a stable living situation. Most children are born after involuntary sexual contact. The ongoing stress and the severe complaints create high risk for developing attachment problems. We work according to the principles of Infant Mental Health (Slade et al.) combined with the short-term group treatment for anxious/depressed mothers and their babies as developed by Grinsven et al. The approach is based on knowledge of the psychodynamic theory of early development of children, development of parenthood, and impact of psychiatric disorders on the parent–infant interaction. The group treatment includes both preventive and curative components. The theoretical background and the practical elaboration will be explained and illustrated with video segments. The first results and suggestions for outcome monitoring will be discussed.

The power of multifamily therapy with traumatized parents and their children **10:45–11:00**

T. Mooren[1] and J. Bala[2]
[1]Foundation Centrum '45, Oegstgeest, The Netherlands; [2]Foundation Centrum '45, Diemen, The Netherlands

In this contribution to the workshop, we will present and illustrate characteristics and rationales of the Mentalization-based Multifamily Therapy (MFT) for traumatized asylum seeker- and refugee-families who has been developed in Centrum '45, the Netherlands. We have gained about 10 years of expertise by now in working with MFT. MFT is particularly effective in increasing parent–child interaction and reestablishing parental skills and competencies such as showing affection, mentalizing the child's needs, structuring and guiding, sharing pleasurable activities in a setting with playful atmosphere. These competencies related to the emotional availability are exactly those capacities that have been lost or undermined for parents with post-traumatic stress disorder (PTSD) and comorbid complaints in the aftermath of severe violence and/or migration. This presentation will illuminate the intervention-principles by video segments and examples of interventions and activities for groups. Outcomes of assessments of parent–child interactions (using the Emotional Availability Scales Biringen, 2008) will be discussed.

ORAL, JUNE 9
HALL LIZ

Morning
Symposium: Traumatic events and personality disorders

Traumatic events and personality disorders **8:45–9:00**
J. Luigi
Dipartimento di Psichiatria, Universitá Cattolica del Sacro Cuore, Rome, Italy

Although guessable, a pathogenetic relationship between stressful or traumatic events, especially in childhood, and the development of at least some personality disorders, in literature there are no systematic studies have investigated the effect of these events on patients with personality disorders. It is well known that the adaptive response to traumatic or stressful events can become dysfunctional for the intensity and for the duration of requests and for the characteristics of the subject, and on the other hand, personality is one of the factors that most influence the vulnerability to stress. Thus, the presence of a personality disorder can affect and change the perception, meaning, and reactions to stressful events. In fact, some personality disorders (paranoid, avoidant, dependent, borderline) are significantly associated with the development of a possible PTSD. In addition, in view of the relationship between environment and genotype, individuals with personality disorders tend to be exposed to more stressful situations, which in turn change the structure of personality. Finally, established that the presence of early traumatic experiences is one of the factors behind the development of these disorders.

Trauma and disruption in different mental operations **9:00–9:15**
A. Mandese and M. Petrollini
Scuola dell'Accademia di Psicoterapia Psicoanalitica (SAPP), Rome, Italy

The power of the different situations disorganizzativa traumatogenic is addressed in this work in key psychodynamics. Paying particular attention to the case when the film narrative and life is blocked and turned into a still picture film, consisted of the associative mode of thought gives way to a sort of ''assembly'' with a major impact on the emotions and behaviors. Of course, all these happen in very different ways depending on the developmental level of psychic functioning, for which space is reserved for the description of how to manage the disorganization that characterize the personality belonging to the three major areas: psychotic, neurotic, and organization limit.

Relationship between traumatic events and structure of personality in the genesis of PTSD **9:15–9:30**
P. Cimmino
Private practice, Rome, Italy

In this work, the criteria for defining the post traumatic stress disorder (PTSD) will be presented schematically and the changes in cognitive, emotional, and psychological levels. The objective is to consider some risk factors that can prepare the development of PTSD.

In that regard two key points will be investigated:

1. Childhood trauma and disruption attachment.

2. Dimension dissociative disorders some personality and disorder post-traumatic stress.

It is called between the differeziazione PTSD the first and second type type, listing studies and models of different authors who have tried to consider:

1. The vicious circle that the interpretation established between traumatic event and chronic PTSD.

2. The etiological factors affecting the transition from the stress disorder resulting in trauma.

Therapeutic work when the defense turns trauma: a case report **9:30–9:45**
D. Laghi
Scuola dell'Accademia della Psicoterapia Psicoanalitica, Viganello, Switzerland

The personal ability to cope up with traumatic situations and process varies widely from individual to individual, not only in terms, we may say generally, the operation of the underlying personality, but also the peculiar position that the painful experiences or catastrophic going to play within a system of thought. If we assume that the psyche is built around the mental representations and the construction of internal working models, even traumatic experiences will be featured influential family histories and, in some cases, become clothes to wear, ways of life, part of the basis identity, even. All the energy used to contain and exclude contact with their painful experiences will be subtracted from the ability to associate, mentalizing, be introspective spontaneously and truthfully. The therapeutic work will take advantage of every communication channel, to trace elements that reveal what cannot be told in words, with the aim of restoring those logical and emotional connections between events and meanings of events in the mind traumatized they had to stop. The clinical case presented provides insights on building the therapeutic alliance and the ability of the therapeutic relationship to hold, organize, and edit the trauma giving a different meaning in history and family life of the subject.

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ORAL, JUNE 9
HALL SAVOIA

The spectrum of trauma-related disorders
Workshop: What every clinician should know about dissociative identity disorder - Diagnostic and therapeutic considerations

What every clinician should know about dissociative identity disorder: diagnostic and therapeutic considerations **8:45–9:45**

V. Sar
Department of Psychiatry, Istanbul Faculty of Medicine, Istanbul University, Istanbul, Turkey

Dissociative identity disorder (DID) affects 1.1–1.5% of the general population. These rates are higher in psychiatric inpatient (5.4%), outpatient (2–2.5%), emergency outpatient (14.0%), and adolescent outpatient (16.4%) units. There are certain risk groups such as chemical substance users (5.8%) and women in prostitution (18%) (Sar, 2011). Subtreshold DID is much more prevalent than the full picture. Among all psychiatric disorders, DID is the one with highest frequencies of childhood psychological trauma at the antecedents of the condition. DID is the only psychopathology where no specific (''anti-dissociative'') effect can be obtained by drug treatment. While DID can be treated succesfully by intensive outpatient psychotherapy, psychiatric and social consequences of untreated DID may be devastating (Mueller-Pfeiffer et al., 2012). Systematic standardized clinical assessment has to evaluate basic dimensions of dissociative psychopathology: amnesia, depersonalization, derealization, identity confusion, and identity alteration. However, to screen DID in daily practice succesfully, one has to know the secondary features of the disorder: affect dysregulation, chronic depression, somatic complaints, interpersonal relationship difficulties, concentration problems, and persistant suicidality are among them. Psychotherapy of DID is based on the three-stage trauma resolution. The most frequently encountered pitfall the denial of the diagnosis by the therapist and lack of basic understanding about dissociation as a clinical condition. With its comprehensive content, this workshop is aimed at an up to date presentation of DID both for those who are less familiar with the condition as well as for clinicians and researchers who are experienced in diagnosis and treatment of dissociative disorders.

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The spectrum of trauma-related disorders
Workshop: Violence and trauma - A multimodal violence specific psychotherapy

Violence and trauma—a multimodal violence specific psychotherapy **10:00–11:15**

B. Loemo, I. R. Askeland, J. Strandmoen, T. Heir and O. A. Tjersland
Norwegian Centre of Violence and Traumatic Stress Studies, Oslo, Norway

Aims: The majority of treatment programs for men using intimate partner violence (IPV) have their main focus on attitudinal and behavioral change. The aim of this workshop is to present empirical and clinical support for integrating a trauma focus and general psychological knowledge in IPV treatment programs. *Methods*: Traumatic Experiences Checklist and the Mini International Neuropsychiatric Interview (MINI 6.0.0) were administered in a pretreatment clinical evaluation of 192 men who voluntarily attended treatment for IPV. *Results*: The majority of the men (76.2%) reported potential traumatic experiences in their family of origin. Six out of 10 (61.8%) had experienced physical abuse from their parents or older siblings. The majority of the men (70.1%) fulfilled the diagnostic criteria for at least one psychiatric diagnosis, measured by MINI. Nearly 2 out of 10 (18.5%) qualified for a posttraumatic stress disorder diagnosis. *Discussion*: Associations between trauma, diagnoses, and violence will be discussed. Our findings point to the need for interventions based on a broad spectrum of psychological theories and interventions in addition to a cognitive behavioral approach. In addition to being a behavioral problem, IPV can be understood as a trauma-related disorder. To illustrate clinical pathways we will present two single cases. These clinical cases illustrate how to work trauma focused within the frame of IPV treatment.

ORAL, JUNE 9
HALL STUART TUDOR

Open Papers: Children and young people I

Forgiveness and spirituality in childhood trauma **08:45–09:00**
B. Guloglu and O. Karairmak
Counseling and Guidance, Bahcesehir University, Istanbul, Turkey

Childhood trauma, including abuse and neglect may cause long-term physical and mental health problems like posttraumatic stress disorders and depression, and also issues in social functioning like homicidal ideation, legal problems, sexual and running away behaviors into adulthood. After a person has incurred any kind of transgression, forgiveness is an important factor for psychological well-being. Forgiveness refers to consciously and willingly fostering positive emotions such as empathy, compassion, and affection instead of negative emotions such as anger, resentment, and hostility toward an offender. Forgiving people tend to have more emotional stability, hope and self-esteem. However, childhood trauma experience can make difficult for victims to cope with anger and forgive the transgressor. Spirituality is associated with forgiveness. People who consider themselves as spiritual tend to value forgiveness highly than less spiritual people. As a belief in a power apart from one's own existence, a sense of connectedness to self, others, nature or God, a quest for wholeness, a search for hope and harmony, spirituality is an essential factor for meaning and purpose in life. People with trauma history come to the term that the world can be unsafe, unjust, and meaningless. Hence, the aim of this study is to investigate the role of childhood trauma on forgiveness and relationship. Childhood Trauma Questionnaire, Heartland Forgiveness Scale, and Spirituality Scale were administered to 527 Turkish university students. The results of MANOVA that were applied to Childhood Trauma Questionnaire scores yielded a significant overall main effect of forgiveness [Wilks'$\Lambda = .920$, $F(1, 526) = 21.788$, $p < .001$, $\eta^2 = .059$) and spirituality [Wilks'$\Lambda = .920$, $F(1, 526) = 32.811$, $p < .001$, $\eta^2 = .040$). University students who have childhood trauma have lower level of forgiveness and spirituality than students who weren't induced to trauma in childhood.

Secondary victims of rape **9:00–9:15**
A. Elklit[1], R. Bak[2] and D. Christiansen[3]
[1]National Center for Psychotraumatology, University of Southern Denmark, Odense, Denmark; [2]Center for Rape Victims, Aarhus University Hospital, Aarhus, Denmark; [3]Department of Psychology, Aarhus University, Aarhus, Denmark

Rape is often a very traumatic experience, which affects not only the primary victim (PV) but also his/her significant others. Studies on secondary victims of rape are few and have almost exclusively studied male partners of female rape victims. The present study examined the impact of rape on 107 secondary victims, including family members, partners, and friends of male and female rape victims. We found that many respondents found it difficult to support the PV, and that their relationship with the PV was often affected by the assault. Furthermore, the sample showed significant levels of traumatisation, and it was estimated that approximately one quarter of the respondents suffered from PTSD. Degree of traumatisation was associated with a more recent assault, higher efforts to support the PV, recurrent thoughts about having been able to prevent the assault, a lack of social support for the respondent, and feeling let down by others. The respondents were generally interested in friend, family, and partner focused interventions, particularly in receiving education about how best to support a rape victim.

Second generation,to leave a childhood **9:15–9:30**
E. Klefbeck
Red Cross Center for tortured refugees, Stockholm, Sweden

At the treatment center we meet tortured refugees and their relatives, among them many young adults about to handle their on life and future. Many young adults ask for help in crises and describe that they now, on the footstep to independent life start to reflect on how the fate of their parents have influenced their childhood. That trauma can follow into the lifes of the next generation. Those young adults often describe how they, as children, carried a responsibility that nobody did perceive. The silence, nobody did go near to the traumatic history, with the good intention to protect the children, but it did give space to a lot of images. Often children have experienced their parents unexpected reactions in situations that recalled earlier traumatic events, without understanding what was happening. In this presentation I want to convey the experiences that those young man and women are describing and the internal processing that it takes to be free.

Promethean trauma in genomic disease families **9:30–9:45**
E. Acquarini
Dipartimento di Scienze dell'Uomo, Universitá degli Studi di Urbino, Urbino, Italy

The emotional impact of a rare metabolic syndrome (Niemann-Pick disease) is a potentially traumatizing mixture at both individual and family level. *Promethean trauma* involves parental expectations of an unhealthy genetic transmission to the child: the traumatic impact of this kind of diagnosis dismantles aspects of parental generativity falling into paradoxical one and causes the loss both of ideal child and a shared future (A-MNP, B-MNP). Individually, can be observed a complex interplay of negative emotions (i.e., shame, guilt, fear, anger, helplessness) in conjunction with patterns of resilience that can affect each family member exposed to the traumatic context. Furthermore, the polymorphic symptoms may favor the development of psychiatric symptoms (C1-MNP) prior to neurological onset delaying a proper diagnosis. In the long term the reactions become more organized at temporally settled in more differentiated actions and feelings that can be prodromic to altered states of consciousness and psychic fragmentation where each psychic fragment suffers on its own. Individual and familiar resilience has to activate the shared resources to promote an adjustment process that can delay positively the disease progression. It is crucial to reflect on the quality of experiences that MNP patient lives in their family to pull out from this *nobody time* and to help the maintenance of meanings and limit the paradoxical traumatic vacuum.

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Open Papers: Children and young people II

Prior victimization, traumatic birth experience of mothers and the quality of attachment of their young children **10:00–10:15**

O. Bogolyubova and N. Pleshkova
St. Petersburg State University, St. Petersburg, Russia

The goal of this explorative research project was to explore possible connections between prior victimization, traumatic birth experiences of mothers and attachment of their infants. Ten women with traumatic birth experience (aged 22–33 years old) and their children (aged 11–16 months) took part in the study. The following methods were used: (a) The Strange Situation Procedure was used for attachment classification. The videotaped procedures were classified according to criteria of M. Ainsworth and P. Crittenden (Crittenden, 2002); (b) Birth Experiences Interview with consequent analysis of trauma narratives according to the method described by Foa (1995); (c) questionnaires for the assessment of demographics, obstetric history, symptoms of postnatal PTSD (PPQ, Callahan, 2006) and history of lifetime trauma and victimization. The results demonstrated that the mothers, who took part in the study, experienced a wide range of trauma and victimization in childhood and adult life prior to childbirth. It must be noted that women with a history of sexual trauma were more likely to report high levels of postnatal PTSD symptoms. Of all the study participants, 40% demonstrated clinical level scores on PPQ (measure of postnatal PTSD). The analysis of trauma narratives demonstrated high levels of traumatic disorganization. It is interesting to note that Dissociative symptoms in the narratives were present exclusively in the interviews of women with sexual trauma history. The study results demonstrated that 80% of the children in the sample have complex patterns of attachment. The analysis of attachment patterns in connection with the mother's traumatic birth experiences revealed that complex patterns, combining two types of strategy and/or depressive state are observed more frequently in children, whose mothers have had traumatic birth.

Physical, verbal, and relational revictimization among adolescent girls with histories of maltreatment: the mediating role of PTSD **10:15–10:30**

W. Auslander[1], T. Edmond[1], S. Tlapek[1], J. Threlfall[1] and J. Dunn[2]
[1]Washington University School of Social Work, St Louis, USA; [2]University of Missouri-St Louis, St Louis, MO, USA

Childhood physical and sexual abuse has been linked to revictimization, and girls may be more vulnerable than boys. Few studies have examined the association between child maltreatment types and types of revictimization, and the potential pathways involved. In the present study, the following questions were addressed: (1) What is the association of childhood physical and sexual abuse and revictimization (physical, verbal, and relational) among adolescent girls, and (2) Does PTSD mediate this relationship? The study utilized baseline data from a trauma-focused CBT study that included 150 adolescent girls, ages 12–18 years old (mean age = 14.9). The sample was primarily youths of color (83%), and 17% white. Structured interviews included: (1) Frequency of experiencing physical, verbal, and relational aggression (last 3 months); (2) PTSD symptoms; (3) Physical Abuse, Sexual Abuse; and (4) Demographics and other control variables (age, race, living situation, home instability, and service use). Results indicated that 91% of the girls experienced some form of victimization in the last 3 months. Physical abuse was significantly associated with relational victimization ($r = .17$, $p < .05$). Likewise, girls who experienced sexual abuse reported more verbal and relational victimization ($r = .17$, $p < .05$) than those who did not experience sexual abuse. Fifty-one percent of the girls endorsed PTSD symptoms in the clinical range. Results showed that higher levels of PTSD were significantly associated with all types of victimization and abuse. Bootstrapped confidence intervals confirmed the significant mediating (indirect) effect of PTSD between sexual abuse and verbal and relational victimization ($p < .05$). PTSD did not mediate the relationship between physical abuse and victimization. A pathway by which sexual abuse influences adolescent revictimization is through PTSD symptoms. PTSD can increase vulnerability to multiple types of victimization. Results suggest that trauma treatment to reduce PTSD symptoms may be an important strategy for preventing revictimization in this population.

Migration and aggressive behavior in children of traumatized parents **10:30–10:45**

J. Mueller and N. Morina
Department of Psychiatry, University Hospital Zurich, Zurich, Switzerland

Background: Research shows correlations between posttraumatic stress disorder (PTSD) and aggressive behavior. It is unclear, however, if forced migration into exile adds on these problems. Aim of our study was to compare aggressive behavior of children of parents traumatized by the Kosovo war who live in exile (Switzerland) with the same behavior of children still living in their home country. *Methods*: We assessed $N = 150$ pairs of children and at least one of their parents, $N = 114$ of those were still living in Kosovo. Trained interviewers conducted the assessment that included traumatic event types, posttraumatic stress disorder (UCLA PTSD INDEX for DSM-IV and Posttraumatic Diagnostic Scale), aggression (The Aggression Questionnaire) and the children's social behavior (Strengths and Difficulties Questionnaire children version). *Results*: Children of the Swiss sample indicated significantly more traumatic event types as those of the Kosovar sample. However, children of the Kosovar sample showed higher PTSD symptom severity as well as higher aggression than the Swiss sample. Children of both samples did not differ regarding their social behavior. Generally, PTSD symptom severity was correlated with aggression and social behavior, respectively. *Discussion*: The rates of posttraumatic stress disorder in Kosovar adults and their children are still high 11 years after the Kosovo war. According to previous studies, aggression was correlated with PTSD symptom severity. Possibly, the fact of living in a postconflict country is more stressful than having to adapt to a new culture of a safe exile, leading to a higher vulnerability of individuals living under the first condition.

Terror, trauma, and resilience in the lives of homeless and prostituted street youth: implications for services and community response **11:00–11:15**

L. Williams
University of Massachusetts Lowell, Lowell, MA, USA

This paper will report results from analysis of the narratives of homeless, runaway, and sexually victimized (prostituted and trafficked) youth. This field-based, qualitative study of 61 teens (14–19 years of age) focused on learning from voices of the youth and understanding their lived experiences. Funded by the US Department of Justice, youth were interviewed in two large urban areas: Boston,

Massachusetts, and Washington, DC. Findings will be presented on trauma experienced by these youth over the life course (including abandonment, sexual exploitation, and physical violence) and the trauma services and other support resources needed for impoverished and traumatized youth who are not living in "traditional" families. Analyses of the interview data provide evidence of the trauma suffered by the youth, their patterns of internal migration, and their survival-based coping skills all of which suggest a need for the development of meaningful partnerships between street youth and a network of social and mental health service providers. This work has applicability to young males and females who are runaway, homeless, or internal migrants as well as children and adolescents who are trafficked domestically or who cross-national borders to escape conflict in their homes and communities. The paper will provide information to practitioners and community services to increase the safety and well-being of street youth and respond to the trauma they have suffered.

ORAL, JUNE 9
HALL SYDNEY

Open Papers: Effects of abuse and violence

Looking for community interventions for adults exposed to childhood maltreatment 8:45–9:00

A. Dias[1,2], L. Sales[2,3], J. Mendes[2,4] and R. Kleber[1,5]
[1]Faculty of Social Sciences, Utrecht University, Utrecht, The Netherlands; [2]Centro de Trauma, CES, Coimbra, Portugal; [3]Coimbra Military Hospital, Coimbra, Portugal [4]Faculty of Economics, Coimbra University, Coimbra, Portugal; [5]ArQ Research Foundation, The Netherlands

Background: Childhood maltreatment is considered a huge problem in both developed and developing countries. Although strong efforts are being made for the prevention in children, a large group of affected subjects is not identified by official services, and does not engage in any intervention. Despite the resilience of some subjects, most of them reach adulthood with an increased risk for impaired mental, physical, and social health. Depression, suicide, substance abuse, and sexual risk behavior are frequently stressed consequences. *Goals*: To identify community interventions for adults that have been exposed to childhood maltreatment and have not received any sort of interventions. *Method*: First phase of Delphi method will be applied. Qualitative interviews will be conducted to at least five international recognized experts in the field of childhood maltreatment. The interview will cover issues such as target groups, assessment, retraumatization risk, resilience and intervention, trying to figure out how community interventions should be tailored. *Discussion*: The main goal of this exploratory study is to get expert information on how to foster resilience in adults that were exposed to childhood maltreatment and recognize themselves as impaired in any way because of those negative early experiences. We aim to present relevant expert information on how community interventions should be designed and which specific groups should be involved. Programs on social support development and emotional regulation training, delivered at primary healthcare systems, education institutions and media may be regarded as possible interventions. Further data will be collected in a larger group of professionals (50) following a quantitative questionnaire to better define the most suitable methods and techniques that may be applied in different cultural settings.

Post-traumatic stress reactions (PTSR) in survivors from a terror attack in Norway: exploring the meaning of gender, age, traumatic exposure, and social support in an unselected and highly exposed group 9:00–9:15

G. Dyb[1,2], T. Jensen[1,2], E. Nygaard[2], O. Ekeberg[2,3], T. Diseth[2,3] and S. Thoresen[1]
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Background: Some characteristics of the shooting at Utøya Island in Norway July 22, 2011 allow for investigation of risk and protective factors less influenced by confounding than many trauma studies. The event was geographically isolated, all survivors could easily be identified, exposure was potentially similar across age and gender, and probably not related to pre-existing vulnerability. *Aim*: The aims were to identify if exposure was unrelated to age and gender; to investigate associations between gender, age, and PTSR; and to investigate if social support could buffer against PTSR. *Methods*: Sixty-six percentage of survivors from the Utøya Island ($N = 325$) participated in interviews 5 months after the shooting. Trauma exposure was measured by questions relating to life threat, witnessing, sensory impressions, loss of someone close, and physical injuries. Social support was measured by Duke-UNC FSSQ; and peri-traumatic reactions and current PTSR by UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI). Multiple linear regression models were applied. *Results*: Trauma exposure was very high, e.g., 64% witnessed someone get injured or killed, and 87% reported to have seen dead people. Being aimed at/shot at, witnessing experiences, sensory impressions, physical injuries or loss of someone close were unrelated to gender and age. Female gender and young age was associated with higher PTSR, as were physical injuries and loss of someone close, while social support was associated with less PTSR. *Conclusions*: Our results strongly support vulnerability for PTSR in women. Physical injuries and loss of someone close reflected additional strain in following the shooting. The results also indicate that social support is an important buffer even following extreme stressful situations.

Long-term mental health needs after the mass violence of 9-11-01 9:15–9:30

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The 10th anniversary of September 11, 2001 created a high level of anticipatory anxiety for victims' families, survivors, and responders who live with the effects of this mass disaster every day. Opening the 9-11 Memorial in NYC was an additional trigger for many still coping up with the aftermath of the attacks including the war with Iraq costing thousands more lives and a stark change in key policies, changing the perception of the United States across the globe. Little empirical evidence informs long-term disaster behavioral health needs especially for human-made disasters which are known to have different and more marked consequences than natural disasters (Norris et al., 2002). Disaster research is difficult and the effort to follow the 9-11 population over time has proved overwhelming. The work of the World Trade Center Health Registry tells us that "psychological distress and psychopathology in WTC workers greatly exceed population norms and that surveillance and treatment programs continue to be needed" for those who responded to the attacks in NYC (Charney et al., 2008). To elicit the mental health needs of victims' families, survivors, and responders during the 9-11 tenth anniversary, the Healing and Remembrance program conducted a Needs Assessment and Follow Up Survey. This paper will share the findings that informed the identification and delivery of mental health services at each disaster site.

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Childhood maltreatment and the risk for revictimization and PTSD in Portuguese community subjects 9:30–9:45

A. Dias[1,2] and R. Kleber[3,4]

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Background: Childhood maltreatment (CM) is a recognized problem in developed and developing countries with associated health consequences and large economical costs. It has been found to be connected with mental health disorders, particularly posttraumatic stress disorder (PTSD) through direct effects or through an increased revictimization probability. *Objective*: Our study aims to analyze the effects of CM exposure on the risk for revictimization and for PTSD diagnosis in community subjects in Portugal. *Method*: Cross-sectional data on PTSD and CM exposure were collected in 1200 Portuguese community subjects. The *Post Traumatic Diagnostic Scale* was used to assess the exposure to adverse events and the PTSD symptoms. The *Childhood Trauma Questionnaire Short Form* was used to assess the self-reported exposure to CM. Statistical procedures included odd ratios analyses and regression analyses. *Results*: CM-exposed subjects had an increased risk for revictimization [odd ratio = 2.626 CI 95% (1.771, 3.892)] and an increased risk for PTSD diagnosis [odd ratio = 2.765% (1.106, 6.910)]. Thirteen percentage of the PTSD severity was predicted by the CM exposure, namely emotional abuse ($B = 0.248$, $p = 0.000$) and physical neglect ($B = 0.251$, $p = 0.000$). Emotional neglect predicted negatively the PTSD symptom severity ($B = -0.109$, $p = 0.015$). *Discussion*: Our findings confirm the association between CM, revictimization and PTSD diagnosis. CM exposure increased the risk for revictimization and for PTSD. Emotional abuse and physical neglect are significant predictors of PTSD symptoms severity. We discuss the various implications of our findings as well as the limitations and strengths of this type of research. Specific interventions should be tailored not only for specific populations at risk, but also for community subjects exposed to CM, addressing the revictimization and the PTSD symptoms as well.

Adult attachment strategies as predictors of long-term symptomatic outcome following child abuse experiences: comparing and contrasting patterns following child physical, sexual and/or emotional abuse 9:45–10:00

P. Petretic, M. Karlsson, M. Calvert and J. Henrie
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Studies of post-abuse outcome in adults who have experienced child abuse have documented variability of long-term distress. Subsequently, the impact of moderating variables that may impact outcome, including the construct of attachment, has been investigated. The current study evaluated the predictive value of 11 attachment strategies/styles on current symptoms of distress in young adults reporting a history of single (physical, emotional, sexual) or multiple forms of child abuse and those without this history. Respondents ($N = 762$) completed measures assessing abuse history, attachment styles, and strategies (Experiences in Close Relationships—extended research version; ECR-R), and trauma symptoms (Trauma Symptom Inventory; TSI) MANOVAs indicated significant differences between abuse groups and the no-abuse control group for interpersonal attachment styles (both positive and negative strategies) as well as symptomatic distress. Adults reporting multiple forms of abuse (physical and emotional), sexual abuse, and emotional abuse demonstrated more severe adult attachment impairment in several areas, specifically: being unable to have a sense of trust in others, not viewing oneself as good and worthy of love, and having a style that is uncomfortable with emotional intimacy, being affectionate and close to a partner, with the first two groups also demonstrating significantly greater symptomatic severity. Multiple regressions indicated that specific attachment strategies predicted a significant amount of variance across all three symptomatic domains (trauma, self, and dysphoria) for these three abuse groups. While lovability predicted all symptom clusters for sexual abuse victims, uncertainty, and trust predicted symptom clusters for physical and multiple abuse groups. Unique predictors for dysphoric distress varied from those for trauma and self-distress clusters. Findings suggest that assessing and potentially targeting interpersonal functioning/attachment, specifically perceptions of other and self in current primary intimate relationships, may be of considerable value in treatment of adults presenting with a history of personal distress following childhood abuse.

Open Papers: Cultural issues

Traumatic postmemory: the children of the Colonial War 10:15–10:30

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Drawing on the results of a transdisciplinary research project aimed at analysing the transgenerational effects of trauma among children of former participants in the Portuguese Colonial War (1961–1974), the paper will pursue two lines of inquiry: first, the perspective of psychology, an analysis of the responses to several psychometric questionnaires (*Impact Event Scale Revised*, *Posttraumatic Diagnostic Scale*, *Childhood Trauma Questionnaire, Young Schema Questionnaire*, *Brief Symptom Inventory*) which provide clear evidence of the increased vulnerability to trauma of the second generation; second, a discourse-analytic approach to a wealth of collected interviews, on the one hand, and, on the other hand, to other types of testimony as expressed, in particular, in the discourse of literature and the arts. The results of such a combined approach provides fresh insights to show how the overwhelming public silence on the most traumatic experienced in recent Portuguese history may be countervened by the emergence of a multitude of voices which are awaiting to be heard and which reject the position of the victim by claiming a status of authorship.

Resettlement and mental health of Bosnian refugees in Austria and Australia: the impact of acculturation 10:30–10:45

D. Kartal[1] and L. Kiropoulos[2]
[1]Monash University, Melbourne, Australia; [2]University of Melbourne, Melbourne, Australia

Traumatic stress brought by traumas such as war and displacement are found to have a long lasting impact on the psychological well-being of individuals, with Posttraumatic Stress Disorder (PTSD) and depression particularly prevalent in refugee populations. Despite the high prevalence rates of mental health disorders research have infrequently investigated the role of acculturation stress. The current study examines the relationship between traumas, acculturation factors, and mental health symptoms in Bosnian refugees resettled in Austria and Australia. It was postulated that apart from trauma exposure, different resettlement stressors, and affiliations such as acquisition of language, discrimination, acculturation strategy, and identification with one's own culture could influence or even mediate the relationship between trauma and mental health. Using snow-balling strategy, approximately 70 data sets were obtained. Prevalence of depression, anxiety, and PTSD symptoms were measured using the PSS-SR and DASS. Acculturative strategies, attitudes, and behaviours toward the host and national cultures were measured with multiple scales (DIS, LIB). Additional questions were included to explore refugees' experiences of war, displacement, and the continuing stressors of resettlement. Hierarchical regressions were used to investigate the relationship between trauma, acculturation, and mental health outcomes. The preliminary findings will be discussed. These findings are expected to assist community agencies, policy makers and mental health workers working with refugees and asylum seekers, by providing them with effective and appropriate support on cultural, individual, and community levels.

Literature as a way to overcome past traumas: some examples from Cyprus and Germany **10:45–11:00**

H. Karahasan
Girne American University, Kyrenia, Cyprus

Although trauma is a personal thing, it can be collective too. Using some literary works as examples, this paper will show how literature can be used to overcome past traumas. Uwe Timm's *In the Shadow of My Brother* is a good example of how a literary work can be used to overcome the past trauma of the Nazi Germany as well as Timm's personal life. In that work, Timm departs from his relationship between his older brother, who fought for the Nazis, and explore the issue as how both his own brother as well as the entire country fall to Nazi ideology, which is a trauma for th German community. The case of Cyprus is a bit different than Timm's Germany. In Cyprus, recent interethnic violence led the two main communities in Cyprus to live separately since 1974. This paper will focus on some literary works of the ''74 Generation'' of Cypriot writers and show how these works can be seen as examples of overcoming the trauma of war in Cyprus. Mehmet Yaşln, Nese Yaşln, and Faize Özdemirciler are just few poets who belonged to this generation with their works. In brief, the paper will show how literature can be used to overcome past traumas with the examples of Cypriot writers as well as Uwe Timm's works.

Posttraumatic survival—the lessons of Cambodian resilience **11:00–11:15**

G. Overland
Regional trauma centre (RVTS) of Southern Norway, Kristiansand, Norway

What lessons do successful posttrauma survivors have to teach us? This paper examines the field of cultural knowledge through the eyes and with the vocabulary of interviewees: adult Cambodian survivors of the Khmer rouge régime who have managed remarkably well. In the process of multiple back-translation of the interview data it became clear that a number of central terms could in some way be bearers of answers to the salutogenic question: why they had managed so well. This suggested the need for a more intensive analysis of these unfamiliar terms—an exegetical approach like that used by Mollica in the study of trauma narratives (2006). The paper will give empirical examples from the data, the words and expressions in question, and follow the argumentation leading to the conclusions: the centrality for informants of cultural responses, embedded in their everyday vocabularies, to traumatic events in their pasts.

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