

PRECONFERENCE WORKSHOPS

Workshop 1. Paper in a Day (Full Day)

Full day on 13 June (9:30 – 16:30) plus pre- and post-meeting assignments

Paper in a Day is designed to stimulate international connections and the exchange of ideas by working on a tangible outcome: a brief paper or commentary for a peer-reviewed journal. This will be an intensive, productive and enjoyable day.

This year, Paper in a Day will make use of a unique research resource in the traumatic stress field – the Prospective studies of Acute Child Trauma and Recovery (PACT/R) Data Archive. Learn more about PACT/R resources and data at www.childtraumadata.org. This international data archive of child trauma studies currently includes datasets from 32 studies, representing data from more than 5500 children exposed to a single incident trauma, e.g., injury, disaster, interpersonal violence. Throughout the Paper in a Day process, leaders of the PACT/R Archive will be available to participants to answer questions and to approve data requests once research topics / questions are identified.

Program

After registration, participants will choose a topic based on shared interests and availability of relevant PACT/R data. In the weeks prior to the workshop, participants will individually prepare (e.g. read relevant articles, draft sections of the paper). The workshop will include plenary discussions about the topic and the drafted texts, and writing time in subgroups. Following the workshop, the draft will be finalized for submission.

Commitment

In order to make the event a success, we ask participants to commit to:

- Prepare in advance of the meeting – dedicate eight hours prior to the workshop.
- Be present for the entire workshop.
- Contribute to the final editing and referencing following the workshop.

How to participate

This event is aimed at early career academics who have obtained their PhD after 2014 or who are in the final stages of submission of their PhD. There is a € 50,- registration fee for this Pre-Conference Workshop. If you would like to participate, please send an email to info@estss2019.eu by 15 april 2019 (seats are limited; first come, first served) with the following information:

1. A short CV listing your publications and main research interests to inform choice of topics. Please also let us know if you have an idea for a research question that could be addressed with PACT/R data to complete a relatively contained empirical paper or commentary.
2. A statement that you commit to the required preparation, attendance, and follow-up activities as described.

Workshop 2. Cognitive Therapy for PTSD (Full Day)

Anke Ehlers

Workshop abstract

Treatment guidelines recommend trauma-focused cognitive behavioural treatments as treatments of choice for posttraumatic stress disorder (PTSD). Cognitive Therapy for PTSD is a version of these treatments that builds on Ehlers and Clark's (2000) cognitive model of PTSD. This model suggests that people with PTSD perceive a serious current threat that has two sources, excessively negative appraisals (personal meanings) of the trauma and / or its sequelae and characteristics of trauma memories that lead to reexperiencing symptoms. The problem is maintained by cognitive strategies (such as thought suppression, rumination, safety-seeking behaviours) that are intended to reduce the sense of current threat, but maintain the problem by preventing change in the appraisals and trauma memory, and / or lead to increases in symptoms.

Cognitive Therapy for PTSD has been shown to be highly effective and acceptable to patients (Duffy et al., 2007; Ehlers et al. 2003, 2005, 2014, 2016; Gillespie et al., 2002; Smith et al., 2007). It has three goals. First, the idiosyncratic personal meanings are identified and changed. Therapeutic techniques include identification of hot spots during the trauma and associated meanings, socratic questioning, and behavioural experiments. Second, the trauma memory is elaborated. Idiosyncratic personal meanings of the trauma are updated with information that corrects impressions and predictions at the time, using a range of techniques. In stimulus discrimination training, the patient learns to discriminate triggers of reexperiencing symptoms from the stimuli that were present during the trauma. Third, the patient experiments with dropping maintaining behaviours.

Workshop 3. Imagery Rescripting for PTSD related to Childhood trauma (Half Day)

Loes Marquenie and Sandra Raabe

Presentation level: intermediate (some experience with PTSD / knowledge about trauma-related disorders is needed)

Workshop Abstract

PTSD related to physical and/or sexual childhood abuse (CA) in adult patients is often associated with high symptom complexity beyond PTSD, such as emotion regulation problems, dissociation, and self-destructive behavior. Although there is strong evidence for the efficacy of trauma-focused treatments, clinicians are often hesitant to apply these treatments to patients with CA-related PTSD, fearing for symptom exacerbation and dropout. Due to these concerns there have been calls for modifications of existing trauma-focused methods in order to 1) reduce treatment dropout and increase acceptability with therapists and 2) have impact on a broader range of the symptomatology, such as secondary non-fear emotions (e.g. feelings of powerlessness, anger, inherent badness).

In the last decade, Imagery Rescripting (ImRs) has emerged as a promising method to treat CA-related PTSD (Arntz, 2012; Morina, Lancee, & Arntz, 2017). ImRs is a technique that focuses not only on reducing anxiety-related symptoms, but also targets the meanings and schemas resulting from the traumatic childhood experiences. Recent research has shown that this method not only leads to reduction of PTSD-symptoms, but is also effective in reducing secondary trauma emotions and improving emotion regulation. In this workshop we will present the rational and basic procedure of ImRs. The application of this method will be practiced and common pitfalls will be discussed.

Workshop 4. The ISTSS Guidelines for the Prevention and Treatment of PTSD (Half Day)

Jonathan Bisson, Lucy Berliner, Marylene Cloitre, Tine Jensen
Presentation level: All levels.

Workshop Abstract

Over the last three years, the ISTSS Treatment Guidelines Committee has updated the ISTSS Recommendations for the Prevention and Treatment of PTSD in Children, Adolescents and Adults, and developed ISTSS Position Papers on Complex PTSD. A rigorous methodology was developed and followed; scoping questions were agreed, systematic reviews were undertaken and studies selected for inclusion according to the agreed inclusion criteria. Meta-analyses were conducted to address the scoping questions with usable data from included studies. The results of the meta-analyses were then used to generate recommendations for individual prevention and treatment interventions using the agreed definition of clinical importance and recommendation setting algorithm. The first half of the workshop will focus on the methodology used. Participants will be asked to consider some of the dilemmas encountered by the Committee and learn how the methodology was developed, through interactive discussion. In the second half of the workshop, facilitated interactive discussion will introduce participants to the recommendations and position papers, key issues with respect to interpretation of them and their implementation into clinical practice.

Workshop 5. Culture, trauma and public mental health as a paradigm for mass trauma (Morning & Afternoon workshops)

Joop de Jong
Workshop Abstract

The cross-cultural validity of mental disorders such as PTSD has been a subject of fierce debate. To what extent do sociocultural factors play a role in the constitution and expression of PTSD? If PTSD is a valid cross-cultural concept, what about its clinical utility: a socio-ecological approach asks for a cultural critique of the neuroscience construct of PTSD versus other expressions of distress across the globe. How does this relate to the historicity

debate around PTSD, to a dimensional classification, and to ‘transdiagnostic treatment’? And once we have an idea about (post-) traumatic stress syndromes, how do we address the psychological needs of large populations exposed to severe traumatic stressors? To answer this question, a public mental health approach has gained popularity for trauma-exposed populations in international and humanitarian settings over the past years.

This workshop will address how a culturally-appropriate public mental health perspective may inform prevention and care with populations exposed to traumatic stressors both in high-income countries and in developing countries. e.g. in the context of natural disasters and armed conflicts. The paradigm of public mental health has important implications in the realms of prevention, resilience, research and competencies. First, universal primary prevention has much to win by addressing key predictors of ill health that overlap with the determinants of disaster and war. Second, an ecological approach requires a shift from individual psychological resilience to ecological resilience involving diverse actors at the level of the community and the family. Third, dealing with distress in resource-strained settings requires task sharing and task shifting by mental health professionals to locally trained paraprofessionals and lay people. It also requires a shift from specialized treatment to selective prevention involving local healers, local practitioners and a range of community interventionist from other disciplines. Finally, the public mental paradigm asks for a redefinition of psychological and other competencies in both high and low-income countries. It implies that psychologists and other mental health professionals become core team players liaising to other professionals involved in health and education, the economy, and human rights.

A major part of the afternoon will be spent on a public mental health simulation exercise. The exercise focusses on a province in a middle-income country. Participants practice in sub-groups on the integration of mental health services in general health care, educational and social services. The focus is on themes such as task sharing and task shifting, multisectorial involvement, collaboration with healers, and the prevention, diagnosis and treatment including the rehabilitation of mental and neurological disorders are part of the exercise.

Workshop 6. Transcultural aspects of trauma and dissociation; Building bridges in classification and treatment? (Half Day)

Marjolein van Duijl, Rafaele Huntjens en Eric Vermetten
Presentation level: intermediate

Workshop abstract

This preconference WS offers a broad perspective of different aspects of dissociation. Key issues include the interacting effects of traumatic experience, developmental history, neurobiological function, and specific vulnerabilities to dissociative processes that underlie the occurrence of traumatic dissociation. Dissociative disorders are typically associated with chronic symptom manifestation and high utilization of mental health services. In western societies emphasis of dissociative disorders and treatment focuses on early life trauma and

individualized treatment approaches. New treatment opportunities emerge that provide feasible options. For refugees and migrants ongoing conflicts, migration and acculturation stressors play a key role. In non-western societies the emphasis of treatment is on restoring historical, social, cultural and spiritual belonging. Systemic and multilevel approaches are helpful to accommodate different explanatory models.

Method: Review of literature and empirical research, case presentations, discussion and group assignments.

Results: Current perspectives will be given on the current state of research on assessment and treatment of traumatic dissociation (Eric Vermetten). New empirical research of inter-identity amnesia and identity fragmentation as well as a treatment study investigating the applicability of schema therapy in patients with DID (Rafaele Huntjens). Classification and management of dissociation and spirit possession in a global and transcultural context will be illustrated with case histories and research in Africa (Marjolein van Duijl).

Workshop 7. Learning from trauma and loss in evidence based treatment (Half Day)

Jannetta Bos, Annemiek de Heus
Presentation level: intermediate

Workshop Abstract

Brief Eclectic Psychotherapy for PTSD (BEPP) not only helps in diminishing PTSD symptoms but also stimulates to learn from terrible events. Such events change ones view of one self and from the world. Learning emotionally and cognitive from traumatic events helps to cope better after treatment.

BEPP is recommended by the American Psychological Association (APA) and the International Society for Traumatic Stress Studies (ISTSS). BEPP is found effective for treating Posttraumatic Stress Disorder (PTSD) in different patient groups with different ethnic backgrounds (Gersons et al., 2000, Lindauer et al., 2005, Schnyder et al., 2011). Recently Brief Eclectic Psychotherapy for Traumatic Grief has been developed for patients with traumatic grief (i.e., comorbid PTSD and persistent complex bereavement disorder (PCBD) following the loss of a loved one under violent circumstances (Smid et al., 2015). The first results of BEPTG in a refugee population support the feasibility and potential effectiveness of BEPTG (de Heus, et.al., 2017).

During the workshop participants will get acquainted with all five elements of the BEPP and BEPTG protocol. These are psychoeducation, imagery exposure, memorabilia and writing letters, making meaning of what has happened, and a farewell ritual. It combines insights and interventions from cognitive behavioural- and psychodynamic approaches. A video of psycho-education will be shown and a demonstration of imagery exposure will be given. Participants will be encouraged to practice with farewell rituals and writing letters. Clinical case examples of patients with different ethnic background will be presented.

Workshop 8. The effects of PTSS on couples: Expansion of theory and principles of intervention (Half Day)

Rachel Dekel, Yael Shoval-Zuckerman

Presentation level: Advanced

Workshop abstract

Although it is widely recognized that trauma in general and posttraumatic stress symptoms (PTSS) specifically affect couple relations, the theoretical models, empirical knowledge, and suggested principles of intervention are less known. Objectives: The aims of the workshop are: a) To review the theoretical understanding of the effects of PTSS on couple relations. Specifically, the cognitive-behavioral interpersonal theory of PTSD (Monson, Fredman, & Dekel, 2010) and the ambiguous loss theory (Boss, 2009) will be discussed, b) To review the updated empirical knowledge that supports these theories, and c) To present the main ideas of the Conjoint Behavioral Cognitive Intervention (Monson & Fredman, 2012) and to exemplify it through cases the moderators have treated in the Family Trauma Clinic in Israel. Method: The workshop will involve a formal presentation, vignettes, and exercises with participants. Results: The workshop will provide practical knowledge for clinicians and researchers from diverse backgrounds to bridge the gap between empirical and clinical approaches to working with trauma survivors and their partners. Conclusions: The workshop is recommended for those who want to apply a family-oriented lens to their trauma research and intervention.

Workshop 9. DBT–PTSD: A treatment program for complex PTSD after childhood abuse (Half Day)

Tamar Neubauer

Presentation level: Intermediate

Workshop abstract

Dialectical behaviour therapy for posttraumatic stress disorder (DBT-PTSD) was tailored to treat adult PTSD following childhood sexual abuse (CSA) including patients with borderline personality disorder (BPD). Since most of these patients are experiencing severe problems in emotion regulation, we merged DBT principles and trauma-specific techniques. From a DBT perspective, PTSD-typical dysfunctional behaviours can predominantly be understood as strategies for the avoidance or escape from trauma-associated primary emotions like powerlessness, threat, anxiety, disgust, humiliation, or lust. Corroborated by dysfunctional cognitive assumptions, dysfunctional behaviours such as self-injury, suicidal ideation, dissociation, or intoxication and dysfunctional secondary emotions such as shame, guilt, self-hatred, or chronic anger, develop over time into inappropriate self-concepts which strongly impair quality of life. DBT-PTSD primarily aims to help patients a) revise their fear of trauma-associated primary emotions, b) question whether secondary emotions like guilt and shame are appropriate, and c) radically accept trauma facts in order to establish a life worth living.

Master roleplays, partner work and discussions will help participants improve their skills. Video sequences will demonstrate therapy techniques.

Workshop 10. Diagnosing PTSD using the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) (Full day)

Jackie June ter Heide, Anne Bakker
Presentation level: Intermediate
Workshop abstract

Background: The Clinician-Administered PTSD Scale (CAPS) is considered the golden standard to assess PTSD. The CAPS has been adapted in 2013 to reflect changes to the diagnostic criteria for PTSD in the DSM-5 (Weathers et al., 2017). Detailed knowledge of the CAPS-5 is essential for proper administration of the interview, and for obtaining reliable and valid data on PTSD diagnosis and severity both in research and in clinical practice.

Objective: To educate participants on the structure, content, administration, and scoring rules of the CAPS-5 in order to reliably assess PTSD.

Method: This workshop will contain 1) a theoretical part about the background and content of the CAPS-5 items, the administration and scoring rules of the interview; 2) a practical part in which clinical examples, an interview and extensive role-playing will be used to practice administering and scoring the interview, and 3) discussion of implementation of the CAPS-5 in research or clinical practice.

Results: This workshop results in knowledge about the background and administration of the CAPS-5.

Conclusions: After this workshop, participants will be able to reliably assess PTSD diagnosis and severity with the CAPS-5. Participants will be provided with practical advice on how to implement the CAPS-5 in their institute in order to ensure high-quality standard administration of the CAPS-5.

NB in this workshop the English-language version of the CAPS-5 is used.

Workshop 11. The International Trauma Interview for ICD-11 PTSD and Complex PTSD: Case Analysis and Differential Diagnosis (Half Day)

Marylene Cloitre, Jon Bisson, Neil Roberts, Chris Brewin
Presentation level: Intermediate

Workshop abstract

In June 2018, the World Health Organization released the final version of the 11th revision of the International Classification of Diseases and Related Health Problems (ICD-11) to its 194 member states with adoption and implementation of ICD-11 beginning after May 2019. The

ICD-11 includes a revised ICD-10 posttraumatic stress disorder (PTSD) diagnosis and the introduction of a new diagnosis, complex PTSD (CPTSD) which replaces the overlapping ICD-10 category of enduring personality change after catastrophic experience. In preparation for this transition, there has been steady development, testing and revision of a clinical interview for ICD-11 PTSD and CPTSD, the International Trauma Interview (ITI). The interview has been tested in several countries and languages. A detailed overview of the measure and an update on the psychometrics of the interview will be provided in this presentation. However, the primary purpose of this workshop is to give audience members demonstration of the use of the interview via several video presentations and case analyses. Case presentations will demonstrate key features of ICD-11 PTSD, particularly concerning re-experiencing symptoms as well as differential diagnosis between CPTSD and DSM-5 Borderline Personality Disorder depression and between CPTSD and Major Depressive Disorders. Audience members will have the opportunity to query about challenging cases particularly as related to differential diagnoses and assessment of co-morbidities. This workshop is a practical, clinician-oriented experience.

Workshop 12. Towards a culture sensitive trauma therapy (Half Day)

Jeroen Knipscheer

Presentation level: Introductory

Workshop abstract

Mental health care for non-western ethnic minorities with psychological problems is often associated with low efficiency. Evidence-based psychotherapeutic interventions, such as cognitive-behavioral therapy (CBT), are not evidence-based for ethnic minority groups (e.g., Crumlish & O'Rourke, 2010; Palic & Elklit, 2011) and treatment as usual is characterized by high numbers of no-show and drop-out with substantial adverse psychosocial and economic consequences.

In this workshop we will address the challenges of providing culturally sensitive and effective mental health services for refugees and others who have faced (forced) migration and resettlement.

Participants will gain knowledge of various theoretical approaches in the field of cultural explanations of distress or perceived causes (explanatory models) and in the therapeutic alliance, with a focus on the knowledge and skills that build cultural competence in therapeutic context. In addition, attention will be given to protective factors (resilience) and risk factors, including prolonged uncertainty about the juridical status, loss of social bonds and loved ones, and acculturation. In particular the following topics will be addressed: the DSM-5 Cultural Formulation Interview, the importance of explanatory models, and the cultural adaptation of evidence-based interventions (like CBT and EMDR) as well as cultural sensitive interventions (such as NET).

Workshop 13. Problem Management Plus (PM+): WHO's scalable psychological programmes for psychological distress in humanitarian settings (Half Day)

Barbara Kieft, Naser Morina

Workshop abstract

To bridge the gap between the need for mental health care and the limited number of mental health care specialists in low and middle income countries, the World Health Organization (WHO) developed "Problem Management Plus" (PM+). PM+ was developed within the mental health Gap Action Programme (mhGAP) in 2008 and is based on task-sharing, meaning that it is delivered by trained non-professional mental health workers. PM+ is a brief (5 face-to-face sessions) programme based on cognitive behavioral therapy (CBT) and problem solving techniques for individuals or groups affected by humanitarian crises. It incorporates relaxation, problem management, behavioral activation and social support enhancing strategies. Individual PM+ is available in several languages (including English, Chinese, French, Arabic, Japanese, Korean, Kurdish, Russian, Spanish and Urdu). PM+ has been shown effective in reducing symptoms of anxiety, depression, posttraumatic stress and improving functioning in randomized clinical trials in Pakistan and Kenya.

Within the large EU Horizon 2020-funded 'STRENGTHS' project, PM+ has recently been adapted for Syrian refugees in Europe and the Middle East. The PM+ programmes can be implemented within stepped care models across both low- and middle income and high income settings.

*The **aim of this workshop** is to transfer information on the evidence-based psychological intervention PM+. By the end of this workshop Individuals will (1) understand the content of the PM+ individual programme and the context in which PM+ individual may be provided; 2) understand the structure of the training programme for non-professional helpers, and the required qualifications of the helpers, trainers and supervisors (3) consider outcomes of effectiveness with the PM+ individual programme in clinical trials.*