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CONFERENCE ON
TRAUMATIC STRESS**

**HUMAN RIGHTS &
PSYCHOTRAUMATOLOGY**

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BOOK OF ABSTRACTS

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ENGLISH

GERMAN

Dear readers and authors!

We would like to inform you about a few grammar and sentence structure corrections on the submitted abstracts that we conducted for a better understanding of the content. We are sorry for any remaining misprints and any inconvenience caused.

Welcome to this special edition of the *European Journal of Psychotraumatology*!

The 12th European Conference on Traumatic Stress in Vienna offers some innovations. One of these is the publication of your abstracts in a supplement to the *European Journal of Psychotraumatology*, the official journal of the European Society for Traumatic Stress Studies. Thanks to the efforts of the ESTSS we are able to offer you not only a printed edition of the supplement, which will be handed out at the conference, but also an identical electronic version free for anybody to access online, giving *your* abstract the widest possible dissemination to an international audience beyond the conference.

This supplement of the *European Journal of Psychotraumatology* presents contributions from plenary lectures, key note lectures, symposia, oral presentations, workshops, posters, controversy debates and panel discussions. All published abstracts have been accepted by the international scientific committee after having been reviewed.

You will find two main sections, one in English and one in German. The German Speaking Society for Psychotraumatology kindly helped with the translations. Within the sub-sections of these two main sections, the abstracts are listed in alphabetical order according to the family name of the first author and an indication of the format of the presentation.

We wish you an inspiring conference and an enjoyable stay in Vienna.

Dean Ajduković

Chair of the Scientific Program Committee

Brigitte Lueger-Schuster

Chair of the Organizational Committee, Co-Chair of the Scientific Program Committee

Miranda Olf

President of the European Society of Traumatic Stress Studies, Chief Editor of the *European Journal of Psychotraumatology*

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1. KEYNOTE ADDRESS AND INVITED PLENARY LECTURES – CONTENTS

Peter Bumke, Germany

Social anthropologist, member of Trauma Aid-HAP Germany, EMDR Europe

Trauma Centered Psychotherapy and EMDR in a Humanitarian Mass Disaster: Evaluating the Aceh Experience

In a project carried out by *Trauma Aid-HAP Germany* between 2007 and 2009 and sponsored by *Terre des Hommes* and the *German Official Development Assistance* more than 3200 adult and child clients were treated for mental disorders related to traumatic experiences after the Tsunami in 2004 and the civil war in Aceh/Indonesia.

An accompanying monitoring and research component provided detailed diagnostic data before and after therapy. This guided both the therapeutic process, and the training process in psychotraumatology. Also with this component the long term effectiveness of the interventions was assessed. In turn these findings were related to various traumatic events, socio-economic conditions and other non-psychological factors that influenced therapy outcome. Particular attention was paid to a variety of cultural implications entailed in using therapies such as EMDR in a non-Western, deeply religious and traditional context. Main results, implications for further research and future intervention strategies will be addressed.

Harald Jürgen Freyberger, Germany

Prof. Dr. med., Department of Psychiatry and Psychotherapy, University of Greifswald

60 Years Later: Posttraumatic Stress Disorders, Salutogenetic Factors, Medical Expert Opinions in Holocaust Survivors in the Longitudinal Section Course

Starting from 600 medical experts opinions with regard to applicants to German compensation boards each individual share of the posttraumatic stress disorders and the different salutogenetic elements are identified. In more than half of the patients posttraumatic stress disorder did not occur progressively. Their most frequent posttraumatic stress disorder symptoms were sleep disturbances, recurrent nightmares, intrusive recollections as well as depressive and anxiety disorders. The salutogenetic factors concerned the state of Israel, the distinguished communications within the marriage of two survivors, the birth of children and the systematic dealing with well describing holocaust topics.

Joop de Jong, Netherlands

MD, PhD, is Professor of Cultural and International Psychiatry at the VU University in Amsterdam, Adjunct Professor of Psychiatry at Boston University, and Visiting Professor at Rhodes University, S Africa

Public Mental Health: State of the Art of Dealing with Massive Stress

Trauma societies around the world are gradually shifting towards a public health paradigm. Despite high hopes of developments in psychotherapy and psychopharmacology, we realize that we need to pay more attention to contextual variables in managing mass traumatic stress, wherever it occurs in the world.

Low- and middle-income countries are disproportionately affected by disasters and armed conflicts with increased migration flows, poverty, a large burden of psychosocial and mental health problems, human rights violations, and very few mental health professionals. The resulting treatment gap in the aftermath of massive humanitarian emergencies obliges us to develop contextually relevant and culturally appropriate preventive and curative interventions, which is the main theme of this lecture.

Manfred Nowak, Austria

Univ. Prof. Dr. Manfred Nowak, Head of the Research Platform “Human Rights in the European Context”, University of Vienna, Director of the Ludwig Boltzmann Institute of Human Rights, former UN Special Rapporteur on Torture

Fact-Finding and Documentation of Torture: The Experiences of the UN Special Rapporteur on Torture

Today, psychological expertise plays a crucial role in professional human rights work. Its contribution is no longer limited to aspects of rehabilitation of victims of human rights violation, but also assumes an important role in the course of human rights fact-finding and prevention. Based on his professional experience as *UN Special Rapporteur on Torture* and former member of the *UN Working Group on Enforced Disappearances*, Prof. Manfred Nowak will enquire into the need for a “main-streaming” of psychological know-how. He will also highlight key areas such as the challenges of interviewing victims of torture and family members of disappeared. Correspondingly the need for psychological supervision for human rights professionals to cope with the suffering encountered will be discussed. While focusing on the overwhelmingly beneficial role of psychological expertise, its abuse, such as revealed in relation to the interrogation of detainees at the US military base at Guantanamo Bay, shall be raised additionally.

Nora Sveaass, Norway

Department of Psychology, University of Oslo, Member of the UN Committee against Torture

Gross Human Rights Violations and Reparation: Rehabilitation as a Form of Reparation under International Law – Challenges and Approaches

The strengthening of the International Criminal Law system and a growing focus on the right to redress and reparation for victims of human rights violations represent important challenges for health professionals, in particular for those engaged in the field of trauma research and therapy. As recognized in the *Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law*, the means to achieve full reparation include among others: restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition (G.A. Res. 60/147, U.N. Doc. A/RES/60/147, Dec. 16, 2005). The Convention against torture defines state obligations under article 14 as ensuring “that victims of torture obtain redress and have enforceable rights to fair and adequate compensation, including the means for as full rehabilitation as possible” (UNCAT, 1984).

This paper will discuss these obligations from a perspective of psychological trauma and treatment, and touch upon some of the questions raised by these important principles: How can health professionals participate in order to ensure that the right to rehabilitation after gross human rights violations is actually provided, and in the best possible way? What does rehabilitation in a context of social and political trauma mean and what does it imply in a context of reparation after such trauma? And – must rehabilitation as reparation rely on the initiation of legal procedures? If the survivor lives in exile, does the right to rehabilitation as part of reparation extend beyond borders? And finally there is also a need to find a balance between the right to health as a free standing human right in relation to the right to rehabilitation as a form of reparation.

In the international legal deliberations on the right to redress, including the right to rehabilitation, the issues pointed out here are not adequately addressed. I will therefore take the opportunity to reflect upon ways in which researchers and clinicians from the trauma field can actively participate and contribute to this discussion, in a world where accountability and reparations after atrocities are understood as important steps in the struggle for global respect for human rights.

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2. SYMPOSIA

Mouthaan Joanne, Academic Medical Center, Center for Anxiety Disorders; Lewis, Catrin, Cardiff University; Kassam-Adams, Nancy, Children's Hospital of Philadelphia; Ruzek, Josef I., National Center for PTSD, VA Palo Alto Health Care System; Herbert, Christophe, Douglas Mental Health University Institute

Targeting Traumatic Stress Via the Internet: What's Next?

In the last few years, increasingly more web-based interventions have been designed that target traumatic stress in all its aspects, from preventing the onset of acute stress to treating chronic PTSD. In previous conferences, several studies presented their results on the effectiveness of the programs. This symposium deals with the next phase after the initial piloting and testing. When found effective in preventing or treating PTSD, is the program also economically competitive with usual care? What is needed to launch a 100% trauma-related, academic E-course? What is the best way to disseminate a trauma-focused website to its prospective users, and how can social, digital and traditional media best be used? This symposium will provide the audience with an understanding of factors encountered in the dissemination, economic evaluation, and organisational maintenance of web-based applications for traumatic stress.

Mouthaan Joanne, Academic Medical Center, Center for Anxiety Disorders; Sijbrandij, Marit, Utrecht University; Olf, Miranda, Academic Medical Center, Center for Anxiety Disorders

Quality of Life and Cost-Effectiveness of a Brief Web-Based Early Intervention to Prevent PTSD in Traumatic Injury Patients

To study the effectiveness of a brief web-based early intervention in preventing PTSD, we conducted a randomized clinical trial (RCT) in 300 patients of two level 1 trauma centers in Amsterdam, the Netherlands. The programme, based on cognitive behavioural techniques, is an internet-based program containing interactive elements and visual and auditory materials. The early intervention aimed to reduce acute psychological distress and long-term symptoms of PTSD in trauma victims. Participants received the intervention within the first month after trauma. After studying the basic clinical effects of the intervention, our goal was to assess whether an early intervention delivered via the internet could also form a challenge to the costs and quality of life outcomes of usual care. Especially in the current economic climate, it is important to spend funding and other limited resources in an evidence-based manner. Research has long shown that the internet can form a clinically as well as a cost-efficient means to disseminate psychosocial care to those in need. In this presentation, we will present the results of our web-based early intervention on quality of life and cost-effectiveness.

Lewis Catrin; Roberts, Neil; Vick, Tracey; Bisson, Jonathan, Cardiff University

Tackling Traumatic Stress: A Guided Self Help Programme for the Treatment of Mild to Moderate Post Traumatic Stress Disorder

Guided Self Help (GSH) is a method of delivering potentially cost-effective psychological therapy for PTSD. The Tackling Traumatic Stress programme has been systematically developed following Medical Research Council (MRC) guidance for the development of a complex intervention. It is available online and in hardcopy and consists of 11 modules, some being mandatory and others optional, allowing tailoring of the intervention. Mandatory modules include psychoeducation, grounding techniques, relaxation, cognitive restructuring, in vivo and imaginal exposure and relapse prevention. Optional modules provide advice on behavioural activation, sleep hygiene, anger management and substance use. Each module has an information section concluding with 10 top tips to bring about change, a multiple choice quiz to consolidate learning and an exercise to be completed and discussed with the programme guide. Two illustrative patient stories are followed throughout the programme. The qualitative and quantitative results of two pilot studies of the programme will be presented.

Kassam-Adams Nancy; Winston, Flaura; Kohser, Kristen L.; Marsac, Meghan, Children's Hospital of Philadelphia

Evaluating Strategies for Dissemination of a Traumatic Stress Prevention Website: Online Media and Sponsored Search

Developing evidence-based, online resources for traumatic stress prevention has the potential for public health impact via the wide reach of the Internet. But the existence of such resources does not ensure that trauma-exposed individuals will find them in a timely manner. Our team has investigated a number of strategies to help connect parents of recently injured children with a traumatic stress prevention website (AfterTheInjury.org). We will report on successes and challenges in these efforts. (1) We identified specific online media targets, including "mommy bloggers" and parenting forums, and conducted an outreach campaign to generate relevant content and links to AfterTheInjury.org. Comparisons of website analytics before, during, and after the active outreach campaign show sustained growth in site visits. (2) With an in-kind Google grant, we are developing sponsored search strategies (paid ads that appear based on a user's search keywords) to increase visits to AfterTheInjury.org. Further development and evaluation of these methods is needed to ensure that strategies are both effective and affordable for non-profit website developers.

Ruzek Josef I., National Center for PTSD, VA Palo Alto Health Care System; Weingardt, Ken, Veterans Health Administration, US Department of Veterans Affairs; Kuhn, Eric, National Center for PTSD, VA Palo Alto Health Care System; Hoffman, Julia E., National Center for Telehealth & Technology

Caring for Trauma Survivors in Large Health Care Systems: Towards Internet-Facilitated Treatment

Challenges in providing best practices in treatment of PTSD and other trauma-related psychological problems include ensuring access to care, training clinicians and increasing use of evidence-based and other best practices, broadening treatment to include a wide range of co-occurring problems, increasing prevention activities, and serving large numbers of clients in an effective and cost-efficient way. Examples from the U.S. Veterans Affairs Health Care System illustrate some specific ways in which Internet-based interventions can offer significant advantages in helping address these challenges. A mental health homepage will facilitate personal goal-setting and delivery of interactive training programs for clients. Clinicians will integrate Internet programs as part of treatment, and clients will self-select into easily accessible preventive self-management programs. Smartphone applications hold additional promise in bringing care to where clients live. Clinical adoption pilot testing and systematic marketing and training/dissemination initiatives will be required to achieve a transformation in care.

Herbert Christophe F.; Brunet, Alain, Douglas Mental Health Institute

Creation and Evaluation of a University eCourse Related to PTSD

The online course "Introduction to Post Traumatic Stress Disorder" is the first full web-based McGill University eCourse and probably the first university Web-based course in the world which addresses trauma. This eCourse is the result of collaborations between researchers, clinicians, programmers and university educational staff. All stages of development (content elaboration, financial aspects, partnership, advertisements, evaluation, etc.), from creation, launch and evaluation will be described. Advantages and disadvantages of online university courses in trauma will be also discussed. The more general needs of universities and professionals regarding future web-course development will be explored.

Vermetten Eric, Military Mental Health/UMC Utrecht/Echoes Online; Schaart, Jan; Driessen, Twan, Foundation Centrum 45/Echoes Online

New Opportunities for Support after Potentially Traumatic Events

In order to effectively meet the needs of the global 21st century, traditional trauma or disaster management services will need to be combined with state-of-the-art technological innovations. This symposium will focus on the use of webportals for specific focus groups in the aftermath of disasters or situations that may have involved exposure to traumatic events. We have set up webportals with secure online services for three specific focus groups in the aftermath of a highly stressful period or traumatic events. These portals served as a useful means for both building a community of survivors as well as facilitating scientific research. The methodology has much to offer, including rapid response, is cost-effective, and enables global reach. With the rapid growth of the Internet we can anticipate a rapid increase in sophisticated information systems. Utilizing the Internet can change the way we deliver care, it can give access to services, particularly in the area of psychological support, that are essential to maximize resources, e.g. facilitate social cohesion, help adequate coping strategies, serve as a referral resource, and contribute to resilience and empowerment. This symposium will evaluate the use in three specific domains.

Dückers Michel; Netten, Josée, Impact; Sardemann, Rob, Slachtofferhulp; Vander Velden, Peter, Psychotrauma Institute Diemen; Vermetten, Eric, Military Mental Health/UMC Utrecht/Echoes Online

Open Access Information Websites after High Impact Disasters: The Tripoli Air Crash

In the wake of the Tripoli air crash in 2010 the Dutch government decided to develop a website, an information and referral centre (IVC), for close relatives and other stakeholders. The IVC was designed in cooperation with the National Crisis Centre, several ministries, travel organisations, experts and victims of earlier disasters. The open area provides news on e.g. the identification process, research into causes of the crash, commemorations, and the role of relevant organisations. Moreover, information is provided on normal reactions to losing a near one, legal issues, repatriation, mourning, and an overview of health and service providers. The closed section includes an independently moderated forum, accessible by personal accounts. Aim is to create a safe environment, social support by peers and to facilitate group interaction. Attention was given to bereavement, tailored health services, and support in the aftermath. All in all, a wide audience of relatives, friends, colleagues, community members, professionals, authorities and media could be reached.

Marres Geertruid, Amphibia Hospital; Leenen, Loek, UMC Utrecht; Vermetten, Eric, Military Mental Health/UMC Utrecht/Echoes Online

Web Portal for E-Support after 2004 Tsunami: Opportunities and Lessons Learned

The 2004 tsunami disaster confronted many displaced people with death, despair and need for information and support. We present the use of a multilingual web portal that combined a platform for information, emotional support, self assessment and referral with research opportunities. Within 3 weeks after the tsunami, an open, online service (www.TISEI.org) was launched to foster (community) support in the aftermath of the disaster. It combined four functionalities, that were earlier only used separately: 1. an e-forum aimed at community building; 2. self assessment and survey; 3. e-consultation, and 4. an information portal. The portal had over approx 86,000 visitors over the first two years. The TISEI-environment was available in 15 languages and visitors came from all over the world. 95% of all visitors came from Europe and the United States. In the long run, the web portal also served as a memorial archive for anniversary meetings and follow-up incentives. Features of the survey set up are reported according to the CHERRIES checklist. Difficulties we experienced were based on funding, time pressure, patient anonymisation, international collaboration and long term maintenance.

Sardemann Rob, Slachtofferhulp

Online Care for Bereaved Families after the Tripoli Aircrash

In the early morning of May, 12th an airbus from Afriqiyah Airways crashed near Tripoli. Of the 104 passengers and crew on board, the sole survivor was a 9-year-old Dutch boy. 70 passengers with the Dutch nationality perished in the crash. A webportal was set up for bereaved in the beginning of June. The webportal contained a closed environment in which bereaved can exchange messages through a forum and get the possibility to distribute practical, psychosocial and legal information that is specifically intended for the involved Dutch families. Through the forum the bereaved could discuss relevant issues and express their grief. Victim Support Netherlands was assigned responsible for the psychosocial aftercare and the responsibility for moderating the forum. The webportal developed into an essential part of the psychosocial aftercare. The website provides the possibility to discern gaps in the psychosocial aftercare which then could be addressed. It also enabled an effective communicationplatform between the stricken Dutch families and various agencies involved in the aftermath of an largescale accident.

Driessen Twan, Foundation Centrum '45

Online Webservices for Military Personnel and Veterans Post Deployment: Online Empowerment

The goal for a webservice for soldiers and veterans was to make contact with the large group that is at risk to develop mental health problems after they have been in conflict areas. The webservice is a tool for secondary prevention and to empower the veterans to overcome their eventually complaints by: 1) sharing their experiences with each other and how they have coped; by using the community forum on the website; 2) sharing positive as well as negative experiences so people can learn of each others experiences; 3) creating awareness about problems that can arise after being in conflict or war areas; 4) giving information about signs and symptoms of stress and especially posttraumatic stress and how to cope with that; 5) providing a validated test for diagnoses related to posttraumatic mental health problems; 6) information about the best way to find professional help if symptoms do not fade away. The way the website has been designed helps to raise awareness and provides tailored information. Both the self-assessment as well as the community forum can empower the person to make more rational and careful decision to seek professional help, to wait, or to engage in other ways for support. First results of the new portal will be presented.

Royle Elizabeth, KR Trauma Support

Working Creatively to Promote Resilience in the Uniformed Services

The European Society for Traumatic Stress Studies has several task forces representing areas of special interest. This symposium is a collection of presentations from members of The Uniformed Services Task Force. The task force aims to promote best practice in the Uniformed Services by sharing knowledge and expertise across Europe in the military, fire and police services.

The session offers an overview of some of the issues faced by those who work with the uniformed services with a focus on how to create accessible services to encourage what may be a reluctant client population to seek mental health support.

It is hoped that, as well as being informative, these short presentations will encourage others to join the task force and share their own knowledge as well as promoting networks and dialogue amongst people with a shared interest in this field.

Hacker Hughes Jamie, Ministry of Defence Lichfield

Working with Uniformed Services – The UK Military Mental Health Services

This short presentation will describe the role, composition and ways of working of British military mental health services to give an example of some of the key themes that are involved and which need to be considered when

working with military uniformed organisations. The makeup of military mental health teams, the ways in which they are organised and deliver services and the typical problems which they deal with will all be considered. Reference will also be made to the military mental health services of other countries.

Schaart Jan, Arq Foundation

Working Creatively to Promote Resilience in the Uniformed Services

Online empowerment for uniformed professionals Uniformed personnel are at high risk of exposure to traumatic events. Primary and secondary prevention of stress and trauma related disorders is of key importance for this group. How then can support be facilitated knowing that Uniformed organizations are not optimally sensitive in giving psycho-social support to their staff. The typically masculine culture poses challenges to sharing personal experiences and concerns professionals, who went through serious incidents or catastrophes, can benefit from finding support from colleagues who have had similar experiences. We explored how to enhance resiliency starting with a web service for victims of a large disaster, followed by a project for empowerment of uniformed people. The web service for veterans employs a narrative approach with personal stories of veterans, their experiences and how they have coped. They can participate in a forum that serves as a narrative community. In addition, a two step standardized questionnaire allows them to assess themselves and receive feedback. This helps raise awareness and provides tailored information. Both the self-assessment and the community forum can empower the person to make a more rational and careful decision to seek professional help, to wait, or to engage in other ways for support. We will present experiences with this new web service and discuss the new opportunities for e-care.

Busuttli Walter, Combat Stress

Working Creatively to Promote Resilience in the Uniformed Services – Veteran’s Clinical Services in the United Kingdom

The role of the National Third Sector Charity ‘Combat Stress’. In the UK, Combat Stress is the leading mental health provider for Veterans, providing a welfare and clinical outreach service as well as bespoke residential treatment programmes for PTSD and co-morbid disorders. It also aims to link patients up with mainstream National Health Services (NHS) where appropriate. Most clinical cases are managed jointly between the NHS and Combat Stress. 80% of veterans presenting as new to Combat Stress have tried to access help from local NHS services but for a variety of reasons report that this help has not been effective or that they have failed to engage. There is an average 14 years delay post discharge from the military before a Veteran will present for help to the Charity, usually meaning that chronic clinical presentations are the norm and complicated by loss of social and occupational function. The British Government recently set up six pilot mental health programmes designed to signpost Veterans into care. This workshop will discuss treatment rehabilitation strategies and psychological interventions for veterans with mental health problems within the context of the UK and with reference to the work of the third sector National Charity Combat Stress and developments in other clinical NHS and MOD services. The role of other agencies will be discussed along with issues concerning the setting up of future clinical services.

Moreton Gill, Edinburgh Traumatic Stress Centre

“Trust me I’m a Therapist!” Crossing the Threshold – Talking with Fire Fighters about Resilience not Madness

This presentation will highlight the challenges for mental health professionals in gaining credibility and access to emergency service personnel. Based on her experiences with Scottish Fire and Rescue Services, Gill will share suggestions on about how to work with the organisations and with the staff themselves to promote good mental health and recovery from post traumatic reactions when they occur.

Royle Liz, Director of KR Trauma Support

Working Creatively to Promote Resilience in the Uniformed Services – Addressing Issues of Stigma and Creating Accessible Services

Research has consistently shown that those who are more functionally impaired are less likely to be receiving mental health services and that stigma, shame and attitudes towards treatment are important factors in this. In the military, this problem is magnified yet personnel are at greater risk of exposure to incidents that may affect their mental health. Members of the uniformed services have a strong cultural identity. The very act of putting on a uniform denotes difference from civilians and similarity to peers. Uniformed service qualities of strength and resilience are far removed from the stereotypical person with mental illness. It could be argued that, in the military, stigma is a “necessary evil” historically embedded in the culture of combat. In the police service, the officer’s interface with mental illness can exacerbate the stigma around mental health. Police officers come into contact with people with mental illness as part of their routine work. Often this is when the individual is in acute crisis and may be displaying violent behaviour, putting themselves at danger or confused and disoriented. This can affect police officers’ attitudes to mental health and reinforce negative stereotypes. This presentation discusses the issue of uniformed services stigma and highlights recommendations for overcoming this and making services more accessible.

Ardino Vittoria, London Metropolitan University; **Bifulco, Antonia**, Lifespan Research Group, Centre for Abuse and Trauma Studies at the University of Kingston, Kingston Upon Thames

Assessment of Complex Childhood Trauma and Disorder Outcomes: Use of the Childhood Experience of Care and Abuse (CECA) Measure

The symposium will describe studies in different parts of Europe that use the CECA interview and questionnaire to assess a range of childhood trauma experiences for lifespan models for different clinical disorder outcomes. The presentations will examine a range of outcomes, as well as developing different causal models. The use of the measure for clinical practice will also be identified. The importance of methodologies which take into account contextual aspects and personal biography are highlighted for lifespan models.

Bifulco Antonia, Antonia Bifulco Lifespan Research Group, Centre for Abuse and Trauma Studies at the University of Kingston

The Childhood Experience of Care and Abuse for Internalising and Externalising Disorder in Adults and Adolescents

Objectives: The presentation will describe the CECA interview and its psychometric properties, and examine the relationship of childhood experiences to different disorder outcomes in community samples. **Methods:** The CECA is tested in high risk, intergenerational community studies in London, to look at transmission of risk. An attachment perspective is utilised to examine early life adversity on insecurity of attachment style. All respondents are given life history interviews which encompasses childhood adversity, attachment style (Attachment Style Interview) and lifetime clinical disorder (SCID). **Results:** Evidence is presented for patterning of different childhood experience and disorder, with types of insecure style mediating. Neglect and abuse from mothers specifically relates to anxious attachment style and emotional disorder in adolescents. Role reversal (parentification) shows a particular association with deliberate self harm. Neglect and abuse from fathers relates to externalising disorder with disorganised attachment style playing a mediating role. Support and secure attachment style is identified as a resilience factor moderating between early adversity and disorder. **Conclusions:** It is necessary to measure a range of childhood interpersonal trauma in order to specify conditions for a range of disorder outcomes. The CECA provides a suitable tool for lifespan studies, and is used in translation in a number of research settings internationally.

Ardino Vittoria, London Metropolitan University; Milani, Luca; Di Blasio, Paola, CRiDee, University of Milano; Verrocchio, Maria Cristina, University Gabriele D'Annunzio

Assessment of Complex PTSD in Prison Populations: The Role of CECA-Q

Objectives: Complex PTSD assessment is mainly focused on victims of trauma. Yet perpetrators of violence have histories of prolonged traumatization and present complex PTSD. The aim of the study was to examine the importance of determining specific characteristics of parental abuse in the assessment of complex post-traumatic reactions. **Methods:** Complex PTSD assessment was complemented with CECA-Q to evaluate a population of 113 prisoners in Northern Italy and to investigate specific pathways from parental abuse to CPTSD and re-offending risk. All respondents were given a series of questionnaires that encompass traumatic life events, complex PTSD symptoms, cognitive processes and re-offending risk. **Results:** Evidence was presented for patterning of different paternal abuses and CPTSD, with dysfunctional information processing mediating between trauma/CPTSD and re-offending. Of the sample, 40% experienced neglect and 36% lack of care. 28% of the sample experienced maternal physical abuse whereas 26,7% experienced paternal physical abuse. 14.7% of participants were sexually abused. In addition, 72% of participants had CPTSD and 30.7% were at risk of re-offending. Early trauma had an interaction with re-offending risk ($r = 0.23$; $p < 0.01$). Finally, Structural Equation Modelling indicated an indirect effect of rumination, regret and negative social support on the relationship between CPTSD and re-offending risk. **Conclusions:** Prisoner populations present a wide spectrum of childhood interpersonal trauma. Specific aspects of early trauma as measured by CECA-Q highlight different pathways to CPTSD and re-offending risk.

Kaess Michael; Parzer, P; Holtz, B; Mattern, R; Brunner, R; Center of Psychosocial Medicine University of Heidelberg

Childhood Experiences of Care and Abuse in a Clinical Sample of Self-Harming and Suicidal Adolescents and their Impact on the Individual Function of Nonsuicidal Self-Injury

Objectives: Adverse childhood experiences are a risk factor for Borderline Personality Disorder (BPD). Many childhood adverse experiences (antipathy, neglect, loss, emotional abuse) remain unnoticed in research. Many previous studies concentrated on adults with fully distinctive BPD; however, BPD begins in early adolescence and is often accompanied with nonsuicidal self-injury (NSSI) and suicidal behaviour (SB). The aim of the study was to investigate a broad variety of childhood experiences of care and abuse in a clinical sample of adolescents engaging in NSSI and SB. **Methods:** 125 young adults referred to a child and adolescent psychiatry unit were recruited over one year. Childhood experiences were assessed by the CECA.Q, NSSI by the "Functional Assessment of Self-Mutilation" (FASM) and SB by the "Paykel Suicide Scale". **Results:** The prevalence of repetitive NSSI was 37.1% whereas SB occurred in 50.8%. In repetitive self-injuring adolescents adverse childhood experiences occurred with a significantly higher prevalence compared to patients without NSSI. There were similar but less distinctive results in SB. The presence of adverse childhood experiences also predicted certain functions of NSSI, especially the anti-dissociative and the self-punishment functions. **Conclusions:** Adverse childhood experiences play an important role in the development of NSSI and suicidal behaviour in adolescents. They may be crucial for an early development of BPD. Additionally, childhood experiences of care and abuse may also account for differences in functions of NSSI.

Schimmenti Adriano, Kore University; Caretti, Vincenzo, University of Palermo; Giannone, Francesca; Lucarelli, Loredana, Kore University

Rationale for the Use of the CECA Measures as Preferred Tools for Research on the Relationship between Child Abuse/Neglect and Adult Psychopathology

Objectives: Research focusing on the role played by child abuse/neglect in the onset of psychopathology needs a valid and reliable assessment of childhood experiences and relationships. Although the most widely used self-report measures on child abuse and neglect may show good psychometric properties, they often provide relevant information only on narrow facets of such experiences. **Methods:** CECA measures (CECA interview and CECA Questionnaires) permit a wider exploration of experiences in infancy, childhood and early adolescence, necessary

for clinical assessment and for psychopathology research. A clear definition and operationalization of childhood risk and resilience factors of CECA measures enable an understanding of the impact of different experiences on disorder outcomes. Findings of Italian typical and atypical samples are presented in the form of clinical cases of war refugees, patients with complex childhood trauma and DSM-IV Axis I-Axis II disorders to demonstrate how CECA narratives are a good clinical tool. Quantitative analyses of CECA using Structural Equation Modelling will also be outlined. **Conclusions:** CECA measures are valid, reliable, and, most important, useful for research and clinical practice.

Schnyder Ulrich, University Hospital Zurich; Nijdam, Mirjam, Academic Medical Center at the University of Amsterdam; Gersons, Berthold, Arq Foundation; Wittmann, Lutz, University Hospital Zurich

Integrating Psychoeducational, Cognitive-Behavioral, and Psychodynamic Approaches: Brief Eclectic Psychotherapy for PTSD

Brief Eclectic Psychotherapy for PTSD (BEPP) is a multimodal treatment for PTSD comprising five essentials: psychoeducation; imaginal exposure; writing assignments and mementos; domain of meaning and integration; and a farewell ritual. This symposium presents findings from two recent randomized controlled trials testing BEPP. Mirjam Nijdam will identify neuropsychological predictors for successful treatment in her RCT on BEPP versus EMDR. Berthold Gersons will discuss the role of hotspots in successful and unsuccessful BEPP treatments from the same trial, as well as similarities and differences of BEPP as compared to CBT and EMDR. Ulrich Schnyder will report on significant and sustained treatment gains with BEPP versus a minimal attention control group. Lutz Wittmann will present predictors of treatment response (education, nationality, unfit for work) for BEPP treatment. In summary, BEPP appears to be a useful complement to the existing evidence based psychotherapies for PTSD.

Nijdam Mirjam; de Vries, Giel-Jan Academic Medical Center at the University of Amsterdam; Gersons, Berthold, Arq Foundation; Olf, Miranda, Academic Medical Center at the University of Amsterdam

Verbal Memory as a Predictor of Treatment Outcome in Brief Eclectic Psychotherapy for PTSD and EMDR

Objective: One of the most consistent findings in neuropsychological studies on posttraumatic stress disorder (PTSD) is impaired verbal memory. Effective trauma-focused treatment of PTSD relies heavily on memory function, but it is largely unknown whether deficits in verbal memory predict treatment outcome. The purpose of the current study is to examine the relationship between baseline verbal memory performance and treatment response to trauma-focused psychotherapy. **Method:** PTSD patients were randomly assigned to either Eye Movement Desensitization and Reprocessing therapy (EMDR; N = 70) or Brief Eclectic Psychotherapy (BEPP; N = 70). Logistic and linear regression analyses were applied to determine if performance on verbal memory tests pre-treatment predicted response to trauma-focused psychotherapy in terms of clinician-rated PTSD diagnosis (yes/no) and decrease in self-reported PTSD (continuous). **Results:** Worse baseline encoding, short-term and long-term retrieval and recognition performance significantly predicted less decrease in self-reported PTSD and more clinician-rated PTSD after trauma-focused psychotherapy. **Conclusions:** Verbal memory measures are helpful in determining whether patients will benefit from trauma-focused psychotherapy. Future research should explore how treatment perspectives of PTSD patients with poor verbal memory can be improved.

Gersons Berthold, Arq Foundation; Baas, Melanie; Nijdam, Mirjam, Academic Medical Center at the University of Amsterdam

Exploring exposure in Brief Eclectic Psychotherapy for PTSD; Explanations and a Pilot Study on Hotspots

Objectives: Exposure is applied in all evidence based treatments for PTSD. In Brief Eclectic Psychotherapy for PTSD (BEPP), exposure is focused on the catharsis of emotions which is different from CBT and EMDR but also effective. The 'hotspot'-theory of Holmes et al. gives some explanation for BEPP-exposure. **Methods:** "Hotspots" are parts of trauma memories that cause high levels of emotional distress, and are often re-experienced. This study

explores the frequency and content of hotspots in relation to treatment success by means of retrospective identification in BEPP. Audiotaped therapy sessions of successfully ($n=10$) and unsuccessfully ($n=10$) treated patients were assessed. All patients met criteria for chronic Posttraumatic Stress Disorder (PTSD) and were treated in a specialist outpatient setting. Patients reported several hotspots. **Results:** In successfully treated patients, hotspots were more often repeatedly focused on, and were more often characterized by change of patients' behavior during therapy, mostly a visible change in affect, as compared to unsuccessfully treated patients. **Conclusions:** Repeatedly focusing on hotspots, followed by catharsis, seems essential for good treatment outcome. This is similar to the goal of obtaining catharsis in BEPP.

Schnyder Ulrich; Müller, Julia; Maercker, Andreas; Wittmann, Lutz University Hospital Zurich

Brief Eclectic Psychotherapy for PTSD: Outcome Data from the Zurich Study

Objectives: To complement existing evidence based psychotherapies for PTSD, Brief Eclectic Psychotherapy for PTSD (BEPP), combining cognitive-behavioral and psychodynamic elements, has been proposed. **Method:** 30 patients who suffered from chronic PTSD following a variety of traumatic events were randomly assigned to either 16 weekly sessions of BEPP or a minimal attention waitinglist. PTSD symptom severity as measured with the Clinician-Administered PTSD Scale was the primary outcome measure; secondary outcome measures included anxiety, depression, and posttraumatic growth. **Results:** Patients who had received Brief Eclectic Psychotherapy experienced greater reductions in PTSD symptom levels than patients in the minimal attention control group. Nine patients (56.3%) in the treatment group, as opposed to four (28.6%) in the control group responded to treatment, achieved total remission, or lost PTSD diagnostic status. Furthermore, greater improvements in comorbid anxiety and depression, and stronger posttraumatic growth were observed in those who had received BEPP. Treatment gains remained largely stable at six months follow-up. **Conclusions:** BEPP appears to be a useful complement to the existing evidence based psychotherapies for PTSD. Apart from reducing PTSD symptom levels as well as comorbid anxiety and depression, BEPP also seems to enhance posttraumatic growth.

Wittmann Lutz; Müller, Julia; Maercker, Andreas; Schnyder, Ulrich, University Hospital Zurich

Brief Eclectic Psychotherapy for PTSD: Prediction of Treatment Response

Objectives: Availability of different treatment options for patients after traumatic events allows for individual choice of type of treatment. Therefore, identification of specific predictors of treatment response is of clinical importance. **Methods:** Data of a randomized controlled study on Brief Eclectic Psychotherapy (BEPP) was analyzed to identify treatment response predictors for this treatment option. PTSD symptoms were continuously assessed in twenty-seven chronic PTSD patients before every 2nd BEPP session with the Posttraumatic Diagnostic Scale (PDS). **Results:** Thirteen participants (48.1%) classified as responders. Comparison of symptom time course tended to differ early between responders and non-responders. Response status was predicted by work ability, a high level of education, and Swiss nationality. Contrarily, trauma history, psychopathological variables, or treatment parameters did not contribute to the prediction of response status. In multivariate analysis, a high level of education remained the only significant predictor of response status. **Conclusions:** Highly educated individuals respond more frequently to Brief Eclectic Psychotherapy for PTSD. Recognition of treatment response during the early treatment phase appears to be a promising extension of previous approaches to outcome prediction. These results require replication in a larger sample of trauma patients.

Shigeyuki Mori, Konan University; Fujiwara, Yukie; Kaneko, Hajime; Kurushima, Shogo; Sachiko, Hitomi, Konan Institute of Human Sciences

The Consequence of World War II and the Complications of the Perpetrator-Victim Relationship: Research in Germany and Japan. Qualitative Analysis on War Childhood in Japan: Based on Interview Cases

Background: World War II did immeasurable damage to those in Japan who experienced it. Although numerous documents on the War have been already produced, there exist little research on the traumatic stress caused by the

War, apart from that of A-bomb survivors. **Methods:** 40 participants born between 1931–45 were interviewed. A semi-structured interview was constructed according to the concepts of “traumatic stress”, “loss experience”, “family relationship”, “narrating experience” and “perpetrator-victim identity”. Referring to GTA, the interviewing and the analysis have been carried out along with continuous interactive re-examination. **Results:** Various traumatic events and stresses were found. “Guilt” and “shame” rather than “fear” were often working as determining factors. In most cases, traumatic experiences had not been talked over with family members and silence was maintained until today or until particular occasions such as encountering survivors’ associations. “Underestimation of traumatic symptoms” and the coexistence of “appreciation and guilt” for being protected by parents were found. The perpetrator-victim relationship within Japan was found to promote such silence. The identification with “perpetrator,” “victim,” “perpetrator country,” and “victim country,” was varied and the perpetrator country identification and the victim country identification often coexisted. **Conclusion:** Silence about traumatic experience during World War II was a general phenomenon after the war. It can be inferred that this silence resulted in an inability to confront the outcomes of the war.

Glaesmer Heide; Brähler, Elmar; Gunzelmann, Thomas, University of Leipzig; Forstmeier, Simon; Maercker, Andreas, University of Zurich

Traumatic Experiences and Post Traumatic Stress Disorder among the German Elderly: Results of a Representative Population Based Survey

Background: Against the background of World War II, size and long-term effects of war related traumatic experiences are of special interest. Nevertheless, population based data are lacking to date. **Methods:** The study examines the occurrence of traumatic experiences and the prevalence rates of PTSD according to DSM-IV and of partial PTSD in a randomly selected sample of the German general population aged 60 years and above (N = 814) using self rating instruments. **Results:** Post Traumatic Stress Disorder (PTSD) is apparent in 3.4%, including Partial Post Traumatic Stress Syndromes, a total of 7.2% of the aged are affected. The most common individual symptoms resulting as consequences of war-induced trauma are avoidance of thoughts and feelings, sleep disturbances, distressing dreams and intrusive thoughts. The most frequently mentioned traumatic experiences were war-related trauma that the generation examined in this study experienced as children or in early adulthood during the Second World War. As a person’s age increases, so do the prevalence of war-related traumatic experiences. There are some gender differences in traumatic experiences, but not in posttraumatic symptoms. **Conclusion:** The results underpin the importance of war related traumatic experiences from World War II in the German elderly population and their impact on the prevalence of PTSD over sixty years later.

Muhtz Christop; von Alm, Christine; Wittekind, Charlotte; Godemann, Kathrin; Kellner, Michael, University-Hospital Hamburg-Eppendorf

Long-Term Consequences of Chronic PTSD in Aging Former Refugee Children

Traumatic events during childhood have been associated with long-term consequences for the mental as well as the physical health. In the case of World War II, there is a growing interest in the well-being of former war children, who are now older adults. In the present study we examined the effects of chronic PTSD on life quality as well as on endocrine and metabolic parameters in former refugee children, who were severely traumatized more than six decades ago. We recruited refugees from the former German eastern territories who were born between 1933 and 1940 and were displaced as children (aged 5 to 12 years) during/after World War II. Over 500 former refugee children answered the questionnaires including the Posttraumatic Diagnostic Scale (PDS) and the Short Form (36) Health Survey (SF-36). 31,5% of the participants fulfilled criteria of full PTSD in the PDS, 33,7% of partial PTSD. We invited 25 participants who rated high in the PDS (score >20) and 25 age and sex-matched participants who rated very low (score <3) in the PDS for further investigations of variables of the metabolic syndrome and endocrine variables.

PTSD was associated with diminished quality of life and resilience, but not with altered metabolic or endocrine parameters. Our study demonstrates the long-term consequences of flight and expulsion during childhood. As in our population PTSD was not associated with altered endocrine or metabolic variables, search for subgroups of

PTSD patients with childhood traumatization leading to different metabolic and endocrine long-term consequences in aging PTSD patients is needed.

Ermann Mechael; Krinner, Manuel; University of Munich

Germans Reporting about their Childhood during the War

This paper will present the results of the qualitative analysis of 25 interviews with Germans born under the auspices of World War II in Germany between 1936 and 1945. The findings concern the narrative representation of self and identity, father and mother, and of experiences during the childhood of the interviewees and of resources during the postwar coping processes: What are the interviewees talking about when they are thinking about their experiences and relationships as children of World War II and the Nazi period?

Some substantial results are: 1) Specific types of mother-, father- and parents representations are to be distinguished (and described in detail in the paper). 2) They are often contaminated with shame and loyalty conflicts and contradictory, stressing the victim pole of a complex constellation. 3) In parallel, specific types of self representations are described in connection to the corresponding parents representation. 4) Self representations are usually neglecting the emotional concern by personal traumata and denying the victim aspect of the self. 5) There is some evidence that positive (i.e. self accepting) identity requires recognition and confirmation of emotional injuries by a supporting familiar environment. 6) The political background, containing the Nazi Movement, tends to be faded out from the interviews – which also is reflected by a specific counter transference from the side of the interviewers.

Kassam-Adams Nancy, Children's Hospital of Philadelphia; Colville, Gillian, St George Bakker, Anne, Association of Dutch Burn Centres

Parents and Children Facing Medical Trauma

A growing body of literature has documented the occurrence of traumatic stress reactions in both children and their parents, related to pediatric medical events. This symposium brings together new findings from prospective studies of children and parents in the aftermath of an acute medical event: pediatric burn, pediatric injury, and admission to the pediatric intensive care unit.

The studies examine parents' own reactions to a child's medical event, the ways in which parents assess their child's reactions, the interplay between parent and child traumatic stress reactions over time, and test, in a randomized controlled trial, practical methods for providing support to parents in busy pediatric medical settings. Study results suggest the importance of attending to parent traumatic stress reactions as well as child reactions, and demonstrate one promising approach to doing so.

Presenters will discuss theoretical and clinical implications of this work.

Bakker Anne; Van Loey, Nancy, Association of Dutch Burn Centres; Van Son, Maarten; Van der Heijden, Peter, Utrecht University

Childrens Traumatic Stress Reactions in the Acute Aftermath of a Pediatric Burn Event: Preliminary Findings on Agreement between Child, Mother, and Father Report

Objective: To examine mother-child and father-child agreement concerning child traumatic stress reactions after pediatric burn, and the role of parents' own traumatic stress reactions. **Method:** Child (8–17 years) and parent traumatic stress were assessed within the first month post burn in 53 mother-child dyads and 43 father-child dyads. Multiple regressions assessed relations between child- and parent-rated child reactions, and parent reactions. **Results:** Parent-rated and self-rated child traumatic stress were significantly related in mother-child dyads and in father-child dyads ($r = 0.48$). Self-rated child reactions were related to mothers' stress reactions ($r = 0.45$), but not to fathers' stress reactions. After accounting for self-rated child reactions, mothers' own reactions were significantly related ($\beta = .54, p < .01$) to mother-rated child reactions. However, fathers' own reactions were not related to father-rated child reactions. **Discussion:** Although these preliminary findings need replication, the study shows that mothers' but not fathers' own stress reactions are independently related to parent observations of their child's

traumatic stress reactions. This suggests that in the acute phase after a burn event mothers' individual reactions affect their observation of the child, while in fathers this might not be the case.

Kassam-Adams Nancy; Marsac, Meghan, Children's Hospital of Philadelphia

Bi-Directional Influences between Parent and Child Traumatic Stress Symptoms after Pediatric Injury

Objective: To examine potential mutual influences between parent and child posttraumatic stress responses (PTS) over the 6 months following hospitalization for an acute injury. **Method:** 177 children (8–17 years), and one parent per child, were enrolled within days of an acute injury. Child and parent self-report of PTS were obtained at baseline, 6 weeks, and 6 months post-injury. We evaluated the fit of models that included paths for stability (child PTS from each time point to the next, and the same for parent PTS), cross-lagged influences (parent PTS influencing child PTS at each subsequent time point, and vice versa) and reciprocal influences between parent and child PTS within each time point. **Results:** After accounting for a modest baseline correlation ($r = .22$) between parent and child PTS, and significant stability within child PTS or parent PTS across time, there was a significant path from parent PTS at 6 weeks to concurrent child PTS. There were no significant paths from child PTS severity to concurrent or subsequent parent PTS severity. **Discussion:** There was little evidence for child symptoms driving parent symptoms, either concurrently or across time. It appears that parent PTS symptoms that persist to 6 weeks may be one risk factor for continued child PTS at that time point.

Colville Gillian; Cream, P.; Kerry, S.; St George's Hospital/St George's University of London

Evaluation of a Paediatric Intensive Care Follow-Up Clinic: It's Good to Talk!

Objective: To establish the impact of a Paediatric Intensive Care Unit (PICU) follow-up clinic on parents' distress. **Method:** In a prospective randomised controlled trial, parents of 133 children admitted to an eight-bed PICU for > 12 hours were randomly allocated to intervention (follow-up clinic appointment offered 2 months after discharge) or control (no appointment). Parent stress was assessed at discharge using the Parental Stressor Scale: PICU. Posttraumatic stress, anxiety and depression were assessed 5 months later by postal questionnaire. **Results:** Outcome data were obtained for 105 parents. Whole group analyses revealed no significant differences in psychological outcome between control and intervention groups. However, there was an intervention effect for a sub-group ($n = 55$) who had reported baseline stress scores above median. Within this sub-group, parents who received the intervention were less likely to report clinically significant levels of posttraumatic stress (25% vs 56%, $p = .018$) or depression (19% vs 52%, $p = .009$) than controls. **Discussion:** These results do not justify routine provision of PICU follow-up clinic appointments for all parents. However, for parents who find the admission particularly traumatic, distress rates might be reduced by a simple intervention, which was feasible in a clinical setting.

Steil Regina, Institute of Psychology Frankfurt

New Developments in the Treatment of PTSD after Interpersonal Violence

New developments in CBT for PTSD after interpersonal violence will be reported and discussed. Marylène Cloitre reviews the results of a new two module treatment for PTSD related to childhood abuse, comprising of skills training in affective and interpersonal regulation (STAIR) plus a modified version of prolonged exposure called Narrative Story Telling (NST). STAIR/NST has been found to be superior to skills training and exposure treatments and associated with reduced dropouts when compared to the exposure alone. Patricia Resick and colleagues report on the effect of dissociation on treatment (CPT) outcome for PTSD related to interpersonal or sexual violence, elucidating the effects of CPT on dissociative symptoms. Martin Bohus gives an overview on the current knowledge on neurobiology of emotion regulation and dissociation in CSA-related PTSD and its implications for treatment development. Regina Steil and colleagues report the results of a randomized controlled trial comparing Dialectical Behaviour Therapy for severe CSA-related PTSD and comorbid disorders such as

Borderline Personality Disorder (DBT-PTSD) with Wait List. DBT-PTSD shows high effect sizes for the reduction of PTSD symptoms in patients with and without Borderline Personality Disorder symptoms.

Cloître Marylène, New York University

Treating PTSD Related to Childhood Abuse

This presentation will review the results of a two module, sequential treatment in which the first module emphasizes present-focused skills training in affective and interpersonal regulation (STAIR) for day-to-day life difficulties and the second module incorporates past-focused work on the processing of the trauma, using a modified version of prolonged exposure, called Narrative Story Telling (NST). The treatment was specifically designed to treat high risk, multiply traumatized individuals with chronic PTSD and related affect regulation and interpersonal disturbances. In a randomized controlled trial (n = 104), the sequential treatment, STAIR/NST was found to be superior to two control conditions (skills training and exposure treatments). STAIR/NST was superior to the other two treatments in improving symptoms of PTSD, emotion regulation and interpersonal problems. It was also associated with reduced dropouts and symptoms exacerbation during the memory processing work when compared to the exposure alone condition. Predictors of treatment outcome for each of the treatment conditions, with a special emphasis on childhood trauma and baseline emotion regulation difficulties, indicate that the STAIR/NST treatment provided uniformly and positive outcome regardless of severity of childhood abuse (number of different types of early life trauma) while outcomes were more variable in the exposure alone treatment, where worsening childhood abuse was associated with reduction in benefits at treatment end. These data suggest potential patient-to-treatment strategies.

Resick Patricia A., National Center for PTSD Boston; Suvak, Michael; Mitchell, Karen; Johnides, Benjamin; Iverson, Katherine

Treatment for PTSD: The Effect of Dissociation on Treatment Outcome

It is often questioned whether short evidence-based treatments for PTSD can work with people with complex presentations.

Dissociative symptoms represent an example of a complex presentation. This talk will focus on the presence and outcomes of dissociative symptoms in two randomized controlled trials for PTSD conducted by the author in which multiple measures of dissociation were collected. The first trial compared cognitive processing therapy (CPT) with prolonged exposure with 171 women who had experienced at least one rape (42% had experienced child sexual abuse). The other trial was a dismantling study of CPT into its constituent components with 150 women who had experienced interpersonal violence at some point in their lives. Both samples had extensive trauma histories. Dissociation was not an exclusion criterion in either trial. The treatments were not altered or lengthened to accommodate dissociative symptoms. Measures were somewhat different in the two trials but included the Peritraumatic Dissociation Scale, Dissociative Experiences Scale, Trauma Symptom Inventory Dissociation Scale and/or the Multiscale Dissociation Inventory.

None of these measures has been examined in prior presentations or publications. The presentation will first describe the level and type of dissociative symptoms in these samples. Next, the effect of treatment on these symptoms will be examined. Third, dissociative symptoms will be examined as predictors of treatment outcome. The presentation will conclude with recommendations for future research and clinical practice.

Bohus Martin, University of Heidelberg

Neurobiological Aspects of PTSD after Childhood Sexual Abuse and its Implications for Treatment Development

PTSD after childhood sexual abuse is often characterized by the typical features of PTSD plus dysfunctional affect regulation, dissociation, and altered perceptions of the self and others. Recent research began to elucidate the underpinning neurobiological mechanisms of these features and their implications on neural plasticity. Particularly with regard to dissociation, our work group could show that experimentally induced dissociation leads to amygdala

deactivation and hippocampus hypoactivity. Emotional learning during activated dissociative states is inhibited. This has strong clinical implications: In particular exposure based procedures have to provide additional therapeutic interventions to block dissociative features. The presentation gives an overview on the current state of the art knowledge on neurobiology of emotion regulation and dissociation in this group of patients and the deduced specific interventions.

Steil Regina, Institute of Psychology Frankfurt, Dyer, Anne; Priebe, Kathlen; Krüger, Antje; Bohus, Martin, Central Institute of Mental Health Mannheim

Dialectical-Behavior-Therapy for Severe Posttraumatic Stress Disorder after Childhood Sexual Abuse: A Randomized Controlled Trial

Objectives: We modified standard dialectical behavior therapy (DBT) to meet the specific needs of adult patients experiencing severe and chronic PTSD related to childhood sexual abuse plus severe co-occurring psychopathology such as BPS or eating disorder. We evaluated the effects of DBT-PTSD. **Method:** 80 women suffering from chronic PTSD related to CSA and co-occurring psychopathology were randomised to either a waitlist condition (WL) or a three month residential DBT-PTSD inpatient program. Patients were assessed prior to randomisation (t1), post treatment (t2, 3 months post randomisation), at 6 weeks and 3 months post discharge (t3, t4; 4.5 months and 6 months post randomisation). Assessments included Clinician Administered PTSD Scale (CAPS), Posttraumatic Diagnostic Scale (PDS), Beck Depression Inventory (BDI), SCL90R, and Borderline Symptom List (BSL). **Results:** Group Comparisons at t1 and t3 revealed significant response and remission for the DBT-PTSD group. Manovas revealed significant time x group interactions, showing a significantly greater reduction of symptomatology in CAPS, PDS, and BDI for DBT-PTSD as compared to WL. Cohen's d (t1 vs. t4, CAPS) was 1.4 for DBT-PTSD and 0.19 for the WL. **Conclusions:** Data suggest that DBT-PTSD has a high promise for reducing severe and chronic PTSD and comorbid psychopathology related to CSA.

Schnyder Ulrich; Landolt, Markus A., Children's Hospital Zurich; Maier, Thomas; Meidert, Ursula; Mohler-Kuo, Meichun, University Hospital Zurich

Child Sexual Abuse in Switzerland – A Multimodal Data Gathering Approach

Background: The currently available data on incidence and prevalence of Child Sexual Abuse (CSA) is far from robust due to the limitations of available samples and methodologies. We conducted a nation-wide survey, using multiple methods of collecting data. **Methods:** A school-based national representative sample of approximately 9'921 adolescents attending the 9th grade (age 14–17) was drawn using a latest list of all schools and classes provided by the Federal Bureau of Statistics. The sample was stratified according to the 7 great regions and all 26 cantons in Switzerland. A computer-based self-administered questionnaire using laptops was given in class, resulting in a total of 6'826 completed interviews. We also conducted an internet based comprehensive survey of cases of CSA and other forms of maltreatment involving more than 1'400 agencies in Switzerland. Data were collected online, using a modified and translated version of the NIS-4 data form. Finally, 26 adolescent victims of CSA (23 girl, 3 boys) underwent in-depth interviews, and data analyzed using qualitative content analysis. **Results:** Results will be presented by the following three speakers. **Conclusions:** The results of the study will contribute to a better estimate of prevalence and annual incidence of CSA in Switzerland. Lessons learned will be discussed at the end of the symposium.

Landolt Markus A.; Mohler-Kuo, Meichun; Maier, Thomas; Meidert, Ursula; Schnyder, Ulrich, University Hospital Zurich

Life-Time Prevalence and Annual Incidence of Child Sexual Abuse in Switzerland: A School Survey

Background: Available data on incidence and prevalence of child sexual abuse (CSA) is far from robust due to the limitations of available samples and methodologies. This paper reports lifetime prevalence and annual incidence of

CSA among adolescents ages 14–17 years in Switzerland. **Methods:** A school-based national representative sample of 6'826 adolescents attending the 9th grade was assessed. The sample was stratified according to the 7 great regions and all 26 cantons in Switzerland. Contact and non-contact CSA was assessed by the respective items of the Juvenile Victimization Questionnaire and additional self-developed questions. A computer-based self-administrative questionnaire using laptops was conducted in class. **Results:** Lifetime prevalence of any kind of contact and non-contact CSA was 46.2% in girls, and 40.1% in boys. Past year incidence rates were 32.2% for girls, and 18.2% for boys. Contact CSA was reported by 22.8% (lifetime) and 14.6% (past year) of the girls, and 9.5% (lifetime) and 7.1% (past year) of the boys. German speaking parts of Switzerland showed the highest rates of CSA. **Conclusions:** Even in a well developed country like Switzerland CSA is a frequent phenomenon. Measures to improve prevention are urgently needed.

Maier Thomas, University Hospital Zurich; Mohler-Kuo, Meichun; Landolt, Markus A., Children's Hospital Zurich; Jud, A.

Annual Incidence of Disclosed Cases of Child Sexual Abuse in Switzerland: The Optimus Agency Study

Background: A large number of cases of Child Sexual Abuse (CSA) are not reported to any authority or agency. In addition to epidemiological surveys, there is a need to assess the number of cases of CSA disclosed to agencies. We report findings from a nationwide agency survey assessing the annual incidence of disclosed cases of CSA. **Methods:** We conducted an internet based comprehensive survey on cases of CSA and other forms of maltreatment involving more than 1400 agencies in all 26 cantons of Switzerland. Agencies were classified into three categories: 1) tutelary (civil) child protection agencies, 2) penal authorities, 3) voluntary services of child protection. Data was collected online, using a modified and translated version of the NIS-4 data form. **Results:** A total of 2509 cases of child abuse were reported during the 6-months collection period whereof 1303 were classified as sexual. Data about the nature and severity of maltreatment, characteristics of the children involved, perpetrators, families, and interventions initiated by the agencies will be presented. **Conclusions:** The results of the study contribute to a better understanding of how, when and by whom cases of CSA are disclosed. Patterns of maltreatment and services' involvement are identified and allow for a discussion of needed improvements in child protection services.

Schönbucher Verena, University Children's Hospital Zurich, Maier, Thomas; Mohler-Kuo, Meichun; Schnyder, Ulrich, University Hospital Zurich; Landolt, Markus A., University Children's Hospital Zurich

Disclosure of Child Sexual Abuse by Adolescents in Switzerland: Results from a Qualitative In-Depth Study

Background: Victims of child sexual abuse (CSA) often disclose the abuse with a considerable delay. They seem to particularly be concerned to inform their parents about the abuse. We did a qualitative in-depth study on disclosure patterns by adolescent victims of CSA in Switzerland. **Methods:** Twenty-six adolescent victims of CSA (23 girls, 3 boys) were interviewed. In addition to standardised measures on mental health and sexual abuse experiences, qualitative open questions on the disclosure process were applied. A qualitative content analysis according to Mayring (2008) was performed. **Results:** Less than a third (N = 8) of participants immediately disclosed the CSA to another person. Recipients of both immediate and delayed disclosure were in most cases peers. Except for one participant, all have informed friends about CSA, while more than a third (N = 10) had never disclosed the abuse to a parent. Main motives for non-disclosure towards parents were lack of trust or not wanting to burden parents. **Conclusions:** Our results confirm previous findings that delayed or non-disclosure of CSA to parents is common. Instead, friends are regarded as more reliable confidants. Since parents, compared to peers, have in most cases more competence to disrupt CSA, the facilitation of disclosure to parents should be given specific attention in prevention programmes.

Munk-Andersen Ebbe; Doulgerof, Ivan, Danish Red Cross

Working with Traumatized Asylum Seekers – Professional Intervention with an Overarching Focus on Re-Establishing Basic Human Rights

The basic human rights of asylum seekers have often been violated before the arrival in Denmark and they continue to be challenged to a certain extent while the asylum case is being tried. As professionals we meet the asylum seekers during a period of great uncertainty and we are faced with multiple challenges concerning “best practice” approaches to traumatized human beings. Hence, means and ways ahead for professional intervention are heavily influenced by various practical, financial, and legal restrictions in the asylum phase. These challenges bring the underlying platform of Human Rights to the foreground and firmly place our professional responsibility within this greater context. In line with the Declaration of Human Rights, it is our obligation to ensure a safe, meaningful, and dignified wait at the asylum centers. The assessment and treatment of trauma are part of a general resilience promoting effort with an overall aim to ensure elements of basic human rights. By illustrating our experience through presentations on psychological screening, psycho-education, and resilience-promoting living conditions, we wish to shed light on some challenges and possibilities concerning human rights and psychotraumatology when working with asylum seekers.

Andersen Mette Helweg; Doulgerof, Ivan, Danish Red Cross

Psychological Screening as a Mean of Assessing Risk Factors among Asylum Seeking Children

In Denmark, asylum seekers are subjected to the “Law of Social Service” which outlines the structure of interventions intended for citizens with physical, social, or mental disability. The services implied by this legal framework might be argued to somewhat conflict with the liminal status of the asylum seeker, accentuating the tension field between universal human rights and national legal rights that professionals working within the asylum system need to navigate. With this in mind, the Danish Red Cross initiated a new practice of psychological screenings of all arriving children in the beginning of 2009. The purpose was to assess and identify those children who have either developed psychological difficulties or are at risk of doing so. A research study on the psychological screenings resulted in a publication (Shapiro et al., 2010) concluding that more than 50% of children were assessed to be at risk upon arrival. The problems are often associated with human rights violations such as violence, torture, and other life threatening events which many times have resulted in severe traumatic stress – either directly or, more often, secondary through a parent. The screenings therefore enable earlier coordinated psychosocial attention, e.g. treatment, counseling, and/ or psycho-education.

Vestergaard Andersen Kirsten; Doulgerof, Ivan, Danish Red Cross

Psycho-Education: Empowering Asylum Seekers

In the Danish asylum system, we intervene with psycho-educational group sessions that aim at re-establishing basic human rights such as increased agency and resilience. The methods used are varied (traditional teaching, workshops, and joyful play), acknowledging the complexity of difficulties experienced as a result of prior traumatic experiences, disempowerment, living in exile, not being able to plan for the future etc. The psycho-educational intervention aims at enhancing the participants’ knowledge on trauma, exile, and self-regulation through education, generalization, normalization, and sharing of experience. There is a strong interpersonal focus on feeling safe within the group-setting which challenges many traumatized individuals since interpersonal trauma in many cultures is considered taboo, leaving the individual alone with the memories, thoughts, and feelings. By offering this type of intervention we want to facilitate new perspectives on symptoms and reactions and enable the participants to gain new and more helpful coping strategies. With children and parents, the intervention aims i.a. at promoting supportive parenting skills. In this way a psycho-educational intervention supports the asylum seekers in their current life situations, and by improving resilience it equips them to meet future challenges.

Seidenfaden Dea, Denmark; Dougerof, Ivan, Danish Red Cross

Resilience-Promoting Living Conditions for Asylum Seekers

One of the most vulnerable groups in the Danish asylum system consists of families who are not deemed eligible for asylum, but at the same time, cannot return to their country of origin. Such families are faced with great uncertainty, living in the asylum system for up to 9–10 years, without benefitting from the general rights that apply to Danish citizens. Viewed from one perspective this might be considered an obstacle to the re-establishment of their human rights. This situation calls for increased professional awareness as it is difficult to discriminate symptoms of traumatic stress and symptoms stemming from pro-longed stay at asylum centers. As the Danish State in 2008 let 16 such families move out of the asylum centers, the Danish Red Cross was determined to document the effect of this change of environment and agency. A qualitative study was made, investigating the experienced difference between living in an asylum center versus living in the community. The findings were published (Seidenfaden, 2009) and the results were unambiguous: even though none of the families' legal rights changed, the well-being of all children was dramatically improved. In this way, the study allows for a heightened awareness of factors that might promote resilience versus maintenance in relation to traumatic stress.

Bal Sarah; Tierens, Marlies, Ghent University

Risk and Protective Factors in Traumatized Children and Adolescents

In the aftermath of a traumatic event children or adolescents do not necessarily experience negative psychological consequences. Whether they develop trauma-specific symptoms is related to risk and protective factors associated with 1) the traumatic event, 2) the child and 3) its environment. The presentations in this symposium will examine the roles of several risk and protective factors in children, adolescents and parents who were confronted with a single non-interpersonal trauma.

De Soir Erik, Royal Military Academy Brussel; Zech, Emmanuelle, Louvain University; Alisic, Eva, University Medical Center Utrecht; Versporten, Ann; van Oyen, Herman, Scientific Institute of Public Health Brussel; Kleber, Rolf; van der Hart, Onno, Utrecht University; Mylle, Jacques, Royal Military Academy Brussel

Children Following a Technological Disaster: PTSD Predictors and Risk Factors

This presentation aims to describe the risk factors for the development of posttraumatic stress reactions (PTSR) in children involved in a technological disaster which took place in the industrial zoning of Ghislenghien (Belgium) on July 30th 2004. The children in the area surrounding the disaster, involved in various degrees, were assessed at four months (T1) and at fourteen months (T2). At T1 and T2, respectively 7% (n = 128) and 4% (n = 69) of the responding children showed severe PTSR. Among the children involved in the disaster, 60% of those who presented PTSR at T1, recovered of these symptoms at T2. One child developed severe PTSR between T1 and T2. The results indicate that several risk factors were related to the severity of PTSR: 1) type of exposure to the disaster; 2) peritraumatic dissociation during or immediately after the disaster, i.e. peritraumatic dissociation; and 3) dissatisfaction with the received psychological support.

Tierens Marlies; Bal, Sarah; Crombez, Geert, Ghent University; Deboutte, Dirk, Collaborate Antwerp Psychiatry Research Institute

Gender Differences in the Development of Trauma Symptoms

It is widely acknowledged that, compared to boys, girls are more at risk of developing PTSD or other trauma-specific symptoms when they are confronted with a traumatic event. Research shows that the development and severity of trauma-symptoms is closely connected with a number of risk and protective factors such as characteristics of the traumatic event (e.g. severity), individual characteristics (e.g. negative appraisals, coping)

and environmental factors (e.g. social support). Only a few studies investigated whether these influencing factors function differentially in the development of trauma symptoms in boys and girls.

As road traffic accidents (RTA) are internationally considered as one of the most common traumatic experiences for adolescents, this study investigated two samples of young traffic victims. 1) A community based sample of 3000 students completed questionnaires on their experience with road traffic accidents; 2) a sample of 150 adolescents who consulted an emergency department after an RTA were interviewed one month and more than six months after the accident. Results will show whether gender moderates the relation of risk and protective factors with trauma symptoms. Insight in these gender differences can offer new opportunities for the prevention of long term psychological problems.

Bal Sarah, Ghent University Hospital; Tierens, Marlies, Ghent University; Deboutte, Dirk, Collaborate Antwerp Psychiatry Research Institute; Crombez, Geert, Ghent University

Stress Reactions in Parents of Young Traffic Victims

Adolescents who experienced a traffic accident with injury run serious risks to develop posttraumatic stress reactions. Research on the psychological consequences for young traffic victims is intrinsically connected with the study of influencing factors, such as the protective role of familial support. Stress experienced by the victims' parent can have a strong influence on the stress response of the child and vice versa, and can influence the process of social support. Children have a higher risk to develop posttraumatic symptoms if (one of) the parents as well exhibit stress symptoms caused by the accident. Most studies focussed on the role of the mother while research showed that stress symptoms of the father also predicted stress symptoms in the child. In addition, parents are not always capable to correctly assess the problems of their child. This entails the risk that parents underestimate the emotional repercussions of the accident on the child and that they therefore would give less efficient support. Differences between symptom perception of the victim between adolescent, mother and father, as well as the predictive role of the parent stress reactions on the victims' problems were studied in a group of 150 adolescent traffic victims who were referred to emergency departments. Results of this study will be discussed.

Nollet Lore; Tierens, Marlies; Bal, Sarah; Ghent University Hospital

The Role of Parenting Styles in Trauma Symptoms

Parenting behaviours are known to affect the development trajectories of children. Positive parenting styles are related to positive child outcomes, while negative parenting styles are associated with increased risk for both internalizing and externalizing problems. Only a few studies focused on the relation of parenting behaviours to the development of traumatic symptoms. These studies identified hostile, coercive or controlling parenting styles as a predictor of PTSD. However, most studies focused on type II trauma and little is known about the role of parenting styles in the processing of a single event trauma.

In a sample of 80 traffic victims (10–17years) who consulted an emergency department after a road traffic accident the roles of different parenting styles (responsiveness, behavioural control, psychological control and autonomy support) on trauma symptoms and perceived social support by the victim after the accident were investigated. The results of this study will be discussed in this presentation.

Winje Dagfinn; Arefjord, Kjersti; Hansen, Anita L.; Dovran, Anders, University of Bergen/Haukeland University Hospital; Waage, Leif, Correctional Service Region West Norway/Haukeland University Hospital; Dalsboe, Savita A., St Olav's University Hospital

Childhood Trauma and Correlates: Findings from Screening in Exposed Groups

The fact that patients seldom spontaneously disclose traumatic experiences necessitates that clinicians ask patients about potential traumatic events and trauma-related symptoms. Trauma screening gives clinicians' means for initiating dialogue with individuals about their trauma experiences. The Trauma Psychology Research Group, Faculty of Psychology, University of Bergen has initiated a screening project and collected data about the psychological effects of trauma in exposed groups of civilians.

Assessing five types of childhood maltreatment, Childhood Trauma Questionnaire (CTQ), help mental health professionals identify persons who are at risk for trauma-related symptoms. Symptom Checklist-90-Revised (SCL-90-R) and Impact of Event Scale-R (IES-R) are widely used to assess general psychological symptoms and specific posttraumatic symptoms, respectively. Some of the results from the screening project are presented by the four speakers in this symposium.

Dalsboe Savita A., St Olav's University Hospital; Winje, Dagfinn; Arefjord, Kjersti, University of Bergen; Dovran, Anders; Hansen, Anita L., University of Bergen/Haukeland University Hospital; Waage, Leif, Correctional Service, Region West/Haukeland University Hospital

The Minimization Scale in Childhood Trauma Questionnaire (CTQ): Additional Information or Unnecessary Addition?

Childhood Trauma Questionnaire comprises three "minimization" items ("There was nothing I wanted to change about my family"; "I had a perfect childhood"; "I had the best family in the whole world.")

Endorsement of one or more of these items may be regarded a minimization tendency if the total CTQ score indicates presence of childhood trauma. CTQ is a widely used instrument, but very few authors have reported findings related to this validation score. The associations between "Minimization score" and CTQ trauma score within the total sample and subsamples will be presented.

Dovran Anders, University of Bergen/Haukeland University Hospital; Winje, Dagfinn; Arefjord, Kjersti, University of Bergen; Hansen, Anita L.; University of Bergen/Haukeland University Hospital; Dalsboe, Savita A., St Olav's University Hospital; Waage, Leif, Correctional Service West Bergen

Childhood Trauma and Symptom Correlates among Exposed Adolescents and Young Adults

The total sample (N = 404) comprises four subsamples: patients in mental health (n = 101) or drug abuse treatment (n = 126), persons currently or previously placed in mandated foster care (n = 69) and prisoners (n = 108) were screened for childhood trauma (CTQ) and psychological symptoms (SCL-90-R and IES-R). The results indicate strong dose-response associations between experiences of complex childhood trauma and clinically significant levels of current symptoms of posttraumatic stress and general psychological distress.

Arefjord Kjersti; Winje, Dagfinn, University of Bergen; Dovran, Anders; Hansen, Anita L., University of Bergen/Haukeland University Hospital; Dalsboe, Savita A., St Olav's University Hospital; Waage, Leif; Correctional Service/Haukeland University Hospital

Psychological Correlates of Family and Peer Rejection in the Context of Trauma

The family and the peer group are the two main sources of social and psychological support for young persons. What are the effects of abandonment from the parents (through intrafamilial abuse and neglect) and abandonment from the peer group (through bullying) on later psychological symptoms? The study examined these effects on later posttraumatic psychological symptoms. Analyses indicate interesting patterns in the different subsamples regarding the associations between family and peer abandonment on later psychological health.

Waage Leif, Correctional Service, West/Haukeland University Hospital; Winje, Dagfinn; Hansen, Anita L.; Arefjord, Kjersti; Dovran, Anders, University of Bergen/Haukeland University Hospital; Dalsboe, Savita A., St Olav's University Hospital

Childhood Trauma and Correlates with Adult Attachment Style among Inmates in Bergen Prison

Childhood trauma may have significant associations with the development of attachment styles which are important in coping with trauma in adult life. In the present study adult attachment style was assessed by using the

Experiences in Close Relationships Inventory (ECRI) in a group of prisoners (N = 108). The associations between attachment style (ECRI), types of childhood trauma (CTQ), symptoms of posttraumatic stress (IES-R) and general psychological distress (SCL-90-R) were examined, and the findings will be presented.

Scholte Pim, Equator Foundation & University of Amsterdam

Good Practice in the Care for Survivors of Human Rights Violations

This symposium addresses methods to respond to the needs of survivors of torture and other human rights violations. Two presentations report on the consecutive transnational research projects of six European institutions providing healthcare and support to this target group.

These studies were directed towards the development of norms for, and the promotion and dissemination of best practice. Another presentation addresses the evaluation of a prevention program for female victims of human trafficking. The last presenter reports on the findings of a study on torture-related somatization and discusses relevant treatment strategies.

Bittenbinder Elise, BAfF

Good Practice in the Care of Victims of Torture: A European Project to Formulate Criteria and Recommendations

Rehabilitation centers working with victims of torture and human rights violations have to work in the space between the fields of health and human rights, and their work is often influenced by highly controversial debates in society and politics. The work is highly demanding: professionals run the risk of burnout or vicarious traumatization, and often work under social and moral pressure. Five European institutions providing healthcare and support to survivors of torture have cooperated in a transnational project directed specifically towards the development of norms for best practice. An essential element of the project was the use of self-evaluation as an internal method by which the organizations used team days to critically evaluate their own work within four core domains of their activities. Feedback was elicited through sharing the outcomes with the project partners as well as with external evaluators, using systematic outcome mapping during the evaluation process. This participatory evaluation process brought forth key issues such as: the need for a linkage of treatment and advocacy; the tensions between professional neutrality and the political context; the balance between precariousness and resilience; and the capacity for change that makes systems resilient. This presentation will address the working methods as well as the project's outcomes and recommendations.

Thompson Marie, Equator Foundation; Schoonbeek, Esther; Bittenbinder, Elise, BAfF; Scholte, Pim, Equator Foundation & University of Amsterdam

Working and Treatment Methods Used with Victims of Torture and Human Rights Violations – A European Project for the Promotion and Dissemination of Good Practice

Victims of human rights' violations represent a tragic consequence of politics, warfare and human trafficking. In most European countries there are specialised organisations in place to address the needs of victims of human rights violations and human trafficking. Although there is extensive relevant expertise, those in the field have noticed that the expertise is not adequately transferred and disseminated among the health professionals. This current project aims to identify working and treatment methods employed across six European organisations. Data suggests there are a wide range of methods used in responding to the needs of this client group, with a large degree of overlap across organisations. Participating organisations have been emphasising different aspects of treatment and their different ways of working, reflecting the varying ethos, remit and political climate. Common themes are being identified, relating to the threats experienced by the organisations' continued implementation of their methods. The project is additionally trying to find indicators for qualities which are agreed to be essential for the centers work such as empowerment, diversity, the capacity for conflict and the ability to work within a controversial context. The findings of this research will be useful to inform guidelines for good practice in the care of victims of human rights' violations.

Young Holly; Thompson, Marie; Schoonbeek, Esther, Equator Foundation; Scholte, Pim, Equator Foundation & University of Amsterdam

Mental Health Prevention in Victims of Human Trafficking: Evaluation of a Mental Health Prevention Group

The psychological consequences of human trafficking and subsequent forced prostitution are profound and far reaching. A group program has been established within the Amsterdam Coordination Point for Victims of Human Trafficking to prevent deterioration in mental health following a trafficked situation. The research presented here evaluated the effectiveness of this group in preventing deterioration of symptoms of PTSD, depression, anxiety, and hostility as well as preventing a decline in self esteem and assertiveness. The group was also evaluated in terms of the extent to which participants' knowledge and implementation of psycho-education and symptom management techniques increased. Women were interviewed when they first came to the centre and after they had attended the group on four occasions. The study took the form of a repeated measures design where 44 women completed the first interview and 27 of those completed a second interview also. Participants did not report an increase in symptoms over the course of the group. Some symptoms of PTSD, depression, anxiety and hostility decreased. Symptoms of disturbed sleep remained the same pre and post group but did not increase. Participants found it difficult to implement symptom management techniques outside the group. Qualitative data highlights participants' high levels of satisfaction with the group.

Rohlof Hans, Foundation Centrum '45

Torture as a Cause for Somatization in Refugees with PTSD

Background: Torture is the most serious human right violation. Refugees who have been tortured usually show a mix of psychological and somatic complaints. In order to find out whether there is a difference between psychological and somatic symptoms in patients who were submitted to torture and those who were not, the amount of somatization and the connection with torture was analysed. **Methods:** A clinical population of tortured and non-tortured refugees in care at Foundation Centrum '45 was studied with questionnaires and by means of file research. **Results:** The experience of torture appeared to be quite common in refugee patients: 65% of the refugees had undergone torture in earlier life at least once. These tortured refugees presented many somatic complaints next to their psychopathology: headache and backache are among the most common complaints. However, in non-tortured refugees scores on somatic complaints were not lower. **Conclusions:** There appears to be a high amount of somatic complaints in both tortured and non-tortured refugee patients with PTSD. This calls for new treatment strategies where there is more attention for somatic complaints. Further research should prove whether a specialised treatment with attention to function loss in somatic sense combined with psychological treatment has a greater effect on improvement in symptoms than psychological treatment only.

Kouratovsky Victor, Riagg Rijnmond Clinic

The Therapist as a Witness: Clinical Experiences with Human Rights Violations of Refugee Children

Treatment of traumatized refugee children and families includes confrontations with human right violations in the country of origin as well as in the country of arrival. Becoming a witness places the therapist into a delicate choice: to opt for silence or to signal incidents and trends that are in the domain of public concern. What is the position of the therapist when encountering traumatic experiences that belong to the domain of human rights and social justice? Do the professional and social responsibilities of the therapist come into collusion? When does the mental health professional need to go beyond a clinical role and become engaged outside his or her own institutional framework in signaling public concerns? Mental health professionals have ethical codes to deal with family violence; do we also need codes to deal with political violence? Presenters Julia Bala (PhD, clinical psychologist and family therapist), Harry van Tienhoven (MD, family therapist), and Elisa van Ee (MSc, LL.M, clinical psychologist and researcher), work at Centrum '45, the Dutch National Institute for Treatment of and Research into the

Consequences of Organized Violence. Victor Kouratovsky (PhD, clinical psychologist and child and adolescent psychologist) works at Riagg Rijnmond Rotterdam, an outpatient mental health clinic.

van Ee Elisa, Foundation Centrum '45

Children Born of War, Clinical Implications of a Human Rights Perspective

All over the world mass rape and forced impregnation increasingly has been used as a weapon of war. Reports of tens of thousands rapes as part of a systematic policy of ethnic cleansing in the former Yugoslavia stirred the international community to discuss rape as war crime or genocide. According to a report from the WCIP, tens of thousands of infants have been born of wartime rape or sexual exploitation in the last fifteen year alone. Despite the increased legal attention for the suffering of these women, almost no attention was paid to the fate of these children. In this presentation it is argued that the silence surrounding children born of war in legal discourse resonates within clinical discourse. There are multiple ways in which these children are harmed: as victims of war crimes, of infanticide, of neglect, abuse or poor parenting, and of discrimination and stigmatization. Despite their mental health needs children born of war fall through the cracks. Combining knowledge from research and clinical practice four key issues are formulated in this presentation; war born children as secondary rape victims, victims of multiple perpetrators, identity issues and competing interests. This presentation hopes to contribute to a discussion of the integration of respect for the needs and rights of rape survivors with those of their children in the aftermath of armed conflict.

van Tienhoven Harry, Foundation Centrum '45

The Therapist as a Witness: Clinical Experiences with Human Right Violations of Refugee Children

Human right violations in country of origin, PTSS, unaccompanied minors: In conflict areas suicide bombers are a growing problem for the local population. Young boys are contracted against their will to be trained. Some of them succeed to liberate themselves and seek refuge in Western countries often with feelings of worry about their families in their home countries. Mental health professionals are confronted with the aftermath of their experiences: posttraumatic stress disorder, anxiety and depressed mood. They take notice of the fear of these youngsters of being returned against their will and await repercussion. Last year we saw a growing number of these cases and asked ourselves if we could restrict ourselves only to the psychological problems.

Is it not our duty to ask for public attention for these human right violations? What can we from the position of witness do with our "knowledge"? How can we help to give a voice to our clients, instead of silencing them? How far can we stretch our therapeutic boundaries and how can confidentiality be guaranteed? This presentation hopes to clarify these issues and discuss with the audience a policy in which good care can be combined with a constructive answer on these human right violations.

Bala Julia, Foundation Centrum '45

Transcending Medicalization and Politization

Witnessing political violence that led to extreme violations of human rights of traumatized children and families and yet remain insufficiently known in the public domain can raise ethical dilemma's and questions of social responsibility in the therapist. In which way does the therapist assume a witnessing position? How should the therapist act? How to reconcile confidentiality and concerns for the safety of the client with concerns that have broader social ramifications? How can a therapist avoid the pitfalls of a medicalization vs. politization? The therapist has a range of options, from a testimony method to the signaling of the human rights violations, to bring facts or memories outside the institutional framework in which the therapeutic intervention takes place. Therapy will be discussed as a balancing act between personal and socio-political domains, between private and public, between traumatic experiences and empowerment.

Kouratovsky Victor, Riagg Rijnmond Clinic

NO FUTURE [?] Trauma Therapy for Refugee Children and Adolescents Denied of Permanent Stay

In the Netherlands, when medical treatment is needed an exception is made for refugees denied of permanent stay: they are allowed to stay and awarded accommodations for the time needed for therapy. In the case of children and adolescents, special difficulties and dilemma's arise. These difficulties will be illustrated with three clinical case vignettes: 1) A 5-year old girl with seizures since witnessing the violent gang rape of her mother, 2) A young man traumatized as a boy waiting for his 18th birthday, and 3) A 14-year old girl who is stateless.

The vignettes illustrate that biopsychosocial development is context dependent. Trauma therapy with children and adolescents means repairing and furthering the development that is arrested, stunted, or otherwise impaired by trauma. It involves first and foremost a sense of basic security and stability on which a sense of agency can prosper, skills can be acquired as well as a motivation to become valuable to society. The vignettes also help to illustrate the validity of recent insights about the working of human memory and trauma. Memory is triggered and formed by current context and circumstances that can keep trauma and feelings of being unprotected, unwanted, helpless and having no future, very much alive. These considerations lead to a call for special attention for the rights of children as part of basic human rights.

Saunders Ben, Medical University of South Carolina

Challenges and Solutions to Implementing Trauma Treatment: Reports from Norway, Africa, and the U.S.

There is significant interest in implementing evidence-based trauma interventions in front-line community service agencies and NGOs. Numerous ongoing projects are implementing TF-CBT worldwide, primarily due to the strong empirical support for its efficacy with traumatized children. These projects are working with diverse populations and service delivery systems in high and low resource countries using several approaches to dissemination, training, implementation, and sustained use. This symposium will report data and experiences from three projects implementing TF-CBT in community service systems which are being conducted in Norway, sub-Saharan Africa, and the US. TF-CBT has been implemented in Zambia in both rural and urban areas meeting the challenges presented by low resource nations. Project BEST (USA) involves both mental health clinicians and brokers of services working together through a learning collaborative format to implement TF-CBT in their communities. In Norway, TF-CBT is being implemented in community clinics where therapists must have competency in all youth mental health problems, not only trauma. These projects have encountered and overcome specific cultural and service system delivery barriers at the individual, organization, and community levels to transporting, implementing and sustaining the use of TF-CBT. Presenters will discuss these barriers and the approaches taken to manage them. Similarities and differences in the obstacles identified across diverse projects, the solutions found, and emerging themes will be discussed. Related qualitative and quantitative data will be reported.

Saunders Ben, Medical University of South Carolina

Project BEST: A Social Economic, Community-Based Approach to Implementing Evidence-Based Trauma Treatment for Abused Children

Evidence supported interventions for trauma-related problems have been developed and tested. However, how best to deploy these interventions to front-line community service organizations and insure they are used is still an open question for the growing field of implementation science. Past research has demonstrated that common continuing education approaches are inadequate (Fixsen et al., 2005). The emerging Learning Collaborative model for implementation (Markiewicz et al., 2006) uses multiple training events, active learning methods, ongoing expert clinical consultation, system change procedures and other elements with participating organization teams to achieve adequate implementation and fidelity. Project BEST (www.musc.edu/projectbest) is a statewide (South Carolina, USA) implementation project for TF-CBT that uses a unique Community-Based Learning Collaborative (CBLC) approach. Based on a social economic model, in a CBLC, communities are the target unit. Clinicians and

brokers of mental health services (e.g., child welfare workers) form community change teams, and together go through a learning collaborative with the goal of implementing TF-CBT in their communities. To date, 3 CBLCs have been conducted involving 168 clinicians (94 (42%) of which have completed all requirements) and 58 brokers from 8 community change teams. This presentation will describe specific obstacles to implementation encountered at the individual, organization, community, and state levels, and explain how these challenges have been met. Data describing community implementation outcomes will be presented.

Jensen Tine K., University of Oslo

Implementing TF-CBT in Regular Clinics – Therapist Barriers and Children’s experiences

Implementing evidence supported interventions poses several challenges both at a professional and organisational level. Often mentioned obstacles are related to transferring models from a controlled environment (universities or specialized clinics) into ordinary clinics. Therapists in ordinary clinics are expected to be highly trained in several therapy models covering a range of clinical problems. Learning a new model while seeing other patients or having other demanding tasks may influence how therapists learn and deliver an intervention. This may in turn result in interventions that vary from the model the research results were based on. Data from an effectiveness study in Norway that is implementing TF-CBT in eight child guidance clinics will be presented. Traumatized youth are randomly selected to a treatment as usual group or a TF-CBT group. 160 youth are recruited to the study and 30 therapists have been trained in TF-CBT. Focus will be on diverse challenges that were encountered at the professional level. How much training and supervision was needed to secure sufficient treatment fidelity? What professional barriers did the therapists face when learning to use an EBP such as TF-CBT and how did they overcome these challenges? What specific challenges were encountered when working with severely and multi traumatized youth and what solutions seemed to be beneficial? These challenges and solutions will be analysed in light of qualitative interviews from the children and parents involved in the treatment. Interviews eliciting the perspectives of the youth and parents give valuable knowledge and can inform practice.

Murray Laura, Johns Hopkins University

The Science of Implementing TF-CBT in Zambia

Epidemiological studies from the US estimate overall trauma exposure in children to be 25–45%. Studies in Western countries have demonstrated that cognitive behavioral therapies (CBT), and specifically Trauma-focused Cognitive Behavioral Therapy (TF-CBT), are highly effective in treating sequelae of child trauma. However, few evidence-based programs (EBPs) for child trauma have been applied or tested cross-culturally in low-resource settings. Recent global mental health research suggests that disseminating EBPs is feasible and can be significantly effective for reducing mental health symptoms and increasing functioning. However, there is limited literature describing the implementation science of such work, or the process of how to adapt, implement, and disseminate such models. This presentation will describe the implementation science of TF-CBT in Zambia with a focus on cultural application and building a sustainable supervision structure. The process involved a number of steps that build on one another.

These include: 1) identifying locally relevant mental health problems and needs, 2) developing tools to assess these needs, 3) selecting an appropriate EBP that specifically targets these needs, 4) providing apprenticeship style training and supervision that targets sustainability from the beginning, and 5) careful, locally-driven, supervised, application to effectively deliver TF-CBT in a manner that includes both fidelity and flexibility. Challenges and solutions within each of these steps will be discussed, and relevant data will be presented.

Bering Robert, Alexianer-Institute of Psychotraumatology; Orenco-Garcia, Francisco, SEPET

Initiatives of the European Commission for Target Group Oriented Psychosocial Aftercare Programs-Implementation: Results of EUTOPA-IP

Following disasters, psychological after-effects such as Post Traumatic Stress related disorders are to be expected among the survivors, their relatives, and among first aid uniformed services personnel.

For these reasons, the European Commission (EC) initialized the pan-European coordination of crisis intervention programs for psychosocial aftercare. In this context, our symposium has the following objectives: To begin with, former and current projects supported by the EC are going to be summarized. Second, the process of developing Multidisciplinary Guidelines (MG) on early psychosocial interventions will be presented. Third, the latest development on the Target Group Intervention Programme (TGIP) is given. Fourth, we will show how the approach of the International Classification of Functioning, Disability, and Health (ICF) helps to understand resilience, stress response syndromes and impairment of functioning caused by disasters. Fifth, we want to present our conclusions about what we have learned from our training experiences in Germany, Spain and the Czech Republic to disseminate the TGIP and MG.

We conclude that crisis intervention programs such as TGIP have to be synchronized with MG to develop pan-European standards of the EC. Finally, we will present our work regarding the need to integrate the frame of the ICF in TGIP and MG.

Schedlich Claudia, Alexianer-Institute of Psychotraumatology; Zurek, Gisela, Public Health Department Duesseldorf; Orenge-Garcia, Francisco, Francisco, SEPET; Bering, Robert, Alexianer-Institute of Psychotraumatology

Initiatives of the European Commission to Develop Pan-European Standards for Crisis Intervention Programs

In the last 10 years, the European Commission (EC) funded various projects, which aimed to develop and optimize quality standards and Multidisciplinary Guidelines (MG) in psychosocial crisis management as well as to foster networking of the involved institutions and professionals. We will present the main conclusions of the projects. Furthermore, 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 are the significant of mid- and long-term psychosocial measures of Target Group Intervention Programme (TGIP) for the outcome of psychosocial crisis management? We conclude that common terminology on measures and interventions of psychosocial crisis management have to be generated. Furthermore, measures of mid- and long-term psychosocial aftercare have to be integrated in the MG of the EC.

te Brake Hans; Dückers, Michel; Rooze, Magda, Impact Amsterdam

Multidisciplinary Guideline. Early Psychosocial Interventions after Disasters, Terrorism and other Shocking Events

Although most victims of disasters, terrorism, or other shocking events recover on their own, a sizable amount of these victims develop long-term disaster-related problems. These victims should receive timely and appropriate psychosocial help. Focus of this contribution is the development of guidelines on psychosocial interventions during the first 6 weeks after a major incident. Scientific literature, expert opinions and consensus among relevant parties in the clinical field were used to formulate the recommendations. Early screening, a supportive context, early preventive and curative psychosocial interventions, and the organization of interventions are covered. The implications for the clinical field and future research are discussed. It is concluded that the international knowledge base provides valuable input for the development of national guidelines. However, the successful implementation of such guidelines can take place only if they are legitimated and accepted by local key actors and operational target groups. Their involvement during the development process is vital.

Zurek Gisela, Public Health Department Duesseldorf; Schedlich, Claudia; Bering, Robert, Alexianer-Institute of Psychotraumatology

Latest Research on the Validation of the Target Group Intervention Programme

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. The latest development on the TGIP is given compiled by demonstrating data from the deployment of German Afghanistan soldiers as well as from the Love Parade Disaster in Duisburg. We draw the conclusion that 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. The results of our field studies are in line with meta-analyses conducted for this purpose. According to the current state of the art of European guidelines, we place a great importance on psycho information as a risk-independent measure in the scope of psychosocial aftercare after major losses and disasters.

Bering Robert; Kelley, Anna, Alexianer-Institute of Psychotraumatology; Orengo-Garcia, Francisco, SEPET

International Classification of Functioning, Disability, and Health (ICF) in the Field of Psychotraumatology

Disaster, terror and other shocking events cause stress response syndromes, functional impairment and changes in the environment. However, in literature the mental disorders caused by disasters are described in the terminology of ICD-10 and DSM-IV, which are based on a bio-medical model and only marginally describe functional impairment and social factors. A standardized description of the interaction between individual and social factors is excluded. It is precisely here that the International Classification of Functioning, Disability, and Health (ICF) complements the ICD-10 and was recently adapted to children and youth (ICF-CY). The ICF is based on the following components: Body functions and structure, activities and participation as well as environmental factors. The ICF is based on a bio-psycho-social model. For this, we describe how the ICF is useful in describing the effects of stress response syndromes on functional impairment and the interaction with context factors. We summarize the state of the art in the validation of ICF core sets for mental disorders. Based on single case studies, we demonstrate how ICF core sets may be useful to describe the effects of disaster on (mental) health condition. We conclude that the frame of the ICF has to be integrated in crisis intervention programs such as the Target Group Intervention Program. Furthermore, ICF core sets have to be validated to be properly used in the field of psychotraumatology.

Orengo-Garcia, Francisco, SEPET; Pasch, Ulrich; Zurek, Gisela, Public Health Department Duesseldorf; Vymetal, Stepan, Charles University Prague

What Have We Learned from Our Training Experiences with the TGIP and Multidisciplinary Guidelines on Early Intervention?

The different training seminars we performed in the frame of EU project EUTOPA IP showed that the TGIP model is a valuable tool for those professionals involved in the early intervention with victims of disasters and catastrophes. The model works on the level of risk factors and not on present symptoms. This approach offers a much more prophylactic prospective in the sense of the detection of those who may develop pathological posttraumatic responses in the short and long run. The different audiences that were present in the training seminars discussed issues like the time frame in which the so called Cologne Risk Index (CRI) should be applied. The CRI is one of the central pieces of the TGIP model, offering a systematic evaluation of pre- and peritraumatic risk factors. The screening instrument as well as the echoes of the different audiences will be presented in detail.

Newman Elana, University of Tulsa

Journalists and Trauma: Qualitative and Quantitative Approaches to Occupational Health

Journalists play a critical role in reporting about trauma, human rights violations, and disaster and fostering resiliency in volatile areas. More information is needed about the stressors experienced, and reactions to such exposure. Further, more information about predictors of responses among journalists is critical to inform what trauma experts may do to support journalists. Panelists will describe data from qualitative and quantitative studies of

working journalists. Klas Backholm will present qualitative information from 28 Finnish reporters covering school shootings, examining short and long-term reactions to covering the story, as well as predictors of emotional reactions. Summer Nelson will present quantitative data on psychological responses, job performance, and predictors of both PTSD and occupational functioning among 150 American reporters. Liselotte Englund will discuss stress reactions and working conditions among 35 journalists covering the 2010 Haiti earthquake. Elana Newman will provide commentary and lead discussion.

Backholm Klas; Björkqvist, Kaj, Åbo Akademi University

Journalists and School Shootings: Psychological Reactions after Work-Related Exposure to a Potentially Traumatic Event

Working in a sudden crisis situation is a natural part of news journalism, accepted by most reporters. Depending on the type of situation at hand, journalists working on the scene during a crisis might be primarily exposed to the event, or indirectly exposed, via carrying out interviews with eyewitnesses or similar tasks. In the present study, Finnish news journalists' psychological reactions after working on the scene during the Jokela (2007) and/or Kauhajoki (2008) school shootings were investigated, from a qualitative perspective. Interviews were carried out 1.5 (Kauhajoki) to 2.5 (Jokela) years after the incident, and reported reactions were analyzed using a conceptual framework approach. Twenty-eight journalists, representing newspapers, radio and TV, participated, divided equally between the two cases. The presentation will include central topics occurring in the interviews, highlighting reactions both directly after the assignment (helplessness, inability to work, etc.) as well as long-term reactions (avoidance, disturbing memories, etc.). Also, factors suggested to predict stronger emotional reactions are discussed, for instance personal family status, type of tasks on the scene, and previous exposure to crisis-related work.

Englund Liselotte, Media AB, By Kyrkby

Stress Reactions and Working Conditions among Journalists Covering the Earthquake in Haiti 2010

It is known that a strong professional identity can be helpful when journalists report from challenging work situations such as disasters. This is also confirmed in a recent survey among Swedish and Norwegian journalists from press, radio and television that covered the earthquake in Haiti in 2010. Working professionally with a different mission rather than helping, puts the role conflict to the edge between working as journalist and that of also being a human eyewitness. When studying journalists in their role covering disasters, not only do we learn about them, but also about their interactions and possible interventions with the victims, while interviewing and photographing. This study combined theoretical perspectives from the field of media and journalism research with that of psychotraumatology. About 35 reporters and photographers from the two Scandinavian countries participated in the study. Preliminary results show that a significant number experienced increased positive activation, while only a few displayed more severe stress responses. The presentation will summarize main findings of the study, e.g. strong sensory input, stress reactions, coping strategies, work situation, needs of psychological support in the short and long term, as well as what motivates journalists to take part in such assignments.

Nelson Summer; Newman, Elana, University of Tulsa

Trauma Exposure in Journalists: Predictors of PTSD and Occupational Functioning

Journalists are frequently exposed to high rates of traumatic events and are at risk for development of PTSD. While rates of trauma exposure and PTSD are documented, occupational outcomes and predictors of occupational dysfunction have not been examined. For example, one construct that may predict both PTSD and occupational dysfunction is emotional intelligence (EI). However, EI has never been examined in a journalist sample. In other samples EI has been found to negatively correlate with numerous psychological disorders and positively correlate with occupational success. This presentation will present data from a survey of American

journalists. Hierarchical regression analyses will be used to determine if emotional intelligence predicts PTSD and occupational functioning after controlling for demographic factors and trauma exposure. Data for this project will be collected throughout the spring.

Thoresen Siri, Norwegian Centre for Violence and Traumatic Stress Studies; Elklit, Ask, National Centre for Psychotraumatology; Michel, Per-Olof, National Centre for Disaster Psychiatry; Flood Aakvaag, Helene; Dyb, Grete; Hjemdal, Ole Kristian, Norwegian Centre for Violence and Traumatic Stress Research

Epidemiological Traumatic Stress Research: Methodological and Measurement Issues

One of the aims of the ESTSS Task Force on epidemiology is to stimulate epidemiological stress studies in Europe. In this symposium, the Scandinavian Task Force subgroup will present an overview of methodological research issues, with a primary focus on measurement of exposure in adulthood and childhood, measures of PTSD, and potential choices for mediators/ moderators.

Flood Aakvaag Helene; Thoresen, Siri; Hjemdal, Ole Kristian, Norwegian Centre for Violence and Traumatic Stress Research

Measurement of Exposure for Potentially Traumatic Events in Adulthood: Review of Selected Instruments

This presentation aims to provide an introduction to selected instruments suited for measurement of exposure to potentially traumatic events in adulthood that may successfully be employed in epidemiologic research. Selected instruments were Conflict Tactics Scale (CTS), Stressful Life Events Screening Questionnaire (SLESQ), Kilpatrick's National Surveys, Harvard Trauma Questionnaire (HTQ) and the exposure part of Composite International Diagnostic Interview (CIDI). The instruments have different scopes of interest and target groups. All have qualities that make them suitable for exposure measurement in an epidemiologic study of traumatic stress, although they differ in main focus, target groups, and suitability for interview versus self report. In this presentation, these instruments will be reviewed based on main focus, number of items, reliability, face and construct validity, and cross-cultural usage. Strengths and limitations of each instrument will be discussed.

Dyb Grete; Flood Aakvaag, Helene, Norwegian Centre for Violence and Traumatic Stress Research

Measures of Exposure to Adverse Childhood Experiences

Childhood neglect, physical-, sexual-, and emotional abuse of children and exposure to parental partner violence are all well-established risk factors of ill-health outcomes. Hence, modern societies emphasize surveillance of these experiences to ensure childhood safety and reduce the risk of adverse health. Surveys of the general population are important data sources for measuring prevalence rates of these risk factors. These large scale epidemiology studies provide such screening opportunities, but often are brief measures required due to cost considerations. This presentation will review well known measures of childhood adverse experiences and discuss validity and reliability of these measures applied in a brief format custom to large scale epidemiological studies. Discussions of these issues in professional networks and meetings may result in a higher level of consensus for use of such measures in upcoming studies. Comparable prevalences across countries in Europe will provide more reliable knowledge and understanding of the scope of childhood abuse and neglect.

Per-Olof Michel, National Centre for Disaster Psychiatry Uppsala; Thoresen, Siri, Norwegian Centre for Violence and Traumatic Stress Studies

Measures of PTSD and Post-Traumatic Stress Reactions in Epidemiological Trauma Research

In this session, we will briefly review some of the most commonly used PTSD measures in traumatic stress research. We will focus both on structured clinical interviews suitable for personal/telephone interviews, and on self-report questionnaires, suitable for both interviews and web/paper-and-pencil surveys. The diagnostic interviews most

widely used in epidemiological surveys of mental health disorders are the Composite International Diagnostic Interview (CIDI), the Structured Clinical Interview for DSM-IV (SCID) and the Mini International Neuropsychiatric Interview (MINI). We will present validity, reliability, completion time, and acceptance for these instruments. The most commonly used self-report questionnaires for post-traumatic stress reactions, and their abbreviated scales, will be reviewed according to number of items, response format, cutoff strategies, reliability and validity.

Elklit Ask, National Centre for Psychotraumatology Odense

Psychological Variables that Possibly Moderate or Mediate the Exposure-Outcome Associations

In this session, a number of psychological factors that candidate as intervening variables will be reviewed. Most epidemiological trauma studies are descriptive. For a better understanding of outcome variations, we think it is important to include a number of psychological factors that can explain some of the variation in outcome measures. Social support and several personality factors (attachment, negative affectivity, self esteem, self-efficacy, and locus of control) together with emotional coping are factors that have been proven to be good predictors in a number of studies. Methods that can measure these factors in an economical way will be presented and discussed.

Knipscheer Jeroen, Foundation Arq/Utrecht University

Mass Traumatization and Mental Health: A Social Perspective

This symposium addresses the psychosocial sequelae of mass traumatization. It is argued how and why the consequences of mass violence may be viewed from an ecological rather than from a trauma perspective. Such an approach is illustrated by the successful implementation of a community based psychosocial intervention program in northern Rwanda, which enables participation of over 1500 genocide survivors per year, and proves to significantly impact on mental health. A study amongst survivors of a large flood in northern England analyzed the association between social capital and PTSD, and identified the role of community mechanisms in impacting this relation.

Scholte Pim, Equator Foundation & University of Amsterdam; Verduin, Femke

A Trauma Perspective and an Ecological Perspective of Psychosocial Support after Mass Traumatization

Post-emergency mental health interventions are mostly addressed at persons at risk for a psychiatric disorder, particularly post-traumatic stress disorder and depression. However, the value of such individually focused care is debatable. Large scale violence affects individuals as well as communities and social institutions, and mental health interventions should not only focus on internal psychological factors but also address aspects of the social environment. When using an ecological perspective, psychosocial support programs should be embedded in durable programmatic strategies which pay attention to other areas, as defined by the struck community, for instance human rights issues, economic recovery, and rebuilding of infrastructure for health, education and other sectors. This requires collaboration with other organisations who are equipped in these areas. Additionally, psychosocial interventions may primarily focus on stressful environmental conditions such as the destruction of social networks, and aim at the restoration of social connectedness and mutual support. An example is formed by a successful community based sociotherapy program in northern Rwanda that over the course of five years now has included thousands of participants.

Verduin Femke; Scholte, Pim, Equator Foundation & University of Amsterdam

The Effect on Mental Health of Community Based Sociotherapy in Rwanda, and its Relation to Social Functioning and Social Capital

From 1990 to 1994, northern Rwanda was terrorized by war and a subsequent genocide. Its population still suffers from the sequelae of collective traumatization. A psychosocial group intervention called sociotherapy was implemented at population level without diagnostic criteria for participation. The intervention program enables participation of over 1500 individuals per year. Using a longitudinal quasi-experimental study design, we evaluated the program's effect on mental health, social functioning and social capital. We chose not to use instruments for establishing the existence of specific psychiatric disorders, as it is questionable whether these constructs are suited to reflect the mental health condition of non-western populations in post-conflict settings. We assessed mental health by use of the Self Reporting Questionnaire. Social functioning was assessed in two ways, using a locally designed instrument and four scales of the SF-36, respectively. To measure social capital we used an adapted version of the Short-ASCAT. We chose this particular instrument because of its limited length, the presumed relevance of the various items for the context in question, and because it has been extensively validated in two resource-poor settings. We found a significant improvement in mental health of participants of sociotherapy, compared to controls. We will present outcome data and a model showing how mental health, social functioning and social capital are related.

Wind Tim R.; Fordham, Maureen; Komproe, Ivan H, HealthNet-TPO

Individual and Community Mechanisms through which Social Capital is Associated to PTSD in the Aftermath of a Natural Disaster: A Multilevel Structural Equation Model

The salutary association between the social context and mental health is becoming increasingly established in disaster research. The next step forward is to reveal mechanisms through which the social context is associated with disaster mental health. The aim of our study is to empirically model individual and community mechanisms through which social capital is related to PTSD in a post-disaster setting. In a flood-affected town in northern England, we conducted a cross-sectional study with a multilevel design (232 respondents within 59 postcode units). On the individual level, the results showed an association between the disaster experience and PTSD that was mediated by the appraisal of the disaster, coping effort and social support. Multilevel structural equation analyses further revealed that the social context was not directly related to PTSD. Rather, structural social capital showed salutary cross-level relationships with the appraisal of the disaster, coping effort, and social support. These associations between structural social capital and individual variables were further mediated by cognitive social capital and collective efficacy. We conclude that social capital may compensate for limited individual resources to deal with the aftermath of the disaster and as a result social capital may indirectly mitigate post-disaster PTSD.

Knipscheer Jeroen, Arq Foundation

PTSD and Culture – the Arq Methods for Stepped Care after Trauma Among Ethnic Minority Groups in 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 thus whether evidence based interventions are applicable and effective among affected migrants and refugees. Literature suggests that none of the regular interventions are 'solid evidence based' but CBT and NET seem to be convincingly applicable (Crumlish & O'Rourke, 2010; CBT Hinton et al., 2004; 2005; Otto et al., 2003; NET Neuner et al., 2004); the intercultural efficacy of EMDR is yet to be established. In this presentation intercultural 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') will be discussed.

Kleber Rolf, Utrecht University/Arq Foundation

PTSD Research among Migrants and Refugees

Ethnic minorities form groups at risk for developing PTSD (Norris et al., 2002; Drogendijk et al., 2003) with prevalences varying from 20% for labor migrants (Lindert, Ehrenstein, Priebe, Mielck & Brähler, 2009) to more than 40% for refugees and asylum seekers (Fazal, Wheeler & Danesh, 2005; Toar et al., 2009). Post traumatic 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 ‘condición migrante’ may account for much of the variability in symptom presentation and PTSD development.

Drogendijk Annelieke, Utrecht University/Arq Foundation; Kleber, Rolf, Utrecht University/Arq Foundation

Psychosocial First Aid to Immigrant Victims of Single Traumatic Occupational Events and of Community Violence, Crime, and Severe Traffic Accidents: Some Practical Guidelines

A substantial part of trauma affected migrants needs extra psycho-social assistance apart from the normal support they receive: so called psychosocial aid. Specially trained co-workers or managers, victims support workers sometimes feel insecure about affected immigrant workers or clients when providing first psychosocial assistance or peer-support. They do not know if the psychosocial aid they give is useful for these groups. Are the methods and models they use comparatively effective to affected immigrants? Based on current literature (e.g. Arends Tóth, 2003; Bhugra et al., 2006; Drogendijk et al, 2005, 2010; Knipscheer et al, 2007, 2009) seven themes can be distinguished which can be of importance in the first psychosocial aid of ethnic minority victims: The influence of culture and religion of the victim, the refugee status, vulnerability to psychological problems, needs of availability of social support, (un)realistic expectancies, recognition of the traumatic experience, and ethnic matching. In psychosocial aid the needs of the victim are always the starting point regardless of ethnicity. This implies that any background of a victim has to be taken into account (Drogendijk & Kleber, 2010). However, knowledge of these themes can be very helpful to understand and support an affected colleague, employee or client and raise awareness of the own background.

Van Bokkem Joke, Foundation Centrum '45/Arq Foundation

Primary Care to Ethnic Minorities Suffering from PTSD

A significant number of migrants, refugees and asylum seekers with acute reactions or established PTSD can be expected to recover within a relatively short time (Bryant, 2003; Rothbaum et al., 1992). The general practitioner and other members of the primary trauma care mental health team should facilitate the individual's access to care services. As in ethnic majority victims brief psycho-education, support and advice in the context of their presentation, followed by watchful waiting may be most appropriate for ethnic minority victims, focusing on brief interventions for specific PTSD symptoms (O'Donnell et al., 2008; Vernberg et al., 2007). In such circumstances strategies such as advice on sleep hygiene, advice to rely on or activation of the support from their families and others available (including, where appropriate, support groups) and possibly pharmacological interventions should be considered. Depending on the waiting time for psychological or other specialist interventions, the general practitioner may also consider regular reviewing of individual patients. In case of ethnic minority and immigrant victims this is of utmost importance, while drop-out is imminent. Follow-up contacts should be arranged. In case of ethnic minorities, the primary care giver is of utmost importance as the gate keeper for the sometimes complicated health system in The Netherlands (Drogendijk et al., 2005). This presentation will give the specific aspects of above strategies and interventions for the primary care of ethnic minority immigrant victims.

Rohlof Hans; Knipscheer, Jeroen; Kleber, Rolf, Foundation Centrum '45/ Utrecht University/ Arq Foundation

Culture in Diagnostics of Refugees: The Cultural Formulation of Diagnosis

Background and purpose: The Cultural Formulation of Diagnosis (CFD) is a qualitative instrument in DSM-IV to describe the influence of culture on diagnostics. In ethnic minorities and refugees it is important to use this instrument in order to enhance diagnostic validity, communication and compliance. **Method:** A review of English and Dutch literature concerning qualitative and quantitative research of the use of the CFD in clinical practice, with special regard to the use of the CFD in refugees. Search terms: ‘cultural formulation’, ‘cultural assessment’, ‘cultural consultation’ and ‘cultural interview’. **Results:** 112 research studies and 28 case histories have been found. Only 9 qualitative and 7 quantitative studies were suitable for further analysis. The CFD was used in quite diverse populations, among them refugees. The qualitative studies propagated the use of the CFD, and recommended several improvements. The quantitative studies found difference in treatment effect and improvement of therapeutic competencies in therapists. **Conclusion:** The CFD is used successfully in diverse ethnic minority populations, as shown by qualitative and quantitative research. In refugees it is advisable to use the CFD, but improvements in the CFD have to be added.

Knipscheer Jeroen, Foundation Arq/Utrecht University

Culture Sensitive Trauma Therapy: How does it Work?

PTSD and culture – the Arq methods for stepped care after trauma among ethnic minority groups in 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 thus whether evidence based interventions are applicable and effective among affected migrants and refugees. Literature suggests that none of the regular interventions are ‘solid evidence based’ but CBT and NET seem to be convincingly applicable (Crumlish & O'Rourke, 2010; CBT Hinton et al., 2004; 2005; Otto et al., 2003; NET Neuner et al., 2004); the intercultural efficacy of EMDR is yet to be established. In this presentation intercultural 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’) will be discussed.

Dybdahl Ragnhild, Norad, Oslo; Badri, Gasim, Ahfad University for Women

Are Trauma Projects Useful for National Development? International Co-Operation on Trauma Interventions in Developing Countries – From Project Success to Overall Development

How can efforts to promote health in developing countries, complex emergencies, conflicts and vulnerable states relate to overall national and international development and foreign policy? Psychosocial projects are doable, as well as showing effects on individuals, but linking these to the global aid architecture and national plans (health, education or other sectors) is rare. The symposium consists of five presentations based on experiences from research and practice on topics such as rape trauma, natural disasters, forced recruitment and HIV/AIDS. These are from different contexts, both geographically (Bosnia, Zambia, Uganda, Nepal, Sudan, Bangladesh) and in terms of implementation, e.g. non-governmental organizations, universities and governmental institutions. All presentations address challenges and opportunities related to overall development, such as poverty reduction and promotion of human rights. Central issues for donors and governments are discussed in relation to projects and trauma work. These are principles of aid effectiveness, sustainability, national ownership, state building, anti-corruption, do no harm, international work division, harmonisation and co-ordination. Combining the perspectives of practitioners/researcher/ project with that of donors and governments may be useful to improve communication, increase funding possibilities and achieve sound results.

Sichimba Paul R, Zambia; Menon, A.; Hestad, K.

Gaps in Implementation of Anti-Retroviral Treatment in Zambia: Reflections on Aid Effectiveness and Long-Term Development

Zambia is among the worst affected countries in Sub-Saharan Africa in terms of HIV infection, with a prevalence of 14% in the age group of 15–49. While the prevalence rate has remained high, the country's significant stride to the increase in antiretroviral treatment (ART) access was made possible with donor funds and supported by the National HIV and AIDS strategic plan.

Prevention and control of HIV and AIDS was prioritized by the Zambian Government. Promoting care for those infected and affected, and the need to devise measures for reducing the personal, social and economic impact of the pandemic was emphasised.

Challenges to providing ART include lack of clinical infrastructure, negative social stigma and the cost effectiveness of HIV prevention programmes. Although provision of ART has been a major stride in the mitigation of HIV and AIDS, how proactive has the structure been in meeting the challenges of providing ART and other consequences of being HIV positive? How does the structure in the country effect implementation? NGOs in Zambia have good intentions, but will the country in the longrun benefit from such help? Does corruption play a role in help programs? Do aid programs make the country too dependent on donor countries? Will this kind of help in the long run make the situation more difficult or aid development?

de Jong Joop, VU University/ Boston University/ Rhodes University

Traumascapes and other Challenges in Working in Humanitarian Emergencies

This paper uses the concept of traumascapes to illustrate some hurdles in working in situations of armed conflict, natural and technological disasters. Traumascape refers to the systemic dynamics of local and international actions around extreme stress. In current emergencies a cascade of events – determined by, among others, the media, the UN, (N)GOs, funders and humanitarian agencies – determines whether funds will go to a specific region or type of disaster, often to the detriment of other priorities. The dynamics of the traumascapes influence local ownership, collaboration and coordination between local and multilateral organizations, as well as the sustainability and effectiveness of a program. Based on experience in six countries in Africa, Asia and Latin America, this presentation illustrates the implication of the traumascapes for mental health professionals. Humanitarian workers have to bear in mind that their epidemiological, professional and ethical considerations and priorities may contradict the dynamics of the traumascapes.

Mbabazi Christine, Makerere University

Dependency: An Obstacle to Effective Reintegration of Formerly Recruited Girls in Northern Uganda

Reintegrating girls formerly recruited by the Lord's Resistance Army requires a critical examination of how the various mechanisms working towards helping them settle down in the community. One of the challenges of reintegration is dependency. Most of the girls who returned with children are unable to cope on their own from the time they arrive from the bush. As a result many organisations such as Gulu Support the Children's Organisation and World Vision do a lot to help. The actual challenge is how to inculcate a spirit of hard work and sustainability in the community. The danger has been the help given in terms of food, health facilities and simple training in life skills. How are the girls supported to ensure that they can stand on their own? Aid should not on one hand help them but on the other harm them through failure to work creatively and vigilantly so as to ensure that they can provide for themselves. Ability to stand on their own will minimize the levels of vulnerability and the girls will be in position to provide for their children who are discriminated against and most of the time rejected by the families of the girls. Dependency should be expelled from the lives of many girls in northern Uganda a post conflict region in transition. The kind of training these girls receive should enable them to utilize all the available resources in their environment.

Dyregrov Atle, Center for Crisis Psychology, Bergen; Yule, William, Institute of Psychiatry London

Developing and Using Manuals Following Disasters in Various Countries: Experiences with National Governments, International Donors and Professionals

Under the auspices of the Children and War Foundation (www.childrenandwar.org) we have developed three different manuals for use with children in disaster and war situations. Motivated by a public health approach our aim has been to reach many children in such situations with manuals that have been properly tested. Experiences in disseminating such manuals including interactions with national governments, international donors and professionals will be presented, pointing out obstacles, challenges and fulfilment.

Delic A., Department for Psychiatry Tuzla; Kravic, Nermina, University Clinical Center Tuzla; Avdibegovic, E., University of Banja Luka

Local, National and International Help Efforts to Address Rape and Sexualized Violence against Women in the Balkan War: Reflections when Looking back Over the Last 20 Years

Mass rape, sexual torture and severity of the atrocities perpetrated against women in the Balkan wars have been reported since the war in the early 1990s. Many international organizations offered psychosocial interventions to the victims, and mental health professionals provided „trauma training“ for local practitioners. After the Dayton Peace Agreement, for a decade the international community supported peacekeeping, economic and physical reconstruction, and reconciliation efforts with more or less success, and gradually the focus shifted to other countries. Although the International Criminal Tribunal for the former Yugoslavia (ICTY) declared that “systematic rape“, and “sexual enslavement” in time of war was a crime against humanity, few cases have been prosecuted. In dealing with the issue of rape aftermath, local and international efforts have not included long-term systematic focus on trauma per se and redevelopment of social vitality and success in creating a secure and prosperous future for the victims have been limited. Women victims have faced poor health care, social stigma and slow pace of justice, and are not given adequate and effective legal, economic and social protection. Lack of cultural and gender sensitivity, sufficient resources, advanced training and multisectorial integrative approach, contribute to the „conspiracy of silence“ even 20 years later.

Thormar Sigridur, Center for Psychological Trauma Amsterdam; Juen, Barbara, University of Innsbruck; Gersons, Berthold, Academic Medical Center Amsterdam; Aloudat, Tammam, International federation of Red Cross/Red Crescent Geneva

Preparing for Disasters: Evidence Meets Practice

When preparing for the mental health impact of a disaster several aspects need to be taken into account. In the preparation phase the training and preparedness of professionals and community volunteers and development of psychoeducational materials has the highest priority. In the action phase the implementation of programs and delivery of information to the affected community is the main focus and in the recovery phase the follow up of individuals with mental health complaints is important. In this symposium we attempt to build a bridge between all three phases both by presenting scientific findings and operational methods.

Thormar Sigridur, Center for Psychological Trauma Amsterdam; Gersons, Berthold, Foundation Centrum '45; Olf, Miranda, Academic Medical Center (AMC)

Volunteers in Disaster Operations: Towards Evidence Based Preparation and Training

While community volunteers are the single most important resource of the humanitarian response in times of disasters no longitudinal research has been published on the impact on their mental health. The International Federation of Red Cross/Red Crescent alone works with over 80 million volunteers yearly. These questions bare importance in terms of good volunteer care and management. Good management helps reduce the gradual worldwide decline in volunteers. On the year of the volunteer, this is a crucial step to be taken forward. In this

workshop the findings of the first longitudinal research on mental effects of volunteering in a disaster operation will be presented. Over 500 volunteers working on the 2006 post-Yogyakarta earthquake operation were approached over a period of 18 months. Volunteers are at increased risk for PTSD (20,5% post-18 months) and somatic health complaints. Recommendations for volunteer training and management will be provided.

Aloudat Tammam, International Federation of Red Cross/Red Crescent Geneva

Provision of Psychosocial Support in Acute Emergencies, The Red Cross and Red Crescent Experience and the Example of Haiti Earthquake

Red Cross and Red Crescent National Societies have implemented community-based psychosocial programmes since the early 90s providing victims of conflicts and natural disasters with psychological first aid, assistance, and relief that take into account stress and trauma and that is sensitive to the environment and local needs. As opposed to psychiatric counselling, such programmes used communication techniques and employed simple and easy to train skills that have achieved widely acknowledged results. Using the learnt skills of the past two decades and recognising the need for further assistance during the acute phase of natural disasters, the IFRC has developed a module that standardises the approaches volunteers can use for provision of PSP in emergencies, creates kits and equipment that are easy to assemble and deploy, and provides PSP interventions in the first days of the emergency in coordination with the deployed hospitals and health units. The example of Haiti shows the results of standardisation and use of the PSP Module for emergencies that was deployed with the Norwegian/Canadian Red Cross hospital and was able to provide PSP activities and interventions immediately and pave the ground for a wide programme in the recovery phase.

Gersons Berthold, Arq Foundation

The Information and Advice Center after Disasters; Preparing for Organizational Continuity

Inherent to disasters is the destruction of infrastructure, also of the social structure of communities and services. In the immediate aftermath of a disaster chaos is often increased by too many organizations who offer help for recovery and assistance. However after some months many organizations have left the area while most practical and psychological problems have become more permanent and visible. To counteract the lack of continuity and also of coordinated responsibility on the long term in two disasters in the Netherlands good experiences were made with the setting up of an Information and Advice Center (IAC) for a period of 3–5 years after the disaster. Such an IAC should take responsibility for all questions and problems after disasters in an organized way and should find the answers. It should also be the coordinating center of all organizations who have offered help or were invited to offer services. The tasks, roles with data will be shown and discussed.

Juen Barbara, University of Innsbruck

The Acute Phase after the Disaster: The Need for Flexible Approaches

For the initial psychosocial response (within the first week) the TENTS guidelines suggest to focus on information, psychoeducation as well as practical help and pragmatic support. Regarding the type of event and the number of affected persons, a reception centre, telephone helplines as well as a website could be first means to reach the affected persons. According to Hobfoll et al. (2007) as well as the TENTS guidelines, the core elements of the response are the five elements: Sense of safety, self and community efficacy/empowerment, connectedness, calm and hope. Whereas these core elements stay the same throughout different events and phases of disasters, the specific intervention strategies in order to promote these core elements have to be adapted depending on the phase of the disaster, the characteristics of the events as well as on the type and number of affected persons. The need for a flexible approach will be outlined by using examples from different large scale events and disasters such as a bus accident, the funicular train accident in Kaprun, the Tsunami, a big flood and a cable car accident which involved a large group of children.

Schock Katrin, Center for the Treatment of Torture Victims

Trauma and Migration

The symposium provides an overview of the work of the AG Trauma and Migration of the DeGPT (Schock, K., Wenk-Ansohn, M., Gerlach, C., Özkan, I. & von Lersner, U.).

Refugees and migrants who lived in war-torn countries or experienced persecution were often exposed to traumatizing events and are at high-risk to develop posttraumatic stress disorders or other mental health problems. Beyond dealing with the trauma, they have to cope with the impact of post-migration stressors in exile. Besides legal residence and family matters, these include strains caused by differences in language, culture or religion as well as identity conflicts, which might affect the process of recovery, coping and integration.

The need to differentiate between reactualization and severe worsening of posttraumatic symptoms (retraumatization) in torture victims is shown from a clinical point of view based on case studies. Furthermore the symposium comprises a longitudinal study which examines the impact of new traumatic events or exposure to trauma-associated stimuli on the symptom course of traumatized refugees and torture victims, a study analyzing the influence of an insecure residency status on trauma symptoms in refugees, a presentation of resource-empowering intervention with refugees and migrants and a study on the influence of bicultural identity on mental health in adolescent migrants.

Wenk-Ansohn Mechthild, Center for the Treatment of Torture Victims

The Longitudinal Course of Trauma Reactualization and Retraumatization

Trauma related syndromes are characterized by a procedural course. Traumatized individuals show a substantial vulnerability when confronted with new stressors. Basing on case studies with torture and war trauma survivors the author will describe events that might promote severe aggravation, the possible course of symptoms after those stressing events and the need of therapeutical interventions. Based on the presented case studies the author will show the need to differentiate between reactualization and severe worsening of posttraumatic symptoms (retraumatization) from a clinical point of view. A consistent use of the terms would be desirable, to communicate about the risk situations, the course of symptoms and possible indicated therapeutic interventions uniformly.

Schock Katrin; Knavelrud, Christine, Center for the Treatment of Torture Victims; Rosner, Rita, Ludwig-Maximilians-University

Impact of New Traumatic Events and Trauma-Associated Stimuli on the Symptom Course of Traumatized Refugees and Torture Victims

Background: Previous studies show that post-migration-stressors are associated with PTSD, anxiety and depression (Gerritsen et al., 2006; Ellis et al., 2008). But little is known about how newly traumatizing events or exposure to trauma-associated stimuli affect the symptom course. We conducted a longitudinal analysis to examine the impact of new traumatic events or exposure to trauma-associated stimuli on the symptom course of traumatized refugees and torture victims. **Method:** Refugees and torture victims (N = 63) were included. Data on background, trauma, mental symptoms (HSCL-25 (Mollica et al., 1996), PDS I-IV (Foa, 1995), SCL-90-R (Franke, 1995; Derogatis, 1977), and on quality of life (EUROHIS (WHO, 1993)) were collected before treatment and after 6 and 12 months. In addition, we examined the symptoms after new traumatic events and exposure to trauma associated stimuli between the actual assessment points. **Results:** We calculated regression analysis and ANOVA. Besides substantial changes at the 6-month follow-up, we observed significant differences between the symptom courses of patients with and without additional confrontation with new traumatic events and exposure to trauma-associated stimuli. New traumatic events and stimuli, which were directly associated to the original trauma led to a significantly higher impact on the PTSD-symptoms than the ones which were not connected to the original trauma. **Conclusion:** Our results underline the importance of taking into account the nature and similarity of the original trauma to a new traumatic event or trauma-associated stimuli and the associated impact on the symptoms.

Gerlach Christian; Pietrowsky, Reinhard, Heinrich-Heine-University Duesseldorf

Trauma and Residency Status: Influence of an Insecure Residency Status on Trauma Symptoms in Refugees

Background: The posttraumatic stress disorder (PTSD), a disorder that occurs within refugee populations very often, seems to be influenced profoundly by post migration stressors such as unemployment or discrimination. Despite a dearth of studies a pathogenic influence of an insecure residency status has been presumed. **Method:** The present study has compared the PTSD symptom severity (measured via PDS, scale 3 of 13 traumatized refugees with insecure residency status (exceptional leave to remain) with that of 13 traumatized refugees with secure residency status (residence permit). **Results:** The symptom severity was significantly higher in the group with insecure residency status. Subjective fear of repatriation and symptom severity correlated by $r = .67$. **Conclusions:** The results indicate a negative impact of an insecure residency status on traumatized refugees. The need for a faster granting of a secure residency status and the impact of current German asylum practice on refugee mental health are being discussed.

Özkan Ibrahim, Asklepios Klinikum Göttingen

Ressource-Empowering, Traumatherapeutic Work with People with a Migrant Background

Many psychiatric patients with an immigrant background suffer from diseases that can be understood as posttraumatic disorders. Causal is the loss of important reference persons and cultural identity as a direct result of migration, as well as events which may involve abuse, war, escape, sexual violence, etc.. For treaters biographical and traumatic backgrounds of the patient are often difficult to recognize. Treatment and care places high demands on transcultural and trauma-specific expertise, diagnostics and capacity for mindful empathy.

The language is often an obstacle in the stabilizing and the trauma-dealing phases. In practice, the use of interpreters fails usually at the cost units. From this point, creative options for resource discovery and activation are important.

This workshop will present experiences inter alia with body therapeutical, imaginative and dialectical-behavioral settings. Also it will be shown how a gentle process of trauma exposure can take place by including the activated resources. For this purpose, experiences with the method of “active transforming trauma processing” (AUT) (Sack, 2010), which has the basic assumption that trauma exposure is the more gentle, the more memory changing coping strategies are used, will be reported. The newly developed method of resource-oriented stabilization in the trauma-centered treatment of migrants will be presented.

von Lersner Ulrike, Humboldt University of Berlin

Bicultural Identity Identification and Mental Health in Adolescent Migrants

Background: In epidemiological studies the influence of a migratory background on mental health is discussed controversially. One aspect which has been discussed recently is the concept of bicultural identity. We applied a model by Benet-Martinez & Haritatos (2005) which measures the organization of bicultural identity by the independent dimensions of cultural distance and cultural conflict. **Method:** 9th grade pupils from German vs. Turkish cultural background (each sample $n = 100$) participated in the survey. Mental health problems were measured using a revised version of the Youth Self-Report (Henger, 2006), bicultural identity with the Bicultural Identity Integration Scale (BIIS-1) and the Riverside Acculturation Stress Inventory (Benet-Martinez et al. 2005). **Results:** No significant differences were found between cultures regarding psychological strain. A gender effect has been detected showing higher rates for girls across cultures. There was a significant correlation between acculturation stress and mental health problems. Also cultural conflict was positively correlated with mental health problems whereas cultural distance was not. **Conclusion:** Our results underline the importance to take into account individual differences in the process of negotiating bicultural identity and may allow a better understanding of the relationship between migratory status and mental health.

Müller Julia, University Hospital Zurich

Trauma and Psychological Processes in the Khmer Rouge Trials

During the Khmer Rouge regime from 1975 to 1979, as many as 2 million people perished and appalling human rights atrocities were committed. In 2001 the Cambodian National Assembly and the United Nations created an independent joint court-the “Extraordinary Chambers in the Courts of Cambodia”-for trials of serious crimes against humanity committed during the regime.

It has been argued that, whilst there is an established literature on psychology and law, this knowledge is not extended to all areas of judicial and state decision making (Herlihy & Turner, 2006). The psychological sequelae of traumatic experiences (including but not exclusively, PTSD) can have great impact on judicial and state decision making if they are not well understood.

We will present some of the work done, and planned, in order to better understand the psychological processes at work in this court. Firstly, we present longitudinal data examining the readiness to reconcile and the mental health among victim-participants at the Khmer Rouge Tribunal in Cambodia. The participants were asked prior to the start of the Tribunal and after its first judgment. We will then examine processes at work during the court proceedings, providing preliminary evidence that the witnesses (often highly traumatised) may present differently at different times, possibly affecting how high their credibility will be judged. Finally we consider the impact of vicarious traumatisation on all those involved in the hearings, proposing a programme of intervention based on training and ongoing support.

Müller Julia, University Hospital Zurich

Trauma and Psychological Processes in the Khmer Rouge Trials – A Short Introduction

This presentation will briefly introduce the background of atrocities in the 1970's in Cambodia and the interrelation of psychological trauma-related processes with the Khmer Rouge trials.

Surviving and/or witnessing genocide, war and torture is known to severely affect mental health, with Posttraumatic Stress Disorder (PTSD) being more prevalent than in other trauma populations. In Cambodian refugees PTSD rates of 15–62% have been found. PTSD affects human behaviour, for example autobiographic memory. Difficulties retrieving specific autobiographic memories have been found to be important in legal settings – for example asylum procedures, where individuals have to provide consistent, coherent testimony in order to establish a claim of persecution. Although these disturbances directly influence the trial situation, judges know little about them. An analysis of assumptions made in refugee status determinations in the UK has suggested that this psychological knowledge frequently remains unconsidered, as judges often have little or no training in basic psychopathology. For example, judges make assumptions that people will be able to disclose rape when interviewed, whereas psychological research has shown problems in this situation. Additionally, the damaging effects of unacknowledged Vicarious Traumatisation (VT) have been observed in both asylum and family courts. VT can be experienced by professionals who work with trauma survivors and can lead to undue cynicism and disbelief, which can affect decision making.

Stammel Nadine; Bockers, Estelle, Centre for the Treatment of Torture Victims; Taing, Sopheap, Transcultural Psychosocial Organization Cambodia; Knaevelsrud, Christine, Free University of Berlin

Readiness to Reconcile and Mental Health among Victim-Participants at the Khmer Rouge Tribunal in Cambodia: A Longitudinal Analysis

Background: During the Khmer Rouge regime in Cambodia nearly one quarter of the population was brutally killed. Almost thirty years after its end the Khmer Rouge Tribunal was set up to come to terms with the past. Victims are allowed to actively participate in the court proceedings as Civil Parties. **Method:** Participants were 247 victims of the Khmer Rouge Regime who applied to become Civil Parties at the Tribunal. They were interviewed prior to the start of the Tribunal and after its first judgment. 226 participants were re-interviewed at the second assessment point. The participants were interviewed concerning their readiness to reconcile using the Readiness-to-Reconcile-Inventory as well as mental health problems. Posttraumatic Stress Disorder was measured with the

PTSD Checklist (PCL-C), Depression and Anxiety with the Hopkins-Symptom-Checklist (HSCL-25). They were further interviewed regarding knowledge and opinions on the first trial and experiences with their application to the Tribunal. **Results:** We found no pre-post changes in reported mental health problems. There was however, a significant decrease in revenge and a significant increase in readiness to reconcile. **Discussion:** The results allow a better understanding of how survivors of mass human rights violations perceive measures to come to terms with the past and their relationship to reconciliation and mental health.

Brönnimann Rebecca, Clinical Psychology and Psychotherapy, Zurich; Müller, Julia, University Hospital Zurich; Herlihy, Jane, Centre for the Study of Emotion and Law; Ehlert, Ulrike, Department of Psychology

Linguistic Analyses of Witness Testimonies: Influences of the Interrogation by Different Parties to the Proceedings

Within an emphasis on the linguistic experience of witnesses in the Extraordinary Chambers in the Courts of Cambodia (ECCC), this study is a consideration of how the interrogations of different parties to the legal proceedings (namely judges, prosecutors, civil party lawyers, defense counsels) influence witness testimonies related to traumatic experience of the Khmer Rouge period. Transcribed testimonies of 22 victim witnesses and civil parties were analyzed using a computer-based text analysis program, the Linguistic Inquiry and Word Count (LIWC; Pennebaker et al., 2007). In particular, witnesses used most words suggesting causal and insightful thinking and most words of the social process category (more frequent references to other people, including a higher rate of second-person and third-person pronouns) during the interrogation by civil party lawyers. When cross-examined by defense lawyers, witness narratives contain more discrepancies and words about death and dying. Witness' highest cognitive and social engagement during the questioning by civil party lawyers may result from a supporting prior relationship between civil parties and their lawyers and may reflect the better ability to express insight about the traumatic event and to integrate it into a coherent report. In contrast, using more discrepancy words and focusing on death and dying may reflect more distress and mental defeat due to a question style by the defense counsel who attempts to undermine the credibility of the witness. These results show that interrogation style influences witness testimony.

Herlihy Jane, Centre for the Study of Emotion and Law; Müller, Julia, University Hospital Zurich

Vicarious Traumatization and Legal Decision Making

Vicarious Traumatization is a shift in cognitive assumptions due to exposure to others' accounts of trauma (McCann&Pearlman 1990). Secondary Traumatization describes findings that people exposed to others' trauma experience symptoms of PTSD, e.g. clinicians' intrusive memories of clients' material, or heightened startle response. Efforts continue to establish both constructs reliably. However, there is reason for concern that hearing about horrific human rights atrocities can cause key decision makers to find ways to cope, which affect their ability to make reasoned legal decisions. Rousseau et al. (2002) noted Canadian Refugee Tribunal Board members laughing at asylum claimants. Bogner et al. (2007) reported examples of people in asylum interviews being told to "keep it short". In the ECCC evidence is presented of torture and persecution. How do lawyers and judges maintain their capacity to engage sufficiently with this material to make correct legal decisions? We present a program of support and training that we are currently proposing to various players in the ECCC proceedings. We outline training that we piloted on monitors going to the courts and intend to tailor and deliver to monitors, prosecutors and international and local judges. We will discuss and justify the content of the training, with reference to improving decision making quality in these crucial trials.

Schäfer Ingo, University Medical Center Hamburg-Eppendorf; Fisher, Helen, MRC Social, Genetic and Developmental Psychiatry Centre

Childhood Trauma and PTSD in Patients with Severe Mental Disorders – Relationships and Clinical Consequences

There is increasing interest in the relationship between childhood trauma and severe mental illness (SMI) in adulthood. Epidemiological studies suggest that childhood trauma is related to all psychiatric diagnoses in adulthood, including psychosis, severe mood disorders, and substance abuse (Kendler et al. 2000, Kessler et al. 2010). A better understanding, however, is needed with regard to the mechanisms and pathways leading from early trauma to later disorders. Moreover, more attention needs to be paid to comorbid posttraumatic disorders in patients with SMI. Rates of Posttraumatic Stress Disorder (PTSD) ranging from 17% to 46% have been reported for this group (e.g. Mueser et al. 1998, 2004), and having a comorbid diagnosis of PTSD has been demonstrated to negatively impact on the course of SMI (Mueser et al. 2002). Despite this, only about 2% of patients with SMI receive a documented diagnosis (Brady et al. 2005, Mueser et al. 1998). Improving the awareness for PTSD in patients with SMI among clinicians therefore seems to be an important step to promote appropriate treatments (Rosenberg et al. 2001, Read et al. 2007). Presenting findings from different diagnostic groups, the symposium aims at elucidating pathways from early trauma to SMI, appropriate assessment of comorbid PTSD in this group of patients, and the impact of comorbid posttraumatic disorders on clinical course and outcome.

Hosang Georgina M., MRC Social, Genetic and Developmental Psychiatry Centre; Korszun, Ania, Barts and The London; Fisher, Helen; McGuffin, Peter; Farmer, Anne E., MRC Social, Genetic and Developmental Psychiatry Centre

Childhood Trauma and Recent Stressful Life-Events in Patients with Mood Disorders

Research shows that stressful life events [SLEs] play a role in unipolar depression [UD] and bipolar disorder [BD]. Although a number of studies have shown an association between childhood maltreatment [CM] and UD, less is known about its relationship with BD. Moreover, few studies have assessed the combined impact of CM and SLEs on mood disorders. Eighty-five BD cases, 324 recurrent UD subjects and 354 psychiatrically-healthy controls retrospectively completed the Childhood Trauma Questionnaire. Participants also completed the List of Threatening Experiences Questionnaire for the 6 months before their worst affective episodes for UD and BD subjects, and for the 6 months prior to interview for controls. CM and SLEs were significantly associated with UD and BD compared to controls. Childhood physical neglect was more common in UD than BD cases. Childhood physical neglect significantly predicted recording more SLEs before the worst depressive episode [WDE] and childhood sexual abuse significantly predicted reporting a larger number of SLEs prior to the worst manic episode amongst BD participants. Emotional abuse significantly predicted reporting more SLEs before the WDE for UD cases. No mediating or moderating effects of SLEs were found on the associations between CM and each disorder. In conclusion, childhood and adult adversities play a role in UD and BD. Furthermore, specific types of CM may influence sensitivity to adult stress. Given that CM has been found to be important for both disorders, it is possible that mood disorder patients may benefit from interventions which involve exploration of childhood experiences.

Fisher Helen, MRC Social, Genetic and Developmental Psychiatry Centre; Schreier, Andrea, Department of Psychology Warwick; Zammit, Stanley; Lewis, Glyn, Academic Unit of Psychiatry Bristol; Wolke, Dieter, Department of Psychology Warwick

Prospective Investigation of Psychological and Affective Pathways from Childhood Trauma to Psychosis-Like Experiences in a UK Birth Cohort

Several large population-based studies have demonstrated associations between childhood trauma and later development of psychosis-like symptoms (PLIKS). However, little attention has been paid to investigating the mechanisms involved in this pathway with existing studies relying on cross-sectional assessments. Prospectively collected data on 6779 children from the UK Avon Longitudinal Study of Parents and Children (ALSPAC) were utilised to address this issue. Mothers provided reports of children's exposure to physical and emotional cruelty,

sexual abuse, parental loss and domestic violence between birth and 6 years of age along with the child's depressive symptoms at 9 and 11 years. Children completed measures of Locus of Control at 8.5 years, bullying exposure prior to age 8, and were interviewed regarding PLIKS at 12.5 years. Multiple mediation analysis was performed to examine direct and indirect effects of each childhood adversity on PLIKS using the weighted least squares mean and variance adjusted method. Bullying (Estimate = 0.115, $P < 0.001$), physical abuse by mother (Estimate = 0.047, $P = 0.023$), and exposure to domestic violence (Estimate = 0.090, $P < 0.001$) demonstrated significant direct effects on PLIKS. Significant indirect pathways between each of these early adversities and PLIKS were also found for depression indicating partial mediation. A significant indirect effect of bullying and witnessing domestic violence on PLIKS via Locus of Control was also apparent. These findings tentatively suggest potential targets for the prevention of sub-clinical psychosis amongst traumatised adolescents.

Schäfer Ingo, University Medical Center Hamburg-Eppendorf; Fisher, Helen, MRC Social, Genetic and Developmental Psychiatry Centre; Demjaha, Arsime; Murray, Robin M.; Morgan, Craig, Institute of Psychiatry London

Assessment of Posttraumatic Symptoms in Patients with Psychosis

Some controversy exists regarding the appropriateness of established measures of PTSD patients with psychotic disorders. To address this issue, data from the Aetiology and Ethnicity of Schizophrenia and Other Psychoses (AESOP) study were used to explore the psychometric properties of a commonly used self-rating instrument of posttraumatic symptoms (Impact of Event Scale; IES) in 38 patients first-episode psychosis (60% female; mean age = 31) and 47 controls from the general population (53% female; mean age = 38), who reported childhood sexual or physical abuse. High levels of internal consistency were found for all IES subscales amongst both psychosis patients (Intrusion $\alpha = .907$; Avoidance $\alpha = .906$; Total $\alpha = .943$) and controls (Intrusion $\alpha = .889$; Avoidance $\alpha = .940$; Total $\alpha = .950$). The IES intrusion score was negatively correlated with positive psychotic symptoms of reality distortion, indicating that this scale has some discriminant validity amongst first-episode psychosis patients. Overall, the findings suggest that the IES can be used to assess symptoms of posttraumatic stress in patients with psychotic disorders as in other populations.

Najavits Lisa; Schmitz, Martha; Walsh, Marybeth, National Center for PTSD Boston

Dissociation in Patients with PTSD and Substance Abuse Relationships with Clinical Course

Few studies have examined the relationship between posttraumatic stress disorder (PTSD), substance use disorder (SUD) and dissociation. We studied 77 women with current PTSD and substance dependence, classified into high-versus low-dissociation on the Dissociative Experiences Scale. They were compared on trauma- and substance-related symptoms, cognitions, coping skills, social adjustment, trauma history, psychiatric symptoms, and self-harm/suicidal behaviors. We found the high-dissociation group consistently more impaired than the low-dissociation group. Also, the sample overall evidenced relatively high levels of dissociation, indicating that even in the presence of recent substance use, dissociation remains a major psychological phenomenon. Indeed, the high-dissociation group reported a stronger expectation that substances could manage their psychiatric symptoms. The high-dissociation group also had more trauma-related symptoms and childhood histories of emotional abuse and physical neglect. Discussion addresses methodology, the "chemical dissociation" hypothesis, and the need for more nuanced understanding of how substances are experienced in relation to dissociative phenomena.

Schedlich Claudia, Federal Office of Civil Protection and Disaster Assistance; Zurek, Gisela, Public Health Department Duesseldorf; Blanckmeister, Barbara, Federal Agency for Technical Relief; Köhler, Miriam; Robert, Bering, Alexianer-Institute of Psychotraumatology

Psychosocial Crisis Management in CBRN Incidents

The risk regarding chemical, biological and radiological (CBRN) incidents has significantly increased in almost all EU Member States. So far, hazard prevention organisations react to this challenge mainly by providing specific technical training to uniformed services and management staff. Increasingly, findings from psychology and

sociology have been included in the development of crisis management concepts as well as in the training of CBRN responders. The starting point is the fact that CBRN missions can put high psychological pressure on all those who are directly or indirectly involved. During and after CBRN incidents, the number of people who are mentally affected can be considerably higher than the number of physically injured persons. Insecurity, helplessness and fear in the mid- and long-term period after the incident may be pronounced for the affected as for the uniformed services. The Symposium will 1) present research findings concerning the psychosocial impact in CBRN-incidents, 2) discuss approaches in psychosocial crisis management in CBRN-incidents as well as specific needs in the acute phase, the midterm and long-term run for the affected and uniformed services, 3) put up for discussion approaches for training programs for CBRN responders and psychosocial crisis intervention teams and 4) present an approach for the integration of psycho-social competence of hospital staff in hospitals disaster management plans.

Blanckmeister Barbara, Federal Agency for Technical Relief

Psychosocial Support for Civil Protection Forces - An European Project

Civil protection forces deployed in disaster response operations under CBRN conditions are exposed to additional risks and pressures that may constitute a heavy psychological strain. Experiences show that the adequate use of insights regarding psychosocial support helps to facilitate crisis management and response in several respects: 1) to enable the responders to cope competently with highly difficult and unfamiliar operations such as CBRN incidents, 2) to avoid long term effects of psychosocial stress, 3) to improve the coordination during the mission, 4) to take care of the basic needs of the affected, 5) to foster the cooperation of the affected, and 6) to facilitate a qualified risk and crisis communication. Nevertheless, in most EU Member States psychosocial crisis management is not yet part of the training program of CBRN specialists. The project addresses this deficit by developing and testing a training program for operational forces (including volunteers) and hospital staff who have to cope with CBRN incidents. Partners in the project are: THW, BBK, Hospital Maria-Hilf GmbH (Germany), Impact (The Netherlands); CRPR (Italy).

Köhler Miriam; Robert, Bering, Alexianer-Institute of Psychotraumatology

CBRN Incidents: What Does It Mean for Hospital Staff?

Hospital staff has to manage the medical care in case of CBRN incidents. This critical situation may constitute a heavy psychological strain for responders and hospital staff. However, guidance for psycho-social support is not included in disaster management plans for hospital yet. We hypothesise that enhanced competences in psychosocial support will contribute to optimized procedures during crisis response and a more efficient handling of CBRN. For this we will analyze the current state of preparedness regarding CBRN incidents and hospitals disaster management. Second, we make suggestions how to integrate PSS in disaster management plans for CBRN at hospital level that is based on a model of stress response reactions among hospital staff that is adapted to the specificity of CBRN incidents. Finally, our project aims to integrate our findings into the disaster management plans of hospitals. We conclude that the development of psycho-social competence of hospital staff should be integrated in hospitals disaster management plans.

Schedlich Claudia, Federal Office of Civil Protection and Disaster Assistance

Training in Psychosocial Crisis Management in CBRN Incidents

Recent incidents and exercises with CBRN scenarios have shown that psychosocial knowledge and psychological actions can reduce the fear of the affected, can foster their abilities in self-help and can improve cooperative behaviour. Furthermore-by taking psychosocial findings into consideration-the skills and abilities as well as the confidence of the uniformed services are strengthened, when they deal with the people on site. As has been proved, the stress of the mission is thus reduced and the long-term impact of mental pressure can be prevented. For three years, the German Federal Office of Civil Protection and Disaster Assistance has provided specific trainings for uniformed services, management staff and psychosocial crisis intervention teams in CBRN-specific issues of psychosocial crisis management. The contribution presents the training concept and evaluation results as well as national and European initiatives in developing specific concepts.

Zurek Gisela, Public Health Department Duesseldorf; Schedlich, Claudia, Federal Office of Civil Protection and Disaster Assistance

Risk and Protective Factors in CBRN-Incidents – The Psychosocial Impact and Its Consequences

Concepts of Psychosocial crisis management must include the specificity of different damage situations. One characteristic of CBRN-incidents is the difficulty of perceiving damaging substances, of defining them quickly and correctly and of specifying their short- und long-term impact. That is why people who are directly affected (injured people, relatives and witnesses) as well as the population in general but also emergency response personnel and management staff might be filled with feelings of fear, uncertainty, helplessness and loss of control when confronted with CBRN incidents. Even if only a small number of people is physically injured by CBRN incidents, nevertheless, the situation may lead to a high number of mentally affected people. The mental stress goes far beyond these groups and, due to the quick distribution of information via the media or public institutions, affects many more people and groups in the population. That this is the case was proved, for example, by the catastrophe of Tschernobyl in 1986, the Sarin-attack in Tokyo in 1995, the Anthrax-attacks in the USA in 2001 or the Polonium-case in Hamburg in 2006. We discuss the scientific results in acute, mid- and long-term stress response after CBRN-incidents and the consequences for psychosocial crisis management and risk- and crisis communication.

Williams Mary Beth, Trauma Recovery Education and Counseling Center; Nurmi, Lasse, National Bureau of Investigation Vantaa; Turunen, Tuija, Seinajoki Central Hospital

School Shootings: International Perspectives and Responses

This symposium examines responses to three school shootings, two in Finland and one at Virginia Polytechnic Institute and State University in Blacksburg, Virginia. All three shootings were motivated by and copycat shootings of the Columbine Colorado shooting. The first presentation by Lasse Nurmi of the National Bureau of Investigation in Finland examines the development and use of the Family Liaison Team, a part of the DVI Team, in Finland. The members of this team (police sergeant, chaplain, and police psychologist) responded to the victims of two school shootings in Finland. Descriptions of the shootings, victim and perpetrator profiles, and responses to the families will be included. The second presentation will examine the results of the Kauhajoki project that coordinates the psychosocial aftercare of the Kauhajoki school shootings and will include research data. The third presentation will examine the response to the Virginia Tech shootings that left 32 victims and 1 perpetrator dead as well as lessons learned, the need for agency safety plans, and research results of the aftermath.

Williams Mary Beth, Trauma Recovery Education and Counseling Center

The Virginia Tech Massacre: Events, Observations and Lessons Learned

On April 18, 2007, a student at Virginia Polytechnic Institute in Blacksburg Vierginia killed 32 persons and himself in one of the worst school shootings in the world. Why did Cho do this act? Was it a copycat version of the Columbine shootings by Harris and Klebold? Was it a result of bullying? What was the response of school and public officials? What type of comprehensive school response plan is needed? What lessons were learned from this tragedy? This presentation will address these and other issues related to the shooting.

Nurmi Lasse, Candidate National Bureau of Investigation Vantaa

The Role of the Family Liaison Officer Team of the National Bureau of Investigation in School Shootings

Police are responsible for cause of death investigations in Finland but, in larger scale cases, this is transferred to the DVI (Disaster Victim Identification Team) which includes the FLO (Family Liaison Officer) team. Between

November 2007 and the end of September 2008, there were two school shootings with a total of 20 victims (including the two shooters). It is likely that the shooters also were copycat killers. This presentation examines the role of the FLO with the families of the victims (and the shooters) including death notifications, retrace the event at the schools as presented to families, and describe the methods of passing on of information about the cases. The work of the FLO will be described both as a team and also in cooperation with many other teams and agencies in the two school shootings and in other disasters.

Turunen Tuija, Senajoki Central Hospital

Professional Psychosocial Support among School Shooting Trauma Exposed Students at Kauhajoki, Finland

Traumatized students and teachers from the second Finnish School Shooting at Kauhajoki at the University of Applied Sciences were severely affected and were in need of social and professional support. Acute and long-term support was provided by the special Kauhajoki project, a multi-disciplinary and multi-professional endeavor. This presentation will examine the psychosocial interventions and timing of this aftercare process and its various phases, including the first anniversary and follow-up phases. Research findings examining the recovery process will also be offered, including rates of post-traumatic stress disorder and the role of social support in moderating impact.

Priebe Kathlen, Central Institute of Mental Health; Jung, Kerstin, Goethe University Frankfurt; Dyer, Anne; Krüger, Antje, Central Institute of Mental Health

Posttraumatic Stress Disorder in Adult Survivors of Childhood Sexual Abuse: Specifics in Assessment and Therapy

Posttraumatic Stress Disorder (PTSD) related to childhood sexual abuse (CSA) is often accompanied by a variety of co-occurring disorders or symptoms, for example sexual dysfunctions, self-injurious behaviour and suicidal ideation. Standard treatments of PTSD do not address those features. Moreover, standard treatments of PTSD strongly focus on emotions like anxiety and helplessness, whereas patients with PTSD after CSA additionally suffer from guilt, shame, disgust and self-contempt.

The presentations within this symposium focus on different specific aspects in assessment and therapy of PTSD after CSA. Priebe et al. report data regarding the Posttraumatic Diagnostic Scale and discuss problems of this scale in patients with severe symptomatology. Jung et al. introduce a two-session treatment program to reduce the feeling of being contaminated. Data on the efficacy of this program will be reported. Dyer et al. will present data on body image, eating disorders, and sexual dysfunctions in patients with PTSD after CSA before and after a 12 week residential program. Krüger et al. address the question of safety of this exposure-based residential program. Data on different aspects of safety like self-injurious behaviour and suicidal ideation will be presented.

Dyer Anne; Priebe, Kathlen, Central Institute of Mental Health; Steil, Regina, Frankfurt University; Krüger, Antje; Kleindienst, Nikolaus; Bohus, Martin, Central Institute of Mental Health

Influence of Dialectical Behavioral Therapy for PTSD on Bodily Aspects

Introduction: Patients with the experience of sexual abuse suffer from sexual dysfunctions, eating disorders, and disturbances in body image. Dialectical Behavioral Therapy for PTSD (DBT-PTSD) is an effective treatment for patients with PTSD after childhood sexual abuse. PTSD symptoms are reduced by the treatment significantly. Unknown is the effect of DBT-PTSD on bodily symptoms. **Methods:** 72 women suffering from chronic PTSD related to childhood sexual abuse were included in a randomized controlled trial. They were randomly assigned to a waiting list or a treatment group receiving 12 weeks residential DBT-PTSD. A subsample (N=38) filled in questionnaires on body image, eating disorder and sexual dysfunctions after randomization (t1), 4.5 months after randomization (t2), and 6 months after randomization (t3). **Results:** Data on body image, eating disorders, and sexual dysfunctions in patients with PTSD after childhood sexual abuse are presented. The effects of the 12 week residential program on bodily aspects as body image, eating disorders, and sexual dysfunctions are shown and

discussed. **Conclusions:** DBT-PTSD is a promising treatment that influences bodily aspects. Some bodily aspects i.e. sexual dysfunctions of patients with PTSD after childhood sexual abuse need more therapeutic attention.

Jung Kerstin; Stangier, Ulrich; Steil, Regina, Goethe University Frankfurt

Efficacy of a Two-Session Program of Cognitive Restructuring and Imagery Modification to Reduce the Feeling of Being Contaminated in Adult Survivors of Childhood Sexual Abuse: A Pilot Study

Objectives: Cognitive Restructuring and Imagery Modification (CRIM) to reduce the feeling of being contaminated (FBC) was tailored to adult survivors of childhood sexual abuse (CSA) suffering from this distressing feeling. A cognitive model of maladaptive appraisal and two factor learning theory can explain the development and maintenance of the FBC. CRIM combines cognitive interventions with imagery modification in a two-session treatment. **Methods:** To evaluate CRIMs feasibility and efficacy, we treated 9 women suffering from chronic CSA-related posttraumatic stress disorder (PTSD) plus the FBC. Ratings regarding intensity, vividness, and uncontrollability of the FBC, and related distress as well as the Posttraumatic Diagnostic Scale (PDS) were administered prior to (t0), post (t1), and six weeks after (t2) treatment. **Results:** When comparing t0 and t2 Cohen's d was large for intensity of the FBC ($d = 2.23$; $p < .01$), its vividness ($d = 1.83$; $p < .01$), uncontrollability ($d = 2.79$; $p < .01$), and the related distress ($d = 2.45$; $p < .01$), as well as for PDS scores ($d = .99$; $p < .05$). **Conclusions:** Data suggest that CRIM has the potential to reduce the FBC as well as PTSD symptoms after CSA.

Krüger Antje; Dyer, Anne; Priebe, Kathlen, Central Institute for Mental Health Mannheim; Steil, Regina, Frankfurt University; Kleindienst, Nikolaus; Bohus, Martin, Central Institute of Mental Health Mannheim

Safety Issues of Exposure-Based Therapy in Patients with Emotional Instability and PTSD after CSA

State of the art treatment of PTSD is exposure based therapy. However the data regarding exposure based therapy in patients with BPD features and PTSD after child sexual abuse (CSA) remains unclear. DBT-PTSD is a treatment specifically tailored for this patient group. In clinical practice it is often feared that exposure based treatment leads to an increase in self-harm behaviour and suicidality. We like to address here the question of safety regarding DBT-PTSD in patients with BPD features and PTSD after CSA. A RCT was conducted to evaluate DBT-PTSD. Altogether 81 patients were included and randomised into a treatment group and a waiting list. Patients were assessed at pre-treatment, post-treatment plus 6 weeks and 3 months follow up. In the presentation we focus on the treatment group patients and in particular on patients with at least 4 borderline criteria. We will look closely at different aspects of safety (e.g. self harm behaviour and suicidal ideation) during treatment and 6 weeks after treatment. We will present final data and focus on safety aspects during and after treatment.

Priebe Kathlen; Zimmer, Josepha; Kleindienst, Nikolaus, Central Institute of Mental Health Mannheim; Ebner-Priemer, Ulrich, University of Karlsruhe; Bohus, Martin, Central Institute of Mental Health Mannheim

Do Questionnaires Underestimate the Frequency of Intrusions in Patients with PTSD after Childhood Sexual Abuse?

Objectives: Trauma-related intrusions are a leading symptom of PTSD. The frequency of intrusions is usually captured by retrospective questionnaires. This might be problematic since retrospection is subject to multiple systematic distortions. Furthermore, ceiling effects may be possible in patients with severe posttraumatic symptomatology like PTSD after childhood sexual abuse as most questionnaires do not distinguish between patients, who have 5 intrusions or more per week. **Methods:** In 25 female patients with PTSD after childhood sexual abuse electronic diaries were used for repeated real-time assessment of intrusions six times a day for one week. Additionally, symptom frequency was assessed using retrospective ratings at the end of each day and at the end of the week as well as the Posttraumatic Stress Diagnostic Scale (PDS). **Results:** Data-analyses revealed an

underestimation of symptom-frequency in the weekly retrospection and a ceiling effect regarding the PDS. **Conclusions:** Currently applied methods might fail to distinguish between patients with severe symptomatology and respectively might miss to display changes in the therapeutic process.

Makhashvili Nino; Javakhishvili, Darejan, Global Initiative on Psychiatry-Tbilisi; Tsiskarishvili, Lela, The Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims-GCRT

Post-Soviet Country as a Case Study: Traumas and Responses

The session is concentrating on Georgia and presents the country as a case study on forming up the psychotraumatology field during the last 25 years. The presenters will explore the post-soviet context of the country that affects the coping styles and identities of people and their families and provides additional factors for heavier impact of traumatic experiences. The basic assumptions and attitudes that shape the post-trauma sequel will be outlined and studied. The different groups of human rights violations will be mapped and the uneven process of development of the psychotrauma programs and services in the resource-limited country will be described; policy-, human capacities' and service-related barriers and challenges will be explored. Links with general mental health field at all levels will be presented and recommendations for advancing trauma field from public health perspective will be outlined. There will be presentations: Soviet Trauma in the Family Members of the Victims of Stalin's Repressions, by Darejan Jana Javakhishvili. The role of basic assumptions and attitudes towards health conditions in relation to post-traumatic changes, by Lela Tsiskarishvili. Psychotraumatology, Human Rights Practices and Public Health: Georgian Experiences, by Nino Makhashvili.

Javakhishvili Jana D., Global Initiative on Psychiatry Tbilisi

Soviet Trauma among Family Members of the Victims of Stalinist Repressions

According to official data, approximately 10% of the Georgian population was persecuted during the Soviet period. The results of research into the impact of the Stalinist repressions on the family members of those who were persecuted will be presented. The research implied in-depth biographical interviews with the elderly men and women, whose father, mother or both parents were executed or sent to Siberia.

The study shows that signs of trauma are still present among family members: i.e. some reported anxiety attacks as reaction to the triggers of childhood trauma of witnessing arrest of the parent/s. None of them has ever sought professional help to deal with their own trauma; till now they are reluctant to speak about it stating "We do not speak about that", revealing group traumatic identity uniting them as generation of "children of persecuted parents".

The central problem revealed by the study is related to the identity of family members: during the Stalin period at schools and social settings they were labeled as "children of the people's enemy", which in combination with the emotional attachment to the repressed parent/s was causing schisms of identity and identification both with victim and aggressor, which has shaped the lifelines of them. The connection between life line trajectories of the family members of the persecuted and childhood trauma will be discussed during the presentation.

Tsiskarishvili Lela; Pilauri, Ketevan; Kvilashvili, Natalia, The Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims – GCRT

The Role of Basic Assumptions and Attitude Towards Health Condition in Relation to Post-Traumatic Changes

The authors present results of a study, that investigated the role of basic assumptions and attitudes towards health condition in relation to post-traumatic changes. 92 persons aged 25 to 79, who had experienced severe traumatic events as civilians during the wars in the 90ies in Georgia and were eventually diagnosed with trauma related disorders, participated in the study. They filled the World Assumptions Scale (Bulman, 1989), Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) and a modified version of Health Explanatory Models in depth

interview (A. Kleinman). In order to study general population's basic assumptions a control group that had not experienced any traumatic event filled the WAS. The results show that basic assumptions in norm and traumatized individuals do not differ, however post traumatic growth is significantly influenced by the individual's perception of the world and his/her attitude towards ones own health condition. Positive perception of the world and the environment determines post traumatic growth; moreover, an individual who thinks that his/her health condition is recoverable, has more chances to grow after a traumatizing event. Interesting findings were revealed among demographic variables – married individuals and those with satisfactory material wellbeing tend to grow after traumatic events.

Makhashvili Nino, Global Initiative on Psychiatry – Tbilisi

Psychotraumatology, Human Rights Practices and Public Health: Georgian Experiences

The paper explores the psychotrauma care development in Georgia since the mid 90's, related to war and displacement experiences, but also to gross human rights abuses, like torture, childhood abuse, etc. We look at Human Rights concept, in general, and other specific mechanisms of international human rights law (providing the right to health, freedom from torture, patients rights, etc.) and link them to traumatized target groups as IDP's, refugees, torture (from law-enforcement) survivors, family violence victims, and others as tools for advancing their rights and advocating for setting up proper services along the last 20 years. This process and advocacy steps are described, barriers and achievements analyzed. The research on needs of some traumatized groups is presented and a variety of matching emerged services and programs are explored. Then the gaps between the needs and provided care are illustrated by some statistical and qualitative data; policy and service-related challenges in a resource-limited environment are marked. Finally, the paper explores the general process of mental health reform in Georgia, views the trauma field formation from a broader public healthcare perspective and explores the concept of mainstreaming of specialized trauma programs into the general mental health care. The primary, secondary and tertiary level recommendations are provided with case examples.

Agapishvili Nana, Georgian Association for Psycho Social Aid Ndoba

Hope of Returning Home versus Willingness of Integration with Hosting Communities – Confronting Trends Related to Displacement Trauma

The August 2008 armed-conflict and displacement of population destroyed lives of thousands of Georgian citizens, a significant number of them are unable to return to their places of origin in the near future. Among this population, there are people who were residing in their villages in the period of 1990–2008 (period from first Georgian Ossetian armed conflict – to 2008 August war) and experienced permanent pressure and threats from the Ossetian side and so called old IDP's who where displaced after 1990 and are wearing the status of IDP for already 20 years. Results of research studying attitudes, feelings, perceptions, personal strength and resources of IDP's from Shida Kartli displaced during the August 2008 August armed conflict will be presented. During the research two life periods of IDP's were studied: first – from 1990 – till August 2008 war; the second – from August 2008 up today. Revealed attitudes, feelings, perceptions, personal resources, emotional and behavioral reactions during two life periods were grouped as supportive – which have a positive influence on the process of “returning to life” after a traumatic event and as impeding which hindered and still hinders “reconstruction” process, integration of IDP's into society. During the presentation perceptions and attitudes during these 2 life periods will be compared and analyzed. Confronting trends revealed during the study existing at the same time among IDP's and influencing their reconstruction process: painful feeling of being IDP, willingness to establish their position in the society, perceptions regarding returning home and trends of finding a better life will be analyzed during the presentation.

3. DEBATES AND PANELS

3.1. DEBATES

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3. DEBATES AND PANELS

3.1. DEBATES

Panelist: Ulrich Schnyder and Stevan Hobfoll

Chair: Dean Ajduković

Promoting Resilience: Treatment or Prevention?

- “Treatment” Position - Ulrich Schnyder

Resilience can be defined as a personality characteristic that moderates the negative effects of stress, and promotes adaptation. Resilient individuals have been described as possessing self-esteem, self-confidence, curiosity, control over the environment, satisfying interpersonal relationships and a repertoire of problem-solving skills. They also tend to show more adaptive behaviors in the areas of social functioning, morale and somatic health. Moreover, the following psychosocial factors have been associated with resilience to stress: a) positive emotions such as humor and optimism, b) cognitive flexibility, including positive cognitive reappraisal and acceptance, c) spirituality, including religion, spirituality, and altruism, d) social support, and e) an active coping style. Gratitude is another positive emotion that could be protective against the development of PTSD. Some neurobiological factors including a reduced CRH (Corticotropin-Releasing Hormone) release, and a high DHEA (Dehydroepiandrosterone)/Cortisol ratio are also probably involved in resilience. All these features are potentially amenable to change. Therefore, psychotherapy for PTSD and other trauma-related mental disorders, in addition to their evidence-based trauma-focused approach (exposure, cognitive interventions), should also aim at promoting resilience. Well-Being Therapy, Acceptance and Commitment Therapy (ACT), and the mindfulness-based approaches appear to be promising conceptualizations of such treatment strategies. Finally, moderate physical exercise, due to its positive effects on the cardiovascular system, the immune system, mood and cognition, should complement traditional psychosocial interventions for traumatized individuals.

- “Creating, Sustaining and Promoting Resource Caravan Passageways: A Public Health Battle against Trauma-Toxic Environments” - Stevan Hobfoll

Resource caravan passageways are the environmental conditions that support, foster, enrich and protect the resources of individuals, families, and organizations, or that detract, undermine, obstruct, or impoverish people’s resource reservoirs. Public mental health must be a public watchdog. It must create resource enriching environments, and it must intervene in the social circumstances that undermine personal, social and material resource accumulation, that contribute to resource loss, in particular where environments are trauma toxic.

Panelist: Miranda Olf, Frank Nipkau and Thomas Weber

Chair: Bruce Shapiro

Mental Health Professionals and the Media: Collaboration or Conflict?

One day in March 2009, a young man went on a killing spree in Winnenden, a small town in Germany. The shooting left sixteen people dead and tore a sudden hole in the community. Such high profile, critical incidents — school shootings, terrorist attacks or highly-mediatised child abuse scandals — challenge journalists and trauma care specialists alike. On the one hand, the prolonged media attention provides opportunities to give the public crucial information on the management of trauma. It may even offer some space for those not directly affected to gain valuable insight into the experiences of those who are. But bad reporting may compound individual distress and give credence to inaccurate myths with adverse consequences for public health. Journalists and health professionals speak their own languages and start from different places. It can be hard to fully appreciate the constraints that the alternate side operates under.

In the months that followed the shooting in Winnenden, local journalists and trauma professionals began a series of talks, which shaped the way that those involved responded to the story’s continuing aftermath. Drawing on insight

gained from that situation, we want to discuss the conflicts and opportunities that may arise on other occasions when journalists and mental health professionals need to speak to each other. Where, if anywhere, is the common ground?

3.2. PANELS

Newman Elana, University of Tulsa; **de Jong, Joop**, University of Amsterdam/University of Boston; **Hobfoll, Stevan**, Rush Medical College

Getting it Right as an “Outsider”: Culturally Appropriate Training, Interventions, and Research in Volatile Areas

Trauma experts from outside a culture can offer technical information to individuals and communities as well as learn from communities living in volatile areas. However, outsiders can also do more harm than good. This panel discusses the merits and pitfalls of conducting trainings, interventions, and research cross-culturally. Each panelist will describe work conducted, successes, and challenges and conclude with 5 pieces of advice for the audience to consider. Then audience participants will be invited to raise issues and offer advice. De Jong will discuss his experiences developing culturally appropriate psycho-social and mental health and research programs in over 20 countries. Hobfoll will discuss his experiences conducting research in countries with people experiencing ongoing violence. Newman will discuss her experiences with the Dart Center for Journalism and Trauma offering short trainings for local journalists covering ongoing natural and human rights adversities.

Rees Gavin, Dart Centre Europe; **Stuart Turner**, Trauma Clinic London; **David Loyn**, BBC

Torture as a Public Act

Torture usually occurs in private, hidden locations, far from the public eye, but it is, in reality, a deeply public act, whose intended meanings and impact extend further than the closed walls of the detention cell. This panel will take the discussion of torture beyond the immediate circle of victim and perpetrator and ask how the rest of society is involved in the practice of torture.

Gavin Rees, Director of Dart Centre Europe, will present an overview of recent history, charting how and why the popular imagination of torture has swung repeatedly between conceptions that inhibit it and those that facilitate it. Stuart Turner, Past President of the ESTSS, speaking from his clinical experience, will describe how the community outside of detention are often the implicit targets. Regimes use torture as a method of sowing mistrust and breaking down the social bonds that make organised opposition possible. The suspicion of betrayal that shrouds the release of victims may greatly complicate their reintegration. David Loyn, the BBC's International Development Correspondent, will discuss the practical difficulties journalists face in reporting torture in the context of asymmetric warfare and will consider what questions we all need to ask if public understanding is to be more accurate and insightful.

Rolovic Jelisaveta-Sanja, Private Psychotherapy Practice; **Corkalo Biruski, Dinka**, University of Zagreb; **Shanini, Mimoza**; **Kukic, Sandra**, SOS, Continental Office CEE/CIS/Baltics

Lessons about National Identity: Post War Reflections of Therapists and Researchers from the Former Yugoslavia

Critical lessons can be learned from how citizens struggle to clarify their multiple relationships to country, community, ethnic/national identity, family and self in postwar societies. Therapists and researchers from Croatia, Kosovo, Bosnia

and Herzegovina and Serbia will explore how transformations in the meanings of ethnic/national identity have affected their professional work and everyday lives. How feelings about one's country and ethnic identity facilitates or interferes with clinical and research work on individual and collective trauma will be analyzed using research data from the region and personal and clinical examples. Links between issues of human rights and national/ethnic identity in the region of the former Yugoslavia will be discussed. Emphasis will be given to the roles professionals can play in the healing processes of the individuals and the communities and to the intra- and interpersonal world of the therapist exposed to suffering caused by war trauma. Lessons learned while working in divided communities will be highlighted in order to outline guidelines for both clinical work and research practice in situations of "competing identities".

Rose Suzanna, Berkshire Healthcare NHS Foundation Trust; **Freeman, Chris**, Royal Edinburgh Hospital; **Proudlock, Simon**, Berkshire Healthcare NHS Foundation Trust

Should We Be Creating More Trauma Informed Mental Health Services?

Background: It is known that exposure to a traumatic event can lead to a range of subsequent serious and sometimes chronic range of psychopathology such as PTSD, depression, substance misuse, anxiety disorders, personality distortions and psychosis (Van der Kolk, 2005; Read et.al., 2008; Mueser et al., 2004). Recently, attention has been paid to the physical health sequelae to exposure to psychological trauma (Schnurr, et al., 2007; Kimerling et al., 2002). **Current Position:** given the data outlined above, it seems surprising that, until relatively recently, this issue has not been specifically addressed within the UK mental health services. "Refocusing the Care Programme: Approach and Practice Guidelines" was published by the UK Department of Health in March 2008 and became policy in October 2008. While this approach arguably should be applauded there is anecdotal evidence that this exploration is still not undertaken with most of our patients. More recently, in Scotland, the Scottish parliament is consulting with clinicians and others in working towards formally creating a more trauma informed mental health service. **Discussion:** While the evidence to support the move to a more trauma informed mental health service appears compelling, at least within the UK, this evidence has largely failed to materialise. The panel will discuss different aspects of this debate.

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4.1. ORAL PRESENTATIONS

abu Samhadana Adel, Al Quds University

War Trauma and Violence Among School Aged Children in Gaza Strip

The study aimed to examine the traumatic events and war violence experienced by school-aged children during war crisis in Gaza Strip. The sample consisted of 600 school-aged children in Gaza strip with a representative sample of 250 males and 350 females aged 9–16 years. The major findings were: The most common traumatic event for children was witnessing pictures of martyrs and injured on TV by 96.8%. There were significant differences between trauma levels according to sex in favor of males from the martyrs children. There were significant differences between trauma levels according to age in favor of older children between 14–16 years. Here were significant differences between trauma levels according to caregiver provider in favor of those with their fathers. The significant treatment for trauma and violence among school aged children was practicing the psychological first aid, which provide frequent follow up.

Agger Inger, Rehabilitation and Research Center for Torture Victims

Culturally Adapted Approaches to Healing of Trauma for Torture Survivors in Cambodia

This study explores cultural elements in dignifying activities for torture survivors in Cambodia. Testimony ceremonies represent an example of this approach combining religious ritual with the struggle for justice and human rights. The study is based on an ongoing research project on local approaches to trauma in Cambodia, as well as a series of workshops held 2008–2010 on testimonial therapy in collaboration with mental health and human rights organizations in India, Sri Lanka, Cambodia and the Philippines. During the workshop process different types of ceremonies became integrated in the therapy process. The testimony method developed with Asian NGOs features a few sessions: During the first sessions, community workers assist survivors in the writing of their testimony. In the final session survivors participate in an honorary delivery ceremony in which they receive the testimony document. The ceremonies make use of different forms of expressions, such as singing, dancing, and religious purification rituals in a collective gathering. These forms of “embodied spirituality” seem to facilitate restorative self-awareness and community support. Additional research is needed to determine the applicability of this approach in other socio-political contexts, as well as its role in legal and human rights approaches to justice.

Ajdukovic Marina, University of Zagreb; **Brkic Smigoc, Jelena**, University of Sarajevo; **Rajter, Miroslav**; **Susac, Nika**, University of Zagreb

Protection of Children’s Rights to Participate in Child Abuse and Neglect Researches: Methodological and Validity Implications

A child’s right to participate in a research on child abuse and neglect is a highly sensitive issue which should be addressed through ethical procedures in the study design. Methodological implications will be illustrated using the case of the ongoing BECAN study (www.becan.eu) that addresses child abuse and neglect of 11–16 year old school-bound and dropout children in 9 Balkan countries. About 30.000 children will participate in the study.

Due to the sensitive topic and the age of children, ethical procedures were highly elaborated (e.g. acceptable level of deception, researcher’s duty to report abuse, likelihood of abusive parents to decline consent for child to participate in the study). In some of the participating countries parents are required to provide active consent for the participation of children below the age of 14. Pilot studies in two countries showed that, when the informed consent form with the explanation letter was sent to parents, 46% in Croatia (CRO) and 58% in Bosnia and Herzegovina (B&H) declined to give their consent. When parents were approached during the parents’ meeting, 8% in CRO and 20% in B&H declined to give consent. The challenge of addressing methodological implications will be discussed, as well as the need to balance the parents’ right to decide about their children and the right of children to participate in the trauma related studies.

Akiner Nurdan, University of Mersin

The Phenomenon of Stone-Throwing Children: The Explosion of Anger in Mersin's Suburbs

This paper analyzes the causes of anger and violence among the Kurdish children known as the “stone-throwing children” in Mersin province of Turkey. Actually, traumatic events related to the forced migration have touched the population here during the period between 1992 and 1999. Fieldwork conducted in the suburbs of Mersin with 250 Kurdish children indicates, that the children are the children of forced migration even if some of them were not born at that time. During the period between 1992 and 1999, 3489 rural settlements were evacuated by the Turkish army, leading to the forced displacement of approximately two million people. The children throwing stones at the police are predominantly the children of these migrants. Most of these children have not physically experienced forced migration, but they have inherited the memories from previous generations. The results show that anger characterizes the children's reaction to the state. Both quantitative and qualitative methods were adopted in this research. A question form was designed and used during the in-depth interviews with the children. The respondents were tape-recorded while they completed the standardized questionnaires and were encouraged to discuss their definitions of terms and responses to items in-depth. Furthermore analyses of results were derived from statistical chi-square test.

Alisic Eva; Jongmans, Marian, UMC Utrecht; Kleber, Rolf, Utrecht University

Psychological Trauma: Zooming in on Children's World

Although traumatic exposure is rather common in children and puts both their current mental health and development at risk, research on child trauma suffers from several gaps. For example, PTSD is prominently focused on while other outcome measures are important as well. The purpose of this multi-method-multi-informant dissertation project is to generate a broad overview of children's exposure to and recovery from trauma. It contains 1) a quantitative questionnaire study in 1770 primary school children regarding exposure, quality of life, posttraumatic stress, and posttraumatic growth; 2) a psychometric examination of a measure for posttraumatic stress in children; 3) a systematic review of predictors of posttraumatic stress in children including 40 longitudinal studies; 4) a qualitative interview study in 25 children and 33 parents regarding the process of recovery, including coping styles, social support, and parenting strategies; and 5) a mixed-method study in primary school teachers regarding their views on assisting children after trauma. The main findings of the project will be presented and discussed.

Almqvist Kjerstin, Karlstad University

Support for Children Who Have Experienced Violence Against Their Mother – Preliminary Results from a National Evaluation Study in Sweden

A number of agencies offering interventions to women and children exposed to intimate partner violence (IPV) have been established in Sweden in recent years, as the social services has been given responsibility to offer support through changes to the Social Services Act. The effects of such interventions are so far unknown. In this study preliminary results from a national evaluation are presented. This report describes 200 children who in 2010 had been evaluated pre-, post and one year post intervention in one of the 15 agencies in the study. 119 children had participated in special interventions aimed for children who had experienced violence against their mother, while 32 children had received treatment as usual and 49 children had no intervention. The results indicate that agencies focusing on children exposed to violence constitute a valuable complement to standard interventions for children and families. The children's symptoms were, according their mothers, reduced (measured by Strengths and Difficulties Questionnaire) and their capabilities were strengthened (measured by Social competence Scale and Emotional reactivity and adjustment Scale), compared to the other children in the study. Additional results, indicating needs for improvements, were that routines to ensure protection and safety of the child in general was missing, in spite of that most children regularly visited their abusive father.

Armour Cherie, University of Southern Denmark; Elhai, Jon; Biehn, Tracey, University of Toledo; Frueh, Christopher, University of Hawaii; Palmieri, Patrick, St. Thomas Hospital

Evidence for a Unique PTSD Construct Represented by PTSD's D1-D3 Symptoms

Two models of posttraumatic stress disorder (PTSD) have received the most empirical support in confirmatory factor analytic studies: King, Leskin, King and Weathers' (1998) Emotional Numbing model of reexperiencing, avoidance, emotional numbing and hyperarousal; and Simms, Watson and Doebbeling's (2002) Dysphoria model of reexperiencing, avoidance, dysphoria and hyperarousal. These models only differ in placement of three PTSD symptoms: sleep problems (D1), irritability (D2), and concentration problems (D3). In the present study, we recruited 252 women victims of domestic violence and tested whether there is empirical support to separate these three PTSD symptoms into a fifth factor, while retaining the Emotional Numbing and Dysphoria models' remaining four factors. Confirmatory factor analytic findings demonstrated that separating the three symptoms into a separate factor significantly enhanced model fit for the Emotional Numbing and Dysphoria models. These three symptoms may represent a unique latent construct. Implications are discussed.

Armour Cherie, University of Southern Denmark; Shevlin, Mark, University of Ulster

PTSD's Latent Structure: Is Dysphoria Illustrative of Depression?

The factor structure of Posttraumatic Stress disorder (PTSD) currently employed by the DSM-IV has very limited support. A four factor Dysphoria model is however, widely supported. The Dysphoria factor of this model has been hailed as a non-specific factor of PTSD. The present study investigated the factor structure of PTSD and the robustness of the Dysphoria factor within the Dysphoria model. The sample consisted of 591 individuals who met the diagnostic criteria for PTSD in the National Comorbidity Survey (NCS). PTSD was assessed via the Composite International Diagnostic Interview (CIDI) which also included a depression module. Confirmatory Factor Analysis was employed to assess factor models and regression was employed to statistically control for depression in the PTSD indicators. The Dysphoria model provided the best fit to the data. In addition, there was no significant attenuation in any of the PTSD items. This finding does not fully integrate with those of previous studies, which have suggested that Dysphoria is a non-specific component illustrative of depression. This finding is pertinent given several proposals for the removal of dysphoric items from the diagnostic criteria set of PTSD in the upcoming DSM-5.

Arnberg Filip; Bergh-Johannesson, Kerstin; Melin, Lennart, Uppsala University

Is Social Support Equally Important for Both Directly and Indirectly Affected Disaster Victims?

There has been much research on social support and its association with both general mental and physical health, and social support is an important salutogenic factor after traumatic events. Still, the magnitude of the effect of social support on posttraumatic stress (PTS) is not fully understood. In particular, the importance of social support after disasters may be contingent on exposure severity. In a survey of Swedish tourists 14 months after the tsunami in Southeast Asia (N=4910), in which the survivors were exposed to few post-disaster adversities, detailed information on exposure severity allowed for an examination of the effect of the interaction between social support and exposure severity on PTS. Social support was assessed by the Crisis Support Scale and PTS by the Impact of Event Scale-Revised. Preliminary analyses will be presented, and the size and significance of the effect will be discussed.

Arnberg Filip; Hultman, Christina; Rydelius, Per-Anders; Lundin, Tom, Uppsala University

Prospective Longitudinal Long-Term Studies 14–20 Years after Three Disasters

Although clinical experience and past research have shown that posttraumatic stress (PTS) can last for decades after a disaster, long-term follow-ups are scarce and little is known about predictors of chronic PTS. In this

presentation, long-term consequences of disasters will be described by a summary of the findings from three surveys of man-made/technological disasters with 2–4 assessments during the first 3–4 years and with a long-term assessment of PTSD and general mental health after 14–20 years (N s = 33–57). Similarities and dissimilarities in the course of PTS between the disasters will be presented. The influence of traumatic bereavement, psychological or pharmacological treatment, and additional negative life events on long-term PTS will be discussed, and experiences from conducting long-term studies will be communicated.

Asukai Nozomu, Tokyo Institute of Psychiatry; Hiromi, Sugiyama, Radiation Effects Research Foundation; Kato, Hiroshi, Hyogo Institute for Traumatic Stress; Nakajima, Midori, Hiroshima International University; Toshinari, Saeki, Hiroshima University

Contributing Factors to Psychological Consequences in Hiroshima A-Bomb Survivors – 63 Years after

The atomic bombing in Hiroshima on August 6, 1945, caused an estimated casualty of 140,000 by the end of that year. Survivors faced hideous scenes and many lost family members. Later, in the early 1960s, increased rates of leukemia and other types of cancer were observed among the survivors. These long-term health effects caused serious apprehension to linger. However, only a few studies on psychological consequences among the survivors have been conducted. In 2008, Hiroshima City commissioned our study team to perform a large-scale survey on long-term health effects among the survivors. We delivered a questionnaire by mail to all subjects who were living in Hiroshima City and adjacent towns prior to the release of the A-bomb until the study was implemented. The number of potential subjects was 36,614 and the response rate was 74%. We analyzed a subsample of subjects (n = 14,373) whose age at the event was 8 or above. In the multiple regression analysis, hibakusha (A-bomb victims) and those who were exposed to the Black Rain (fall-out) showed poor mental health compared to the comparison group on SF-8, K6 and IES-R scores even after adjusting for sociodemographic variables. Although traumatic experiences at the event still affected mental health, anxiety for health effects and social stigma showed greater impact. Our findings suggest that even 63 years after the event, apprehension of health effects and social stigma harm mental health in A-bomb survivors.

Ayoughi Sarah; Inge, Missmahl; Weierstall, Roland; Elbert, Thomas, University of Konstanz

Provision of Mental Health Services in Resource-Poor Settings: A Randomized Trial Comparing Counseling with Medical Treatment in North Afghanistan (Mazar-e-Sharif)

More than thirty years of war have left the lives of two generations of Afghans disrupted. Continuous stressors impair the functioning of families and communities. Until recently, mental health facilities were practically nonexistent in the entire country. In an exemplary setting, the present study compares the efficacy of psychosocial counseling with the usual pharmacological treatment in a randomized trial in Mazar-e-Sharif. Help seeking women (N = 61), who were diagnosed with mental health problems by local medical doctors, either received medical treatment or psychosocial counseling following a specifically developed manualized treatment protocol. Primary outcome measures were symptoms of depression and anxiety assessed before treatment and at 3-months follow-up using the HSCL 25 and the M.I.N.I. Secondary outcome measures were psychosocial stressors and coping mechanism. At 3-month follow-up, psychosocial counseling patients showed a significantly higher improvement than medical patients regarding the severity of symptoms of depression and anxiety. Patients receiving psychosocial counseling reported an overall increase in quality of life in terms of reduction of psychosocial stressors and improvement of coping mechanisms. These results indicate that psychosocial counseling can be an effective treatment for mental ill-health even for those living in ongoing unsafe conditions.

Barbosa Virginia, José Carlos Rocha: UnIPSA

The Effectiveness of a Cognitive Narrative Intervention in Complicated Grief on Widowers

The implementation of bereavement interventions is frequently requested and its effectiveness is controversial. Specifically with elderly widowers, the occurrence of depression and post-traumatic stress disorders has had significant advances concerning complicated grief and care.

The objective is to validate the effectiveness of a cognitive narrative intervention for complicated grief, controlling post-traumatic issues. The study is a randomized controlled trial, using Socio Demographic Questionnaire, Inventory of Complicated Grief (ICG), Beck Depression Inventory (BDI) and Impact of Traumatic Events Scale Revised (IES-R).

There are three methodological moments: 1) complicated grief is evaluated on widowed participants (n = 83; age M = 81.45; SD = 8.16; 84.1% women, 15.9% men). Forty of those with values of ICG ≥ 25 are randomly allocated into two groups: the intervention group (IG; n = 20) and control group (n = 20) 2) Participants are evaluated with BDI and IES-R. However, the IG will have informed consent procedures to participate on an intervention with 4 weekly sessions of 60 min: recalling, emotional and cognitive subjectivation, metaphorization and projection 3) Two months after, ICG, BDI and IES-R are repeated.

We use a repeated measure analysis to discriminate time, group and interception effects which are discussed concerning program effectiveness and the future applicability.

Bergh Johannesson Kerstin; Lundin, Tom; Fröjd, Thomas; Department of Neuroscience; Hultman, Christina, Department of Medical Epidemiology and Biostatistics; Michel, Per-Olof, Department of Neuroscience

Trajectories and Rates of Recovery in Swedish Survivors of the 2004 Tsunami

Long-term follow-up after disaster exposure indicate increased rates of psychological distress. However, trajectories and rates of recovery in large samples of disaster-exposed survivors are largely lacking. A group of 3457 Swedish survivors temporarily on vacation in Southeast Asia during the 2004 tsunami were assessed by postal questionnaire at 14 months and three years after the tsunami regarding posttraumatic stress reactions (IES-R) and general mental health (GHQ-12). There was a general pattern of resilience and recovery three years post disaster. Severe exposure and traumatic bereavement was associated with increased posttraumatic stress reactions and heightened risk for impaired mental health. The rate of recovery was lower among respondents exposed to life threat and among bereaved. Severe trauma exposure and bereavement appear to have considerable long-term impact on psychological distress and to slow down the recovery process. Trajectories for resilience, recovery and long-term distress will be discussed.

Blanckmeister Barbara, Technisches Hilfswerk

European Project on Psychosocial Support for Civil Protection Forces

The risk regarding CBRN situations has increased over the last years in almost all EU Member States. Civil protection forces deployed in disaster response operations under CBRN conditions are exposed to additional risks and pressures that may constitute a heavy psychological strain.

Experiences show that the adequate use of insights regarding psychosocial support helps to facilitate crisis management and response in several respects: 1) to enable the responders to cope competently with highly difficult and unfamiliar operations such as CBRN incidents, 2) to avoid long term effects of psychosocial stress, 3) to improve the coordination during the mission, 4) to take care of the basic needs of the affected, 5) to foster the cooperation of the affected, and 6) to facilitate a qualified risk and crisis communication. Nevertheless, in most EU Member States psychosocial crisis management is not yet part of the training program of CBRN specialists.

The project addresses this deficit by developing and testing a training program for operational forces (including volunteers) and hospital staff who have to cope with CBRN incidents. Partners in the project are: THW, BBK, Krankenhaus Maria-Hilf GmbH (Germany), Impact (The Netherlands); CRPR (Italy).

Bogolyubova Olga; Smykalo, Liubov; Skochilov, Roman; Hrabrova, Galina, St-Petersburg State University

Childhood Victimization, Dissociation and Health Behaviors among University Students in Four Russian Cities

Childhood victimization experiences are traumatic events which can severely affect individual's wellbeing and behavior over the course of his/her life. The goal of this study was to assess the prevalence of victimization

experiences in a sample of students and to explore the connections of such experiences with risky health behaviors. The study took place in four Russian cities. The total number of participants was 904; mean age = 20.98. High level of childhood victimization experiences was found: 33% of the sample indicated having ever had experienced physical maltreatment; 4.44% reported having been sexually abused by a known adult and 5.33% indicated sexual harassment/assault by a stranger; 16% reported being sexually victimized by a peer. Apart from that, having ever been in an area of armed conflict was reported by almost 15% of the sample. As for health behaviors, 84% of the sample reported being sexually active. Condom non-use was found to be common. Smoking was reported by 34% of the sample, use of illicit drugs was indicated by 21% of study participants. A number of correlations were found between victimization experiences, psychological variables and health behavior indicators. Dissociation was found to be linked to most of victimization forms and certain types of health risk behaviors. Logistic regression models were used to demonstrate these associations.

Böhm Maya; Weißflog, Gregor, Universität Leipzig

Transgenerational Communication about Political Imprisonment in the Former GDR – An Explorative Study on Transgenerational Traumatization

Communication about parental traumatic experiences has been described as a fundamental aspect of transgenerational transmission of trauma. The present study aimed to examine transgenerational effects of political imprisonment in the former German Democratic Republic (GDR). One part of the study was to look at parent-child communication about the imprisonment. Ten semi-structured retrospective interviews with children of former political prisoners were conducted and then analysed using a form of qualitative content analysis. Quality and quantity of communication about the political imprisonment varied widely. Two of ten cases reported only one single conversation about the imprisonment. The others described a process of reciprocal communication that started in their childhood, happened incidentally, and changed over time. Agents, contents and ways of reported communication and their meaning for the process of transgenerational negotiation of remembering the experience of imprisonment are discussed. Results are linked to the body of research about transgenerational traumatization in other populations. The study is a contribution to research on transgenerational effects of political violence in the former GDR.

Böttche Maria, Berlin Center for the Treatment of Torture Victims

Impact of Locus of Control on Posttraumatic Stress Disorder in Older Patients: A Quantitative and Content Analytic Perspective

Background: Theoretical models and previous studies show the relevance of locus of control in regard to posttraumatic stress disorder (PTSD). In a cognitive-behavioural writing therapy, effects of PTSD treatment concerning a change in the locus of control were examined. Method: The therapy sample consisted of 50 older PTSD patients traumatized as children during the Second World War. Data on the locus of control were collected by the IPC- Scale (Krampen, 1981). PTSD symptoms were measured with the Posttraumatic Stress Diagnostic Scale (Foa, 1995). Therapeutic texts were analysed using the content analytic DOTA-technique (Ertel, 1972) for the assessment of cognitive inference styles (closed cognitive systems). Results: T-Tests (pre to post/follow up) show a significant decrease in external locus of control (loc). Bivariate correlations reveal positive significant relations between external loc and PTSD after the treatment. The content analysis shows a significant positive relation between a cognitive inference style and external loc after the treatment. Conclusion: Results indicate that older PTSD patients with an external locus of control exhibit more severe PTSD symptoms. It could be assumed that closed cognitive systems are related to an external locus of control. With respect to these results, external locus of control and its effects on treatment outcome will be discussed.

Bramble Weed Rosa Maria, Integral Enrichment

Trauma and Political Asylum Seekers Living with HIV: A Socio-Therapeutic Approach

Issue: Political asylum seekers living with HIV suffer from stigma and multiple trauma including early childhood sexual trauma, intimate partner violence, forced immigration due to persecution of sexual orientation, denial of

treatment due to social group and discrimination. A significant number of applicants suffer posttraumatic stress disorder and depression associated with the arduous asylum process. Service providers often lack understanding of trauma related to political asylum and its impact on the client's emotional functioning, medical adherence and social isolation. **Description:** The socio-therapeutic model was developed as a guideline for community providers delivering services to Latino seropositive clients seeking political asylum in New York City. The intensive short term model takes into account the imposed immigration time constraints, evaluates client's health, trauma symptoms, support network and collaboration with medical providers and immigration attorneys. The affidavit, which is often intimidating to write since it triggers symptoms associated with trauma, is transformed into a healing tool to bring about empowerment and social justice. Psycho education groups enhance understanding of symptoms, identify imagery, yoga and coherent breathing as resources for physical and emotional stabilization during the asylum process as well as a safe setting for normalization and validation. **Lessons Learned:** The model was presented to 25 community providers who serve the Latino political asylum seekers in Queens, NY. A pre and post survey was administered evaluating providers understanding of political asylum, trauma, and cultural negotiation. The results indicated the increase of knowledge base and sensitivity to this population as well as integration to existing services. **Recommendations:** Future research exploring the correlation of asylum, trauma and HIV/AIDS vulnerability in an international multicultural context is significant for treatment design and training.

Bramsen Rikke Holm; Lasgaard, Mathias, University of Southern Denmark; Koss, Mary P., University of Arizona; Elklit, Ask, University of Southern Denmark; Banner, Jytte, Aarhus University

Adolescent Sexual Victimization: A Prospective Study on Risk Factors for First Time Sexual Assault

The present study set out to investigate predictors of first time adolescent peer-on-peer sexual victimization among 238 female Grade 9 students from 30 schools in Denmark. **Methods:** A prospective research design was utilized to examine the relationship among five potential predictors as measured at baseline, and first time adolescent peer-on-peer sexual victimization during a 6-month period. Data analysis was binary logistic regression analysis. **Results:** Number of sexual partners and displaying sexual risk behaviors significantly predicted subsequent first time peer-on-peer sexual victimization, whereas a history of child sexual abuse, early sexual onset and failing to signal sexual boundaries did not. **Conclusions:** The present study identifies specific risk factors for first time sexual victimization that are potentially changeable. Thus, the results may inform prevention initiatives targeting initial experiences of adolescent peer-on-peer sexual victimization.

Bramsen Rikke Holm; Lasgaard, Mathias, University of Southern Denmark; Koss, Mary P., University of Arizona; Shevlin, Mark, University of Ulster; Elklit, Ask, University of Southern Denmark

Testing a Multiple Mediator Model of the Effect of Childhood Sexual Abuse on Adolescent Sexual Victimization

The present study modeled the direct relationship between child sexual abuse (CSA) and adolescent peer-to-peer sexual victimization (APSV) and the mediated effect via variables representing the number of sexual partners, sexual risk behavior, and signaling sexual boundaries. **Methods:** A cross-sectional study on the effect of CSA on APSV utilizing a multiple mediator model. Mediated and direct effects in the model were estimated employing Mplus using bootstrapped percentile based confidence intervals to test for significance of mediated effects. The study employed 327 Danish female adolescents with a mean age of 14.9 years ($SD = 0.5$). **Results:** The estimates from the mediational model indicated full mediation of the effect of CSA on APSV via number of sexual partners and sexual risk behavior. **Conclusions:** The current study suggested that the link between CSA and APSV was mediated by sexual behaviors specifically pertaining to situations of social peer interaction, rather than directly on prior experiences of sexual victimization.

Brisch Karl Heinz; Kern, Christine; Schott, Christine; Erhardt, Ingrid, University of Munich

Attachment, Trauma and Stress in Pregnant Women Before Childbirth

Introduction: Attachment, trauma and stress were assessed during a training program SAFE[®] (Safe Attachment Formation for Educators). The program wants to assist becoming mothers and fathers with the transition to parenthood and to improve a secure attachment of their infants. **Methods:** At 36th week of gestation the Adult Attachment Interview (AAI Main, 1982), the Adult Attachment Projective (AAP George et al., 1997) and the Posttraumatic Stress Diagnostic Scale (PDS Foa, 1995) were applied. Cortisol levels were measured in the saliva before and after the AAI and AAP. **Results:** Pregnant women (N=29) who reported at least one traumatic life event had significantly ($p \leq 0.05$) higher stress levels before and after the AAI independently from their attachment representation. In the AAP, those with an unresolved attachment representation had higher stress levels than those with an autonomous attachment representation ($p = n.s.$), but not a PTSD. **Discussion:** Traumatic life events can stress the attachment representation of pregnant women. It is interesting that mothers with unresolved status of attachment in respect to trauma did not show a clinical relevant PTSD. The AAI may be more sensitive for detecting unresolved trauma in mothers and therefore influence the attachment development of the infant.

Bujisic Gordana, University of Applied Sciences Lavoslav Ruzicka

Is the Deficiency of the State's Care for Suicidal PTSD Patients Violation of their Human Rights?

PTSD is defined as a postponed or extended response to an extremely dangerous or catastrophic situation or event. After the war in the Republic of Croatia PTSD is one of the leading diagnoses in the group of mental disorders with prevalence as high as 13%. The Eastern Slavonia and Baranja are geopolitical areas of Croatia unique by high rates of suicide but this region also was the most affected by the war in 1991 and with a great number of PTSD patients, which was the cause for research in this region. The main aim of the research was to investigate relations between suicidal behavior intensity and negative life events in PTSD patients in the region. In the research participated 202 PTSD patients. The basic hypothesis was that intensity of suicidal behavior in patients with PTSD is higher if patients had more negative life events.

The results confirmed the hypothesis that negative life events are related to suicidal behavior. Amongst five groups of studied life events the most influential were factors from the surroundings, such as lack of close interpersonal relationships and long-lasting sense of solitude. The question poses itself: what is the role of the state and could it do more to ease the situation and, at the bottom line, is the lack of efficient social and rehabilitation programs for this population a kind of violation of their human rights?

Busch Brigitta, Institut für Sprachwissenschaften, University of Vienna

When One Does Not Have a Language: Language Choice in Therapeutic Settings and Asylum Procedures

Human rights violations and persecution are often linked to situations in which accent or language serve as a shibboleth, as a marker of belonging to a particular group. Communication with refugees in asylum procedures and in therapeutic settings involves persons with diverse linguistic resources and frames of reference. In these settings language cannot simply be considered as a quasi neutral medium of communication. Language choice has an impact on whether traumatic experiences can be narrated and on how they are narrated. Finding the "right" language in linguistically diverse institutional settings is not simply a matter of choosing one or another code, but rather of finding a way to valorise the entire linguistic repertoire with all available linguistic and communicative resources a person has to overcome speechlessness and to regain agency.

This contribution focuses on connections between traumatic experience, sociopolitical constellations and language choice, an area which has received little academic attention so far. It is based on empirical data collected through a multimodal approach based on the drawing of language portraits. These are visual representations of the linguistic and communicative repertoire that foreground the emotional and bodily dimensions of language (Busch 2010).

Butollo Willi; Karl, Regina, University of Munich

Dialogic Exposure in a Gestalt Oriented Trauma Therapy – First RCT Results

Traumatic experiences do not only lead to ICD posttraumatic symptoms, but also change a person's self and self processes. Among many competing approaches for treatment of trauma-induced disorders the ability for intrapsychic dialogue is often not sufficiently attended to. However, we assume that this ability is a necessary condition to cure lasting decay of relationships and quality of contact caused by trauma.

A process oriented trauma therapy investigated here integrates a Gestalt therapeutic framework with behavioral elements. The concept stresses interaction and dialogue in order to identify and dissolve the disruptions of contact so that continuity in the client's experience becomes possible again: rebuild "self-response-ability". In the form of "dialogic exposure" the dialogic nature of self processes is applied to four phases of the therapy. This facilitates establishing contact with and working in a relationship-oriented way with different (traumatized, non-traumatized, pre-traumatic) parts of the self. A preliminary pre-post comparison shows the efficacy of the therapy with respect to symptoms as well as relationship, conflict, and resource orientation in the treatment of PTSD.

Celik Filiz, Swansea University

Intergenerational Transmission of Trauma: Case of Dersim Massacren 1937–38

Destruction, loss of life and shelter are the consequences of all kinds of disasters. However, human-made disasters seems to leave more indellible marks on the affected societies. This is perhaps because human-made disasters affect not just lives, livelihoods and ways of life; they also impact on human dignity.

Today, acts of collective violence such as genocide, ethnocide and massacres have become hot topics of debates regarding International law and Human Right violations (i.e. Hinton, 2002). Survivors continue to suffer from the consequences of pressure and stereotyping for decades after. Further, there is strong evidence to suggest that trauma can be transmitted to later generations (i.e. Danielli, 1998).

This paper, the first part of a PhD thesis, examines the intergenerational transmission of trauma due to collective violence. Specifically, the Dersim 1937–9 Massacre resulted in not just tens of thousands of deaths and thousands of people internally displaced by government forces, but also in a lost generation of children. Ten semi-structured interviews were conducted with 2nd and 3rd generation survivors of the 1937–38 Dersim massacre living in Tunceli (Dersim). Key themes that have emerged are transmission of trauma to later generations; overexposure to ancestral trauma; a conspiracy of silence.

Charak Ruby; Singh, Meenakshi, University of Jammu

Factors Predicting PTSD: A Study of Indian Villagers Residing along Line of Control

Background: The line of control (LoC) is a de facto border between India and Pakistan, and was carved in 1972. However, the areas along this border are often disturbed by cross border firing and shelling forcing inhabitants to move to safer pastures. One such conflict induced internal displacement took place during the 1999 Kargil war.

Method: The present study aims to gauge the effect of age, gender, somatic complaints, anxiety, depression, social dysfunction and resilience on Post Traumatic Stress Disorder (PTSD) among 113 residents of village Doiyan along the LoC, India. Participants were in the age range of 20–55 years and had returned to their native village after the Kargil war. **Results:** Approximately 26% of the participants were in the diagnosable range for PTSD. While stepwise regression revealed that age, anxiety, depression and social dysfunction significantly predicted PTSD among the participants, however the dimensions of gender, somatic complaints and resilience did not significantly predict PTSD. **Conclusion:** This study provides evidence of presence of PTSD and associated risk factors among inhabitants of village Doiyan along the LoC. Relief, rehabilitation and development programmes need to focus on the psychological distress faced by people of this area for enhancement of individual and social wellbeing.

Chongruksa Doungmani; Pansomboon, Chanya; Prinyapol, Penprapa, Prince of Songkla University; Sawatsri, Sayan, King Mongkut Klao Hospital

Efficacy of Eclectic Group Counseling in Addressing Stress among Thailand Police Officers in Terrorist Situations

The violence due to unrest in the three southernmost provinces of Thailand has caused great stress to all residents, particularly to soldiers and police officers who deployed there. Soldiers and polices are at high risk of developing post traumatic stress disorder. This study aims to develop the eclectic group counseling intervention for Thai police officers to reduce risk of developing symptom of poor mental health while deploying at Yala. We predicted that eclectic group counseling would significantly reduce high scores of anxiety, depression, social dysfunction, physical symptoms, hostility, phobic anxiety, and interpersonal sensitivity in comparison with the control group. Our eclectic group counseling included the interactive model of Cognitive Behavioral Therapy, religious interventions, mandala drawing, and Reality Therapy. The design is an experiment controlled trial with 42 participants (Experiment =20; Control =22; Thai-Buddhists =32; Thai-Muslims =10). Their mean age was 35.64 ± 9.99 ranging from 23 to 54 year olds. They were selected from 416 police officers derived by cluster random sampling based on their highest scores of Beck Depression Inventory Second Edition (BDI-II), the General Health Questionnaire Thai version (Thai GHQ30), and the Symptom Checklist 90(SCL 90). The data were analyzed by two-way MANOVA: repeated measures and Bonferroni procedure. The results supported the hypothesis.

Cieslak Roman, Warsaw School of Social Sciences and Humanities

Differences in Mediating Effects of Social Support and Self-Efficacy: A Longitudinal Study on Secondary Traumatic Distress among Workers Exposed to Secondary Trauma

This longitudinal study aimed at investigating the mediating effects of self-efficacy beliefs and perceived social support in relationship between indirect exposure to trauma and secondary posttraumatic distress. Further, we tested whether the mediating effects of efficacy beliefs and social support are equally strong. Participants were 173 professionals, working with trauma victims on a regular basis (e.g. social workers, first responders, and probation officers). Time 1 measurement included the Secondary Traumatic Stress Scale (Bride et al., 2004), exposure assessment scales, secondary trauma self-efficacy questionnaire (based on trauma self-efficacy measure by Benight et al., 2004) and the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). Secondary posttraumatic distress was measured again at Time 2, five months later. Analyses with multiple mediators were conducted, applying Preacher and Haynes (2008) procedures. Results indicated that self-efficacy acted as the mediator in the relationship between the secondary exposure and secondary posttraumatic distress at Time 2, even when the baseline secondary posttraumatic distress was controlled for. By contrast, social support did not emerge as a significant mediator. Further, the mediating effect of self-efficacy was significantly stronger than the mediating effect of social support.

Cisic Lejla, SOS Kinderdorf B&H

Impact of War on the Long-Term Trauma Symptoms and Psychological Adjustment in Bosnian and Herzegovinian Refugee Young People Living in Australia: Investigation of Incidents, War Experience Predictors and Moderators

Is the growing up and adulthood of children who survived war still significantly marked by the war events and what impact do these experiences have on their current psychological wellbeing? This research investigated previous questions and identified war experiences that had the strongest impact on long term psychological adjustment including clinical levels of trauma in Bosnian youth following war exposure and immigration to Australia. It also explored whether moderating factors, such as social support and interactions within the community and family, had buffering effects on the current levels of posttraumatic stress symptoms in young people. Results revealed that this cohort of Bosnian young people reported exposure to massive war traumatic events as children. More than 30 percent of them experienced trauma symptoms currently. A number of different war experiences including non violent events that were significantly related to both long term psychological adjustment and clinical levels of trauma symptoms were identified. Moreover, findings indicated that limited resources may be left to the family and

the community to protect children from magnitude of war traumas. This study highlighted that those who were exposed to war traumas including non-violent events in childhood were at a significant risk for development of traumatic symptomatology and long term mental problems in young adulthood.

Corkalo Biruski Dinka; Ajdukovic, Dean, University of Zagreb

When the World Collapses: Changed Worldview and Social Reconstruction in a Traumatized Community

Traumatic experience can affect the individual's basic beliefs about the world as a predictable, safe and coherent place in which the value of an individual is granted. One of the cornerstones in recovery from trauma is the reestablishment of the shattered worldview. This study looked at the role of the changed worldview in the relationship between war-related traumatic experiences and readiness for social reconstruction as defined by three processes: inter-group rapprochement, rebuilding of trust and need for apology. The study included a community sample of 333 adults (18–65), Croats and Serbs living in the city of Vukovar, the community in Croatia that was most devastated during the war (1991–1995). The hypothesis was that the people more affected by traumatization are less ready for social reconstruction, but that this relationship is mediated by the changed worldview. Mediation analyses showed that in both ethnic groups the worldview fully mediated between traumatic experiences (measured by IES-R) and the overall score for readiness for social reconstruction and the inter-group trust. However, the changed worldview was not a decisive mediator between symptoms of traumatization and inter-group rapprochement and need for apology from the other group. The implications of these findings for rebuilding inter-ethnic relations in communities affected by war will be discussed.

de Jong Joop; Tintinago Franco, Mario; Yacub, Talat, ParnassiaBavoGroup; Van der Gaag, Mark, University of Amsterdam; Van der Does, Willem, Leiden University

Posttraumatic Stress Disorder, Dissociative Disorder, Psychosis and Sleep

Background: Many disorders are related to traumatic events, e.g. posttraumatic stress disorder (PTSD), dissociative disorder (DD), sleep disorder (SD) and psychotic disorder (PD). Differential diagnosis may be difficult. Studies in non-clinical populations have shown high intercorrelations among the characteristic symptoms of these disorders. **Objective:** Investigate the prevalence of dissociative symptoms, psychotic symptoms and sleep disturbances in patients with PTSD, DD, SD and PD. **Method:** Patients who attended an OPD for psychotrauma filled in the Harvard Trauma Questionnaire (HTQ), Dissociative Experiences Scale (DES), Iowa Sleep Experiences Survey (ISES) and SLEEP50. If between 18 and 36 year old, they were asked to fill in the Prodromal Questionnaire (PQ) as well. This PQ measures risk of later development of psychosis. **Results:** 99 patients were included, but only 23 of these filled in the PQ. 33% had a score on DES above cut-off, 59% had a score on HTQ of 2.5; 74% score of 2.0 (12% missing); 8 of 23 (35%) had a score on PQ of ≥ 18 on positive items (cut-off). On Sleep50 74% reported disturbing sleeping problems; especially high scores at subscales insomnia and narcolepsy. 30% scored above cut-off on nightmares. All questionnaires were highly correlated. **Conclusion:** This clinical study confirms much overlap between the different questionnaires and more research is needed towards the high correlation of SD, PD, DD and PTSD.

di Biasi Stefania; Gabriel, Levi, University of Rome Sapienza

Post-Traumatic Stress Disorder in Children and Adolescents

Post-Traumatic Stress Disorder (PTSD) is a complex clinical condition that involves the malfunction of various systems. In this work the authors report a review about the developmental influences on PTSD expression in children and adolescents. In considering potential revisions for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), describing developmental influences on symptomatic expression is a high priority. The authors report the researches conducted in the past 10 years about the clinical expression of PTSD in preschool and school age children and in adolescents. The authors show that in children and adolescents the PTSD syndrome shows specific features and it is difficult to recognize post-traumatic symptoms that includes all three clusters of symptoms, as for the adult subjects; children have symptoms on only one or two clusters, with a

prevalence of re-experiencing and hyperarousal symptoms and 88% of children had at least one comorbid diagnosis. Finally, the authors show the key points of the guidelines they have developed with other European countries (IPPHEC project for the psychological intervention of children affected by disasters/acute trauma).

Diab Marwan, Gaza Community Mental Health Programme; Qouta, Samir, Islamic University Gaza; Palosaari, Esa, University of Tampere; El Sarraj, Eyad, Gaza Community Mental Health Programme; Punamaki, Raija-Leena, Helsinki Collegium for Advanced Studies

The Role of Children's Social Relations in War Trauma: Can Psychosocial Intervention Improve them and Can Improved Relations Contribute to Mental Health?

Social support is an important protector among adult trauma survivors. Yet, less is known about the age-salient social support among children, and therefore we studied the mental health role of peer and sibling relations among war-exposed Palestinian children. Our questions are: 1) Does psychosocial intervention improve the quality of peer and sibling relations, i.e., increase peer popularity and friendship quality, and warm and intimate sibling relations? 2) Are improved social relations associated with potential decrease in PTSD, depression and psychiatric distress, and with the increase of positive resources among war-exposed children? The participants are 485 Palestinian boys and girls (10–13 years of age, $M = 11.29$, $SD = .68$), who were exposed to trauma and losses in the context of the War on Gaza. Half of them participated in an intervention (based on Training of Recovery Skills, TRS) and the other half served as waiting-list controls. They reported war-related traumatic events, peer relations and sibling relations, as well as PTSD, depression and positive resources at Baseline (T1), post-intervention at three months (T2) and follow-up at nine months (T3). Results support the protective role of both good peer and sibling relations in predicting beneficial mental health. However, no intervention-specific increases in better social relations were found.

Dölemeyer Ruth, Department of Psychosomatic Medicine University of Leipzig; Kroker, Kristin; Baust, Katja, Department of Psychiatry University of Münster; Wagner, Birgit; Kersting, Anette, Department of Psychosomatic Medicine University of Leipzig

Internet-Based Therapy after Loss during Pregnancy – A Randomized Controlled Trial

The loss of a child during pregnancy can be a traumatic event with lasting grieving reactions and relevant psychological impact or even psychological disorders. To date, no empirically evidenced Internet-based programs have been published for this group of patients. Hence, the current study investigates the efficacy of a nationwide provided Internet-based therapy program for parents in this traumatic loss situation. In a randomized controlled trial using a waiting-list-control group, subjects ($n = 97$) were randomly allocated to either 5 weeks of internet-therapy or to a 5-weeks-waiting condition. During the manualized cognitive behavioural treatment participants wrote ten essays on loss-specific topics, covering three modules: 1) self-confrontation with the circumstances of their loss, 2) cognitive reappraisal and 3) sharing and farewell ritual. At pre- and post-treatment and in a three-month follow-up, grief, posttraumatic stress, depression, somatization, anxiety and general mental health were assessed. The participants in the treatment group improved highly significant compared with the participants in the control condition on all measures. Overall, medium between-groups-effect sizes were observed (ranging from $d = .48$ to $d = .93$) and the improvement maintained during the three-month follow-up period. These results indicate that this Internet-based therapy may contribute to improve health care for parents in this traumatic loss situation and is an innovative way to make therapy accessible to a broader group of parents affected by pregnancy loss.

Dückers Michel, Impact; Ganzevoort, Ruard, University of Vrije; Hoejenbos, Maarten; Netten, Josée; Rooze, Magda, Impact; Zondag, Hessel, University of Tilburg

Disaster Spiritual Care and Counselling in the Dutch Crisis Organisation: Development of a Practical Tool to Stimulate Optimal Coordination and Resource Utilisation

Internationally, disasters and crises confront societies with loss and trauma. Disaster spiritual care and counselling (DSCC) – by e.g. imams, ministers, pandits, pastors, rabbis – fulfils a unique role in providing comfort and search

for meaning. Still, its contribution in the aftermath deserves attention. The Dutch Ministry of Safety and Justice funded the development of a broad DSCC-preparation-support tool. The development was based on 1) findings and frameworks from literature on disaster spiritual care, spiritual counselling, psychosocial support, and disaster and crisis management; 2) experiences in the Netherlands, Germany and the United States. Shape and content of the tool were determined in dialogue with an expert group and the Dutch DSCC-network. The process resulted in a DSCC-manual with practical information on relevant topics for DSCC-providers: their roles and tasks, approaches, necessary competencies, available resources, cooperation with partners, coordination of volunteers, rituals in the public domain, characteristics of the Dutch crisis organisation, care for affected victims and helpers, and self-care. The manual includes a preparation-checklist to ease implementation. Optimal coordination and resource utilisation require linkages between the organisation of each DSCC-group (synergy) and the formal crisis organisation (command). Cooperation is vital.

Dyregrov Kari, Norwegian Institute of Public Health

The Important Role of the School Following Suicide

Little knowledge has been documented on the experiences of young suicide survivors, how they are coping with schooling and what kind of support they think they need. Thirty-two adolescents who had lost a close family member or friend by suicide participated in a research project by filling in questionnaires and participating in focus group interviews. The presentation explores the young people's experiences and wishes for help from the school, including teachers and school nurses. The results show that the young people struggle with concentration and learning new material. Although many are satisfied with care and support while at school, the young bereaved do not receive all the assistance they wish for and need. In order to adequately support young suicide survivors to continue schooling, it is worth listening to their opinions about how they may be approached. Some general advices from them will be given.

Dyregrov Kari, Norwegian Institute of Public Health

The Value of Research Participation for Suicide Bereaved

Too often ethical boards delay or stop research projects with vulnerable populations, influenced by presumed rather than empirically documented vulnerability. By using data collected from qualitative psychological autopsy interviews, the current paper aims at investigating how participation is experienced by people bereaved by suicide. In addition, a focus was on how the interviewees' experiences differ depending on their gender, relationship with the deceased, method of suicide, and elapsed time since death. Ninety-seven informants representing 17 deceased participated in extensive narrative/theme guided interviews. The qualitative analyses divided the participants' research experiences into three groups; 1) Overall positive (62%), 2) Unproblematic (10%), and 3) Positive and painful (28%). The overall results confirm previous research that shows research participation to be mainly positive through processes of meaning making, new insight and altruism. Those who experienced the interview as both positive and painful were most often the groups of younger males, spouses or friends of the deceased. However, an empathetic and skilled interviewer could buffer the discomfort some felt during the interviews.

Ebert Angela, Murdoch University

Values as Buffer and Risk Factor for Traumatized Refugees

Seeking to understand the recovery of people traumatized through severe human rights violations benefits from listening to survivors especially regarding factors that enhance or hinder resilience and recovery. A qualitative study investigated the recovery of refugees exposed to multiple and severe trauma who had not received formal assistance at any stage during their recovery process. Their coping and recovery processes were contrasted with post-trauma coping of non-recovered refugees exposed to comparable types and levels of traumatization. Purposive sampling recruited participants suited to inform about recovery mediators or obstacles. The aim was to capture the essence of participants' experiences at depth, which can be achieved with a smaller sample. Sampling was completed when no further substantially new information emerged from additional participants (data saturation). Series of in-depth interviews with six recovered and six non-recovered participants revealed values as a central factor mediating

recovery. Values acting as a resource, frame of reference, behaviour guide and motivation enhanced recovery, whereas damage to most deeply held values indicated a higher risk for frozenness in an adverse post-traumatic state. This state corresponded with higher symptomatology. The findings offer insights that extend clinical knowledge and directions for future research.

Erdur Baker Ozgur, Middle East Technical University; Aker, A. Tamer, Kocaeli University; Aksoz, Idil, Middle East Technical University

Traumatic Grief Reactions of Two Turkish Mothers after Loss of their Children: A Case Study

This qualitative study examined the grief reactions of two Turkish mothers after the loss of their children with respect to their cultural and religious upbringings. Two grieving mothers were selected based on 1) meeting the general criteria of traumatic grief and currently seeking help and 2) the time passed after their loss. The first case was a 59-year-old woman who lost her son six years ago (long term grieving mother) in a fight, and the second case was a 25-year-old woman who lost her daughter nine months ago (short term grieving mother) in a traffic accident. Individual semi-structured interviews were conducted and transcribed verbatim by the researchers. The data were analyzed via content analyses procedure. Five main reaction domains were observed and coded as common physical, behavioral, psychological, relational, and cognitive reactions which were consistent with the existing literature. However, culture appeared to be impacting manifestations and durations of the reactions as some personal reactions were more accepted by the society than others. The responses of the society and the religious orientation of the mothers seem to be fostering or hindering the coping processes. The findings are discussed in light of the existing literature and conclusions are drawn.

Escueta Mok, British Columbia Operational Stress Injury Clinic

Collective Recovery and Reconstruction from Continuing Complex Traumatic Stress: A Collaborative Psychoeducation Approach

Few approaches to trauma treatment, including psychoeducation, use participatory, dialogic and transformative approaches; even fewer address not just individual symptoms of but also systems and structures that facilitate collective (re)traumatization. This participatory action-research project identifies the theoretical, methodological and practical contributions that the use of transformative learning makes to collective recovery and reconstruction efforts by a group of individuals living in contexts of chronic, acute, and continuing trauma. Towards this end, the twelve-week Trauma Recovery and Reconstruction Group (TRRG) was created and conducted. Theoretically, this project advances continuing context and needs assessments, co-intentional learning, and the translation of pedagogy into united action. Methodologically, it identifies collective, visual arts-based, and capacity-building approaches for collective expression of distress and recovery and critical analysis of systemic and structural origins of (re)traumatization. Practically, it contributes to recovery and reconstruction efforts to address systems- and structures-based human rights and social justice issues. The participants used their collective strength to advocate for the continuation of the TRRG to sustain the community of mutual learning and support they created.

Exenberger Silvia; Juen, Barbara, University of Innsbruck

Four Years Post-Tsunami: Predictors of Children's Posttraumatic Stress Symptoms

Six years have passed since the Indian Ocean tsunami. This paper presents one work-package of the project "Post-tsunami" funded by the European Commission, which was implemented in the worst hit part of India, the Southern state Tamil Nadu. It aims to show the contribution of children's prior trauma history, maternal health status, and children's demographic variables to posttraumatic stress symptoms. The answers to the Traumatic Events Screening Inventory were collected orally on an individual basis of 106 mothers (91 biological and 15 SOS mothers) who responded for 221 tsunami-affected children. Additionally, the Impact of Event Scale and the General Health Questionnaire were used to gain information about mothers' trauma symptoms and general health. The children, aged 8 to 17, were single and double orphans either living with their biological parent or in an out-of-home care organisation (SOS Children's Villages). In the final model of a hierarchical multiple regression analysis it was shown that general health of the mothers ($\beta = .46, p > .001$) significantly predicted the amount of

PTSD symptoms in children, as does the context in which the children live ($\beta = -.18, p > .05$). Living in fishing villages was a significant predictor for PTSD symptomatology. The findings confirm that children's mental health depends in large part upon the health status of their mothers and the context they live in.

Forbes Maj Kevin J, Headley Court Trust Research Fellow; Klein, Susan, Aberdeen Centre for Trauma Research

The Identification of Factors which Conduce to and Prevent Rehabilitation and Adjustment in Military Personnel Following Combat-Related Injury: A Pragmatic Evaluation of Patients and Their Partners

While the physical effects of warfare have been well documented through the ages the psychological and psychiatric effects have been less well described. Following the acceptance of Post-Traumatic Stress Disorder (PTSD) into DSM-III by the American Psychiatric Association in 1980, exposure to war and conflict has increasingly been recognised as resulting in identifiable psychopathology (Alexander, 1996).

The reason some individuals develop symptoms of post-traumatic illness when exposed to traumatic events while others do not remains unclear (Klein et. al., 2002). In more recent years there has been a particular interest in causative or predisposing factors and the likelihood of developing PTSD following traumatic injury is approximately eight times higher than in injury-free trauma (Koren et. al., 2005). Further research is necessary to better understand the effects of combat injury on the development of post-traumatic illness and upon adjustment in the longer term.

Relationships are vital supports in times of stress but they may also act as challenges or obstacles to recovery and the effects of the 'ripple effect' of trauma also warrant further examination, particularly in relation to the increased burden of caring for those with a combat injury.

Our current research is therefore based upon the recognition of a significant level of mental health problems and combat-related disorders in UK servicemen; increasingly reported evidence of the importance of post-traumatic conditions (substance abuse and depression in addition to PTSD) and reports of marital, relationship and family problems. Traumatic injuries (both physical and psychological) therefore profoundly affect the rights of those UK servicemen and their partners particularly in respect of health and society post-deployment and following military discharge.

Forinder Ulla, Stockholm University; Lindahl Norberg, Annika, Karolinska Institute

PTSS and Growth Among Parents Whose Child Have Had a Life Threatening Illness and Treatment

The modified and broadened taxonomy of PTSD in DSM 1994 implied the inclusion of "learning that one's child being diagnosed with a life-threatening illness". The aim of the presentation is to explore the appraisal of the event, occurrence of PTSS and PTGI among parents whose child had had a stem cell transplantation (SCT). A research battery including PCL and PTGI was sent out to a cross-sectional multicenter group of parents of children who had had a SCT 6 months or more before the study. The response rate was 66% ($n = 281$). The results confirm that SCT in childhood is an event of extreme adversity for the parents. An indication for PTSS was found among an important minority of the parents up to 8 years after treatment. The occurrence of PTSS was less in the group eight years after treatment. A large proportion of the parents had experienced growth. Moreover data was analyzed in relation to: gender, age, socioeconomic factors, avoidant coping, social support, marital satisfaction and additional traumatic experiences. In the presentation we also discuss cultural implications of the PTGI and problematize the use of a total score in PTGI as well when growth can be indicated according to the instrument.

Gailiene Danute, University of Vilnius

Viennese Professor in Vilnius: The Earliest Case Descriptions in Traumatology?

Medical professors Johan Peter Frank (1745–1821) and Joseph Frank (1771–1842), father and son, were important authorities in European academic medicine in the 18th-19th centuries. In 1804 they left Vienna for Vilnius, invited

by the authorities of the Vilnius University to take up the professorship here. Ten months later the Russian Tzar invited the father, Prof. J.P.Frank, to St Petersburg as the family doctor to the Tzars family and the Rector of the Academy of Medicine. The son, Joseph Frank, continued his work in Vilnius until 1823. In 1813 he observed the victims of Napoleon's war against Russia and wondered "...how come no doctor known to me has never before written ex professo about the illnesses that spread after wars?". He himself did just that in the fourteen volumes of his *Praxeos medicae universale praecepta*. The presentation discusses the main theses and the significance of Dr. Frank's work in the history of psychotraumatology.

Gania Abdul, SKIMS

Posttraumatic Stress Disorder and Substance Dependence: Dual Diagnosis

Kashmir, due to continued disturbed conditions for more than two decades, has observed an alarming increase in the number of Post Traumatic Stress disorder and Substance dependence (SD) patients. Drug use appears to have an important role in etiology and vulnerability to development psychiatric disorders and vice versa. This study was carried with 300 substance dependence patients who were screened for psychiatric disorders by DSM IV based on the MINI Plus interview. The study revealed that 58% (n = 174) had psychiatric comorbidity, with most patients aged between 18–38 years 87.35% (n = 133) and males (n = 166) were involved more than females. Commonly associated psychiatric disorders in these dually diagnosed patients were psychotic disorders (33.90%), mood disorders (32.18%) and post traumatic stress disorders (PTSD) in 11.49%. Among patients with dual diagnosis of PTSD and substance dependence, most of the subjects were in the age group of 15–26 years (39.75%). The majority were males (63.85%) and unmarried (49.39%). Most of the patients belonged to the middle class (78.32%). Educated patients (89.16%) outnumbered illiterates (10.89%). The majority of the patients (63.85%) had witnessed multiple traumatic events. Such high rates of comorbidity suggest functional relation between these two disorders and further discourse is warranted.

Ganster-Breidler Margit, Institute for Innovative Traumatherapy

Human Rights Violation and Trauma in Papua New Guinea – The Implementation of Innovative Therapies for Survivors of Violence

Papua New Guinea (PNG) media report daily occurrences of horrendous forms of violence against women, including killing, burning alive, torturing, gang rape, and other forms of abuse. In the homes, women and their young children are constantly running away to take cover from violent husbands and fathers. Young women and schoolgirls are aborting their education due to shame and disgrace from incidences of incest and gang rape. A cross sectional survey was done at Divine Word University Madang in 2009 to gather current data on the extent of gender-based violence in different areas in Papua New Guinea. Two hundred women between 17 and 60 years of age were interviewed and 65% reported being survivors of physical and sexual violence. Significant associations between physical, sexual violence and mental health problems were found through the chi-square test. In order to increase the services for survivors of trauma in PNG a project for the training of trauma-counsellors was developed. Commencing in June 2009, our project trained 155 Papua New Guinean nationals (98 female, 57 male) from civil society organisations in Basic Innovative Therapies to counsel survivors of trauma.

Germani Massimo; Calò, Flavia; Dessì, Anna, San Giovanni Hospital

The Utility of a Brief Therapy Focused on the Treatment of Hyperarousal in Asylum Seekers Who Have Survived Torture or Extreme Trauma

Extreme traumatic experiences, such as torture, sexual abuse or prolonged and repeated trauma, can lead to various forms of psychopathological disorders. Clinical syndromes that are frequently diagnosed are depressive disorders, dissociative disorders, PTSD, somatoform disorders, DAP, increased/hyperarousal (HA) syndrome, etc. Complex syndromes, where increased arousal and dissociative experiences are preeminent, can orient towards different diagnoses as Complex PTSD or ESD. Many studies show evidence of the central role of post-traumatic dissociative phenomena in extreme trauma survivors, while less attention is paid to the syndrome of increased

arousal. Moreover, aggressive, impulsive and violent behaviors undermine the possibility to efficiently carry on an integration program. In the last 2 years, we have assessed the intensity of arousal symptoms in 174 new patients examined at our Centre for the Treatment of Posttraumatic and Stress Disorders. We found that symptoms of HA were low in 16% of all patients, moderate in 69%, and high in 15%. We believe that treating HA in Asylum Seekers who have survived torture is crucial. A brief focused psychotherapy should be associated to a psychopharmacological treatment, to psychosocial rehabilitation and individual psychotherapy in selected cases. In this paper we are going to describe this brief protocol objectives and its limitations.

Germani Massimo; Mosca, Lorenzo, San Giovanni Hospital; Luci, Monica, Italian Council for Refugees; Lai, Carlo, La Sapienza University

Specificity of Dissociative Disorders in Survivors of Torture and Extreme Trauma: Identification of Some Specific “Clusters” in the Dissociative Experience Scale

In recent years several studies have shown the high incidence of dissociative symptoms in subjects who experienced extreme trauma, such as torture or prolonged physical or psychological abuse. These processes are now considered as a specific and central consequence of repeated interpersonal trauma. Thus, new nosographic categories have been formulated to overcome the concept of PTSD (Complex PTSD, Extreme Stress Disorder). The clinical research we carried on in our Centre explored the psychopathological consequences of extreme trauma. Dissociative experiences were evaluated in a clinical population of 80 asylum seekers who had survived extreme trauma within the 12 months prior to the study. Every patient completed an assessment based on a specifically oriented semi-structured interview and a psychometric evaluation, including the Dissociative Experiences Scale. Previous studies suggested the possibility to identify a specific pattern of dissociative experiences in victims of extreme trauma. The statistic elaboration of our cluster analysis of the DES, compared to a matched control population of asylum seekers with no previous experience of extreme trauma, highlights specific dissociative phenomena in the clinical group. If these results will be confirmed in future more extended studies, they could lead towards a specific scale for post-traumatic dissociative experiences.

Ghazali Siti Raudzah, Universiti Malaysia Sarawak; Yaman, Khatijah; Ahmad, Mariah, University of Malaysia-Sarawak

Symptoms of PTSD, Gender and Coping Skills among Adolescents Exposed to Tsunami Disaster in Northern Peninsular Malaysia: Four Years after Natural Disaster

A cross-sectional study was conducted to study symptoms of posttraumatic stress disorder (PTSD) among adolescents who were exposed to the devastating Southeast Asian tsunami of 2004 in the worst affected area of Northern Peninsular Malaysia. 216 adolescents completed the survey. Results suggested that 8.3% reported having severe symptoms of PTSD, 39.8% with moderate symptoms, 42.1% with mild symptoms, and 9.7% reported having no significant symptoms of PTSD. There is no significant difference in the means of PTSD symptoms between boys and girls. Various coping skills are reported with discussion of the major findings at the end of this paper.

Gokler Danisman Ilgin, Maltepe University; Yilmaz, Banu, Ankara University; Aker, Tamer, Kocaeli University

Reflection of Childhood Experiences of Trauma on Adult’s Psychological Well-Being: The Predictive Role of World Assumptions

Studies on psychological aftermath of traumatic events suggest that people rely on assumptions which include basic beliefs about the world, other people, and themselves. Stressful life events may shatter these assumptions; thereby impose a sense of vulnerability. Childhood experiences of abuse and neglect are among these events. Such experiences in childhood may have major negative impacts on the child’s physical, emotional, cognitive and social development. Besides its effects in childhood, it has been evidenced that such experiences have reflections also in adult life. Numerous studies have demonstrated relationships between childhood traumatic experiences and psychological well-being in adulthood. The aim of this study is to identify the reflection of childhood traumatic

experiences on adult life in terms of world assumptions. Data were collected from a total of 510 university students living in two metropolises of Turkey, by means of a battery comprising standardized measures, namely Childhood Trauma Questionnaire, World Assumptions Scale, and Brief Symptom Inventory. The data analysis is still in process. The findings will be discussed in the light of the related literature.

Gouweloos Juul; Drogendijk, Annelieke; Kleber, Rolf, Institute of Psychotrauma

Preliminary Study of the Association between Work, Trauma and Psychopathology: An Inventory of Literature and Implications for Further Research

The topic work and trauma covers only a small part of the large amount of literature on trauma. The majority of studies conducted in this field are focused on first responders (emergency service and military personnel). These studies reveal a cumulative effect of traumatic incidents: the more events someone is exposed to, the more PTSD symptoms they report (Clancy et al., 2006; Van der Ploeg, 2003). In addition, recent longitudinal studies reveal that organizational stressors may be a more likely source of adverse psychological reactions than the traumatic experience itself (Van der Velden et al., 2010). Remarkably, less is known about factors that foster resilience and reduce the risk of psychopathology following workplace trauma. Organizational factors, such as support from colleagues, as well as individual differences in self-efficacy and hardiness, may moderate the negative effects. Therefore, the present study focuses on the association between resilience, psychopathology and workplace trauma. This will result in an overview of the current knowledge of individual and organizational factors that foster resilience and will elucidate implications for further research in the field of work and trauma. While most research has focused on first responders, special attention will be paid to other professions prone to traumatic incidents (e.g. bank officers or train drivers).

Greenberg Neil, ACDMH

Post Deployment Battlemind Training in the UK Armed Forces

Combat exposure increases the risk of subsequent psychological ill-health in Armed Forces (AF) personnel. US forces have used a psycho-educational intervention, Battlemind, with good effect for mental health in military personnel exposed to high levels of combat. We evaluated the efficacy of post-deployment Battlemind in UK AF personnel.

Battlemind was compared with a standard post-deployment brief in a cluster randomised controlled trial. 2443 UK AF personnel returning from Afghanistan were asked about combat experiences and mental health status before receiving a randomly allocated intervention. 1616 (66%) completed a follow-up questionnaire approximately 6 months later. Primary outcomes were the General Health Questionnaire (GHQ-12) and the post traumatic stress disorder checklist (PCL-C). Secondary outcomes included alcohol misuse, assessed with the AUDIT and binge drinking. The two study arms were compared using mixed-effect models taking account of possible cluster effects. No difference was found in mental health scores between groups but those who received Battlemind were less likely to be classified as binge drinkers than those who received the standard brief (adjusted odds ratio 0.73 (95% confidence interval 0.58 – 0.92)).

An anglicised version of post-deployment Battlemind had a modest impact on the reporting of binge drinking but not upon mental health status per se.

Griese Karin, medica mondiale e.V.

We Were Full of Hope for a Better Future. Providing Trauma Sensitive Psychosocial Support for Women and Girls in Afghanistan

War rape is a serious human rights violation. For a long time, war related sexualised violence was seen as a „side effect“ of war, but recently a series of new studies, articles and publications have highlighted the different forms it can take and explanations of its occurrence are becoming more varied. The complex psycho-social impacts on women and girls themselves-and for partnerships, families and communities-remain under-researched internationally.

medica mondiale is an international non-governmental organization which supports women and girls who have been sexually violated during war and conflict. In the course of our 17 years work in war and conflict zones like Bosnia,

Kosovo, Afghanistan, Liberia and Congo medica mondiale has developed an integral concept to support women in dealing with their traumatic experiences and which encourages active participation of women in social change processes.

Based on an overview of current insights into dynamics and effects of war related sexualised violence the speaker will discuss specific work approaches, challenges and success in providing trauma sensitive support for women and girls in Afghanistan by building up a local women's NGO on the ground – a country “where women are denied their most fundamental rights and risk further violence in the course of seeking justice for crimes perpetrated” (UNAMA).

Halpern James; Vermeulen, Karla, State University of New York

Assisting Disaster Survivors: Are Practitioners Using Evidence-Informed Practices?

Disasters may overwhelm a community's response capacity and generate a need for mental health services that exceeds the number of providers with disaster-specific expertise. As a result, well-intentioned professionals may respond despite a lack of training or experience. Mental health professionals were surveyed about their disaster mental health training, response experiences, intervention practices, and perceived need for new trainings. Results are troubling: Participants expressed a desire for additional training in practices such as Psychological First Aid, Cognitive Behavioral Therapy and Psychoeducation. However, a large percentage had provided disaster mental health services with no training, and many are using interventions that are not considered best practice: A disturbing number have received recent training in Critical Incident Stress Debriefing (41%), have used it in the past two years (35%), or plan to use it in the future (69%), despite evidence that it is not appropriate for most disaster survivors. Results point to a significant gap between the research on evidence-informed practices and what actually is delivered, demonstrating a need for wider dissemination of recommendations by ISTSS, TENTS and Red Cross. Additional disaster-specific training is needed throughout the mental health field in order to improve community response and recovery.

Hansen Maj, University of Southern Denmark

Predicting PTSD Following Bank Robbery

Background: Unfortunately the number of bank robberies is increasing. However, research investigating the psychological sequelae of bank robberies is limited. Furthermore, research has emphasized the importance of investigating and identifying trauma exposed individuals at risk of developing posttraumatic stress disorder (PTSD), this is also pertinent in relation to the experience of a bank robbery. **Objective and design:** We studied the predictive power of the Acute Stress Disorder (ASD) in relation to PTSD in 138 bank employees. We also investigated if ASD severity in combination with other factors such as social support, and gender were predictive of PTSD. **Results:** The ASD rate was 13.8%, and the PTSD rate was 6.5%. The different combinations of the ASD symptom clusters all predicted PTSD with correct PTSD classification varying from 56–89%. The best overall model was obtained using Bryant and Harvey's recommended cutoff scores to predict PTSD from ASD. A regression analysis based on ASD severity and 11 other variables accounted for 50% of PTSD severity variance, while ASD severity alone accounted for 41% of the variance. **Discussion and conclusions:** The results were discussed in relation to existing research. In conclusion this study indicated that ASD may be a better predictor of PTSD following a bank robbery than following other traumas.

Haslam David, Operational Stress Injury Clinic, Parkwood Hospital, St Joseph's Health Care

Post Traumatic Treatment for Military Veteran's in Primary Care: An Innovative Systems-Level Stepped Collaborative Model

Military veterans report high rates of under-treated traumatic stress disorder (TSD-V) following deployment, including involving exposure to violations of human rights. Systems-level interventions show promise as an approach to TSD-V in primary care (PC). Stepped collaborative care (SCC) models can be effective for depression and other anxiety disorder treatment in PC populations. This study's objective is to test the feasibility, safety, acceptability, and clinical improvement of a unique model combining systems-level and SCC for TSD-V in primary care. Key elements involve a “Step-Up” in service intensity phase including screening, brief standardized PC

diagnostic assessment, active treatment, symptom monitoring, and collaborative care, which includes PC visits, a “care facilitator”, follow-up, and more intensive care, through specialty consultation, for complicated or difficult cases. Transition back to PC based service, the “Step Down” phase, include “care facilitator” coordinated decrease intensity of service with an enhanced, collaborative, PC-specialist service interface remaining responsive to further “Step-Up” interventions as indicated. Preliminary findings will be discussed. This model is proposed as a potentially practical and cost effective method for improving care in military veterans with TSD-V, often the result of exposure to violations of human rights.

Hauschildt Marit; Peters, Maarten; Jelinek, Lena; Moritz, Steffen, University Medical Center Hamburg-Eppendorf

Veridical and False Memory for Non-Autobiographical Scenic Material in Posttraumatic Stress Disorder

Memory aberrations are central to the diagnosis, development, and maintenance of posttraumatic stress disorder (PTSD). The question whether mnemonic abnormalities in PTSD also manifest as an increased production of false memories is important for both theoretical and practical reasons but yet unsolved. For the present study, we therefore investigated veridical and false recognition in PTSD with a newly created scenic variant of the Deese-Roediger-McDermott (DRM-) paradigm which was administered to traumatized individuals with ($n = 32$) and without ($n = 30$) PTSD, and nontraumatized controls ($n = 30$). The PTSD group neither produced higher rates of false memories nor expressed more confidence in errors but showed inferior memory performance when veridical and false recognition rates were combined into one score (corrected recognition index). Whereas PTSD and depressive symptoms did not correlate with veridical or false recognition, state dissociation was positively associated with false memories. Thus, our findings speak against an increased suggestibility for visual false memories as a PTSD-specific phenomenon. However, state dissociation may be a critical factor underlying false memory production which should be further investigated in future studies focusing on visual false memory in PTSD.

Heidinger Ruth, Verein Projekt Integrationshaus

Working with Asylum Seekers in the Interface of Asylum Laws and Social Challenges: Trauma Focused Treatment at the Residential Home “Verein Projekt Integrationshaus” in Vienna

This presentation introduces psychological trauma focused treatment of and social services for asylum seekers at the residential home “Verein Projekt Integrationshaus”. It addresses the fact that most factors that are considered important for the positive outcome of trauma treatment do not apply to this group of people. Furthermore, applied methods and group interventions are presented.

Trauma treatment is most successful when several conditions are met, including the stabilization of external circumstances, such as secure residence status, work, social network etc., as well as internal conditions, such as stable personality, physical health etc. Residents of the “Verein Projekt Integrationshaus”, a facility that specializes in the care of mentally and chronically ill asylum seekers, face many social, legal and economic challenges with almost none the above mentioned factors applying to them. Under the given circumstances, psychological stabilization and building resources are considered to be the main goals of trauma focused treatment.

The presentation discusses both individual and group interventions. Individual treatments apply psychodynamic imaginative trauma therapy, EMDR and Relaxation techniques. Group treatments include Women’s group and Relaxation group. The application of these methods and external influences on the treatment process are illustrated by a case study.

Heltne Unni Marie; Braarud, Hanne Cecilie, Center for Crisis Psychology

Clinical and Ethical Challenges in Treatment Research Involving Children Traumatized by Exposure to Violence in their Families

Background: Treatment research in a clinical setting is generally challenging. This abstract will focus on some of the challenges that might affect recruitment and treatment outcome conducting an evaluation study of a manual based

treatment of children traumatized by domestic violence. The study took place in an ordinary clinical setting. **Setting:** A single-case study of a treatment manual designed to treat symptoms of traumatization in children exposed to violence in their family. The manual was developed at the Center for Crisis Psychology, and is based on the principles of cognitive behavioral therapy. The participants are children between the age of 7 and 13, either directly abused themselves or have witnessed abuse towards their mothers. So far 5 children have been treated. **Aim:** The presentation will focus on challenges in recruiting children to the study, the need of a continuous evaluation of the children's safety, how contact or the lack of contact with the violent parent might affect the treatment, and how issues related to how children are involved in investigation and trials can disrupt the treatment and healing process. The presentation will also focus on how these issues might contribute to treatment fidelity of the therapist and the child's response to different measures of treatment outcome.

Hoijsink Leonie; te Brake, Hans; Dückers, Michel, Stichting Impact

Development of a Measuring Instrument – The Resilience Monitor

Background: The goal of this study is to 1) develop a measuring instrument based on relevant associated factors found in scientific literature, and 2) provide a first insight into the mechanisms behind psychosocial resilience by determining the relationship between these factors. **Methods:** For these purposes 1) online research with the questionnaire was conducted among a representative sample of 1361 Dutch respondents and 2) explorative and confirmative analyses were executed, amongst them Structural Equation Modelling. **Results:** General trends of psychosocial resilience within the Dutch population were established, revealing a predominantly positive outlook. Moreover, a model for psychosocial resilience was developed in which (in)direct relationships between factors were clarified. Out of the six factors found in literature, four were confirmed as relevant in the light of psychosocial resilience. **Discussion:** this research included the development of a general measurement instrument for resilience. Using this instrument, mechanisms of psychosocial resilience after disasters and shocking events can be explored. Further research is necessary to assess to what extent estimations predict actual resilient behaviour.

Hol Gordana, STARTTS

Utilising EMDR as an Integrative Approach for the Treatment of Torture and Trauma Survivors

It is well documented that psychological trauma associated with human rights violation severely affects its sufferers. The trauma reduces the person's functioning capacities across all levels, including the intellectual, emotional and behavioural, which significantly impacts on the person's quality of life.

This paper aims to demonstrate the use of the Eye Movement Desensitisation and Reprocessing (EMDR) in treatment of Post Traumatic Stress Disorder (PTSD) in torture and trauma survivors from Sierra Leonean community at the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Sydney, Australia.

The brain of severely affected PTSD patients fails to successfully process traumas. As such, the trauma becomes "locked" within the Central Nervous System (CNS). To "unlock" the trauma related memories and to desensitise emotional distress EMDR treatment was utilised.

The treatment assisted PTSD patients to accept and process past events related to trauma and achieve cognitive resolution. These lead to emotional stability and the reduction of physiological arousal associated with the trauma. In summary, it was identified that EMDR treatment facilitated quicker recovery process of PTSD torture and trauma survivors from Sierra Leone. Their symptoms were reduced significantly and they became more focused on their future.

Hovens Jacqueline, LUMC

Impact of Childhood Life Events and Childhood Trauma on the Two-Year Course of Depressive and Anxiety Disorders

Objective: To investigate the effect of childhood trauma and childhood life events on the course of depressive and anxiety disorders in terms of two-year diagnosis and clinical course trajectory. **Methods:** Longitudinal data are

collected from 1209 participants (18–65 yrs) in the Netherlands Study of Depression and Anxiety (NESDA), with a depressive and/or anxiety disorder at baseline. Childhood life events and childhood trauma at baseline were assessed retrospectively by a Dutch semi-structured interview. **Results:** At baseline, 18.4% reported at least one childhood life event and 57.8% any childhood trauma. Childhood life events were not predictive of any measures of course trajectory. Emotional neglect, psychological abuse and physical abuse, but not sexual abuse, were associated with an increased risk of a depressive and comorbid anxiety and depressive disorder. Emotional neglect and psychological abuse were associated with increased odds ratios of a chronic course. The associations between childhood trauma and an adverse course were mediated mainly through a higher severity of depressive symptoms at baseline. **Conclusions:** Childhood trauma, but not childhood life events, was prospectively associated with an increased risk of comorbidity and chronicity in adults with anxiety and depressive disorders. Baseline clinical characteristics are important factors in mediating the relationship between childhood trauma and the course of the illness.

Hukkelberg Silje, Norwegian Centre for Violence and Traumatic Stress Studies

Dimensionality of Posttraumatic Stress Symptoms and the Relation to Depression in Children and Adolescents

The aims of the study were two-fold: 1) To investigate six different factor structures in posttraumatic stress symptoms (PTSD) using confirmatory factor analyses with polychoric correlations, and 2) To examine to what extent PTSD is different from depression. The study sample consisted of 312 children and adolescents aged 10–18 years, who had experienced different types of traumatic events. Results showed that three out of six models demonstrated good fit, but overall the Dysphoria model provided best fit to the data. Further, results showed that the four factors of the Dysphoria model were highly correlated with depression.

Ikeno Satoshi, Kwansai Gakuin University; Nakao, Kayoko, Mukogawa Women's University

The Survivor Guilt among Japanese American Hiroshima/Nagasaki A-Bomb Survivors

This qualitative study examines the role and mechanism of the guilt feelings as a survivor (“survivor guilt”) in the long-term post-traumatic coping processes among older Japanese American Hiroshima/Nagasaki A-bomb survivors in Southern California. Analyzing 23 intensive life review interviews, we found various types of survivor guilt including the existential self-accusation over the lives of the deceased and feeling failure in taking responsibilities for family lives. The survivor guilt served as the central theme in a range of post-traumatic responses such as meaning attribution to their survival and the internal locus of control to the traumatic event. Their post-traumatic growth appeared to be affected by the distinctive immigration patterns that shaped their fondness for Japan and war experiences that challenged their faith in America, all of which uniquely characterize this group of older Americans. Although the survivor guilt initially lowered their morale and self-esteem, it ultimately provoked their spiritual awareness and facilitated self-actualization processes over the life-course, indicating transformational role of the feeling and its extensive functional parameter from negative to positive. We will discuss typology of the guilt responses found among the interviewees and its clinical implications in working with older Japanese American A-bomb survivors.

Jaber Saad; Hunt, Nigel, University of Nottingham; Alqaysi, Abdulgaffar, Baghdad University; Sabin-Farrell, Rachel, University of Nottingham

Developing a Self-Help Guide for Traumatized People in Iraq

Background: Developing and studying intervention techniques to help people in Iraq to overcome their suffering have not received the attention they deserve. This study aimed to develop a self-help guide (SHG) to help people in Iraq to deal with traumatic events, and to overcome the trauma-related symptoms. **Methods:** the self-help guide was developed and included a number of sections about the different aspects of trauma, related symptoms and coping skills. Self-report scales were used to assess trauma history, trauma symptoms, coping and posttraumatic cognitions. Also, focus group meetings were conducted to assess the strengths and weaknesses in SHG. 146 university students in Baghdad with trauma symptoms were recruited and randomised into two experimental and

control groups. Pre and Post tests were administered. The experimental group used the guide for five to six weeks. **Results:** The results indicated that there was a significant decrease in trauma symptoms and positive changes in the self-cognition. The findings suggest that SHG can be more effective if people use it frequently and for a longer period.

Jaber Saad; Hunt, Nigel; Sabin-Farrell, Rachel, University of Nottingham; Alqaysi, Abdulgaffar, Baghdad University

Traumatic Events and Trauma-Related Symptoms in Iraqi University Students in Baghdad

Background: Iraqi people have experienced many traumatic events on an ongoing basis; wars and various forms of political repression, violence, and terrorism. This study aimed to find prevalence rates of traumatic events and trauma-related symptoms in a sample of general population in Baghdad. **Methods:** 505 university students in Baghdad were recruited. Three self-report scales, Trauma History Screen, brief screen of PTSD, and an Arabic version of HADS were administered. **Results:** It was found that incidents such as roadside bombings, airstrikes, car bombs, the sudden death of a family member, seeing somebody being exposed to killing or kidnapping, watching real video clips about killing attempts, attacks by military force, and shots fired from a gun were frequently reported. In contrast, rape or sexual abuse was rarely reported. 11.30% of the participants reported no PTSD symptoms at all, while the rest reported at least one PTSD symptom. 33.50% of the participants reported symptoms that fully met the criteria. Moreover, those who fully met PTSD criteria showed higher rates of symptoms of depression and anxiety. Therefore, the mental health needs of this population should be addressed and appropriate intervention programmes developed.

Jacobs Elsbeth, RVTS-Sør-Øst

The Bodily Perspective in the Treatment of Traumatized Persons

Aim of the presentation is to introduce the work of the Physioterapist into the field of Trauma. In specific the returning to the body after traumatic events. When you are a person suffering from traumatic experience you might be afraid, unsecure and loose the control over your daily activities. What to do when the side-effects become chronic? How to understand the pain? Try to find your recourses.

Jishkariani Mariam; Bokuchava, Teimuraz; Kintsurashvili, Liana, The Rehabilitation Centre for Victims of Torture “EMPATHY”

Outcomes of Traumatic Stress Among Women – Victims of Ethnic Cleansing in Georgia

Aim: Caused by Russian Military Intervention in Georgia in August 2008, 20% of Georgian territories are occupied. About 150 000 civilians, 1/9 of the population of Georgia became victims of ethnic cleansing. **Objectives:** Main objectives were to identify outcomes of traumatic stress among women; to identify complexity of health problem and relations between trauma experience, physical and mental health condition. **Methods:** Multi-profile medical file was used for examination. The Harvard Trauma Questionnaire (Molica et al, 1992), PTSD (Watson et al 1994), Becks Depression Inventory, Hamilton Depression Rating Scale etc were used, too. **Results:** Total number were 138 women. They were victims of ethnic discrimination and torture. Observation reveals high level of traumatic stress experience in all cases according to the HTQ-Index KI E = 3.78; and average index K2 E = 2,62. According to the PTSD Rating Score, PTSD E = 86; Physical outcomes were diagnosed in 130 cases (more than 94%) of 138. Following diagnosis were observed: PTSD 114 p. (F = 0,82,6); PTSD with other disorders-9 p. (F = 0,06); Adjustment disorders: 2 p (F = 0,01); Psychoses: 2 p. (F = 0,01), in other cases psychological problems were revealed. Among physical disturbances revealed high level of cardio – vascular system problems-74 (57%); also high level of oncology 13 (10%); and gynecology-52 (40%); endocrinology problems- 28 (21%). **Conclusion:** Observation was done among traumatized victims of severe violation of International Humanitarian law. In all cases, life stress events have severe consequences that is revealed in PTSD symptoms. In most of cases of women – torture survivors the mental/psychological problems were followed by the somatic disturbances.

Johansen Venke A., Haukeland University Hospital, RVTS West; Weisaeth, Lars, Ullevål University Hospital

Prevalence of Post-Traumatic Stress Disorder (PTSD) and Anxiety and Depression in Physical Assault Victims of Violence: An 8-Year Follow Up Study

Background: It has been well documented that exposure to severe psychological trauma such as violent assault may cause diverse post-event emotional problems, e.g. PTSD and anxiety and depression. **Aim:** The aims of the study were to examine the prevalence and severity of PTSD and anxiety and depression symptoms in victims of non-domestic violence, 8 years after the exposure. **Methods and material:** The present study has a single-group prospective design with four repeated measures throughout a period of 8 years after exposure to physical assault. Data are collected by using self reported measures from 143 victims at T1, whereas 43 participated at all 4 assessments. Questionnaires: Impact of Event Scale-15 (IES-15) and Hopkins Symptom Check List-25 (HSCL-25). **Results:** Prevalence and severity of PTSD and anxiety and depression were categorized as probable cases, risk-level cases, and no cases, as diagnosed by the IES-15 and HSCL-25. Probable PTSD cases were found to be 36% of participants at T1, 28% at T3 (12 months after exposure) and 21% at T4 (8 years after exposure), while the similar result by HSCL-25 showed 42%, 35% and 26%. **Conclusion:** The results showed a high prevalence and severity of both PTSD and anxiety and depression on all outcomes. The consequences of exposure to physical assault by strangers need to be given more attention as a severe risk of chronic mental health problems.

Karanci Nuray, Middle East Technical University; Gokler Danisman, Ilgin, Maltepe University; Yilmaz, Banu, Ankara University; Aker, Tamer, Kocaeli University

Identifying the Pathways to Provide Psychosocial Support for Disaster Survivors: Preliminary Findings of a Comprehensive Study

In the aftermath of a large-scale disaster, implementation of a comprehensive psychosocial service system is required to meet the multidimensional needs of the affected community. Such a psychosocial service system needs to consider the sociocultural atmosphere and processes that emerge following the disaster, as well as the local needs, strengths and coping strategies. Development of a culturally-tailored model of psychosocial support is crucial in a disaster-prone country like Turkey. Therefore, the present study aims to identify the pathways to provide psychosocial support for disaster survivors in Turkey. The data were collected 11 years after the 1999 Marmara Earthquake in the permanent disaster housing units in two provinces, namely Kocaeli and Kaynaşlı, located in the epicenter. One hundred earthquake survivors were interviewed using a semi-structured interview tapping the issues related to needs and coping resources and strengths, during the first six months following the 1999 earthquake; needs and coping resources and strengths that are likely to emerge after a possible disaster in the future; support seeking behaviors and appraisals of psychosocial services. The results will be discussed in the light of the related literature and suggestions for the psychosocial service planning will be offered.

Kazlauskas Evaldas; Gailiene, Danute; Starinskaite, Ieva; Pakalniskiene, Vilmante; Domanskaite Gota, Vejune, Vilnius University

Intergenerational Effects of Political Trauma in Lithuanian Survivors

Background: About 300,000 Lithuanians experienced persecution, political imprisonment and forced displacement during the Soviet regime in Lithuania. The present study was designed to understand parent-child mental health relationships in the field of traumatic stress and prolonged traumatization due to political oppression. **Methods:** 141 survivor-offspring matched pairs, with at least of one parent exposed to political violence during Soviet regime in Lithuania participated in our study. The average age of survivors was 73 years, of second-generation 45 years. Lithuanian versions of self-report questionnaires (Trauma event list, Trauma symptom Checklist) was used for trauma exposure and symptom assessment. MPlus 5.0 was used for path analysis. **Results:** Path analysis confirmed relationships between survivor and offspring traumatic stress. Our model indicates that there are two main predictors of second-generation trauma symptoms – survivor's trauma symptoms and second-generation traumatic events. Survivor's trauma symptoms are related to their life-time trauma exposure.

Kelley Susan; Whitley, Deborah, Georgia State University

Behavior Problems in Maltreated Children Raised by Grandmothers

An increasing number of maltreated children are being raised by grandparents due to parental abandonment, substance abuse, HIV/AIDS, and incarceration. In addition to being victims of child abuse and neglect, many have witnessed intimate partner violence. The purpose of this study is to examine emotional and behavioral problems in maltreated children being raised by grandmothers.

The sample comprised 230 maltreated children being raised by grandmothers; the mean child age was 8.2 years with a range of 2 to 16. The families were predominantly low income and African American. The mean age of the grandmothers was 56.1 years, with a range of 37 to 80.

Results indicated that 32.6% of child participants scored in the clinically elevated range on externalizing behavior problems, with 21.3% scoring in the clinically elevated range for internalizing behaviors. Multiple regression analyses indicated that grandmother psychological distress, as well as less supportive home environments and fewer children in the home, to a smaller degree, predicted increased behavior problems.

Findings suggest that attributes related to grandmother caregivers are closely related to child well-being, with caregiver distress having the strongest association with child behavior problems. Implications for the therapeutic needs of traumatized children in the care of grandmothers will be discussed.

Kern Christine; Forstner, Brigitte; Menken, Verena; Brisch, Karl Heinz, University of Munich

SAFE[®] (Safe Attachment Formation for Educators) in Infant Day Care

Introduction: The development of infant day care units will expand in Germany within the next years. Since educators will have a huge influence on the development of children's attachment patterns a group training program for educators SAFE[®] (Safe Attachment Formation for Educators) was implemented in 12 day care units in the city of Munich. The training is targeted on the modulation of behavior that leads to a secure partnership between educators and children as well as parents and their children: Children's attachment behavior with mother and educator is measured in Ainsworth's strange situation. Educator's and parent's attachment representation are tested with the Adult Attachment Projective (AAP; George et al., 1997) before and after day care entry. Their traumatic life events are measured in the Posttraumatic Stress Diagnostic Scales (PDS, Foa, E.B.). **Results:** We assessed 39 educators with the AAP. 45.2% displayed the U category and unresolved in the cemetery story dealing with stories about death and loss. Only 20% of the 30 mothers that join our study were unresolved in the AAP. 80% of them showed an organized attachment representation. All of the babies we assessed with the mother in Ainsworth's strange situation were organized attached. **Discussion:** In contrary to our expectation, a high percentage of educators displayed the category for unresolved status of attachment representation. This could have an impact on the attachment quality of the infants in day care.

Kern Christine, Vuksanovic, Nevena; Brisch, Karl Heinz, University of Munich

Early Trauma and Insecure Attachment in Boys with ADHD Symptoms

Introduction: The development of ADHD compasses different etiologies (e.g. Murray, 1992; Lyons-Ruth et al., 1999; Brisch, 2002b), whereas psychosocial parameters have not been examined adequately in this context. The state of the art postulates a connection between desorganized attachment and externalizing behavior problems. Since traumatic life events affect attachment, we hypothesize that early trauma is related to the development of ADHD symptoms. 49 boys with ADHD symptoms and their mothers were assessed longitudinally (boy's mean age 6.7). **Methods:** Boys were assessed at the level of attachment representation with Story Stems (Emde et al., 2003). Their attachment behavior with mother was measured in Ainsworth's strange situation. Mother's attachment representation was tested with the Adult Attachment Projective (AAP; George et al., 1997). Traumatic life events were measured in the Trauma Antecedents Questionnaire (TAQ, van der Kolk, 1997) and Children's Trauma Symptoms Questionnaire (PROPS, Greenwald, 2000). Children's behavior was assessed with the CBCL (Achenbach, 1991). **Results:** We found 21.2% boys with D behavior in the Reunion procedure and 38.5% D representation in the story stem assessment, which correlated significantly. Mother's U category in the AAP (30.8%) correlated significantly with both attachment levels of the child. There was a significant connection

between ADHD symptoms (CBCL), children's traumatic life events and attachment representation. **Discussion:** Consistent with our attachment transmission hypothesis, children's attachment styles were highly correlated with the mother's attachment representation. We can discuss if the modality of unresolved traumatic events could have an impact on the development of ADHD.

Kern Christine; Brisch, Karl Heinz; Vuksanovic, Nevena, University of Munich

The Unresolved Trauma State in Former Preterm Infants and Their Parents

Introduction: Is there a relation between preterm birth and attachment development at age six, moderated by mother's and father's reaction to preterm birth diagnosis and parents' unresolved trauma state. **Methods:** Children's attachment behavior with mother: Ainsworth's strange situation. Attachment representation in children: Story Stems (Emde et al., 2003). Parent's attachment representation: Adult Attachment Projective (AAP; George, 1997). The parent's resolution of the child's diagnosis: Reaction to Diagnosis Interview (Marvin, 1989). Parent's traumatic life events: Posttraumatic Stress Diagnostic Scales (Foa, 1995). **Results:** Children's attachment representation and behavior are significantly connected. Parents unresolved attachment representation was above average. Both parental unresolved category in the AAP and unresolved status in the RDI correlated significantly, as well as mother's PTSD diagnosis and the unresolved RDI state. **Discussion:** Most of the parents remained unresolved concerning stories dealing with death in the AAP and about children's diagnosis in the RDI. Most of the children who remained unresolved about the story stems showed disorganization followed by stories about death or serious illnesses treated in hospital. Results indicate that parents and children need help to overcome the trauma of preterm birth. We thank the DFG and Köhler Foundation for their support!

Khan Akash, Govt Medical College; Gania, Abdul, SKIMS Medical College; Margoob, Mushtaq; Arfat, Yasir, Govt Medical College

Posttraumatic Stress Disorder in Children and Adolescents in Kashmir

Trauma has a lasting impact on behavioral and emotional aspects of personality of children. Due to continued disturbed conditions for more than two decades, Kashmir has observed an alarming increase in the number of stress related disorders especially in children and adolescents. The study was carried out on 56 children diagnosed with Post Traumatic Stress Disorder using DSM IV at Govt. Hospital for Psychiatric Diseases, Srinagar. Age group of the subjects was between 3–16 years. Most common mode of exposure to trauma was by witnessing (75%). Most common form of re-experiencing was through distressing dreams/nightmares (85.71%). Avoidance of people and places related to the event was the major avoidance behavior (85.17%). Most children had acute onset of PTSD (92.85%) but most of the patients were diagnosed in the chronic stage (71.43%), indicating a delay in diagnosis and treatment.

Kilmer Ryan, University of North Carolina; Gil-Rivas, Virginia; McClintic, Brook, Judi's House for Bereaved Children and Families

Facilitating Posttraumatic Growth in Children and Youth: Applications of the Developing Research Base

Posttraumatic growth (PTG), positive change experienced as a result of the struggle with trauma, has received considerable attention in the adult literature. This research base has begun to extend downward, with researchers exploring the degree to which children and adolescents evidence PTG. Over the last several years, youth have been the focus of over two dozen studies, and recent efforts have sought to develop means to better assess the construct, examine its correlates, and understand the factors that contribute to PTG in youth. This presentation draws on findings from multiple studies to extend recent work that has begun to articulate possible clinical applications of PTG research with youth. The paper will focus on constructs that appear to be "active" in contributing to PTG (e.g., deliberate rumination, positive future expectations, caregiver positive reframing coping advice) and frame means by which professionals and other important adults can facilitate growth in children and youth who have experienced trauma, including specific applications used to date with bereaved youth. Underscoring the importance

of youths' ecological contexts in their post-trauma response, the authors will discuss empirically-grounded cultural considerations for PTG research and applied work, salient unanswered questions (relevant to researchers and practitioners alike), and future directions.

Kitchiner Neil, All Wales Veterans Mental Health & Well Being Service; Jonathan, Bisson, Cardiff University; Paul, Bennett, Swansea University

Developing an Optimal Bio-Psychosocial Care Pathway for Veterans in the UK

There is an absence of reliable data on how best to engage with and treat veterans of the armed forces who have mental health problems. This paper will describe the development of a bio-psychosocial care pathway for veterans living in Wales who have mental health problems. A prototype care pathway was developed following a systematic review and meta-analysis of the veteran psychosocial literature. This informed the modelling phase which employed focus groups with both experts and ill veterans and their careers. It was then tested on 10 ill veterans consecutively referred to an out-patient Veterans Community Mental Health Service (VCMHS), and the veteran interviewed after three months. Their feedback was used to refine the pathway for a further phase of testing on another cohort of 10 veterans and the above process was repeated. Results indicate that veterans referred to a dedicated VCMHS within the National Health Service, UK, do attend for a full psychiatric assessment and engage in evidence based treatments for the mental and social problems. They also do respond to civilian based treatments, but may need more sessions to engage them. There is a need to include the family and significant others within any treatment plans to maximise treatment effects and improve the health of family members at the same time.

Klasen Fionna, University Medical Center; Schrage, Jana, University of Hamburg; Blotevogel, Monica, University Medical Center

Guiltless Guilty – Trauma-Related Guilt and Posttraumatic Stress Disorder in Former Ugandan Child Soldiers

Despite international bans, more than 250 000 children and adolescents are exploited as soldiers worldwide, almost half of them in Africa. These children are exposed to a tremendous amount of violence and are often forced to commit atrocities themselves. In the present study, 330 former Ugandan child soldiers (age: 11–17, female: 48.5%) were interviewed regarding traumatic experiences, trauma-related guilt, and posttraumatic stress disorder (PTSD). Affective and cognitive aspects of guilt were assessed with the Trauma-related Guilt Inventory (TRGI) and PTSD with a diagnostic interview (MINI-KID). Children had been abducted at a mean age of 10.75 years and served for an average period of 19.81 months. They were exposed to numerous traumatic experiences during abduction, e.g., 86.4% were exposed to killings, 87.9% were threatened with death, 52.6% were forced to kill another person, and 25.8% were raped. Diagnostic criteria for PTSD were fulfilled by 33% of the children. Higher guilt cognitions were significantly related to posttraumatic stress disorder. The current study has implications for the development of clinical interventions for war-affected children.

Klasen Fionna; Blotevogel, Monica, University Medical Center Hamburg; Adam, Hubertus, Children for Tomorrow

Trauma and Reconciliation in Refugee Children in Hamburg, Germany

The aim of the current study is to determine frequencies and relationships between traumatic experiences, psychopathological variables and openness to reconciliation in refugee children. The sample consisted of 215 refugee children from Afghanistan, Bosnia and Kosovo between the age of 9–20 years (girls = 41.4%), who were currently living in Hamburg, Germany. We applied a self-developed measurement for openness to reconciliation (Openness to Reconciliation Questionnaire, RECQ) consisting of four subscales for revenge, avoidance, benevolence, and future orientation. One-third of the refugee children met diagnostic criteria for depression, 14% for post-traumatic stress disorder, and 11.2% for generalized anxiety disorder. The most important predictors for psychopathological outcome measures were age at flight, number of traumatic experiences, and revenge. Children and adolescents should receive more psychological and psychiatric support in the future as they usually

present more than half of the population in crisis regions and are vital for the reconstruction of post-conflict societies. Implications for future research, intervention, and policy will be discussed.

Kowitz Simone, Monash University; **Bryant, Richard A.**, University of New South Wales; **Creamer, Mark**, University of Melbourne; **McFarlane, Alexander C.**, University of Adelaide; **Melvin, Glenn**, Monash University; **O'Donnell, Meaghan**, University of Melbourne; **Silove, Derrick M.**, University of NSW

Pathways to PTSD: Support for an Avoidant Response in Adults with a History of Childhood Trauma

The aim of this research was to identify whether the pathways to posttraumatic stress disorder (PTSD) are different for adults with and without a history of childhood trauma. Traumatic injury patients (childhood trauma group: n = 314; no childhood trauma group: n = 318) were assessed within 1 week post-injury and at 3 and 12 months. The Clinician Administered PTSD Scale was used to measure symptom severity across 5 clusters of symptoms (arousal, re-experiencing, passive avoidant, active avoidant and dissociative) and 12-months PTSD severity. Structural equation modelling was used to identify pathways between stress responses in the acute setting and at 3 months, and 12-months PTSD. Path analyses revealed that in the childhood trauma group avoidant symptoms (active, passive and dissociative) were of primary importance in the development of 12-month PTSD, and accounted for 43% of the variance in 12-months PTSD symptoms versus 3% in the no childhood trauma group. In those without childhood trauma, arousal and re-experiencing symptoms were more important in the development of 12-month PTSD. These findings suggest the development of chronic PTSD may be through different pathways, with adults with a history of childhood trauma utilising an avoidant response while those without childhood trauma utilising an arousal and re-experiencing response.

Kramer Didier N.; Landolt, Markus A, Children's Hospital Zurich

Early Psychological Interventions after a Traumatic Event in Children and Adolescents: A Systematic Review

Background: Single traumatic events lead to a considerable rate of psychological disorders in children and adolescents. To date, it remains unclear whether early psychological interventions can reduce longer term psychological maladjustment. **Objectives:** A systematic review to assess whether early psychological interventions in children and adolescents after a single traumatic event reduce psychological long term morbidity. Systematic searches were conducted on relevant bibliographic databases. Studies on any early psychological intervention were included. Two independent observers checked the inclusion and exclusion criteria and rated the study quality. Effect sizes and confidence intervals were calculated. **Results:** Eight studies (including 4 RCT's) met the inclusion criteria. Depending on the specific outcome variable (i.e. PTSD, depression, anxiety), the results showed small to medium positive effect sizes. The methodological quality varies considerably between the studies. Also, the tested interventions were very heterogeneous (i.e. web-based information provision, psychological debriefings, multiple session CBT). **Conclusions:** To date, the research on effectivity of early interventions in children is scarce. However, promising results were found showing that early interventions may be helpful.

Liedl Alexandra, Treatment Center for Torture Victims; **Müller, Julia**; **Morina, Naser**; University Hospital Zurich; **Karl, Anke**, University of Exeter; **Denke, Claudia**, Department of Anaesthesiology and Critical Care Medicine; **Knaevelsrud, Christine**, Free University of Berlin

Physical Activity in a CBT-Biofeedback Intervention to Treat Chronic Pain in Traumatized Refugees and Torture Survivors: Results of a Randomised Controlled Trial

Background: Chronic pain and PTSD are frequently seen in traumatized refugees and torture survivors. A very promising approach is a biofeedback-based CBT (CBT-BF) for pain management (Muller et al., 2009). Based on

the Fear Avoidance Theory and the Perpetual Avoidance Model we examined in this study the additional effects of physical activity in the CBT-BF approach. **Method:** 30 patients (n = 10 in each group: CBT-BF, CBT-BF + active group and waiting list control group) were assessed before and after the intervention and at a 3 month follow up concerning participants' coping strategies, pain and mental health status. Treatment effects were analyzed using repeated measures ANCOVAs and RCI. **Results:** CBT-BF and CBT-BF + active showed improvements in all outcome measures relative to the WL. The effect sizes for the main outcome measures were higher in CBT-BF + active than in CBT-BF. Repeated measures ANCOVAs showed significant group effects for coping strategies with CBT-BF + active showing more favorable outcomes than CBT-BF. Moreover, 60% of participants in CBT-BF + active showed clinically reliable intraindividual change in at least one subscale of the pain coping strategies questionnaire, compared with just 30% of participants in CBT-BF. **Conclusion:** Findings suggest that physical activity adds value to pain management interventions. Given the small sample size, however, these preliminary results need replication in a larger trial.

Lis-Turlejska Maja, Warsaw School of Social Sciences and Humanities; Szumial, Szymon, Community Sel-help Home; Kleszczewska-Albinska, Angelika, Warsaw School of Social Sciences and Humanities

War Trauma, Cognitive Appraisal and Posttraumatic Stress Symptoms Amongst Polish Child Survivors of World War II, 62 Years After the War

The statement by British historian Juliet Gardiner that “the forgotten victims of World War II are children” seems very true. Research upon non-Jewish persons who were children during WW II, while still scarce, is growing in number. The aim of the study was to estimate the prevalence of PTSD and the levels of symptoms more broadly considered as posttraumatic (e.g. depression) amongst Polish child survivors of World War II. Data was collected from 218 individuals aged 63–78. The measures employed consisted of: a questionnaire regarding exposure to war-related traumas; a scale to estimate the appraisal of negative influence of war on the course of the subjects' entire lives; PDS; BDI; GHQ and NHP. The prevalence of current PTSD was 29.4%. The mean values, both of the number and the severity of the B and C symptoms of PTSD, were significantly higher for respondents having experienced at least one war-related trauma. Path analysis revealed an influence of the experiencing of war trauma, and also of negative appraisal of influence of the war upon PTSD symptoms in particular. The prevalence of PTSD in the group studied seems very high. An examination of the factors contributing to such a result presents researchers with a considerable challenge.

Liu Shu Tsen, National Taiwan University; Chen, Sue-Huei, Department of Psychology

The Association Between Posttraumatic Growth and Posttraumatic Distress and Emotional/Behavioral Problems among Taiwanese Community Youths

Background: Posttraumatic growth has received less attention among youths. Only one research investigated the positive growth measured by the PTGI-C-R with the items of spiritual change deleted among Chinese adolescents after the Sichuan Earthquake. Beyond PTSS, the association between posttraumatic psychopathology and posttraumatic growth received little investigation. The present study aimed to investigate the psychometric properties of the complete Chinese version of PTGI-C-R (C_PTGI-C-R) and to examine the association between posttraumatic growth and posttraumatic psychopathology. **Methods:** 285 child participants (aged 9–17, mean = 13.4 years, SD = 2.7 years, 161 [56.5%] female) completed the C_PTGI-C-R in relation to the most disturbing event specified in the UCLA PTSD reaction index for DSM IV. They reported PTSS, and symptoms of depression and anxiety on the CDI and the Beck Anxiety Inventory for Youth. Their parents reported on the CBCL. **Results:** Via CFA, the proposed 5-factor model had satisfactory data fit: CFI = .983, IFI = .984, and RMSEA = .046. The Cronbach's alpha coefficient was .87. The C_PTGI-C-R had good 6-week test-retest reliability ($r = .80, p > .01$). There was a significant positive correlation between the scores of C_PTGI-C-R and PTSS, anxiety symptoms ($r = .22, .43, p > .01$). No correlates with parent-reported internalizing/externalizing symptoms were shown. **Conclusion:** The C_PTGI-C-R was demonstrated to be reliable and validated. The crucial relationship between negative posttraumatic growth and posttraumatic distress (i.e., PTSS, anxiety) was highlighted.

Loulopoulou Angela Ioanna, University of Essex

Positive Psychology and the Refugee Experience: Shifting Perceptions and Attitudes Towards Refugees and Victims of Trauma

The present study attempts to relate the characteristics of and developments in Positive Psychology (PP) with the overall Refugee Experience (RE). More specifically, it endeavours to develop the key characteristics of PP in the context of its theory and practice and through comparative methodology link them to the essential ingredients of the RE both from the refugees' perspectives as well as from those who work with them. What emerges is that the key characteristics of PP are based around the claim that all individuals possess identifiable strengths and virtues and engaging in activities that utilise these strengths and virtues creates enhanced self-value that can lead to the experience of a fulfilling life. Employing such findings the study develops a critique of the dominant paradigm in mental health according to which refugees are seen in an almost exclusively pathological light and, based on the premises of the 'Trauma Grid', appreciates the wide spectrum of responses to the traumatising events that refugees experience, i.e. that in addition to the traumatisation, the refugees may also experience resilience and 'Adversity-Activated Development'. Moreover, it is emphasised that this study provides a basis for further research in shifting to a new paradigm in the interpretation and use of 'trauma' within political, legal, social and health-related frameworks.

Lulic Mirjana; Arbanas, Goran, General Hospital Karlovac

Twenty Years of Treatment of Traumatized People after a Combat Exposure

Introduction: Karlovac is a town of 60 000 and during the War 1991–1995 it was on the first line of battlefield. Both civilians and military personal were traumatized. Often, as a result of a trauma, people develop PTSD and depression. **Subjects and methods:** Patients treated in a day care unit in 1997 and in 2010 were compared, regarding their diagnoses and reasons to seek help. Also, staff members were compared in those two periods. **Results:** During the war, there were no day care facilities for mental health in Karlovac. The day hospital started in 1995. In 1997 there were 142 patients treated in this setting. 50.7% of them were treated for PTSD and related conditions. In 2010, 270 patients were treated in the day hospital, and 68.9% of them for PTSD and related conditions. There were only nine patients treated for non-combat, war related traumas; the rest were treated for combat traumas. The main reasons for seeking help changed in these fifteen years: from the relief of PTSD symptoms in 1997 to adjustments problems due to existential problems and lack of support from family members and the society. **Conclusions:** Treatment of psychological consequences of traumatization has become the daily bread of day care centre staff members, while before 1995 this kind of conditions were rare. Due to the fact that traumatized people need a multidisciplinary approach, closer co-operations between different professionals (e.g. psychologists, psychiatrists, social workers) developed. The need for organized and systematic services in cases of catastrophes was acknowledged.

Lundin Tom, Uppsala University

The Psycho-Bio-Social Effects of Extreme Trauma Exposure During the 2004 Tsunami Disaster

Survivors of a major disaster have often been both traumatically bereaved and exposed to an overwhelming life threat. It is a well known fact that sudden and unexpected loss very often will cause psychological problems and sometimes psychiatric disorders. Very little is known about the threat as a single factor.

In order to identify the impact of extreme traumatization a special group of survivors from the tsunami-disaster was defined from our cohort, 4932 survivors. Among these we identified those who were most exposed to the waves, reported a high level of stress symptoms three years post-disaster, and non-bereaved. Forty individuals, living in both urban and rural areas in the middle part of Sweden, were identified. A representative sample of twenty survivors have been interviewed. In this study preliminary results will be presented from this in-depth interview investigation.

Lyamzina Yuliya, Masaryk University

Prevention of Health Damage as a Result of Terrorism, Political Violence and its Impact on the Civil Population, with Special Focus on Women

Aims: This pilot study aimed to identify countries where women are affected by the permanent state of conflict or violence, to highlight the status of mental health of the civil population and to measure the level of anxiety, depression and Post-traumatic stress disorder. Another aim was to reflect on the social coherence of women and to formulate recommendations related to prevention for NGOs, local governments, international organizations, medical personnel, etc, based on the results. **Method:** The mental health status of 146 civil women in seven post-conflict, low-income countries was assessed using the self-created Questionnaire 1, Hopkins Symptom Checklist-25, Beck Depression Inventory and Post-traumatic Stress Diagnostic Scale. **Results:** The survey results from community populations in Azerbaijan, Dagestan, Chechnya, Colombia, Palestine, South Sudan-Ethiopia. 74% of women have experienced military combat or war zone, 34% have experienced life threat to the entire family and 23% have seen their husbands or sons killed in the conflict. According to the PDS results, the current rate of PTSD was 16,7% and the lifetime 83,3%, 18% of women have a severe levels of depression according to the BDI.

Maia Angela; Regada, Marisa; Mesquita, Ana; Pinto, Ricardo, University of Minho

Brain Activational Patterns During Emotional Processing in Adolescents with Documented History of Childhood Maltreatment

The study of the neurobiological impact of childhood maltreatment has been the target of several studies. Abusive experiences, neglect and other negative home experiences have shown to induce physiological stress and be responsible for the disruption of normal maturing and functioning of brain circuits specially related with emotional processing.

In our previous work with adolescents and young adults that were identified as maltreated during childhood, we found that some subjects didn't report the adverse experiences they had, while increased psychological and physical symptomatology were observed in subjects that reported the documented maltreatment experiences, suggesting that the ones that don't report negative experiences can also be omitting the psychopathology. In this study we intended to understand the neurobiological patterns of these young adults during emotional processing tasks, comparing the ones that reported with the ones that don't report the documented adverse experiences. Twenty participants were evaluated during emotional processing tasks using functional Magnetic Resonance (fMRI). In this work we will present the diverse brain activational patterns that emerged with this technique and discuss the potential meaning of the neural mechanisms in maltreatment victims.

Maia Angela; Começanha, Rita, University of Minho

PTSD and Physical Health in Veterans 35 Years after the End of War

Exposure to traumatic experiences like war, especially when PTSD symptoms were developed, is a variable that is related to health complaints, reported illnesses and high health services use.

The aim of this study was to describe the PTSD symptoms, reported illnesses and medical services use in veterans of Portuguese colonial war, when compared to a group of non-veterans.

Fifty participants (25 veterans, mean age 60) were compared with an equal number of same age non-veterans. All participants were selected from a data base of a public health service. Results showed that 80% of veterans report enough symptoms to have the PTSD diagnostic, and report significantly more PTSD symptoms, chronic illnesses and medical services use than non-veterans. The results of this study show that the effects of the participation in colonial wars, that ended 35 years ago, are still present in the life of the veterans. One of the reasons for these results was the failure in the recognition of the participation in war as a potential cause of mental and physical health problems, and the inexistence of any organized form of support for the veterans that fought in Africa.

Maia Angela; Coelho, Carla; Matos, Marlene, University of Minho

PTSD and Physical Health in Female Victims of Intimate Partner Violence

Intimate partner violence is a chronic adverse life condition that threatens the stress system and is related to mental health problems. In recent years the impact of victimization on physical health has also become a research issue. The goal of this study was to compare victims and non-victims on physical health complaints and health services utilization, global psychopathology, PTSD and life satisfaction.

The participants were 32 female victims and 32 female non-victims who filled out questionnaires on victimization experience, global psychopathology, physical symptoms, medical services utilization and PTSD symptoms.

Results showed that victims report very high levels of physical complaints and psychopathology symptoms, and 75% report symptoms compatible with PTSD diagnostic. Victims have more physical and mental symptoms, and use more medical services, have more suicide attempts and self-mutilation behaviors, and less life satisfaction. These results show that the impact of victimization is broader than the mental health. The impact of violence in women's physical health is a serious problem, with costs that compromise quality of life but is also an economic burden, due to very high services utilization. Interventions to prevent violence and to minimize its effects when it occurs should take into account all these aspects.

McCormack Lynne, University of Canberra; Joseph, Stephen, University of Nottingham

Modern Global Conflicts and the Humanitarian Aid Worker: Making Sense of Moral Doubt, Guilt and Shame Following Exposure to War, Genocide and International Crises

There is a paucity of research into the experiences of humanitarian aid workers exposed to modern global conflicts. However, many are exposed to horrific events that place them at risk of long term primary and vicarious traumatic responses. This idiographic investigation explored the phenomenological experiences of two humanitarian workers who experienced multiple international crises including genocide. Using Interpretative Phenomenological Analysis (IPA), one overarching theme emerged: 'Humanitarian growth through reparation with the self, which embodied both negative and positive changes postmission. Humanitarian trauma has the potential to keep individuals disconnected from their former lives, isolated in grief, shame, negative ruminations and prone to high risk behaviours. However, for these participants, despite postmission rejection and alienation on homecoming, psychological growth was possible through solitary journeys of self exploration that led to renewed empathy and self acceptance following the shame of perceived failure. Results suggest that postmission reintegration processes are important determinants of psychological wellbeing. Recruiting organisations' role in providing reintegration protocols for returnees, to reduce long term social and psychological disruption, is highlighted.

Mendes Jose Manuel; Sales, Luisa; Araujo, Pedro; Dias, Aida; Lopes, Rafaela, University of Coimbra

Victims, Trauma and Institutional Processes: Beyond the Victims' Ethics

This paper proposes a sociology of trauma that, beyond the culturalist approach, focuses on the intersection of discourses, dispositives, materialities and subjectivation forms that are built on the victimisation paradigm and on its legitimisation and consecration forms.

The main hypothesis is that specific traumatic events possess different rhythms and temporalities, that can originate three logics of relationship between trauma communities and support associations: 1) intersection – in which both trauma communities and support associations do find some common points of convergence; 2) overlapping – in which trauma communities and support associations fuse themselves, with the prevalence and hegemony of one of them; and, finally, 3) separation – trauma communities and support associations maintaining themselves discursively and practically separated.

The role of the state and of the international agencies is crucial in this legitimisation process, as they take as privileged interlocutors victims and their representatives that are anchored on a normalized victim ethics.

Michel Per-Olof, Uppsala University; Rosendal, Susanne, University of Copenhagen; Lars, Weisaeth; Heir, Trond, Oslo University Hospital

Why Are there Differences in Societal Support Among Countries in the Aftermath of Disasters?

About 80% of a given population will experience at least one traumatic event during their lifetime. Hence, countries should make available evidence-based interventions in order to promote early recovery from such events. One such initiative, on an international level, is the The European Network for Traumatic Stress (TENTS project), funded by the European Union (EU) 2007–2009.

It is not hard to grasp that there would be differences in the way populations would be supported after disasters among so many countries that make up the EU. There are apparent historical, economical, cultural and other differences that could explain these differences and that will be hard to investigate. But, are there also major differences in countries from the same region, and who probably have some historical, economical and cultural similarities and if so, can we learn something from that?

One of the aims of this study was to investigate differences in formal support following a natural disaster that affected populations in three Scandinavian countries. The sample comprised of almost 7000 Scandinavian responders who returned home after the 2004 tsunami in Southeast Asia. We found differences between the countries with regard to formal societal support, e.g. utilisation of support from general practitioners, psychiatry and crisis support teams. Possible background and implications will be discussed.

Monteiro-Ferreira João; Santo, Susan; Miguel, Cristina; Arriaga, Cláudia; Reis Marques, António, University of Coimbra Hospital

Trauma Exposure and PTSD in Bipolar Disorder

Background: Studies of bipolar patients have documented elevated rates of PTSD. There is growing evidence suggesting that persons with severe mental illness (SMI) are at sharply elevated risk for trauma exposure and for the development of PTSD. However, little is known about the relationship of traumatic life-events to clinical and functional outcome in adult patients with bipolar disorder, particularly in relation to the presence of past childhood or adult forms of abuse, and its impact on the course of illness. **Objective:** The study examines the lifetime prevalence of trauma exposure and posttraumatic stress disorder (PTSD) and their demographic, diagnostic, and trauma-related correlates in a clinical cohort of 100 patients with a first psychiatric admission for bipolar disorder. **Conclusions:** Our findings supported the salient role of trauma history as a risk factor for poor course in severe bipolar disorder. Patients with both conditions have a more severe illness course than those with bipolar disorder alone. Given the high prevalence of such exposure, clinical awareness in first-admission psychotic bipolar patients is critical.

Mouritsen Tina, RCT

Towards an Interdisciplinary Approach: Family Therapy and Community Empowerment through Processual Network Meetings in Cases of Refugee Parents Suffering from Complex PTSD

Through the years, when working with tortured and traumatised refugee families in family therapy sessions, we have discovered that the parents often lack information and communication with professionals or authorities about their children's lives outside home. Professionals have expressed their frustration about being incapable of communicating with the parents and that it is difficult to cooperate in matters regarding their children.

This presentation will describe a simple, however, effective method to establish a dialogue and an understanding between traumatised families and their professional network with the aim of creating less stress for the families. The results in a pilot study in 2005/6 (Johansen, Mouritsen, Montgomery; Towards a concerted effort, 2006) showed that 1) in general, the wellbeing of the family increases when the parents trust the professionals and understand the children's life outside the home, 2) a decrease in hostile attitudes from refugee families towards authorities and from professionals towards refugee families has a positive effect on the children's behaviour. The

presentation will focus on challenges, dilemmas and possibilities from experiences at processual network meetings with traumatised families, who were referred to family therapy at RCT, together with experiences from a project which is currently implementing the method in 6 counties in Denmark.

Müller Nadine; Krans, Julie; Näring, Gérard; Rinck, Mike, Radboud University

“Don’t Worry”: A Psychoeducative and Cognitive Training for Dealing with Intrusions

This study investigated the effects of psycho education on the development of intrusions and on the distress they cause after witnessing horrifying film clips. Inspired by the cognitive model of PTSD by Ehlers and Clark (2000), we developed two prevention trainings. Both trainings tried to induce a normalization bias for initial intrusions: one through general psycho education about PTSD, the other through additional discussion of PTSD-specific dysfunctional thoughts. Healthy participants were randomly assigned to one of the prevention-trainings or a control-training. They then experienced a trauma-analogue event by watching the footage of the aftermath of car accidents. Results revealed that both prevention trainings successfully alleviated overall distress from intrusions. General psycho education also resulted in overall fewer image-, and thought-intrusions, whereas the more cognitive focused prevention training showed only thought-related effects. Results are in line with recent cognitive models that predict that negative appraisals of initial symptoms are a risk factor for PTSD. Findings are promising with regard to the need for PTSD-prevention in high-risk groups.

Müller Julia; Schmidt, Martina, University Hospital Zurich; Maier, Thomas, St. Gallische Kantonale Psychiatrische Dienste

Mental Health of Failed Asylum Seekers as Compared to Pending and Temporarily Accepted Asylum Seekers

Background: Asylum seekers and refugees often suffer from severe psychopathology in the form of posttraumatic stress disorder (PTSD). As PTSD impacts memory functions, and as asylum applications rely on personal accounts, AS with PTSD are at more risk of being rejected than refugees. **Methods:** We studied the mental health of failed asylum seekers (FAS, N=40) and a matched sample of asylum seekers (AS, N=40). Participants were administered structured interviews on sociodemographics, flight, exile, and standardised questionnaires on PTSD, anxiety, depression and pain. **Results:** Both samples were severely affected; over 80% exhibited at least one clinically significant condition. **Conclusion:** Given the great vulnerability of these individuals, long and unsettling asylum processes as practised in western host countries seem problematic, as does the withdrawal of health and social welfare benefits. Finally, high rates of psychopathology amongst FAS indicate that refugee and humanitarian decision-making procedures may be failing to identify those most in need of protection.

Murphy Arthur; Jones, Eric, University of North Carolina-Greensboro

Trauma and Grief in Hermosillo, Sonora, Mexico: the ABC Day Care Fire

On June 5, 2009 a fire swept through a licensed day care facility in the city of Hermosillo, Sonora, Mexico. The resulting conflagration killed 49 children, severely injured another 16 and left the parents of the remaining 55 children wondering what the long term health implications of the fire would be. This paper presents the results of interviews with 224 parents and guardians of children. We compare measures of trauma, stress and grief in parents of the three categories at 8 and 20 months. Comparisons made between groups of parents and caretakers and a baseline sample from Hermosillo and with victims from extreme events in other parts of Mexico shows that level of PTSD is similar to other events, perceived social support is lower than the Hermosillo control, and that grief was primarily indicated by longing, problems functioning, resentment and difficulty accepting the loss. Social network analysis showed that distinct groups quickly formed around bereavement vs. having children who were injured but survived.

Naser Morina, Department of Psychiatry and Psychotherapy; Maier, Thomas, Psychiatric Services of the Canton St. Gallen-North; Wittmann, Lutz; Rufer, Michael; Schnyder, Ulrich; Müller, Julia, Department of Psychiatry and Psychotherapy

An Intervention Study on the Efficacy of Combined CBT-Biofeedback and Narrative Exposure Therapy in Treating Chronic Pain and PTSD in Migrants

Chronic pain (CP) and PTSD are frequently seen in non-western migrants, particularly refugees. To date, no specific guidelines exist for the simultaneous treatment of both conditions. Research evidence suggests that pain-focused treatment with biofeedback (CBT-BF) is effective in treating chronic pain in this population. Therefore, we combined ten sessions of CBT-BF with ten sessions of Narrative Exposure Therapy (NET), which is an established exposure-based CBT-procedure for the treatment of refugees with PTSD. The objective of this study was to assess the efficacy of the combination of CBT-BF and NET and to assess the additional effect of CBT-BF on motivation for a subsequent trauma focused therapy.

15 migrants (mean age 43.1; 9 males) suffering from CP and PTSD were treated. They were assessed before, after and 3-months after the combined intervention with structured interviews and standardized questionnaires.

The results of this uncontrolled trial indicate a reduction in both PTSD symptoms and pain after the combined intervention. In addition, quality of life improved following treatment. CBT-Biofeedback appears to have a positive impact on the motivation for subsequent trauma focused therapy. Implications and further possibilities in the treatment of extremely traumatized migrants will be discussed.

Netten Josée, Foundation Impact

Together We are Smarter and Stronger: A Guidebook for Self-Help Organisations for People Affected by Disasters

When disaster strikes it is clear that those affected have to deal with numerous problems, such as dealing with loss, medical and psychosocial problems and compensation. The complexity also causes major problems for them. All too often people are shunted from pillar to post and they get bogged down in lengthy, opaque procedures. Those affected often end up with the feeling that their interests are not being properly looked after.

They often start a support group with fellow sufferers after a disaster. These self-help organisations are often regarded as being helpful to them in the process of recovery, empowering them. However, the process of establishing, running or winding down such a selfhelp-organisation by people affected, is not an easy thing to do. Firstly, the people affected are in a more vulnerable situation. Secondly, they do not necessarily have skills and knowledge necessary for running such an organisation, where many emotions may run high and where so many, sometimes conflicting, interests are at stake.

Therefore an inventory among these self-help-organisations in the Netherlands and experts of various (umbrella-) organisations of the recovery phase was executed. Lessons learned, pitfalls and good practices were identified resulting in a guidebook for existing and future selfhelp-organisations after disasters. So reinventing the wheel may not be necessary and energy can be channelled towards the healing process.

Nordanger Dag, UNI Research; Johansson, Espen R.; Nordhaug, Inge, RVTS West; Dybsland, Reidun, RVTS-West; Johansen, Venke A., Haukeland University Hospital

Preventing and Disclosing Complex Trauma in Children: Experiences from the New “Consultation Team Model” of Western Norway

Complex trauma in childhood often remains hidden because adults at children’s arenas are unsure what to do with their suspicions, are worried about the crisis they create by reporting it, and are afraid of being alone with this responsibility. Therefore, Consultation Teams (CTs) – a unique structure internationally – was established in 30 local authorities of Western Norway. Local professionals with concerns regarding possible child abuse can consult their CT anonymously to get advice on how to proceed. The CTs are multidisciplinary comprised of key professionals from local child welfare/mental health services, specifically trained for the task. In the course of one year, CTs registered their cases using a proforma covering demographics, service presenting the concern, traumas

the child was suspected of being exposed to (e.g. violence or sexual abuse), and the kind of advice provided by the CT (e.g. to talk again with the child or report the case to the police). Preliminary data show that services were most commonly advised to have a disclosure conversation with the child. This indicates the need for specific competence on this issue, but also that the existence of CTs gives professionals confidence to take action at early signals from the child. Also, data on variations between services concerning signals detected and how they were handled by the CTs will be presented.

Orengo-García Francisco, SEPET

The Experience of Reparation Laws in Traumatized Countries

The Spanish “ley de la memoria histórica” (historic memory law) from 2004, is an intend, 65 years after the end of the civil war, of reparation and recognition of the victims of this conflict. Despite its initial intention, the law seems to have reopened some old wounds that were not yet cicatrized. The panel and this presentation will show via different examples how the process of creation, development and realization of the law was done as well as the different difficulties faced. A special reflection will be dedicated to the type of psychotraumatological issues that should be dealt with in such cases. Bipolarization and maniqueistic attitudes inside societies as well as reactivation of old chronic PTSD pictures will be discussed.

Orme Geoffrey, Australian Defence Force

Stressors Reported by Australian Military Personnel Deployed on a UN Mission

Military personnel on operations face stressors ranging from traumatic incidents to low-level demands from the operational environment, separation from home, and the military organisation itself. The impact of trauma on military personnel is increasingly well understood, yet less is known about chronic, low-level stress that occurs in many operations, including peace-keeping, disaster relief, and humanitarian support. This paper describes a natural experiment in which an operation contained background stress but without traumatic events. Two groups of Australian soldiers-full-timers and reservists-deployed for 7 months on a UN mission in East Timor. They were surveyed twice over a six-month period following the operation. Very few personnel exceeded thresholds for psychological trauma (PCL-C >40,2%) and psychological distress (K10 >30,4%). An inventory of major operational stressors developed by the Australian Defence Force (ADF) revealed that the personnel experienced stress from the operational environment and separation from home at similar rates to those reported for other ADF operations. Reservists however consistently reported greater stress arising from organisational factors than full-timers. Implications for preparing personnel and their organisations, including civilian emergency services and NGOs, for roles containing the full range of stressors are discussed.

Ormhaug Silje; Jensen, Tine K., Norwegian Centre for Violence and Traumatic Stress Studies

The Good News About Trauma Treatment: Working Alliance Formation With Children and Youth Exposed to Trauma

Background: There is rich clinical literature describing difficulties that can arise in the therapeutic relationship with traumatized children and youth, in particular with those exposed to interpersonal trauma from their caregivers. It is hypothesized that they bring along feelings of distrust and betrayal into the therapy room, and that these negative expectations impede on the formation and maintenance of a good working alliance. This presentation will look at whether traumatized youth seem to have difficulties forming a good working alliance, and see if type of trauma or severity of PTS-symptoms influence the alliance. **Method:** Children and youth aged 10–18 suffering from severe PTS-symptoms are included in an ongoing treatment study in Norway. Their traumatic experiences range from single events outside the family context, to repeated exposure to domestic violence or abuse. Therapeutic alliance is assessed with the Therapeutic Alliance Scale for Children (TASC) after sessions 1 and 6. So far more than 100 participants have been recruited. **Results:** Findings show that overall alliance scores are high. Further, neither type of trauma or severity of symptoms seems to influence the alliance formation. Clinical implications will be discussed.

Osório Carlos; Maia, Ângela, University of Minho

Prevalence of Post-Traumatic Stress Disorder Symptoms, Physical Health Problems and Substance Abuse Among Portuguese Military Returning from Deployment in Afghanistan

Researches with military veterans returning from Afghanistan have suggested the existence of PTSD, a worse physical health status and substance abuse. To date, no research has addressed mental and physical health problems among Portuguese military returning from Afghanistan. The current research evaluates the presence of PTSD symptoms, physical health problems and substance abuse. In addition, the extent to which PTSD symptoms could predict physical health problems was studied. In total, 64 veterans (all male, 21–36 years; $M = 26.84$; $S.D. = 3.33$) were evaluated. Most participants reported potentially traumatic experiences, but results revealed an absence of symptoms consistent with PTSD diagnosis. However, some participants have enough symptoms of Partial PTSD (4.7%). Regarding physical health problems, results suggested intense symptoms such as fatigue (4.7%), back pain (4.7%) and difficulty sleeping (3.1%). As for substance abuse, participants reported the abuse of alcohol (9.4%) and tobacco (14.1%) to relieve distress. Symptoms of PTSD are a significant predictor of physical health symptoms, explaining 25% of variance. Apparently PTSD is not a problematic issue, but physical health symptoms have a higher prevalence. Portuguese military should be screened for mental and physical health problems after deployment, and attention to PTSD symptoms seems important.

Overland Gwynyth, RVTS Sør

Promoting the Resilience of Post-Conflict Survivors. Findings from a Study of Resilient Cambodians

Survivors of war and human rights abuses seem rarely to be fully rehabilitated. The experience of earlier refugee groups is a largely untapped resource in this work. This PhD-project (Trauma and resilience: a refugee perspective. Funded by Helse Sorost) sought to discover, understand, and explain mechanisms that successful survivors of the Khmer Rouge found instrumental for their physical and mental survival, to contribute to the knowledge of resilience and psychosocial rehabilitation of survivors.

Three samples of resilient Cambodians were selected on an eight criteria scale. Embedded in quantitative studies of traumatisation in the same cohort, a multi-strategy approach generated theory from biographical narratives and observation, using microanalysis, abduction, and participant validation. Experts in post-conflict trauma were interviewed to triangulate the findings before trials with health workers.

Their resilience built on self-reliance, a strong work ethic, and social integration founded in an endemic cultural worldview. The DSM-IV provides a tool for accessing patients' explanatory models in its "Outline for cultural formulation"; yet accessing the cultural/religious resources of survivors in the interests of building personal and group resilience is often neglected.

A new Cultural Resilience Interview provides a simple instrument for resilience-building.

Palic Sabina; Elklit, Ask, University of Southern Denmark

Disorders of Extreme Stress Not Otherwise Specified (DESNOS)? What do we Know so far, and what Needs to be Addressed? A Systematic Review of the Empirical Literature

A systematic review of empirical studies of DESNOS was conducted to evaluate the status of the current knowledge about 1) the factors influencing DESNOS symptomatology, 2) comorbidity with other disorders, and 3) measurement of the construct itself. Only studies which assessed DESNOS with standardized measures were included.

The search yielded 31 relevant studies. The results indicated that the DESNOS syndrome can be found in different groups with prolonged and repeated traumatization, however it is particularly connected to interpersonal traumatisation with an early onset. The effects of the influencing factors seem to be best understood in terms of interaction or the complexity of the trauma.

The only assessment instrument for DESNOS is the clinical interview SIDES, which also has a self report alternative (SIDES-SR). There are no published studies on the validity of the SIDES-SR, other than one study based on a specially developed German version. There are few studies of the factor structure of the SIDES, and

those that exist, point towards a syndrome constellation with fewer symptoms and fewer symptom clusters. Future research needs to focus on isolating the core symptoms of complex PTSD/ DESNOS, in addition to further establishing the connection between DESNOS and populations without early interpersonal traumatization.

Palic Sabina; Elklit, Ask, University of Southern Denmark

The Utility of SIDES for Assessing Complex PTSD/DESNOS in Bosnian Refugees in Danish Treatment Centres

The study explores whether the concept of complex Posttraumatic Stress Disorder (PTSD) referred to as Disorders of Extreme Stress Not Otherwise Specified (DESNOS) is applicable to Bosnian refugees in Danish treatment centers.

Bosnian refugees (N = 60) from six Danish treatment centers were assessed for the presence of DESNOS in three different ways: 1) by using a Bosnian translation of the original SIDES-SR; 2) by a number of other standardized questionnaires which assessed DESNOS' six symptom domains, and 3) by administering a refugee-adapted version of the SIDES interview. The refugee-adapted version of the interview asked about all the symptoms included in the definition of DESNOS, however the specific behavioral-descriptors of symptoms were amended to the experiences of refugees.

The refugees were also assessed for the presence of PTSD, depression, anxiety, personality disorders, exposure to traumatic events during the war, and exposure to interpersonal traumatization in childhood.

The triangulation of different approaches to assessing DESNOS in this group will improve our understanding of whether the original SIDES interview is too specifically formulated for populations with early interpersonal traumatization, or if in fact, it can be used to describe other groups with prolonged and repeated traumatization. Preliminary results will be presented at the conference.

Palosaari Esa, University of Tampere; Punamäki, Raija-Leena, Helsinki Collegium for Advanced Studies; Qouta, Samir, Islamic University; Diab, Marwan; El Sarraj, Eyad, Gaza Community Mental Health Programme

Trauma-Related Cognitions and Post-Traumatic Stress Reactions among War-Traumatized Children

We tested whether negative trauma-related cognitions predict post-traumatic stress reactions (PTSR) and whether changes in cognitions mediate the effectiveness of a cognitive-behavioural group intervention in reducing PTSR among war-traumatized children. The intervention was based on the Teaching Recovery Techniques manual. The sample consisted of 482 children aged 10–13 years living in Gaza, Palestine. They were randomly assigned either to an intervention group or to a waiting-list group about two months after the Gaza War 2008–2009. Children reported negative trauma-related cognitions and PTSR at baseline (T1), after the intervention (T2) and at a nine month follow-up (T3). We rejected the hypothesis that changes in cognitions during the intervention would explain intervention effectiveness in alleviating PTSR during the follow-up period. Using latent difference scores we found that changes in cognitions between baseline and post-intervention measurements predicted changes in PTSR during the follow-up period for both the intervention and the waiting-list group, whereas changes in PTSR during the intervention period did not predict changes in cognitions during the follow-up.

Piatek Jadwiga; Baran, Joanna, Health Psychology Department Jagiellonian University

Frequency of Traumatic Events and Burn-out Syndrome among Midwives

Numerous research projects address the burdens related to the occupation of a midwife. Explanatory concepts include notions such as stress, coping, burnout, and compassion fatigue. Attempts are made to tie these phenomena to personality factors such as empathy, and situational factors. Recently, attention has been directed to another issue involved in the field of work of medical personnel: namely, the confrontation with traumatic events that occur in connection with the treatment and medical care processes. The nature of midwives work is that it offers assistance in natural developmental processes. However, the work is not free from stressful events with negative outcomes. While the stereotypical image of the work of a midwife may only include activities related to

healthy pregnancy and delivery, in reality it encompasses situations such as: delivery of a terminally ill infant, miscarriage, still birth.

This paper presents results of research on the frequency of occurrence of traumatic events among professionally active midwives, along with data on intensity of Burn-out Syndrome.

Pinto Ricardo; Maia, Angela, University of Minho

What is the Best Predictor of Current Psychopathology in Victims of Maltreatment Identified in Childhood: Official Records or Self-Reports?

Background: One of the greatest methodological problems in the study of childhood maltreatment is the discrepancy in methods by which cases are identified, and the relationship with subsequent development of psychopathology. This study compared the predictive power of childhood maltreatment obtained by two different sources of information (official records vs. self-reports) to explain global psychopathology symptoms in late adolescents and youth that were identified as maltreated in childhood. **Method:** Participants included 131 youths (68 males, 63 females, Mage = 17 years, age range: 14–23 years) who had been confirmed as victims of inadequate care prior to age 13 by Child Protective Services (CPS). Self-reports were obtained in adolescence, at least four years after the identification. **Results:** Regression analyses were run to test the relation between the amount of childhood adversity and psychopathology comparing the two sources of information: official records and self-reports. The model was significant for self-reports, explaining 22% of variance, but the official records did not predict psychopathology.

These results raise important methodological issues. Our findings show that the self-report of maltreatment is a better predictor of psychopathological symptoms than the official records of maltreatment identification. A number of substantive explanations are discussed.

Piralic Spitzl Sanela; Sonnleitner, Julia; Aigner, Martin, Medical University of Vienna

Transcultural and Socioeconomic Aspects of Posttraumatic Stress Disorder and Somatoform Pain Disorder

Introduction: Within the psychiatric setting culture specific decoding, education and socio-economic status are of great importance. This study aims to examine these factors in patients from former Yugoslavia and to assess the outcome of a culture specific training regarding coping strategies against chronic pain. **Method:** The Transcultural Outpatient Clinic, Dep. of Psychiatry and Psychotherapy, Med. Univ. of Vienna, treated 350 patients from Ex-Yugoslavia suffering from somatoform pain disorder and PTSD within the scope of a culture specific training regarding coping strategies against chronic pain. Patients were assessed in their mother tongue (Bosn./Croat./Serb.) and psychosocial factors were examined. The program was evaluated by the use of a psychodiagnostic inventory and psychometric scales. **Results:** Diagnostics (DSM-IV SCID I&II, mother tongue) revealed affective disorders (98%), PTSD (46%), somatoform pain disorders (99%) and depressive personality disorders (69%). 74% stated a monthly salary less than 800Eur. 58% reported high pain intensity (VAS 8.9). The ambulant pain coping training produced a decline in pain intensity in all areas of life. **Discussion:** Patients from Ex-Yugoslavia suffer from a poor socioeconomic situation and high psychiatric comorbidities. Low educational level, unemployment and poor activities are of additional negative effect. The culture specific pain coping program achieved improvement in these aspects.

Pires Tânia; Maia, Ângela, University of Minho

PTSD 12 Months after a Motor Vehicle Accident: a Longitudinal Study

Background: Victims of motor vehicle accidents (MVA), one potentially traumatic experience, can develop psychological problems like PTSD. This study intended to describe risk factors and evolution of symptoms, one of the main research challenges in this area. **Methods:** 101 MVA victims with serious health problems (76% male) were evaluated 5 days (T1), 4 months (T2) and 12 months (T3) after the accident. Peritraumatic dissociation and acute stress reaction were evaluated in T1, a PTSD in T2 and T3, coping and health problems in T1, T2, and T3. **Findings:** 67% of the participants had ASD (T1), 58% had PTSD at T2 and 47% had PTSD at T3. Victims that

report more PD also report more PTSD symptoms (T2 $r=.420$, $p<.001$; T3 $r=.352$, $p<.001$). Multiple regression analyses showed that peritraumatic dissociation predicted ASD, and was the best predictor of PTSD symptoms at T2, while general coping (T3) and health status (T3) are the best predictors of PTSD 12 months after the accident. **Discussion:** Peritraumatic dissociative experiences are very important to predict acute stress responses and PTSD symptoms. The individual functioning 12 months after the accidents are very important on PTSD (T3) symptoms. Health services and professionals should pay attention to the early responses and the health status and coping strategies that victims use to deal with the accident and stress symptoms.

Pivodic Lara, University of Vienna; Ehring, Thomas, University of Amsterdam; Lueger-Schuster, Brigitte, University of Vienna

Adult Attachment Security in Survivors of Early-Onset Chronic Interpersonal Trauma

Earlier research has shown that the experience of early chronic interpersonal trauma (ECIT) is related to insecure attachment to romantic partners in adulthood. However, it has not been tested to date whether this is specific for early-onset trauma and what the exact relationship is between trauma type, adult attachment and PTSD. The aims of this study were 1) to compare adult attachment in an ECIT group to that in individuals who experienced a late-onset, an early single or a non-interpersonal trauma, and 2) to test whether adult attachment mediates the relationship between interpersonal trauma and PTSD symptom severity.

Two hundred and sixty English-speaking internet-users, recruited through trauma- or health-related websites, completed a set of online questionnaires. Attachment avoidance and anxiety were assessed with the Experiences in Close Relationships Revised scale (Fraley et al., 2000). The early interpersonal trauma groups reported significantly more attachment avoidance and anxiety than the late interpersonal and non-interpersonal trauma groups. No difference was found between early short- and long-term traumas. Adult attachment partially mediated the association between trauma type and PTSD symptom severity.

The results suggest that attachment avoidance and anxiety in adulthood may be a consistent sequel of early interpersonal trauma and a risk factor for PTSD.

Pojjula Soili, Oy Synolon Ltd

Long-term Impact of Media Reporting on Wellness of the Family Members of Homicide Victims

In Finland 125 people a year die as victims of homicide. Each victim leaves behind approx. 4–6 bereaved family members. A sample was drawn from 576 homicide victims recorded in the police results data system in the years 1999, 2004–2007. The postal enquiry was sent to 295 family members. 131 (44%) family members answered enquiry. 98% of the homicides were reported in the media (newspapers, TV, radio, Internet). 41% of the family members followed actively media reporting, 23% somewhat, 21% a little and 11% not at all. Negative impact on wellness was reported by 64% of the family members, no impact by 36%. Those who reported negative impact on wellbeing suffered more from sleep disorder (67,7%, $p=0.010$), depression (60,5%, $p=0.049$) and prolonged grief disorder (23,7%, $p=0.003$) but PTSD symptoms were not elevated.

The negative impact of media reporting on the wellness of the family members of the homicide victims lasts long. A more ethically oriented policy and practice in media reporting as a mean of preventing unnecessary suffering is recommended.

Polak Rosaura; Witteveen, Anke; Reitsma, Johannes; Olf, Miranda, Academic Medical Center

Executive Functioning in Posttraumatic Stress Disorder (PTSD): A Meta-Analysis

Posttraumatic stress disorder (PTSD) is accompanied with symptoms such as re-experiencing, avoiding and hyperarousal (DSM-IV; American Psychiatric Association 1994). The traumatic memory in PTSD patients is thought to be distorted and chaotic. But also processing of neutral stimuli is affected in patients with PTSD. Several neuropsychological studies and a meta-analysis showed impairment in verbal memory in patients with PTSD. A dysfunction in executive functioning and working memory was, however, inconsistently found. Therefore, the current study aimed for a review and meta-analysis of executive functioning in adult PTSD patients. A

systematic search of databases like Pubmed yielded 19 articles representing data on executive functioning in adult PTSD patients. Only articles providing data on the following neuropsychological tests, i.e. Trail Making Test (TMT), Wisconsin Card Sorting Test (WCST), Stroop and Digit Span (DS), were included. Articles focusing on patients with comorbid disorders other than depression or on Traumatic Brain Injury (TBI) were excluded. Analyses were performed on controls versus PTSD patients and healthy controls versus exposed controls. Further subgroup analyses were done on trauma type, gender, age, education and severity of comorbid depression.

Preitler Barbara, HEMAYAT

Sri Lanka and Austria: Two Curricula for Academic Training for Trauma Counselling in a Political, Social and Cultural Context

In the middle of 2004 we started with local colleagues the planning process for a trauma counselling program for Eastern Sri Lanka. The situation was dominated by war traumatization and a lack of any kind of psychiatric/psychological treatment. Our planning phase had to come to practical attitudes when the Tsunami hit this region on Dec. 26 th 2004. Out of this emergency situation we created a 3 years course – run in the second half as an academic course for Trauma Counselling at the University of Klagenfurt, Austria. With this course we were able not only to answer the first emergency needs of the victims of the natural disaster but also to train our counsellors for three years, establish them as part of the health system in the district and offer beside short term intervention also long term counselling especially for victims of Tsunami and /or civil war. In this presentation we will discuss the need of problem analysis, the direct answer to the situation but also the critical points about introducing a western program to an Asian country.

A program for trauma counselling started also in Vienna in 2010. We focus on manmade disasters that lead to traumatic suffering like structural violence, war, human right violations, forced migration and forms of individual counselling and community based interventions. In Sri Lanka all our students have finished their A-level exams but nobody had done any program in psychology, counselling or social work. Our program had to include basic knowledge in psychology and counselling. The participants in Austria are by profession psychologists, psychotherapists, teacher and social workers. This allows the program to concentrate more on trauma-specific topics even with less practical experience of trauma related work.

Punamäki Raija-Leena, Department of Psychology

Effectiveness of Psychosocial Intervention among War-Traumatized Children: Mental Health and Socio-Emotional Development in: A Cluster Randomized Controlled Study

War trauma forms severe risks for child well-being and development. Fortunately, there are a number of interventions to help war-traumatized children that involve both therapeutic and resilience-enhancing elements. Less is known about their effectiveness. This randomized prospective study analyses whether a psychosocial intervention in school context can enhance mental health and socio-emotional development among children exposed to war in a context of general adversity. The questions concerning effectiveness are: 1) Do children in the intervention group show less PTSD and externalizing and internalizing symptoms than the waiting-list control group? 2) Do children in the intervention group enjoy better peer- and sibling relations and show more optimal emotion regulation than the waiting-list control group? Method: Participants are 485 Palestinian boys and girls (10–13 years) exposed to trauma and losses in the context of the War on Gaza 2009. A half participated in an intervention based on Teaching Recovery Techniques (TRT) and the other half served as waiting-list controls. They reported PTSD and Strengths and difficulties (SDQ) and Peer and Sibling relations and Emotion regulation at baseline (T1), after the intervention (T2) and nine months follow-up (T3). The results support the hypothesis of the effectiveness of psychosocial intervention to improve child mental health, but less so socio-emotional development.

Rassool Sara, SEPT NHS Foundation Trust; Nel, Pieter, University of Hertfordshire

Experiences of Causing an Accidental Death: A Qualitative Study

Accidentally killing or feeling responsible for another person's death constitutes an event that is different from many typical traumatic stressors where the responsibility for causing the trauma is located in another person or persons, rather than in the person themselves. Research exploring the perspective of those who have accidentally caused a death is extremely sparse. This study aimed to gain an insight into the lived experiences of people who have caused an accidental death. Five participants were recruited through an online advertisement; all were drivers directly involved in a road traffic accident that occurred unexpectedly, without intention and resulted in a person's death. An interpretive phenomenological approach (IPA) was used to analyse data collected through semi-structured interviews. Three main themes emerged from the participants' accounts: trying to make sense of a life changing moment; struggling to cope with the trauma of causing a death; and a changed sense of self. These findings highlight the considerable and enduring trauma associated with causing an accidental death, and emphasise the need to develop appropriate interventions to help alleviate this psychological distress.

Ratzer Mette; Elklit, Ask, University of Southern Denmark

Posttraumatic Stress in Traumatically Injured Intensive

Posttraumatic stress disorder (PTSD) has been identified in a significant proportion of intensive care unit (ICU) survivors as well as survivors of traumatic injury. This study aimed to estimate the prevalence of severe PTSD symptoms and to identify factors associated with PTSD symptomatology in survivors of ICU treatment following traumatic injury.

Fifty-two patients who were admitted to an ICU through the emergency ward following traumatic injury were prospectively followed. Information on injury severity and ICU treatment were obtained through medical records. Demographic information and measures of acute stress symptoms, experienced social support, coping style, sense of coherence and locus of control were assessed within one month post accident (T1). At the 6 month follow-up (T2) assessment of PTSD symptomatology was assessed with the Harvard Trauma Questionnaire (HTQ).

In the 6 months follow-up, 10 respondents (19.2%) had HTQ total scores reaching a level suggestive of PTSD (N = 52). In addition, 11 respondents (21%) had symptom levels indicating subclinical PTSD. Female gender, lower Glasgow coma scale, longer length of mechanical ventilation, longer length of sedation, longer length of administered benzodiazepine, longer length of administered pain relieving medication, symptoms of acute stress (T1), fear of death and/or feeling complete helpless and powerless in relation to the accident and/or ICU (T1), sense of coherence (T1) and more external locus of control (T1) correlated significantly with PTSD symptoms at T2. In the linear regression analysis, female gender, length of sedation, dissociation (T1), hypervigilance (T1) and more external locus of control predicted 58% of the variation of PTSD symptomatology.

Richardson Don, Parkwood Hospital

Pharmacological Treatment of Military Related PTSD: Focus on Co-Morbidity

Posttraumatic stress disorder (PTSD) is a common psychiatric condition in the veteran population and usually appears with significant comorbidities such as major depression, substance abuse and other anxiety disorders. Despite extensive research in the field of PTSD and treatment guidelines from Canada, the United States, the United Kingdom and Australia, the Institute of Medicine (IOM) concluded that the evidence is "inadequate to address the specific treatments that are applicable in the Veteran population". Treatment guidelines focus primarily on PTSD and not on comorbidity making it difficult to apply current guidelines in clinical practice. This paper reviews current pharmacological guidelines for the treatment of PTSD and how to incorporate current knowledge on common comorbid psychiatric illnesses such as depression and other anxiety disorders to treat military related PTSD.

Richters Annemiek, Leiden University Medical Center

Healing and Reconciliation in Rwanda after Traumatization – The Contribution of Community-Based Socioterapy

In post-genocide Rwanda a large variety of interventions aimed at healing of psychological problems and reconciliation between victims and perpetrators of the previous political violence have been implemented. This paper presents the practice of community-based socioterapy and its impact compared to that of other interventions. Socioterapy groups of 10–12 people living in the same neighborhood meet once a week for 2–3 hours for a period of 15 weeks. Participants are guided through the phases of safety, trust, care, respect, rules, and memories. In the process it becomes apparent that the most significant problem people suffer of as a result of the past political violence is the destruction of social relations. It is in the phase of care that a change in people's behavior and interaction with others, including former enemies, takes place. This change results in a rerouting of people's personal, family and community life, which is experienced as a release of people's hearts. While many of the interventions specifically aimed at reconciliation – such as community-based justice-result at most in 'thin' reconciliation, socioterapy results in many cases in 'thick' reconciliation. Our qualitative impact research points out that in order to achieve healing from the wounds of a violent past and reconciliation along ethnic lines, justice and care should complement each other.

Rieder Heide; Elbert, Thomas, Department of Psychology, University of Konstanz

Mental Health and Family Structure after the 1994 Rwandan Genocide: Clinical Symptoms, Children's Relationship to their Parents and Communication about Genocide in Families of Survivors and Perpetrators

Introduction: The devastating power of massive violence on mental health and on family structures has been of strong interest in the last decades. Nevertheless, effects on families of those, who participated in acts of violence are often neglected in this research. Therefore, we wanted to examine the prevalence of mental health problems in families of victims as well as perpetrators of the 1994 Rwandan Genocide. Besides, we were interested in how both groups of descendants perceive and judge the present relationship with their parents. **Methods:** 126 parent-child pairs in Rwanda's Southern Province (Muhanga District) were randomly selected for the survey. PTSD symptoms were established by means of the Posttraumatic Stress Diagnostic Scale (PDS) and symptoms of anxiety and depression by the Hopkins Symptom Checklist (HSCL- 25). The degree of communication and relationship between children and their parents was rated on a Likert Scale. **Results:** The prevalence of PTSD was estimated 24% (parent) and 22% (child) in families of survivors and 21% and 2% in families of perpetrators. Anxiety Disorder showed to be more frequent (18–39%) than Major Depression (7–27%) in all four groups. Children of genocide survivors reported more talking to their parents ($r = -.22, p < .05$) on what happened in 1994 and expressed more concern on their parents' well-being than children of genocide perpetrators ($r = -.22, p < .05$). **Discussion:** The high prevalence of mental health problems shows the long lasting consequences of massive violence more than 15 years after the genocide still. Talking about what happened in 1994 and caring plays a bigger role in families of survivors, pointing to special family patterns that are to be discussed.

Rocha José Carlos; Afonso, Flávia; Corrêa, Flávia, UnIPSA; Leonardo, Alexandra, Hospital Santa Maria; Correia, Maria, Maternidade Dr. Alfredo da Costa

Longitudinal Study 7 Years after Termination of Pregnancy (TOP) on the Context of Prenatal Diagnosis

TOP when a fetal problem is diagnosed, frequently generates considerable emotional problems; however the lack of research concerning long-term consequences is evident. Our goal is focused on obtaining information about the long-term responses of perinatal grief; traumatic stress and depression, after TOP on the context of an adverse prenatal diagnosis.

On the present evaluation, we used a semi-structured interview, Coping Responses Inventory (CRI), Impact of Event-Revised Scale (IES-R), Perinatal Grief Scale (PGS) and Beck Depression Inventory (BDI). Our sample

consists of 35 women with history of TOP seven years ago, which consented to participate and have been evaluated also on previous moments, 15 days (BDI, CRI) and six months after (BDI and PGS).

On the evaluation seven years after TOP we observe 22.9% of women with depression (BDI >12) and 40% with high levels of traumatic stress (IES-R >35). Regression model for traumatic stress ($p < .001$) shows the importance of early coping processes of acceptance and resignation. Attrition rates were analyzed and the longitudinal bias controlled.

The results show a high degree of traumatic symptoms, even seven years after TOP, emphasizing the importance of a meaningful support and regular monitoring. Understanding of these symptoms should be considered a key element in future approaches on the peculiar context of the TOP.

Rosendal Susanne, Psychiatric Centre; Mortensen, Erik Lykke, University of Copenhagen; Andersen, Henrik Steen, Psychiatric Centre; Heir, Trond, Norwegian Centre for Violence and Traumatic Stress Studies

Primary Health Care Service Use before and after a Natural Disaster: A Prospective and Retrospective Cohort Study

Objective: We examined whether Danish survivors of the 2004 Southeast Asian tsunami with PTSD or partial PTSD differed from survivors without PTSD in primary health care service (HCS) utilization before and after the tsunami. **Design:** Cross-sectional 10-month post-disaster questionnaire of PTSD symptoms combined with longitudinal Danish national register data of primary HCS utilization. **Participants:** Danish tourists ($n = 635$) who were directly exposed to the tsunami and met the DSM-IV PTSD stressor criterion (A1). **Outcome measures:** We assessed PTSD 10-months post-disaster with the PTSD checklist (PCL). We also used pre-disaster (2002–2004) and post-disaster (2005–2007) data from the Danish National Health Service Register to measure primary HCS utilization (the annual number of contacts). **Results:** Survivors with PTSD or with partial PTSD used HCS more often than survivors without PTSD before and after the tsunami. PCL symptom levels were positively and significantly correlated with post-disaster HCS utilization. However, when adjusted for pre-disaster HCS utilization, this association was not significant. **Conclusion:** Tsunami survivors with PTSD or partial PTSD frequently use HCS, more so than survivors without PTSD. This finding may be accounted for by frequent HCS utilization prior to the tsunami. Thus, associations between posttraumatic stress and subsequent physical and mental health problems must be interpreted with caution.

Rosner Rita, University of Munich

10-Year after: A Follow-Up Study on War-Traumatized Civilians in Bosnia

This paper will present the results of a ten-year follow-up of a random sample of civilians (house-to-house survey) which was conducted in Sarajevo in 1998–99. A total of exactly 100 of originally 299 persons were re-identified. The prevalence of PTSD established on the basis of the PDS questionnaire fell substantially, from 13% in the original sample to just 1% in the 2010 sample. The level of general psychological symptoms as measured by the BSI, which was high in the original sample, has not fallen in the intervening ten years, with an increase amongst returnees from abroad and a decrease amongst people who did not leave the country. The surprising recovery of nearly all those who appeared to have PTSD in 1998-9 is explained by a drop in the A2 criterion, while on the other hand there is an increase in the F criterion.

Salcioglu Ebru; Basoglu, Metin, Trauma Studies, King's College London & Istanbul Centre for Behaviour Research and Therapy

What Works Best in Cognitive Behavioral Treatment? A Meta-Analysis of Therapeutic Ingredients of Treatment Protocols for PTSD

Research in the last decades has demonstrated the efficacy of cognitive-behavioral treatment (CBT) protocols in PTSD, which often involve a combination of interventions, such as imaginal exposure (IE), live exposure (LE), cognitive restructuring (CR), and anxiety management, skills training, and problem solving techniques. It is not yet

clear which of these treatment components are responsible for clinical improvement. To examine the contribution of each treatment component to outcome we conducted a meta-analysis of 41 randomized controlled trials of CBT of PTSD. A total of 59 active treatment conditions in 41 trials achieved clinically significant effects. IE and CR alone and CBT not involving any form of exposure were relatively less effective (Cohen's d 0.99, 1.41, and 1.44, respectively). IE+CR had a slightly higher treatment efficacy ($d = 1.69$), while treatments involving LE were substantially more effective ($d = 1.94$). LE alone, on the other hand, achieved the largest effect size ($d = 2.15$). The difference between effect sizes of treatments with ($n = 26$) and without ($n = 33$) LE was statistically significant ($p = 0.014$). These findings suggest that LE is the critical therapeutic ingredient in CBT and sufficient for successful treatment. These findings have important implications for brief, effective, and cost-effective treatment of large numbers of mass trauma survivors.

Sales Luisa, Centro de Trauma; **Dias, Aida**, Utrecht University, FSS; **Mota Cardoso, Rui**, IPATIMUP

How are the Spouses and the Children of the Portuguese War Veterans, 30 Years later?

Portugal was involved in a colonial war between 1961 and 1975 in the African continent. Around one million of Portuguese soldiers fought in Angola, Mozambique and Guinea-Bissau during thirteen years. Like in the Vietnam War, many spouses and children of Portuguese soldiers lived in a different country and continent, away from the war scenario. In this way, probable consequences on families have higher probability to be due to the secondary traumatization. This work will present the results of the psychological assessment of 130 families whose father have different levels of contact with the Portuguese Colonial War: non exposed fathers, exposed fathers, and exposed fathers that developed PTSD symptoms. Data on psychological symptoms, attachment, childhood trauma and post traumatic stress, from 435 subjects will be analysed, trying to understand the possible effects that war brings to the spouses and to the adult children of the Portuguese war veterans.

Samadzadeh Mehdi, University of Medical Sciences; **Abbasi, Moslem**, University of Mohaghegh Ardabili; **Shahbazzadegan, Bit**, University of Medical Sciences

PTSD Symptom Severity and Co-Morbid Psychiatric Disorders

Aim: This study aimed to examine the associations between PTSD symptom severity and psychiatric disorders in persons diagnosed with PTSD. **Method:** A purposive sample of 30 PTSD male patients was studied. Data was collected using The Mississippi PTSD scale, the MMPI and a semi-structured schedule. Pearson correlations and chi-square analyses were used to analyze the data. **Results:** High comorbidity has been found between PTSD and other psychiatric disorders; particularly depressive disorders (77%), anxiety disorders(60%), somatization (46.6%), psycasthenia (36.6%) and substance use(13.3%). PTSD symptoms were found to be more severe in patients who had other psychiatric symptoms and comorbid major depression. Aggressive tendencies and impulsivity were found in a majority of the patients. Patients with moderate PTSD symptoms reported more anxiety while those with more severe symptoms reported more depression. The comorbidity between PTSD and depression may be due to the overlapping symptoms shared by the two disorders. **Conclusion:** Distinguishing between cause and effect in this connection may be difficult, as psychiatric illnesses may predispose people to being exposed to traumatic events, and traumatic events may in turn increase psychiatric symptoms.

San Miguel Claudia, Texas A&M International University

Youth Violence

In the United States and most other industrialized nations, violence crimes among youth and adults have reached the lowest point in decades. With the exception of school culling, arrests of youths for serious crimes have been on a steady decline since the early 1990s. Despite this trend, youth violence can have a significant negative impact on perpetrators and victims, including negative influence on perceptions of school, behavior problems, school work, grades, and social activities. This study examines the predictive nature of multiple risk factors in youth violence and aggression with a sample of youth ($n = 603$) from a Hispanic majority city in the South of the United States. In particular, delinquent peer influences, antisocial personality traits, depression, and parents/guardians who use

psychological abuse in intimate relationships are analyzed for their predictive effect on youth violence and aggression. Prevention strategies, based on the findings, will also be explored.

Sarwat Sultan, Department of Applied Psychology; Saeed, Khalid, Bahauddin Zakariya University

Analyzing Vulnerable Groups and Appropriateness of Therapies for PTSD among Flood Survivors in Pakistan

In the aftermath of the flood in Pakistan in July 2010, there is potentially a large traumatized population in need of psychosocial support, but determining which individuals require intervention may be the key to positive long-term outcomes. Using nationally representative data from 480 adults, this study examined 1) which is the most vulnerable group at risk for posttraumatic stress disorder (PTSD) and 2) which therapy is appropriate for torture survivors of flood. To assess PTSD and co-morbidity, anxiety and depression, Trauma Symptom Inventory and Hospital Anxiety and Depression Scale were used respectively. Findings indicated that the flood resulted in a higher vulnerability for the diagnosis of PTSD in adults in rural compared to urban areas, in females compared to males, in sexually abused compared to people abused in other forms. Finally, appropriate treatment interventions which incorporate systematic desensitization, a technique of behavior therapy, and image technique of eidetic therapy, offer the best therapeutic options for the treatment of PTSD and associated co-morbid conditions such as depression and anxiety. However, eidetic therapy was more effective in sexually abused women. It is recommended that psychologists and social workers be trained in the administration of eidetic therapy to effectively control the symptoms of PTSD.

Schedlich Claudia, Federal Office of Civil Protection and Disaster Assistance

Psychosocial Crisis Management in CBRN Incidents

The risk of chemical, biological and radiological incidents has increased over the last years. Hazard prevention organisations react to this challenge by providing extensive training to uniformed services and management staff. Recently, findings from psychology and sociology have been increasingly included in the development of specific crisis management concepts. The starting point is the fact that CBRN missions can put high psychological pressure on all those who are directly or indirectly involved. During and after CBRN incidents, the number of people who are mentally affected can be considerably higher than the amount of injured persons. Recent exercises have shown that psychosocial knowledge and actions can reduce the fear of the affected and thus change their behaviour. Furthermore-by taking psychosocial findings into consideration-the skills and abilities as well as the confidence of the uniformed services are strengthened, when they deal with the people on site. As has been proved, the stress of the mission is thus reduced and the long-term impact of mental pressure can be prevented. For three years, the German Federal Office of Civil Protection and Disaster Assistance has provided training for uniformed services and management staff in CBRN-specific issues of psychosocial crisis management. The contribution presents the training concept (incl. evaluation results) as well as national and European initiatives in developing specific concepts.

Schellong Julia, Medical University of Dresden; Epple, Franziska, TU Dresden; Joraschky, Peter, Medical University of Dresden

Helpless Doctors with Helpless Patients. Care for Victims of Domestic Violence by Training Medical Staff

Background: As the majority of victims of domestic violence suffer from somatic, psychosomatic and posttraumatic symptoms, medical staff plays a key role in detection and treatment of victims. Caregivers are often unaware of their important role. To qualify medical staff in that topic a pilot project was established. **Methods:** Before implementing a training program, a questionnaire was sent to 4,886 doctors, nursing staff, midwives, and psychotherapists in in- and outpatient clinical settings in Dresden and in a comparable city without training program. Reassessment took place 1.5 years later. **Results:** The 1,107 (23%) participants who returned the 1st questionnaire reported themselves seldom confronted with the consequences of domestic violence in their clinical practice. 90% did not know the main advisory centre for victims. The majority was unsatisfied with the level of

support they were able to offer and expressed a high demand for further training. 913 health professionals attended training programs. In reassessment 858 of 4,812 professionals (18%) answered. Training participants reported a significantly higher contact with victims, they were significantly better informed about care facilities and felt better prepared to deal with victims. **Conclusion:** Unawareness among medical staff about domestic violence is highly noticeable. Special training programs, adapted to the realities of medicine, are useful and necessary and improve the appropriate care of victims.

Schiltz Lony, Fondation François-Elisabeth; Schiltz, Jang, University of Luxembourg

Borderline Functioning and Life Trauma

We present a meta-analysis of two independent studies, an exploratory study with N = 206 and a confirmatory study with N = 195 people suffering from marginalisation and exclusion. The general aim of the research project was the exploration of the links between traumatising biographic events and the current functioning of personality. Both studies were based on an integrated quantitative and qualitative methodology combining semi-structured biographic interviews, psychometric scales (HADS, Index of Well-Being) and a projective test (Rotters' Incomplete Sentences Blank). We developed original rating scales allowing passing from qualitative analysis to the use of inferential and multidimensional statistics. With the help of non parametric statistical procedures we could draw out two types of personality functioning based on prevalent defense mechanisms and coping strategies, either linked to a succession of traumatic events or to recent catastrophes. The discussion is about the pertinence of the results in the context of the current assimilation of borderline personality functioning with complex post-traumatic disorders comprising a strong dissociative component and also of the revision, currently taking place, of categories of the DSM IV related to different post-traumatic syndromes.

Schnurr Paula; Lunney, Carole, National Center for PTSD

Work-Related Quality of Life in Women with PTSD

As knowledge about the treatment of PTSD grows we must ask not how we can reduce symptoms, but how we can help people recover. The recovery model guiding mental health care around the world emphasizes human rights, which include factors that facilitate recovery. Work is an essential component of recovery. But if we focus on work, we need greater understanding about how PTSD affects work outcomes and how treatment improves outcomes. We addressed these issues using data from 208 female veterans and soldiers who took part in a RCT of psychotherapy for PTSD. Women were randomized to receive 10 weekly sessions of Prolonged Exposure or Present-Centered Therapy. They had extensive trauma histories; 90% reported sexual abuse.

Work impairment, but not satisfaction, improved in PE and PCT. Although PE was more effective than PCT for PTSD symptoms, the treatments did not differ on any work outcome. 45% of women were working before treatment. Work status moderated the treatment effect on satisfaction, which improved more in PE only in women who were working. 60 women no longer had PTSD after treatment. Loss of diagnosis was related to improved impairment and satisfaction. Work status did not moderate the effect of loss of diagnosis on any outcome.

Discussion will focus on generalizability to civilians and men and how to address work-related quality of life in treatment.

Schouten Karin Alice, Stichting Centrum '45

The Effectiveness of Art Therapy in Trauma Treatment: Research and Practice

At Centre '45, the national Dutch expert centre for the treatment of traumatized victims of war and violence, Art Therapy is part of the integrative treatment of refugees. In clinical practice

Art Therapy shows good results and several experts describe the benefits. Art therapy is described as very useful when no words are available, when it is too anxious to speak. It 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.

Next to evidence based treatments like CBT and EMDR, Art Therapy is often part of trauma treatment, but there is little known how art therapy works. Research on Art Therapy is necessary to increase comprehension of the

nature and characteristics and to improve the empirical knowledge of Art Therapy in trauma treatment. This will contribute in optimizing the quality of trauma treatment.

What is the effectiveness of art therapy in trauma treatment? What can Art Therapy contribute in reducing trauma symptoms?

The findings of this research and the systematic review on the effectiveness of Art Therapy in trauma treatment will be presented and illustrated with examples from clinical practice with traumatized refugees.

Semb Olof; Strömsten, Lotta, Umeå University

Posttraumatic Distress after a Single Violent Crime: Interaction between Shame-Proneness, Event-Related Shame and Symptoms

This study investigated the relationships between shame- and guilt-proneness, event-related shame and guilt, and post-victimization symptoms among 35 victims (17 females and 18 males; mean age 31.7 years) of a single severe violent crime. Shame- and guilt-proneness (Test of Self-Conscious Affect) and event-related shame and guilt (Visual Analog Scale) were related to post-victimization symptoms (Harvard Trauma Questionnaire and Symptom Checklist-90). Correlations showed that shame-proneness and event-related shame were highly inter-correlated and that, in addition, each uniquely contributed to higher symptom levels. The guilt measures were unrelated to each other as well as to symptoms. Structural equation modeling analyses revealed significant indirect effects supporting the role of event-related shame as mediator between shame proneness and post-victimization symptoms. In conclusion, requiring attention in clinical settings, both shame proneness and event-related shame seem to be potent risk factors for distress after victimization.

A review of the literature on the subject along with results from cross-sectional research will be presented to illustrate the relationships between self-conscious emotions and mental health in crime victims.

Shatil Jonathan, Tel-Hai Academic College

Is Posttraumatic Growth a Psycho-Subjective Phenomenon or is it a Real Micro-Social Change?

Numerous recent studies have lent support to the seemingly paradoxical contention that a traumatic experience may sometimes generate growth (PTG). Individuals who have undergone a traumatic experience, in some cases, report also of having a sense of positive psychological changes, such as: improvement in social relations, new possibilities for one's life, greater appreciation for life, a greater sense of personal strength and spiritual development.

However, as people generally exist within a network of practical and social reality (career, family, friends, co-workers, etc.), it may be assumed that the psycho-subjective indications of growth takes also place in their real life. The present study sought to test this assumption by identifying actual indications of posttraumatic growth in real terms, beyond the subjective report of a sense of empowerment. The sample consisted of 40 adults who had experienced a severe trauma in recent years and who, in preliminary interviews, reported of clear PTG identifications. For each of the participants, independent interviews were conducted with two of the very close persons (spouse, child, friend), who were asked to describe the participant's coping with the trauma.

Analysis of the interviews support the assumption that PTG has also a realistic dimension: a functioning and communicative improvement in the real micro-social fabric.

Short Emma; Maple, Carsten, University of Bedfordshire

Observation of the Incidence of Trauma and Related Impacts Associated with the Experience of Cyberstalking

Evidence of the traumatic nature of sustained harassment by others is abundant, however the understanding of cyberharassment is less well documented. This paper aims to communicate the diversity of cyber stalking and the particular trauma related thoughts and beliefs that victims have reported. Initial results from an international study of cyberstalking will be presented. The ECHO project (Electronic Communication Harassment Observation) www.nss.org/ECHO was launched in 2010 in collaboration with The Network for Surviving Stalking. The project was designed with the aim of gaining a clearer view of the nature and impact of cyberstalking. In addition the

survey aims to identify and understand the vectors, methodologies and weaknesses of cyber-infrastructure used in cyberstalking with a view to informing policy for intervention. The incidence of PTSD will be reported using the PTSD Checklist (Civilian version) – Weathers, Litz, Huska, & Keane (1994). Initial results indicate the presence of trauma in those reporting cyberstalking as well as evidence of possible changes in trauma related thoughts and beliefs (PCTI: Foa, et al. (1999)). Early indications suggest differences in impact by gender and age and in response to different forms of online harassment across the population.

Skogstad Laila, Oslo University Hospital

Anxiety and Depression in the Aftermath of a Physical Injury

Acute physical injury may lead to anxiety and depression. The Casualty Chain Inventory (CCI) focusing on peritraumatic responses was associated with posttraumatic stress symptoms and now the relationship between CCI-scores and anxiety/depression is explored. 181 patients (18–64 years) admitted after acute physical injury completed questionnaires at baseline, three and 12 months. The Casualty Chain Inventory, Life Orientation Test-revised, Hospital Anxiety and Depression Scale (HADS), Injury Severity Scale and demographic and stressor characteristics were assessed. **Results:** Mean HADS-anxiety at baseline was 5.4 (95% CI 4.7–6.1) and 4.8 (4.1–5.5) at 12 months ($p < 0.05$). The corresponding figures for HADS depression were 3.7 (95% CI 3.1–4.3) and 2.8 (2.2–3.4), $p < 0.05$. Thirty percent had anxiety symptoms at case level (HADS ≥ 8) at baseline and 27.5% at 12 months. The corresponding figures for depression were 17.8% at baseline and 15.9% at 12 months, respectively. Independent predictors of anxiety and depression were dissociation and injury severity, whereas optimism was protective. Previous psychiatric problems predicted anxiety whereas high educational level was a protective factor for depression. **Conclusion:** Dissociation, injury severity and pessimism were independent predictors of anxiety and depression. It seems important to assess peritraumatic responses.

Skogstad Laila, Oslo University Hospital

Posttraumatic Stress in the aftermath of a Physical Injury

Acute physical injury may lead to posttraumatic stress symptoms (PTS). How conscious patients respond to perceived threat at place of injury and in hospital is not fully understood. **Aim:** To explore level and predictors of PTS. 181 conscious patients (18–64 years) admitted after acute physical injury completed questionnaires at baseline, three and 12 months. The Casualty Chain Inventory (CCI) focusing on peritraumatic responses, the Impact of Event Scale (IES), The Injury Severity Scale and demographic characteristics were assessed. **Results:** Mean IES score was 21.5 (95% CI 19.0–24.0) at baseline and 15.8 (13.5–18.1) at 12 months ($p < 0.001$). A subgroup (12%) had an increasing IES score. After a year 13.8% had symptoms at PTSD level (IES > 35). The CCI revealed two factors, dissociation and perception. Independent predictors of posttraumatic stress: dissociation (OR: 2.06, 1.3–3.1, $p = 0.01$ and perception (OR: 1.9, 1.3–2.9, $p < 0.05$). Being in work before the injury (OR: 0.10, 0.25–0.37, $p = 0.001$) and higher educational level (OR: 0.29, 0.12–0.67, $p = 0.004$) were protective factors. **Conclusion:** One third of the patients had significant symptoms and a subgroup had increasing stress symptoms one year post trauma. Dissociation and perception were independent predictors. Being in work before the injury and higher educational level were protective factors.

Smid Geert, Foundation Centrum '45; van der Velden, Peter, Institute for Psychotrauma; Knipscheer, Jeroen, Utrecht University; Gersons, Berthold, Centrum 45; Kleber, Rolf, Utrecht University

Stress Sensitization Following a Disaster: A Prospective Study

Background: According to the stress sensitization hypothesis, previous exposure to extreme stressors may lead to increased responsiveness to subsequent stressors. It is unclear whether disaster exposure may be associated with stress sensitization and if so, whether this effect may be lasting or temporary. This study aimed at investigating the occurrence and duration of stress sensitization prospectively following a major disaster. **Methods:** Residents affected by a fireworks disaster ($N = 1083$) participated in surveys 2–3 weeks (T1), 18 months (T2) and almost 4 years (T3) after the disaster. Participants reported disaster exposure, including injury and damage to their home at T1, as well as stressful life events (SLE) at T2 and T3. Feelings of anxiety and depression, concentration difficulty,

hostility, sleep disturbance, and intrusion and avoidance of disaster-related memories were used as indicators of distress. **Results:** Individuals whose home was completely destroyed responded with more distress to SLE reported 18 months following the disaster than others. There were no differences in stress responsiveness 4 years following the disaster. **Conclusions:** During the first years after a disaster, stress sensitization may occur in disaster survivors who experienced extreme disaster exposure. Stress sensitization may explain persistence of distress following extreme stressor exposure.

Sønneland Anne Margrethe, Diakonhjemmet University College; Sveaass, Nora, University of Oslo

Dealing with the Past – On Trials Related to Forced Disappearances

Over the past decades there has been a growing emphasis on the right to justice, and NGOs as well as organizations of victims and relatives have fought a long battle to obtain this aim. Court trials related to forced disappearances can be a challenging and protracted processes for relatives of the victims. During the trial itself family members and survivors may be present, unless they present testimony in court. They may have to endure a number of extremely upsetting events, such as facing the perpetrators in court and reliving severe trauma, and will also have to cope with the outcome of the trial. This paper is based on interviews with relatives and observations of trials in Peru in 2010, as part of the project 'Dealing with the past: victims' experiences with transitional justice in Argentina and Peru'. It will be argued that psychologists and other professionals should not limit their involvement to supporting victims and relatives at the time of giving testimony in court, but should be present and supportive throughout the whole process, in particular in the closing of the trial. It will be argued that professionals should continue to yield support even after the verdict and when relatives have to face decisions related to possible appeals.

Sprang Ginny, University of Kentucky; Craig, Carlton; Staton-Tindall, Michele, UK Center for the Study of Violence Against Children

Gender Differences in Trauma Treatment at 90 and 180 Days of Treatment: Do Boys and Girls Respond to Evidence-Based Interventions in the Same Way?

This study examines the effectiveness of evidence-based practices (EBP) on traumatic-stress symptoms in a sample of children 7-19 assessed at baseline and 3 (n = 70) and 6 (n = 47) months into treatment using the UCLA PTSD subscale and total scores. A power analysis suggested the sample size was adequate with power above .80. There were significant decreases in the combined sample on re-experiencing, avoidance, hyperarousal, and total PTSD scale at 3 months. However, significant decreases were not found for avoidance at 6 months. Scores significantly decreased through 3 months of treatment for females and males, however, at 6 months, male scores remained static. Of interest is that females had significantly higher PTSD at baseline and 3 months than males but not at 6 months. Females had a higher baseline score on re-experiencing, but not on avoidance and hyperarousal. At 3 months, males had significantly less re-experiencing than females but no significant differences were noted between avoidance and hyperarousal. At 6 months, no significant differences were found between males and females for re-experiencing, avoidance, and hyperarousal. Overall, EBPs significantly reduce PTSD symptoms, however, male and female children may respond to EBPs in a differential manner. These results suggest a need for special attention to gender differences throughout the course of treatment.

Starinskaite Ieva; Kazlauskas, Evaldas; Gailiene, Danute; Domanskaite Gota, Vejune, Vilnius University

Second-Generation of Lithuanian Survivors of Soviet Political Oppression

Background: Political persecution including political imprisonment, forced displacement and other forms of political violence lasted for almost five decades during the Soviet occupation in Lithuania. Studies have shown effects of these atrocities to survivors, but effects of political violence of the Soviet regime on second-generation are still unknown. **Methods:** A group comparison study with a sample of second generation of survivors (N = 61, mean age 44 years) matched with demographic characteristics comparison group (N = 80) was selected in order to assess transgenerational effects of Soviet political violence in Lithuania. All second-generation participants were grown-up offspring of survivors of political oppression, officially acknowledged as victims of Oppressive Regime and

Genocide Crimes by Lithuanian law. An inclusion criterion was exposure to at least one life-time traumatic event (PTSD criteria A1 by DSM-IV). **Results:** Second-generation of survivors is more vulnerable to traumatic experiences, as compared with the control group. They reported significantly higher score on intrusions, hyperarousal and total posttraumatic stress reactions, even controlling for life-time traumatic experiences.

Stellermann Kerstin; Lammel, Pia, University Medical Centre of Hamburg-Eppendorf; Bawa, Umesh, University of Western Cape; Schulte-Markwort, Michael, University Medical Centre of Hamburg-Eppendorf

Pilot Explorative Study on Exposure to Violence and Psychopathology in a Group of South African Psychology Students

In 2002, the WHO published the world report on violence which identified domestic violence being one of the biggest health challenges world wide. Several studies have shown that there is a connection between psychological symptoms found in adults and stressful childhood events. Family/household based conflicts are proven to be the highest risk factor for children developing psychological symptoms. Recent research has shown that Ugandan child soldiers identified domestic violence as one of the most significant traumatic experiences in their life even against severe exposure to violence while being part of an armed group. In the Western Cape of South Africa many young adults were and are direct and indirect victims to severe violence. At the end of 2009 an explorative study was conducted on a group of psychology students at the University of Western Cape. Data collected included sociodemographic data, life event scale, rating of domestic violence, drug abuse and psychopathology focusing on PTSD and MDE. First findings of this study will be presented focusing on forms of violence, rating of domestic violence and psychopathology.

Stensland Synne, Norwegian Centre for Violence and Traumatic Stress Studies; Dyb, Grete; Thoresen, Siri; Wentzel-Larsen, Tore, Norwegian Centre for Violence and Traumatic Stress Studies

Traumatic Experiences and Somatic Complaints in Adolescents: Is this Relationship Mediated by Posttraumatic Stress Reactions or Depression?

Objectives: Evidence is emerging that mental health symptoms of depression and PTSD mediate the relationship between trauma exposure and adverse somatic health outcomes in adults. The aim of this study is to evaluate this relationship in adolescents. **Methods:** A population-based study was conducted from 2006–2008. All adolescents aged 13-19 in Nord-Trøndelag county, Norway, were invited and 8200 (78%) participated in a self-report questionnaire study. 8092 met for an additional clinical interview. The questionnaires included items on trauma exposure, psychological symptoms, and somatic health complaints. In the interview study participants were screened on headache complaints. **Results:** Experiences of traumatic events in relation to somatic health problems will be presented. This relationship will further be evaluated in relation to current psychological problems. **Conclusions:** Results from this large scale, epidemiological study will contribute to current knowledge of the etiologies of trauma-related somatic health problems in adolescents. A more comprehensive, knowledge based understanding of these relationships is crucial for future planning of preventive interventions and health services.

Therup Svedenlöf Charlotte; Michélsen, Hans; Schulman, Abbe, NVS, Karolinska Institute

Social Support and Long-Term Changes in Mental Health after the 2004 Asian Tsunami: A Longitudinal Study of Stockholm County Survivors

We set out to analyze effects of social support and long-term changes in mental health after the 2004 Asian Tsunami. 1101 survivors in Stockholm County, Sweden, responded to a survey on background, exposure type, mental health (GHQ-12), and social support (the Crisis Support Scale) 14 months and again 3 years post-disaster. Changes in mental health were analyzed using logistic regression with GHQ-12 dichotomized and with change defined as ≥ 3 GHQ-12 points.

Three years post-disaster, 25% still reported symptoms. We found a significant association between exposure type and change in GHQ-12 (dichotomized). Social support was significantly associated with mental health at 14

months. Low social support at 14 months predicted higher odds of symptoms at 3 years. Over time, mental health improved in some and deteriorated in others. Group analyses of ≥ 3 points positive GHQ-12 change showed odds of improvement were greater in women than men and in older than younger survivors. Analysis of negative change showed greater odds of deterioration in younger than older survivors. Low social support was associated with deterioration. Exposure type was not significantly associated with positive or negative change.

Mental ill-health can persist over time, and low social support predicts symptoms. It is important to follow up survivors' long-term mental health and ensure social support.

Tosone Carol, New York University; Parker, Jane, Tulane University School of Social Work; Bauwens, Jennifer, New York University

Shared Trauma in Clinicians: Lessons Learned from 9/11 and Hurricane Katrina

Increasingly, more clinicians find themselves exposed to and practicing in environments that could be characterized as traumatological. Terms such as compassion fatigue, vicarious traumatization, and secondary trauma do not adequately convey the profound impact that collective catastrophic events, such as the 9/11 terrorist attacks and Hurricane Katrina, can have on clinicians' lives. Shared trauma describes the lasting, transformative changes to one's self-concept when the clinician and client experience the same disastrous event. The clinician functions in a dual capacity, as professional and fellow victim, potentially leading to a blurring of professional boundaries. This presentation describes the results of two studies, the Post 9/11 Quality of Professional Practice Survey and the Post Katrina Quality of Professional Practice Survey, both of which examined potential predictors of, and protective factors for, shared trauma in the post 9/11 and post Katrina practice environments. Contributing factors include insecure attachment styles, clinician life events and disaster-related experiences; potential protective factors include resiliency, compassion satisfaction, and practice and training variables. Clinician narrative accounts of their experiences will also be presented, as well as implications for technique, supervision, and education.

Uttervall Mats, Karolinska Institute; Hultman, CM; Ekerwald, H. Uppsala University; Lindam, Anna, Karolinska Institutet, Sweden; Lundin, Tom, Department of Neuroscience

After the Flood: Resilience among Disaster-Afflicted Adolescents

Objective: To investigate what distinguishes adolescents experiencing traumatic exposure during a disaster. **Design:** Ten men and ten women between the ages of 16 and 19 who, as tourists, had experienced the 2004 tsunami, were interviewed about their reactions, their life afterwards and their families. The study combines face-to-face and semi-structured interviews with quantitative data on 293 adolescents based on a questionnaire sent out 19 months previously. **Results:** The study indicates that adolescents' resilience and coping might be different from that of adults, both during and after a traumatic exposure. **Conclusions:** Adolescents appear to cope differently both during and after a traumatic event; young men seem to have more resilience than young women, and adolescents as a whole seem to have more resilience than both younger and older persons of both sexes. An increased awareness of altruism and human good seems to be common among adolescents after a disaster.

van Beerendonk Hendrica; Aebischer, Sigiriya; Duda Macera, José Francisco; Avril, Jacqueline, I.C.R.C.

Stress in Expatriates of the International Committee of the Red Cross (ICRC) Upon Return from the Field

Background: Expatriates are systematically debriefed upon return from missions at Geneva Head Quarters. **Objectives:** To determine the rate of expatriates having stress, the type of stress according to the ICRC classification (basic related to expatriation, cumulative due to humanitarian work and traumatic) and by geographical location to identify areas for stress management. **Methods:** Four interviewers debriefed face-to-face the expatriates (Jan-Dec 2010). They systematically searched for stress-related symptoms. **Results:** A total of 1'107 debriefings were carried out (626 men). 245 (22%) persons experienced stress. The percentage of expatriates with stress by geographic location was 21% (82/338) for Africa, 19% (64/336) Asia, 30% (61/204) Europe and America, and 21% (38/179) Middle East. More women than men presented stress (27% vs 18%). Most frequent stress was basic (58%), then cumulative (35%), traumatic (6%) and post-traumatic (1%). Main factors for basic stress were difficult relationships

with hierarchy (39%), professional environment (26%) and relations with colleagues (11%). **Conclusions:** Basic stress was 1.7 times higher than the cumulative. Aid workers are vulnerable to experience stress both by internal and external factors. Stress prevention and management at the field level is essential to address these problems.

Verwey Martine, SoFraG

Impact of Refugee Policy on the Living Conditions of Female Asylum Seekers: A Public Health, Human Rights and Mental Health Issue

Humanitarian field staff in conflict and post-conflict societies link sexual violence against refugees, returnees and internally displaced persons to human rights, with emphasis on community action. We know little however about sexual and gender-based violence within the refugee context in Europe. While several publications concern human rights violations, refugees and health consequences, almost none have focused on whether the orientation of the refugee policy reduces or exacerbates female asylum seekers' vulnerability to violence. Is there a link between health and human rights in relation to the impact of asylum policy and its limitations in regard to prevention as means of dealing with the living conditions of the target group? Conceptual frameworks from both public health and traumatic stress perspectives and findings of an explorative study in the Netherlands serve as a base to answer this question.

First, I will present a Public Health conceptual framework to clarify the reciprocal impact of health and human rights. Then a three-dimensional model of vulnerability from Public Health will be discussed. Third, I will deal with concepts of traumatization and stress in asylum seekers and refugees. Following this, an exploratory study on female asylum seekers in the Netherlands and their experiences of insecurity and violence will be presented. Finally, I will address the correlation between human rights and the limitations of asylum policy in regard to preventing violence, which directly impacts women refugees' mental and physical health.

Vick Tracey; Hampton, Victoria; Newcombe, Robert, Cardiff University; Bisson, Jonathan, Cardiff University

A Clinical Investigation to Examine the Proportion of PTSD after Discharge from Critical Care

Admission to a critical care unit is known to impact upon patients' psychological wellbeing after discharge but the proportion of PTSD experienced by survivors has been mostly identified through the use of self report questionnaires. As a result, a diverse range of prevalence is reported and only limited studies demonstrate the symptom trajectory. Predictors of vulnerability for later PTSD in this population is lacking. This paper will describe a longitudinal study of a broad case mix of 90 survivors of critical illness admission assessed at 4 time points by the gold standard Clinician Administered PTSD Scale (CAPS) (Blake et al 1995) over a 6 month follow-up. A sample care pathway is proposed in order to detect and manage early PTSD symptoms.

Results show that the proportion of survivors of critical care treatment who develop PTSD, according to a structured clinical interview, after discharge is modest and lower than that reported previously in most critical care studies. Although PTSD reduced significantly over time from 10% at two weeks to 6.5% at six-months this still represents a significant minority who could potentially benefit from detection and treatment. Severity of PTSD within the initial month after critical care treatment was the strongest and most consistent predictor of the CAPS total score, at all follow up time points.

Wahlström Lars; Michélsen, Hans; Schulman, Abbe; Backheden, Magnus, Karolinska Institutet

Support, Opinion of Support and Psychological Health in Survivors of a Natural Disaster

Although formal intervention after disasters is recommended the evidence base for this is weak. Satisfaction with support after disasters is seldom investigated and the relation to psychological symptoms is unknown. This study aimed to investigate whether dissatisfaction with social and formalised support are associated with post-disaster psychological symptoms. 1505 Swedish survivors of the 2004 Indian Ocean tsunami responded to a questionnaire 14 months after the disaster, including General Health Questionnaire-12, Impact of Events Scale-Revised, Crisis Support Scale, and questions concerning the reception and appraisal of social and formalised support from health care, psychological services and insurance agencies. Disaster exposure and background factors were controlled for

in the analyses. Reception of formalised support, but not social support, was associated with both psychological distress and posttraumatic stress. Dissatisfaction with both social and formalised support was associated with psychological distress, but not posttraumatic stress. Social support and formalized support should be differentiated in order to improve preventive intervention efforts after disasters. The reporting of dissatisfaction with support merits special attention, since it may indicate increased risk for psychological symptoms, and provide feedback for improving the quality of intervention.

Weissflog Gregor; Klinitzke, Grit, University of Leipzig

Transgenerational Transmission of Trauma after Political Imprisonment in East Germany between 1945 and 1989-The Situation of the Children

Parental trauma can affect the offspring in different ways. In a pilot study, the transgenerational transmission of political traumatization in East Germany (Soviet Occupation Zone: 1945–1949, and GDR: 1949–1989) was investigated for the first time. Indicators for the transmission of the traumatization were psychopathology and family and resource-related variables (such as attachment). A specially designed questionnaire included the German versions of standardized screening instruments (e.g. AAS, PHQ-15 and PHQ-9, GAD-7, IES-R) and biographical items. A total of $n = 42$ children, of whom at least one parent was imprisoned for political reasons, were surveyed with that self-rating instrument. The results were compared with an age- and sex-matched representative sample. The 42 participants (27 female, mean age = 51 years) reported significantly increased values for depression ($d = .74$) and somatization ($d = .73$) and higher anxiety ($d = .45$). 7% of respondents have a PTSD. There are also higher values for dysfunctional attachment characteristics like distance behavior ($d = .34$). These findings suggest an increased vulnerability of affective impairment in the children of political detainees. In the future, the results must be evaluated by using larger sample sizes and a greater emphasis should be given to mediating mechanisms of the transgenerational transmission of the traumatization.

Wittmann Lutz; Schnyder, Ulrich, University Hospital Zurich; Buechi, Stefan, Clinic Hohenegg

PRISM (Pictorial Representation of Illness and Self Measure): A New Visual Method for the Assessment of Suffering Following Trauma

Objectives: Available instruments assessing adverse consequences of traumatic events focus on frequency and intensity of specific PTSD symptoms. From a clinical and scientific point of view, the subjective experience of suffering under a traumatic event and its multifaceted sequelae is an important extension of such measures. A new, one item visual method for the assessment of suffering following trauma is suggested. **Methods:** The Pictorial Representation of Illness and Self Measure (PRISM) was administered five times during a PTSD treatment outcome study ($n = 29$). Its convergent validity, diagnostic reliability, construct validity, and sensitivity to change were assessed by comparing PRISM scores to results from measures of PTSD, anxiety, depression, posttraumatic growth, and psychopathological symptom load. **Results:** PRISM showed strong correlations with different PTSD measures. Correlations of PRISM with anxiety, depression, posttraumatic growth, and psychopathological symptom severity resembled correlations of the Clinician Administered PTSD Scale with the same variables. Longitudinal trajectories of PRISM scores almost paralleled those of PDS scores. **Conclusions:** PRISM could prove itself a valuable tool for clinical practise as well as an important expansion of multi-method approaches in trauma research.

Zadecki Jerzy, Edward Jr. Hines VA Hospital

Diagnosis of PTSD after Three Decades from Combat-Related Trauma

Authors present this segment as a part of a large empirical study “Chronic PTSD and Outcome Measures” three decades after combat-trauma (Vietnam War). The number of veterans registered for PTSD evaluation was quite large (1,600). The diagnostic evaluations were performed in a context of an “explosion” of service connected claims, and a prevailing culture of victimization in the USA.

42.8% of veterans who completed the evaluation were not diagnosed with Post Traumatic Stress Disorder. The other 57% were diagnosed with PTSD. We analyzed the diagnostic process in detail.

Controversies around the definition of ‘trauma’, reliability of veterans’ narratives, and global assessment of functioning were documented. The kappa statistic for chance-corrected agreement between two raters was applied. We were trying to avoid false negatives as much as possible. Distinct categories of diagnostic certainty, “high” and “low”, were documented. The benefit of the doubt was implemented, but the distinction between unquestionable and questionable PTSD diagnosis was maintained for research purposes. A racial disparity between those who were diagnosed and who were not diagnosed with PTSD was discovered (in a favor of whites) and has been analyzed in depth.

Zeilinger Elisabeth; Glück, Tobias; Lueger-Schuster, Brigitte, University of Vienna

Posttraumatic Stress Disorder and Mental Health in Survivors of World War II in Austria

Aim: Currently no studies have been carried out for Austria investigating PTSD in a population of World War II survivors. The present study aimed at portraying the kind of trauma, which happened in the post-war period, differentiating between the zones of occupation, and examining relations to the present state of mental health, including the presence of a PTSD. **Method:** Trained interviewers visited 316 persons, born before 1945, in all provinces of Austria. A structured interview was administered, including a historical part, a symptom checklist (BSI), a screening for PTSD (PCL-C), a measure of resilience (CD-RISC) and an assessment of trauma exposure after the post-war period (TLEQ). **Results:** In preliminary analysis, we found a vast difference in trauma exposure, and triggered fear versus perceived protection by the occupying powers in post-war period. The relations of trauma-exposure to a current PTSD and the state of mental health will be depicted in the presentation, taking into consideration a possible re-traumatisation in later life as well as the concept of resilience. **Discussion:** The intensive exposure to trauma in war and post-war periods, leads to an extensive need for psychological treatment, which was not available after WW II. The results of the present study will be discussed and compared in relation to findings from other studies on WWII and post-war trauma.

Zepinic Vito, PsychClinic Ltd.

Human Rights Violations and Chronic Symptoms of PTSD

In this paper, it is presented how the experience of human rights violations during war in the Balkans is associated with a prevalence of chronic PTSD. The study was conducted with 54 patients who survived the war and were referred for a treatment due to suffering of PTSD. The sample includes the patients who reported trauma syndrome at least five years since they escaped from the war-torn areas. Participants had experienced at least one war-related violation of human rights and had no previous history of mental disorders, brain injury or any organic impairment. Approximately half of the participants included were females (31 or 57.4%). The mean age among participants was 43.2 (SD = 10.7) and they reported experiencing of medium 4.3 (SD = 2.9) types of human rights violation during war. The frequency for the remaining items ranged from 14.3% (sexual assault by known person) to 89.4% (shelling/bombardment). Each experience of the human rights violation was significantly associated with high levels of each symptom cluster of intrusion, avoidance/numbing, but also personality changes, tormented self and its disrupted cohesion and continuity.

Zepinic Vito, PsychClinic Ltd.

Persistence of Trauma Survival Skills as a Risk for Suicide

Prisoners of war are particularly exposed to threatening experiences with high incidence of developing a chronic PTSD. The captivity is characterised by loss of personal freedom and control over one’s life, loss of identity, a sense of failure, and shame. The trauma survivors are overwhelmed by distressing dreams of the event, including images, thoughts, and perception that are still associated to the time of imprisonment and survival skills with no existing ‘here-and-now’ state. This paper is about survivors imprisoned during the war in the Balkans who had been exposed to severe torture and trauma. They reported exposure to 18 different forms of torture during imprisonment ranging from 8% (twisting testicles) to 100% (verbal abuse). They stated persistence of five different survival skills that significantly disrupt their functioning. They reported ‘self-at-worst’ state compromised with no safety, trust, or an access to emotional resources.

Zigrovic Lucija, University of Vienna

Representation of Trauma in Contemporary Culture and Rights of Victims-Modes of Empowerment or Uneasy Allies?

In the last decades, the role of cultural products such as books, films and photographs has been widely recognised as a way of raising awareness and mobilising resources to help victims of human rights abuses. However, throughout newer history, there have been many cases in which such projects initiated controversy and encountered harsh critique from various victim organisations. The recent controversy following Angelina Jolie's plans to make her directorial debut filming in Bosnia sparked much debate in the region and brought up the question of whether organisations of victims should have a right to censor artistic projects believed by them to be detrimental to their public perception and individual mental health, as well as pointed to a complex relationship between contemporary cultural production and the social reality of victims. Are ways of portraying trauma in our culture precoded to fit the expectations of its consumers and what does this mean for the victims claiming right to publicly address their trauma?

The role of this presentation is to present and discuss the issues of popular representations of traumatic experiences and the limitations their aesthetics may or may not present for access to public speech for victims of human rights abuses, as well as address the influence of such representations on the social environment in which the victims seek rehabilitation.

4.2. SPECIFIC TOPICS (German track)

Ulrich Frommberger, Klinik für Psychiatrie, Psychotherapie und Psychosomatik Offenburg

Psychopharmakotherapie von Posttraumatischer Belastungsstörung (PTBS) und anderen Traumafolgestörungen (State-of-the-Art Vortrag)

Eine traumaadaptierte Form von Psychotherapie (KVT, EMDR) gilt als das Mittel der Wahl bei der Behandlung von PTBS und anderen Traumafolgestörungen. Jedoch haben Psychopharmaka eine wichtige Funktion in der Unterstützung von Psychotherapie wie auch als eigenständige Therapieform zur Reduktion von Symptomatik auf neurobiologischer Grundlage.

In der Frühintervention nach einem Trauma sind verschiedene Medikamente untersucht worden, bislang kann jedoch kein Medikament für die Frühintervention sicher empfohlen werden. Bei chronischer PTSD sind SSRI (Paroxetin, Sertralin) zugelassen. Auch andere SSRI (Fluoxetin) oder SNRI (Venlafaxin) sowie NaSSA (Mirtazapin) haben in kontrollierten Studien PTBS-Symptomatik deutlich reduzieren können. Zumeist additiv zu SSRI zeigten sich in kontrollierten Studien neuere Antipsychotika (Risperidon, Olanzapin, Quetiapin) als hilfreich. Positive Einzelfallberichte liegen vor für Aripiprazol und Ziprasidon. Stimmungsstabilisierende Substanzen konnten bisher in ihrer Wirksamkeit nicht überzeugen. Benzodiazepine verändern zentrale Symptome der PTSD nicht. Einzelne Studien haben sich der differentiellen Wirksamkeit von Psychotherapie vs. Psychopharmakotherapie wie auch der Kombination gewidmet. In der Erprobung befinden sich einige Substanzen auf deren Wirksamkeitsnachweis man gespannt sein kann. Neben vielen hilfreichen pharmakologischen Möglichkeiten fehlen befriedigende Daten zu Frühintervention, Behandlung von Komorbidität und Therapieresistenz. In dem Vortrag werden die publizierten Daten in einem Überblick vorgestellt, klinische Erfahrungen eingebracht und ein Ausblick über mögliche künftige Entwicklungen gegeben.

Hans-Peter Kapfhammer, LKH-Univ. Klinikum Graz; **Michael Bach**, LKH Steyr; **Marius Nickel**, Universität Graz

Pharmakotherapie Akuter Posttraumatischer Belastungsstörung

Nach einer traumatischen Erfahrung ist die Entwicklung einer ernststen posttraumatischen Belastung weder linear noch zwingend. Sowohl die akute Belastungsreaktion (ABR), als auch die posttraumatische Belastungsstörung (PTBS) sind atypische posttraumatische Reaktionen, bei denen der natürliche Verlauf einer spontanen Erholung versagt, welcher beim Großteil traumatisierter Personen beobachtbar ist. Die Behandlung von ABR und PTBS basiert auf verschiedenen psychotherapeutischen und pharmakologischen Ansätzen. Die Theorie jeder Pharma-

kogetherapie beruht sowohl auf den mannigfaltigen neurobiologischen Veränderungen, die inzwischen für ABR und PTBS gefunden wurden, als auch auf dem hohen Risiko von Komorbiditäten, wie sie bei jedem chronischen Krankheitsverlauf bekannt sind. Aus einer pragmatischen Behandlungssicht kann die pharmakologische Intervention in drei Phasen unterteilt werden: frühe posttraumatische Krise, Übergangsphase mit quälenden anhaltenden posttraumatischen Symptomen, z.B. bei ABR, und schließlich eine diagnostisch bestehende PTBS.

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5. POSTER PRESENTATIONS

Abbasi Moslem, Samadzadeh, Mehdi; Shahbazzadegan, Biti, Ardabil University

The Comparison of Executive Function in Children with Learning Disorder and Normal Children in Arak

The aim of this study was the comparison of executive function in children with learning disorder and children without learning disorder in Arak. The samples of the study consisted of children with learning disorder aged 9 to 15 years from several junior high schools and an education center for intellectually disabled children and normal children of junior high schools. The samples consisted of 40 male students, 20 participant had learning disorder and 20 participant without who were chosen randomly. For collecting data, Raven's on colored matrices, Connors' rating scale for ADHD, flowers and hearts test, visual research test and Simon's test I and II were used. For data analysis, MANOVA test and LSD test were used. The results showed that there was a significant difference between the executive function of children with and without learning disorder ($<0/00$). There was also a significant difference between the inhibitions function and working memory in the two groups.

Aker Tamer, Kocaeli University; Yilmaz, Banu, Ankara University; Gokler Danisman, Ilgin, Maltepe University; Karanci, Nuray, Middle East Technical University

Capacity Building for Disaster Psychosocial Services: A Collaborative Project

Traumatic stress in the case of complex emergencies is usually an outcome of the cumulative impact of multiple disaster stressors and their subsequent secondary effects. Considering the effects of disasters on individuals and their communities, the need for developing and implementing culturally-relevant disaster psychosocial intervention models becomes clear. Turkey and Pakistan are two countries which have gone through traumatic experiences due to different types of disasters through out their history. Considering the historical bounds and socio-cultural similarities in between, Turkey and Pakistan agreed upon a collaboration to develop a disaster psychosocial program applicable in both countries. This project aims at developing a comprehensive model that incorporates psychosocial efforts starting from preventive pre-disaster planning and preparedness to post-disaster relief work and long-term interventions, congruent with the socio-cultural structure of both Turkey and Pakistan. It is believed that this project provides a chance of a mutual capacity building and development of first rate disaster psychosocial services in both countries. This collaboration can also function as a model for other eastern countries in dealing with disasters. In this presentation we want to present the outcomes of the first two years of this collaborative project between Turkey and Pakistan.

Authors' note: This research is a part of an international scientific project supported by the Scientific and Technological Research Council of Turkey.

Alisic Eva; Van Schaijk, Maaik; Strijker, Jet; Groot, Arend, Psychotrauma Center for Children and Youth

Children and Fatal Domestic Violence

Children who survive fatal domestic partner violence lose both their parents and their home at once: one parent is killed, the other parent is detained (or sometimes has committed suicide), and it is impossible to stay at home due to lack of caregivers and/or sealing of the house. We examined the cases of children whose biological father killed the biological mother or vice versa ($N=25$ families, concerning 38 children). Two researchers coded event characteristics, child characteristics, and mental health care advice from clinical assessment reports. The majority of the children (84%) had been confronted with the death of their mother by their father. For only a few children (17%) it was clear that they had not been present at the time of the killing; many children have possibly seen or heard the death of their parent. The children showed a variety of posttraumatic reactions, including severe sleeping problems, reexperiencing, feelings of guilt, feeling unsafe, posttraumatic play, behavior problems, and emotional numbing. In most cases (57%) trauma-focused therapy was suggested for the child (e.g., Eye Movement Desensitization and Reprocessing). The findings point to the seriousness of the symptoms of children who are

confronted with fatal domestic violence. Mental health care advice and practical guidelines will be further discussed.

Almeida Fernando; Santos, Anita, Instituto Superior da Maia

Homeless in Portugal – An Exploratory Study

In the Universal Declaration of Human Rights (1948) (Article 25, n° 1) everyone has the right to have an adequate housing. Homeless are those individuals that live in public space, in an emergency shelter, or in precarious conditions, or even in temporary housing. In this sense, homeless are individuals suffering from privation of their human rights. The reasons can be due to lack of habitation, familiar problems, financial difficulties, unemployment or even mental illness. Our work focuses on this last reason, specially the psychopathology symptoms and substance abuse that homeless in the urban zone of Oporto, Portugal, present. Until now, there is no research indicating the psychopathology disorders in this population, so this is an exploratory work. Our sample of 100 homeless individuals is one of convenience, since it was collected in institutions that provide support to the homeless. Firstly, a socio-demographic questionnaire was applied. Then we applied the BECK Depression Inventory-II and Brief Symptom Inventory to address psychopathological symptoms. Michigan Alcohol Screening Test and Drug Use Disorders Identification Test were applied to assess alcohol and substance abuse. Having in mind that we do not assess directly the traumatic stress symptoms, it will be interesting to identify specific symptoms related to this disorder in this population. Preliminary results will be presented and debated. Future research addressing traumatic stress will be considered, as well as implications to practice.

Andersen Tonny, National Center for Psychotraumatology; Andersen, Per, Anaesthesia-Intensive Care and Pain Center South; Elklit, Ask, National Center for Psychotraumatology

The Traumatized Chronic Pain Patient-Prevalence of PTSD in Two Consecutive Samples Referred to Rehabilitation

Prevalence rates of PTSD in chronic pain patients referred to tertiary pain rehabilitation range from 9.5% to 34.7%. Studies are limited by an emphasis on samples with only one pain diagnosis and the use of inadequate diagnostic tools not in accordance with the DSM-IV criteria. Correctly classifying chronic pain patients with PTSD is important because the co-morbidity is found to compromise treatment success. Avoidance behavior and pain sensitisation are possible mechanisms maintaining the two disorders. **Objective:** To assess the prevalence of PTSD in patients referred consecutively to pain rehabilitation and to investigate whether specific pain diagnoses and sensitisation were significantly related to PTSD. **Design:** Data were collected from two multidisciplinary pain centres. A total of 304 patients were assessed for PTSD with the Harvard Trauma Questionnaire and for pain sensitisation at admission by anaesthetists. **Results:** 23% fulfilled the DSM-IV criteria for PTSD. Traffic accidents were the third most reported traumatic incident and accounted for one fourth of the total PTSD cases. Neither, gender nor pain diagnoses were associated with PTSD. Pain sensitisation were associated with PTSD symptoms, $p < .001$. **Conclusions:** The high prevalence of PTSD cases emphasise the importance of screening for PTSD at admission for tertiary pain rehabilitation.

Armour Cherie, University of Southern Denmark co. University of Ulster; Layne, Christopher, UCLA/Duke University; Naifeh, James, Uniformed Services Bethesda; Shevlin, Mark, University of Ulster; Elhai, Jon, University of Toledo

Assessing the Factor Structure of Posttraumatic Stress Disorder Symptoms in War-Exposed Youths with and without Criterion A2 Endorsement

Posttraumatic stress disorder's (PTSD) tripartite factor structure proposed by the DSM-IV is rarely empirically supported. Other four-factor models (King et al., 1998; Simms et al., 2002) have proven to better account for PTSD's latent structure; however, results regarding model superiority are conflicting. The current study assessed whether endorsement of PTSD's Criterion A2 would impact on the factorial invariance of the King et al. (1998) model. Participants were 1572 war-exposed Bosnian secondary students who were assessed two years following the

1992-1995 Bosnian conflict. The sample was grouped by those endorsing both parts of the DSM-IV Criterion A (A2 Group) and those endorsing only A1 (Non-A2 Group). The factorial invariance of the King et al. (1998) model was not supported between the A2 vs. Non-A2 Groups; rather, the groups significantly differed on all model parameters. The impact of removing A2 on the factor structure of King et al. (1998) PTSD model is discussed in light of the proposed removal of Criterion A2 for the DSM-V.

Bak Rikke Sophie; Hareskov Jensen, Anja; Madsen, Elena, Aarhus University Hospital

Time Passes but the Trauma Stays – The Long-Term Consequences of Rape

Introduction: A number of public Sexual Assault Centres have been established in Denmark in the past ten years. However, due to a lack of financial resources most centres are only able to offer help to survivors within the first week after the assault. Thus, as many survivors make initial contact with the centre months and years after the assault, they are not eligible for help despite their severe psychological suffering. **Objective:** To identify the psychological long-term consequences of sexual assaults for women who contacted the centre at a minimum of six months post assault. **Method:** Women (N = 59) aged 15–61 years, participated in the project (M = 26; SD = 12.0). The women completed a number of standardised questionnaires in relation to their degree of traumatization. Information regarding the demographic characteristics of the sample was also collected. **Results:** 76% had experienced completed rape, 7% other kinds of sexual assaults 64% of the assaults were perpetrated by a person acquainted to the survivor, 21% by a partner or ex-partner, 14% by a stranger 72% of the women met all three criteria for PTSD. **Conclusions:** In accordance with research in the area, the current study demonstrated that a sexual assault results in severe negative psychological consequences which do not disappear unaided over time. Hopefully in the future the resources of the Sexual Assault Centres will meet the demand and thus be able to provide the professional help to all those in need.

Bak Rikke Sophie; Hareskov Jensen, Anja; Madsen, Elena, Aarhus University Hospital

The Effect of Psychological Treatment on Trauma Symptoms

Introduction: Women who have experienced a sexual assault are regarded as high risk cases for suffering severe mental and physical difficulties particularly if they do not receive the appropriate help. A study at the Sexual Assault Centre in Aarhus, Denmark, showed that almost 75% of women who had experienced a sexual assault were traumatized. **Objective:** To evaluate the psychological effect of a cognitive treatment programme in relation to a sample of women (N = 47) who have experienced a sexual assault, at a minimum of six months prior to the treatment commencing. **Method:** The women participated in a cognitive treatment program 10 times either in groups (n = 25) or individual sessions (n = 22). A questionnaire was filled out by the women before treatment, directly post-treatment and at follow-up six months post-treatment. The degree of traumatization (i.e. PTSD-symptoms) was measured by using The Trauma Symptom Checklist and the Harvard Trauma Questionnaire. The differences before and post-treatment were assessed by using related t-test. **Results:** The statistical analysis showed a significant decrease in all PTSD symptom groups. This significant decrease was maintained in the follow-up study (N = 13) six months post-treatment. **Conclusion:** The study indicated that the traumatized women benefit from psychological treatment. Therefore, this study suggests that every individual who has experienced a sexual assault should be offered the appropriate psychological treatment. Hopefully, this will be implemented in clinical practice in the future.

Berth Hendrik, University Hospital Carl Gustav Carus; Böttche, Maria, bzfo-Behandlungszentrum für Folteropfer Berlin e.V.; Knaevelsrud, Christine, Free University of Berlin; Kuwert, Philipp, Ernst-Moritz-Arndt-Universität Greifswald

Course of Affects in an Online-Therapy for Traumatized Persons of World War 2

Background: More than 65 years after the end of World War 2, there are numerous persons in Germany, who were traumatized through events like rape, bombing or escape. The internet site lebenstagebuch.de offers an Integrative

Testimonial Therapy (ITT) for those people. The therapy altogether covers 11 sessions of writing, in which, besides the trauma, further life-events are focused. **Methods:** In context of the therapy, online-written texts were analyzed for anxiety affects with the Dresden anxiety dictionary, a German computer version of the Gottschalk-Gleser content-analysis of speech. The texts of N = 50 persons (mean-age: 71.1 years, 68% female) who completely attended and finished the therapy so far, were included. **Results:** The different therapy phases are displayed significantly, analyzing the scales death anxiety, mutilation anxiety, shame anxiety, diffuse anxiety and the total score of the Gottschalk-Gleser analysis. The highest affective load can be seen for the texts describing the traumatic events in the beginning of the therapy and the final letter, which addresses oneself as the former child. **Discussion:** The content-analytic findings support the so far collected questionnaire-based data for the effectiveness of the ITT for elderly traumatized persons. The results of the content-analysis can be used for identification of notably burdened persons or therapy episodes.

Bride Brian; Kintzle, Sara; Vandenberg, Robert; Roman, Paul, University of Georgia

Structure of Secondary Traumatic Stress Symptoms in Substance Abuse Counselors

Substance abuse counselors (N = 851) employed in community treatment programs affiliated with the National Institute (USA) on Drug Abuse Clinical Trials Network completed the Secondary Traumatic Stress Scale. We used M plus to conduct confirmatory factor analyses of four alternate models of the structure of secondary traumatic stress symptoms. The models tested included: (1) a single factor model; (2) a three-factor model congruent with the DSM-IV-TR criteria for PTSD; (3) a four-factor model congruent with Simms et al.'s (2002) model of PTSD; and a four-factor model congruent with King et al.'s (1998) model of PTSD. Maximum likelihood estimation was used for identifying parameter values and a variety of fit indices (i.e., SRMR, RMSEA, CFI, NNFI, IFI, and AIC) were used to estimate model fit. Results revealed Models 2 (DSM-IV-TR) and Model 4 (King et al.) to be mis-specified due to highly correlated factors suggesting a lack of fit for each of these models. Models 1 (single factor) and 3 (Simms et al.) fit the data well as indicated by fit indices, parameter values, and R² values. These results support the continued use of the STSS total score in research on secondary traumatic stress. However, future research should continue to examine the underlying factor structure of secondary traumatic stress, as there is evidence that it may vary in different populations.

Carvalho Fernando Silvia, Evangelisches Krankenhaus Bielefeld; **Beblo, Thomas;** Schlosser, Nicole; **Terfehr, Kirsten;** Löwe, Bernd, University Medical Center Hamburg-Eppendorf & Schön Klinik Hamburg-Eilbek; **Wolf, Oliver Tobias,** Ruhr-University Bochum; **Spitzer, Carsten,** University Medical Center Hamburg-Eppendorf & Schön Klinik Hamburg-Eilbek; **Driessen, Martin,** Evangelisches Krankenhaus Bielefeld; **Wingenfeld, Katja,** University Medical Center Hamburg-Eppendorf & Schön Klinik Hamburg-Eilbek

The Impact of Childhood Trauma on Emotion Regulation in Borderline Personality Disorder and Major Depression

Early life stress is suggested to play a critical role in the development of Borderline Personality Disorder (BPD) and Major Depressive Disorder (MDD), but the underlying mediating factors remain not fully understood. This study aimed to investigate emotion regulation difficulties, childhood trauma, and their associations in a sample of BPD (n = 49) and MDD (n = 48) patients and 63 healthy control subjects. Multiple regressions were used to evaluate the predictive value of childhood trauma on self-reported emotion regulation. The results support an association between maltreatment experiences and emotion regulation difficulties. More specific, emotional neglect was associated with less frequent use of cognitive reappraisal, which is considered to be an adaptive strategy to regulate emotions. We discuss the theoretical and clinical relevance of these findings.

Castro Sofia; Rocha, José Carlos; Silva, Virgínia, UnIPSA

Multiple Losses Effects on Complicated Grief and Emotional Regulation

Multiple losses can have an impact in grief duration and in ability of effective use of coping strategies. The effects of the number of traumatic events on post-traumatic stress (PTS) are well known, however, there is no

evidence of effects with multiple losses on complicated grief (CG) and emotional regulation (ER). The present study aims to evaluate the impact of the number of losses on CG, on post-traumatic stress and on ER. The design of the study is comparative and predictive with CG and ER as dependent and the number of past losses as independent variables. The sample consists of 140 participants (university students and elders sub-samples, age $M = 38.7$, $SD = 26.6$). Instruments used are a socio-demographic questionnaire, the Complicated Grief Inventory, the Impact of Events Scale–Revised and the Difficulties in Emotion Regulation Scale. We used ANOVA to compare groups with different number of losses concerning its effects on ER, CG and TS; in both sub-samples, the number of losses increased and, through multiple linear regression, it predicts CG and PTS. Number of losses also predicts ER (Difficulties Engaging in Goal-Directed Behavior) in the university student sub-sample but there is no evidence of this effect in the total sample. These results show the importance of number of losses on symptomatology of CG and PTS. Future researches can address the moderated role of ER in this process.

Castro Sofia, UnIPSA

Multiple Losses effects on Complicated Grief and Emotional Regulation

Multiple losses and the time between them can have an impact on grief duration and on the effective use of coping strategies. It is well known that the number of traumatic events effects post-traumatic outcomes; however, there is no evidence of such effects with multiple losses on complicated grief (and emotional regulation). The present study aims at evaluating the impact of the number of losses on complicated grief, on post-traumatic stress and on emotional regulation. In a two-group design the effect of multiple losses on complicated grief and emotional regulation was assessed. The samples to evaluate the emotional regulation outcomes consisted of 100 university students (age $M = 22.1$, $SD = 2.02$). To evaluate complicated grief and post-traumatic stress 140 people (Age $M = 38.7$, $SD = 26.6$) were assessed. Instruments used were a socio-demographic questionnaire, the Complicated Grief Inventory, the Impact of Events Scale–Revised and the Difficulties in Emotion Regulation Scale. We used ANOVA to compare the groups regarding the different numbers of losses and their effects on emotional regulation, complicated grief and traumatic stress. In both groups, high numbers of losses predicted complicated grief and traumatic stress. However, this did not apply for emotional regulation. In the student sample the number of losses best predicted traumatic stress while in other sample complicated grief was best predicted by multiple losses.

Christiansen Dorte; Elklit, Ask, National Centre for Psychotraumatology

Secondary Victims of Rape

The present study examined the impact of sexual assault on 107 secondary rape victims, including both family members, romantic partners, and friends of male and female rape victims. We found a high degree of traumatic impact in the sample with an estimated 24% of the respondents meeting criteria for a diagnosis of posttraumatic stress disorder (PTSD). A more recent assault, low efforts to support the PV, recurrent thoughts about having been able to prevent the assault, lack of social support, and feeling let down by others were all predictive of higher PTSD severity.

Corrêa Flávia Sofia; Rocha, José Carlos, UnIPSA

Traumatic Symptoms and Emotion Regulation as Predictors of Marital Adjustment after Perinatal Loss

The perinatal loss is the death of the fetus in the last weeks of pregnancy or the death of the newborn in the first weeks after delivery. It is a paradoxical situation and difficult to accept, as the baby is born and dies unexpectedly. In these situations, couples are confronted with intense stress and it is important to concern with the coping process and emotion regulation.

The purpose of this research is to investigate which factors predict marital adjustment of perinatally bereaved parents. The study is transversal and multi-centric, using the Dyadic Adjustment Scale (DAS), the Scale of Emotion Regulation Difficulties (EDRE), Impact of Events Scale-Revised (IES-R) and the Perinatal Grief Scale

(PGS). We used a multiple linear regression, in order to determine which factors predict marital adjustment, because perinatal loss can strain the relationship between parents. Both parents may describe higher levels of marital dissatisfaction than expected. There is evidence that perinatal loss may be associated with poorer psychological health outcomes, particularly with PTSD symptoms (> 25%). Long-term sequelae of perinatal bereavement may include parental discord and separation, possibly related to PTSD-symptoms. Traumatic effects of perinatal bereavement on couples and its relation with emotion regulation are discussed aiming for a better evaluation and intervention.

Crespo Maria; Gómez, Mar, University of Madrid

Post-Traumatic Stress Disorder: Beyond the Re-Experimentation, Avoidance and Affective Numbing, and Physiological Activation

As referred to in various studies, persons living, witnessing or having knowledge of a traumatic event may have post-traumatic symptoms apart from the ones included in the criteria for posttraumatic stress disorder (PTSD), that is, re-experimentation, avoidance and affective numbing, and physiological activation according to DSM IV-TR. Even the APA in its recent proposal for the fifth edition of the DSM, identified the presence of other post-traumatic symptoms as guilt, anger, or shame. The present study assessed the presence of these symptoms in victims of traumatic events. Participants were 175 people aged over 18, who had suffered at least a traumatic event one month before assessment. The posttraumatic symptoms were measured with the Global Assessment of Posttraumatic Stress (Evaluación Global Estrés Postraumático, EGEP), an instrument developed and validated by this study research team. This instrument also includes 9 symptoms related to feelings of guilt or responsibility, mistrust, unreality, depersonalization and negative valuation of oneself, all together named Subjective Clinical Symptoms (SCS). Data show the presence and intensity of the SCS as well as their relationship with the post-traumatic symptoms described in the DSM-IV-TR classification. Results are discussed in reference to the DSM V proposal.

Crespo Maria; Arinero, Maria, University of Madrid

Psychological Treatment for Women Victims of Violence by Their Intimate Male Partner: The Differential Effect of Individual and Group Therapy

Group therapy has been considered a good alternative for women victims of violence by their intimate male partner, since it could provide possibilities to normalize symptoms as well as to break their isolation state. On the other hand, individual therapy could fit women demands and scheduling constraints. This study compares the long-term efficacy of a brief psychotherapeutic cognitive-behavioral program for female victims of violence by their intimate partner in individual vs. group format. The intervention program included: psycho-education, breath control, training to improve self-esteem, cognitive restructuring, problem-solving, planning pleasant activities, exposure therapy and relapse prevention. 53 battered women were randomized into one of two formats of the same programs: group one (n = 28) and individual (n = 25). The treatment was carried out in 8 weekly sessions. Measures of posttraumatic symptoms, anxiety, depression and self-esteem were analyzed at pre- and post-treatment, and at 1-, 3-, 6- and 12-months follow-ups. Results show a pronounced decrease of posttraumatic, depressive and anxiety symptoms, which maintained in the different measure moments, with scarce difference between the two formats of the programs though the adherence was better in the individual format. The results and their clinical implications are discussed.

Dembinska Edyta; Rutkowski, Krzysztof; Müldner-Nieckowski, Lukasz; Sobanski, Jerzy; Murzyn, Agnieszka; Mielimaka, Michal, Jagiellonian University Medical College

Schizophrenia as a Marital Stressor – Marital Functioning and Coping Mechanisms in Marital Crisis

A large number of research indicates that health problems are significant marital stressors. It is suggested that different health problems pose different challenges for couples. Among other possible health stressors individual

psychopathology plays an important role in marital functioning. It interferes with important aspects of the marriage such as skillful communication, adaptive emotional regulation and the ability to be mentally and emotionally available and supportive. Research suggests that greater levels of psychopathology are associated with lower levels of marital satisfaction.

The aim of the study was assessment of the marital functioning and the functioning of the whole family in a marital crisis situation where one spouse suffered from schizophrenia. Two groups of couples seeking marital therapy were compared: couples where one spouse had schizophrenia and couples in which neither spouse had psychiatric or somatic illness. The main research tool was the Polish version of Family Assessment Measure III by M. Cierpka. Assessment of both marital and family functioning covered the following aspects: Task Accomplishment, Role Performance, Communication, Affective Expression, Emotional Involvement, Control, and Values & Norms. Families of people suffering from schizophrenia are distinguished by better (than in the case of healthy families in crisis) functioning of the marriage in most of aspects under research as well as in some aspects of the family functioning.

Surprisingly in situation of marital crisis having a spouse suffering from schizophrenia is associated with higher levels of marital satisfaction. Probably couples dealing with major mental illness have more efficient coping strategies e.g. they turn for professional support before the marital crisis escalates.

Dias Aida, Utrecht University; Sales, Luisa, Centro de Trauma; Kleber, Rolf, Utrecht University

Relations between Childhood Trauma and Psychological Symptoms in the Portuguese Population

Childhood Trauma has been studied as an important risk factor for adult suffering. In recent years, empirical research has shown that childhood trauma can harm neurologic and psychosocial functioning and lead to psychopathologic vulnerability. This work aims to explore the relations between childhood trauma, assessed with the Childhood Trauma Questionnaire, and psychological symptoms, assessed with the Brief Symptom Inventory, in a group of 1200 subjects from the Portuguese general population. Also studied will be PTSD symptoms caused by other traumatic events in addition to childhood trauma. These data were collected with the Posttraumatic Diagnosis Scale and the Impact Event Scale Revised. The main goals of this research are the identification of the most common childhood traumas in the Portuguese population and the analysis of psychological consequences, as well as the investigation of the effects of child traumas on post-traumatic stress symptoms, when subjects are exposed to other traumas. Preliminary results pointed the emotional abuse as the most identified form of childhood trauma by the subjects. Emotional abuse is positively correlated with the psychological symptoms. Significant higher scores of childhood trauma were also found in subjects that reported PTSD symptoms caused by other traumatic injuries.

Ditlevsen Daniel N.; Elklit, Ask, National Centre for Psychotraumatology

The Trauma Type Related Variance of Gender Difference in PTSD Prevalence: A Meta-analysis of 18 Nordic Convenience Samples

The aim of the study was to examine a possible trauma type related variance in the gender difference of posttraumatic stress disorder (PTSD) prevalence. An analysis was conducted on 18 convenience sample studies including data from a total of 5220 participants. The Harvard Trauma Questionnaire – part IV was used to assess PTSD and subclinical PTSD. Cohen's d was used to measure variance in gender differences. Trauma types included disasters and accidents, violence, loss, malignant and non-malignant diseases. The results showed an overall gender difference in PTSD prevalence similar to previous findings. Thus, women had a two-fold higher prevalence of PTSD than men. Dimensional measures were associated with higher effect sizes. Gender differences in subclinical PTSD were larger than differences in PTSD. Gender differences were highest in the disaster and accident trauma type, followed by loss and non-malignant diseases. In violence and malignant disease, the differences were smallest. The findings support the existence of a trauma type related variance in gender differences in PTSD prevalence.

Elklit Ask; Steenberg, Lone M; Hansen, Tine, National Centre for Psychotraumatology

School Bullying: A Cross-Cultural Study of Prevalence and Psychological Consequences

Bullying is known to be a serious problem amongst school children, but few studies have investigated variables associated with bullying, the relationship between these variables and only a few studies have been cross-cultural. The data was collected from three national representative probability samples (Denmark, Lithuania, Iceland) and one total population sample (Faroe Island); in total 1,466 students with a mean age of 14.2 years ($SD = 1.52$). The prevalence of bullying, the relationship between bullying and demographic variables, attachment, basic assumptions, negative affectivity, somatization, and PTSD, and the relationship among these variables were analyzed. The prevalence of victims of bullying in the total sample was 24.6%. Cross-cultural differences in the prevalence of being bullied were found. Adolescents of single parents had increased risks of being bullied. Being bullied correlated significantly with fearful attachment and lower self-worth, and bullied victims had significantly more symptoms of negative affectivity, somatization, and PTSD.

Elklit Ask, National Centre for Psychotraumatology; Shevlin, Mark, University of Ulster

Sexual Victimization and Anxiety and Mood Disorders: A Case Control Study Based on the Danish Registry System

This study aimed to examine the relationship between rape and subsequent psychiatric diagnosis of anxiety or mood disorders. Data from the Danish Civil Registration System and the Danish Psychiatric Central Register were used to identify a sample of females who had visited a centre for rape victims during an index year and their subsequent psychiatric records were compared to a matched control group. While controlling for demographic variables and previous psychiatric disorders, the effect of sexual victimization increased the likelihood of a subsequent diagnosis of an anxiety disorder (OR 6.3) but not a mood disorder (OR 1.6).

Elklit Ask, National Centre for Psychotraumatology; Jensen, Ditte, NOOR

Trauma Exposure and PTSD in Indian Adolescents

Objective: To investigate the prevalence of exposure to potentially traumatic events and the prevalence of Posttraumatic Stress Disorder (PTSD) among Indian adolescents from Pune city. **Method:** A sample of 411 Indian 9th graders, ($M = 14.15$ years) from two schools, reported exposure to 20 potentially traumatizing and distressing events. **Results:** 70% of the females and 85% of the males had been exposed to or witnessed at least one traumatizing or negative life event. The most common events were: death of someone close, traffic accident, serious illness, witnessing other people being injured or killed, and coming close to being injured or killed. The lifetime prevalence of PTSD was 10% but another 16.5% reached the level of subclinical PTSD. The males reported a higher exposure (direct as well as indirect) than the females to all the events, but no significant gender difference was found in the life time prevalence of PTSD. Living in a single-parent household meant increased risk of developing PTSD and a significant difference in the PTSD prevalence was found between the two schools in the study.

Ferreira Elisabete; Rocha, José; Silva, Tânia; Gonçalves Catarina; Moreira, Fábio, UnIPSA

Complicated Grief, PTSD and Emotional Regulation in Parents who Lost a Child

The death of a child is a massive traumatic event, which can be associated with serious mental health problems and predicts higher levels of complicated grief compared to other losses. The knowledge about the relative effect of emotional regulation difficulties may influence future interventions. The aim was to describe the prevalence of complicated grief and PTSD, and its relationship to emotional adjustment difficulties in parents who lost children. We evaluated two groups: 110 bereaved adults and 19 parents who lost children (73.7% mothers and 26.3% fathers). The Inventory of Complicated Grief, the Impact of Event Scale-Revised and the Difficulties in Emotional Regulation Scale were used. We observed 94.7% of participants who lost children suffering from complicated grief ($ICG > 24$) and PTSD ($IES-R > 34$). Dimensions of difficulties in emotional regulation have high correlations with

the symptoms of both complicated grief and PTSD: Nonacceptance of Emotional Responses, Difficulties Engaging in Goal-directed Behaviors, Impulse Control Difficulties, Limited Access to Emotional Regulation Strategies and Lack of Emotional Clarity, with r values between .49 and .79. In a multiple linear regression, difficulties in emotional regulation predicted complicated grief ($R^2 = .558$) and PTSD ($R^2 = .456$) for parents who lost children. These results allow us to verify the high prevalence of complicated grief and PTSD, and the importance of difficulties in emotional regulation in predicting complicated grief in bereaved parents.

Fohrafellner Renate; Lueger-Schuster, Brigitte, University of Vienna

Neuropsychological Functions in Correlation with Posttraumatic Stress Symptoms in Unaccompanied Refugee Minors

In the study “Neuropsychological functions in correlation with posttraumatic stress symptoms in unaccompanied refugee minors” the correlation between posttraumatic stress symptoms and selective attention as well as spatial visualization ability in unaccompanied refugee minors was investigated. Additionally the possible co-morbid influence of anxiety and depressive symptoms was determined. Participants were unaccompanied refugee children aged 15 to 17 years; adolescents in youth centres served as control subjects. The data collection was done with Stressful Life Events Questionnaire (SLE) for number of experienced stressful life events, Reactions of Adolescents to Traumatic Stress (RATS) for posttraumatic stress symptoms, Hopkins Symptom Checklist-37A (HSCL-37A) for psychosocial symptoms, Frankfurter Aufmerksamkeitsinventar (FAIR) for selective attention and Rey-Osterrieth Complex Figure Test (RCFT) for spatial visualization ability. Results indicated that although unaccompanied refugee minors had significant higher posttraumatic stress symptoms than the controls, they achieved higher scores regarding the quality of attention. Within the unaccompanied refugee children group a significant negative correlation of posttraumatic stress symptoms with the “marked value”, which indicates self-control, and the quality of attention was found. Anxiety and depression had influence only on the “marked value”. Concerning spatial visualization ability no group differences or correlations were found. All participants reached regarding selective attention and spatial visualization ability on average results within the norm. The reduction of quality of attention by posttraumatic stress symptoms needs more attention.

Frade Bruno, UnIPSA

The Multidimensional Nature of Traumatic Events Impacts

Living through traumatic events transforms people in a way that they realize what post-traumatic stress feels like. Also, there are instruments that give meaning to what sometimes does not seem to be so clear. The Impact of Event Scale – Revised (IES-r) is frequently used to evaluate traumatic events on clinical and research contexts, but item increments and the evolution of post-traumatic stress construct and the factorial structure has nurtured the debate in recent years with controversy. The first version of IES by Horowitz (1979) integrated symptoms of Avoidance and Intrusion, Weiss and Marmar version (1997) integrated Hyperarousal symptoms and Rocha (2006) in a Portuguese validation study considered a latent factor called Emotional Numbing. In consideration of this discussion we attempted to understand the factorial instability of this instrument in a large and diverse sample ($N = 639$) including university students ($n = 373$); people addicted to drugs ($n = 224$) and elders ($n = 40$) aged 17 to 96 years ($M = 29.43$; $SD = 16.28$). Analyses demonstrated different factor solutions from those found in the literature and will be discussed as well as explanations are explored, taking into account sub-samples diversity. These results support a relevant discussion on the multidimensional nature of the impact of traumatic events in different groups that may justify new research approaches.

Frankfurt Sheila; Frazier, Patricia, University of Minnesota

Identifying Longitudinal Symptom Trajectories following Sexual Assault Using Latent Growth Curve Analyses

Few longitudinal studies have assessed change in symptoms over time following sexual assault. Most studies of post-assault outcomes report group means; however, this masks great individual differences in symptom trajectories. Recent research by Bonanno (e.g., Bonanno, 2004) has found four common trajectories of symptoms

after traumatic events: chronic and severe symptoms (10-30% of people), delayed onset of symptoms (5-10%), a recovery trajectory in which symptoms abate over time (15-35%), and a resilient trajectory in which symptoms remain at low levels over time (35-55%). Thus, resilience is the most common. This is the first study to use latent growth curve analysis to identify symptom trajectories following sexual assault. Data were collected from a community sample of female sexual assault survivors initially seen at hospital emergency rooms in Minneapolis, MN (N = 171). Participants were surveyed at 2 weeks, and 2, 6, and 12 months post-assault. Outcome measures assessed symptoms of PTSD, depression, anxiety, phobic anxiety, and hostility. As in other research, findings generally identified four classes of trajectories that differed markedly in terms of overall symptom levels and course of recovery over time. As in other research, the chronic distress class was generally the least common; the recovery/resiliency classes were generally the most common. Additional analyses will use measures of prior sexual victimization to predict symptom trajectories.

Glück Tobias; Knefel, Matthias, University of Vienna

Perspectives on the Influence of Climate Change on PTSD and Traumatic Stress. Reviewing the Recent Literature on Climate Change Regarding Psychological Trauma

With this article we want to give an overview over the recent literature on climate change and mental health, identifying aspects which are related to traumatic stress and PTSD-causing factors. Although there is a growing body of research literature on the topic, it seems that there has been no review particularly looking at issues regarding the impact of natural disasters and other traumatic stressors related to climate change and traumatic stress (e.g. PTSD) in different populations. Using existing frameworks on climate change and mental health we will examine potential risk factors in terms of traumatic stress which will be of particular relevance in the future. Also we will embed postulated risk factors and pathways of traumatic stress in context of climate change into these theoretical models, assessing them for their quality and validity. With this article we want to contribute to an increasing body of knowledge about the psychotraumatic impact of a changing global climate. Emphasising this perspective may encourage policy makers, researchers and suppliers of mental health care alike to create improved reactions to these events and facilitate the adaptation of effective interventions, preparing for future decades affected by climate change.

Gómez M. Mar; Crespo, María, University of Madrid

Posttraumatic Symptoms: How Do they Cluster? Towards a Revision of the Diagnostic Criteria for the PTSD

There is growing evidence of the problems of the present conceptualization and grouping of the posttraumatic symptoms in criteria of the diagnostic classifications, namely the DSM by the APA, based on experts' consensus. In order to find the basic structure of posttraumatic stress disorder (PTSD), several researches have found quite different models applying the factor analysis procedure. Hence there are open questions yet to be addressed, such as how the 17 posttraumatic symptoms included in the APA criteria are grouped. Moreover, it would be relevant to inquire the relationship between these symptoms and some others, not included in the criteria, that have shown their clinical relevance (e.g. guilty feeling, shame, distrust . . .). The aim of this study is to analyze the dimensionality of the posttraumatic symptoms, considering both the symptoms included in the APA diagnostic criteria and other clinical subjective symptoms. Participants were 175 people aged over 18, who had suffered at least a traumatic event one month before assessment. The posttraumatic symptoms were measured with the Global Assessment of Posttraumatic Stress (Evaluación Global de Estrés Postraumático, EGEP) developed and validated by our team. Principal components factor analysis was applied. Results are discussed considering the PTSD criteria of the proposed DSM V revision.

Gómez M. Mar; Crespo, María, University of Madrid

Measure of Post-Traumatic Stress Disorder in Spain: Presentation of the Global Assessment of Posttraumatic Stress Questionnaire (Evaluación Global de Estrés Postraumático, EGEP)

A review of the instruments currently available for assessment of post-traumatic stress disorder (PTSD) shows different problems: the vast majority does not assess all criteria proposed by the diagnostic classification DSM IV-TR; have been validated with a people subjected to very specific traumatic events; do not include other post-traumatic symptoms (not listed in the DSM); and do not establish a relationship between symptoms and the traumatic event. Moreover instruments saving these difficulties are highly demanding.

Having these problems in mind, the aims of the study were: to design a self-report measure for the diagnosis and characterization of PTSD in adults in Spanish; and to validate it with people that have suffered diverse types of traumatic events. The designed assessment tool, called EGEP, consists of 60 items and 3 sections: the first one refers to the assessment of the traumatic event; the second, evaluation of symptoms (both included in the diagnostic criteria and relevant and not included in them); and the third, the functioning level of the person. 175 people participated. Psychometric features, reliability, validity and diagnostic performance referring to the CIDI-PTSD section, are presented.

Gomez-Baya Diego; Paino, Susana, University of Huelva

The Influence of Thought Control Strategies on the Severity of PTSD Symptoms in a Sample of Battered Women

Purpose: A central focus in the literature on Post-traumatic Stress Disorder (PTSD) has been on identifying factors that contribute to the development and maintenance of symptoms. The purpose of this study was to analyze the influence of thought control strategies on the severity of PTSD symptoms in battered women. **Methods:** A cross-sectional study was carried out with a sample of 114 battered women, who were interviewed and were asked to complete the White Bear Suppression Inventory (Wegner and Zanakos, 1994), the Thought Control Questionnaire (Wells and Davies, 1994) and the Severity of PTSD Symptoms Scale (Echeburua, Corral, Amor, Zubizarreta and Sarasua, 1997). **Results:** Descriptive analyses showed a high severity of PTSD symptoms and a frequent use of thought suppression. On the one hand, independent samples t-tests indicated that women who were more likely to use distraction and less likely to use self-punishment and suppression, as strategies of thought control, reported less severe PTSD symptoms. On the other hand, logistic regression analyses showed that both self-punishment and suppression strategies predicted clinical severity of PTSD according to proposed cutoff points. **Discussion:** These results suggest the need to include specific modules related to thought control strategies in the psychological treatment for PTSD in battered women.

Gomez-Baya Diego, University of Huelva

Comorbid Posttraumatic Stress Disorder and Depression after Domestic Violence: Differences in Coping

Purpose: The aims were to analyze differences in severity of Posttraumatic Stress Disorder (PTSD) symptoms and maladjustment due to PTSD-depression comorbidity in women who had been exposed to domestic violence, and to explore the coping strategies that contribute to this comorbidity. **Methods:** A sample of 114 battered women, who received assistance in various institutions, was interviewed and asked to respond to Severity of PTSD Symptoms Scale (Echeburua, Corral, Amor, Zubizarreta and Sarasua, 1997), BDI (Beck, Rush, Shaw and Emery, 1979), Brief COPE (Carver, 1997) and Maladjustment Scale (Echeburua, Corral and Fernandez-Montalvo, 2000). **Results:** Descriptive analyses indicated that almost half of the sample presented PTSD-depression comorbidity. ANOVAs showed that the group with PTSD-depression comorbidity reported more severe PTSD symptoms and more maladjustment. Discriminant analysis indicated that positive reframing, self-distraction and self-blame, significantly distinguished between comorbid and non-comorbid groups. Lastly, MANOVA showed that the group with PTSD-depression comorbidity was less likely to use positive reframing and self-distraction, and more likely to use

self-blame. **Discussion:** These results indicate that people with PTSD-depression comorbidity report more severe PTSD symptoms and more maladjustment, and suggest that differences in coping contribute to this comorbidity.

Gomez-Baya Diego, University of Huelva

Posttraumatic Growth after Domestic Violence: The Role of Emotional Intelligence

Purpose: Posttraumatic growth is the experience of positive change (including an increased appreciation for life, more meaningful interpersonal relationships, an increased sense of personal strength, recognition of new possibilities for one's life, and spiritual development) as a result of the struggle with a traumatic event. The purpose of this study was to analyze the role of emotional intelligence in the posttraumatic growth in battered women. **Methods:** A cross-sectional study was carried out with a sample of 114 battered women, who were interviewed and were asked to complete the Trait Meta-Mood Scale-24 (Salovey, Mayer, Goldman, Turvey and Palfai, 1995) and the Posttraumatic Growth Inventory (Tedeschi and Calhoun, 1996). **Results:** On the one hand, independent samples t-tests indicated that women with higher emotional intelligence (characterized by low or moderate emotional attention, high emotional clarity and high emotional repair) reported higher posttraumatic growth. On the other hand, stepwise regression analyses showed that emotional repair was the only significant predictor of posttraumatic growth (in all its different dimensions). **Discussion:** These results suggest the influence of emotional regulation skills (especially the emotional repair) on posttraumatic growth after experiencing domestic violence.

Gonçalves Catarina, UnIPSA

Complicated Grief, Emotional Regulation and Traumatic Stress in Drug Addicts

The death of someone significant usually is a severely traumatic life event. A considerable part of the general population has symptoms of Complicated Grief (CG) after loss of someone significant. For drug addicts this is an issue that can be more empirically supported. Its relation with emotion regulation can enlighten new guidelines for interventions in addiction.

This study aims to make a regression model for CG, with independent variables: emotion regulation difficulties and traumatic stress symptoms, as well as know the CG influence on consumption behaviour situations after loss. We evaluated 50 individuals (15 women and 35 men) with a mean age of 35.20 years ($SD = 7.99$), drug addicts in outpatient treatment and history of losses, using the following assessment instruments: Difficulties in Emotion Regulation Scale, Beck Depression Inventory, Impact of Event Scale-Revised and Inventory of Complicated Grief. We observed a prevalence rate of 74.0% of CG ($ICG > 24$). Through multiple regression, Difficulties Engaging in Goal-Directed Behaviour predicts 20,3% of the CG and Difficulties in Impulse Control predicts 16,0% of the trauma. After loss, 86.2% of participants in non-abstinent treatment have symptoms of CG, regardless of substance, while 13.8% of abstinent in treatment present no CG. These results suggest the integration of aspects of the grieving process in addict's treatments.

Gregor Bettina; Tran, Ulrich S., University of Vienna

Where are the Differences? The Dodo Bird Verdict and the Relative Efficacy of Bona Fide Psychotherapies in Posttraumatic Stress Disorder: Meta-Analysis and Comparison with other Psychological Disorders

There is a current debate on whether bona fide psychotherapies differ in efficacy in the treatment of posttraumatic stress disorder (PTSD). While Benish, Imel and Wampold (2008) presented meta-analytical evidence that the dodo bird verdict may not be refuted (i.e., no differences seem to exist), Ehlers et al. (2010) argue that this finding is based on overgeneralization and a biased selection of the available evidence. Moreover, other meta-analyses found equivalent efficacy only for trauma-focused treatments, but not for other therapies. Our contribution expands on this subject by investigating two specific issues that seem of importance in this debate. Firstly, we examined the influence of the different meta-analytical methods that were used in the investigations on this subject and replicated the meta-analysis of Benish et al. (2008), updated for recently published primary studies. Secondly, therapies of the same type may differ in efficacy in the treatment of one disorder but not another. This is a new argument in favour

of relevant specific factors of therapies and against the dodo bird verdict. To explore this possibility, we also compared our meta-analytic results on bona fide treatments of PTSD with results of updated meta-analyses on bona fide treatments of depression and alcohol use disorders.

Haase Angelika; Schützwohl, Matthias, University of Technology Dresden

How is Posttraumatic Stress Disorder Treated in Outpatients? An Investigation of the Current Practice Patterns in Germany

Background: In the past years, several guidelines for the treatment of posttraumatic stress disorder (PTSD) have been presented, e.g. by ISTSS (Foa et al., 2008), NICE (2005) and AWMF (2006). Studies from the USA, however, showed that evidence-based and recommended interventions such as exposure therapy are not as often used as expected (e.g. Becker et al. 2004). Until now it is not known, how far outpatient treatment of PTSD in Germany is based on these guidelines. **Methods:** In this study, we are investigating therapists treating patients with PTSD in an outpatient setting in two different German Federal Lands (Saxony and Hesse) using a questionnaire in a paper-pencil as well as an online version. We ask them about their experiences in treating outpatients with PTSD, their qualifications as well as their use of various interventions in their therapeutic work with patients with PTSD as a function of the type of traumatisation (complex vs. non-complex). **Results:** Data about clinical practice of treating outpatients with PTSD in Germany are discussed. We will point out which interventions are established to treat PTSD and if there are differences in the choice of interventions as a function of the type of traumatisation. Moreover, we will identify the main predictors for using other interventions than the evidence-based exposure therapy. **Discussion:** The current practice of treatment of PTSD in Germany will be compared to that from other countries, e.g. the USA or the Netherlands (van Minnen et al. 2010), as well as with the Guidelines. If necessary we will disclose starting points for an optimization of the daily practice routine.

Hansen Maj; Andersen, Tonny; Armour, Cherie; Elklit, Ask; Palic, Sabina, National Center for Psychotraumatology

PTSD-8: A Short PTSD Inventory

Traumatic events pose great challenges on mental health services in scarcity of specialist trauma clinicians and services. Simple short screening instruments for detecting adverse psychological responses are needed. Several brief screening instruments have been developed. However, some are limited, especially in relation to reflecting the posttraumatic stress disorder (PTSD) diagnosis. Recently, several studies have challenged pre-existing ideas about PTSD's latent structure. Factor analytic research currently supports two four factor models. One particular model contains a dysphoria factor which has been associated with depression and anxiety. The symptoms in this factor have been hailed as less specific to PTSD. The scope of this article is therefore to present a short screening instrument, based on this research; Posttraumatic Stress Disorder (PTSD) – 8 items. The PTSD-8 is shown to have good psychometric properties in three independent samples of whiplash patients (n = 1710), rape victims (n = 305), and disaster victims (n = 516). Good test-retest reliability is also shown in a pilot study of young adults from families with alcohol problems (n = 56).

Hoijtink Leonie; te Brake, Hans; Dückers, Michel, Stichting Impact

Literature Review of Psychosocial Resilience after Disasters

Background: Although resilience is a concept increasingly used in various scientific fields, its definition is subject of debate. The aim of this literature review is to provide an overview of the conceptualisation of psychosocial resilience, synthesize similarities and differences between definitions, and to establish determinants of resilience. In addition the relationship between government and citizens' resilience is taken into account. **Methods:** A literature research was undertaken in Pubmed, Embase and Picarta databases. **Results:** A widely accepted definition for resilience is lacking, but in general, resilience is conceptualised as 'bouncing back' after an event in a way that exemplifies (a) returning to an initial situation, or (b) establishing a new equilibrium in which an individual, group, community or system can deal with its altered context. Several factors can be discerned, which are associated with

resilience on individual and community levels. **Discussion:** Most existing measuring instruments focus solely on individual psychological factors. This review indicates that, in order to realise a more complete picture of resilience, community factors are also relevant. Testing the predictive value of factors currently found is encouraged. Internationally, policy makers will benefit from a concise, reliable instrument that enables adequate prediction of resilience.

Hu George, Alliant International University

Soiled Linen: Trauma and Treatment in Southeast Asian Victims of Sex Trafficking

One of the most egregious human rights offenses of our time is a modern-day version of slavery called sex trafficking. The International Labor Organization estimates that 1.39 million people worldwide are forced into commercial sexual exploitation, and that 40-50% of these are children. Additionally, UNICEF reports that most human trafficking in East Asia and the Pacific is into child prostitution. As commerce and infrastructure in Southeast Asia continues to develop, so does the demand for child prostitutes, fueled in part by economic and cultural factors that combine to victimize the most vulnerable of children. This research will examine the phenomenon of sex trafficking in Southeast Asia, the cultural factors that underpin the supply and demand, the presentation of trauma symptoms in the victims, and the best practices used to treat victims in the region. This research was conducted in Cambodia, India, and Vietnam, and will focus specifically on how cultural factors are being used in the region to provide a relevant model of treatment and aftercare, including narrative therapy techniques, trauma-focused cognitive behavioral therapy, and community integration. Additional focuses include the effect of community trauma after the Vietnam War and the reign of the Khmer Rouge, and how symptoms of community trauma have fueled sex trafficking.

Ikeno Satoshi, Kwansai Gakuin University

Multilayer traumatic experiences among the survivors of the East Japan Great Earthquake that occurred on March 11th, 2011: Update of the current situation

The purpose of this poster presentation is to show the update of the multilayer traumatic experiences among the survivors of the East Japan Great Earthquake that happened on March 11th, 2011.

In addition to the first shake of the 9.0 magnitude earthquake, tremendous disruption caused by the “tsunami” completely destroyed several cities in the Tohoku area. Further, the radiation leakage from the Fukushima nuclear power plant forced 50,000 people to evacuate outside their hometown. As of March 31st, 2011, the death toll rises up to 11,000 and more than 16,000 people are still missing. About 3,000 people are injured and 150,000 buildings are significantly damaged. More than 200,000 people are currently evacuating to temporary shelters. Already 55 people, however, died in those shelters due to poor conditions. The survivors are struggling with multiple traumas such as missing family members, loss of jobs, collapse of communities, and an uncertain future.

Gathering information from multiple sources, the poster indicates the following aspects of post-disaster issues: 1) geographic information of the damage, 2) demographic data of the victims, 3) current crisis response services and their effects, 4) psychosocial needs among evacuees, and 4) implications for future trauma care approach and research.

Kahana Boaz, Cleveland State University; Kahana, Eva; Lovegreen, Loren, Case Western Reserve University; Kahana, Baruch, Marshfield Clinic, Wisconsin; Brown, Jane; Dunkin, Sandra, Case Western Reserve University

Typology of Coping with Cancer among Older Adults

A qualitative study of 174 elderly cancer survivors (mean age 81, SD = 7.5) yielded patient perspectives on their cancer journey. This paper focuses on coping strategies patients found most useful during their illness. A psychologist and a physician coded responses, using a staged content-analysis process. Coping themes were rank ordered, based on frequency of mention. The Networkers (N = 35) benefited from turning to others for support. Take Charge Copers (N = 25) achieved success by taking active steps in illness management. Pious Copers (N = 24)

relied on religion, praying, or spirituality. Stay Positive Copers (N = 23) maintained positive attitudes through reappraisal and positive comparisons. Busy Bees (N = 14) occupied themselves to deflect challenges of cancer. Get Treated and Move On (N = 12) was the motto of those who felt their treatments cured them. Passers By (N = 11) chose not to dwell on having cancer. Delegators (N = 5) relied on others to take action on their behalf. Emotionally Afflicted (N = 3) expressed their frustrations. Benefit Finders (N = 3) offered themes of post-traumatic growth. Our typology reflects instrumental, intrapsychic, escape oriented, and emotional coping orientations which fit a stress theoretical framework. A major indicator of resilience among elderly cancer patients is equanimity in pursuit of their lives. Old age may offer a resource for cancer survivorship.

Kahana Eva, Case Western Reserve University; Kahana, Boaz, Cleveland State University; VanGunten, Madeline; Lovegreen, Loren, Case Western Reserve University

Reflecting Back on the Experience of Diagnosis by Elderly Cancer Survivors

Our paper focuses on perspectives of elderly cancer survivors regarding their experiences and their coping during start of their career as a cancer patient. We used a qualitative approach to understand the lived experience of survivorship. In-depth interviews were conducted with 174 older adult participants in a community survey (mean age 81 years) who reported a cancer diagnosis. Questions focused on adaptive tasks faced by patients and coping strategies employed to deal with receiving their diagnosis. Upon receiving a cancer diagnosis, older adults seldom relayed experiences of shock or dismay. Most emphasized their determination to fight the disease. Less than 10 percent reported fear as a response to their diagnosis. Adaptive tasks patients faced upon diagnosis included cognitive, emotion and social support regulation, and proactive illness and role management. These data support prior findings regarding the protective influence of old age in responding to a diagnosis of life threatening illness. The "on-time" interpretation of having a cancer diagnosis may diminish the stressfulness of receiving a diagnosis and may enhance the patients' ability to proactively cope with the reality of their illness. Our findings also underscore the continuing future orientation and "will to live" reflected in the proactive determination of older adults to fight their cancer.

Kassam-Adams Nancy, Children's Hospital of Philadelphia; Palmieri, Patrick, Summa Health System; Kenardy, Justin, University of Queensland; Delahanty, Douglas, Kent State University

The Child PTSD Prediction Project: An International Collaboration to Create Predictive Tools for Child PTSD Risk after Acute Trauma

The Child PTSD Prediction Project aims to develop and test a set of PTSD risk assessment tools suitable for screening children at multiple time points after acute trauma exposure, to reliably identify those at highest risk of persistent PTSD symptoms. The project employs secondary analysis of existing data from prospective studies in the US, Europe, and Australia that have assessed more than 2500 children following acute trauma. Data include pre-trauma factors, peri-trauma person and event characteristics, acute physiological data, as well as post-traumatic responses. Our aim is to design a multi-point screening process and examine the efficacy of combinations of screening results across time vs single screening points. Results will lay the groundwork for prospective testing and validation of sequenced risk assessment tools in clinical and research settings with children who have experienced distinct types of acute trauma. The project is also creating a rich data archive to enhance research on early risk factors and trajectories of PTSD symptom development in children. Studies can be included in the PTSD after Acute Child Trauma (PACT) archive if child data was collected prospectively after acute trauma with at least 1 predictor assessed within 3 months of the event, and traumatic stress outcomes assessed a month or more later.

Kazlauskas Evaldas; Domanskaja, Kristina, Vilnius University

How Train Drivers React to Railway Accidents: A Qualitative Approach

Background: While railway systems in most European countries are very efficient, railway accidents still occur sometimes causing injuries and suffering. Train drivers are the key persons in such accidents, and in most cases they experience traumatization. One of the complicating factors is, that train drivers are operating the train and are

involved as witnesses at the same time. Studies in this field are rare, and we conducted a study using a qualitative approach trying to identify how Lithuanian train drivers react to railway accidents, when they were driving the train. **Methods:** 11 male train drivers aged from 31 to 59 participated in our study. All train drivers were involved in an accident, where at least one person either died, or experienced serious injuries. Semi-structured interviews with train drivers were analyzed using the Thematic Analysis method (Boyatzis, 1998). **Results:** Our study revealed that train drivers treat accidents differently. The accident caused many negative feelings such as guilt, fear, anger, helplessness, and sadness. Train drivers talked about physical body reactions after the accident. The fact of extreme stress was also reported in related post-accident memories, dreams and ruminations about the event. Participants of the study emphasized the importance of their social environment after these accidents. Train drivers used emotional, social, physical, cognitive, philosophical, and religious coping strategies after these traumatic events.

Kazlauskas Evaldas, Vilnius University; Skruibiene, Irma, Youth Psychological Aid Center; Gailiene, Danute; Starinskaite, Ieva, Vilnius University

Posttraumatic Growth among Lithuanian Survivors of Political Violence: A Qualitative Study

Background: Positive changes following trauma have been widely accepted as post-trauma exposure related phenomena by mental health professionals in the last decade. The aim of the present study was to assess posttraumatic growth domains in a sample of Lithuanian survivors of political oppression using qualitative methods. **Methods:** 103 elderly survivors of Soviet political violence who reported political persecution related positive changes participated in our study. 103 brief personal written self-reports about positive changes after trauma (ranging from 2 to 72 words, 23.5 words on average) have been rated by three psychologists. Rating system was based on the work of Calhoun and Tedeschi (1998, 2004). Political activity was added as additional domain after suggestion by raters. Interrater reliability was high for all domains with kappa ranging from 0.79 to 0.91. **Results:** Research data fitted theoretical model good, with only 2.9% survivors who reported posttraumatic growth, did not reporting any of five PTG domains. The majority of survivors experienced political oppression related personal changes 59.2%, spiritual change 23.3%, relating to others 16.5%, new possibilities 21.4%, appreciation of life 10.5%, and political activity/patriotism 12.6. **Conclusion:** This qualitative study supports Calhoun's and Tedeschi's theory. However, we suggest to consider additional domains dealing with different survivor groups.

Kazlauskas Evaldas, Vilnius University

Diary Measures of Traumatic Stress: Ambulatory Assessment Approach

Background: There is a constant need for valid and reliable traumatic stress assessment methods. Self-report scales and interviews are dominating in the field of psychotraumatology so far. However, traumatic stress reactions as emotional anxiety reactions fluctuate over time, and recent technological developments might provide us with a new method to assess dynamic processes of traumatic stress reactions. Prolonged longitudinal data using daily measurements with a help of PDA or smartphones might provide new insights into the nature of traumatic stress reactions and give us new theoretical understanding of traumatic stress. Main goal of present study is development of methods for daily monitoring of traumatic stress and trauma related social interpersonal factors. **Methods:** Survivors of major accidents with physical injuries at Rehabilitation Center participated in this study. Traumatic stress reactions and social interactions are measured using smartphones HTC HD2 and MyExperience software. One week daily measurements with one patient with at least three daily data inputs are done: morning, afternoon and evening measures. **Results:** Study is still in progress and pilot study results will be presented at ECOTS.

Kern Christine; Forstner, Brigitte; Menken, Verena; Brisch, Karl Heinz, Dr. von Hauner's Children's Hospital-University of Munich

SAFE[®] (Safe Attachment Formation for Educators) in Infant Day Care

Introduction: The development of infant day care units will expand in Germany within the next years. Since educators will have a huge influence on the development of children's attachment patterns a group training program for educators SAFE[®] (Safe Attachment Formation for Educators) was implemented in 12 day care units

in the city of Munich. The training is targeted on the modulation of behavior that leads to a secure partnership between educators and children as well as parents and their children: Children's attachment behavior with mother and educator is measured in Ainsworth's strange situation. Educator's and parent's attachment representation are tested with the Adult Attachment Projective (AAP; George et al., 1997) before and after day care entry. Their traumatic life events are measured with the Posttraumatic Stress Diagnostic Scales (PDS, Foa, E.B.). **Results:** We assessed 39 educators with the AAP. 45.2% displayed the U category and unresolved in the cemetery story dealing with stories about death and loss. Only 20% of the 30 mothers that joined our study were unresolved in the AAP. 80% of them showed an organized attachment representation. All of the babies we assessed with the mother in Ainsworth's strange situation were organized attached. **Discussion:** In contrary to our expectation, a high percentage of educators displayed the category for unresolved status of attachment representation. This could have an impact on the attachment quality of the infants in day care.

Kimble Matthew, Middlebury College; **Batterink, Laura**, University of Oregon; **Marks, Elizabeth**; **Ross, Cordelia**, Middlebury College; **Fleming, Kevin**, Norwich University

ERP Evidence of Expectancy Bias in PTSD

Posttraumatic stress disorder (PTSD) is a disorder that theoretically and clinically is thought to be associated with hypervigilance for potentially threatening or trauma relevant stimuli. This study used the N400 event-related potential (ERP) to investigate expectancies for threatening endings to ambiguous sentence stems. The N400 ERP is thought to reflect the amount of effort required to integrate a stimulus into a given context. In sentence reading tasks, the N400 is reliably larger when a word is semantically unexpected given the preceding context. **Method:** In this study, fifty-seven trauma survivors read ambiguous sentence stems on a computer screen that were completed with either an expected ("The unfortunate man lost his... wallet"), unexpected ("The unfortunate man lost his... artist"), or threatening word endings ("The unfortunate man lost his... leg"). **Results:** Participants with PTSD, as compared to those without, showed significantly smaller N400s to threatening sentence endings suggesting enhanced expectancies for threat. Behavioral responses supported this conclusion. **Conclusions:** These findings are consistent with the clinical presentation of hypervigilance and theoretical models that emphasize increased attention and expectancies for threatening and trauma relevant stimuli.

Kirlic Namik; Adela Langrock, The University of Tulsa

Ten Years After the War: Externalizing Behaviors in a Sample of Bosnian Young Adults

At this time, very little is known about the psychological impact of the difficult post-war situation in Bosnia-Herzegovina (BH) among young adult survivors of the 1992-1995 war. While several studies have explored the immediate impact of the war on the psychological well-being of children and adolescents, none have considered it within the context of the difficult political, economic, and psychosocial post-war environment. This study examined externalizing behaviors of 134 young adults in BH ten years after the war, while simultaneously evaluating their association with the presence and severity of current post-war stressors. The findings showed a high percentage of participants with clinical levels of externalizing behaviors, including excessive aggressive, rule-breaking, and intrusive behaviors, as well as moderate levels of stress regarding the post-war environment, and a strong correlation between the two. A series of analysis of variance tests discovered that stress-free personal/professional relationships and leisure activities may serve as protective factors against the less controllable stressors, such as the difficult post-war political and economic environment, and bleak educational prospects and outlook for future. Overall, findings suggested that the difficult post-war environment in BH continuously affects the psychological well-being of young adults.

Klaric Miro, University of Mostar; **Stevanovic, Aleksandra**; **Franciskovic, Tanja**, University of Rijeka; **Petrov, Bozo**, University of Mostar; **Jonovska, Suzana**, Psychiatric Hospital Rab

Marital Quality and Relationship Satisfaction in Wives of War Veterans Suffering from PTSD

PTSD in war veterans and its complex emotional and behavioral characteristics affect veterans' partners and the quality of their relationships. Partners of war veterans can also be traumatized by war and can develop PTSD. The

study explored how post-traumatic stress disorder affect's marital quality and satisfaction in war veterans' wives suffering from PTSD. The Harvard Trauma Questionnaire (HTQ) and Dyadic Adjustment Scale (DAS) encompassed 154 war veterans and their wives who had been treated at Mostar Clinical Hospital in Bosnia and Herzegovina for combat-related PTSD as well as 77 veterans and their wives who did not suffer from PTSD. The results indicate that wives of PTSD-affected veterans have low marital quality, partner relationships are more complex when the wife also suffers from PTSD and, in such cases, marital quality is even lower. The results highlight the importance of recognizing PTSD in wives of traumatized veterans, as well as the importance of family-oriented approaches in the treatment of PTSD.

Klinitzke Grit; Weißflog, Gregor; Brähler, Elmar, University of Leipzig

20 Years after the German Reunification: Mental Health Problems of Political Prisoners in the Former German Democratic Republic (GDR)

More than 200.000 people were incarcerated for political reasons (e.g. the illegal crossing of the border, contact to persons in the western countries etc.) in the former German Democratic Republic (GDR). Traumatic maltreatments led to physical and psychological suffering even many years after the incident. To investigate the long-term consequences of political imprisonment in the GDR, 157 persons were recruited from the Saxon Memorial Foundation to participate in a postal survey in 2008. Sociodemographic data and psychosocial outcome variables (e.g. mental health problems [SCL-27]) were assessed in a cross-sectional study. Compared to a representative sample of German general population (n = 615), the former political prisoners (mean age: 65; male: 82,2%) showed significantly more mental health problems in general and on every symptom subscale even 20 years after the German Reunification. No gender effects regarding the subscales were detected. A lot of variables showing the circumstances of the imprisonment (e.g. duration of or age at the imprisonment) are significantly associated with the symptoms of mental health. The traumatic experiences of politically persecuted people in the former GDR caused long-term mental sequelae, which persist until now. In the treatment of an individual's mental problems, the societal-biographical context has to be regarded.

Köhler Miriam; Bredenbeck, Claudia; Wagner, Dieter, Alexianer-Institute of Psychotraumatology Berlin/Krefeld; Mosetter, Kurt, Society for Regulation Medicine,; Fischer, Gottfried, German Institute for Psychotraumatology; Bering, Robert, Alexianer-Institute of Psychotraumatology Berlin/Krefeld

Ten Years Anniversary of the Center of Psychotraumatology in Northrhine Westfalia/ Krefeld

In 2001 the Alexianer GmbH in Krefeld set up a Center of Psychotraumatology (CoP) to serve as a pre-operating study concerning the supply in Cologne victim aid. Through this a gap of supply was closed to make prompt assistance for victims of violent crime, natural disasters, accidents and other serious life events possible. Today the CoP has an independent status in the psychiatric health care of Northrhine-Westfalia. A four-layered offering of treatment is the result, made up of a device of inpatient treatment, rehabilitation, liaison psychiatry and outpatient clinics in Krefeld, Duisburg, Meerbusch and Cologne. For this the CoP is arranged and disposed to a catchments area of 5 up to 7 million citizens for Posttraumatic Stress Disorder (PTSD) and complex PTSD. The medical attendance has following outline: first the therapy is based on cognitive psychodynamic models. It ranges from first counselling to vocational rehabilitation. Second the Target Group Intervention Program is part of early intervention conceptual preparedness. We summarize our research on crisis intervention programs, effectiveness of psychotherapy, psychopharmacology, Myoreflextherapy and neurobiological parameters of PTSD and complex PTSD. We conclude that specialized departments for psychotraumatology are needed. Over this, the CoP is part of a cross boarder infrastructure to be prepared on local and pan-European disasters.

Korn Hannah, University of Vienna

The Impact of Posttraumatic and Acculturative Stress to the Subjective Mental Health Status of Bosnian Refugees in Austria

The body of research on consequences of posttraumatic stress in refugee populations is growing steadily. However, little scientific attention has been directed towards the impact of acculturative stress, even though postmigration

stress has been recognized as an important factor for poor subjective mental health. This is particularly important since a growing number of people are involuntarily displaced and forced to resettle in other countries. Posttraumatic experiences and the ongoing adaptional stress increase the vulnerability to mental health problems. Therefore, this study examines not only the impact of posttraumatic stress, but also the impact of cultural adaptation demands to levels of mental health symptoms in a clinical and a nonclinical community group of Bosnian refugees several years after their migration to Austria. Instruments for assessment are the GHQ-28 to assess the occurrence and severity of general health symptoms, the IES-22 to measure the posttraumatic reactions, the LAS to examine the degree of cultural adaptation and a socio-demographic questionnaire. The study contributes to a better understanding of the various difficulties refugees are confronted with after migration and its impact on subjective mental health. Additionally, implications for mental health professionals working with refugees are being discussed.

Krammer Sandy; Simmen-Janevska, Keti; Maercker, Andreas, University of Zurich

The Influence of Social-Interpersonal Factors and Reminiscence Styles on the Association between Potentially Traumatic Events during Childhood and Cognitive Decline in Old Age

Background: Recent studies indicate that PTSD appears to be associated with cognitive decline in the elderly, whereby social factors seem to exert an important impact. For instance: social support seems to negatively influence both the development and maintenance of PTSD and the development of dementia. In addition, the importance of social factors is emphasized by the interpersonal socio-contextual model by Maercker and Horn. As previous findings from our group (e.g. younger age being a risk factor for PTSD) suggest, traumatic events during childhood may lead to long lasting and severe consequences over the lifespan. **Aim:** The aim is to analyze the mediating effect of specific social-interpersonal factors (social support, network size, loneliness, disclosure, social acknowledgment, attachment style, forgiveness, relationship satisfaction) and reminiscence styles (interpersonal, integrative, obsessive and escapist) on the association between potentially traumatic events during childhood and cognitive decline in old age. **Methods:** This cross-sectional study aims to recruit approximately 150 subjects (above the age of 70) with potentially traumatic childhood events. A test battery including measures on childhood trauma, PTSD, developmental trauma disorder, cognitive decline and social-interpersonal factors is implemented. **Outlook:** This poster will present preliminary results on the mediating association outlined above.

Kruessmann Marion, LMU Munich; Mueller-Cyran, Andreas, Archbishopal Chair of Munich

Primary Prevention for Rescue Service Personnel

Volunteer fire fighters are exposed to a higher risk of developing posttraumatic disorders than the average general population. The potency of follow-up interventions is controversial, randomized studies show no effect on a reduction of trauma related symptoms. Some years ago emphasis has been placed upon measures of primary prevention like trainings unlinked to acute incidents as a part of the brigades' basic or advanced training. In this study 15 fire brigades received training accompanied by questionnaires before, immediately after, half a year and two years after training (2008). Identical data was collected from 15 control brigades. Questions on factual knowledge supplied insights on transfer of training content. Questions on subjective stress supplied data on whether trained brigades reported lower stress-results than control brigades. 1795 sets of data, referring to 745 individuals, are available. The results show that trained brigades come with significantly higher knowledge relevant for trauma-prevention. The average subjective stress reported by field personnel based at trained brigades is lower than in control brigades. The results show clearly that a nationwide implementation of primary prevention trainings, not only as a genuine task but also as an expression of responsible staff welfare, should urgently be tended to by official institutions.

Krutolewitsch Anna, Maercker, Andreas, University of Zurich

Co-Rumination in the Context of the Social Facilitation Model of PTSD: Secondary Traumatization and "Co-Rumination" on Emergency Workers

Background: The work of forces of different professions (firefighters, civil defense, police and rescue personnel) may lead to secondary trauma, as it is often connected with the experience of serious or fatal injuries, heavy deformed or

dying victims, but also with the emotional contact with patients and their families. In addition, the work of forces is accompanied by time and performance pressure on site and by continuous pressure to make decisions and take responsibility for the lives of others. **Objective:** Based on the proposed social facility model of PTSD by Maercker (2010), the role of another interpersonal factor, "co-rumination" (Rose, 2002) is investigated. Co-rumination is the extensive and repeated discussion of problems with close friends and colleagues. It is speculated about the negative consequences of the problem and negative emotions are addressed and discussed separately. **Method:** 168 responders participated in the study voluntarily (53 employees of the medical emergency service and 115 employees of the fire department). **Outlook:** The effect of the factor "co-rumination" on the development of secondary traumatization was examined and the interpersonal factors, such as disclosure of the traumatic experience and experienced social esteem were compared.

Ksiazak Maria, International Humanitarian Initiative Foundation; Gordziejuk-Nowak, Joanna

EU Reception Directive vs. Deportations on Dublin 2 Regulation

The presentation is based on data on the access of medical and psychological assistance of asylum seekers in Poland gathered from two research projects of International Humanitarian Initiative Foundation and the Association of Legal Intervention that I participated in as a psychologist. The majority of the asylum seekers come to Poland from Chechnya and are traumatized due to the ongoing conflict and human rights violations including torture. The asylum seekers with PTSD undergoing treatment and therapy in other EU countries are not able to continue this treatment when deported to Poland. After the deportation vulnerable individuals and families are often locked in deportation centres. The children in deportation centres do not have access to school education and there is no access to psychotherapy at all. Families have to spend up to one year in these facilities. PTSD or even the psychological trauma of the children are not regarded sufficient reason to allow asylum seekers to move to open reception centres. The need for setting up minimal standards for assistance to asylum seekers with PTSD across Europe is essential if asylum seekers rights to health and rehabilitation are to be respected.

Kuzlik Iwona; Wawrzyniak, Malgorzata, Warsaw School of Social Sciences and Humanities

Temperament, Basic Hope and Coping Strategy Choice by Individuals after Trauma

The aim of this study was the revision of the presumption, regarding to antiquated trauma influence on process of coping with its consequences. It was assumed, that even if victims of trauma were fighting actively during suffering, or they were passive, it would have an influence on the posttraumatic adaptation process. Participants: 246 women and 221 men, age 19-56. The following tools were used: Childhood Incidents Scale, Coping Responsens Inventory, the Zuckerman's Sensation-Seeking Scale, BHI Questionnaire. It was found that the selection of specific coping strategies is influenced by taking action [in the crisis situation], the number of traumatic incidents one was exposed to, subjective intensity of stress, recurrence of the event, perception of effectiveness of the action taken, extent of confiding in others, strength of sensation seeking and basic hope. The study leads to a key conclusion about the role of basic hope and sensation seeking as moderators of constructive coping by the individual confronted with the crisis situation.

Kvitsaridze Marina; Marina, Baliashvili, Grigol Robaqidze University; Sakvarelidze, Ramaz, Tbilisi Medical University; Norakidze, Tinatin, Tbilisi State University

SRRS Specificity in Georgia (Local and Displaced Populations)

The Social Readjustment Rating Scale (SRRS) is widely recognized as a tool to measure the stress level. Different psychological and cultural factors may affect the stress exposure in different groups. The attempt was undertaken to study the stressors in Georgian population.

The modified version of SRRS was developed. The experts were asked to identify the events that may cause stress in contemporary Georgian society. This list was amended by the stressors described in the literature (Holmes & Rahe, 1967). The amended list was piloted to receive the final version for further research.

The final list of 70 stressors was assessed by 500 respondents (local residents and internally displaced people). The results were compared to the data described in the literature. The weight of the stressors appeared to be different in Georgian and western populations.

Also, difference was revealed in the two groups – local residents and internally displaced people. Factors, inducing stress in local residents, were often less stressogenic for the displaced. Compared to the locals, the displaced persons reacted less acutely to interpersonal conflicts, death of a spouse, drug or alcohol-addiction etc. However, they were more exposed to change of profession or employment, living conditions, social isolation, loss of the territories etc.

Lindahl Norberg Annika, Karolinska Institute; Forinder, Ulla, Stockholm University

Parents of Children with Potentially Fatal Disease: What is the Trauma?

It has previously been demonstrated that parents of children with serious medical conditions may exhibit post-traumatic stress symptoms (PTSS) although the child's treatment is successfully completed. Usually researchers presume that "learning that one's child has a life-threatening disease" is the critical event. However, it has not been comprehensively examined which parts of the illness experience actually are perceived as traumatically stressful. Often physical and psychological difficulties remain for the child, even when the treatment is completed. The aim of the present paper was to start with a simple model to explore whether present deficiencies in the child's function after completed stem cell transplant (SCT) are associated with PTSS in the parents. Within a larger study assessing parental reactions to paediatric SCT, a questionnaire for self report was used among 284 parents (161 mothers and 123 fathers). Though stepwise hierarchical regression analysis we found that the parent's perception of the child's present condition had a significant impact on PTSS, over and above the severity of the traumatic memories from the illness and treatment. In conclusion, we may not automatically presume that experiences associated with PTSS in this group disappear just because the potentially lethal disease is cured.

Lita Andreea, Romanian Police; Lita, Stefan, Romanian Ministry of Administration and Interior,

The Influence of Cognitive Schemas on the Social Problem Solving abilities of Police Officers

Policemen represent a population who are at high risk for posttraumatic stress, therefore the study investigates whether cognitive schemas could be a predictor for understanding behaviour exhibited by sample like policemen who must cope with multiple and conflicting demands. The sample consists of 150 police officers who have filled in two questionnaires: the Young Schema Questionnaire-Short form (1998) and the Social Problem-Solving Inventory (D'Zurilla & Nezu, 1990). The main hypothesis was that cognitive schema would play an important explicative role in understanding policemen's social problem solving abilities. We conducted regression analyses with two major components of the social problem-solving process (problem orientation and problem-solving proper) as dependent variables and cognitive schema scales as independent measures. The preliminary data confirmed the main hypothesis showing that: the problem orientation abilities are explained ($R^2 = .34$, $F = 9.62$, $p = .000$) by low scores on failure-FA, subjugation-SB and abandonment-AB, whereas the problem-solving abilities are explained ($R^2 = .33$, $F = 9.23$, $p = .000$) by high scores on punishment-Pu, as well as low scores on dependence-Di and social isolation-Si. The results are interesting especially because all the subjects represent a very special population which have to deal with a variety of social issues.

Löffler Sabine, University Hospital Dresden; Bogausch, Anja; Pöhlmann, Karin; Knappe, Rainer, Arbeitsgemeinschaft für Verhaltensmodifikation Deutschland e.V.; Joraschky, Peter, University Hospital Dresden

Wound and Growth: Meaning in Life and Coping with Posttraumatic Stress

Traumatic experiences can be existential experiences, which lead to fundamental changes in the experience of meaning in life (Yalom 1989). Recent findings indicate, that a strong sense of meaning can be helpful for coping with straining life events (Groß 2007; Vickberg et al. 2001). This study investigated, (1) how personal meaning

systems change after a traumatic event and (2) which relations exist between the individual meaning structure or the subjective sense of meaning and the coping with traumatic life events and psychological well-being. 62 female psychotherapy patients suffering from a post traumatic stress disorder filled in questionnaires measuring the sense of meaning in life, psychological well-being and coping with the trauma. Personal meaning systems were assessed qualitatively. Results showed, that a stonger sense of meaning in life and a more sustainable meaning system were associated with less posttraumatic stress symptoms, more posttraumatic growth and better psychological well-being. Those, who were able to develop new contents of meaning in life, showed less symptoms of posttraumatic stress and could use the traumatic event more effectively as an impulse for personal maturing. To conclude, there exists a significant relation between the concept of meaning in life and the coping with traumatic events as well as psychological well-being in general.

Lonergan Michelle, Douglas Mental Health University Institute; Lening, Olivera-Figueroa A., Fernand-Seguín Research Center; Brunet, Alain, Douglas Mental Health University Institute

Propranolol's Effects on Long-Term Emotional Memory Consolidation and Reconsolidation: A Meta-Analysis

Background: Considering the pivotal role of negative emotional experiences in the persistence of mental disorders, preventing or reversing the consolidation of such memories may open the door to a novel treatment approach. Several studies suggest that the noradrenergic beta-blocker propranolol abolishes the enhancement of emotional memory during memory consolidation or reconsolidation. Thus, we conducted a meta-analysis on the use of propranolol to block consolidation and reconsolidation of emotional memories in healthy adults. **Methods:** After a multilingual database search, 16 double-blind studies with random assignment involving one drug and one placebo condition were included, and data was extracted. **Results:** Compared to placebo, propranolol given before memory consolidation subsequently reduced recall for new negatively valenced stories, pictures, word lists, situations, and scripts, $g = 0.44$, (95% CI = 0.14-0.74). Moreover, compared to placebo, propranolol before memory reconsolidation reduced the expression of cue-elicited fear responses later on, $g = 0.64$ (95% CI = 0.05-1.23). **Conclusion:** Propranolol shows promise in reducing memory for new as well as recalled emotional material in healthy adults. It remains to be demonstrated that more powerful emotional memories in clinical populations can be durably weakened as well, thus bringing about symptomatic relief

Loulopoulou Angela Ioanna, The Medical Foundation for the Care of the Victims of Torture

De-Pathologising Trauma: A Positive Psychology Framework when Working with Victims of Trauma

The notion of 'trauma' in the field of psychology has traditionally been regarded as synonymous to a psychopathological state, namely Post-Traumatic Stress Disorder. In accordance to that, at a political and societal level, 'trauma' has most commonly been considered as rendering the individual who has had traumatic experiences in a victimised/helpless position. The present study challenges these positions and through comparative research emphasises that they are not consistent with recent findings either within the field of positive psychology or the study of the refugee experience. By means of a critical investigation critical of the i) key points of, and developments in positive psychology, as well as ii) the research conducted in, and the clinical material derived from the area of the refugee experience, the study argues that 'trauma growth' theories can be considered an integral part of positive psychology theory and practice. Such integration allows for new ground upon which professionals, working with individuals who experience trauma, can build evidence-based challenges to the pathologised and victim-related view of 'trauma' still used and promoted in psychology and politics. Moreover, the study emphasises that the present findings can already mobilise professionals towards a strength-focused approach in the psychotherapeutic treatment of sufferers from traumatic events.

Marcelino Dália; Figueiras, Maria João, UIPES-ISPA

Predictors of Posttraumatic Stress in a Sample of Portuguese Firefighters

Objective: The aim of this study is to investigate the predictors of posttraumatic stress associated with critical incidents experienced by Portuguese Firefighters. **Methods:** This is a prospective study in which 446 Portuguese Firefighters with ambulance emergency training completed a questionnaire at two points: July 2009 (T1) and November 2009 (T2). The measures were PTSD, peritraumatic dissociation, distress, health complaints, psychological well-being and socio-demographic variables. **Results:** The majority of the firefighters had experienced critical incidents in their work. Over time there was a decrease in PTSD symptoms and peritraumatic dissociation, an increase of health complaints, and a significant improvement in psychological well-being. Correlational analyses indicated a negative association between symptoms and psychological well-being at the two time points. The predictors of PTSD were traumatic incident-related, peritraumatic dissociation, psychological distress and health complaints at both assessments. **Conclusions:** Firefighters are at risk to develop health symptoms due to work related stressors. However, the results suggest that shifts in symptomatology may be associated with the time of the year in which the assessments took place. Further research should explore whether these symptoms increase in peak times of critical incidents over the year.

Martin-Peña Javier, University of Barcelona; Olf, Miranda, University of Amsterdam; Rodriguez-Carballeira, Alvaro, University of Barcelona

Chronic Exposure to Terrorist threats in the Basque Country: Psychosocial Consequences Suffered by the Victims of ETA

Introduction: Few studies have focused on the effects of exposure to terrorist threats, a form of chronic violence that has been poorly understood. This research aims to examine the psychosocial consequences of ETA's terrorist threats in victims in the Basque Country (Spain). Earlier we collected qualitative data on the effects of terrorist violence to determine the relevant psychosocial domains in these type of victims. **Method:** Quantitative data were collected with an online survey in a sample of 85 victims: (Male = 60%; Age 40-49 years; public sector: 57,6%; political activity as a main reason for violence = 51,8%). **Results:** The results showed a high impact of terrorist threats on contextual, cognitive and emotional elements, but not significantly on their behavior. Disorders in family relations, social activities and daily plans (91,8%), and in the needs for security and protection (88,2%) scored highest in terms of context. Strong perceptions of social vulnerability and loss of freedom (89,4%) were relevant in terms of cognition. Anger (88,2%) and fear (87,1%) scored most in terms of emotion. Written testimonies of victims about the effects suffered will be shown. **Conclusion:** Victims of ETA terrorist threats suffered on social, cognitive and emotional domains. Limitations and implications will be discussed.

Matos Marlene, University of Minho; Santos, Anita, Instituto Superior da Maia; Machado, Andreia; Machado, Carla, University of Minho

Group Intervention with Battered Women: An Outcome Study

Violence against women in intimate relationships has damaging implications for the victims, not only socially, but also in behavioral and psychological domains. Intimate victimization is associated with high rates of depression and anxiety disorders, dissociation, suicide attempts, substance abuse, traumatic stress disorder, sexual problems, and cognitive disturbances such as hopelessness, low self-esteem and somatisation (Briere & Carol, 2004). The growing number of abused women asking for specialized help has been emphasizing the importance of innovative answers. According to Tutty, Bidgood and Rothery (1993), group intervention is one of the most common treatments concerning women victims. However, studies about intervention efficacy are scarce. A group intervention with women that were in an abusive relationship was implemented with a cognitive-behavioral approach. The main goals were: to cease partner violence; to decrease clinical symptoms such as traumatic stress, to reduce victim's isolation, to promote empowerment and skills to the reorganization of life projects. Three experimental groups were conducted, with measures of clinical symptoms and beliefs towards violence before the

group beginning, in every session, at the end and at follow-up session. Preliminary outcome results of the group intervention will be presented, namely in relation to traumatic stress. Findings' implications for professionals practice, institutional intervention and for the victim's well-being will be discussed.

Messer Stephen, Nova Southeastern University

Differential Effectiveness of Psychological and Pharmacotherapy Interventions for PTSD: A Meta-Analytic Review

Posttraumatic stress disorder (PTSD) is estimated to affect 8-9% of individuals in the population at some point in their lives. PTSD constitutes a major public health morbidity and mortality burden, highlighting the importance of prevention and intervention efforts. Treatment guidelines for PTSD include empirical reviews of the literature and meta-analyses. Generally, the recommendations are quite complementary. The current study follows the PRISMA recommendations. Subgroup and meta-regression analyses will examine relations such as baseline severity of PTSD symptoms, gender, comorbidity, depression diagnosis, baseline symptom scores, and attrition with psychological and pharmacologic treatments of PTSD.

Mikhaylova Elena; Evstegneeva, Natalia, Smolensk Regional Hospital for War Veterans

Specific Features of Verbal Memory in Patients of Hospital for Veterans of War with High Blood Pressure and PTSD Symptoms

It is known that post-traumatic stress disorder (PTSD) is often associated with verbal memory deficits (G. Johnsen, 2007, J. Wild, 2008). Also, it has been shown that higher diastolic blood pressure is associated with impaired cognitive status in men and women 45 years of age and older (G. Tsivgoulis, 2009). The relationship of stress and high blood pressure is also well known. The aim of our study was to compare the performance of verbal memory in patients with these two disorders. The average age of the patients was 57.37 years, 65% had complaints with high blood pressure. We identified the relevant diagnostic criteria of PTSD in 15% of patients, all of them also had the diagnosis of arterial hypertonia (AH). There were memory complaints in 2/3 of patients with AH alone and only 1/3 of patients with PTSD combined with AH. According to the results on verbal memory, patients with PTSD show better results in the immediate and delayed recall of words. Other verbal memory tasks, such as recalling categories of words (for example, beginning with a particular letter, or plants/animals names) were also better in patients with PTSD and hypertension than in patients with AH without PTSD. The delayed recall of words in patients with normal blood pressure, which had been used as a control group, was better than the group with AH and PTSD and in the group with AH alone.

Niedermayer Irene, Verein Projekt Integrationshaus

Multi-Professional Treatment of Traumatized Young Unaccompanied Refugees in a Stationary Youth Welfare Project

Caravan is a social educational project for accommodating unaccompanied minor refugees with increased care need. The care need result from massive mental health problems (sleeping disorders, anxiety disorders, depressive conditions, PTSD, concern around relatives left and problems related to adjusting to the new environment) as well as partly considerable somatic problems. Here the spectrum ranges from disabilities requiring treatment to severe somatic conditions, such as heart disease up to serious consequences caused by FGM.

The inhabitant population of the latter 3 years was examined in the following data (15.11.2007-15.11.2010). In this period 77 young adolescents lived in Caravan, 38 males and 39 females at the age of 13,7-17,8 (average 16,3). The average duration of stay amounted to 389,9 days (range 40-1559). The largest group of inhabitants (30) originate d from Afghanistan, 9 came from Somalia-altogether adolescents from 22 countries lived in Caravan during the last 3 years.

The psychological care covers a detailed anamnesis and an appropriate continuing treatment on voluntary basis (40 responded to this offer well). Focus of the psychological support was resource-oriented stabilization and activation.

Additionally to the psychological support an intensive, medicamentous psychiatric treatment was necessary in many cases. 30 (38.96%, 15 boys, 15 girls) of the unaccompanied refugees received also psychiatric treatment during their stay, which usually was covered by appropriate child and youth-psychiatric departments.

Odachowska Ewa, Warsaw School of Humanites and Social Psychology

The Influence of Sense of Life on Identity Crisis and the Coping Process in Crisis Situation Related to a Child's Chronic Illness

After the diagnosis that the child is mentally handicapped or chronically ill parents experience great sorrow, as it may occur at the loss of a loved one. It was assumed that the situation of parents of children with developmental disorders are associated with chronic stress. This may cause grieving, anxiety and guilt. The study therefore verified the hypothesis about the sense of life and the type of disease from the parent's identity crisis and coping processes. Mechanisms to cope with stress resulting from the child's disability were examined. The Coping Responses Inventory, the level of awareness of the meaning of life in new situations was examined using the Purpose in Life Test (PIL). The survey was conducted in two ways: 57 mothers of children with physical and intellectual disabilities participated. In the second study, 81 fathers of children with intellectual disabilities were examined.

The results showed significant differences in the levels of the sense of life between the two groups. Parents of mentally handicapped children experienced significantly higher levels of crisis evaluation as compared to parents of children with physical disabilities. There were also strategies disclosed to cope with the situation of the child's disability between mothers and fathers, as well as depending on the type of child's disability.

Oe Misari, Schnyder, Ulrich; Schumacher, Sonja; University Hospital Zurich; Mueller-Pfeiffer, Christoph, University Hospital Zurich and Massachusetts General Hospital and Harvard Medical School; Wilhelm, Frank H., University of Salzburg; Martin-Soelch, Chantal, University Hospital Zurich

Lower Plasma DHEA Concentration in the Long-Term after Severe Accidental Injury

Dehydroepiandrosterone (DHEA) and its metabolite dehydroepiandrosterone sulfate (DHEA-S), which are also adrenal gland products, have prominent effects on GABA A receptor activity. DHEA(S) may play a role in resilience and in successful adaptation to stress. The aim of our study was to test chronic/long-term DHEA(S) changes in participants who had developed PTSD after severe accidental injury. We measured plasma DHEA and DHEAS concentrations as well as the DHEA-cortisol ratio in 13 survivors who developed PTSD after severe accidents 10 years ago but were remitted at the time of the investigation, 14 survivors who did not develop PTSD after a severe accidents 10 years ago (trauma-controls), and 16 age and gender matched healthy participants, who did not experience any traumatic events in their lifetime. In order to disentangle the influence of manifest PTSD symptoms on the plasma DHEA(S) concentrations, we tested only participants with remitted PTSD. A significant group effect was found for plasma DHEA concentration ($F(2, 39) = 3.900, p = 0.03$), but not for DHEAS concentration ($F(2, 40) = 0.913, p = 0.4$) and DHEA-cortisol-ratio ($F(2, 40) = 2.103, p = 0.1$). Post-hoc tests evidenced a significantly lower DHEA concentration in trauma-controls compared to no-trauma ($p = 0.03$, Bonferroni corrected for multiple comparisons). Lower DHEA might represent a chronic dysfunction in trauma survivors.

Pabst Astrid; Gerigk, Udo; Erdag, Sukran; Altmann, Melanie; Paulsen, Gunnar; Aldenhoff, Josef, Zentrum für Integrative Psychiatrie ZIP GmbH

Interdisciplinary Therapy of Traumatised Refugees in a Psychiatric Context – A Model Project

Since 1998 the Centre for Integrative Psychiatry in Kiel/Germany offers a multiprofessional therapy for severely traumatised refugees /applicants for asylum. Because of legal restrictions there are difficulties in the access to the German health system. Furthermore they have fears of the unknown. A missing work permit and the communal accomodation often lead to massive psycho-social difficulties, and conduce to a maintenance and/or worsening of the health situation. Since 2008 a multiprofessional therapy approach has been developed in a project sponsored by the Europaen Fund for Refugees (EFF). The goal was/is to improve the medical-psychiatric and psycho-social situation of patients.

Besides a psychiatric-medicinal treatment, psychological conversations and social-psychiatric assistance, occupational therapy and physiotherapy as well as language teaching are offered. One focus is the Narrative Exposure Therapy (NET)-a treatment for trauma spectrum disorders.

In 2010, 56 patients from 16 different nations received a treatment with the assistance of qualified interpreters. A significant improvement of the health situation could be achieved, whereas the comprehensive, flexible assistance on the medical and psycho-social level proved successful.

Pacheco Duarte; Frade, Bruno; Sá, Mónica; Andrade, Ana; Rocha, José, UnIPSA; Centro de Investigação em Ciências da Saúde, Instituto Superior de Ciências da Saúde, CESPU

Predictive Model of Complicated Grief Six Months after Loss on a Portuguese Population

The prediction of the results after a loss, including factors that allow early identification of patients likely to present Complicated Grief (CG), is notoriously difficult. The aim of this prospective, descriptive and multicorrelational study is to provide a predictive model of CG six months after a loss. The sample consisted of 52 individuals referred by Primary Health Care, that were evaluated 2 months (T1) and 6 months (T2) after loss, with Portuguese versions of the Beck Depression Inventory (BDI), the Impact of Event Scale – Revised (IES-r), the Inventory of Complicated Grief (ICG), the Family Adaptability and Cohesion Evaluation Scale – III and a socio-demographic questionnaire. CG regression model 6 months after death was statistically significant ($F = 19.148$, $p = 0.016$), explaining 99.2% of this variable, having trauma and specially avoidance and an import role in this variation. Two months after death, Kinship explains 30% and concomitant symptoms (depression and trauma) explains 22% of the model. The prevalence of psychopathology in this sample is higher than in other studies. This study also suggests high comorbidity between depression, trauma and complicated grief, in both time points, with a considerable predictive ability. It reinforces the importance of early identification of issues related to complicated grief, especially at the level of Primary Health Care units.

Pearce Jennifer; Bisson, Jonathan, Department of Psychological Medicine

The European Network for Traumatic Stress – Training & Practice (TENTS-TP) Project

From May 2009 to May 2011, the EU funded the TENTS-TP project (The European Network for Traumatic Stress-Training & Practice). This project aimed to widely disseminate and implement evidence-based care to those affected by traumatic events that promotes social inclusion throughout the entire European region. TENTS-TP will improve resiliency within member and partner countries through enabling them to appropriately manage the psychosocial consequences of traumatic events.

TENTS-TP partners completed a systematic review, conducted a Delphi process and developed a curriculum that would effectively integrate mental health promotion and disorder prevention into the training and practice of professionals in mental health and social services. This curriculum was disseminated by identifying professionals responsible for teaching and training in the field and providing them with an evidence-based practice teaching package and equipping them to implement this in a sustainable manner in partner countries through the use of a Train-The-Trainers model. The Train-The-Trainer workshops in partner countries throughout Europe were planned for March 2011-May 2011. These workshops help to raise levels of knowledge and expertise of the end users of the project (mental health and social service professionals) which will result in improved services to those affected by traumatic events.

Pejuskovic Bojana; Lecic-Tosevski, D., Institute of Mental Health; Priebe, Stefan, Unit for Social and Community Psychiatry, Barts and the London School of Medicine, Queen Mary, University of London; Toskovic, Oliver, School of Philosophy

Posttraumatic Stress Disorder in Serbia

Background and Objectives: Epidemiological studies on posttraumatic stress disorder (PTSD) in Europe show a lifetime prevalence rate of 2-6% and a current prevalence of 1% in adult population. Lifetime (5-10%) and current (1-1%) PTSD prevalence rates in the United States are higher than PTSD prevalence in the European studies. The

objectives of this study were to examine the prevalence of lifetime and current PTSD in the general adult Serbian population and to detect the most stressful life events. **Methods:** The sample consisted of 640 subjects chosen by random walk technique in five regions of the country. Assessment has been carried out by the Life Stressor Checklist-Revised (LSCL-R), The Impact of Event Scale Revised (IES-R) and MINI-5. **Results:** Our findings have shown a high level of current (18.8%) as well as life-time PTSD (32.3%). The bombardment, being expelled from home, siege, sudden unexpected death of a close person, combat, non-sexual assault, lack of food or water were the stressful events most likely to be associated with PTSD. **Conclusions:** This study was part of a large international multicentric study and one of first that examined the occurrence and prevalence rates of PTSD in general population of some European countries. Our findings have shown a significantly high level of PTSD in our population which is a big challenge for psychiatrists but also a burden for health system and the whole community.

Pielmaier Laura; Maercker, Andreas, University of Zurich

Is there PTSD after Severe Traumatic Brain Injury? A New Screening Strategy

Background: There is a controversy on the existence of posttraumatic stress disorder (PTSD) after severe traumatic brain injury (sTBI). We developed a strategy to improve screening for PTSD in this population (e.g., broaden trauma definition from the injury-producing incident to potentially traumatizing post-accident conditions). Aim of this study was to screen for PTSD in patients with sTBI, and to investigate stress-associated factors. **Method:** 151 patients with sTBI scoring 'severe' or 'critical' on the Abbreviated Injury Scale were screened for PTSD using an adapted version of the Short Screening Scale for DSM-IV PTSD at 3 and 6 months after injury (n = 115/126; both assessments n = 90). Data were collected prospectively within the PEBITA research network on sTBI in Switzerland. **Results:** 5 (4.3%) patients screened positive at 3 months and 4 (3.2%) at 6 months. Symptom severity was associated with functional impairment due to brain injury, quality of life, perceived societal disapproval and dysfunctional disclosure tendencies. There was no correlation with initial injury severity, but negative appraisals of the incidence and its consequences (A2 criterion), and of the lack of memory positively correlated with PTSD symptom severity. **Conclusion:** We believe that the proposed screening strategy improves the detection of patients who might suffer PTSD after sTBI.

Pielmaier Laura; Maercker, Andreas, University of Zurich

Psychological Impact of Severe Traumatic Brain Injury on Close Relatives

Background: Experiencing a life threatening illness such as severe traumatic brain injury (sTBI) of a close relative can cause posttraumatic stress (PTS). We prospectively investigated the course of stress reactions in sTBI patient's relatives, and identified potential predictors of symptom severity. **Methods:** PTS related symptoms were assessed in 162 close relatives (= proxies) of patients suffering from sTBI at 3 and 6 months post-accident (n = 117/130; both assessments n = 90) applying the Impact of Event Scale Revised (IES-R). Data collection was embedded in a large scale study on sTBI in Switzerland (PEBITA research network). **Results:** At 3 months, proxies' IES-R subscale scores were 8.98 SD 6.36 for intrusions, 7.27 SD 6.53 for avoidance, and 8.26 SD 6.81 for hyperarousal; at 6 months they were 9.0 SD 7.66, 7.23 SD 6.51, and 6.96 SD 6.57, respectively. PTS symptom severity was associated with higher age, quality of life, perceived social acknowledgement, and dysfunctional disclosure tendencies. Although they were independent from any measure of patient's physical or functional impairment, they showed significant correlations with patients' PTS levels. **Conclusions:** The physical trauma of a close relative can be traumatizing and cause PTS. Because they might play a major role in care giving, it is important to pay attention to the needs of patient's close relatives after sTBI.

Pojjula Soili, Oy Synolon Ltd

Long-Term Post-Traumatic Mental Disorders of Family Members of Homicide Victims

In Finland 125 people a year die as victims of homicide. A sample was drawn from 576 homicide victims recorded in the police results data system in the years 1999, 2004-2007. The postal enquiry was sent to 295 family members. Standardised self-evaluation questionnaires used were the Hogan Grief Reaction Checklist, the Prolonged Grief Inventory-13, the Impact of Event Scale, the Pittsburgh Sleep Quality Index and the Raitsalo-Beck Depression Inventory.

The postal enquiry was answered by 131 (44%) bereaved family members: 92 women (70%), 39 men (30%). Mean age was 47 years. 89% lost one family member and 11% lost 2 or more family members. 24% of the family members were diagnosed with a new physical illness and 35% with a new mental health disorder. Intensity of misery caused by grief was 103.9 (men 79.6 vs. women 113.9). Other reactions of grief except for panic behaviour decreased. 11 (8%) family members fulfilled all criteria of prolonged grief disorder. 37% suffered PTSD. 51% suffered from depression. 47% had a significant sleeping disorder. Women suffered more from new physical and mental illnesses. An exceptionally large share – about half – of family members of homicide victims suffer from PTSD.

Profaca Bruna; Buljan Flander, Gordana; Bacan, Marija; Mateskovic, Dragana, The Child Protection Centre Zagreb

Coping Strategies in Children Exposed to Different Kinds of Traumatic Events

Coping refers to various behaviours and strategies used by an individual in response to stressful situations. Coping strategies are important prerequisites of growth and development and significant factors in the etiology of psychological and somatic problems. Children do not have a wide scope of coping strategies to rely on. The coping skills developed in childhood and adolescence affect the coping styles a person uses in adult life.

The aim of this paper is to present coping strategies used by children after various traumatic events to which they have been exposed. The clinical study was conducted in The Child Protection Centre and involved three groups of school children: those who have witnessed domestic violence (N = 46), children exposed to bullying (N = 43) and children exposed to traumatic events outside their families (N = 35). The Coping Strategies Inventory for Children and Adolescents – SUO (Vulić Prtorić, 2002) was used. This scale is divided into 7 subscales with conceptually distinct coping categories: problem solving, cognitive restructuring, expressing feelings, distraction, avoidance, friends' support and family support. Results from all three groups show that children most frequently use distraction and avoidance strategies, and less frequently problem solving strategies. The study also presents specific differences between the groups which can be used for further research and treatment goals.

Qouta Samir, Islamic University Gaza; Palosaari, Esa, University of Tampere; Diab, Marwan, Gaza Community Mental Health Programme

Effectiveness of Psychosocial Intervention Among War-Traumatized Children: Mental Health and Socio-Emotional Development: A Cluster Randomized Controlled Study

War trauma forms severe risks for child well-being and development. Fortunately, there are a number of interventions to help war-traumatized children that involve both therapeutic and resilience-enhancing elements. Less is known about their effectiveness. This randomized prospective study analyses whether a psychosocial intervention in school context can enhance mental health and socio-emotional development among children exposed to war in a context of general adversity. The questions concerning effectiveness are: (1) Do children in the intervention group show less PTSD and externalizing and internalizing symptoms than the waiting-list control group? (2) Do children in the intervention group enjoy better peer- and sibling relations and show more optimal emotion regulation than the waiting-list control group? **Method** Participants are 485 Palestinian boys and girls (10-13 years) exposed to trauma and losses in the context of the War on Gaza 2009. A half participated in an intervention based on Teaching Recovery Techniques (TRT) and the other half served as waiting-list controls. They reported PTSD and Strengths and difficulties (SDQ) and Peer and Sibling relations and Emotion regulation at baseline (T1), after the intervention (T2) and nine (T3) months follow-up. The results support the hypothesis of the effectiveness of psychosocial intervention to improve child mental health, but less so socio-emotional development.

Repic Nevena; Stecker, Anja; Düllmann, Sonja; Senf, Wolfgang; Tagay, Sefik, LVR Klinikum Essen

Trauma and PTSD in Dermatological Patients

Background: The aim of this study was to assess the PTSD prevalence with regard to trauma-related and psychopathological symptoms in dermatological in- and outpatients. **Methods:** 276 patients with skin diseases (M = 44.97 years, SD = 17.69; 55.4% women and 44.6% men) were examined with the Essen Trauma-Inventory

(ETI), Brief Symptom Inventory (BSI) and the Chronic Skin Diseases Questionnaire. **Results:** 3.7% of the outpatients and 9.9% of the inpatients met the study criteria for PTSD according to DSM-IV though 70% of all participants reported at least one potentially traumatic event in their life. The most frequently experienced trauma in both groups was “severe illness”. In addition, patients with PTSD had significantly higher levels in psychopathological symptoms than patients without PTSD. **Discussion:** Our results suggest that PTSD in dermatological inpatients is more frequent than in dermatological outpatients. Therefore it would be enriching to consider the severity and role of trauma-related and psychopathological symptoms for future therapy concepts in the treatment of dermatological patients.

Rutkowski Krzysztof; Dembinska, Edyta; Müldner-Nieckowski, Lukasz; Sobanski, Jerzy; Murzyn, Agnieszka; Mielimaka, Michal, Jagiellonian University Medical College Kraków

Late Consequences of Early Childhood Trauma

The aim of study is to show the late effects of early childhood trauma and trauma in adulthood for further development of the personality. The condition was that early childhood trauma is not remembered contrary to the trauma in adulthood. **Subject and method:** The subjects were 329 persons with traumatic experiences of deportation or imprisonment for political reasons. Value Survey compiled by Milton Rokeach, has been used for the research. The group was divided into two subgroups: those who were persecuted in early childhood (as maximum 5 years old) or adulthood. **Discussion:** In the presentation, emotional reactions of people deported from Poland to former USSR in the 1940s of the 20 th century have been presented. Most of them spent several years in deportation; some spent their early childhood there. The fact of spending several years under deportation in severe conditions, seeing people dying, a frequent loss of relatives and a constant feeling of threat left behind a solid trace in their personality. Even many years after deportation (about 50 to 60 years), it is possible to observe consequences disturbing daily functioning. **Results:** showed statistically important differences between the two groups of people traumatised in childhood or in adulthood. In declared values consequences of the experienced trauma are traced, they are shown by the fact that people give higher ranks to certain values, which are associated with lost values, such as, freedom. **Conclusion:** The study confirmed the importance of the early childhood trauma for the development of the personality even if trauma is not remembered.

Rzesutek Marcin, University of Warsaw

Post Traumatic Stress Disorder (PTSD), Temperament, Stress Coping Styles and Social Support in HIV-Positive People

The aim of this research is to investigate the link between post traumatic stress disorder, temperament, stress coping styles and social support in HIV-positive people. In particular, this study focuses on evaluating personality and social predictors and moderators of traumatic stress, caused by a terminal illness. Participants are recruited from 100 adult HIV-positive patients of Wolski Hospital in Warsaw and also organizations helping people with HIV/AIDS. They completed personality and social support questionnaires and a special survey with basic, anonymous information about themselves and their disease. It was discovered that particular temperament traits and stress coping styles can increase the risk of PTSD in HIV-positive people. In addition, particular features of social support may be an important protective asset in case of trauma caused by a terminal illness. Understanding the role of the above mentioned variables in the PTSD dynamics in HIV-positive people can shed some light on psychological problems of those people and contribute for improving their quality of life.

Schiller Bettina, Strasser, Daniela; Wintner, Daniela; Zeilinger, Elisabeth; Lueger-Schuster, Brigitte, University of Vienna

Children of War – The Impact of World War II and the Occupation of Austria on the Mental Health in the Elderly. Post-traumatic Stress Disorder, and Current Psychopathology

Introduction: The aim of this study is to portray the current psychopathology of the elderly Austrian population, in which the events of World War II and the occupation of Austria is to be considered first. Particularly the topic of

PTSD and its association to mental burden of the elderly shall be examined. **Methods:** After excluding the presence of dementia by MMSE, 316 Austrians, born before 1945 were interviewed in all Austrian federal states by trained interviewers. Every participant provided information about their historical background, using a structured interview, which was especially designed by experts in contemporary history and World War II. Furthermore, the elderly people were screened for symptomatic burden (BSI), trauma exposure after the post-war period (TLEQ), present symptoms of PTSD (PCL-C) and resilience (CDRISC). **Results:** The results are yet to be obtained. A high number of psychopathological symptoms in the elderly are expected, as shown in other studies. It is assumed that this is associated with existing PTSD symptoms. **Discussion:** Events of World War II often lead to psychopathological symptoms. Therefore, said symptoms and possible war-related traumas should get more attention in psychological interventions. The findings of this study will be discussed in relation to findings from other studies, treating this topic.

Schweizer Katinka; Brunner, Franziska; Gedrose, Benjamin; Richter-Appelt, Hertha, Universitätsklinikum Hamburg Eppendorf

Understanding Traumatic Stress in Sexual Minorities: Coping with Atypical Sex Development, Gender Variance and Intersex Treatment

Divergences of sex development (DSD), i.e. intersexuality, include a range of congenital conditions in which the development of chromosomal, gonadal or anatomical sex is atypical. As a result, a person's sex characteristics do not all correspond to one sex. In the past, medical practice has been aimed at quickly assigning infants with DSD to an "optimal gender", at decreasing mental health risks and avoiding gender confusion by means of sex corrective interventions (e.g., genital surgery). This approach has received growing criticism because of the lack of follow-up studies and its potentially traumatizing effects. Advocacy groups have voiced the risk of Human Rights' violations.

Data will be presented on treatment, psychosexual development and coping in adults with different DSD ($n = 69$). Most participants with 46, XY karyotype were assigned female and had received "feminizing" treatment. Satisfaction with treatment varied greatly between the DSD groups. Only 50% reported to feel certain about their gender identity, while 72% showed satisfaction with gender assignment. Gender satisfaction correlated negatively with treatment aspects (e.g. a large number of surgeries). 61% showed clinically relevant psychological distress, 25% scored high on dissociation. 45% had sought psychological help. The interplay of psychosexual and psychosocial risk factors in intersex individuals will be specified. Implications are drawn as to why therapy and research should focus more on trauma specific needs of members of sexual minorities.

Scigala Dawid, Warsaw School of Social Sciences and Humanities

Seeking Sensation, Gender and the Psychological Tendency to Risky Behavior among Drivers who Commit Traffic Offenses Chronically. The Analysis of the Example of the Causes and Victims of Traffic Accidents

It was assumed that the level of seeking sensation and gender are important predictors of psychological propensity to risky behavior. The study was conducted with 133 persons who were participants in training courses for people committing traffic violations commonly. Respondents were asked to complete the following tests: the sensation seeking scale V(SSS-V), Sex Role Inventory, State-Trait Anxiety Inventory (STAI) and Speeding Attitude Scale(SAS). It was also found that in the group of offenders there are significantly more individuals with a psychological masculine gender (26) and androgynous (20) than in the group of victims, respectively 12 and 9 people. The analysis showed a significant difference in the tendency to risky behavior among causers ($M = 46.21$) and victims ($M = 39.47$), traffic accidents $U = 894$, $p < 0.05$. Furthermore, the analysis of variation showed that young people with high level of sensation seeking present significantly higher levels of risky behavior on the road ($M = 51.24$) than older people, also with higher levels of search experience ($M = 32.41$), $F(1,113) = 16.845$, $p < 0.001$ than older people having a low level of sensation seeking ($M = 38.38$). Another study showed that the higher level of sensation seeking, the lower the level of anxiety disorders in the causes of traffic accidents, but not in victims with high level of sensation seeking.

Sendas Sandra, Maia Angela, Minho University

The Life Stories of Portuguese Colonial War Veterans with and without PTSD

Traumatic experiences challenge the cognitive-emotional schemes and the structures of meaning used by individuals. With this study we intend to understand and compare the organization of meaning made up by war veterans with and without PTSD for their life stories in the pre, peri and post military periods.

Participants (26 war veterans of the Portuguese Colonial War, 15 of these with PTSD) were interviewed and the integral transcriptions of the interviews were analysed in accordance to the open, axial and selective modes of the grounded analysis codification.

The results showed that different theories emerged in each group, and these differences can be seen in each of the three considered periods of life. In the pre-military period, the emerging stories were Suffer to Survive (PTSD group) versus Strict Care Giving. During war the Functioning on Warrior Beast Mode versus from Military to Warrior describes the different war experiences and in the post military period Change to (Des)Integrate versus Change to (Re)Integrate are the PTSD vs non PTSD theories.

We concluded that after war experience, the different combinations of previous experiences, trauma exposure and resources may be decisive to meaning. Veterans are able to construe and psychopathology, resilience, and/or post traumatic growth is a never ended balance.

Siller Heide; Juen, Barbara, University of Innsbruck

Are Reactions to (Traumatic) Stress Gendered?

Many studies find women develop posttraumatic stress disorder twice as often as men (e.g. Tolin & Foa, 2006; Olfendick et al, 2007; Juen et al, 2008; Punamäki et al, 2005). Gender is also central in psychosocial support intervention. Relevant impacts on responses to disasters of men and women embrace cultural socialization, needs due to biological differences, role and status within community and family. These impacts also affect humanitarian aid workers in disaster settings. In the present study we examined humanitarian aid delegates from Austria according to their reactions to stress, coping strategies and gender. For the assessment of reactions and coping with stress we used PTSD Symptom Scale (Foa et al, 1993), Emergency Coping Style Questionnaire (Clohessy & Ehlers, 1999), Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) and Gender Stereotypical Traits & Normative Gender Role Attitudes (Athenstaedt, 2000). We conducted interviews to acquire a detailed impression of men and women working in disaster settings. As expected humanitarian aid workers in disaster settings show only limited stress symptoms. The results indicate that differences in stress are not due to biological factors of sex, but to gender role. Our discussion centres on stress influenced by gender roles, gender traits and the field of activity of men and women in disaster setting.

Silva Tânia; Rocha, José; Ferreira, Elisabete; Gonçalves, Catarina; Moreira, Fábio, UnIPSA

Comorbidity between Complicated Grief, Post-Traumatic Stress Disorder and Depression

The Complicated Grief (CG) is associated with many complications of mental health, including increased risk for mood, anxiety and post-traumatic stress disorders (PTSD). In fact, the comorbidity between CG, PTSD and Depression (Dep.) is high. We evaluated 110 bereaved adults diagnosed with psychiatric disorders, using the following Portuguese version of assessment instruments: Inventory of Complicated Grief, Beck Depression Inventory, Impact of Event Scale-Revised and Difficulties in Emotional Regulation Scale. Regarding to comorbidity between CG, Dep. and PTSD we verify a 70.9% prevalence of symptoms of CG co-morbid with Dep., 73.6% co-morbidity between CG and PTSD and a co-morbidity of 80% between Dep. and PTSD. Furthermore, is important to underline the co-morbidity of 69% between the three disorders: CG, Dep. and PTSD.

So, these results allow us to verify that the prevalence of disturbance of CG, PTSD and Depression in psychiatric patients is high and that the high co-morbidity existent between these three disorders is about twice the values obtained in literature. In fact, these results show that this is a weakened and affected population in various areas of psychopathology, not only in CG but also in PTSD and Dep. The higher co-morbidity between CG and PTSD is justified by high prevalence of unexpected losses of the sample and by the traumatic nature of someone significant.

Simmen-Janevska Keti; Krammer, Sandy; Maercker, Andreas, University of Zurich

Childhood Adversities and Health in Old Age: The Role of Motivational Competencies

Background: Adverse/potentially traumatic events during childhood have been shown to favor the development of PTSD or have a negative impact on health in later life. Furthermore, an emerging body of research suggests that stressful experiences are associated with cognitive dysfunctions in old age. Recent studies have reported a beneficial relationship between motivational factors and different domains of psychological health on the one hand and cognitive functioning on the other hand. Self-efficacy, self-control and conscientiousness are relevant motivational factors often reported in the trauma literature. However, to date their role in samples of elderly with a history of adversity during childhood has been examined to a lesser extent. **Objective:** The purpose of the present study is to determine whether and how motivational competencies mediate the relationship between childhood adversity and health/cognitive status in old age. **Method:** The study is planned to include $N = 150$ subjects (≥ 70 years) with a history of adversity during childhood. **Outlook:** We present preliminary study results on the role of motivational factors. We conduct a mediation analysis in order to test: First, whether childhood adversity predicts health/cognitive status. Second, whether childhood adversity predicts motivational factors (mediators). Third, whether childhood adversity and motivational factors predict health/cognitive status.

Sinclair Helen, Queen's University, Belfast; Moutray, Marianne; Peake, Sandra; O'Hagan, Marie-Therese, WAVE Trauma Centre

Integrating Formal and Experiential Learning Methodologies in a New Undergraduate Programme in Trauma Studies in a Post-Conflict Society in Northern Ireland: Issues and Dilemmas

This presentation is innovative in raising an awareness of the issues and challenges experienced in educating and supporting students, from a range of backgrounds, enrolled on a BSc(Hons) Trauma Studies in Northern Ireland. One of the challenges in implementing a new trauma programme has been introducing systematic and rigorous research teaching into the student experience. Data sets include reflective discussions between staff. The programme team consists of two staff groups from the School of Nursing and Midwifery, Queen's University, Belfast and WAVE Trauma Centre. Preliminary results may also be available from a research study entitled 'Challenges and issues experienced by students undertaking a BSc(Hons) Trauma Studies in a post conflict society: A Northern Irish perspective' commencing in 2011. Students have discussed experiences of living in a post conflict society. Historically individuals have been silenced due to the security issues of living in a society in conflict and the classroom has facilitated open discourse in a safe environment. Emotive and controversial material has been explored and students perspectives have been broadened. Lecturers have experienced challenges in facilitating open expression of students experiences from diverse backgrounds and ensuring a research and educational focus is maintained.

Sjveland Johan, Akershus University Hospital

Posttraumatic Stress and Chronic Pain – A Longitudinal Study of Chronic Pain Patients

Previous research has found increased rates of exposure to a wide range of potentially traumatizing events in chronic pain patients as well as increased rates of PTSD. Patients with PTSD also commonly report somatic pain. The mediating factors explaining the links between pain and posttraumatic stress disorders are however insufficiently understood. The present study aims to assess the relevance of posttraumatic stress for the tractability of chronic pain. The current study recruits consecutively referred patients to a specialist pain clinic. The patients are interviewed at the beginning of an interdisciplinary pain treatment program and six months later. The first interview covers, demographic data, information about exposure to potentially traumatizing events, symptoms of posttraumatic stress, psychiatric diagnosis, self-reported pain and pain-related disability. The second interview assesses self-reported pain, psychiatric diagnosis and posttraumatic stress symptoms. It is hypothesized that having experienced potentially traumatizing events, having high levels of posttraumatic stress and depressive symptoms at

the beginning of treatment will be positively related to treatment non-responding six months later. This poster reports from a longitudinal study currently in the data collection phase. Background, research design and preliminary findings are presented.

Smith Annemarie J.M.; Kleijn, Wim Chr., St. Centrum '45

Complex Trauma, Quality of Life and Coping by Refugees Applying for Daytreatment

Background: Patients applying for daytreatment for refugees of Long-stay In the Netherlands (LIN-group) in Centrum '45 are subjected to a psychodiagnostic procedure including measures of symptoms, quality of life and coping. **Aim:** Description of characteristics of the LIN-refugees in daytreatment groups and their diagnostic profile, quality of life, coping resources, basic assumptions and coping strategies. Furthermore, the relation between quality of life and coping will be explored. **Method:** During the intake procedure, LIN-refugees filled in the Harvard Trauma Questionnaire for posttraumatic symptoms, and the Hopkins Symptom Checklist-25 for anxiety and depression. Quality of life was explored by the WHO-QOL. Coping was measured using the Resources Questionnaire, the World Assumptions Scale and the Cope-easy. **Results:** The cultural and ethnic background of the LIN-refugees varied greatly, though all had experienced may different traumatic events and presented with a high symptom profile. Quality of life was positively related to self-efficacy and social resources and to the basic assumption of self-esteem. **Conclusion:** The results underscore the importance of personal and interpersonal resources for experienced quality of life in this group of severely traumatized and uprooted patients. Even when trauma-focused treatment may be limited in group treatment for refugees, the group format may have an indispensable function as vehicle for restoration of a positive sense of self and quality of life.

Smoktunowicz Ewelina, Warsaw School of Social Sciences and Humanities; Cieslak, Roman; Basinska, Beata, Gdansk University of Technology

The Effects of Secondary Traumatic Stress on Work Engagement and Job Burnout: Testing the Mediating Effect of Self-Efficacy and the Moderating Effect of Mortality Salience

This experimental study examined the direct and indirect impact of secondary traumatic stress (STS) on work engagement and job burnout. Two aims were addressed: (1) whether mortality salience moderates the impact of STS on work engagement and job burnout, and (2) whether secondary trauma self-efficacy mediates the effect of STS on work engagement and job burnout.

The participants were 106 Polish police officers, who filled out the Secondary Traumatic Stress Scale (Bride, Robinson, Yegidis & Figley, 2004), and our Secondary Trauma Self Efficacy Scale, followed by the mortality salience manipulation. After the experimental manipulation respondents completed the Utrecht Work Engagement Scale (Seppälä, Mauno, Feldt, Hakanen, Kinnunen, Tolvanen, & Schaufeli, 2009) and Oldenburg Burnout Inventory (Halbesleben & Demerouti, 2005). No evidence was found to support the role of mortality salience as a moderator of the relationship between STS and work engagement and between STS on job burnout. However, the results indicated the significant mediating effect of self-efficacy on the link between STS and work engagement, with high STS being a predictor of low self-efficacy and with low self-efficacy, in turn, being a predictor of low work engagement. Self-efficacy in dealing with secondary trauma mediated the effect of STS on job burnout, although the effect was marginally significant.

Sousa Virgiana, UnIPSA

Construction and Validation of Complicated and Healthy Grief Prototype Narratives

The individual constructs, organizes himself and his experiences around coherent, complex and diverse narratives. In this sense the need arises to organize the discourse of prototype narratives for the experience of healthy Grief (HG) and complicated grief (CG). The aim is to build, validate and compare two prototype narratives: HG and CG. Participants are identified by a structured interview. Once narratives are collected, a content analysis is carried out that enables the construction of prototype narratives through 7 categories. When these two prototype narratives are built they are compared and validated. The instruments used are: sociodemographic questionnaire;

interview for bereavement episodic recall and Inventory of Complicated Grief (ICG). For HR narrative we had 15 participants (6 women and 9 men, age $M = 38.7$ $SD = 9.6$) and for CG narratives 11 participants (ICG cutoff ≥ 25 ; 10 women and 1 man, age $M = 46.2$ $SD = 10.5$). Validation sample had 45 participants: 15 healthy adults without CG, 15 with CG and 15 psychotherapists. The narratives for both complicated and healthy grief are presented. We found differences concerning the context, the precipitating event, and the end results. Divergent and convergent validation results for CG prototype narrative allow discussion about the value of constructed narratives for practice and research.

Stigler Katharina, Medical Center for Psychoanalysis und Psychotherapy Vienna

Traumatic Experiences in Childhood and their Duration Into Adulthood

This work tries to specify the consequences of traumatic experiences like violence on the health of the victims. Beside theoretical considerations on this topic, an investigation has been carried out to empirically test these assumptions. The statistical analysis has shown results which allow the statement that experienced physical violence is connected to posttraumatic stress disease and experienced sexual violence is linked to the diagnosis of a personality disorder, especially the borderline personality disorder. Due to these results a link between experienced physical violence, the psychosomatic symptoms and the posttraumatic stress disease as well as a link between experienced sexual violence, a high level of somatic symptoms and the borderline personality disorder can be seen. In addition, comparisons with a representative sample of the normal population (in Germany) showed more and more severe somatic symptoms for women with violence experiences. The statistical analysis has further shown differences in the level of somatoform dissociation for experienced physical violence as well as for posttraumatic disorders like the posttraumatic stress disease and the borderline personality disorder.

Strasser Daniela; Schiller, Bettina; Wintner, Daniela; Zeilinger, Elisabeth; Lueger-Schuster, Brigitte, University of Vienna

Children of War – Impact of WW II and the Occupation Period in Austria on Psychological Well-being among the Elderly Population. Traumatic Experiences during War and PTSD

Aim: 65 years ago a whole generation in Austria was exposed to WW II and allied occupation. The aim of the present study is to analyse trauma exposure differentiating between the zones of occupation, and their impact on psychological health, especially the presence of PTSD. **Method:** 316 people, born before 1945, were interviewed in all provinces of Austria. Trained interviewers provided a structured interview, including a symptom checklist (BSI), a screening for PTSD (PCL-C), a list of traumatic events (TLEQ), and an assessment of resilience (CD-RISC). A detailed historical questionnaire, designed in cooperation with specialists in contemporary history, was included. **Results:** A high exposure to different kinds of war traumata, like bombing, war captivity, combat exposure, sexual assault and traumatic experiences with occupation forces, according to historical data and studies in Germany, are expected. Differences between US, French, British and Soviet occupation zones in trauma exposure, and the relation to current PTSD, will be presented. **Discussion:** This multi-disciplinary study allows access to the complex subject of WW II in Austria from a psychological and historical perspective. For this reason a better understanding of psychopathological symptoms and problems of the war generation, focussing on care and psychological intervention, is expected.

Swirkula Magdalena; Trzebinski, Jerzy, Warsaw School of Social Sciences and Humanities

Alexithymia, Sense of Coherence, Basic Hope and Acute Stress Disorder

The purpose of two studies was to determine the relation and its nature between Alexithymia, SOC (Sense of Coherence), BH (Basic Hope) and ASD (Acute Stress Disorder) among patients suffering from myocardial infarction. It was assumed that there would be a positive correlation between Alexithymia's symptoms and ASD's symptoms. It was also assumed that there would be a negative correlation between SOC and BH and ASD. The 1st study included 30 patients, aged 44 to 85. The 2nd study included 60 patients, aged 47 to 84. Both studies were conducted between the 3rd and 7th day after myocardial infarction. The results indicated that the higher the level

of SOC (1st study) and BH (2nd study), the lower the level of ASD. In both studies a significant positive correlations between Alexithymia and one of its symptoms – Difficulties Identifying Feelings and ASD were discovered. Moreover, significant interaction between Alexithymia and BH was proved in the 2nd study – there was a significantly higher level of Dissociation when levels of both BH and Alexithymia were lower than when the level of BH was low and of Alexithymia was high.

Symmank Anja, Croy, Ilona; Hummel, Thomas; Schellong, Julia, University of Dresden Medical School

Treatment Follow-Up in Patients with Complex Posttraumatic Stress Disorder Using Olfactory Examinations

Background: Patients with multiple trauma history show high participation of the limbic system in stimulus processing. Due to the projection of the olfactory system into the limbic system we wanted to find out, if those patients change their subjective emotional state as well as the more objective odor perception findings during multimodal inpatient treatment. **Methods:** To test this hypothesis we applied psychophysical measurements (Sniffin' Sticks) in addition to different psychological questionnaires before and after intervention to 33 patients of an inpatient treatment in a psychosomatic clinic. The same measurements were performed on a healthy control group of 29 subjects. **Results:** We found significantly improved scores in patients after therapy in the questionnaires applied (Hamilton, IES-R Intrusion and STAI). In odor measurement we found reduced olfactory identification and discrimination abilities in the traumatized patients compared to the healthy controls before therapy and an improvement of the olfactory abilities of the traumatized patients up to the level of the controls after therapy. **Conclusions:** The results indicate improvement of emotional state due to psychotherapy concurring with normalization of olfactory processing. The olfactory system projecting in the limbic system may be an important indicator of change processes in psychotherapy.

Tanyi Zsuzsanna, University of Debrecen

Diagnosis of Cancer: A Source of Posttraumatic Growth

Psychological trauma/crisis can be caused by several “events”: accidents, death, war, violence as well as life-threatening diseases like cancer. There is a large and still growing literature that documents related experience of people with cancer and identifies positive ways (growth) in which their lives have changed as a result of a cancer diagnosis.

Posttraumatic growth (PTG) is “the experience of positive change that occurs as a result of the struggle with highly challenging life crises” (Tedeschi & Calhoun, 2004). It is very important to emphasize that there can be robust individual differences in this reaction to traumas. According to the current literature, for example, the PTG is higher in the case of women, younger people and individuals with secure adult attachment.

In our research we focus on the associations between posttraumatic growth of adult patients with cancer and the following factors: features of cancer, demographic variables, quality of life, adult attachment and various characteristics of personality. The novelty of this study is that it takes the effect of different personality traits and types of attachment on posttraumatic growth into account. What kinds of personality traits show correlation with increased growth? Does higher quality of life involve more positive experiences? These are the central questions to which we try to answer.

Temnik Sanja, University of Primorska; Smrdu, Maja, University Psychiatric Clinic Ljubljana

Growing Up with a Mother who Suffers from Depression: A Case Study

Children of depressed mothers are at increased risk of developing mental health problems in childhood and later in life, even more so than children of depressed fathers (Tully, Iacono and McGue 2008). Parental mental illness is often described in terms of secondary trauma for the child, as living with serious mental illness can have traumatizing effects (Lombardo 2008). Depression interferes with or even prevents the mother from successfully fulfilling her parental role (Markowitz 2008), and is associated with difficulties in mother-child interaction. Home life with a depressed mother represents an important environmental risk factor for depression in the child, on top of heritability. Parental mental disorder involves considerable risk to the child's secure attachment (Maybery et al.

2005), which can negatively influence interpersonal relationships throughout the child's life. Qualitative research can provide insight into the experience of growing up with a parent suffering from mental disorder (Sollberger and Pletson 2007), as well as the experience of parenting from the perspective of people with mental disorder. We present a case study of a mother-daughter relationship where both parties suffer from depression, with special emphasis on problems in emotional and interpersonal functioning of the daughter throughout adolescence, associated with the mother's long-term depression.

Tettamanzi Marilena; Sbattella, Fabio, Catholic University of Milan

Stress or Well Being in Health Operators: A Research about Italian Nurses

A nurse faces everyday human suffering. Nurses have to enter in relationship with patients and their sufferance and they also have to communicate with patients' relatives. Relationships with ill people and their families arouses intense and often negative emotions in nurses. These emotions can interfere with nurses' psycho-social well being and they can evolve in traumatic experience or in burnout. The study aims to explore relationships between nurses' communication competences, nurses' styles of coping, burnout and nurses' quality of life. We hypothesise that proactive coping promotes psychological well being and it reduces risk of burnout. We also, hypothesise a mediator effect played by nurses' communication competences and strategies. Research involved 400 Italian nurses. A questionnaire ad hoc about communication with patients and their relatives, the Burn Out Inventory (Maslach, 1994), the Proactive Coping Inventory (Greenglass et al., 1999) and a questionnaire ad hoc about nurses quality of life were administered to each subject. Results confirm our hypotheses. Good communication competences play a moderator effect between proactive coping and well being or burnout. Coping strategies increase quality of life, but nurses show low levels in coping strategies. Results confirm the importance of nurses training in communication and in coping strategies.

Ting Julia; LePage, Steve, British Columbia Operational Stress Injury Clinic

A Canadian Approach to Serving Veterans and Military Personnel with Operational Stress Injuries

The British Columbia Operational Stress Injury (BC OSI) Clinic was launched in Feb 2009 as a part of a network of 9 clinics across Canada. The clinic provides specialized mental health services to Veterans, members of the Canadian Forces, the Royal Canadian Mounted Police (RCMP) and their families living in BC, Canada who have ongoing difficulties as a result of service-related psychological injury and traumatic events (operational stress injury). BC has a population of approximately 4,419,974 and spans across 944,735 sq. km. To put this into perspective, our service coverage area is approximately three times larger than the size of France. Our nine-member multidisciplinary team works together to provide the following services: psychological and psychiatric assessments, individual psychotherapy, medication treatment, relationship and family counselling, education for family members, health care providers, and others interested in OSIs. We specialize in treating OSIs such as PTSD. One challenge of working with individuals who suffer from a disorder like PTSD is social isolation and avoidance of triggers. Our treatment philosophy is client-focused and to operationalize this, our clinicians travel (up to 2000 sq km) to provide treatment to those clients who are too symptomatic to travel to our clinic. In our poster presentation, we will discuss the unique aspects of this clinic. This includes providing services to clients using tele-mental health and outreach services. We will also address the challenges we have faced and our future directions.

Vick Tracey, Cardiff and Vale University Health Board; Hampton, Victoria; Newcombe, Robert; Bisson, Jonathan, Cardiff University

Self-Report Questionnaire Performance in Survivors of Critical Illness Admission

The detection of vulnerable survivors of critical illness admission who present with early traumatic stress symptoms may facilitate improved management of psychological outcomes. In non-psychiatric settings, necessary expertise to

accurately detect PTSD is often lacking and detection of early symptoms may be best achieved through the use of standardised self report questionnaires that have been validated within the given population. This paper will describe the performance of four scoring rules of the Davidson Trauma Scale (DTS) (Davidson et al., 1997) and performance of the SPAN (Meltzer-Brody, 1999) to two scoring rules of the Clinician Administered PTSD scale (Blake, 1995) for DSM-IV (CAPS). The presence or absence of PTSD at each assessment and according to the scoring rules of the DTS and the SPAN, were cross-tabulated with those of the CAPS scoring rules for the relevant assessment. Sensitivity, specificity, positive and negative predictive values were calculated. Results show that the performance of the DTS and the SPAN were disappointing, although the DTS performed better than the SPAN. The sensitivity measures when compared to the CAPS varied considerably and confidence intervals were wide. Specificity was less varied for both questionnaires. The PPV and NPV were low and high respectively, and likely due to the low proportion of PTSD identified. This study highlighted the variation in the proportion of PTSD cases identified using the SPAN and four scoring systems of the DTS, when compared to the gold standard CAPS structured clinical interview.

Wintner Daniela; Schiller, Bettina; Strasser, Daniela; Zeilinger, Elisabeth; Lueger-Schuster, Brigitte, University of Vienna

Children of War – Consequences of World War II and the Occupation of Austria on the Mental Health of the Elder Generation. An Analysis of Risk and Resilience Factors Concerning PTSD

Aim: Contrary to the huge amount of studies on the topic of risk factors for the development of PTSD, factors of resilience are often let out. The aim of this study is to determine both the risk and resilience factors in a sample of WW II survivors in Austria. **Method:** A total of 316 persons in Austria were interviewed. In order to capture the historical background of the older population, with a focus on social support and social acknowledgment, an especially structured interview was developed in cooperation with experts of the Ludwig Boltzmann Institute with the research focus on effects of war. In addition, the following instruments were used: The CD-RISC to measure resilience, the PCL-C to measure PTSD symptoms and the TLEQ to measure traumatic experiences. **Results:** This study will examine the role of protective factors such as resilience, social support and social acknowledgment in protecting against PTSD. In addition, demographic factors (e.g. gender, marital status, level of education, etc.) will be analysed in regard to their relation to PTSD and resilience. The final conclusion is still in development. **Discussion:** The identification of resilience factors is expected to provide insight into possibilities of promoting healthy coping with traumatic experiences. The impact of resilience on PTSD will be discussed and compared to existing literature.

Wittekind Charlotte; Muhtz, Christoph; Kellner, Michael; Moritz, Steffen; Jelinek, Lena, University Hospital Hamburg-Eppendorf

Neuropsychological Functioning and Biased Information Processing in Posttraumatic Stress Disorder (PTSD) Following Displacement After World War II

Background: Many studies have reported deficits in learning and memory as well as biased information processing in individuals with PTSD. Consequences of trauma might not be limited to the people directly affected, but also concern close relatives, especially their children. The aim of the present study was to investigate transgenerational effects of PTSD on the cognitive performance and attentional bias in the respective offspring. **Method:** Individuals displaced as children from the former German Eastern territories during World War II (20 with PTSD, 24 without PTSD), 11 nondisplaced healthy controls and one of their adult children were compared as to their cognitive performance with a battery of neuropsychological tasks as well as to their processing of trauma-related stimuli (Stroop task). **Results:** Evidence for impaired cognitive functioning or biased information processing was neither found in individuals with PTSD nor their offspring. **Discussion:** Sample characteristics (e.g., highly resilient population, low symptom severity) and methodological aspects might explain our results. The null findings in the

second generation might result from the fact that no neuropsychological deficits could be found in the parental generation or that parental PTSD does not affect the offspring's neuropsychological profile.

Yilmaz Banu; Hocaoglu, Ayla, Ankara University

Long Term Effects of the Last Turkish Migration (1989) from Bulgaria to Turkey: An Investigation in terms of World Assumptions, Resilience, Perceived Social Support, and Life Satisfaction

Migration is the movement of people across a boundary to establish a new residence. The last century has witnessed major incidents of migration all around the world. According to an OECD report on international migration, approximately 190 million people live in a country other than the country she/he was born. The causes of migration are diverse, and some of these factors such as wars, conflicts, poor life standards are those that force people to leave the country they live in, and the others such as a better job, education, political freedom, and social security are those that motivate people to move to the new country where they target to live. Studies show that immigrants may experience some social and psychological problems resulting from culture change and the other associated difficulties. The aim of this study is to examine the long term effects of migration in terms of world assumptions, resilience, perceived social support, and life satisfaction in a sample of immigrants who migrated from Bulgaria to Turkey in 1989. The results of the study will be discussed in the light of the related literature.

Zadecki Jerzy, Edward Hines Jr.VA Hospital

Chronic PTSD and Racial Profile

The author presents this segment as a part of a large empirical study "Chronic PTSD and Treatment Outcome" after three decades since combat-related trauma (Vietnam War). Number of veterans registered for PTSD exam was quite large (1,600). Significantly higher numbers of Blacks were not diagnosed with PTSD compared with Whites. Their chances for service connected benefits were compromised. Significantly higher rate of unemployment was found among Blacks not diagnosed with PTSD than among Whites not diagnosed with PTSD. Questions raised by raters regarding reliability of narratives and validity of tests were higher toward Blacks than Whites, even their pre-treatment Mississippi was significantly higher than Mississippi scores for Whites. Eventually both groups were diagnosed with PTSD (benefit of the doubt was applied). Treatment satisfaction among ethnic groups did not reveal differences, and was pretty high. The cause of disparities between Blacks and Whites could be accounted for by a multiplicity of factors, ranging from bias among raters during the diagnostic process, to a wide range of confounding and contextual factors.

Zara Ayten, Istanbul Bilgi University

Working Towards Ending Child Sexual Abuse in Turkey

The sexual violence is one of the major problem for children in the Turkish society where these issues involve many psychological, social and cultural factors which need to be assessed in order to be altered. The violence towards children in a society is not only the responsibility of the aggressors but also it is the responsibility of all individuals in that society. The society as a whole should recognise the violence problem and do something about it to prevent it happening. One of these prevention methods is to increase public awareness on violence and trauma towards children in order to develop appropriate and healthy attitudes in individuals. In order to achieve this, many mental health workers should be able to work together. Therefore, Istanbul Bilgi University Psychology students have set up the BILGI AÇIK KAPI (BAK) Group (www.bilgiacikkapi.com) as a project in order to: 1) Increase the public awareness on child sexual violence and its effects, 2) Provide contact information of professionals and NGOs to hard-to-reach groups such as traumatised people, 3) Provide financial and professional support to NGO's working towards ending sexual violence.

Zavala Guillén Ana Laura; Ríos, Lorena, Procuración General de la Nación Argentina

"Neither Alive, nor Dead": Disappearance and Restitution of the Identity of Kidnapped Children during the Last Argentine Dictatorship

Introduction: During the last Argentine dictatorship, five hundred children were kidnapped along with their parents or were born or should have been born during the captivity of their mothers in the clandestine centers of detention and torture in the national territory. Taken away from their parents, these children were transferred forcibly by the repressive plan from family groups ideologically opposed to the military regime towards the family groups of genocide perpetrators or related people within the socioeconomic and political system that the dictatorship wanted to impose and with Christian moral. To date, only 102 children have been found. **Content:** Research could distinguish two situations; on the one hand, the kidnapped children were found in their childhood, and on the other hand, those who discovered their true origin in adulthood. While some refuse to know the truth – for example, rejecting to genetic testing- others find explanations to their memories that allow them to discover another new starting point. **Conclusions:** When the true personal story is revealed, the now young kidnapped children face multiple legal consequences – such as, the criminal conviction of kidnappers who were considered their real parents – and psychosocial costs that the State is obliged to redress by strategies that facilitate resilience. **Methods:** Study of cases which have come to justice.

Zdankiewicz-Scigala Elzbieta, Warsaw School of Social Sciences and Humanities

Seeking Sensation, Hardiness and Sense of Coherence as Moderators Post-Traumatic Growth in Soldiers during Peacekeeping Missions

It is assumed that personal moderators like sensation seeking, hardiness, sense of coherence and role identity are important personal factors in coping with trauma. The present paper is part of wider research project on subjective determinants and mechanisms of post-traumatic growth.

The research was carried out among 155 soldiers aged 19 to 50 ($M = 31.87$; $SD = 8.00$) serving in military units localized in two medium-sized towns of Poland. Questionnaire of events applied in studies allowed to specify the level of war stressors exposure. To identify personal moderators of war zone events adaptations the Sensation Seeking Scale, a shortened version of the Dispositional Resilience Scale and the Sense of Coherence Scale SOC-29 were used. The results of variance analysis confirm a higher degree of sensation seeking among soldiers who decided to participate in peacekeeping missions for the first time, excluding disinhibition as an important factor. Sense of coherence turned out not to differentiate soldiers with various attitudes to peacekeeping missions, while hardiness and role identity significantly varied in soldiers who participated in missions from those who didn't want to participate again with soldiers who participated in missions several times.

Developmental changes affect mainly soldiers of high scores in hardiness, sense of coherence and role identity – the model of regression obtained in studies explain nearly 50% of scores variance. Straight-line dependence between posttraumatic growth and war trauma exposure was observed, but statistically significant results concern situations in which peacekeepers participated indirectly only.

Zukowska Katarzyna; Cieslak, Roman, Warsaw School of Social Sciences and Humanities

The Effect of Social Support on Secondary Traumatic Stress and Posttraumatic Growth: The Mediating Role of Self-Efficacy

The aims of the study were to examine whether (1) perceived social support has an effect on secondary trauma self-efficacy beliefs and (2) if those beliefs predict secondary traumatic stress and posttraumatic growth. Participants were 271 professionals (e.g., first responders, social workers) directly and indirectly exposed to trauma through their work. Perceived social support was measured with the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), secondary trauma self-efficacy was evaluated with our scale developed from a trauma self-efficacy measure (Benight et al., 2004). Secondary Traumatic Stress Scale (Bride et al., 2004) and the Posttraumatic Growth Inventory – SF (Cann et al., 2010) were also applied. Mediation analysis showed that self-efficacy

mediated the effect of perceived social support on secondary traumatic stress and on posttraumatic growth: (1) high perceived social support predicted higher self-efficacy beliefs, and (2) high level of self-efficacy predicted lower secondary traumatic stress and higher posttraumatic growth. The findings show that self-efficacy may be an important resource in dealing with indirect traumatization and that social support operates through self-efficacy in predicting secondary traumatic stress and posttraumatic growth.

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6. WORKSHOP PRESENTATIONS

Ardino Vittoria, London Metropolitan University; **Makhashvili, Nino**, Georgian Society of Psychotrauma

PTSD and Trauma in Forensic Settings: Implications for Research and Treatment

Ardino, V., Acquarini, E., Torchia, K.: PTSD and Re-offending Risk in Young Offenders: Impulsivity and Metacognition

Makhashvili, N.: Traumatized Adolescents: Looking into the Mental Health Needs of Juvenile Prisoners of Georgia

Forrester, A.: Trauma and PTSD in UK Criminal Justice System: The Case of Prison Mental Health In-Reach

Sen, P.: The Role of Trauma with Specific Reference to Imprisoned Foreign Nationals

This workshop explores the role of PTSD in the onset and maintenance of criminal behavior with a focus upon both research and treatment implications. The workshop aims to identify appropriate assessment tools and treatment programmes with relevant reference to research and to possible pathways of care in forensic settings. Two papers (Ardino, Acquarini, & Torchia and Makhashvili) presents data of British and Georgian young offenders with a prolonged history of trauma and PTSD symptoms highlighting a high prevalence of PTSD in such populations and the importance of cognition and impulse control in mediating the relationship between post-traumatic syndromes and re-offending risk. The third paper – presented by Andrew Forrester -focuses on available models of care within the UK system and their limitations in treating prisoners with PTSD symptoms. The last paper presented by Pyal Sen focuses on the implications for treatment of traumatized foreign nationals within the prison system.

Final discussion will attempt to reflect on the challenges and strategies to make prison mental health services for inmates with post-traumatic issues equivalent to those in the community. The interplay between research and clinical work will also be discussed.

Beattie Kenneth, Tideside Clinical & Psychological Services

Understanding Trauma-Induced Dissociation from a Different Theoretical Perspective

Trauma-induced dissociation is frequently a component of the human response to severe psychological stress. It is generally conceptualized as an impairment of “normal” psychological processes. However, the focus of this workshop is to lead participants through the development of an alternative theoretical perspective on trauma-induced dissociation that focuses attention on the adaptive origins of this response to psychological stress. Drawing upon developmental, evolutionary, and cognitive processing perspectives, this workshop will equip participants with an understanding of the functional role dissociation can play in facilitating resilience in the face of, and recovery from, longer-term exposure to severe psychological trauma. A companion workshop addresses the clinical application of this theoretical perspective.

Beer Renée; Lindauer, Ramón, Academic Medical Centre-De Bascule

Trauma-Focused Cognitive-Behaviour Therapy (TF-CBT) for Children and Adolescents with Trauma Related or Grief Related Disorders in the Netherlands

Trauma-focused cognitive-behaviour therapy (TF-CBT) is an evidence-based treatment for children with trauma symptoms and their families. The specific program, developed by Cohen, Mannarino, and Deblinger (2006), has proven to be effective by several research groups in the U.S. The program is being disseminated across different

continents. It is implemented in our Institute with the help of the developers and will be implemented in the Netherlands by our Institute. Our institute, De Bascule, is now involved with both research where we compare TF-CBT and EMDR and with dissemination in the Netherlands. The components of TF-CBT are psychoeducation, parenting skills, relaxation, affect expression and modulation, cognitive coping, trauma narrative, processing the traumatic experience, in vivo mastery of trauma reminders, conjoint child-parent sessions and enhancing future safety and resilience. For children with grief-related symptoms several components are added, like grieving the loss, resolving ambivalent feelings about the deceased and redefining the relationship with the deceased. In this workshop different components of both programs will be highlighted and illustrated by exercises and video fragments. By active involvement in exercises participants will get a vivid image of the program. Practical implications related to research will be discussed.

Blotevogel Monica Lisa, University Medical Center Hamburg-Eppendorf; Klasen, Fionna; Raby, Carly, Luna Childrens Charity

CATT (Children's Accelerated Trauma Treatment) with Refugee Children

Children's Accelerated Trauma Treatment or CATT is a cognitive therapeutic protocol that utilizes specific child-centered and play/ arts based techniques in order to help children process and re-script traumatic memories in ways that are comfortable for them and age appropriate. CATT was developed in 2003 in partnership with children and young people by Carly Raby, a qualified psychotherapist and children's rights specialist. The protocol has since gained widespread recognition in the UK as a method in line with current, evidence-based treatment standards for PTSD. Rigorous independent evaluation is underway. Training in CATT has been delivered in crisis areas such as Rwanda and Sri Lanka by Luna, a charity established in 2008 to support NGO staff in child mental health care. CATT has been used with children from the age of three up to adults. One major benefit of this approach is that it does not rely heavily on recipients' language and/or cognitive abilities, and has therefore been widely accepted both cross culturally and by services supporting children with a wide range of needs. The workshop will include an overview of the 12-step protocol which ranges from stabilization to post-treatment testing and resilience-building, and the technique itself, followed by case examples from the author's work with refugee children at the Outpatient Clinic for Refugee Children and their Families (Children for Tomorrow Foundation) at the University Medical Center Hamburg-Eppendorf, with particular focus on cross-cultural issues and trauma treatment with interpreters.

Brisch Karl Heinz, University of Munich

Attachment-Traumata, Attachment Disorders and Attachment-Based Therapy: From Clinical Intervention to Prevention

Patients with attachment disorders have experienced multiple traumata within their relationships with primary caregivers. The presentation of clinical case studies (with video) will demonstrate the differential use of the classification system of attachment disorders in infants, childhood and adults. The general and special guidelines of attachment-based therapy will be presented. For prevention, two attachment-based intervention programs SAFE[®] and B.A.S.E.[®] were developed in Germany. Their major aims are to promote the infants' development of secure attachment and to prevent transgenerational re-enactment of violence. SAFE[®] starts early in pregnancy and guides parents in group meetings and individual trauma-oriented psychotherapy until the end of the first year of their infant. B.A.S.E.[®] is a training for children in kindergartens and schools that uses mother-infant observation to promote sensitivity and empathy for the infant's signals and to reduce aggression and anxiety. Preliminary results will be presented.

den Otter Joost Jan; Özkalıpci, Önder, IRCT

Treating Torture Trauma & the Need to Document to Start a Proper Healing Process, Especially in Prison (like) Conditions

Asylum seekers must surmount several hurdles before becoming a refugee, including the protection of that status. Between and within countries and continents there are huge differences as well as commonalities. To mention a few: all over the world asylum policies are becoming more restrictive; more claims are being processed in detention

facilities, the burden of proof rests with the asylum seeker. Often the issue of credibility is raised in refusal notices and appeal determinations. Access to health services are another important difference. In some countries full access is guaranteed with refugee status only, while in others there is access to mental health services within the community, but no access within detention centres. This presentation will elaborate the pros and cons of information sharing from the counselling process with the immigration officials from the perspective of the client, that of the migration officials as well as that of the health professional. Furthermore, an overview will be given of the differences in outcomes of asylum claims with and without medical affidavits, showing the added value of such affidavits. The use of the Istanbul Protocol, as recommended by UNCAT, will be clarified for health professionals. Last but not least we will reflect on the influence on mental health outcome of a refugee status after release from detention.

Durocher Rose Marie, Program for Torture Victims

The Hazards of Reunification: Preparing the Asylee for the Reunion with the Children

Clients seeking asylum face a harrowing legal process, while often dealing with serious symptoms of PTSD and Major Depressive Disorder. If these clients are parents who have been separated from their children, these symptoms can be exacerbated by extreme anxiety about the welfare of the children they left behind. Due to factors such as court schedules and visa preparation families can be separated from 2–9 years. Such lengthy separations can have serious mental health consequences for both parents and children. Family reunification for these parents is often idealized. It is a time of high excitement for which there has been little thought or preparation for the changes in all family members that impact successful reintegration. In fact, parents can often deny the challenges and hazards posed by reunification – specifically, social, cultural, economic factors, and the developmental stages of the children.

This workshop will present a protocol for preparing parents for reunification. It includes a pre-unification interview exploring the torture victim's knowledge of the child during the absence, expectations for reunification and, the parenting, educational and cultural hurdles parents might face after the child's arrival. A post-interview protocol will also be presented. Common difficulties and challenges will be illustrated with clinical vignettes and case discussion.

Elklit Ask, Videnscenter for Psykotraumatologi; Bering, Robert, Alexianer-Institute of Psychotraumatology Berlin/Krefeld

Psychodynamic Trauma Therapy

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 behavioural 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 is addressed to the question: 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. In short, our workshop has a two step approach. First, based on a single case report we give a summary on the historical background of PTT. Second, manuals for PTT are presented that are adapted to outpatient and inpatient as well as to manual therapy (Myoreflextherapy) treatment. We conclude that basic principles of PTT have to be integrated into trauma therapy.

Haugaard Nina; Hillås, Kari, Supportcenter Against Incest

Dissociation in a Self-Help-Organization for Incestsurvivors in Oslo, Norway. How do we Deal with Relational Trauma, Dissociation and Stabilization

Purpose: This paper argues that it is possible to benefit from our selfhelp center when you need to cope with relational trauma. We argue that our center is a good arena for stabilization and working on improving relational skills. We state that our safe environment is crucial for developing relational skills. We would further like to discuss

the borderline between when it is healthy to participate in a self-help-organization and when it is unhealthy. **Goals for this paper:** Inspiring patients to seek help in self-help centres. Learning from our practice. Support center against incest: Founded in 1986, 17 employees, some are incest-survivors themselves. Slogan: Face incest with talk, not silence. **Results:** Increased self awareness; Decreased sense of shame and guilt; Decreased loneliness and isolation; A stabilization effect; facilitating healing relationships. **Conclusion:** To deal with dissociation and traumatic experiences in a safe environment like a self-help center gives a positive and healing opportunity to deal with dissociation and a traumatic history for a major part of our clients.

Jacobs Elsbeth, RVTS

The Bodily Perspective in the Treatment of Traumatized Persons

Keynotes: Somatic experience -Daring to ask-longterm-perspective. Peter Levine: "Look to the animals". Wakening the Tiger "Healing Trauma". The human being has the ability to recover from trauma. **Goal of the presentation:** How to return to the body. What to do when the side effects become chronic? A presentation of methods to enter the body again and to find that the body can be a safe place to stay in. A demonstration from the therapy room. How the physiotherapist can work with traumatized persons with stabilization, pain management and activities.

Kudler Harold, Duke University

Psychodynamic Trauma Workshop (Part III): Interdisciplinary Group Supervision in the Veterans Affairs Medical System

At the time of this writing, over 2.2 million American Service Members have served in Iraq and/ or Afghanistan and almost 170,000 of them have presented to a medical facility of the United States Department of Veterans Affairs (VA) with a working diagnosis of PTSD. In response to their treatment needs, VA has mounted an innovative and highly effective dissemination of evidence-based psychotherapy training in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). This program successfully connects veterans with PE and CPT therapists who are highly adherent to the respective treatment manuals but this cadre of mental health clinicians, many of them new hires, often report that they find themselves taking their patients' problems home with them in various ways. They note the stress of constant immersion in trauma narratives and raise concern about secondary traumatization and, potentially, job burnout. This third part of a workshop on psychodynamic trauma therapy will apply psychodynamic principles of transference and countertransference in an effort to better understand and address the concerns of this new generation of VA, PE and CPT therapists and describe how an interdisciplinary group supervision program being piloted in VA has proven of value to these clinicians as a complement to their theoretical and technical approach rather than as competition with it.

Lundesgaard Anders, Northern Norway Violence and Traumatic Stress Resource Centre; Myrvoll, Kjell-Ole, Child Guidance Clinic Sjøvegan

The Story of Safar: A Co-Created Story for Resilience and Collective Trauma-Processing. A Narrative Group Intervention for Unaccompanied Minor Refugees and Asylum Seekers

We will present a manual for a group intervention with resilience enhancing and trauma processing aspects which has been offered to young refugees, unaccompanied minors, seeking asylum in Norway. The group intervention consists of 10 group-sessions with various elements. In the presentation the focus is on the narrative element, a collectively co-created story which runs through all the sessions. The young refugees create this story together, where the protagonist is a fictional character who, not unlike themselves, had to flee from his homeland. The story narrates his life experiences and a long and dangerous journey towards safety. The explicit fictional aspect of the story enables them to externalise their own experiences and project them onto the character, who is seen as a resilient survivor and a hero. As the participants feel safer, the group evolves towards stronger coherence, it provides understanding, emotional attunement, and moral solidarity.

We will present a qualitative study of the intervention based on focus-group interviews with 2 groups of 10 participants, combined with participant observation and individual interviews. We also reflect on the theoretical

basis for narrative group interventions as a tool for preventing mental health problems and process life experiences and trauma. Exposure to traumatic memories through externalisation and projection onto a fictional character, permits processing memories while preventing being overwhelmed by emotions: fear, helplessness, guilt or shame related to the process of remembering. Strong group-coherence and trust emanating from the narrative process of sharing recollections and co-authoring the story, creates an optimal environment for processing life experiences.

Meiser Eva-Maria, MediClin Bliestal Kliniken

The Therapeutic Relationship in Trauma Therapy

In this workshop case reports will be used to demonstrate particularities in the therapeutic relationship in the psychotherapeutic work with victims of trauma. The focus of the workshop will be the exchange of personal experience and the reflexion of the relationship in the treatment of trauma victims based on the case reports which participants bring with them. Typical phenomena of counter transference, for example confluence, actionism, offender transference or therapist guilt will be collected, discussed and by the means of case reconstructions and positioning become “sorted”. In particular, there will be the opportunity to discuss complications and limit setting in the constitution of the therapeutic relationship within specific cases.

Musaeva Eliza; Zigrovic, Lucija, University of Vienna

Facing Impunity after Trauma - The Social Factors in Play and Practical Experiences in Dealing with them

Impunity has a special and aggravating effect for victims of violent war related crimes and torture. The impunity of those who committed acts of violence severely affects the world view of the affected person and counteracts his/her rehabilitation of trust for social structures and other people and the achievement of inner peace. The absence of legal/ political procedures against the perpetrators and their backers becomes an additional traumatizing factor, in some cases not only hindering recovery but also facilitating the development of PTSD and other disorders.

Official and public procedures condemning those who organized and those who executed crimes are necessary but often present a challenge in the sensitive conflict and post-conflict environments. Weakened judicial systems and on-going fear of persecution interact with each other, creating an atmosphere in which it is difficult to seek and obtain “justice”. The workshop will present current knowledge and practical issues on this topic focusing specifically on the cases of former Yugoslavia and Chechnya. Potential new approaches will be discussed. Theoretical framework and research data will be interpreted in the light of field experiences of human rights practitioners.

Newman Elana, University of Tulsa; Shapiro, Bruce, Dart Center for Journalism and Trauma

How Trauma Experts Can Engage Journalists to Improve News Coverage of Trauma

Journalists play a critical and multifaceted role in communities during times of destruction, war and chaos. Journalists provide the public with information and analysis about traumatic events including community responses to these events. What are role appropriate ways that trauma experts can engage journalists and facilitate their abilities to tell trauma-informed stories? This workshop will focus on explaining journalists’ ethics, roles and practices and provide practical tools for collaborating more effectively with journalists.

Orner Roderick, Roderick J. Orner Ltd, Lincoln

Psychodynamic Trauma Workshop (Part II): Dreams and Repetitions

From the vantage points of dreams and repetitions the theme of reciprocal influence between psychotraumatology and psychodynamic therapies will be developed further in this second of three workshops. Both dreams and repetitions are cardinal concepts for psychotraumatology as exemplified by their significance as core diagnostic symptoms for ASD, PTSD and other related post incident syndromes. Similarly, within psychodynamic therapies dreams and repetitions (e.g. transference, compulsion to repeat) furnish material that is believed to be pivotal for

resolution of presented problems. This is so whether or not the problems being addressed are specifically related to trauma or not. The workshop will examine how it has come to be that dreams and repetitions have achieved the seemingly contradictory status of simultaneously being both signifiers of disorder as well as facilitators for healing. A brief historical overview of relevant aspects of psychotraumatology and dynamic psychotherapy will be followed by an examination of the scope and limitations of linking theory to clinical experience. In the second part of the workshop the veracity of clinical approaches suggested by the earlier analysis will be examined using participants' own personal and professional experiences.

Popovic Bozidar, General County Hospital Nasice

From Posttraumatic Stress to Posttraumatic Success

The author's idea is to present a way in which it is possible to make a bridge between a modern, clinical psychiatry approach, and a postmodern psychotherapeutical approach when we talk about trauma. The author will attempt to implement an understanding of von Forster's constructivistic epistemology "Am I a part of the system, or apart of the system?" and second order cybernetic looking for "difference what makes a difference" in Gregory Bateson terms, at the field of trauma. Some postmodern systemic psychotherapeutical schools embed those theoretical backgrounds and give us an opportunity of how to deal with trauma. Also, through this workshop the author will give his own understanding of similar concepts of posttraumatic success, posttraumatic growth, posttraumatic resilience and psychology of heroism.

Preitler Barbara; Dabic, Mascha; Huemer, Friedrun; Franke, Silvia; Heiss, Cecilia, Hemayat

Refugees and Victims of Human Right Violations in Austria: Aspects of Psychotherapy in Hemayat, Vienna

Since 1994 „Hemayat – organization for torture and war survivors“ offers treatment for victims of human right violations in Vienna. We work in a multi-disciplinary team in the context of changing asylum and foreign law in Austria/ Europe. In this workshop we will highlight different aspects: Psychotherapy in the context of Austrian and European Asylum law. To work with traumatized refugees means dealing with the post-traumatic situation after human right violations happened back in the home countries and on the way to Europe but also with the unsafe social and legal situation asylum seekers have to face in Austria. We have to answer in our treatment the ongoing traumatization, suffering from post-traumatic multiple traumatic situations. Trauma and Addiction: Self-medication or Self-destruction? To deal with the unspeakable experience of trauma can lead to self medication and further to addiction. The experience of relaxation through substances makes trauma victims more vulnerable. In psychotherapy we deal with components like affect tolerance, craving control and risk reduction as well as mediating adequate pharmacological treatment. Trauma and Complicated Grief: How to deal with disappeared family members. Traumatized refugees often have no evidence: relatives are "disappeared". We will discuss in our workshop the specific problems of complicated grief in the context of psychotherapy with asylum seekers in Europe. Communication between different languages: translation in psychotherapy with refugees. Communication needs often the presence of a third person, a second expert: the translator. Only through her/ him patient and therapist can talk to each other. We will focus on the specific situation of psychotherapy with interpreter and the specific psychological role.

Regel Stephen, Nottinghamshire Healthcare NHS Trust; Healey, Arlene, Belfast NHS Trust

Early Interventions and Therapeutic Approaches with Families Following Homicide: What Works Best for Whom: Psycho-Education or Therapy?

Since the publication of the NICE Guidelines for the Assessment and Treatment of PTSD in Primary and Secondary Care, Cognitive Behavioural Therapies (CBT) have been identified as the 'treatment of choice' for PTSD sufferers. However, not all those exposed to traumatic events will be suitable for CBT such as individuals and families exposed to murder and manslaughter. This workshop aims to address the challenges of working with this

complex area of psychological trauma by providing a pragmatic focus on strategies to assist affected families. Insights will be offered from two different contexts within the UK, one from an area affected by over 30 years of civil conflict (Northern Ireland) and the other, a new UK national scheme to support families surviving homicide. The workshop will be illustrated with case studies and focus on dealing with issues affecting recovery and growth e.g. search for justice, education regarding common reactions unique to complex bereavement and watchful waiting. The needs of children affected will also be addressed.

Rosqvist Johan; Blunt, Charley; Jerome, Emily; Ashworth, Kevin; Carrier, Allison; Murphy, Erin; Bergström, Björn, Pacific University

Exposure Therapy 101: How to Design, Implement, Monitor, and Modify an Exposure Therapy Program

Exposure Therapy has a well-established history as efficacious, effective and efficient in treating PTSD and other anxiety disorders; in fact, for many of these fear-based phenomena, exposure is often considered the ‘gold standard’, or the treatment-of-choice. Indeed, in the hands of the reasonably-trained practitioner, exposure can become a virtual panacea for pathological anxiety. Unfortunately, mostly because of myths, beliefs and attitudes towards the technique, everyday practitioners have largely lost touch with this potent treatment option. This workshop prepares participants to understand the central change mechanism within exposure, namely repeated natural habituation and extinction. Fundamental rules that make exposure more or less effective (i.e., frequency, duration, intensity, latency) are described in detail to ensure its utilization can be optimally helpful. Ways to monitor change both within session and between sessions are outlined (e.g., broad- and narrow-band measures, Subjective Units of Distress Scale [SUDS]). How to describe exposure therapy to prospective recipients is discussed, and how to problem-solve non-response and inadequate response is explained. Common concerns about implementing exposure are also clarified, with an emphasis towards distinguishing between legitimate challenges with the technique versus problematic misconceptions.

Rosqvist Johan; Blunt, Charley; Jerome, Emily; Ashworth, Kevin; Carrier, Allison; Murphy, Erin; Bergström, Björn, Pacific University

Exposure Therapy for PTSD: Increasing Use by Addressing Practitioner Fears and Attitudes Towards “Aversive” Techniques

PTSD is an all too often disabling condition that leaves many sufferers unable to wrest their way, independently, out of the phenomenon’s tenacious grip. In fact, many need formal help to escape its sequelae. Fortunately, Exposure Therapy has a well-established history in treating PTSD. Unfortunately, clinical myths and typical practitioner beliefs about the methodology make it largely unavailable to a consuming public, who, ironically, can become disabled without proper treatment. This workshop will present common myths, inaccurate beliefs, and other misgivings about exposure, and will offer factually correct perspectives and counter-points to such concerns, with an emphasis that illustrates apprehensions as fear-based and unjustifiable when more scientifically examined. With the welfare of such patients at stake, the authors offer a call to action for a broader implementation of this treatment. Case illustrations are used to highlight benefits to patients, and advantages it offers practitioners who choose to use it when clinically indicated, with attention paid to the ethical principles of beneficence and non-maleficence. Audience participation through anecdotal examples, for- or against- the approach is encouraged, to both raise awareness of controversies involved, and in an effort to put subjective concerns to rest.

Svendsen Steffen Rostock; Lundesgaard, Anders, Northern Norway Violence and Traumatic Stress Resource Centre

Creative Help to Helpers: A Preventive Group-Intervention

Working with people who are heavily burdened by trauma, loss and marginalization, puts helpers themselves at risk. “Creative help to helpers” is a preventive group-intervention that aims at empowering helpers in order to

prevent burn-out, compassion fatigue and vicarious traumatization. Art-therapeutic, body-oriented and mindfulness methods are combined in a group-intervention that leads to rapid stress-relief and enhances awareness and sensitivity to one's own and others' needs and feelings. This offers the participants a unique opportunity for self-reflection and empowering group-dynamics.

The model was initiated in 2003 in Gaza and the West Bank with workshops for Palestinian helpers. Since 2008 it has been offered to personnel at Refugee Centres in Northern Norway under the auspice of the Northern Norway Violence And Traumatic Stress Resource Centre in Tromsø. 2-day workshops have been held at several Refugee Centres. Evaluation of the project reports high scores regarding effects on the personal and the professional level. This workshop presentation will give a general knowledge of the aims and principles of the preventive group approach. The participants will also be given a practical introduction to the various methods through their own participation.

Te Brake Hans, Stichting Impact; Dückers, Michel; Moreton, Gill, Edinburgh Traumatic Stress Centre; Greenberg, Neil, ACDMH; Geerligs, Eric, Netherlands Ministry of Defence

Psychosocial Care for Uniformed Services: Bringing Scientific Knowledge about Peer Support into Practice

Uniformed services organisations (USOs), such as police force, ambulance, fire brigade and the military, are frequently confronted with potentially shocking events. The USO has a moral duty to protect the well-being of its employees. Aim of this symposium is to give an overview, and to discuss existing evidence and practical implications. Michel Dückers presents a systematic literature study on different approaches to psychosocial support within USOs. A popular system is that of peer support. Mark Creamer recently set up an international consensus project on guidelines for peer support programs. The first results of this study are presented by Gill Moreton. In 2010, guidelines were completed in the Netherlands based on scientific evidence, expert opinions and in dialogue with the various branches of uniformed services to form an evidence based standard for their psychosocial support. Hans te Brake reports on the development and recommendations of these guidelines. Peer support is a key element. Neil Greenberg elaborates on the relevance of organizational culture in relation to peer support. Eric Geerligs addresses the relevance of peer support in the identification of those at risk of developing post incident adverse effects. In a panel discussion the question is addressed: what is the best way to bring peer support into practice?

van der Velden Ivo, Foundation Centrum '45; Krane, Linn M. Norwegian Directorate for Immigration; Eiting, Gerdie, Foundation Centrum '45

Towards a Unified and Fair System for Interviewing Asylum Seekers

The European Asylum Curriculum (EAC) focuses on the creation of a training system which will facilitate and improve training in the Member States. The system is based on the EU legislation on asylum and relevant international norms. Such a learning plan can contribute to more consistency among the countries and increase the likelihood of a fair and efficient procedure.

It is in light of this that a number of national authorities have decided to invest resources in the development of a European Asylum Curriculum with co-funding by the European Commission.

The EAC training system consists of preparatory self-studies in online e-learning format combined with face-to-face sessions. It aims at offering an interaction between training in knowledge (theory related to international and European legal instruments) and skills (the necessary practical competences for a case officer). It has a modular structure so countries can choose those parts that fit their particular training needs.

In this workshop the EAC curriculum will be explained and demonstrated. There will be focus on one of the modules: interviewing vulnerable asylum seekers, persons that because of certain disabilities may be less capable of presenting their case towards an asylum officer. Traumatized persons belong to this group, as will be explained. It will be shown how the interviewer can assist traumatized asylum seekers with the presentation of their case, for instance how to overcome certain memory limitations due to having experienced traumatic events. Finally the participant of this workshop can experience the EAC curriculum him/herself by doing some e-learning.

van Duijl Marjolein, Allekleur, Mental Health for Migrants

Human Rights Violations, Trauma and Dissociation in a Transcultural Context. Issues and Guidelines on Diagnosis and Management

Human rights violations such as political suppression, torture and rape are part of the history of many refugees and migrants seeking mental health services in Europe. Psychologists and psychiatrists treating these patients may often be confronted with dissociative presentations. Current 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. This workshop will give more insight in recognition, diagnosis and management of dissociative disorders in the transcultural practice. The applicability of the current diagnostic criteria in the DSM IV, (also for dissociative and possessive trance disorders) will be discussed and practiced in the workshop. Case histories from the African and Dutch clinical setting with traumatized refugees will be discussed to illustrate different idioms of distress, explanatory models and culturally sensitive interventions. Presenters' most recent research findings on spirit possession, dissociation and traumatic experiences in Uganda will be referred to, as well as recent relevant literature.

van Hoof Marie-José; Lindauer, Ramón, Landelijk Kenniscentrum Kinder- en JeugdPsychiatrie

Child Abuse and the Child and Adolescent Psychiatrist: Do We Need a New Approach?

Child abuse and neglect have long been neglected in the child psychiatric caseload at least in the Netherlands. Only fairly recently the attention of society and politics has turned towards children's rights and the need of prevention, risk signaling and diagnostics and treatment in case of child abuse and neglect. Now a move has been made towards more professional involvement from child and adult psychiatrists by revising the code for psychiatrists to report cases to the authorities (a right not an obligation). However a recent publication on physical abuse cases by an independent research institute for security has reopened the discussion on right versus obligation to report to the authorities. Besides, a national working committee on trauma and child abuse has been installed since 2008. This working committee has gathered available evidence based information on the topic on the website of the National Knowledge Center for Child and Adolescent Psychiatry (www.kenniscentrum-kjp.nl/nl/Professionals/themas/trauma_en_kindermishandeling) which will be available in English. There will be time to discuss both approaches with the audience as a way of taking responsibility for the children at risk in our caseloads as psychiatrists, medical doctors or psychologists.

Weiser Regina, DeGPT; Erdmann, Claudia, EMDRIA

Healing Trauma with Yoga

Recent research emphasizes bodywork to help people suffering from posttraumatic stress disorder. Yoga is an integrative system. It helps to gain awareness of the body and its strength, it calms down the breath and helps to control the thoughts. People learn to feel calm, being grounded and present. Bessel van der Kolk has shown in his study that the frequency of intrusive thoughts and the severity of jangled nerves can be reduced by Yoga exercises. The study also reported that Yoga can improve heart-rate variability, a key indicator of a person's ability to calm herself.

In the workshop you will get a feeling of mindfulness. Yoga is mindfulness in movement. You will learn about the three main sources of energy: Movement, breathing and consciousness. In bringing them together, they reinforce each other. In learning by doing you will get an idea of usefull exercises for patients with PTSD like: What to do with situations of numbing or hyperarousal? How can I help to stimulate capacity to act, expressiveness, selfesteem, selfeffectiveness?

It is not necessary to know about Yoga in advance. You will strengthen your therapeutic possibilities but also improve your own well-being in daily live.

Withaar Ans; Holtmaat, Herman, Kasteel De Essenburgh

Resilience Reinforced: Which Tools Can be Used to Reinforce the Resilience of People who Have Experienced a Traumatic Event?

1. Historical perspective: The thoughts about reception and after-care after traumatic events have focused on preventive early intervention by professional aid providers based on specific methods. Instead of an ‘anticipation’ oriented intervention program we prefer a ‘resilience’ oriented intervention program. **2. Resilience:** Resilience is the ability of a person or a social system to deal with traumatic events, becoming stronger in the process. Traumatic events ‘test’ the resilience of an individual, group or society. **3. The resilience scenario:** A resilience scenario is based on the idea that an individual, group or society has sufficient ability and flexibility available to recover. The traumatic events are part of life. A resilience oriented scenario also recognises the existence of unknown risks and unknown solutions. Two points on which action focuses: on the one hand the individual and on the other hand his significant living and working environment. **4. Tools to reinforce resilience:** We have developed programmes aiming at: awareness and signification of the risk of traumatic events and their effect on you; community support in the event of a traumatic event; communication and information in the event of traumatic events. The programmes are interconnected and may differ depending on: the phasing: the pre-care phase (prevention), as well as the response phase and the after-care (phase); the role and function of those involved: victim, manager, authority.

Wittmann Lutz, University Hospital Zurich

Psychodynamic Trauma Workshop (Part I): Theory and Technique

Trauma has been a central concept for psychodynamic theory and practice for more than 100 years resulting in strong mutual influences between psychotraumatology and psychodynamic therapy. In this first part of a workshop on psychodynamic trauma therapy, psychodynamic concepts and techniques will be illustrated without jargon, and will be evaluated for their evidence base. Prominent examples are the interaction of trauma and the personality of the trauma survivor and his/her working alliance with the therapist. Using information from patient-therapist interaction for individually tailoring interventions will be a further topic. With respect to therapy indication, criteria for choosing between directive trauma-focused and non directive non trauma-focused approaches will be outlined. The possibilities of integrating psychodynamic approaches into non-psychodynamic trauma therapy will be illustrated by clinical examples. Participants will be invited to discuss the presented concepts from the perspectives of their own clinical experience.

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7. CASE STUDY PRESENTATIONS AND MEDIA PRESENTATIONS

7.1. CASE STUDY PRESENTATIONS

Acicbe Oznur, Maltepe University

Resilience Factors of Turkish Speaking Women Refugees in Switzerland

Refugees may face a variety of pre- and post-migration stressors that make them susceptible to mental health disorders and adjustment problems. Thus, unlike economic migrants, asylum seekers and refugees come to a new country not on their free will but from necessity as a consequence of the accumulated persecution and intimidation they have experienced. They have suffered many traumatic events such as loss of family, friends, home, community, country and language. Even long after they have been granted refugee status they may continue to find themselves subjected to poverty and discrimination as well as a loss of self-esteem, status and identity. However some can demonstrate remarkable resilience and fortitude in facing psychological pain, dislocation and hardship. In spite of having been abandoned by the protective authority who now threatens their safety and security, they remain in contact with a life force, that enables them to tolerate and endure these privations and losses without becoming overwhelmed by them. Consequently, they are enabled to make the best of the situation in which they find themselves, using whatever help is available to rebuild their lives. Although refugees face similar challenges; their stories, as well as their resilience factors, are different. The purpose of this presentation is to highlight common challenges and the resilience factors of three Turkish speaking women refugees in Switzerland, through their own voice, collected by in-depth interviews.

Andreatta Pia, University of Innsbruck

Without a Trace: Group Work with Missing Relatives in Complex Post War Context

I want to illustrate group interventions with relatives who are missing family members after armed conflict. Working with Internally Displaced Persons (IDPs) in a refugee camp in Sri Lanka, where disappearances happened to a tremendous amount during the war, I want to discuss specific strategies concerning 'grief without a trace'. Mental health and psychosocial work in this context is dependent on the political and human right situation, as well as trauma patterns. Decades of war led to Sequential Trauma coming from forced displacement, life threatening events, loss and often ambiguous loss after disappearance, as well as Collective Trauma as loss of communality and therefore tearing of the 'social fabric'. In the context of chronic effects of war, ambiguous loss leads to individual and cultural bereavement. On this basis I want to follow questions how to intervene after ambiguous loss with groups and individuals, clinical states between 'hope and fear', the quick emotional changes between traumatic grief and avoidance of grief, states of being overwhelmed versus tolerance of ambiguity, to work with the need of information seeking, to be with no closure of stories and the importance of traces or a body. Not pretending to have a fixed manual how to intervene, I want to formulate core principles for group work out of my practical experience and discuss strategies.

Aroche Jorge; Coello, Mariano; Momartin, Shakeh, Service for Treatment and Rehabilitation of Torture and Trauma Survivors

Treating Trauma in the "Age of the Brain": Trials and Tribulations in the Application of a Bio-Psycho-Socio-Cultural Approach in the Real World

The last decade has seen phenomenal advances in brain science and in our understanding of the biology of trauma. This has resulted in many ingenious applications to assist survivor recovery. At the same time the field of trauma, particularly in the context of trauma generated by human rights violations, has become more aware of the effects of trauma at different levels of society, and about the implications of culture for understanding how trauma affects people, families and communities, and how healing and social reintegration can be assisted.

These are exciting developments, yet their practical application and integration into a coherent approach to service provision in the real world poses significant challenges for agencies seeking to ensure that their clients benefit from their inherent potential. Similar challenges face researchers trying to evaluate approaches that integrate interventions that span biological, psychological, community and culture dimensions.

This paper will utilize the experience of STARTTS to discuss the potential of an approach that aims to integrate interventions derived from new developments in neuroscience with orthodox psychological interventions and community approaches in their work with traumatized refugees from various cultural backgrounds settling in Australia. The conceptual, practical, and ethical challenges involved will be illustrated by case studies and service data. Participants will discuss how to continue to address these challenges to ensure that the benefits of new developments in the understanding and treatment of trauma can reach our most disadvantaged clients.

Auerbach Martin, AMCHA

Posttraumatic Growth and World Assumptions among Holocaust Survivors

Holocaust Survivors suffered from extreme traumatization in their childhood and young adulthood. Much has been written about the psychological aftermath of the Holocaust on the survivors. Many reports stress the negative sequelae and posttraumatic symptomatology, others present a complexity of vulnerability and resilience shown by survivors coping with current stress and adversity.

The growing interest in and clinical reports of posttraumatic growth has added an additional viewpoint to our understanding of the complex psychological world of Holocaust survivors.

The author will present clinical vignettes from the psychotherapy with Holocaust Survivors in AMCHA, the Israeli Center for Psychosocial Support of Holocaust Survivors. The focus of the presentation will be on the importance of clarifying and paying special attention in the therapy to the world assumptions of the survivors and to various aspects of their posttraumatic growth.

Bademci Özden, Maltepe University

The Story of a Baby Born into a Refugee Family as Seen Through Two Years of Infant Observation

As a part of my MA programme at the Tavistock Clinic (UK) I did an infant observation with a refugee family on a weekly basis for two years. They didn't speak English at all. The family's life was one of considerable deprivation and obvious financial hardship. They lived on social security. It felt like they were living in a bubble unable to cope with each other and the foreign culture in which they lived. The baby was their second child. The mother was highly irritable, intrusive and showing a great deal of anger and hostility to the baby.

During my observation I became more aware of how the refugee condition affected many facets of the family's life from the most tangible external objects to a wide spectrum of psychological dimensions. Although the baby was quite alert and responsive for the first six months, he eventually shut himself down under the impact of the rejection.

The paper explores some of the thoughts on the impact on the baby of being born into a refugee family with vivid extracts from observations, whom I observed over a period of two years. Two years of an infant observation categorically showed how impact of trauma can be passed on from one generation to another.

Bramble Weed Rosa Maria, Integral Enrichment

Immigrant Latina Workers at WTC Ground Zero: A Socio-Cultural Approach to Long Term Impact of Trauma

Issues: In the days and months following the terrorist attacks on September 11th 2001, between 18,800 and 35,000 people worked or volunteered in recovery efforts which officially ended in July 2002. Most cleanup workers were first generation immigrants to the United States. Latina workers constituted a significant number of those who cleaned office buildings, as they took advantage of the opportunity to help and gain income. Long term exposure to debris, asbestos and witnessing human suffering contributed to their disproportionately suffering from health hazard and post traumatic stress disorder.

Almost ten years after the events of 2001, medical reports indicate asthma and other chronic lung conditions remain a significant burden for rescue and recovery workers responding to the attacks on the World Trade Center. Latina workers suffer long term effects of occupational hazard such as lung complications, coughs, asthma, and lower airway disease. Psycho-social stressors related to loss of employment, housing, income for dependents

overseas and fear of deportation is prevalent. These factors contribute to social isolation, depressive symptoms and risk of intimate partner violence among Latinas who worked in ground zero. **Description:** A case study of an immigrant woman who witnessed the attacks on the WTC as well as worked in recovery will illustrate the socio-culturally integrative approach, which addresses the trauma of migratory experience, validates their story of their contribution of rebuilding hope in the midst of terror, which many Latina workers believe were “forgotten” or “invisible”. **Lessons Learned:** Culturally informed services are provided in Spanish, integrating cultural values to process healing, restoration of hope and human dignity. **Recommendations:** Further research is needed to address the long term affects of trauma on this vulnerable population, service advocacy in terms of health care and compensation.

Connell-Jones Graham, Raphael Healthcare

Drug Modulated EMDR Treatment for Borderline Personality Disorder

From my clinical work over the past 4 years a case series of 15 women patients, all detained in a secure hospital for periods of up to 30 years discharged after EMDR therapy. Some cases discussed in depth, others factor analysed as case series. Drug modulation permitted intensive therapy. The factors of complex stress disorder are being discussed and its similarity to borderline personality disorder. The effects of long term institutionalisation after detention in security. The responsible clinician as “goaler and therapist” as well as therapeutic pitfalls are being explored. The psychopathology of the flashback is contrasted with the psychopathology of the alter (dissociative identity). Prognostic factors and outcomes are being presented. The implications for personality disorder as a diagnosis contrasted with complex PTSD will be evaluated.

Durocher Rose Marie, Program for Torture Victims

Hilda Meets her Children: Psychosocial Challenges for the Reunification

Clients seeking asylum face a harrowing legal experience and often experience serious symptoms of PTSD and Major Depressive Disorder. In addition, if these clients are parents and separated from their children, their symptoms are exacerbated by extreme anxiety as to the welfare of the children they left behind. Parents frequently face a separation of two to nine years, due to the court schedules and visa preparation and other factors. This has serious consequences for the mental health of the parent and children. When finally, reunification is about to take place, it is often a time of high excitement. The reunion is usually idealized, with little thought or preparation for the changes in the children and in their own life that will affect the successful reintegration of the family. The parents are often in denial of the challenges and hazards that they will face in this reunification, namely, social, cultural, economic, as well as the developmental stages of the children.

In this workshop, cases of family reunification that have occurred utilizing the protocol developed by the Program for Torture Victims in Los Angeles, California, for preparing the parent, will be presented. Common difficulties and challenges will be illustrated through the use of these clinical vignettes to elicit audience discussion.

Goker Ayse Aybil, Yeditepe University; Gunes, Hatice, Sabanci University

Remembering and Reconstructing the Displacement and ‘Home’ after 30 Years: A Voice of a London Turkish Cypriot Woman

How survivors remember trauma has long been debated in psychology and most of our knowledge about the nature of trauma memory derives from cognitive approach. Despite the success of cognitive theory, it can be argued that it puts a great emphasis on cognitive processes produced by individual’s own mind. In the real life when people are traumatized and if especially massive traumatization is at issue, remembering painful recollections are unexceptionally influenced by social, political and institutional ‘realities’. The data of this paper were collected in North London during the period Greek and Turkish Cypriots informants faced various political challenges that affected their ‘personal memories’ and the way they perceived each other in the context of their lives in North London. Referenda for the UN’s proposed plan – known as Annan Plan – took place on the 24 th April 2004 and the result of it was 65% acceptance by Turkish Cypriots and 76% rejection by Greek Cypriots. For some London Cypriots, as for Ayşe, the rejection of the Annan Plan by Greek Cypriots played a major role in reshaping of her

deep, previously unrecognized anger and sadness. This paper will use one specific case to demonstrate how ‘personal memories’ as well as identifications were actually reconstructed through changing social, political interest of a state by focusing on data collected before and after referanda.

Harlacher Uwe; Jacobsen, Lone; Nordin, Linda, Rehabilitation and Research Centre For Torture Victims

Single Subject Design as Research Tool in Exposure Treatment for Complex PTSD

RCT is specialized in rehabilitation of torture victims suffering from complex symptoms, herein PTSD due to multiple traumata/ torture. There is a lack of evidence-based treatments for this kind of complicated PTSD and the ambition of the center is to develop such a treatment based on an adaptation of the principles of prolonged exposure therapy (Foa, 2007). We differentiate between PTSD-reactions provoked by specific triggers and reactions that are mediated by memories. For the specific triggers the intensity of the reaction is covarying with the intensity of the trigger. The reactions to memories are occurring with a given intensity irrespectively of the trigger intensity. The first type is addressed by graded in vivo-exposure to eliciting triggers and the second by imaginative exposure-techniques. Outcome is measured following a single subject design, i.e. systematic daily registration of the degree of discomfort (SUD-scale), induced by thinking of a trigger/memory. The treatment-approach, measurement-method and results will be presented and discussed.

So far we observe no decrease in SUD-scores during the 2 week daily preregistration (baseline) period. After initiating treatment for one of the two registered situations, a decrease in SUD-scores for the treated but not for the untreated situation can be observed; i.e. it seems that there are no generalization-effects.

Hayman Sheila, Medical Foundation for the Care of Victims of Torture

“Write to Life”: Therapeutic Creative Writing with Survivors of Torture

‘Write to Life’ is a creative writing group at the Medical Foundation for the Care of Victims of Torture in the United Kingdom. Founded twelve years ago it is, so far as we know, the longest continuously running therapeutic writing group for survivors of torture in the UK, and possibly anywhere. The writing programme is run as a collaboration between skilled professional writers and the MF’s clinicians. Writing in this way, where the writer reworks a story or poem from its initial form as a memory or experience, into a finished piece of work with a structure and a narrative, has been shown to have measurable benefits to physical as well as psychological health. Our presentation will provide an overview of the structure of this program of work, our approach and the observations we have made about its therapeutic effect.

Koshal Angelika, Private Practice, Bonn

Traumatherapy with Complex Traumatized and Drug-Addicted People in Substitution Treatment

Many international studies demonstrate that the problem of drug-addiction is very often found in combination with complex traumatization (Schmidt 2000; Felitti, Dube et al. 2003; Langeland et al. 2006). PTSD and other trauma symptoms cause a lot of psychophysical dysregulation. So the psychiatrist Khantzian (USA) postulated already in 1985 the hypothesis of “Selfmedication” in cases of addictive disorders. Janina Fisher (2000), Trauma Center Boston, described drug addiction being connected with early traumatization as a “compensatory strategy aimed at self regulation”. Working with drug addicted people for many years it became very obvious that a high percentage of them are using drugs for affect regulation, (to calm down after being aggressive caused by an argue or by getting triggered, to reduce strong inner tension, or to sleep without nightmares etc.). Alcohol and drugs do reduce the mentioned symptoms for a while. To learn to cope in a more adaptive way, addicted people need to learn alternative strategies to regulate their emotions. This can be done by using the trauma stabilization techniques and in special cases doing traumatherapy later on; working with EMDR; 4-Field-Technique or others. Practical experiences started 1990, show several successful treatments and that a substitution treatment does not disrupt traumatherapy.

Kroo Adrienn, Cordelia Foundation for the Rehabilitation of Torture Victims

Tortured Refugee Women – Identity, Body, Attachment and Sexuality

The aim of torture is to cause severe pain and suffering in order to undermine the values, beliefs, and self-concept of the victim. Torture, due to its intentional nature, also destroys the fundamental trust of the survivor, and distances the person greatly from other human beings. The internalization of the torturer's attitude also has severe consequences concerning the survivor's self image, self-esteem, and identity. Torture intrudes into the most private and intimate parts of a human, and attacks the one place where a person's intimacy, integrity and inviolability is supposed to be guaranteed, the person's body and mind. The complex and long-lasting after-effects of torture stem from the deliberate, repeated and brutal invasion this "sacred place", the human body. Sexual torture is a form of psychological warfare, and involves the destruction of sexual identity. It is applied worldwide and causes long-lasting shame, humiliation, and fear among survivors. In my presentation I will present the case of three tortured refugee women and the relationship between torture, identity, body identity, attachment and sexuality in their cases. The case studies stem from my therapeutic work in Hungarian refugee shelters, and intend to present the reality and common features of female torture survivors.

Meeks A. Omari, The Chicago School of Professional Psychology

Pathways to Wellness: Defining and Replicating Resiliency in West Bank through Bronfenbrenner's Person-Process-Context Model

In times of war, attention is naturally drawn to the maladies of human behavior, particularly the violation of human rights and dignity. These violations are the precipitating forces behind the trauma experienced by victims of warfare. Yet there is a beacon of hope, the integrity of the human psyche and the positive adaptive behavior known as resiliency. Focusing on Bronfenbrenner's Person-Process-Context Model (PPCM), this paper looks to operationally define resiliency in an effort to formulate a replicable model for psycho-social treatment in the Levantine conflict zone or "mobilize the resilient capacities of trauma survivors [to] function as a healing and reparative context" (Harney 2007, p. 75). Using the Joint Advocacy Initiative (JAI) of the East Jerusalem YMCA as case study for the potential an ecological perspective can have on mapping "pathways to wellness" (Cowan 1994), PPCM and the programmatic successes of the JAI are reviewed to address the question "under what circumstances is resilience best facilitated?"

Nordström Kinnaman Brittmari, Stockholm Child and Adolescence Psychiatric Clinic

The Treatment and Recovery of "Sahra", a 16 Year Old Analphabetic East African Girl. One of the Severely Traumatized and Separated Adolescents Receiving Treatment in my Clinic, Stockholm Child and Adolescence Psychiatric Clinic

Before coming to Sweden, Sahra's entire family was killed. Her Stepfather and brother were mutilated and killed because they were albinos. Her mother and sister died through arson while Sahra was working in a nearby village. Alone without protection, she was gang raped and fled. Sahra was later "befriended" by a woman who helped her come to Sweden to be saved and start over. At the airport Sahra was picked up by persons active in a trafficking network where she spent a few months locked in an apartment. Being resourceful, she managed to escape and was then placed by the migration board and social welfare in a foster family.

Sahra was referred to us by a health clinic after refusing a gynecological examination.

Encountering Sahra in a state of distrust and desperation raised several questions around treatment interventions. A good sign was that she connected fairly easily and could talk about her PTSD symptoms. Initially she suffered more from bereavement than her PTSD.

The treatment process included stabilization, bereavement work, symptom reduction interventions, psycho-education about trauma reactions, education in physiology, sexuality-pregnancy, trauma focus and orientation in everyday life.

In this presentation I especially want to discuss the importance of resilience, social support system and early relational aspects for recovery.

Pedersen Bodil, Roskilde University

Trauma Theory and Daily Life

There are two main trends in psychological approaches to human suffering related to what we term trauma. Although they have their respective limitations both approaches may help us explore and alleviate human suffering. One trend of approaches primarily uses concepts like traumatic events and traumatisation and is quantitative and diagnostically based. Events and reactions are categorised as well as abstractly generalised, thus reducing and de-situating the complexities of personal suffering.

Another and less frequently used trend of approaches is primarily qualitative and subject-oriented. It explores the complexities of personal and situated meanings and practices related to suffering and resilience connected to 'traumatic' events. Here one challenge is to find ways of generalising knowledge.

This presentation is based on a large qualitative research project on the personal meanings of sexualised coercion. Inspired hereby it will explore the possibilities of developing theoretical understandings of the personal meanings of violent and/or overwhelming events. It will propose that personal meanings can be connected to the conduct of daily life. Events and reactions may thus be understood as violent and/or overwhelming events and experiences requiring re-evaluations and re-organisation of intersecting contexts of the conduct of daily life.

Rafman Sandra, McGill University Health Centre-Montreal Children's Hospital

The Value of a Human Rights Perspective in Addressing Ongoing Upheavals, Traumas and Losses of Disaster-Affected Children: A Comparison of the Play Narratives of Young Children Living in Haiti or in Canada During the January 12 Earthquake

Although at risk for traumatic grief and pervasive and persistent psychological consequences, disaster-affected children are not specifically included in the Convention of the Rights of Children. As the impact of a disaster reaches beyond borders to the communities of the Diaspora and to the human family, I explore how a human rights perspective can address clinical, theoretical and policy impasses in young children receiving timely and appropriate care. I present the play narratives and concerns of six children, aged three-to-eight years, seen at a metropolitan Haitian-Canadian community center within three months of the January 12, 2010, earthquake. Three children arrived following the earthquake and all had family presently living in Haiti. Parents, teachers, and community workers were interviewed as well. Whether living in Haiti or in Canada on January 12, children's narratives reveal their struggle to find their place in ruptured and changing family, scholastic, and cultural constellations, their awareness of stigmatization, and their confusion over conflicting moral, political, and religious explanations. Moreover, the ongoing catastrophe challenged many psychological first aid or trauma focused interventions. Aware when they are judged not to be within "our jurisdiction", children should anticipate quality care, and the valuing of their experience, dignity and worth.

Salcioglu Ebru; Basoglu, Metin, King's College London & Istanbul Centre for Behaviour Research and Therapy

Control-Focused Behavioural Treatment of Female War Survivors with Torture and Gang Rape Experience: Four Case Studies

The war in the Democratic Republic of Congo has resulted in the deaths of over 4 million people. Thousands of women and girls have been kidnapped, raped, and tortured by foreign militia and army soldiers. In this session treatment of four Congolese female asylum-seekers in Turkey who were consecutively referred for treatment will be discussed. Two women were tortured and gang raped at their home and two teenage girls were kidnapped, held captive, tortured, and gang raped. All cases had severe PTSD and three had depression. In three cases that had two baseline assessments over three weeks PTSD and depression symptoms showed no change during the waiting period. After the second baseline the patients were given 6- to 12-sessions of Control-Focused Behavioral Treatment, which involved mainly live exposure to trauma reminders designed to enhance sense of control over trauma. Treatment achieved 43% to 94% improvement in self-reported PTSD symptoms and 60% to 90%

improvement in clinician-rated PTSD symptoms. Significant improvement was also noted in depression and social disability. Improvement was maintained at 2 to 6 month follow-up. These results suggest that brief and effective treatment of female war survivors with torture and rape experience is possible, despite adverse psychosocial and economic circumstances associated with asylum-seeking in a developing country setting.

Schubert Carla, Centre for Torture Survivors in Finland

Psychotherapy with Traumatized Refugees and the Interpretation of Dreams

Background: The interpretation of dreams is an important therapeutic tool in psychotherapy. Moreover, narrating and interpreting dreams are used as healing practices in a number of cultures. Traumatic events affect negatively on dreaming but particular dream contents and structures can protect a trauma victims' mental health. **Aims:** To deepen the knowledge of cultural views and dream-work in psychotherapy with immigrants from other cultures. **Method:** Parts of the content of psychotherapeutic work with three patients from three cultures will be presented. The focus will be put on the interpretation of the patients' dreams and the integration of it in the psychotherapy process. Aspects of the cultural backgrounds of the patients that are important to consider and to incorporate in the interpretation of the dream content will be highlighted.

Schultz Jon-Håkon, Lars Weiseath, Norwegian Centre for Violence and Traumatic Stress Studies

Cleansing Rituals for Traumatized Child Soldiers in Northern Uganda

The aim of this study is to explore the nature, meaning and understanding of local cleansing rituals performed on one traumatized former child soldier in Northern Uganda. How does the former soldier understand the ritual? How does he evaluate the effect of the ritual and to what extent can the ritual be compared with Western therapy such as Cognitive Behavioural Therapy? As a part of a 4 year longitudinal study, a former child soldier was observed through a local cleansing ritual performed to chase away evil spirits. He had been possessed by the spirits after he was abducted and forced to carry out several killings. In the terminology of Western psychology, his symptoms would be described as frequent nightmares, social withdrawal, concentration problems and re-living of the traumatic event to such an extent that he would be diagnosed as having Post Traumatic Stress Disorder (PTSD). Over a follow-up period of 3 years, he was followed with qualitative interviews, participant observation, diagnostic interviews and Harvard Trauma Questionnaire (HTQ). After going through the cleansing ritual, he reported a significant reduction in PTSD-symptoms both after 3, 14, 22 and 36 months. The study explores the ritual and analyses its potential power in dealing with traumatic symptoms. Implications for therapy and social work for immigrants in a Western therapy-setting are indicated.

Seltzer Abigail, Medical Foundation for the Care of Victims of Torture

“I Stood by a River” – Integrating EMDR and Sensorimotor Psychotherapy in the Treatment of Torture Survivor

I will be presenting the case of an Iranian refugee in the UK who was imprisoned for many years in Iran and subject to prolonged torture. I will discuss the use of integrated EMDR and sensorimotor psychotherapy in his treatment, and outline how standard treatments need to be adapted in the case of trauma arising from human rights abuses.

Smebye Helge Kr., Hospital of Østfold

Rescripting of Profoundly Shameful Traumatic Imageries in Traumatized Refugees: Scripting Dialogues between Patient and “Personal Companion”

Rescripting of traumatic imageries through patient-dialogue where patient plays the role of both “competent survivor” and “traumatized self” (Grunert e.a. 2003) was presented at a Norwegian PTSD-conference as a

promising strategy for PTSD-patients (Hoffart, 2009). However, if the traumatic experience was profoundly shameful, this procedure was deemed a lot more problematic. A variation was developed by substituting “competent survivor” with “personal companion”. It was used to help a freedom fighter with PTSD and severe self condemnation for killing a young girl hidden in a military vehicle he destroyed during combat. Inspiration came from the narratives of other patients, including a young tortured man: During his most degrading torture, he had a vision of being visited by the major philosophical figure from his culture. The accepting appearance of this philosopher was in strong contrast to his feelings of total shame. A dialogue between the man and his philosopher was scripted. This helped redefine the meaning of the torture, gradually replacing the feeling of shame with pride. The philosopher was made a “personal companion”. The freedom fighter had no such vision. Here it was necessary to invent a person related to the incident as his personal companion. Scripting a dialogue with this fictitious personal companion helped reduce the intrusive impact of shameful memories.

Smebye Helge Kr., Hospital of Østfold

Using Visual Illustrations in Psychoeducation for Brewin’s Dual-Representation Theory of PTSD: Validating Shameful PTSD Responses in a Traumatized Ex-Elite-Soldier

Helping foreign veterans and refugees understand the mechanisms behind their PTSD-responses is important but challenging. Language and culture differences challenge the development of a common understanding, especially when an interpreter is needed. The first goal in the Ehlers & Clark (2008) cognitive therapy for PTSD is: Identify and change idiosyncratic negative appraisals of the trauma and/ or its sequelae. Many refugees come to therapy with much shame attached to their past and present PTSD-responses. An ex-elite-soldier would seemingly attack both family and strangers when his PTSD-responses were triggered, without understanding what happened or why – leaving him utterly shameful. Brewin’s (2001) dual-representation theory is illustrated by pictures from a news broadcast of civilians coming under gunfire. The functions of the SAM and VAM memory systems are vividly documented by the responses of a young girl: She first deserts and then protects her little sister during the attack. These and other visual illustrations help validate the patient’s responses: He gradually realized that they were SAM-controlled responses reprogrammed during intense military training aimed at protecting others, not himself. Validating these shameful responses makes them more amenable to reappraisals. In time this will increase the possibility for bringing them under control of the VAM-system.

7.2. MEDIA PRESENTATIONS

Javakhishvili Jana D., Global Initiative on Psychiatry

Mock TV News Report in Georgia as Both Result and Cause of Societal Trauma

The research studying an impact of the mock TV news report, imitating invasion of Georgia by Russia, broadcasted by one of the leading Georgian TV channels (“Imedi” TV) to the population on March 13, 2010 will be presented.

The research implied content analysis of the fake news report as well as a round of semi-structured interviews with the different target groups: university students and professors, emergency physicians, grocery shops sellers, fuel stations workers and internally displaced people.

The study revealed massive panic among the population during the broadcast and immediately after it, even though at that time it was already known that the news were a fake. The following reactions were reported by the interviewees: confusion, fear, guilt, shame, psycho-somatic symptoms (mainly heart attacks and hypertension) and traumatic repetitive behavior: rushing to fuel stations and grocery shops to make supply of car fuel, products and water, trying to reunite with those family members who were not at home at the moment, etc. After eight months from the broadcast most of the interviewees reported feelings of being insulted by those who initiated the broadcast and decreased trust towards media.

The content analyses of the fake news report revealed the narrative originated from the war related societal trauma in Georgia, implying victimization and enemy image phenomenon.

McLaughlin-Ryan Judy, Private Practice, USA

Use of Video Feedback PTSD Affect State Regulation in Group Setting

This media presentation describes the usage of video feedback with groups comprised of patients who are diagnosed with post traumatic stress disorder and addictive disorders. This presentation includes split screen video of both the client and the therapist, demonstrating affective and state regulating interventions that are attachment based. In other words, the regulating capacity of the therapist, as well as other group members, becomes a regulating mechanism for the patient who is learning methods of regulating his or her own dysregulated state and affective responses. Footage from PTSD/Addiction groups conducted in my Private Practice, and utilized for teaching purposes, will be viewed by attendees, with open discussion on the topic of the regulation of affect and state, with those diagnosed with PTSD. Goal of treatment is to increase self-regulatory capacities of the patient, while building an increased capacity for interactive community support.

Sönmez Sevcin, Yasar University

Representation of Traumatic Memory in Turkish Cinema

Collective memory is a significant concept and debating issue of recent years. The countries that have sorrowful past and wrongdoings in political and social aspect, try to confront with these realities. Remembering these traumatic experiences is a hard and irritating but important work, because, giving voice to one's traumatic past and recognizing it as part of one's history is a necessary step in escaping from patterns of suffering. For recovering, trauma should emerge, should be spoken and criticized. Turkey has many traumatic realities like military coups, tortures, unsolved murders, ethnic conflicts and forced migration from East to West.

Cinema helps society in remembering and curing the traumatic memories by representing them. Therefore, this study aims to show different representations of traumatic memories in the last ten years of Turkish cinema. Exploring this will reveal "How Turkish society show up its own social memory and bad happenings of the past?" The films will be analyzed by four main cinematic strategies in representation trauma, which Kaplan and Wang (2004) introduce as "cure, shock, witness and voyeurism". These strategies are used in picturing traumatic facts, realities and they have different effects on viewers. From this perspective research sample films are Güneşe Yolculuk, Sonbahar, Yazı Tura, Eve Dönüş and Güz Sancısı.

Tosone Carol, New York University; Rosenthal Gelman, Caroline, Hunter College School of Social Work; Figley, Charles, Tulane University School of Social Work; McVeigh, Lynn, New York University

Vicarious Learning Approach to Training Trauma Clinicians

Numerous methods are used to teach about trauma work with survivors of natural and man-made disasters, sexual and physical abuse, and neglect. As educators of clinical professionals, we have found training films to be the most effective and most well received by students. As a result, we have developed training videos for student clinicians that have been distributed by the Council on Social Work Education, the accrediting body for professional social work schools in the United States. One of these films is devoted to teaching students about work with survivors of sexual abuse and natural disasters. The format involves reenactments of two student clinician sessions, one involving a student from New Orleans working with a Hurricane Katrina survivor, and the other a student working with an adult survivor of childhood sexual abuse. Both sessions are followed by supervisory sessions with senior trauma clinician specialists. This format affords students the opportunity to observe other student clinicians in action, critique their interventions, develop self-reflection skills as a result of vicarious empathic engagement, and foster students' critical thinking skills as a result of vicarious participation in the supervisory process.

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1. SYMPOSIEN

Gustav Wirtz:

DIFFERENZIERUNG DER BEDEUTUNG DISSOZIATIVER SYMPTOME UND DISSOZIATIVER STÖRUNGEN: PSYCHOPATHOLOGISCHE, NEUROBIOLOGISCHE UND THERAPEUTISCHE ANSÄTZE

Tschöke Stefan, Deutschland

ZfP Südwürttemberg, Abteilung Psychiatrie I der Universität Ulm, Ravensburg

Verbal-akustische Halluzinationen bei Patientinnen mit einer Borderline-Persönlichkeitsstörung versus schizophrene Patientinnen

Verbal akustische Halluzinationen (VAH) bei Patienten mit einer Borderline-Persönlichkeitsstörung (BPS) sind schwer einzuordnen, insbesondere, da sie immer noch als typisch für eine schizophreniforme Erkrankung angesehen werden. Bei diesen Patienten sind lang anhaltende, seit der Kindheit bekannte, VAH beschrieben. Für Patienten mit frühkindlichen Traumatisierungen wird ein dissoziativer Entstehungsmechanismus diskutiert und die psychotische Symptomatik als Manifestation abgespaltener Persönlichkeitsanteile gesehen (Van der Hart et al 2006, Dell PF 2006). Ergebnisse einer phänomenologischen Untersuchung an 23 Patientinnen mit einer BPS versus 21 Patientinnen mit einer Schizophrenie und VAH werden vorgestellt. In der Gruppe der Patientinnen mit einer BPS zeigten sich signifikant höhere Werte in dem Bereich Dissoziation und dem Ausmaß an frühkindlichen Traumatisierungen. Im SKID-D ließ sich bei dieser Gruppe eine komorbide dissoziative Störung diagnostizieren. Die VAH waren in beiden Gruppen phänomenologisch vergleichbar. Unterschiede ließen sich vor allem bei der Erstmanifestation der Stimmen vor dem 18 Lebensjahr finden. Die beiden Gruppen unterschieden sich v. a. im Bereich der Negativsymptomatik und Denkzerfahrenheit, welche in der Gruppe der Patientinnen mit einer BPS kaum bis nicht nachweisbar war. Dieser Aspekt könnte differentialdiagnostisch wegweisend sein.

Ludäscher Petra, Deutschland

Zentralinstitut für Seelische Gesundheit, Klinik für Psychosomatik und Psychotherapeutische Medizin, Mannheim

Neuronale Korrelate dissoziativer Zustände bei Trauma-assoziierten Erkrankungen

Dissoziative Zustände sind ein häufig auftretendes Symptom bei der Borderline-Persönlichkeitsstörung und der PTSD. Das Ziel der vorliegenden Studie war die Untersuchung psychologischer, sensorischer (Schmerzempfinden) und neuronaler Korrelate dissoziativer Zustände bei Patientinnen mit diesen Störungsbildern. 15 unmedizierte Patientinnen mit einer Borderline-Persönlichkeitsstörung wurden untersucht. 10 davon zeigten eine komorbide PTSD. Wir wandten das Skript-driven Imagery Paradigma an. Dabei wurden den Teilnehmerinnen zwei Skripts während fMRT präsentiert: eine autobiographisch Dissoziations-induzierende Situation (DS) und eine autobiographisch emotional neutrale Situation (NS). Außerdem wurden Dissoziation und Schmerzempfinden während der fMRT-Untersuchung erfasst. Die Ausprägung der Dissoziation war signifikant erhöht und das Schmerzempfinden reduziert während des DS im Vergleich zu dem NS. Funktionelle Ergebnisse zeigten eine signifikante Aktivierung im linken inferioren Gyrus während des DS im Vergleich zu dem NS. Regressionsanalysen zeigten außerdem eine positive Korrelation zwischen BOLD Signal und Dissoziation im linken superioren frontalen Gyrus. In der PTSD-Subgruppe zeigte sich außerdem eine signifikante Aktivierung im linken Cingulum während des DS im Vergleich zu dem NS, eine positive Korrelation zwischen BOLD-Signal und Dissoziation in der Insel und eine negative Korrelation im rechten parahippokampalen Gyrus. Dissoziation kann demnach mit Hilfe der Script-Driven Imagery Methode evoziert werden. Die neuronalen Korrelate deuten auf ein fronto-limbisches Inhibitions muster während induzierter Dissoziation hin.

Wilhelm-Gössling Claudia, Deutschland
AMEOS Klinikum, Hildesheim

Prozessorientierte Energetische Psychotherapie (PEP) auch als Anti-Dissoziativum? – Interventionen mit PEP bei Traumafolgestörungen

Fokussiert auf ein Thema/Symptom werden mit PEP u. a. Akupunkturpunkte geklopft. Zusatztechniken wie PEP, die multiple neuronale Netzwerke aktivieren, können dabei helfen - quasi „antidissoziativ“ - traumatische Erinnerungen zu verändern sowie Traumafolgesymptome zu reduzieren. Vorgestellt wird eine Untersuchung, die in Kooperation mit einer Rehabilitationsklinik für Frauen mit Abhängigkeitserkrankungen, durchgeführt wurde. Zudem wird die Technik demonstriert. Bei Frauen mit (komplexer) PTBS und komorbider Substanzabhängigkeit wurde die Effektivität von PEP (n = 28) im Vergleich mit einer Kontrollgruppe (n = 30) untersucht. Bei Aufnahme, bei Entlassung und nach einem Jahr wurden Schwere und Häufigkeit posttraumatischer, dissoziativer und unspezifischer psychopathologischer Symptome sowie das Kohärenzgefühl gemessen (PDS, FDS, BDI, SCL-90, SOC). Nach der Behandlung zeigten Patientinnen der PEP-Gruppe bei gleichen Ausgangswerten signifikant bessere Werte für alle Zielvariablen als Patientinnen der Kontrollgruppe (mit überwiegend sehr hohen Effektstärken). Zudem zeigten Patientinnen der PEP Gruppe in der Katamnese noch seltener dissoziative Symptome als bei Entlassung, während diese in der Kontrollgruppe wieder häufiger auftraten. - Weitere Untersuchungen sind erforderlich, um die Ergebnisse abzusichern.

Voigt Wibke, Deutschland
Fachklinik St. Vitus GmbH, Visbek

Neurobiologische Grundlagen der Theorie der strukturellen Dissoziation – Möglichkeiten der therapeutischen Umsetzung in ein stationäres Behandlungs-Setting

Die Theorie der strukturellen Dissoziation stützt sich auf die klinischen Beobachtungen des französischen Psychiaters Pierre Janet, der Symptome wie Amnesie, Fugue, Konversionssymptome sowie das Auftreten von alternierenden Persönlichkeitsanteilen der Existenz abgespaltener Teile der Persönlichkeit zuschrieb, verursacht durch frühe traumatische Erfahrungen. In der Theorie der strukturellen Dissoziation werden evolutionsbiologische Ansätze nach Panksepp 1989 zu Grunde gelegt sowie Hypothesen zu neurologischen Korrelaten der pathologisch veränderten Persönlichkeitsstruktur aufgestellt. Die Theorie differenziert zwischen den sogenannten emotionalen Persönlichkeitsanteilen, welche die traumatischen Erinnerungen speichern sowie einen bzw. mehreren anscheinend normalen Persönlichkeitsanteilen, die die Alltagsfunktionen übernehmen. Dabei gehen die Autoren von einer pathologischen Dissoziation aus. Die Behandlung von Patientinnen mit dissoziativen Störungen ist auf Grundlage der Theorie der strukturellen Dissoziation in einem stationären Behandlungssetting unter bestimmten Voraussetzungen möglich. Dieses wird im zweiten Teil des Vortrages vorgestellt.

Katharina Purtscher:

BETREUUNG UND BEHANDLUNG VON KINDERN IN SITUATIONEN EXISTENZIELLER BEDROHUNG

Purtscher Katharina, Österreich
Landesnervenklinik Sigmund Freud, Abteilung für Kinder- und Jugendpsychiatrie, Graz

Die Rolle des Gesundheitssystems in der Betreuung von unbegleiteten minderjährigen Flüchtlingen

Im Artikel 6 Abs.2 der Kinderrechtskonvention verpflichten sich „die Vertragsstaaten in größtmöglichem Umfang das Überleben und die Entwicklung des Kindes zu gewährleisten.“ Dies gilt in besonderem Maße für den Schutz von unbegleiteten minderjährigen Flüchtlingen (UMF), nämlich Kinder und Jugendliche unter 18 Jahren, die außerhalb ihres Heimatlandes und getrennt von beiden Eltern oder ihren gesetzlichen Vertretern und

Obsorgeberechtigten leben. Das verpflichtet auch die Gesundheitseinrichtungen, zu deren Aufgaben die Prävention, Behandlung, Rehabilitation und Gesundheitsförderung bei somatischen, emotionalen, mentalen und sozial bedingten Leidenszuständen und Gesundheitsbeeinträchtigungen zählen. In einer gemeinsamen Initiative der Organisationen *International Save the Children Alliance* und *United Nations High Commissioner for Refugees* wurden durch das „Separated Children in Europe Programme“ (SCEP) Rahmenempfehlungen für die Betreuung von UMF erstellt und die zu beachtenden Grundprinzipien für die Betreuung von UMF in den EU-Mitgliedsstaaten formuliert. Ziel ist es für UMF in den verschiedenen Aufnahmeländern in Europa einheitlich die Beachtung der medizinischen und psychosozialen Bedürfnisse im Prozess der Erstaufnahme zu gewährleisten.

Huck Wilfried, Deutschland

LWL-Universitätsklinik Kinder- und Jugendpsychiatrie, Hamm

Somatogene Dissoziation bei jugendlichen Flüchtlingen

Anhand eigener therapeutischer Erfahrungen mit jugendlichen Flüchtlingen aus verschiedenen Ländern mit unterschiedlichem kulturellem Hintergrund sollen die besonderen psychische Belastungen und spezifischen Behandlungsprobleme im Rahmen der Traumabehandlung von jugendlichen Migranten dargestellt werden. Im Mittelpunkt der Fallanalysen stehen insbesondere die somatoformen Beschwerden bei Jugendlichen, die Phänomenologie des Schmerzgedächtnisses, die Differentialdiagnosen von dissoziativen Störungen, das Konzept der somatoformen Dissoziation von Ellert Nijenhuis und die durch Institutionen induzierte sekundäre Traumatisierung.

Wintsch Hanna, Schweiz

Ostschweizer Kinderspital, St. Gallen/Zürich

Psychotraumatologie bei krebserkrankten Kindern, Jugendlichen und ihren Familien

Eine Krebserkrankung im Kindes- und Jugendalter mit häufigen Hospitalisierungen, invasiven Behandlungen und langer Isolation von SchulkollegInnen und altersentsprechenden Aktivitäten stellt für das ganze Familiensystem eine anhaltend hohe Belastung dar (vgl. Anhaltende Belastungsreaktion AWMF Leitlinie 025-002). Speziell Diagnose- und Rezidivphase sind anfällig für mögliche Belastungsreaktionen. Je nach Alter sind unterschiedliche Interventionen erforderlich. Für Jugendliche bedeutet die lebensbedrohliche Krankheit einen massiven Einschnitt in die Autonomie- und Identitätsentwicklung. Manchmal benötigen die Eltern, insbesondere bei kleinen Kindern, mehr Unterstützung als das erkrankte Kind. Die Geschwister werden – oder fühlen sich – oft vernachlässigt. Generell, aber besonders in der Palliativphase muss das ganze Familiensystem im Auge behalten werden, gleichzeitig gilt es, die individuellen Verarbeitungsstrategien zu respektieren. Klinische Erfahrungen zeigen, dass in der pädiatrischen Psychoonkologie Stabilisierung, Ressourcenaktivierung und resilienzorientierte Interventionen aus der Psychotraumatologie prioritär sind. Ziel ist eine Reduktion der akuten Belastung durch die maligne Erkrankung und gleichzeitig die Prävention von Traumafolgestörungen bei allen Familienmitgliedern.

Carvalho-Hartmann Maria Ignez, Deutschland

Speyer

Wir treffen uns im Himmel – Sandspieltherapie bei traumatisierten Kindern

Die Sandspieltherapie erweitert das Spektrum der Traumatherapien. Eingebettet in eine kideranalytische Therapie wird der Sandspieltherapieprozess eines achtjährigen Jungen dargestellt, nachdem er die Krebserkrankung und den körperlichen Zerfall seiner Mutter bis zu deren Tod ein Jahr lang miterlebte. Die unfassbaren Gefühle eines Kindes bei einem solchen Verlust und die folgende post-traumatische Symptomatik mit Angst und Albträumen werden hier als Sandbilder dargestellt. Der Therapieprozess macht deutlich, wie nach einer Reihe von archaischen und transpersonellen Sandbildern das fragmentierte Ich wieder stärker im Bewusstsein auftaucht und integriert wird. Durch die Symbolisierung unerträglicher und unausgesprochener Gefühle entsteht zuerst die Akzeptanz des Unvermeidbaren und die Ausarbeitung des Trauerprozesses. Die Sandspieltherapie nach Dora Kalff basiert auf der analytischen Psychotherapie nach C.G. Jung. Sie bietet mittels des Sandkastens einen „freien und geschützten Raum“, in dem das Erleben des Erschreckens seinen Ausdruck finden kann. Auf diese Weise

werden im freien, kreativen Spiel unbewusste Vorgänge in dreidimensionaler Form dargestellt. Die so entstandene Reihe von Sandbildern, ergänzt mit freiem Malen und Traumerzählungen zeigt wie die Blockade der psychischen Energie aufgehoben werden kann. In dieser Form wird der Symbolisierungsprozess sichtbar.

Hiller Regina, Deutschland

LWL-Universitätsklinik Kinder- und Jugendpsychiatrie, Hamm

Narrative in der psychotherapeutischen Behandlungen von Kindern mit posttraumatischer Belastungsstörung

Dargestellt werden die ersten empirischen Ergebnisse in der psychotherapeutischen Behandlung von Kindern im Alter von 7-13 Jahren mit posttraumatischer Belastungsstörung im stationären Setting mit Hilfe von Narrativen (Geschichten). Die Arbeit mit Narrativen (Geschichten) hat zum Ziel, die Einzelreize, die durch das Trauma ohne Verbindung zueinander gespeichert sind und als beziehungslose Fragmente vorliegen zu einer Erinnerungsgeschichte mit einem Anfang und einem Ende zusammenzufügen. In diesem Sinne werden die im impliziten sogenannten „Traumagedächtnis“ gespeicherten Erinnerungen in das explizite Gedächtnis überführt und so der Verarbeitung zugänglich gemacht (Schubbe 2006). Das Verfahren ist eine kreative Variante des EMDR-Verfahrens (Eye-Movement Desensitization and Reprocessing), das ein historisch junges, jedoch therapeutisch hoch wirksames, evidenzbasiertes Verfahren zur Behandlung von posttraumatischer Belastungsstörung und anderen Traumafolgestörung darstellt (Shapiro 2003). Die Wirksamkeit von Narrativen wurde im Rahmen einer Interventionsstudie in Zusammenarbeit mit der LVR- Klinik Essen (Dr. Tagay/Prof. Senf) überprüft. Die ersten empirischen Ergebnisse belegen eine signifikante Reduktion nicht nur der posttraumatischen Symptomatik, sondern auch ein Rückgang depressiver Symptome, die als komorbide Störung aufzufassen sind.

Rolf Keller:

MÖGLICHKEITEN UND GRENZEN STATIONÄRER TRAUMATHERAPIE

Bracke Volker, Deutschland

Helios-Klinik für Psychosomatische Medizin, Bad Grönenbach

Möglichkeiten und Grenzen erfolgreicher Stabilisierung im Rahmen stationärer Traumatherapie

Nach welcher Systematik und mit welcher Zielsetzung werden die im Rahmen der traumatherapeutischen Stabilisierungsphase bekannten Methoden im stationären Rahmen verwendet bzw. empfohlen? Haben TherapeutInnen jeweils persönlich bevorzugte „Werkzeuge“, zu denen sie greifen (lassen)? An welchen Kriterien einer differentiellen Indikation orientieren sie sich dabei? Welcher Ordnung unterliegen die Methoden, z.B. imaginativ vs. gegenwartsorientiert / kognitiv vs. körperzentriert / antidissoziativ vs. aktiv dissozzierend / aktivierend vs. entspannend / nährend-fördernd vs. strukturierend-fördernd / situativ-variabel vs. ritualisiert eingeübt? Auf der Basis eines Überblicks über Stabilisierungstechniken, die aktuell bei stationärer Traumatherapie zur Anwendung kommen, wird diesen Fragen nachgegangen. Darüber hinaus wird ein Ansatz vorgeschlagen, „erfolgreiche“ Stabilisierung zu operationalisieren. Der Beitrag spiegelt den Diskussionsstand in der DeGPT-Arbeitsgruppe „Stationäre Traumatherapie“ zur Stabilisierungsphase wieder.

Keller Rolf, Deutschland

AHG Klinik Berus, Überherrn-Berus

Möglichkeiten und Grenzen erfolgreicher Traumakonfrontation im Rahmen stationärer Traumatherapie

Vor dem Hintergrund des aktuellen Forschungsstandes wird zunächst auf Kriterien zur Indikation bzw. Kontraindikation für Traumakonfrontation im Rahmen stationärer Traumatherapie eingegangen. In der Konfrontationsphase können verschiedene Teilziele unterschieden werden (z.B. Reduktion von Hilflosigkeit bei

Aufbau von Bewältigungsstrategien, Abbau von kognitiven und motorischen Vermeidungsstrategien, Habituation, Neubewertung belastender traumaassoziierter Aspekte). Bezug nehmend auf diese Teilziele werden verschiedene Methoden zur Konfrontation mit den traumatischen Ereignissen und den Traumafolgen dargestellt. Abhängig von störungsspezifischen Variablen (v.a. psychische Stabilität, Traumaart und -typ, Komorbidität), soziodemographischen Variablen (Alter, Geschlecht, beruflicher Status usw.), umweltabhängigen Variablen (soziale Unterstützung oder Belastung), behandlungsbezogenen Variablen (z.B. Art und Häufigkeit der Therapieangebote), institutionellen Rahmenbedingungen (z.B. Kostenträgerauftrag, Verweildauer) oder Nachsorgemöglichkeit (z.B. Intervallbehandlung) werden Möglichkeiten und Grenzen für Traumakonfrontation im Rahmen einer stationären Traumatherapie aufgezeigt. Dabei wird auch auf empirische Daten zurückgegriffen.

Schurig Walter, Deutschland
St. Agatha-Krankenhaus, Köln

Möglichkeiten und Grenzen stationärer Traumatherapie in einer akutpsychosomatischen Abteilung eines Allgemeinkrankenhauses

Unter Berücksichtigung der besonderen Setting- und Rahmenbedingungen im Allgemeinkrankenhaus befasst sich der folgende Beitrag mit Möglichkeiten und Grenzen stationärer Traumatherapie im Rahmen einer akutpsychosomatischen Abteilung eines Allgemeinkrankenhauses. Exemplarisch wird das Konzept der stationären Traumatherapie des St. Agatha-Krankenhauses Köln dargestellt. Dabei wird auf folgende Aspekte eingegangen: Kriterien zur Indikation bzw. Kontraindikation einer stationären Traumatherapie in der Akut-Psychosomatik, förderliche und limitierende Bedingungen im Krankenhaussetting sowie günstige und ungünstige Faktoren oder Einflussgrößen stationärer Traumatherapie in Kooperation mit Zuweisung, Kostenträgern und Nachsorgeeinrichtungen. Die Diskussionspunkte werden anhand praktischer Erfahrungen und Ergebnisse illustriert.

Klose Michael, Deutschland
Nitschke Mechtild, Kozerski Lilly, Schellong Julia, Universitätsklinikum Carl Gustav Carus, Dresden

Stationäre Traumatherapie für Patienten mit komplex traumatischen Störungen unter Einbezug systemischer Therapieelemente

Zur Behandlung komplex Traumatischer Störungen werden multimodale Konzepte gefordert. Der Einfluss der Primärfamilie auf die aktuelle Beziehungsgestaltung hat bei der Genese und Aufrechterhaltung dieser Störungen einen hohen Stellenwert. Die Bewertung einzelner Therapieelemente ist dabei empirisch wenig untermauert. Bei 358 stationären Patienten mit psychosomatischen Störungen wurde der Zusammenhang zwischen Kindheitstraumata, Vorliegen von Komorbidität und Therapieerfolg untersucht. Bei drei Patienten wurde ein spezifisches Therapieelement (Familienskulptur) qualitativ im Längsschnitt untersucht. Das Ausmaß von Kindheitstraumata korrelierte mit der Komorbidität und dem Verlauf des Therapieerfolges signifikant. Erste qualitative Auswertungen zur Familienskulptur zeigen die hohe subjektive positive Bedeutsamkeit für den Behandlungsverlauf vermutlich durch Expositionsanteil und Verbesserung der Gruppenintegration. Die Untersuchung zeigt, dass stationäre Behandlungsergebnisse abhängig von Schweregrad der Traumatisierung und Komorbidität sind. Durch Einbezug familientherapeutischer Maßnahmen scheint über die reine Konfrontation hinaus der Komplexität der Störung (Verflechtung mit Beziehungsaspekten) besser Rechnung getragen zu werden. Kontrollierte Studien zu dieser Fragestellung scheinen vor diesem Hintergrund lohnenswert.

Taubert Steffen, Deutschland
Keller Rolf, AHG Klinik Berus, Überherrn-Berus

Langfristiger Therapieerfolg stationärer Traumatherapie und mögliche Einflussgrößen

Bereits in früheren Untersuchungen erwies sich das verhaltensmedizinische Behandlungskonzept der AHG Klinik Berus als langfristig wirksam, jedoch ergaben sich immer wieder Unterschiede zwischen Subgruppen Traumatisierter hinsichtlich Behandlungsverläufen und -ergebnissen. Es wurde wiederholt postuliert, die an kleineren

Stichproben gewonnenen Daten an größeren Stichproben zu überprüfen. Der vorliegende Beitrag berichtet von neueren Ergebnissen der 1-Jahreskatamnese der stationären Traumatherapie an der AHG Klinik Berus bei 194 stationär behandelten Patientinnen und Patienten. Bei ca. 2/3 fand sich für die traumaspezifischen Messinstrumente PDS und IES-R sowohl bei Klinikentlassung als auch 1 Jahr danach eine deutliche Besserung der Traumasymptomatik und Bewältigungsmöglichkeiten (mit hohen bzw. guten mittleren Effektstärken), während sich ca. 1/3 dagegen nicht besserte oder sogar verschlechterte (wiederum mit relativ hohen Effektstärken). Schwächere Effektstärken ergaben sich für SCL-90-R und BDI. Es werden Zusammenhänge soziodemographischer, störungsbezogener, Setting- und behandlungsbezogener Variablen mit positiven und negativen Behandlungsverläufen diskutiert. Die Ergebnisse implizieren eine notwendige Anpassung des stationären Behandlungskonzepts.

Martin Sack:

ORGANISIERTE GEWALT

Igney Claudia, Deutschland
VIELFALT e.V., Bremen

Organisierte Gewalt – Ein Statement zum Stand des Wissens und der Diskussionen in Deutschland

Praxiserfahrungen in der Begleitung/Beratung/Therapie von Betroffenen Organisierter und Rituellicher Gewalt beinhalten als zentrale Punkte: Dissoziation, ideologische Indoktrinierung, schwere Straftaten (Menschenhandel, Kinderpornographie etc.), Zwang zur Geheimhaltung und komplexe Problemlagen. Häufig wird berichtet, dass Kinder generationenübergreifend der Ideologie und den Tätern ausgesetzt sind und Täter gezielt durch Manipulation und Konditionierung unter Folter dissoziative Identitätsstrukturen erzeugen. Die Ideologie dient als Sinnggebung und Rechtfertigung der Gewalt, eigene (erzwungene) (Mit-)Täterschaft verstärkt die Bindung. Ein Ausstieg aus diesen Strukturen bedeutet i.d.R. massive Bedrohung. Diese Rahmenbedingungen stellen besondere Anforderungen an interdisziplinäre Unterstützungskonzepte. Dennoch hat das Thema bisher wenig Eingang in die (wissenschaftliche) Forschung gefunden und es fehlen international einheitliche, für Wissenschaft und Praxis taugliche Definitionen für verschiedene Ausprägungen Organisierter Gewalt. Welche (möglichen) Forschungszugänge gibt es? Welche methodischen und ethischen Fragen treten dabei auf? Wo liegt der Forschungs- und Handlungsbedarf? Ergänzend werden im Vortrag einige spezifische Herausforderungen aufgezeigt, die Betroffene und professionelle UnterstützerInnen als zentral ansehen bei der Bewältigung der Folgen organisierter Gewalt.

Schramm Sylvia, Deutschland
Zentrum für Psychotraumatologie e.V., Kassel

Grundlegende Mechanismen der systematischen Manipulation und Konditionierung

Anhand von Schilderungen Betroffener und professioneller HelferInnen werden im Vortrag Strukturen im Vorgehen von Tätergruppen analysiert. Tätergruppen nutzen gezielt Expertenwissen über Lerntheorie, kognitive Manipulation und Abrichtung, hypnotherapeutisches Know-How und bewusstseinsverändernde Drogen, um Kinder systematisch zu trainieren. Dies reicht von einfachem Bestrafungslernen, aktivem Erzeugen von Dissoziationen, Fixieren von Grundüberzeugungen wie Schweigegeboten und lebenslanger Zugehörigkeit zur Gruppe, Training zu absolutem Gehorsam bis hin zur Ausbildung für Spezialaufgaben. Viele der Betroffenen sind später stark dissoziativ und erinnern im Alltagsbewusstsein höchstens Bruchstücke des Geschehenen, die von ihnen selbst und Außenstehenden zunächst als „skuril“ oder „perverse Fantasien“ abgetan werden. Ziel des Vortrages ist die Verbesserung der Nachvollziehbarkeit solcher Berichte und Verhaltensweisen, damit Betroffene zukünftig leichter und schneller angemessene Unterstützung auf allen Ebenen der Gesellschaft erhalten können.

Fliß Claudia, Deutschland
Bremen

Komplexe Konditionierung

Der Vortrag basiert auf Erfahrungen aus der langjährigen therapeutischen Praxis. Es wird beschrieben, wie einige Tätergruppen (z.B. satanistische Kulte) aufbauend auf grundlegenden Mechanismen der systematischen Manipulation und Konditionierung gezielt dissoziative Identitätsstrukturen bei Kindern erzeugen und für ihre Ziele nutzen. Unter Folter werden komplexe Ketten konditionierter Verhaltensweisen erlernt und an einzelne Persönlichkeiten der Dissoziativen Identitätsstruktur gebunden. Täter können dann gezielt durch konditionierte Auslöser bewirken, dass die jeweiligen Persönlichkeiten diese Verhaltensweisen unter hohem Trauma-Stress und meistens ohne eine bewusste Realisierung der aktuellen Situation in einem Flashback ausführen. Ein Verständnis dieser Mechanismen ist notwendig für den Ausstieg aus den Gewaltstrukturen und erfolgreiche Traumatherapie.

Sack Martin, Deutschland
Technische Universität München

Behandlung von Opfern organisierter Gewalt – eine Übersicht

An erster Stelle der Hierarchie von Behandlungszielen bei Opfer organisierter Gewalt stehen die persönliche Sicherheit und der Schutz vor weiterer Traumatisierung. Da in aller Regel eine erhebliche dissoziative Symptomatik vorliegt, kommt es vor, dass Betroffene entgegen Absprachen und entgegen ihrem Willen, Kontakt zu Täterkreisen halten, bzw. von diesen aktiv kontaktiert werden. Wir stellen eine Systematik von Behandlungsstrategien vor, die darauf zielen, die innere Kommunikation zu fördern und damit Einfluss und Kontrolle über die eigenen Handlungen und Reaktionen zu gewinnen. Scheinbar destruktive Anteile oder scheinbar täterloyale Seiten der Persönlichkeit können in ihrer Funktionalität verstanden und in kooperativer Weise für die Stabilisierung genutzt werden. Eine konfrontative Behandlung mit ressourcenorientierten Techniken kann in diesem Zusammenhang helfen, innere Ängste und Belastungen zu reduzieren und dadurch die Funktionsfähigkeit im Alltag zu verbessern.

Jens Kowalski:

EPIDEMIOLOGIE UND DIAGNOSTIK PSYCHISCHER ERKRANKUNGEN VON SOLDATEN NACH AUSLANDSEINSÄTZEN

Biesold Karl-Heinz, Deutschland
Bundeswehrkrankenhaus Hamburg

Stellenwert und Entwicklung psychischer Erkrankungen in militärischen Systemen

Mit zunehmender Belastung von Soldaten in westlichen Streitkräften durch Auslandseinsätze ist es in den letzten Jahren zu einem erheblichen Anstieg einsatzbedingter psychischer Erkrankungen in den militärischen medizinischen Versorgungssystemen gekommen. Die dadurch entstandenen quantitativen und qualitativen Wandlungsprozesse der Wehrpsychiatrie insbesondere in der Bundeswehr werden referiert und bewertet, gerade auch im Hinblick auf zukünftige Entwicklungen.

Zimmermann Peter, Deutschland
Psychotraumazentrum der Bundeswehr Berlin

Prävalenzen psychischer Erkrankungen in der Bundeswehr nach Afghanistan-Einsatz – erste Ergebnisse der „Dunkelzifferstudie“ der Bundeswehr

Im Jahr 2010 wurde in der Bundeswehr eine epidemiologische Studie zu Prävalenzen psychischer Erkrankungen von Soldaten mit und ohne Afghanistan-Einsatz durchgeführt. 1600 Einsatzsoldaten wurden mit 800 Kontrollprobanden ohne Auslandseinsatz verglichen. Zur Anwendung kam das neu entwickelte standardisierte CIDI-Mi-

Interview. Erste Ergebnisse dieser Untersuchung werden referiert und im Hinblick auf zukünftige präventive und therapeutische Strategien in der Bundeswehr diskutiert.

Willmund Gerd, Deutschland
Psychotraumazentrum der Bundeswehr Berlin

Diagnostik psychischer Erkrankungen im militärischen Kontext

Psychische Erkrankungen, die bei Soldaten in und nach Auslandseinsätzen entstehen, weisen eine Reihe von Besonderheiten sowohl in der Pathogenese als auch in der symptomatologischen Ausgestaltung und dem Verlauf auf. Diese finden sich in dieser Form in der zivilen Psychotraumatologie nicht wieder, beispielsweise wenn Kampfhandlungen Teil des traumatogenen Geschehens sind. Aus diesem Grund wurden in den vergangenen Jahren diagnostische Verfahren entwickelt, die speziell auf das militärische Umfeld abgestimmt sind. Diese Verfahren werden exemplarisch vorgestellt und diskutiert.

Krause Tony, Deutschland
Braas Roger, Bundeswehrzentral Krankenhaus Koblenz

Epidemiologie militärbezogener psychischer Erkrankungen im internationalen Vergleich

In den vergangenen Jahren wurden mehrere epidemiologische Untersuchungen in westlichen Armeen zu Prävalenzen psychischer Erkrankungen nach Auslandseinsätzen durchgeführt. Abhängig von der Art der zugrundeliegenden Einsatzszenarien, aber auch von nationalen Besonderheiten kam es zu erheblichen quantitativen und qualitativen Differenzen. Diese werden exemplarisch dargestellt und mögliche Hintergründe der Unterschiede diskutiert. Beispielhaft werden daraus resultierende unterschiedliche Vorgehensweisen in der psychiatrischen Erstversorgung traumatisierter Soldaten im Vergleich amerikanischer und deutscher Streitkräfte in Afghanistan vorgestellt.

Jochen-Wolf Strauß:

TRAUMAPÄDAGOGIK UND PSYCHOSOZIALE TRAUMAARBEIT: PRAXISKONZEP- TIONEN UND FORSCHUNGSERGEBNISSE

Sänger Regina, Deutschland
Udolf Margarete, Psychologische Praxis für Beratung und Traumapädagogik, Bremen

Phänomene traumatischer Reinszenierung und Übertragung in der pädagogischen Arbeit mit traumatisierten Kindern und Jugendlichen

Traumatisierte Mädchen und Jungen lösen in ihrem Umfeld starke Gefühle aus und stehen oft im Mittelpunkt dramatischer Reinszenierungen. Sie geraten immer wieder in bedrohliche Situationen oder wiederholen gewaltvolle Beziehungsmuster. Traumatische Übertragungen binden die Betroffenen an die Trauma-Erfahrungen, neue Beziehungserfahrungen mit Gleichaltrigen und Erwachsenen werden durch alte Erlebnis-inhalte beeinträchtigt, eine erreichte Stabilisierung wird stark gestört. Bei traumatischen Übertragungen geht es für die Betroffenen immer „um Leben oder Tod“. Mit solch dramatischer Vehemenz konfrontiert zu sein, stellt für die HelferInnen eine hohe Belastung dar. Gegenübertragungsreaktionen wie Wut, Ohnmacht, Ekel, Ablehnung oder Allmachts- und Rettungsphantasien führen zu dem Gefühl, pädagogisch nicht wirksam handeln zu können und in Teams zu Spaltung. Professionelle Beziehungsarbeit fordert von den Fachkräften flexibles Pendeln zwischen Verständnis und Distanzierung, wobei die Gegenübertragung als Verstehenshilfe dienen kann. Auch im Sinne der Selbstfürsorge ist ein kompetenter Umgang mit Reinszenierung sowie Übertragung und Gegenübertragung notwendig. Anderenfalls laufen Fachkräfte Gefahr, von Traumainhalten der Kinder und Jugendlichen wiederholt überflutet und als Folge sekundär traumatisiert zu werden.

Weiß Wilma, Deutschland
Fachleitung Zentrum für Traumapädagogik, Hanau

Traumapädagogik - Einordnung in Traumaarbeit, Haltung und das Konzept der Selbstbemächtigung

Die neue Fachdisziplin Traumapädagogik ist ein Bestandteil der Traumaarbeit. Die Diskussion um die Traumapädagogik nutzt der Enttabuisierung von Traumata, der Vergesellschaftung und der Demokratisierung von notwendigem Wissen in Einrichtungen der Kinder- und Jugendhilfe und in Bildungs- und Erziehungseinrichtungen. Die Fachrichtung Traumapädagogik sucht neue Standards, um die Unterstützung traumatisierter Mädchen und Jungen überall dort wo sie leben und lernen, zu ermöglichen. Unsere (Zentrum für Traumapädagogik) Haltung ist von zwei Aussagen geprägt: 1. Traumatisierte Menschen reagieren normal auf extreme, nicht normale Geschehnisse; 2. wir sind die Profis, die Kinder sind die Experten ihres Lebens. Auf dieser Grundlage ist das Konzept der Selbstbemächtigung entstanden, ein traumapädagogisches Konzept, dass in allen Einrichtungen, in denen Kinder und Jugendliche leben und lernen, Anwendung finden kann. Indem die Mädchen und Jungen Sich-Verstehen, Akzeptieren, Regulieren lernen, entwickeln sie einen inneren sicheren Ort und bemächtigen sich ihrer selbst, werden vom Objekt zum Subjekt.

Gahleitner Silke Birgitta, Deutschland
Alice-Salomon-Hochschule, Berlin

Komplexe Traumatisierung in der stationären Jugendhilfe begleiten und beraten: Forschungsergebnisse einer Katamnese

Unter dem Blickwinkel der Zunahme komplexer Traumata und psychischer Beeinträchtigungen in Einrichtungen der Kinder- und Jugendhilfe wird zunehmend die Frage nach der Fundierung psychosozialer Arbeitsansätze im Traumabereich gestellt. Im Rahmen einer Katamnese studie in stationären Einrichtungen der Berliner Jugendhilfe (KATA-TWG) wurde Einflussfaktoren für nachhaltig wirksame Betreuung nachgegangen. Zielsetzung der Studie war eine explorative Annäherung an Wirkungsforschung über eine mehrperspektivische Evaluation: eine quantitative Aktenanalyse von 237 Betreuungsakten und eine qualitative Erhebung über problemzentrierte Interviews mit ehemaligen BewohnerInnen, BetreuerInnen sowie Fokusgruppen. Eine Triangulation der Ergebnisse ergab einen Erfolgsindex von ca. 70 Prozent und als elementare Charakteristika der Betreuungsqualität: dialogische Beziehungsorientierung im partizipativ geteilten Lebens-Alltag, Fachkompetenz zu Trauma und weiteren Störungsbildern, personelle, disziplinäre wie methodische Vielfalt sowie psychosoziale Vernetzungskompetenz (lebenswelt- und umfeldorientiert, innerinstitutionell und interinstitutionell). Die Ergebnisse weisen zahlreiche Bezüge zu traumapädagogischen Konzeptionen und Vorgehenseisen auf. Die Studie wird vorgestellt und auf konzeptionelle Weiterentwicklungen für die stationäre Kinder- und Jugendhilfe hin reflektiert.

Kühn Martin, Deutschland
SOS – Kinderdorf Worpswede; T.R.A.I.N.

Trauma und behindertes Leben

Menschen, insbesondere Kinder, mit Behinderungen stellen in Bezug auf Traumatisierungen eine besondere Hochrisikogruppe dar. Die psychischen Auswirkungen von Ablehnung, Abweisung und Ausgrenzung, sowie einem erhöhten Gewaltisiko werden nicht selten als solche erkannt, sondern der angeblichen „Behinderung“ zugeschrieben. Pädagogische Hilfesysteme, die sich nicht vergegenwärtigen, dass ein Kind mit Behinderungen auf existenzbedrohende und -verleugnende Stresserfahrungen mit denselben psychischen Bewältigungsmustern reagiert wie andere Kinder auch, werden so - entgegen ihrer eigentlichen Absichten - zu entwicklungsbehindernden Systemen. Die Auswirkungen traumatisierender Umweltfaktoren unter behindernden Lebensbedingungen erfordern eine besondere Traumasensibilität der Fachkräfte, um entsprechend wirksame Handlungsmöglichkeiten zu entwickeln.

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2. WORKSHOPS

Bogy Gertrude; Katharina Purtscher; Koska Christine; Regina Rüscher; Edwin Benko, Universitätsklinik für Kinder- und Jugendpsychiatrie, Wien, Österreich

Krisenintervention und psychosoziale Betreuung nach akuter Traumatisierung

Die Behandlung von Stress- und Belastungsreaktionen nach traumatischen Lebensereignissen stellt eine enorm wichtige Aufgabe in der therapeutischen Arbeit mit Kindern und Jugendlichen dar, da frühe Hilfen nach dem traumatischen Ereignis den weiteren Verlauf der Traumafolgeerkrankungen wesentlich mitbestimmen. Rascher Beginn, konkrete Informationen zum Ereignis und den nachfolgenden Unterstützungsmaßnahmen, Ansprechen der Gefühle, Aufklärung über mögliche psychische Reaktionen, Einbeziehung der Bezugspersonen und Teilhabe am Geschehen sind Hauptanliegen akuter Interventionen. Die vielfältigen Aufgaben sind immer vom Anpassungs- bzw. Bewältigungsprozess der Betroffenen bestimmt. Multimodale Ansätze sind erforderlich, bei denen Stabilisierung, Aktivierung von Ressourcen und Selbstheilungskräften der Betroffenen im Vordergrund stehen. Wichtig ist ein gut funktionierender Übergang von der Unterstützung in der Akutphase zur weiterführenden Betreuung oder Therapie. Im Workshop werden nach einer kurzen theoretischen Einführung (Symptomatik, Diagnostik, Entwicklungsfolgen) wesentliche Elemente der Krisenintervention und der frühen Interventionen vermittelt und anhand von Fallbeispielen sowohl Einzelfallhilfe als auch Gruppeninterventionen dargestellt. Ebenso wird die Arbeit des Ambulatoriums für Kinder und Jugendliche in Krisensituationen – die Boje - kurz vorgestellt.

Stellermann Kerstin, Deutschland; Blotevogel Monica; Adam Hubertus, Universitätsklinikum Hamburg-Eppendorf, Hamburg

Arbeit mit Flüchtlingskindern und ihren Familien – Berichte aus der Praxis

Nach Schätzungen der UNHCR sind weltweit mindestens 50 Millionen Menschen auf der Flucht, rund die Hälfte davon ist minderjährig. In der BRD stellen zwischen 30.000 (2008) und 50.000 (2010) Flüchtlinge jährlich einen Antrag auf Asyl und es leben etwa 5.000- 10.000 unbegleitete minderjährige Flüchtlinge in Deutschland. Die Kinder und Jugendliche sind durch ihre Erfahrungen durch Krieg, Verfolgung, Flucht und Verletzung der Menschenrechte psychisch sehr belastet und Studien belegen erhöhte psychiatrische Erkrankungen bei Flüchtlingskindern und -jugendlichen. In diesem Workshop sollen anhand von Beispielen aus der BRD und Südafrika Erfahrungen und Besonderheiten der psychosozialen und psychotherapeutischen Arbeit mit Flüchtlingskindern und ihren Familien vorgestellt werden. In Bezug auf die Ambulanz für Flüchtlingskinder und ihre Familien der Stiftung Children for Tomorrow an der Klinik für Kinder- und Jugendpsychiatrie des Universitätsklinikum Hamburg-Eppendorf werden a) Setting, Struktur, und das Arbeiten mit Dolmetschern vorgestellt, b) das traumafokussierte Arbeiten mit einer narrativen Expositionsmethode mit besonderem Fokus auf kulturelle Sensitivität und Traumatherapie mit Dolmetschern. c) Weiter wird die Arbeit des „Lawrence House“, eines Wohnheims für Flüchtlingskinder in Kaptstadt vorgestellt.

Wenk-Ansohn Mechthild, Behandlungszentrum für Folteropfer (bzfo), Berlin, Deutschland

Diagnostik und Psychotherapie im interkulturellen Setting

Flüchtlinge, die nach traumatischen Erlebnissen im Heimatland und Entwurzelung oftmals an reaktiven psychischen und psychosomatischen Beschwerden leiden, stellen Psychotherapeuten/Innen, Psychiater sowie Ärzte der Primärversorgung im ambulanten und stationären Bereich vor die Herausforderung einer transkulturellen Behandlungssituation. Welche kulturspezifischen Ausprägungen und Kommunikationsmuster müssen bei der Diagnostik und Behandlung von Traumafolgeerkrankungen und anderen psychischen oder psychosomatischen Störungen beachtet werden? Wie kann ein professionelles und funktionsfähiges Setting mit DolmetscherIn

gestaltet werden? In dem Workshop werden Hindernisse und Möglichkeiten der Kommunikation mit Menschen aus anderen Kulturen beleuchtet und Formen der Selbstreflexion angeregt, die den Weg zu einem professionellen interkulturellen Setting ebnen können. Kurze praktische Anleitungen und eine Übung führen in die psychotherapeutische Arbeit unter Sprachmittlung ein. Die Referentin bezieht sich auf jahrelange Erfahrungen in der Diagnostik und Psychotraumatheorie mit Flüchtlingen aus über 50 Ländern im Behandlungszentrum für Folteropfer Berlin und möchte praxisrelevante Aspekte in den Vordergrund stellen.

Schäfer Ingo; Claudia Schulze; Martina Stubenvoll, Universitätsklinikum Hamburg-Eppendorf, Hamburg, Deutschland

„Sicherheit finden“ - ein Therapieprogramm für Patienten mit Posttraumatischen Störungen und Substanzmissbrauch

Bei Personen mit substanzbezogenen Störungen findet sich die Posttraumatische Belastungsstörung (PTBS) mit einer Punktprävalenz von 15-41%. Bei den meisten Betroffenen steht die Störung dabei in Zusammenhang mit wiederholten Traumatisierungen in der Kindheit. Wie andere Gruppen komplex traumatisierter Klienten weisen sie ein breites Spektrum klinischer Probleme auf. Neben einem frühen Beginn der Abhängigkeit und polyvalentem Konsum betrifft dies interpersonelle Probleme, Impulsivität und selbstverletzendes Verhalten, sowie eine Tendenz zu erneuten Opfererfahrungen. Insgesamt profitieren Klienten mit Suchtproblemen und komorbider PTBS schlechter von herkömmlichen Therapieangeboten. Sie weisen eine geringe Therapieadhärenz, häufige Rückfälle und eine insgesamt höheren Inanspruchnahme von Hilfsangeboten auf. In den letzten Jahren wurden deshalb spezielle Therapieangebote entwickelt, die PTBS und Suchtprobleme integrativ behandeln. Im Workshop wird ein integratives Therapieprogramm vorgestellt („Seeking Safety“; Najavits 2002), das einen vorwiegend stabilisierenden, ressourcen-orientierten Ansatz verfolgt und sowohl im Gruppen- als auch im Einzelsetting eingesetzt werden kann. Neben der Struktur des Programms und seiner konkreten Durchführung wird die Anpassung an unterschiedliche Settings diskutiert.

Sack Martin; Schellong, Julia, Technische Universität München, Deutschland

Ressourcenorientierte Behandlung von Patientinnen und Patienten mit komplexen Traumafolgestörungen

Durch den Einsatz schonender konfrontativer Techniken können die evidenzbasiert wirksamen Prinzipien traumatherapeutischer Behandlungen unabhängig von einer Ausrichtung auf bestimmte Therapieverfahren oder Therapieschulen auch bei Patienten mit komplexen Traumafolgestörungen und dissoziativen Störungen zur Anwendung gebracht werden. Der Einsatz von Techniken zur Distanzierung und Dosierung der Belastung während der Aktualisierung traumatischer Erinnerungen, ermöglicht eine situationsangemessene Anpassung an die individuelle Belastungstoleranz. Zudem lassen sich die vielfältigen Möglichkeiten zur Aktivierung von Bewältigungsressourcen nutzen, um zumindest auf der imaginären Ebene das nachholen zu können, was in der traumatischen Situation gefehlt hat und um Erfahrungen von Bewältigung zu gewinnen. Damit wird es möglich, schon sehr frühzeitig direkt an der Traumafolgesymptomatik zu arbeiten. Längere vorbereitende Phasen einer stabilisierenden psychotherapeutischen Behandlung sind dann nur noch in Ausnahmefällen erforderlich. Grundlagen und Strategien einer schonenden Behandlung von Traumafolgestörungen werden vorgestellt sowie durch Praxisbeispiele anschaulich gemacht.

Weiser Regina; Erdmann Claudia, Bochum/Berlin, Deutschland

Traumatherapie und Yoga - wie produktiv ist diese Verbindung?

Für die Heilung von Menschen mit Traumafolgestörungen bietet die mehrere 1000 Jahre alte Yoga-Wissenschaft einen Schatz, der noch gehoben werden muss. Ein Pionier auf diesem Gebiet ist Bessel van der Kolk, dessen Studienergebnisse zeigen, dass der Einsatz von Yoga-Übungen und -Haltungen in der Traumatherapie zur signifikanten Reduktion von Intrusion und Hyperarousal führt. Die beiden Workshopleiterinnen stellen anhand von Falldokumentationen Ergebnisse ihrer Arbeit der Einbindung von Yoga in die Traumatherapie/EMDR vor. Sie

beschreiben eine Methode, wie sich negative Körperzustände und Emotionen aktiv und selbstregulativ durch Übungen aus dem Yoga so verändern lassen, dass Gefühle von Sicherheit und relativer Zufriedenheit in Körper, Geist und Seele entstehen können. Erste Arbeitsergebnisse sprechen auch hier dafür, dass der Einbezug von Yoga in die Traumatherapie – auch bei komplextraumatisierten Menschen – schonend, relativ schnell und nachhaltig zu guten Erfolgen führt. Im Workshop werden durch Demonstration erfahrbar gemacht und zur Diskussion gestellt: 1. Bewegungen (E-Motionen), Haltungen und Atemübungen aus dem Yoga; 2. Spürübungen mit anschließender Verbalisierung der Körpererfahrung zur Verankerung neuer Erfahrungen; 3. Theorien zum Erfolg des Einsatzes von Yoga; 4. Forschungsergebnisse.

Rießbeck Helmut, Ego State Therapie Arbeitsgemeinschaft Deutschland, Schwabach, Deutschland

Die Weiterentwicklung der Ego State Therapie nach J.G. und H. Watkins – Prinzipien und praktische Umsetzung

Der heutige Ego State Ansatz ist eine ressourcen- wie auch lösungsorientierte Therapieform. Mit Wurzeln in den Polypsychismusvorstellungen des 19. Jahrhunderts wurde sie von psychodynamischen wie auch von hypnotherapeutischen Ericksonianischen Psychotherapeuten entwickelt. Sie bietet insbesondere für traumabelastete Patienten mit schweren Persönlichkeitsbeeinträchtigungen Möglichkeiten die Kommunikation zwischen verschiedenen Selbst-Zuständen zu explorieren und in der therapeutischen Beziehung umzugestalten. Die grundlegenden Prinzipien und Methoden dieses Ansatzes werden vorgestellt. An praktischen Beispielen wird die indirekte und direkte Kontaktaufnahme mit den States vom psychoedukativen Konversationsansatz bis zur Kommunikation in Hypnose erläutert. Fallbeispiele und Verlaufsberichte verdeutlichen, wie durch strategisches Arbeiten und modifizierte Nutzung der Übertragung im Inneren System Integrationsleistungen ermöglicht werden. Dabei wird besonderer Wert darauf gelegt, wie sich in den Ego State Ansatz andere spezielle Therapiemethoden wie z.B. Expositionsverfahren einbetten lassen.

Purtscher Katharina; Bogyi, Gertrude; Sandra Möstl; Carmen Tatzl; Christine Vesely; Hildegard Pförtl; Elisabeth Sonnleithner, Abteilung für Kinder- und Jugendpsychiatrie, Graz, Österreich

Stationäre Therapie mit schwer traumatisierten Kindern und Jugendlichen

Die Symptomatik schwer traumatisierter Kinder und Jugendlicher ist vielschichtig. Es handelt sich um psychische, kognitive und sensomotorische Beeinträchtigungen, die als multiple komplexe Entwicklungsstörung bezeichnet wird. Es zeigen sich Störungen in der Selbst- Affekt- und Impulsregulierung, Bewusstseinsveränderungen und Gedächtnisstörungen. Probleme können nicht benannt, sondern nur durch Handeln ausgedrückt werden. Es kommt zu problematischen Reinszenierungen, in die das therapeutische Team unweigerlich hineingezogen wird, wenn es nicht gelingt, solche Verstrickungen zu vermeiden. Regeln werden als bedrohlich erlebt, das Personal wird zum Täter. Minimale Auslöser triggern Verhalten mit massiven Selbstverletzungen, Suizidalität und aggressiven Durchbrüchen. Zwangsmaßnahmen wie Psychopharmaka wider Willen oder Schutzfixierung sind mögliche Folgen, jedoch eine Fortführung der traumatischen Inszenierung. Es geht darum zu vermitteln, dass das stationäre Team aus verlässlichen berechenbaren Personen besteht, die weder übergriffig, noch misshandelnd sind. Stabilisierung, Traumabearbeitung, sowie Integration sind die Schritte in der Traumatherapie, die nur gemeinsam im multiprofessionellen Team gelingen können. Möglichkeiten, aber auch Schwierigkeiten und Grenzen stationärer Behandlung sollen aufgezeigt und anhand von Fallbeispielen dargestellt werden.

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