

# ESTSS2019 Rotterdam Poster Abstract Book

Friday June 14th 2019

Day #1

15:45 17:00 General Poster Session

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## Track Assessment & Diagnosis

1-001

### Is romantic partner betrayal a form of traumatic experience?

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**Background:** Romantic betrayal may precipitate an adjustment disorder in some individuals, an event-related psychological disturbance that is characterized by anxiety, depression, and posttraumatic stress disorder-like symptoms of intrusions, avoidance, increased vigilance, and failure-to-adapt. **Objective:** Although prior qualitative work suggests that romantic partner betrayal may be experienced as a “traumatic” event, no research to date has investigated the extent to which trauma theory is a reasonable explanatory model of symptoms and treatment from the perspective of injured individuals. This research aims to address this gap. **Method:** Individual face-to-face in-depth interviews were conducted using the McGill Illness Narrative Interview with 13 participants enrolled in a clinical trial of reconsolidation therapy for event-related stress symptoms. Data were analysed using thematic content analysis. **Results:** Although participants used trauma metaphors and prototypes to describe their betrayal experience, few identified their reaction as traumatic stress symptoms. Respondents attributed their symptoms to typical relationship dissolution or burnout, yet admitted that the experience of betrayal was somehow more painful and invasive. Reframing their experience as rooted in the experience and memory of a critical life event provided participants with emotional clarity, validation, and relief that there was a brief and targeted solution. **Conclusions:** The emotional memory and reconsolidation frameworks of event-related stress were perceived as a plausible explanatory model of symptoms and treatment, respectively, for the effects of romantic partner betrayal. Results support the continued investigation of the pathogenic memory model of betrayal-related adjustment disorder.

1-002

### Symptom management in complex posttraumatic stress disorder (ICD-11), strategies and experiences of adult inpatients and their relatives: A mixed methods study

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**Background:** Complex posttraumatic stress disorder was included in the International Classification of Disease, 11th version in 2018. Taking the CPTSD symptom experience of affected persons as the starting point for symptom management, suggests that understanding and differentiation of symptom is crucial if they are to conduct self-care strategies in their symptom management process. **Objective:** We describe a mixed methods study with a sequential exploratory design. **Method:** Qualitative and quantitative data were used to explore the interpretive context within which social and cultural experiences and processes on symptom management occur. Qualitative data (n=34) were used to build a conceptual model. To generate a complementary range of knowledge and results, hypothesis generated after qualitative results were tested using quantitative data (n= 133). **Results:** We provide a multilevel model of collaboration in symptom management of patients with CPTSD. We describe used multilevel strategies as well as barriers and facilitators on patient, relatives and health care system level for symptom management. **Conclusions:** We conclude effective symptom management to be a multilevel and multidimensional structure. Health care providers should broaden this discussion and include patient perspectives as well as perspectives of their relatives in order to provide everyday symptom management support. Moreover, we propose support in clinical and research settings may shift focus from single tasks (e.g. therapies with exposure elements) to a group of mutually influencing tasks conducted by different health care providers. Our findings are helpful in expanding understanding about the kind of strategies and interventions developed within the social context for symptom management.

1-003

### Relationship between a Specific and General PTSD Instrument in Female Victims of Intimate Partner Violence

Carmen Fernández-Fillol<sup>1</sup>, Julia Daugherty<sup>1</sup>, Álvaro Lozano-Ruiz<sup>1</sup>, Natalia Hidalgo-Ruzzante<sup>1,2</sup>, Raquel González-González<sup>3</sup>, Pablo García-Muñoz<sup>3</sup>, Enrique Vazquez-Justo<sup>4</sup>, Miguel Pérez-García<sup>1,2</sup>

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**Background:** Post-traumatic stress disorder one of the most common mental health consequences of intimate partner violence (IPV), with prevalence estimates ranging from 31% to 84.4% in women who have suffered intimate partner violence (Golding, 1999). The PTSD Checklist for the DSM-5 (PCL-5) is a commonly used instrument to measure PTSD and the Escala de Gravedad de Síntomas-Versión Forense (EGS-F; Echeburúa et al., 2017) is an instrument designed to measure PTSD symptomology specifically in female victims. **Objective:** The aim of this poster was to compare PCL-5 and EGS-F questionnaires. **Method:** The sample included a total of 35 female victims of IPV who were recruited from four non-profit associations for women. **Results:** The results showed a high Pearson correlation between the PCL-5 and EGS-F total scores [ $r = 0.822$ ,  $n = 34$ ,  $p = 0.000$ ]. With respect to subscales, the correlations were also highly significant for arousal and reactivity [ $r = 0.889$ ,  $n = 35$ ,  $p = 0.000$ ], and cognition and mood change [ $r = 0.699$ ,  $n = 35$ ,  $p = 0.000$ ]. Three additional subscales of the EGS-F were also correlated with the total score of the PCL-5: dissociation [ $r = 0.654$ ,  $n = 34$ ,  $p = 0.000$ ], central [ $r = 0.894$ ,  $n = 35$ ,  $p = 0.000$ ] and functionality [ $r = 0.725$ ,  $n = 35$ ,  $p = 0.00$ ]. **Conclusions:** These results demonstrate that the EGS-F performs similarly to the PCL-5, a gold-standard instrument in measuring PTSD. Furthermore, the relationship between subscales of the EGS-F and PCL-5 suggests that this questionnaire may provide useful additional information specific to PTSD among female victims.

#### 1-004

##### **Relationship of Emotional Regulation and Severity of Violence to PTSD Symptoms in Female Victims of Intimate Partner Violence**

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**Background:** Intimate Partner Violence (IPV) victims report significant levels of mild to severe PTSD, with prevalence rates between 31% and 84.4% (Golding, 1999). Due to the complexities and different manifestations of intimate partner violence, various types of IPV (e.g. physical, psychological and sexual) should be taken into account when measuring the severity of violence (Ford-Gilboe et al., 2016). Emotional regulation has been shown to be an important predictor of affect, cognition, and behavior. Therefore, self-perceived emotion regulation may be especially important in PTSD, where traumatized individuals may maintain dysfunctional beliefs about their ability to cope with the aftermath of the trauma (Shepherd-McMullen et al., 2015). **Objective:** The objective of this poster was to study the relationship between the severity of violence, emotion regulation, and the severity of PTSD symptoms. **Method:** The

Composite Abuse Scale Revised-Short Form (CASR-SF; Ford-Gilboe et al., 2016), the Emotional Regulation Questionnaire (ERQ; Gross & John, 2003) and the PTSD Checklist for the DSM-5 (PCL-5) were administered to 28 female victims of IPV from non-profit women associations in Granada Province, Spain. **Results:** A linear regression analysis was performed using the CASR-SF total score and the ERQ as predictors, and the PCL-5 total score as a dependent variable. The results showed that the model was significant [ $F(2,25)=3.378$ ;  $p=0.05$ ] and explained 21.3% of the variance, although only emotional regulation was significantly related to the total PCL-5 score [B coefficient= -0.684;  $t=-2.266$ ;  $p=0.032$ ]. **Conclusions:** These results show that women with more emotional regulation have fewer PTSD symptoms

#### 1-005

##### **Posttraumatic stress and psychopathological symptoms among military service members and civilians**

Ekaterina Dymova

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**Background:** Military conscription in Russia is a psycho-emotional factor that forces young people to change their usual environment and adjust to the new one extremely fast. Under such circumstances, young people are quite vulnerable to all sorts of psychological states and pathological conditions. **Objective:** Posttraumatic stress rates and the severity of psychopathological symptoms are higher among military conscripts compared to the same indicators among civilians. **Methods:** Study participants: men aged 18–25 years old: 123 military service members and 99 civilians. Life Experience Questionnaire, Mississippi Scale and Symptom Check List-90-r-Revised. **Results:** The group of military conscripts showed higher posttraumatic stress rates and a higher level of psychopathological symptoms compared to a similar subgroup of civilians. There are significant differences on the following scales of psychopathological symptoms: “Obsessive-compulsive disorders”, “Interpersonal sensitivity”, “Depression”, “Hostility” and “Phobic anxiety”. This can be explained by the fact that military conscripts are in constant and involuntary contact with people of the same age, they lack privacy, there is tension in interpersonal interaction, which often results in conflicts. Military servicemen experience discomfort in communication, they need support, especially being exposed to a high posttraumatic stress level, but the “Depression” component hampers an active search for coping resources. **Conclusions:** the social conditions described might exacerbate traumatic experience and psychopathological symptoms, military conscripts are distinguished by discomfort in interpersonal interaction, lack of motivation and interest in actions, they often resort to negative and avoidant behavior.

#### 1-006

### **Open Science: Does the scientific system promote publication bias and questionable research practices and discourage replication?**

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*Background:* Research in clinical psychology is affected by a replication crisis that is thought to result from factors such as publication bias and questionable research practices (QRPs; e.g. Wicherts et al, 2016). Problems arise at the level of the individual researcher and the scientific system. The current culture in science is characterized by rewarding the constant publication of positive and innovative results. High impact publications lie at the root of successful fundraising, prestigious academic positions and entire careers. These incentive structures may inadvertently foster QRPs and biased results. *Objective:* Incentive structures that contribute to publication bias, QRPs and low replicability, as well as suggestions for improving conditions psychology, will be presented. *Conclusions:* Changes in the resource allocation for replication studies (Nuijten et al., 2018) and incentives for open science practices (sharing data; pre-registration) can promote change. An applaudable initiative is the decision of the European Journal of Psychotraumatology to accept registered reports as one of the first clinical journals.

#### **References**

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#### **1-007**

### **Supporting high-risk professionals at work: the development and validation of an integrative stepwise support system**

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*Background:* A combination of organizational stress and work-related critical incidents can seriously burden employee functioning and mental health. This will especially be the case for high-risk professionals, who regularly experience critical incidents at work. A stepwise support system was developed, integrating an online self-monitoring tool, telephone screening and counselling. It focuses not only on stressors but also includes the protective function of resources. *Objective:* To develop and validate the stepwise support system. *Method:* The system was tested among 140 railway infrastructure employees. The self-monitoring tool was presented, based on the Job Demands-Resources model (Bakker & Demerouti,

2017) and recent research (Gouweloos-Trines et al., 2018). For validation, its outcomes were compared to levels of depression, anxiety, stress, burn-out, PTSD, work engagement, psychological resilience and social support. Confirmatory factor analyses (CFA) will determine the construct validity of the self-monitoring tool, including internal consistency, sensitivity and specificity. Furthermore, the usability of the follow-up (telephone screening and counselling) was assessed and its outcomes used for validation. *Results:* 111 (79,3%) of the employees participated. Results show high levels of work engagement, resilience and social support and low levels of burn-out, PTSD and depression, anxiety and stress. 72 employees were included in telephone screening, of which 20 received one counselling session. *Conclusions:* The results indicate that the stepwise support system was well received and easily accessible. Additionally, participants indicated that the system was complete, straightforward and encouraged introspection regarding functioning and mental health. More detailed results of the analyses will be presented.

#### **1-008**

### **Prevalence of trauma and posttraumatic stress disorder among women in Lithuania**

Monika Kvedaraite, Evaldas Kazlauskas

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*Background:* Research shows that women who experienced traumatic events are at a higher risk for posttraumatic stress disorder (PTSD), and they have higher levels of PTSD symptoms in comparison to men. *Objective:* The aim of this study was to assess the prevalence of traumatic experiences and PTSD in the Lithuanian female sample, and explore risk factors of PTSD. *Method:* In total 258 females participated in this study, aged 38 years on average. We used the Brief Trauma Questionnaire (BTQ) for assessment of trauma exposure. The Impact of Event Scale-Revised (IES-R) was used to measure PTSD symptoms. *Results:* Majority of participants (93.9%) reported exposure to at least one lifetime potentially traumatic event. We found that 78.8% of participants experienced physical assault, 43.9% reported childhood abuse and 38% experienced sexual violence. Prevalence of probable PTSD was 14.0%. PTSD symptoms were associated with childhood abuse and sexual violence experiences. *Conclusions:* We found a high prevalence of abuse and abuse-related PTSD, especially associated with sexual and childhood trauma, among women in the general population of Lithuania. These findings should be addressed in clinical practice in providing healthcare for women who experienced violence and abuse.

#### **1-009**

### **Long-term trajectories of marital adjustment: Does gender matter?**

Alana Siegel

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*Background:* This study focuses on the development of different domains of marital adjustment in long-term marriages through the lens of the

Socioemotional Selectivity Theory (SST), which argues that the perception of time has a key role in an individual's prioritization of social goals and preferences for social partners, because as adults age they prioritize satisfying relationships (Carstensen et al., 1995). *Objective:* To explore the trajectories, similarities and difference of marital adjustment over time for both Israeli male combat veterans of the 1973 Yom Kippur War and their wives. *Method:* Marital adjustment trajectories (overall, affection, satisfaction, cohesion and consensus) were explored in 197 middle-aged spouses married averaging 34 years. Assessments were completed in 2003, 2010-11, and 2015, and analyzed using a Latent Growth Mixture Model. *Results:* The majority of wives reported a sharper decline in satisfaction, while more husbands reported an increase in affection. Wives reported more variability and higher levels of consensus. The spouses' high level of cohesion served to support their high levels of marital adjustment. *Conclusions:* Overall spouses reported being satisfied in their marriage. In line with the SST, participants may prioritize their marriages and partners, and opt to invest in their marriage (Carstensen, 1999).

#### References

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#### 1-010

##### **Burnout, moral distress and posttraumatic stress in intensive care staff: A dangerous cocktail?**

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*Background:* A number of studies have identified that staff working in intensive care suffer forms of work-related distress such as burnout, PTSD and moral distress, but little is understood about the degree to which these different forms of distress coexist or what causes them. *Objective:* In two separate UK studies, data on all three types of distress were collected in order to examine these issues further. *Method:* Participants completed three questionnaires: the abbreviated Maslach Burnout Inventory (aMBI), the Moral Distress Scale (Revised) (MDS-R), and the Trauma Screening Questionnaire (TSQ), to assess the risk of PTSD. The first study was a national online survey of 1656 healthcare staff working in paediatric intensive care and the second, a single-site study, examined the psychological aftermath of a case where treatment options were disputed in court. *Results:* The first study showed significant rates of all three types of distress (burnout 42%; moral distress 30%; PTSD 26%) which overlapped to a moderate degree. Information from the second study suggested that a) having to treat a child whose condition was perceived

to be futile, and b) having to deal with public criticism, are new strains on this staff group. *Conclusions:* These results suggest that PICU staff in the UK is experiencing significant levels of work-related distress. The ethical implications of new technology – in relation both to medical developments and communication media - are considered. Further studies are needed to determine the best strategies for prevention and support.

#### 1-011

##### **The Structure of Adjustment Disorder, PTSD, and Complex PTSD, and their association with childhood adversities, stressors, and traumas**

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*Background:* Adjustment disorder has been included alongside PTSD and CPTSD in ICD-11 in the category of trauma- and stressor-related disorders, reflecting a continuum of severity in stressor-related reactions (Stein, Rouillon & Maercker, 2018). *Objective:* The objective of the present study is to determine the latent structure and degree of distinctiveness between AD, PTSD and CPTSD, and to investigate their association to life- stressors and traumatic life-events across child- and adulthood. *Method:* Confirmatory factor analysis was used to test 5 alternative factor analytical models of AD, PTSD and CPTSD in a sample of 331 participants referred for psychotherapy at the National Health Service trauma center, Edinburgh, Scotland. Participants reported symptoms of AD, PTSD and CPTSD as well as exposure to stressful life-events and traumatic life-events in child- and adulthood. *Results:* A correlated 3 second-order and 8 first-order factor model reflecting AD, PTSD and CPTSD as distinct constructs best represented the latent structure of the data. Participants reported high rates of trauma and stressor endorsement across the life-span and 83.3 % of those that met the criteria for AD also met the criteria for PTSD or CPTSD. There was evidence of specificity in the relationships between different types of trauma/stressor exposure and childhood trauma and the AD, PTSD and CPTSD latent variables. *Conclusions:* AD is conceptually distinct from but highly correlated with trauma-related disorders.

#### References

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#### 1-012

##### **A latent class approach to modelling the continuum of PTSD, Complex PTSD and Psychosis**

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**Background:** Theoretical accounts and empirical evidence have underlined the commonalities in phenomenology and aetiology of posttraumatic symptomatology and symptoms of psychosis (Morrison, Frame & Larkin, 2003; Shevlin et al., 2011), but investigation of this relationship under the ICD-11 conceptualization of trauma-related disorders is lacking. **Objective:** The aim of the current study was to investigate the relationship between symptoms of trauma and psychotic-like experiences using the ICD-11 conceptualisation of traumatic stress-reactions. **Method:** A latent class analysis was undertaken on symptoms of PTSD, Complex PTSD (CPTSD) and psychotic-like experiences reported by a sample of 1,051 trauma-exposed adults from the UK. Logistic regression was used to assess the relationship between cumulative trauma-exposure and class-membership. **Results:** A 6-class solution best described the data. Classes consisted of a low-symptom class, PTSD-class, a CPTSD-class, a class characterized by disturbances in self-organization alone, and two classes characterized by CPTSD and various levels of psychotic-like experiences. Trauma-exposure was related to classes in a dose-response manner. **Conclusion:** The present study extends evidence regarding the overlap of symptoms of psychosis and PTSD to include CPTSD and found no evidence of a profile characterized by psychotic-like experiences separate from posttraumatic symptomatology.

## References

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## 1-013

### **Dissociation and Insecure Attachment Mediate the Effect of Emotional Abuse on Paranoia in the Non-clinical Psychotic-like Phenotype**

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**Background:** Emerging evidence proposes dissociation, associated with childhood emotional

abuse, as a risk factor for psychotic experiences, especially auditory verbal hallucinations (Renard et al., 2017). A study testing dissociation as a parallel mediator to insecure attachment in psychotic patients suggested that dissociation also plays an unexplored role in paranoia (Pearce et al., 2017). Meanwhile, longitudinal research reported disorganized attachment as a mediator between childhood trauma and dissociation (Byun, Brumariu, & Lyons-Ruth, 2016). **Objective:** First, dissociation and insecure attachment were tested as two explanatory pathways between emotional abuse and paranoid tendencies in the extended psychotic-like phenotype. Second, an alternative serial mediation model with insecure attachment styles preceding dissociation as mediator was explored. **Method:** Eighty-nine non-clinical young adults (61.8% female; mean age = 24.8 years) responded to interview based assessments of childhood trauma and paranoid personality disorder (PD), as well as self-report measures on dissociation, attachment styles, and suspiciousness. Parallel mediation and serial mediation models were tested. **Results:** The adverse impact of emotional abuse was significantly mediated by dissociation and preoccupied attachment in both interview-assessed and self-reported paranoia. However, no evidence for a serial mediation effect was found for suspiciousness or paranoid PD. **Conclusions:** While the results need to be replicated with bigger sample sizes, the current study indicates that early experiences of interpersonal traumatic stress predict paranoid tendencies. Furthermore, it extends support for dissociation and insecure attachment as relevant traumagenic pathways. Longitudinal data is warranted to explore the causal relationship between insecure attachment and dissociation in psychosis risk research.

## 1-014

### **The design and development of a questionnaire to assess the level of well-being in terrorism victims**

Mar Gómez-Gutiérrez, María Crespo, Ana Isabel Gillén, Carmelo Vázquez, Gonzalo Hervás, Carolina Marín

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**Background:** To date, short and long-term psychological effects of exposure to terrorist attacks have been extensively studied. The majority of these studies have focused on the evaluation of symptoms and/or disorders. However, there is little empirical research devoted to determining the level of well-being after experiencing a terrorist attack, which results in the absence of specific instruments that assess the well-being of the victim. **Objective:** The present study aims to design, develop and validate a questionnaire that assesses the level of wellbeing in terrorism victims. **Method and Results:** The initial version of the questionnaire consisted of 68 items on psychological well-being and was elaborated according to the existing scientific literature. In fact, this questionnaire was reviewed by four experts in the fields of trauma and well-being. It was applied to 29 victims from the 11-M attacks in Madrid (Spain) together with The Pemberton of Happiness Index PHI

(Vazquez & Hervas, 2013). After conducting the appropriate statistical analyses, 27 items considered in line with the proposed objectives were selected. In order to determine the reliability and validity, the questionnaire was applied again to a group of victims. *Conclusions:* Information is provided on the psychometric properties of the test and its possible applications.

#### 1-015

##### **Traumatic events and depression – the immune system as a privileged player**

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*Background:* Being exposed to traumatic events is thought to represent an important factor for the development of depression. A bidirectional relationship has been confirmed between immune dysfunction and depression, and adverse experiences particularly during childhood are known to increase the risk of developing autoimmune disorders. In patients with Lupus, depression occurs frequently and is associated with higher inflammatory markers, low satisfaction with intimate relationships and significant life events. *Objective:* Our aim was to study the relationship of adverse experiences during life, depression and an autoimmune disorder clinically active. *Method:* Patients with depression (n=6) and a group of patients with Lupus (n=11) were evaluated. The report of Adverse Childhood Experiences (ACE) and the presence of anxiety and depressive symptoms (HADS) were surveyed simultaneously with the clinical and laboratory assessment. *Results:* The group revealed a score of  $1.7 \pm 2.0$  in the ACE, significantly higher in the group of patients with depression without autoimmune disorder. This group also revealed, as expected, a higher number of anxiety and depressive symptoms measured by the HADS. No correlation was found between the ACE score and the presence of depression in both groups. *Conclusions:* In our sample no association was found between adverse life events and depression. Preliminary results showed an association of disease severity and activity with early traumatic experiences. Larger number of participants will permit to confirm the present results, and to detect specific immune markers associated with childhood traumas.

#### 1-016

##### **The trauma of caring in emergency nurses and physicians - different faces of the same mirror**

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*Background:* Health professionals treating survivors of traumatic events are more vulnerable to develop secondary traumatic stress (STS) as well as burnout symptoms (Cieslack et al 2018). Working in emergency settings, physicians and nurses may have different types of exposure to trauma survivors, professional stress and workload. Tailored interventions addressing different professional needs will boost STS and burnout prevention. *Objective:* This study aimed to detect STS and burnout in nurses and physicians working in emergency medical services, and to explore the association of these disorders with workload. *Method:* Sixty-four nurses and twenty-six physicians from a public hospital were surveyed to diagnose burnout - Maslach Burnout Inventory (MBI), and secondary traumatic stress - Secondary Traumatic Stress Scale (STSS), and to evaluate sociodemographic and professional characteristics. *Results:* Both professionals present similar scores in the STSS ( $22.5 \pm 11.0$  and  $23.0 \pm 11.0$ ), and in MBI subscales, with a tendency for higher burnout levels in nurses, without statistical significance. Regarding workload, physicians report more working hours per shift ( $p=.001$ ), and nurses have a higher number of patients per hour ( $p=.037$ ). *Conclusions:* Screening for STS and burnout in nurses and physicians working in emergency medical services will permit to identify specific professional risks (Carmassi et al 2016) in order to implement designed interventions.

#### 1-017

##### **Delayed Help-Seeking among Israeli Yom Kippur War Veterans: Adjustment Profiles**

Yael Shoval-Zuckerman  
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*Background:* While the phenomenon of delayed help-seeking among war veterans is widely recognized, less is known about symptom patterns in the years leading up to the time they seek help. *Objectives:* (1) To examine the long-term adjustment patterns of Yom Kippur War veterans who only sought help after 30 years. The veterans' post-traumatic stress, functioning, and health was examined. (2) To classify the participants according to clusters of stress patterns, based on a common profile of symptoms. *Method:* Participants were 195 Yom Kippur War veterans, drawn from a list provided by the Combat Stress Reaction Unit of the Israel Defense Forces. Data was based on content analysis of intake interviews and structured questionnaires to assess post-trauma, functioning, and guilt. *Results:* Hierarchical Linear Model revealed that the development of psychological distress over the years demonstrated sub-clinical post-traumatic symptoms that escalated to full-blown PTSD by the time they sought help. Latent Class Analysis showed that participants belonged to three distinct groups: (1) experiencing anxiety and depression; (2) few symptoms; and (3) exhibiting a high level of violence. *Conclusions:* The diverse adjustment patterns of delayed help-seekers highlight the need to support those who suffer severely.

### 1-018

#### **Validating the structure of PTSD among older adults: Assessing the differential item functioning of ICD-11 PTSD and DSM-5 PTSD**

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*Background:* Several models of PTSD with varying factor structures have been proposed, comprising of the 20 symptoms outlined by the DSM-5, and the 6 symptoms outlined by the ICD-11. Moreover, extant research has examined the factorial validity of PTSD among younger and middle-aged adults; however, there appears to be a paucity of research pertaining to older adults. *Objective:* To compare competing models of PTSD among older adults, and to assess the DSM-5 and ICD-11 diagnostic structures for item-bias across sex and age. *Method:* The current sample consisted of a subsample (n = 9714) from the nationally representative (U.S.) NESARC-III study. Participants were aged 50 years or older, and responded to all items of PTSD. Competing PTSD models were compared using a series of confirmatory factor analyses, and item-bias was assessed by examining the differential item functioning (DIF) of each symptom across sex and age. *Results:* All models consisting of the 20 symptoms (four-seven factors) demonstrated excellent statistical fit, whereas the ICD-11 three-factor model was the only 6-symptom model to demonstrate excellent fit. Regarding DSM-5 item-bias, the 'risky behaviour' symptom was found to exhibit DIF, with males demonstrating increased probability of symptom endorsement. None of the ICD-11 symptoms demonstrated DIF. *Conclusions:* On the grounds of parsimony, clinical utility, and absence of substantial item/symptom-bias, it is argued that measuring PTSD via the ICD-11 model among older adults is justified. These results, in conjunction with prior research, suggest that the ICD-11 classification provides a good representation of PTSD across the general adult population.

### 1-019

#### **PTSD criteria are changing - Should your cut-off scores change too? IES-R cut-off scores in a treatment-seeking population using DSM-IV, DSM-5 and ICD-11**

Janna Marie Heyen, Karole Vaugon, Marjolaine Rivest-Beauregard, Alain Brunet

Douglas Mental Health University Institute, Canada, *Background:* The Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1997) is one of the most widely used screening tools for posttraumatic stress disorder symptoms (PTSD; Weiss, 2004a). Until today, most studies use a cut-off score of 33, established by Creamer (2003), with DSM-IV diagnoses. Only a few studies looked into possible differences in the cut-off score when using other reference points for screening, such as the DSM-5, and the ICD-11. Furthermore, in recent literature, cut-off scores greatly varied depending on the population being studied. *Objective:* We investigated the optimal cut-off score of the IES-R

for DSM-IV-, DSM-5-, and ICD-11 – diagnoses within a general population of treatment -seekers. *Methods:* One hundred and forty participants filled out the IES-R. ROC analyses were performed on the data to establish optimal cut-off scores. *Results:* The optimal cut-off scores identified for each diagnostic manual were as follows: 55 for the DSM-IV, 56 for the DSM-5, and 53 for the ICD-11. *Conclusions:* Our results show the importance of choosing a cut-off score that is specific to the population in question. Given the high variability in cut-off scores present within the literature, we ask of the clinicians and researchers to be mindful of the population of interest when choosing an appropriate cut-off score. Different populations will be at higher risks than others and, therefore, should be screened accordingly. Therefore, we strongly argue against the use of a general, standard cut-off score to be applied in all screening cases.

### 1-020

#### **Clinician Administered PTSD Scale (CAPS-5): Reliability between interviewers of the Brazilian-Portuguese version**

Thauana Oliveira-Watanabe, Cecilia Zylberstajn, Bruno M. Coimbra, Ana Teresa D'Elia, Marcelo F. Mello, Andrea F. Mello  
UNIFESP, Brazil

*Background:* In order to have an efficient instrument for diagnosing and to evaluate the severity of Post-Traumatic Stress Disorder, our research team is working on the validation of CAPS-5 to Brazilian-Portuguese. The instrument was previously translated and adapted to Brazilian cultural context in a pilot study. *Objective:* The aim of this study was to calculate the Kappa Coefficient. *Method:* Thirty two patients that were looking for treatment in the outpatient service of the Program for Research and Care on Violence from the Department of Psychiatry of UNIFESP, either for a Thematic Project funded by a Governmental Agency (FAPESP) to study sexual abuse, or to receive treatment as usual by residents in training, were included and evaluated by two independent interviewers. *Results:* 90.62% were women and 9.38% men. The average age was 31.26 years, the majority, 40% brown (IBGE Classification), 46.67% Catholics, 64.52% singles, 73.33% over 12 years of study, 70% were working at the time of the assessment. The kappa coefficient was analyzed into each symptom cluster and it was 0.99 for intrusion symptoms, 0.98 for avoidance symptoms, 0.98 for mood/cognitions symptoms and 0.97 for hyperarousal symptoms. *Conclusions:* These values of Kappa coefficient indicate a very high reliability between the interviewers.

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### 1-021

#### **Moral Injury Appraisals and Psychopathology in Refugees: a latent profile analysis**

Joel Hoffman, Belinda Liddell, Richard Bryant, Angela Nickerson

University of New South Wales, Australia

*Background:* There is emerging evidence that appraisals of traumatic events as violating deeply held moral beliefs (i.e., moral injury) impact negatively on refugee mental health. These appraisals can be regarding transgressions which were committed by others (MI-Other), or by oneself (MI-Self). *Objective:* To identify latent profiles of participants across MI appraisals, and investigate the association between these profiles and key predictor and outcome variables. *Method:* Participants were 221 refugees/asylum seekers recently resettled in Australia. They completed measures in Arabic, Farsi, Tamil and English. A latent profile analysis was conducted using the Moral Injury Appraisals Scale (Hoffman et al., 2018) to identify profiles of participants across MI appraisals. The association between profile membership and key predictor (demographics, trauma exposure, living difficulties) and outcome (PTSD, depression, anger, suicidality) variables was also examined. *Results:* Goodness of fit revealed a three-profile solution: MI-Other, MI-Other+Self and No-MI. MI:Other+Self was associated with experiencing more interpersonal abuse and daily living/financial difficulties, whereas MI-Other was associated with more exposure to conflict and immigration/settlement issues. Both moral injury profiles had significantly higher symptoms than the No-MI profile. The MI-Other+Self profile also had significantly greater anger and suicidal ideation than the MI-Other profile. *Conclusions:* This was the first study to identify distinct profiles of moral injury appraisals in refugees, and to show their association with specific traumatic events. These results also suggest that moral injury appraisals are also associated with non-traumatic stressors. Finally, their association with mental health symptoms, suggest that they may provide potential targets for cognitive interventions.

### 1-022

#### **The Factor Structure of the PCL-5 in a Korean Sample of Natural Disaster Survivors**

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Hallym University, Korea

*Background:* The Posttraumatic Stress Disorder Checklist-5 was recently revised to assess the presence and severity of posttraumatic stress disorder symptoms, based on the diagnostic criteria of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. To date, little research seems to have examined the factor structure of the PCL-5 in Korea. *Objective:* We aimed to examine the factor structure of the PCL-5 in a sample of Korean adults who had experienced natural disasters such as earthquake and torrential downpour. *Method:* Using confirmatory factor analysis, we compared and evaluated several correlated factor models: the four-factor DSM-5 model, the four-factor dysphoria model, the five-factor dysphoric arousal factor, the six-factor anhedonia model, the six-factor externalizing behaviors model, and the seven-factor hybrid model, as well as the corresponding bifactor models. *Results:* The seven-factor hybrid model demonstrated a closer fit to the data than all the other correlated models. Moreover, the bifactor models fit the data better than the corresponding correlated models. Thus, the bifactor model consisting of a general factor and seven independent group factors provided the best fit to the data. *Conclusions:* These results indicate that the PCL-5 consists of a general facet, associated with PTSD symptoms generally, and several facets more specifically associated with components of PTSD symptoms. Results are discussed in terms of research and clinical implications. [This study was supported by a grant of the Korean Mental Health Technology R&D Project, Ministry of Health & Welfare, Republic of Korea (HI15C1058)]

### 1-023

#### **In diagnostics we trust? Investigating the DSM-5 and the ICD-11 PTSD diagnostic criteria using network analysis**

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*Background.* Since the introduction of posttraumatic stress disorder (PTSD) nearly 40 years ago into the diagnostic nomenclature, it has been widely debated. Recently, this debate has focused particularly on the potential consequences of having two different descriptions of PTSD across two diagnostic systems; the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) describing PTSD with 20 symptoms and the 11th edition of the International Classification of Diseases (ICD-11) describing PTSD



with six symptoms. Research indicates support of both underlying constructs of PTSD, and at the same time indicates differences in estimated prevalence rates of PTSD. However, it remains less clear which of the two diagnostic systems contains the most central PTSD symptoms. *Objectives and methods:* The present study aimed to shed light on the potential implications for the two diagnostic systems by using a network analytic approach to investigate which PTSD symptoms are most central in a Danish university student sample meeting the criteria for a potential PTSD diagnosis (N = 638). *Results:* Preliminary results suggest that the most central symptoms, based on expected influence centrality, were a combination of the DSM-5 and ICD-11 symptoms and included the DSM-5 symptoms of Disturbing dreams, Negative self-beliefs, Negative feelings, Feeling distant, and No positive feelings, and the ICD-11 symptom of Upsetting dreams. *Conclusions:* The results of the study will be discussed considering recent critical approaches to psychological network modelling, and conclusions will be drawn based on this.

#### 1-024

##### **The potential significance of ICD-11 CPTSD in assessing and treating substance use disorders**

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*Background:* Trauma disorders are a prominent comorbidity for substance using populations, which strongly influence the development and treatment of substance use disorders (SUD). The emergence of the ICD-11 CPTSD diagnosis provides an opportunity to further refine the dual-management of trauma and substance use disorders through targeted assessment and treatment. *Objective:* This poster will explore the links between this new diagnosis and substance-use disorders and provide a rationale for an expansion of the literature to better understand and address the interplay of CPTSD and SUD. *Method:* A literature review examines conceptual and epidemiological overlap between CPTSD and substance use disorders. Potential avenues for further research and rationale for improving treatment interventions are discussed. *Results:* Review of the developing literature identifies several key links between CPTSD and SUD. Common characteristics include the presence of cumulative trauma exposure, particularly, childhood and interpersonal trauma, including childhood sexual abuse. Rates of CPTSD compared to PTSD have been found to be higher in clinical samples particularly. The core CPTSD symptoms are similarly common in SUD populations. There are no available studies examining CPTSD and substance use disorders. *Conclusions:* The etiological overlap between ICD-11 CPTSD and substance use disorders suggests that this new diagnosis will be of importance. As there is little research to make conclusions from, future research will need to examine the rates of CPTSD in substance-

using populations, and the unique treatment needs or adaptations to treatment interventions required for comorbid CPTSD-SUD. A newly established project in Australia will be described addressing these issues.

#### 1-025

##### **Psychometric properties of the Norwegian version of International Trauma Questionnaire (ITQ).**

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*Background:* Three symptom clusters termed "Disturbances in Self Organisation" (DSO) in ITQ are identified to distinguish Complex PTSD from PTSD (Maercker et al., 2013). Generalizability of results to non-English populations remains unknown (Cloitre et al., 2018). *Objective:* To assess factor structure of DSO in the Norwegian version of ITQ. *Method:* Confirmatory factor analysis (CFA) were employed to investigate the factor structure of ITQ in a Norwegian sample of patients in treatment for complex PTSD (n=153). CFA models from previous studies will also be compared (Karatzias et al., 2016) in an extended sample. *Results:* Preliminary CFA suggests a model with one second-order factor and three first-order factors. *Conclusion:* Preliminary results from the CFA supported the factor structures found in previous studies.

#### 1-026

##### **A comparison of the strength of associations between the PTSD symptom level and social acknowledgment among four different groups**

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*Background:* There is growing evidence of the important role played by socio-interpersonal variables on the maintenance of PTSD (Maercker & Horn, 2013; Vogt, Erbes & Polusny, 2017). *Objective:* To investigate the associations between the level of posttraumatic symptoms and perceived social acknowledgment as victims of trauma between four groups of participants differing in the level of trauma exposure and mental health status. *Method:* 79 university level students, 168 firemen, 100 alcohol dependent patients and 53 women victims of domestic violence completed PDS Scale (groups 1 and 2) or PCL-5 (group 3 and 4); BDI and SAQ Questionnaire (with the subscales of General (society) disapproval, Family disapproval and Recognition by the close social environment). *Results:* A higher level of general disapproval is associated with a higher intensity of PTSD symptoms in all four groups with equal strength. A higher level of PTSD is associated with a higher level of recognition in the group of firemen. There is no significant relationship between PTSD symptoms and recognition in the group of victims of domestic violence nor in the group of patients addicted to alcohol. Family disapproval is associated with PTSD symptoms only in the group of firemen and in the group of addicted patients ( $r=.16 \div .37$ ). *Conclusions:* The results show that the perceived attitudes of the society as a whole might have an

important impact on the recovery from trauma for different groups.

### 1-027

#### **The Psychosis Continuum: Identifying correlates of a general psychosis factor**

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*Background:* A bifactor model including multiple specific dimensions and a general factor of psychosis best represents the latent structure of psychosis. To date, no study has investigated if the general factor of psychosis is associated with known risk factors. *Objective:* To test the associations between established risk factors of psychotic experiences to evaluate the validity of the general factor of psychosis. *Methods:* A nationally representative sample of the US population ( $N = 36,309$ ) were assessed via The Alcohol Use Disorder and Associated Disabilities Interview Schedule-5 (AUDADIS-5). The latent structure of psychosis was assessed using confirmatory factor analysis (CFA). Risk factors associated with psychotic experiences were investigated using structural equation modelling (SEM). *Results:* A bifactor model including four specific factors ('Positive', 'Negative', 'Mania', 'Disorganization'), and a general psychosis factor provided the best fit of the data. The SEM model including ten predictors fit the data excellently, explaining 34% of the variance in general psychosis. Between 6% and 19% of the variance in the specific dimensions were explained. The general psychosis factor was most strongly associated with childhood trauma and insecure attachment. Differential associations between the risk factors and the specific dimensions of psychosis were observed. *Conclusions:* Consistent with previous results a bifactor model of psychosis best fit the data. The level of variance explained by the risk factors, and the nature of their associations with the general factor of psychosis, provides support for the validity of this factor.

### 1-028

#### **Self-event connections in ambiguous loss and non-ambiguous loss narratives: Examining their relations with symptoms of psychopathology**

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*Background:* Compared with clear-cut loss by death, ambiguous loss (AL) is defined as a loss which is not definite because the person is missing (physical AL) or mentally absent, but physically present (psychological AL). Unending suffering likely becomes chronic sorrow often lasting a lifetime or even across generations. Connecting events to the self (self-event connections; SECs), highlighting either change or stability of self might be used to explain how the self has changed through the loss. There is a scarcity of systematic research on AL, especially from a narrative perspective. *Objective:* To test whether the relative frequency and valence of SECs in loss narratives differed between different kinds of losses and whether they predicted symptoms of depression,

PTSD and grief. *Method:* 90 Participants were narrated their experiences of AL or non-AL, 30 by death, 30 by missing, 30 by caregivers for Alzheimer's disease. They also completed three scales measuring symptoms of depression, PTSD and prolonged grief. *Results:* AL-narratives contained more negative SECs and more negative outcomes of self-change in AL than of non-AL. More self-growth (positive change in SECs) and less damaged self (negative change in SECs) were significantly related to lower levels of grief across all three groups. *Conclusions:* These findings suggest that AL contributes to narrations of negative self-change. Also, positive and negative SECs are differentially related to grief, highlighting that the change of self but not the stability of self plays an important role in working with individuals undergoing AL.

### 1-029

#### **Psychosocial Predictors of Mental Health Problems in Individuals Exposed to Natural and Social Disasters**

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*Background:* Several psychosocial factors during or after trauma occurrence may contribute to mental health problems such as posttraumatic stress disorder (PTSD). Therefore, there is a need to identify psychosocial factors that contribute significantly to the prediction of the mental health problems in individuals who have experienced natural or social disasters. *Objective:* We examined the contribution of peri-traumatic dissociation, trauma-related negative beliefs, and perceived social support to mental health problems in individuals exposed to natural or social disasters. In addition, we performed a literature review to evaluate the role of trauma-related negative beliefs as a mediator of the relation between peri-traumatic dissociation and mental health problems. *Method:* Participants were four hundred forty four individuals who had experienced natural or social disasters in Korea from 2000 to 2017. They completed self-report inventories of psychosocial factors and mental health problems. *Results:* Peri-traumatic dissociation and trauma-related negative beliefs each contributed significantly to the prediction of PTSD symptom severity after controlling for all the other relevant predictors. In addition, perceived social support was a significant predictor of PTSD symptoms and Hwa-Byung symptoms. Finally, trauma-related negative beliefs mediated the association between peri-traumatic dissociation and PTSD symptoms, depression, anxiety, and Hwa-Byung symptoms. *Conclusions:* These results suggest the importance of considering the role of peri-traumatic dissociation, trauma-related negative beliefs, and perceived social support in more effective prevention and treatment of PTSD and related mental health problems following natural or social disasters.

### 1-030

#### **Perception and stigmatization of people bereaved by suicide**

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**Background:** People bereaved by suicide are still stigmatized in society (Cvinar, 2005). In addition to the high risk of suicide of relatives, stigma also has a significant impact on life quality and mental health (Eisma, 2018). Additionally, studies have shown that stigmatization complicates mourning, affects the struggle with death, and reduces the willingness to seek help (Feigelmann et al, 2014). **Objective:** This study analyzes the extent to which the perception and stigmatization of relatives bereaved by suicide differ from other relatives. **Methods:** 602 individuals (75.7% female, 18-50 years) were randomly presented with case vignettes in which the child of a fictitious person died of (1) suicide or (2) leukemia, or was (3) imprisoned for a criminal offense. Subjects were asked to rate the fictitious person in terms of shame, guilt, social withdrawal, if they would avoid these people, mental disorders, as well as depressive and physical attributions. We used a multivariate analysis of variance. **Results:** There is a significant main effect regarding the evaluation of guilt, shame and self-distancing. People give relatives bereaved by suicide the most responsibility compared to relatives of detainees and people suffering from leukemia. In addition, they find that people bereaved by suicide and relatives of detainees have a cause for feelings of shame and social withdrawal. However, they would not avoid people bereaved by suicide. **Conclusion:** The perception and stigmatization of relatives seem to differ according to the type of stress. The results are discussed regarding their relevance for the treatment of people bereaved by suicide.

### 1-031

#### **Moral Injury in the Canadian Armed Forces: A Nosological Perspective**

Stephanie Houle-Johnson  
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**Background:** The term moral injury (MI) has been proposed to describe the distress associated with events perpetrated by the self or others that violate deeply held beliefs and moral values. The term potentially morally injurious events (PMIEs) refers to events that may lead to MI. Researchers propose that MI can be characterized by intense feelings of shame and guilt, identity dysregulation and persistent inner conflict associated with the perceived transgression. Currently, several limitations prevent conclusions regarding MI symptomatology, including reliance on retrospective data, reviews of related constructs, and clinical testimony (restricting content validity), and a lack of direct testimony from service-members/veterans (limiting ecological validity). Further, debate continues regarding how to distinguish natural psychological responses to PMIEs from those that are pathological. As such, research regarding the sequelae of PMIEs remains in its infancy, and whether or not MI should be considered a distinct psychological syndrome remains unknown. **Objective:** In this poster, mixed-methods results from an interview study on the symptoms associated with

PMIE exposure will be presented. **Method:** A thematic analysis was conducted on interview data from Canadian Armed Forces service members and veterans exposed to PMIEs. **Results:** Themes identified include increased attention and reactivity to perceived moral transgressions, changes in moral agency, and loss of self-worth. The prevalence of different psychological disorders and scores of trauma-related guilt and anger will also be presented. Results as to the symptomatology of MI will be compared with existing diagnostic entities in order to address the question as to whether MI should be considered a distinct syndrome.

### 1-032

#### **Sexual assault in adulthood: The role of child maltreatment in revictimization and symptom severity**

Camille Andree Rassart<sup>1</sup>, John Briere<sup>2</sup>, Marsha Runtz<sup>3</sup>,  
Keara Rodd<sup>3</sup>, Natacha Godbout<sup>1</sup>

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**Background:** Past experiences of child maltreatment can be found among individuals who have been sexually assaulted as adolescents or adults (ASA). Such adverse events have been associated with significant trauma-related symptoms, namely anxiety, dissociation and sexual disturbance (Courtois & Ford, 2009; Godbout & Briere, 2012). It is unclear, however, how prior child maltreatment and ASA differentially impact current symptomatology. **Objective:** This study examined which child maltreatment types are associated with ASA. We also assessed potential interactions between child maltreatment and ASA in order to determine whether the former interacts with the latter, leading to higher symptom severity, or if ASA has unique effects after controlling for prior child maltreatment. **Method:** Participants were 376 women recruited in a university setting and 398 women recruited online who completed questionnaires assessing child maltreatment, ASA, and traumatic symptoms (TSI-2; Briere, 2011). **Results:** Logistic regression analyses revealed that child sexual abuse doubled the risk of ASA in both samples, while physical and psychological abuse represented smaller risk factors. Bootstrapped multiple regression analyses showed that sexual assault and other forms of child maltreatment were uniquely associated with symptomatology, accounting for 15-19% of symptom variance across samples, although no interaction was found between child maltreatment and ASA on psychological symptoms severity. Child maltreatment, especially sexual abuse, appears to increase the risk of ASA. Both child maltreatment and ASA impact current symptomatology, albeit additively. **Conclusions:** Indeed, across both samples, child maltreatment does not exacerbate the effects of ASA, indicating that ASA, in and of itself, is associated with persistent psychological effects among survivors.

### 1-033

### **Effects of a short recall technique on the reprocessing of and stress reactivity to distressing memories in a student population**

Eka Susanty

Vrije Universiteit Amsterdam, the Netherlands

*Background:* One technique that is widely used to overcome PTSD is Eye Movement Desensitization and Reprocessing (EMDR). However, as yet it is not fully understood what the role of Eye Movement (EM) is in EMDR therapy, and how it has an effect on PTSD symptom reduction. *Objective:* We aim to examine whether adding an Eye Movement (EM) session to a general recall procedure, is associated with a larger reduction in vividness and emotionality of a distressing memory than the general recall procedure without EMs. In addition, we will evaluate physiological reactivity in Heart Rate (HR)/ Heart Rate Variability (HRV) and Pre-ejection (PEP), in resting conditions and in response to recall of distressing memories. *Method:* We have conducted 2 experiments to test EM effect on stress reactivity of non-clinical student participants. Experiment 1 has used a crossover design. Experiment 2 has used a pretest-posttest control group design. *Results:* Findings provide a different result than the previous related studies. This study found that there is no effect EM to vividness and emotionality of distressing memory of student participants. The finding also proved there is no difference between pre and post EM between experiment student and control student. *Conclusions:* We conclude that EMs have a temporary effect on distressing memory.

### **1-034**

#### **Psychological and body-related consequences in individuals with intellectual disability with a history of sexual abuse. An overview of the literature.**

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*Background:* Sexual abuse in individuals with normal IQ results in a wide range of psychological and body-related consequences (Maniglio, 2009; Van der Kolk, 2014). Whether consequences of sexual abuse are similar for individuals with intellectual disabilities (ID) is as yet unknown. *Objective:* The aim of the review is to provide an overview of the psychological and body-related consequences of sexually abused in individuals with ID. *Method:* Databases were searched for publication between the years 1998 and 2018. Two independent reviewers assessed studies for inclusion, which resulted in seven studies. *Results:* Psychological consequences could be divided into five themes: challenging behaviour, sexualized behaviour, and three psychiatric disorders, namely anxiety, depression and posttraumatic stress. Two body-related consequences were found: low body-esteem and poor feelings of personal safety. Some psychological consequences, such as aggression and hyperarousal, might also be regarded as related to the body. These consequences may directly influenced by

bodily sensations, or in other words, may relate to decreased interoceptive awareness and dysregulation of emotions (Price, & Hooven, 2018). *Conclusions:* Sexual abuse in individuals with ID results in psychological as well as body-related consequences. However, no general conclusion could be drawn because none of the included studies were experimental or longitudinal. Furthermore, no standardized diagnostic instruments were used that specifically assesses the consequences of sexual abuse in individuals with ID. Future research is needed to develop and validate psychological and body-related diagnostic instruments for this group. The interrelationship of psychological and body-related consequence also deserve to be studied in future research

### **1-035**

#### **The intensity and impact of chronic pain, a story of difficulty sleeping and PTSD**

Cherie Armour<sup>1</sup>, Daniel McGuire<sup>1</sup>, Melissa Milanak<sup>3</sup>, Alison Wilkerson<sup>3</sup>, Mark Ruddock<sup>4</sup>, Tara Moore<sup>1</sup>, Diego Cobice<sup>1</sup>

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*Background:* Difficulty sleeping is often the most prevalent symptom in Posttraumatic stress disorder, occurring in over 90% of cases. High prevalence of sleep disturbance is also noted in populations suffering from chronic pain (71-78%). Increased alcohol use and negative consequences in individuals with depression and PTSD as well as chronic pain may also result from insomnia symptoms resulting from alcohol use. *Objective:* Given the hypothesis that self-medication and withdrawal symptoms perpetuate alcohol use disorder in PTSD, it is of interest to examine the relationship between difficulty sleeping, alcohol use, chronic pain and PTSD. *Method:* As part of a larger study, participants who met the CAPS symptom endorsement requirement for PTSD were compared with non-trauma exposed controls. Participants completed inventories of pain, smoking, alcohol use and brief medical history. *Results:* Thirty-two participants were included. Participant groups did not differ by age (37.97 + 12.1), gender, ethnicity, or BMI. Difficulty sleeping and PTSD status were both significantly associated with 11 different inventories of pain, including 'Average pain' and 'Pain interference with mood'. Furthermore, impact of pain on relationships with others was significantly higher in individuals with PTSD vs. non-trauma exposed controls (p=0.024) but was not related to sleep difficulties. PTSD participants also reported an increased number of alcoholic drinks per week (p=0.03). *Conclusions:* Similar perceptions of pain levels and the impact of pain on QoL are endorsed by those with difficulties sleeping and with PTSD. Additionally, increased alcohol use may play a role in sleep difficulties for those with PTSD and/or pain.

### **1-036**

### **DSM and ICD PTSD Among Military Veterans Living in Northern Ireland**

Cherie Armour, Martin Robinson, Jana Ross, Margaret McLafferty

Ulster University, **UK**

*Background:* The Northern Ireland Veterans Health and Wellbeing Study (NIVHWS) collected survey data from military veterans residing in Northern Ireland (NI). The extant literature has demonstrated that a proportion of veterans will experience Post-traumatic Stress Disorder (PTSD), Complex PTSD (C-PTSD) and the diagnostic subtype termed Dissociative-PTSD (D-PTSD). A wealth of literature has examined the nosology of PTSD, C-PTSD and D-PTSD, particularly as it pertains to the Diagnostic and Statistical Manual (DSM) and International Classification of Diseases (ICD). *Objective:* This investigation focuses on the conceptual and diagnostic differences in PTSD between the DSM-5 and the ICD-11. Prevalence rates and concurrence are examined regarding PTSD, C-PTSD, and D-PTSD. *Methods:* Participants were recruited from a diverse community sample of veterans living in NI. These analyses feature a sub-set of data (N = 300+) collected by the NIVHWS between 2017 and 2019. PTSD and related disorders were measured using the gold standard tools for screening for both diagnostic systems; the DSM PTSD Checklist - 5 and ICD International Trauma Questionnaire. *Results:* Results presented will include the prevalence estimates produced by each diagnostic algorithm for PTSD and related diagnoses. Rates of concurrence will also be presented; identifying whether both systems identify caseness for the same / different individuals. *Conclusions:* Relevant implications for contemporary understanding of PTSD diagnostic screening will be discussed as well as the application of these findings for informing clinical work with trauma-exposed populations in a postconflict setting.

### **1-037**

#### **Psychopathology among U.S. military veterans following adverse childhood experiences (ACEs): The mediating role of social networks**

Margaret McLafferty, Jana Ross, Bethany Waterhouse-Bradley, Cherie Armour  
Ulster University, UK

*Background:* Adverse childhood experiences (ACEs) can have a very detrimental impact on mental health. ACEs are common among military personnel, and may impact on their psychological health, in addition to conflict related traumas. However, research would suggest that social networks can be protective following traumatic experiences. *Objective:* The current research aimed to explore the mediating role of social networks on the development of psychopathology among military veterans following ACEs. *Method:* The study utilised data from the National Epidemiological Survey on Alcohol and Related Conditions-III (NESARC-III) to identify classes of ACEs in a sample of U.S. military veterans ( $n=3,092$ ) and explored associations between the ACE classes and PTSD, mood and anxiety disorders. The mediating role of social networks were subsequently examined.

*Results:* Four ACE classes were revealed using Latent Class Analysis (Baseline, Household Dysfunction, Maltreatment, and Multi-adversity). Veterans who experienced adversity were more likely to have psychological problems, particularly individuals in the multi-adversity class, and were less likely to have social networks. However, when social networks were available, they were protective. Although quantity of social networks did not play a mediating role, quality of social networks played an important role, reducing the likelihood of psychopathology. *Conclusions:* It is essential to intervene early, helping those affected by ACEs and other traumas gain the skills to develop and maintain healthy social networks. It is particularly important that veterans have the opportunity to engage in interpersonal skills training and other programmes which may help them to integrate back into the community following their military career.

### **1-038**

#### **Mental health problems among Chinese parents bereaved by losing their only child: a nationwide survey of prevalence, correlates and service use**

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*Background:* In China, parents who have lost their only child and remained childless are labelled Shidu parents (失独父母). Previous research reported high socio-cultural pressure and personal distress in this population (Zheng et al., 2017; Yin et al., 2018; Zhou et al., 2018). However, no research has examined their mental health problems in a large nationwide sample.

*Objective:* We aimed to examine prevalence and correlates of mental disorders as well as use of psychological services in a nationwide sample of Chinese Shidu parents. *Methods:* Study population comprised 961 Chinese Shidu people (352 male, 600 female). Participants completed questionnaires for prolonged grief disorder (PGD), post-traumatic stress disorder (PTSD) and depression. Information about psychological services usage was collected. Multivariate logistic regression models were used to examine person- and loss-related characteristics associated with mental disorders. *Results:* Our results showed that approximately one third of Chinese Shidu parents met criteria for depressive disorder (38.9%), PGD (28.9%), and PTSD (33.9%). Younger age of parents, being a mother, living in a rural place, low income, and chronic diseases were related to a heightened risk of mental disorders. 20.3% sought help from psychological professionals, and only 28.9% of them reported psychological services helped them. However, 72.6% indicated a need for psychological services. *Conclusions:* Our findings inform significant psychological distress suffered by Chinese Shidu parents, identify key risk factors and highlight the demand for psychological services. Future research should identify possible therapeutic factors and develop interventions to improve the mental health in this population.

### 1-039

#### **Clinical utility of prolonged grief disorder in the ICD-11: The perspective of Chinese and German-speaking health care professionals**

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**Background:** Prolonged grief disorder (PGD), is included in the 11th edition of the International Classification of Diseases (ICD-11). Even though the ICD-11 is globally used, no research has investigated how healthcare providers (HPs) in non-Western countries adopt this change for their own practice. **Objective:** This study explored the extent to which the new PGD criteria were accepted and perceived to meet standards for clinical utility and international applicability among Chinese and German/Swiss HPs. **Method:** Semi-structured interviews were conducted with 23 Chinese (n = 10) and German (n = 13) speaking HPs working with bereaved populations in China and Switzerland and analyzed using framework analysis. **Results:** Swiss HPs were more ambivalent regarding the inclusion of the new disorder, while a majority of the Chinese HPs supported this change. Merits mentioned include improved clinical decision making, research promotion, and enhanced communication. Swiss HPs highlighted that PGD can help acknowledge grief and bring insurance-related advantages. Main concerns included overdiagnosis and premature diagnosis; HPs cautioned that it is too easy to meet the requirements for a diagnosis, while acknowledging that criteria can differentiate between normal and prolonged grief as well as other mental disorders. Different grief-specific symptoms were identified by Swiss and Chinese HPs. Contrasts are explored in terms of the international applicability of the criteria. **Conclusions:** These findings provide a first glimpse into Swiss and Chinese HPs' understanding of the PGD criteria, as well as cultural similarities and differences of disease-related beliefs. Findings can also provide guidance for the development of new assessment tools.

### 1-040

#### **Trauma exposure, mental health difficulties and offending behaviours in a Northern Irish sample of intimate partner violence perpetrators**

Aine Travers<sup>1,2</sup>, Tracey McDonagh<sup>1</sup>, Cherie Armour<sup>2</sup>, Twylla Cunningham<sup>3</sup>, Nichola Crawford<sup>3</sup>, Madeleine Dalsklev<sup>4</sup>, Maj Hansen<sup>1</sup>

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**Background:** Exposure to trauma has been identified as a risk factor for violent behaviour across several populations (Ardino, 2012), including recidivistic perpetrators of intimate partner violence (IPV) (Miles-McLean et al., 2018). Northern Ireland is a post-conflict region with a high rate (8.8% lifetime prevalence) of post-traumatic stress disorder (Atwoli

et al., 2015). IPV is a significant problem in Northern Ireland, with 2017/18 official figures reaching 30,595 incidents, a 4.8% increase on the previous 12 months, the highest level since record-keeping began. Although the link between trauma exposure and perpetration of violence is well established, the mechanisms of this relationship are less well understood. **Objective:** This paper will examine trauma-related mental health problems as one possible mechanism of the relationship between trauma exposure and perpetration of violence by: 1) examining patterns of trauma exposure in a Northern Irish IPV perpetrator sample; 2) investigating associations between trauma patterns and offending behaviours and 3) assessing whether mental health difficulties mediate the relationship between trauma and offending. **Method:** Data will be extracted from case files of clients of the Probation Board of Northern Ireland. Latent class analysis will identify patterns of traumatisation. Logistic regression analysis will investigate whether trauma classes predict offending. Mediation analysis will assess whether mental health difficulties influence the relationship between trauma and offending. **Results:** It is hypothesized that trauma exposure will be predictive of more chronic and severe offending patterns, and that this relationship will be significantly mediated by the presence of mental health problems.

### 1-041

#### **Trauma response and psychosis: Investigating the association between PTSD symptomology and psychotic experiences**

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**Background:** Previous literature has demonstrated that childhood trauma exposure and PTSD are significantly related to psychosis, evidence suggests that PTSD symptomology may predict the development of psychotic experiences (Williams, Bucci, Berry & Varese, 2018). **Objective:** This study examines whether PTSD symptoms predict psychotic experiences above and beyond the effects of trauma exposure. **Method:** A nationally representative sample of the U.S population (NESARC-III) was used for the studies analysis (N = 36,309). Structural equation modeling was employed to test the specific associations between the latent factors of PTSD and the latent factors of psychosis. **Results:** The SEM model provided a good fit of the data ( $\chi^2 = 7460.56$ ;  $df = 450$ ;  $p < .001$ ; CFI = .974; TLI = .968; RMSEA = .02 [95% CI = .02 – .02] ) and explained 34% of variance in the general factor of psychosis, and between 12.4% and 20.8% of the variance in the specific dimensions. Traumatic exposure and the 'sense of threat' symptoms robustly predicted the general and specific dimensions of psychosis. **Conclusions:** Trauma exposure and traumatic response – most specifically, sense of threat symptoms – are independently associated with psychosis in the general population.

### 1-042

### **Early childhood trauma, alexithymia and dissociation with the internal dialogue activity in adulthood**

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Poland

*Objective:* The aim of the study was to verification the hypotheses about the relationship of trauma suffered in early childhood, alexithymia and dissociation with the internal dialogue activity in adulthood. *Method:* The study involved 177 persons, aged 18 -74, (average age: (M=36,082; SD=13,29) women (52,7%) and 74 men (39,4%)). Self-description questionnaires were used to assess the intensity of: trauma – the Traumatic Experiences Checklist (TEC), alexithymia – the Toronto Alexithymia Scale (TAS-20), dissociation – the Curious Experiences Survey (CES) as well as a questionnaire for the of Inner Dialogue Activity (SWAD). *Results:* In order to verify the hypotheses, correlation analyzes and mediation analyzes were used. The results of the analyses indicate significant and positive correlations of internal dialogue activity with the intensity of traumatic experiences ( $r = 0.445$ ,  $p < 0.001$ ), alexithymia ( $r = 0.270$ ,  $p < 0.001$ ) and dissociation ( $r = 0.379$ ,  $p < 0.001$ ). The tested mediation model of the influence of traumatic experiences on internal dialogue activity in which mediators are alexithymia and dissociation turned out to be statistically significant and explains about 25% of the variance. The analyses carried out confirm the hypothesis of the structural and functional changes in the I system caused by trauma. *Conclusions:* Alexithymia and dissociation are the essences of traumatic development and influences on the dialogue between the positions of the self. Assuming that such dialogues are a personality chart, one may admit that the basic mechanisms of self-organization of the self-system are disturbed.

#### **1-043**

### **Parental attitudes and attachment styles in adulthood. Mediatory role of dissociation and alexithymia**

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*Background:* Attachment theory is a widely used framework for understanding emotion regulation as well as alexithymia, and dissociation. *Objective:* The main objective of the study was to investigate, how the parental attitudes impact on the attachment styles in adulthood. Dissociation and alexithymia were found as the mediators of such impact. *Method:* The Revised Adult Attachment Scale (RAAS), the Toronto Alexithymia Scale-20 (TAS-20), the Parental Bonding Instrument (PBI) and the Curious Experiences Survey (CES) were administered to a sample of 150 students of the faculty at The Medical University of Warsaw. *Results:* The study proved that closeness, dependence as well as fear are closely associated with all kinds of dimensions of bonds with parents. In terms of alexithymia, the dimensions of mother's care and control co-relate with the difficulty in identification of

feelings and emotions; similar results were obtained in terms of tendency to dissociation. The style of bonds in adulthood: the closeness is related to a lower level of alexithymia, whereas the dependence related to alexithymia and the tendency to dissociation. The anxiety, as a dimension of bond style, is connected to a high level of alexithymia and the tendency to dissociation. Moreover, the survey concluded that mother's care and control are a crucial predictor when it comes to the closeness and the dependence respectively. As for the anxiety, mother's control and father's control appeared to an essential predictor.

#### **1-044**

### **The Impact of Psychological and Trauma Related Factors on IPV Perpetration Trajectories**

Tracey McDonagh<sup>1,2</sup>, Maj Hansen<sup>1</sup>, Cherie Armour<sup>2</sup>, Twylla Cunningham<sup>3</sup>, Madeleine Dalsklev<sup>4</sup>, Nichola Crawford<sup>3</sup>, Aine Travers<sup>1</sup>

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*Objective:* To examine the relationship between psychological and trauma related factors and intimate partner violence (IPV) offending trajectories. This research investigates possible risk and protective factors that are associated with recidivism or desistance from IPV. As Northern Ireland is a post conflict context, the sequelae of trauma related psychological issues may be particularly pertinent in IPV offending patterns. *Method:* The sample consists of IPV offenders who have been referred for intervention conducted by the Probation Board of Northern Ireland (PBNI) and who have completed a battery of standardised assessments ( $N = 120$ ). The present study uses structural equation modelling to identify if anger regulation, attachment styles, impulsivity or offence-related cognitions mediate/moderate the relationship between trauma and IPV offending patterns. *Results:* It is hypothesised that psychological and trauma related factors, are associated with IPV offending, and may act as protective or maintaining factors in IPV offending patterns. *Conclusions:* The present research seeks to inform targeted interventions in forensic practices and reduce rates of IPV recidivism by identifying strategies to reduce the risk of re-offending amongst perpetrators of intimate partner violence. This research is vital to inform recommendations on how to intervene in relation psychological and trauma-related factors, to encourage desistance from IPV.

#### **1-045**

### **Examining symptoms of ICD-11's complex PTSD, PTSD and borderline personality: a latent class study of women from the community**

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*Background:* First brought forward by Judith Herman in 1992, the diagnosis of complex post-traumatic

stress disorder (C-PTSD) was included in the International Classification of Diseases' 11th edition (ICD-11) in 2018. Debates are still ongoing in the scientific community regarding the distinction between C-PTSD symptoms, and those of comorbidity between borderline personality disorder (BPD) and PTSD. One study by Cloitre and her team (2013) has suggested a distinction between these disorders, but results have yet to be confirmed in non-clinical samples. *Objective:* This study aims to verify whether symptoms of C-PTSD, PTSD and BPD can be distinguished in a community sample of women. *Method:* A sample of 438 women from the community who reported at least one potentially traumatic experience completed questionnaires measuring C-PTSD (Cloitre et al., in development) and BPD symptoms (Zanarini et al., 2003) through phone interviews. *Results:* Latent class analyses revealed five distinct classes: (1) Low Symptoms; women reporting significantly lower scores on all measures, (2) High PTSD Symptoms; women reporting significantly higher PTSD symptoms only, (3) High C-PTSD symptoms; women reporting significantly higher C-PTSD symptoms only, (4) High BPD Symptoms; women reporting significantly higher BPD symptoms, and (5) High Symptoms; women reporting significantly higher scores on all measures. As expected, the High C-PTSD Symptoms class distinguished itself from others on measures of childhood trauma and psycho-relational functioning. *Conclusion:* Results from this study corroborate the distinction between ICD-11's CPTSD symptoms and those of PTSD and BPD, thus supporting an integrative approach to understanding trauma sequelae, diagnosis and treatment.

#### 1-046

##### **Post Loss Growth Scale: Development and Psychometrics**

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*Background:* The actual research about post loss growth is limited; the broader concept that allows the understanding of nonspecific meaning is posttraumatic growth. According to Taverna and Souza (2014), post loss growth is defined as the behavioral and individual growth of the grieving person, changes that sustain a renewal and personal well-being and increased capacities to deal with the obstacles of life. A post loss growth scale (PLGS) was developed to understand the potential gains of a significant and traumatic loss. *Objective:* To provide evidence on the psychometric general characteristics, reliability and validity for PLGS. *Method:* 40 female health students, through the Survio platform, consented to participate and completed the following scales in their Portuguese versions: PLGS; Spiritual Well-being Questionnaire; Post Traumatic Growth Inventory (PTGI); Work Productivity and Activity Impairment; Impact of Event Scale-6; Inventory Complicated Grief. *Results:* The final version of PLGS scale has 30 items and the reliability results revealed good internal consistency ( $\alpha = .965$ ). There are positive

significant correlations with PTGI dimensions. *Conclusions:* Implications for more specific and more adapted assessment for patients with Prolonged Grief is discussed. It is important to increase and improve gender balance of the sample, so that other statistical analyses can be carried out. The bilingual (English and Portuguese) process of construction of such measure improved some conceptual issues and enabled further applicability, preventing frequent validity threats.

#### 1-047

##### **Clinical Diagnostic Interview for Prolonged Grief according to the International Classification of Diseases (ICD-11)**

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*Background:* When the 2009 proposal for Prolonged Grief disorder ICD-11 diagnostic criteria were presented, it was developed an interview to facilitate diagnosis in a structured and standardized way. This instrument has become in recent years a gold standard for the diagnosis and calculation of cut-off values for Prolonged Grief in Portugal. However, the final version of the diagnostic criteria had significant changes that aimed at a simplification of the process and better adaptation to the clinical context. *Objective:* We present here the final version of the first diagnostic interview with the objective of obtaining reliable diagnosis of Prolonged Grief. *Method:* For the construction of this instrument we use the experiences with its previous version as well with other interviews for the diagnosis of Post-Traumatic Stress and Complex Post-Traumatic Stress. The new interview has 36 sequential items related to the criteria defined by ICD-11: Persistent and pervasive longing; Intense emotional pain; Time and disability. *Results:* Aiming a deeper search for limitations and to increase adaptability to clinical contexts, this interview is applied to five patients and six Psychologists with experience in the area of Grief to obtain reports on the linguistic details, clinical adaptability, as well as to obtain preliminary data on their diagnostic validity. *Conclusions:* Given the results, after fine tuning some details considering the instructions for the interviewer, we finalized a version of an instrument capable of robustly diagnose Prolonged Grief, which may be useful for the construction and validity studies of future assessment scales in this area.

#### 1-048

##### **Clinical Diagnosis Interview for Post-Traumatic Stress Disorder, Complex Post-Traumatic Stress Disorder and Borderline Personality Disorder: Portuguese Version**

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*Background:* The recent clarification on the contours of the Complex Post-Traumatic Stress Disorder (C-PTSD), culminating with the introduction into last version of International Classification of Diseases (ICD-



11) and with the development in English and Portuguese of the International Trauma Questionnaire (ITQ), requests a new need to develop a diagnostic interview allowing clinicians and researchers to evaluate, to recognize and to treat this serious problem. With this objective, Neil Roberts, Marylene Cloitre, Jonathan Bisson, Chris Brewin developed in 2016 an interview. *Objective:* We intend to translate, adapt and validate a diagnostic interview for PTSD, C-PTSD and Borderline Personality Disorder for the Portuguese population, based on the permission of the authors of the English version: PTSD and Complex PTSD Diagnostic Interview Schedule for ICD- 11, Test Version 2.0. *Method:* Translation of the interview and adaptation, with application of the interview in conjunction with ITQ. The interview is composed of three interdependent parts, since for the diagnosis of C-PTSD a concomitant diagnosis of PTSD is necessary, with 42 items that do not include optional items with the aim of clarifying. *Results and Conclusions:* Given the size of this instrument, its usability in clinical context may be limited to forensic or research application, which requires levels of extreme reliability. Or, it can be used partially for the desired components. However, ITQ is more adapted to clinical contexts and can be clinically meaningful if cut-off value is calculated based on the interview gold standard. This research will pave the way for further cut-off research and provide a functional gold standard adapted to Portuguese.

#### 1-049

##### **Manual for Cognitive-narrative short intervention with Intimate Partner Violence victims with PTSD and CPTSD**

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*Background:* Intimate Partner Violence (IPV) takes place in all settings and its consequences, such as Post-Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (C-PTSD) affect the daily life and well-being of women and men worldwide and even the development of children. It is of the utmost importance to find ways to help these victims deal with their suffering and to move on with their lives, in a respectful, non-invasive way that allows the victim to make their own path. *Objective and method:* The intervention has four sessions and is centered on building sense of authorship, defusing and generating multiple meanings and coherencies for women victims of IPV. The four sessions aim to develop specific skills, fine-tuned to address specific issues of PTSD and CPTSD, as dissociation and social isolation. The first session is centered on recalling and work specific episodic memories, without focus on traumatic events. The second session is to develop emotional and cognitive subjectivation of narratives, providing a framework to rebuild narratives with defused emotions and clarity. Metaphorization as a strategy to enhance meaning making and meaning communication is used on the third sessions. On the last session, projecting new narratives with an

increased level of authorship, creativity and meaning is trained. *Conclusion:* This manual is discussed based on previous experiences with these strategies and with this specific target group, considering the main outcome aimed, to reduce traumatic stress symptoms on women victims of IPV.

#### 1-050

##### **The specific impacts of mental health problems on productivity: post-traumatic stress and prolonged grief**

José Rocha<sup>1,2</sup>, Ricardo Silva<sup>3</sup>, Ângela Nogueira<sup>3</sup>, André Moreira<sup>3</sup>

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*Background:* The Work Productivity and Activity Impairment Questionnaire - General Health (WPAI-GH) was created for a quantitative report by patients of the amount of absenteeism, presentism and limitations of daily activity, related to general health problems. There are several versions of this scale for specific health problems; however, there is no version for mental health problems nor information on associations with psychosocial risks at work. *Methods:* An adapted WPAI version was created for Mental Health problems (WPAI-MH) both in English and Portuguese, which was applied to 56 professionals (mean age 40.7 years, standard deviation of 11.9; 55.4% of women) together with an informed consent form, the Impact of Events Scale 6, the Inventory of Complicated Grief, the WPAI-GH and the Copenhagen Psychosocial Questionnaire (COPSOQ-II). *Results:* The analysis model begins by checking correlation between the indicators of the general health version and the mental health version of the WPAI, and there is a positive and significant correlation ( $r = .583$ ). To clarify which components of work experience are most affected by Post Traumatic Stress Symptoms and Prolonged Grief, we calculated Pearson's correlations to differentiate the impacts. *Conclusions:* The results are discussed from the perspective of an extended model explanatory of the impacts of traumatic events and grief, considering the possible moderating role of on-site job conditions. Also discussed are the positive aspects and limitations of specifying the version of the WPAI for the assessment of mental health problems, enabling a more detailed assessment of indirect costs of mental health problems.

#### 1-051

##### **The relation between anxious personality traits and fear generalization in healthy subjects: A systematic review and meta-analysis**

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*Background:* Anxious personality characteristics form a risk factor for anxiety disorders, but the mechanism remains unclear. Anxious personality could lead to greater vulnerability by increasing fear generalization. *Objective:* Here, we investigate if high anxious personality correlates to increased fear generalization in a meta-analysis. *Methods:* Our search (anxious

personality & fear generalization) was performed in PubMed, PsychInfo, and Embase and via snowballing. *Results:* N = 4895 studies were screened based on title and abstract. Twenty-three studies with data on 1303 healthy participants were included in the current study, of which 1082 participants were used in the quantitative analysis. The meta-analysis shows that there is a significant, small, positive relationship between anxious personality and fear generalization ( $r = .20$ , 95%CI [.137, .263],  $p < .001$ ). No moderators of the relationship were identified. *Conclusions:* The meta-analysis identifies the relation between personality and fear generalization in healthy subjects, as an overall small correlation was established. This suggests that people who score high on anxious personality have a somewhat stronger tendency to generalize fear to safe or novel situations, which may explain mechanistically why these individuals are at higher risk for developing anxiety disorders.

## Track Biological & Medical

### 2-001

#### Scoping the evidence for learning theories on PTSD in veterans

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*Background:* About 5-13% of Dutch veterans experience PTSD after being deployed (Eekhout et al. 2016). Although effective treatments for PTSD are available, response rates are found to be lower amongst veterans (Watts et al. 2013). Learning theories have been postulated to underlie PTSD (Lissek and van Meurs 2015). Here, we investigate the empirical evidence from veterans with PTSD for these theories. If we reveal which learning mechanism are specifically altered in veterans with PTSD, feasible lab-models can be studied and future clinical decision making can be directed accordingly. *Objective:* Creating a systematic overview of empirical (clinical) evidence for learning models for PTSD in veterans. *Method:* A systematic search was performed in PubMed. Original studies written in English were included investigating veterans with PTSD and a learning theory. Articles were screened by AF and AK independently. *Results:* In total, 2,167 articles were screened, and 101 met our inclusion on the following theories: Amygdala Kindling (n=30), Reduced Fear Inhibition (n=17), Resistance to Extinction (n=15), Stress Sensitization (n=11), Overgeneralization (n=7), Failure to Habituate (n=5), Hyper-Conditionability (n=3), Associative Learning Deficits (n=3), Incubation (n=1), Two-Stage Learning (n=1), and Failure to inhibit fear in the presence of safety cues (n=0). *Conclusions:* Our systematic search shows evidence for amygdala kindling, reduced fear inhibition learning, and Resistance to Extinction for veterans with PTSD. Other theories are less frequently investigated, revealing a research gap. The evidence supports that these mechanisms can be investigated in lab-models in order to further develop interventions.

### 2-002

#### Craving Moderates the Effects of Intranasal Oxytocin on Anger in Response to Social Stress among Veterans with Co-Occurring PTSD and Alcohol Use Disorder

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*Background:* Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) commonly co-occur among U.S. military Veterans. Oxytocin holds promise for the treatment of both PTSD and AUD. However, the social salience hypothesis (Shamisay-Tsoory et al., 2016) posits that oxytocin may amplify an individual's pre-existing social inclinations rather than exclusively enhancing prosocial behavior. Anger and aggression are well-established negative consequences of PTSD and AUD. *Objective:* We examined the moderating role of alcohol craving in the relation between oxytocin treatment and anger using the Trier Social Stress Task (TSST). *Method:* We used a randomized, double-blind, placebo-controlled design in a sample of male Veterans (N=67) with co-occurring PTSD and AUD. Participants self-administered oxytocin (40 IU) 45 minutes prior to the start of the TSST, then self-reported subjective alcohol craving and anger using a modified version of the Visual Analogue Scale (VAS) immediately following the TSST. Multiple regression analysis including main effects for group and baseline craving, and their interaction, was used to predict anger. Covariates included age, smoking, past 60-day alcohol use, PTSD symptom severity, self-reported aggression, and baseline anger ratings. *Results:* A marginally significant interaction effect emerged ( $\beta = -.71$ ,  $p < .06$ ). Post-hoc probing indicated that higher baseline alcohol craving was associated with increases in anger for participants in the oxytocin group ( $\beta = .50$ ,  $p < .05$ ). Baseline craving was not associated with increases in anger in the placebo group. *Conclusions:* Findings suggest that future studies should closely examine the effects of oxytocin on anger and aggression.

### 2-003

#### Does stress enhance latent inhibition?

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*Background:* Latent inhibition (LI) refers to the situation where an observer has difficulties creating associations when encountering an irrelevant but familiar stimulus (Granger et al., 2016). *Objective:* The aim of the current study was to demonstrate the effect of stress on LI performance. *Method:* Sing-a-song test (Toet et al., 2017) was used as a stress manipulation to induce mental stress in a short time. 81 participants took part in the experiment. This resulted in an increase in skin conductance level and heart rate. Latent inhibition task was used to measure the effect of familiarity on learning. *Results:* Mean reaction time for preexposed stimulus (PE) ( $M = 1315.05$ ,  $SE = 13.47$ ) was higher than mean reaction

time for non-preexposed stimulus (NPE) ( $M = 1097.64$ ,  $SE = 13.47$ ). The mean reaction time for PE ( $M = 1371.77$ ,  $SE = 20.25$ ) and NPE ( $M = 1208.37$ ,  $SE = 20.25$ ) in stress group participants was significantly higher from the mean reaction time for PE ( $M = 1256.90$ ,  $SE = 16.86$ ) and NPE ( $M = 984.14$ ,  $SE = 16.86$ ) in non-stress group participants. *Conclusions:* Consistent with some literature (Bethus et al., 2005; Melo et al., 2003), stress was found to have a significant impact on latent inhibition in the current study. It took longer time to learn the associations of PE and NPE for the stress group of participants than the non-stress group, meaning that induction of stress enhanced the LI process in the stress group. The current study showed a significant increase in latent inhibition after inducing mental stress.

## 2-004

### **Objective Markers of Posttraumatic Dissociation**

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*Background:* Recurring posttraumatic dissociation is a known phenomenon in patients suffering from chronic posttraumatic stress disorder (PTSD). Especially, symptoms of depersonalization and derealization were reported, which can be seen as negative symptoms, what refers to attenuation in the sensory and emotional self-experience. But this reduced experience of the self could bias the subjective introspection, which is by now the only indicator of dissociative phenomena. There is no empirical data to allow an objective quantification of the severity of posttraumatic dissociation, although psychophysiological parameters may be suitable. We aim to detect these potential markers for dissociation in PTSD patients with dissociative episodes. *Objective and method:* For that purpose, we assess dissociation in in-patients with PTSD via two study approaches: First, cardiovascular changes, associated with naturally occurring dissociative episodes, will be tracked by a mobile electrocardiogram device and a smartphone application. Second, the Script-Driven Imagery paradigm will be used to induce dissociation in a laboratory setting and identify associated changes in markers like cardiovascular parameters, body sway, muscle tension, pain threshold and olfactory threshold. *Results:* First (pilot) data will be presented.

## 2-005

### **Exposure to traumatic events, posttraumatic stress symptoms and functional somatic symptoms: Examination of personality moderating factors**

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*Background:* Individuals who have been exposed to potentially traumatic events (PTEs) and have developed posttraumatic stress symptoms (PTSS) are more likely to suffer from functional somatic symptoms (FSS). However, few studies have examined

risk factors which may mediate and moderate these associations. *Objective:* The present study examined the mediating role of PTSS in the relationship between PTEs and FSS, as well as the moderating roles of anxiety sensitivity and pain catastrophizing in the relations between PTSS and the number and severity of FSS. *Method:* a volunteers sample of 175 Israeli adults (mean age = 37.7, S.D = 12.28), mostly women, who suffer from various functional somatic syndromes. Participants completed self-reporting questionnaires in a cross-sectional designed study. *Results:* Participants reported an average number of 3.78 ( $SD = 2.61$ ) PTEs and 40.71% were diagnosed with probable PTSD. It was also found that PTSS mediated the relationship between exposure to PTEs and the severity of FSS and chronic pain. Moreover, the cognitive index of anxiety sensitivity moderated the relationship between PTSS and the severity of chronic pain, and the helplessness index of pain catastrophizing moderated the association between PTSS and the number of FSS. *Conclusions:* Individuals suffering from functional somatic syndromes tend to be exposed to a relatively high number of PTEs and might suffer from PTSD. PTSS might serve as a mechanism for the explanation of the high variability of FSS. Importantly, increased anxiety sensitivity and pain catastrophizing may exacerbate the relationships between PTSS and the number and severity of FSS.

## 2-006

### **Dysregulation of Brain-Derived Neurotrophic Factor (BDNF) and stress-related mRNA expression in the midbrain of maternally separated rodents**

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*Background:* Early life stress increases the risk of neuropsychiatric disorders. *Objective:* We investigated how early stress influences the stress pathway and BDNF transcripts in the basal ganglia of adult Sprague-Dawley rats. *Method:* Daily maternal separation from postnatal day (PND) 2-14 occurred for 15 minutes/day (controls; 12 female, 10 male) or 3 hours/day (stressed; 14 female, 10 male). At PND 98, brain regions were dissected [ventral tegmental area (VTA), ventral striatum (VS), substantia nigra (SN) and dorsal striatum]. Via qPCR, 5 stress-signalling and 6 BDNF mRNAs were assayed. *Results:* In the VTA, levels of FKBP5 [ $F(1,40)=7.27$ ,  $p=0.01$ ] and BAG1 [ $F(1,42)=10.25$ ,  $p=0.003$ ] mRNAs were lower in the maternally separated rodents; whereas, levels of PTGES3 [ $F(1,42)=4.24$ ,  $p=0.05$ ], BDNF IIA [ $F(1,42)=11.61$ ,  $p=0.001$ ] and BDNF III [ $F(1,42)=11.18$ ,  $p=0.002$ ] mRNAs were higher in the maternally separated rodents compared to controls. In the VS, maternally separated rodents had lower expression of multiple BDNF transcripts: I, IIA, IIC, IV and VI [all  $F \geq 5.48$ , all  $p \leq 0.02$ ] compared to controls. In contrast, in the SN, maternally separated rodents had increased BDNF IIA [ $F(1,42)=10.93$ ,  $p=0.002$ ] and III [ $F(1,42)=22.54$ ,  $p < 0.001$ ] mRNA levels compared to

controls. Sex-specific effects were also seen. In males (but not females), maternal separation decreased Nr3c1 ( $p=0.009$ ) and BAG1 ( $p<0.001$ ) expression in the VTA, while in females (but not males) maternal separation decreased FKBP5 expression in the SN ( $p=0.02$ ). *Conclusions:* We find significant dysregulation of BDNF and the stress-signalling pathways within both the site of origin (VTA and SN) and one target area of the midbrain dopamine neurons (VS) with early life stress.

## 2-007

### **No support for a relation between cardiorespiratory fitness and treatment outcome in posttraumatic stress disorder.**

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*Background:* Physical exercise has been found to have positive effects on symptoms of PTSD (Rosenbaum et al., 2015). However, the importance and role of cardiorespiratory fitness (CRF) in relation to PTSD treatment outcome is not yet clear (Vancampfort et al., 2017). *Objective:* To test the hypothesis that CRF would increase following intensive trauma-focused treatment of PTSD augmented with physical exercise and that improved CRF would be associated with a significant decline in PTSD symptoms. *Method:* PTSD patients ( $N=151$ ) were enrolled in an intensive trauma-focused treatment program of 8 days within 2 consecutive weeks that consisted of daily Prolonged Exposure, EMDR and 6 hours of physical exercise. CRF levels were assessed at baseline and posttreatment with a 6-Minute Walk Test (Enright, 2003) and, in a subsample, with a submaximal ergometer test ( $PWC_{75\%/kg}$ ). PTSD diagnosis was established with the CAPS, and severity of PTSD symptoms was measured with the PSS-SR. *Results:* Results indicated a significant increase in CRF from pre- to post-treatment and a significant decrease of PTSD-symptoms. However, both CRF difference scores were not associated with treatment outcome. *Conclusions:* Although individuals with PTSD may show an increase in CRF following an intensive TFT program augmented with physical exercise and a decrease of PTSD-symptoms, the current findings do not support the notion that treatment outcome is related to CRF.

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## 2-008

### **Heart Rate Variability of PTSD Patients in Trauma-Related Words Condition: A Preliminary Study**

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*Background:* PTSD has been linked with elevated sympathetic control and a recent meta-analysis (Nagpal et al. 2013) showed that HRV is a potential psychophysiological indicator. *Objective:* In this preliminary study, we used trauma-related words paradigm and tried to examine whether HRV would be declined greater in a trauma-related words condition than in a control (landscapes) condition. *Method:* Seven PTSD patients (female = 4; age =  $31.14 \pm 12.73$  years old) and seven healthy participants (female = 5, age =  $29.3 \pm 5.44$  years old) were examined. Heart rate variability was measured for 5 minutes under two conditions; participants were asked to watch photos of landscapes in a control condition, and were asked to read displayed 15 trauma-related words in a stimulus condition. IRB approval was obtained by Kurume University (No. 16156). *Results:* Greater standard deviation of normal to normal R-R intervals (SDNN) in stimulus condition was observed in healthy participants; no differences between the two conditions were observed in PTSD patients. In addition, greater Low Frequency (LF) in stimulus condition was observed in healthy participants; whereas less LF was observed in PTSD patients. *Conclusions:* Reduced LF in PTSD patients was in line with a previous study (Green et al. 2016). Our results may indicate that patients with PTSD have difficulties with discriminating trauma-related stimuli. Hypervigilance symptoms of PTSD patients may persist throughout the tasks.

## 2-009

### **Examining the Effects of Oxytocin in Combination with Prolonged Exposure Therapy in the Treatment of PTSD: Does Oxytocin Improve Subjective Units of Distress?**

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*Background:* Prolonged Exposure (PE) therapy is highly effective in the treatment of posttraumatic stress disorder (PTSD). However, approximately one-third of patients drop out of PE treatment prematurely, deeming it necessary to enhance PE engagement and efficiency. Accumulating data suggests that intranasal oxytocin is a promising candidate to achieve these goals due to its ability to enhance prosocial behavior and extinction learning, which is the central mechanism underlying PE treatment. *Objective:* This secondary data analysis examined differences in peak subjective units of distress (SUDS) during PE between participants randomized to the oxytocin versus placebo condition. *Method:* In a randomized, placebo-controlled, double-blind pilot trial, participants ( $N=17$ ) self-

administered oxytocin (40 IU) or matching placebo 45 minutes prior to weekly PE sessions. *Results:* Using peak SUDS at the first imaginal exposure (session 3) as a covariate, the group (placebo or oxytocin) by time interaction did not achieve statistical significance. A mixed-effects model was used to test the hypothesis that peak SUDS would show greater between-session reductions in the oxytocin condition than the placebo condition. Results suggest a marginal difference between groups at session 9 with participants in the placebo group having a higher mean peak SUDS ( $M=61.9$ ;  $SD=34.36$ ) compared to the oxytocin group ( $M=30.8$ ,  $SD=32.00$ ;  $p=0.095$ ). *Conclusions:* While statistically significant oxytocin effects on peak SUDS were limited, results demonstrate that participants in the oxytocin condition reported consistently lower peak SUDS than participants in the placebo condition. Future adequately-powered studies are necessary to examine whether oxytocin can improve PE treatment engagement, tolerability, and outcomes.

## 2-010

### **Can transcranial brain stimulation improve impulse control and stress- or trauma-related mental health problems in military personnel and veterans?**

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*Background:* Different stress and trauma-related disorders share some cognitive impairments, including inadequate inhibitory control over negative emotional impulses (Johnson, Carver & Joormann, 2013). Moreover, inadequate inhibitory control may impede therapy response. Hence, enhancing inhibitory control by applying transcranial direct current stimulation (tDCS) to the prefrontal cortex (Ditye et al., 2012) could be beneficial. tDCS modulates activity in targeted brain regions, thereby potentially targeting dysregulated brain circuits. Applying tDCS can reduce depressive symptoms (Shiozawa et al., 2014), but effects on stress- and trauma-related symptoms have remained scarcely investigated. *Objective:* To test the effect of a tDCS intervention on inhibitory control and PTSD, anxiety and aggression symptoms in a patient sample of military personnel and veterans ( $N=96$ ). *Method:* Complementary to treatment as usual, participants (18-60 yr) undergo a 5-session active tDCS or sham tDCS intervention (1.25 mA or 0.002 mA respectively, anode over the right inferior frontal gyrus, which is strongly involved in inhibitory control). During tDCS, subjects perform an inhibitory control (stop-signal) task. PTSD, anxiety, and anger symptoms are assessed by self-report questionnaires before and after the intervention. *Results:* Data collection is still running. tDCS and placebo effects cannot yet be separated in this double-blind trial. Results regarding tDCS effects are expected around May 2019. Preliminary data analysis shows a significant improvement in inhibitory control over the course of the intervention, and reductions in PTSD, anxiety and anger symptoms.

*Conclusions:* Although caution is warranted at interpreting these preliminary results, the intervention may have beneficial effects on inhibitory control and stress-related symptoms.

## 2-011

### **Efficacy of rTMS in a mouse model of posttraumatic stress disorder**

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*Background:* Posttraumatic stress disorder (PTSD) is associated with brain changes that commonly involve the fear network including the prefrontal cortex (PFC), hippocampus and amygdala. Neurostimulation can be recommended as an adjunct to psychotherapy in order to facilitate extinction of fear in PTSD. Repetitive transcranial magnetic stimulation (rTMS) can thus target the PFC to provide promising treatment responses. *Objective:* Preclinical rodent-based studies need to be performed to enhance the comprehension and empirical driven efficacy of rTMS. *Method:* We used a focal 40-mm coil to apply a high frequency/intensity rTMS pattern (5 daily sessions) to the ventromedial PFC (vmPFC) in a mouse model of PTSD. This procedure was assessed against fluoxetine (SSRI treatment). *Results:* Through spatially precise stereotaxic framing, one session of rTMS (750 pulses) was able to focally increase c-Fos functional maps in the vmPFC immediately after stimulation. When used as a chronic treatment (5 daily sessions for 3750 pulses) in a foot-shock PTSD model, rTMS counteracted PTSD-related behavioral deficit in the object recognition task 6 days after the last treatment session and enhanced extinction dynamics in a reexposure task (4 days afterward) compared to sham treatment. Reexposure associated c-Fos activity was found increased in the infralimbic cortex, the basolateral amygdala and the CA1 of ventral hippocampus of mice exposed to the trauma and treated with rTMS. *Conclusions:* Chronic rTMS treatment reversed PTSD-induced impairments by acting on distributed networks of fear neurocircuitry that self-sustained 10 days post-treatment in the infralimbic cortex, the basolateral amygdala, and the ventral CA1.

## 2-012

### **Psychopathological symptomatology and personality characteristics of patients diagnosed with "meningioma" with different post-traumatic stress rates**

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*Background:* The study looks into the consequences of post-traumatic stress disorder (PTSD) in life-threatening diseases (Tarabrina et al. 2010), including such a disease as meningioma (Kangas et al., 2011, 2012). The reported study is funded by Russian Foundation for Basic Research according to the research project № 18-013-00324. *Objective:* The study examines relations between the level of posttraumatic stress and psychopathological

symptomatology, personality characteristics in patients diagnosed with “meningioma”. *Method*: 35 patients of Burdenko National Medical Research Center of Neurosurgery (31 women and 4 men aged from 30 to 70 years) completed the Impact of Event Scale, IES-R, Symptom Check List-90r-Revised, SCL-90-R, and Freiburg Personality Inventory, FPI. *Results*: The patients diagnosed with “meningioma” are characterized by post-traumatic stress (PTS) symptoms of different intensity rates: low (n=10), medium (n=15), and high PTS rates (n=10). These subgroups differ significantly in such PTS symptoms as intrusion (p=0.0001), avoidance (p=0.00001), hyperarousal (p=0.0002) and psychopathological symptoms: depression (p=0.05), anxiety (p=0.05), paranoid ideation (p=0.01), psychoticism (p=0.01) such as some personality characteristics: shyness (p=0.04), emotional lability (p=0.02). It is shown that the increase of psychopathological indicators depends on the intensity of PTS. *Conclusions*: the increase of depression, anxiety, paranoid ideation, psychoticism indicators and some personality characteristics are PTS intensity dependent. The most significant changes are registered with high PTS levels, which correspond to the clinical picture of PTSD.

#### 2-013

##### **Inflammatory and endocrinal alterations related to PTSD due to Sexual Violence: Preliminary results**

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*Background*: Sexual Violence is a significant risk to develop PTSD in females (Liu et al., 2017). PTSD is associated with HPA axis alterations, such as exaggerated negative feedback sensitivity, and is also related to immune activation and increased inflammatory markers (Arnaudova et al., 2018). *Objective*: Compare the endocrinal and immune changes in PTSD group to controls. *Methods*: 58 women with PTSD diagnosis were included within six months following exposure to sexual assault, and compared to 53 controls. ACTH, cortisol and TNF- $\alpha$  serum were collected. *Results*: Increased ACTH levels, but not cortisol, were significantly associated with PTSD in sexually abused victims (p= 0.026). In severely depressed patients ACTH levels were even higher (p<0.001). TNF- $\alpha$  levels correlated with the patients' BMI (p=0.04). *Conclusion*: These findings suggest that PTSD is related to neurobiological alterations and immune activation. Although the current literature shows mixed results (Zoladaz et al., 2013), it brings to light the need for more studies evaluating PTSD pathophysiology.

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#### 2-014

##### **BEATVIC of people with psychosis and a vulnerability for victimization**

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*Background*: A recent meta-analysis shows that in people with a psychotic disorder childhood abuse and earlier experiences with violence lead to an increased risk of becoming victim (De Vries et al., 2018). To prevent revictimization a body-oriented resilience therapy to enhance aggression regulation was developed, using kickboxing combined with interventions targeted at social cognition. *Objective*: This study aims to explore the feasibility of the intervention as well as behavioral outcomes. Neuropsychological differences between those previously victimized and others were tested using fMRI data. *Method*: In three groups twenty four adults with a psychotic disorder received 20 weekly group sessions. During pre and post assessment data were gathered on conflicts and victimization (revised Conflict Tactics Scale), aggression regulation (State Trait Anger Expression Inventory and Novaco Anger Scale-Provocation Inventory) and social functioning (Inventory of Interpersonal Situations). Thirty-nine patients, of whom nineteen had been victimized in the past five years, underwent fMRI scanning, during which they viewed angry and neutral faces. *Results*: Mean attendance rate in the intervention was 85%. A decrease in both conflicts and most of the risk factors was shown. No differences were found in regional brain activation and connectivity between groups but analysis of task-related network modulation revealed more deactivation of the sensorimotor network in those previously victimized. *Conclusion*: The results support the feasibility of the BEATVIC protocol and the importance of interventions targeted at the sensorimotor network as a source of possible inadequate reactions causing revictimization.

#### 2-015

##### **There's nothing broken. You've had a whiplash, that's it: A qualitative study of comorbid posttraumatic stress disorder and whiplash associated disorders**

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**Background:** Posttraumatic stress disorder (PTSD) symptoms are common in chronic whiplash associated disorders (WAD) and are associated with higher levels of pain and disability. Theoretical frameworks have suggested that PTSD and pain mutually maintain one another. While the comorbidity has been subject to increasing quantitative research, the patients' experiences of the comorbidity and potential symptom interaction remain largely uninvestigated using qualitative methods. Additionally, many studies rely solely on self-report PTSD assessment, which poses a potential validity issue in chronic pain patients. **Objective:** To address the above research gap, the present study set out to explore the role and potential interacting relationship of PTSD and pain in people with WAD and properly assessed PTSD. **Methods:** Eight individual face-to-face semi-structured interviews were carried out and analyzed using framework analysis. **Results:** Three overarching themes consisting of 10 categories were developed: 1) A complex and burdensome comorbidity, 2) The extended trauma, and 3) Psyche and soma associations and interactions. Together, these themes, among others, highlighted the complexity and burdensomeness of the comorbidity, a number of circumstances that could extend and amplify the traumatic response, and how pain and PTSD were associated, both supporting and rejecting parts of the mutual maintenance framework. **Conclusion:** The present findings shed light upon the complex comorbidity of pain and PTSD. Among others, the results support the importance of thorough multidisciplinary assessment, minimizing of distress post-injury among others by proper communication from health care professionals, and a critical approach to the idea of mutual maintenance between pain and PTSD.

## 2-016

### **An exploratory prospective study of the association of telomere length and treatment response in women diagnosed with PTSD following sexual trauma**

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**Background:** Short telomere length (TL) is associated with age-related diseases and earlier mortality. Individuals with psychiatric disorders and subjected to chronic stress commonly show accelerated telomere shortening. Recent studies in psychiatry investigated

whether TL may be a predictor of treatment response (TR). However, this hypothesis has not yet been tested in Posttraumatic stress disorder (PTSD). **Objective:** To evaluate whether TL is associated with TR in PTSD. **Method:** Sexually assaulted women aged 18-45 with PTSD were enrolled in standard treatment. Symptomatology was assessed at baseline, at the 14th week and at 1- year of treatment. Blood samples for TL measurement were collected at baseline (n=38) and at 1- year of treatment (n=19). TL was calculated employing the ratio between telomere repeat copy number to single- copy gene number (T/S). **Results:** We did not find an association between baseline TL and TR ( $p>0,05$ ). Variations in TL trajectory after 1- year were not associated with TR ( $p>0,05$ ). **Conclusions:** We could not find an association between TL and TR. Further research and larger sample size are required to investigate whether TL may be associated with TR in PTSD.

## 2-017

### **An overview of sexual trauma in Brazilian metropolises and risk factors for severity of PTSD in recently sexually assaulted women**

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**Background:** Violence against women is a complex and worldwide phenomenon. In Brazil, there were 50.000 reports of sexual assault (SA) in 2016. The actual number, nevertheless, is believed to be much higher as SA remains largely underreported. One recent epidemiological study conducted in nine Brazilian metropolises concluded that 2,42% of women aged 15-49 experienced SA by an intimate partner in the last year. Given that SA is a growing concern in Brazil and that SA often leads to PTSD, we investigated risk factors that predispose PTSD severity following sexual assault. **Objective:** To present an overview of SA in Brazil and to investigate risk factors that impact PTSD. **Method:** Seventy-two treatment-seeking recently sexually assaulted women with PTSD were enrolled. We measured PTSD symptomatology with the Clinician-Administered PTSD-Scale (CAPS-5). Further, we assessed sociodemographic characteristics, number of traumatic events in life (LEC-5) and history of abuse and negligence in childhood (CTQ). **Results:** Among sociodemographic characteristics, having children ( $p=0.03$ ) and low family income ( $r=-0.262$ ;  $p=0.04$ ) were significantly correlated with CAPS-5 score. LEC-5 response was also correlated with increased CAPS-5 score ( $r=0.325$ ;  $p=0.007$ ). No association between CAPS-5 score and CTQ was found. Multiple linear regression indicated that only LEC-5 explained CAPS-5 score ( $p=0.04$ ). For each traumatic event reported, there was an increase of 0.935 in the CAPS-5 mean score. **Conclusions:** Total number of traumatic events in life as measured by LEC-5 is a major risk factor for severity of PTSD in women following sexual assault in Brazil.

## 2-018

### **The role of arousal in the effectiveness of EMDR**

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*Background:* Eye movement desensitization and reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder. It uses a dual-task approach: patients retrieve traumatic memories while making lateral eye movements (EM). This dual-task component renders the memories less vivid and emotional when they are later recalled again. Recalling highly emotional autobiographical memories enhances noradrenergic neurotransmission. Noradrenaline strengthens memory (re)consolidation. However, memories become less vivid after recall+EM. Therefore noradrenaline might either play no significant role or serve to strengthen memories that are attenuated by EM. In other words, arousal-related noradrenaline release might contribute to the reconsolidation of memories that have become inferior by a dual-task approach. *Objective:* To discuss results of a series of studies designed to test the possible beneficial effects of arousal-related noradrenergic activity on memory recall + EM. *Results:* In these studies it was predicted that increasing noradrenaline release, with a stress task and with yohimbine, would enhance the memory degrading effects of EM. In turn, it was expected that blocking noradrenaline with propranolol would abolish the memory degrading effects of EM. *Conclusions:* Results of the presented studies are important because, if arousal-related noradrenergic activity appears to be crucial to the reconsolidation of attenuated memories, this will help to understand the effectiveness of techniques that aim to update or re-write clinically relevant memories, such as EMDR, imagery re-scripting, extinction learning or CBT. Furthermore, the results might pave the path for more research on the use of pharmacological interventions to boost the effects of memory updating techniques or to increase positive memory recall.

## 2-019

### **Spontaneous mentalizing after early interpersonal trauma: Evidence for hypoactivation of the temporoparietal junction**

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*Background:* Experience of early interpersonal trauma such as childhood abuse alters self-other distinction and mentalizing abilities (also known as theory of mind, or ToM), yet little is known about their neural correlates. *Objective:* The present study sought to identify the impact of childhood abuse on spontaneous cognitive ToM and right temporoparietal junction (TPJ) functioning, an area strongly implicated in interpersonal processing, during adulthood. *Method:* This fMRI study assessed activation during spontaneous mentalizing in 35 adult women with histories of childhood physical, sexual, and/or emotional abuse (CA women) and 31 women without such experiences (unaffected comparisons, UC).

Participants watched short movies during which an agent formed true or false beliefs about the location of a ball, whilst participants always knew the true location of the ball. Response time to the ball's (unexpected) presence was recorded. *Results:* As hypothesized, right TPJ activation was greater for UC women compared to women with abuse experiences for false versus true belief conditions. However, posttraumatic stress symptomatology (PTSS) appeared to play a role in driving the group neural effect. In addition, CA women without PTSS showed increased functional connectivity relative to UC women between the rTPJ and dorsomedial prefrontal cortex. Finally, the agent's false belief about the presence of the ball speeded participants' response (ToM index), but without group differences. *Conclusions:* These findings highlight that experiencing early interpersonal trauma can alter brain areas involved in the neural processing of ToM and cognitive perspective-taking during adulthood.

## 2-020

### **Do pictures really say more than a thousand words? A network approach to early traumatic experience and empathic responding**

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*Background:* Empathy is essential for interpersonal relationships, yet remains difficult to measure. Many self-report questionnaires have been developed to assess empathic responding, but all have their shortcomings. Furthermore, there is evidence that early traumatic experiences can lead to alterations in empathic responding. A network approach therefore offers us the opportunity to investigate the structure of relationships between childhood maltreatment and later empathic responding. *Objective:* The current study sought to validate a recent behavioural test of affective empathy, namely the Pictorial Empathy Test (PET), by estimating a regularised partial correlation network of connections with self-reported empathy and childhood maltreatment exposure. *Method:* In total, 301 participants completed the PET, the Early Trauma Inventory Self Report-Short Form, and the Interpersonal Reactivity Index (IRI), as well as questionnaires assessing current mood, psychopathology, and perceived stress levels. *Results:* The PET showed a strong positive association with scores on the IRI subscale empathic concern (EC), after conditioning on all other nodes in the network. EC proved to be a highly central node and was positively related to the severity of childhood sexual abuse (CSA), yet not to childhood physical abuse or emotional maltreatment. Pathways between childhood maltreatment and the PET were indirect, passing through self-reported EC and CSA. *Conclusions:* Our study suggests that CSA more so than other childhood maltreatment experiences is associated with increased self-reported affective empathy, yet not behaviourally. Our study illustrates limitations in designing behavioural measures of empathy.



## 2-021

### **Depression, trauma, and mentalizing: No influence of depressive symptoms on spontaneous theory of mind in a subclinical sample**

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*Background:* Depressive symptoms are associated with impaired social functioning, arguably because of reduced mentalizing abilities. However, findings in persons with depressive symptoms and/or major depressive disorder (MDD) are presently mixed, finding both evidence for and against the hypothesis of reduced mentalizing abilities depending on the study sample and type of task. In addition, the compounding role of childhood maltreatment has previously been neglected. *Objective:* The present study aimed to investigate spontaneous cognitive mentalizing in age-, sex-, and education-matched students with depressive symptoms and comparisons with minimal depressive symptoms. *Method:* Participants comprised 36 students with a BDI-II score  $\geq 14$  and 45 students with a BDI-II score  $< 10$ . To assess spontaneous mentalizing, we used the implicit theory of mind task, which looks specifically at spontaneous computation of false belief. Participants watch short movies where an agent forms true or false beliefs about a ball's location, whilst participants always know the ball's true location. *Results:* Bayesian analysis did not support the hypothesis of impaired mentalizing; in fact, it suggested that the results were 3.90 times more likely to have occurred under the null hypothesis. Results remained stable when comparing depressed and non-depressed without maltreatment exposure, but were inconclusive in the maltreatment-exposed groups. *Conclusions:* Findings suggest no effect of spontaneous mentalizing in a high-functioning depressed sample. Moreover, the findings also emphasize the need to control for childhood maltreatment experiences in future ToM and social functioning research, as these may constitute subgroups within depressed samples. Tailored therapy for maltreated depressed individuals may be beneficial.

## 2-022

### **Does reward improve cognitive control? A comparison between formerly abused vs. neglected (vs. comparison) groups during the rewarded Stroop task**

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*Background:* Early-life stress (ELS) such as abuse and neglect have a detrimental effect on cognitive control. In parallel, studies in maltreated samples have documented deficits in reward processing. Yet, surprisingly, few studies have examined whether reward can still improve cognitive control in ELS samples as it does in healthy populations. *Objective:* To test the extent to which reward may improve cognitive control in different types of maltreated samples. *Method:* Ninety-eight female university students, aged between 18 and 27, participated and were split into 3 groups: those with prior sexual abuse

experience (SA, N=28), those with emotional neglect experience (EN, N=30) and unaffected comparison women (HC, N=40). To assess the main objective, participants performed a previously validated version of the rewarded Stroop task. *Results:* The results suggested that women from the SA group had a larger reward effect (faster performance) than women from the other two groups during rewarded relative to non-rewarded Stroop trials. This was still present when the response mapping was incongruent. *Conclusions:* Although the data are contrary to expectation, they are consistent with some prior published work. This may suggest that the precise factors (internal motivation, ingratiating behavior) surrounding reward processing after maltreatment remain to be determined.

## 2-023

### **Emotional working memory and affective bias in a sample of Syrian refugee adolescents**

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*Background:* The number of refugees escaping war, terror, and persecutions around the world is continuously increasing. Loss of their homes, their social network, and witnessing the horrors of war carries significant risk for development of mental health problems. Particularly vulnerable in this context are children and adolescents. *Objective:* To test cognitive control in the presence of emotional distractors and affective function in refugee adolescents. *Method:* This study tested emotional working memory and affective processing bias in a sample of (N=68) Syrian refugee adolescents who had escaped armed conflict in Syria and who now reside in Istanbul, Turkey. Adolescents performed a Spatial Emotional Match To Sample task (SEMTOS) to assess working memory and a surprise faces task to assess emotional bias. *Results:* Paradoxically, the higher adolescents scored on everyday trauma events, the more accurate they performed the working memory task. By contrast, on the affective bias task, adolescents were more likely to identify surprise faces as negative as opposed to positive. *Conclusions:* The results point to differential impact of trauma on adolescent refugees on cognitive-affective function but require replication.

## Track Child Trauma

## 3-001

### **An initial examination of posttraumatic stress disorder in mothers of children with Autism Spectrum Disorder: challenging child behaviours as Criterion A traumatic stressors**

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*Background:* Parenting a child with autism spectrum disorder (ASD) is associated with high levels of stress. Several studies have conceptualised some of this as a traumatic stress response to challenging child behaviours such as self-harm, suicidal ideation and

physical aggression towards caregivers. *Objective:* In the present study, we explored the relevance of a trauma-based diagnostic framework to a sample of 30 mothers (M age = 42.97, SD = 5.82) of children with ASD (M age = 12.43, SD = 3.15). *Method:* Participants were interviewed using the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) for posttraumatic stress disorder (PTSD) and an abbreviated Mini International Neuropsychiatric Interview to assess for other psychiatric diagnoses. *Results:* Three participants were excluded as they met criteria for PTSD from a traumatic event unrelated to their parenting experience. Of the remaining 27 participants, six (22.2%) met criteria for PTSD in the context of traumatic parenting experiences. Results suggest that, for some parents, challenging child behaviours such as physical violence toward the caregiver from the child, self-injurious behaviours and suicidal behaviours function as traumatic stressors as per Criterion A of PTSD. *Conclusions:* This has implications for health professionals engaged with parents of children with ASD, who should consider the possibility of PTSD when challenging behaviours of a potentially traumatic nature are present.

### 3-002

#### **Pediatric Medical Traumatic Stress Among Children With Congenital Melanocytic Nevi**

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*Background:* Hospitalization and surgery for Congenital Melanocytic Nevus (CMN) can be a traumatic experience resulting in Pediatric Medical Traumatic Stress (PMTS) meaning chronic emotional distress and disturbed functioning with a negative impact on recovery. *Objective:* The current study is aimed to check prospectively whether children with CMN would yield higher levels of PMTS than children undergoing surgery for other reasons and which are the specific factors predicting PMTS in these children. *Method:* 235 parents of children ages 1-13 (two age groups: 1-6 and 6-13) hospitalized in a pediatric surgical ward were recruited voluntarily; 30 were hospitalized for CMN removal and 205 were children undergoing surgery for other reasons. *Results:* Children with CMN yielded high PMTS levels in both age groups, but only the school-aged children yielded a higher prevalence rate of PTSD compared to the children undergoing surgery for other reasons. In addition, higher PMTS levels and PTSD prevalence were reported among parents of children with CMN. Invasive procedures, family resources and parental distress predicted 40% of the variance, with parental distress most significantly predicting PMTS. *Conclusions:* These findings emphasize the importance of improving the awareness to PMTS among pediatric surgery staff in order to implement recommendations for the prevention and early treatment of PMTS, thus improving children's recovery from this stressful procedure.

### 3-003

#### **Pathways from victimization to aggression: History of victimization among offenders**

Angela Maia

*Background:* Traditionally, victims and offenders are studied with independent conceptual models, which correspond to independent evaluation and intervention strategies, with institutions and technicians (and scientific meetings) specialized in one of those types of person / problem. *Objective:* We will question this dichotomous model, addressing the pathways and mechanisms that go from victimization to aggression. *Method:* we have been collecting data on childhood victimization among delinquent youth and adult prisoners, male and female, in a total of more than 300 participants. *Results:* Self-reports of neglect and abuse are very high, with sexual abuse having very high rates (in all samples but one, higher than 33%). Considering the limits of self-reports, we conducted two meta-analytic reviews including only longitudinal studies, and found the maltreatment increases the risk of violent behavior in adolescence and adulthood. *Conclusions:* Neurobiological and psychological mechanisms that can explain those results will be briefly discussed, as will be the implications for psychological intervention with offenders.

### 3-004

#### **Adverse Footprints in Adulthood: Intra-familial and extra-familial childhood maltreatment and insecure attachments in adulthood**

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*Background:* The aftermath childhood maltreatment has on mental health and insecure attachments cascades into adulthood. Perpetrators can either be intra-familial or extra-familial. *Objective:* In the current study, we investigate how the type, perpetrator, and frequency of maltreatment are associated to insecure attachment styles in general and more specifically to anxious/avoidant attachment. *Method:* A sample of 1850 respondents aged 18-65 years from the Netherlands Study of Depression and Anxiety was included in the study. Type, perpetrator, and frequency of childhood maltreatment were measured using the Childhood Trauma Interview, which distinguishes four types of childhood trauma: emotional neglect, psychological abuse, physical abuse, sexual abuse (before and after 16 years of age for the latter). Insecure attachment styles (anxious/avoidant) were assessed using the Experience of Close Relationships questionnaire (short). *Results:* While all four types of childhood trauma were associated with less secure attachment styles, (intra-familial) emotional neglect had the strongest impact on insecure attachment styles in adulthood ( $\beta = 2.39$ , 95% CI 1.77, 3.00). Sexual abuse was associated with anxious attachment more so than avoidant attachment. The impact of sexual abuse (both before and after 16 years of age) on

insecure attachment styles was higher when the abuse was intra-familial in comparison to extra-familial. *Conclusions:* Adult attachment styles are more insecure in individuals reporting a history of childhood trauma and neglect, with a particular strong link between (intra-familial) childhood emotional neglect and adult insecure attachment and intra-familial sexual abuse and adult insecure attachment. The clinical implications of these findings will be discussed.

### 3-005

#### **Typologies of child maltreatment and adolescent dating violence**

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*Background:* Person-centered approaches have been used to identify patterns of adolescent dating violence in an increasing number of studies. However, these studies have rarely included previous victimization experiences and this limits the interpretation of results. *Objective:* The present study aimed to identify distinct latent classes of ADV and childhood maltreatment and to examine how these classes might be associated with symptoms of suicidal ideation/behavior, smoking, early sexual debut, and excessive alcohol intake after controlling for socio-demographic variables. *Method:* In total, 1799 7th grade students aged 12-15 ( $M = 13.5$ ,  $SD = .5$ ) were included in the study. Latent class analysis was used to identify typologies of child maltreatment and ADV victimization. *Results:* Four distinct ADV classes were identified: a revictimization class (5.3%), a childhood maltreatment class (13.2%), an adolescent dating victimization class (19.4%), and a low victimization class (62.2%). Associations with gender, low SES and ethnic minority status varied across the classes. The revictimization class had higher probabilities of females, adolescents who reported low SES, and ethnic minority status. Moreover, the revictimization class had markedly higher probabilities of smoking and excessive alcohol intake compared to the remaining classes. *Conclusions:* Our findings illustrate that the presence of behavioral and health-related factors and contextual factors may vary across victimization classes based on experiences of child maltreatment and ADV. Our findings suggest that targeting subgroups of adolescents instead of applying universal prevention strategies for ADV could be beneficial.

### 3-006

#### **Insecure attachment mediated the relationship between childhood maltreatment and posttraumatic stress symptoms among survivors in Taiwan**

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*Background:* Adverse childhood experiences have been noted to associate with poor posttraumatic adjustment. It has also been proposed that adverse childhood experiences may contribute to insecure attachment, which could heighten the risk of developing posttraumatic symptoms. *Objective:* The

current study then aimed to examine whether attachment insecurity could mediate the relationship between childhood maltreatment and posttraumatic symptoms. *Method:* This study recruited participants from 262 college students who experienced at least one traumatic event in Taiwan. All participants were administered a self-reporting measure to assess their history of adverse childhood experiences (ACEs) including abuse, neglect, and family dysfunction, adult attachment tendencies (i.e., attachment anxiety and avoidance), and posttraumatic stress symptoms (PTSS). *Results:* Of all, 17.9%, 17.6%, and 35.9% of participants reported to experience abuse, neglect, and family dysfunction prior to the age of 18, respectively. ACEs positively associated with greater levels of attachment insecurity and higher levels of PTSS, in particular, childhood neglect. Moreover, structural equation modeling analysis revealed that attachment insecurity mediated the relationship between childhood maltreatment and PTSS after controlling for gender and age. *Conclusions:* The findings of the path from adverse childhood experiences through insecure attachment to posttraumatic symptoms may be pertinent to attachment-related maladaptive emotional regulation strategies that were used to regulate traumatic distress. It may be thus beneficial to apply an attachment-based therapy to traumatized individuals.

### 3-007

#### **Resilience and stress sensitivity following childhood trauma in aged individuals**

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*Background:* Childhood trauma has repeatedly been shown to contribute to higher levels of stress sensitivity. However, the relationship between childhood trauma and stress sensitivity in individuals of advanced age has received only little scientific attention. As of such, little knowledge exist with regard to the impact of resilience on stress sensitivity following childhood trauma in later life. *Objective:* It was therefore the purpose of this study to a) investigate the association between childhood trauma on perceived stress in aged individuals and b) to determine the hypothesized buffering impact of resilience on stress sensitivity following different levels of exposure to childhood trauma. *Method:* A total of  $N=245$  individuals ( $M$  age= 67.73 years; 72% female) were examined. Information on childhood trauma, perceived stress and resilience were assessed with standardized instruments. *Results:* Low levels of resilience and moderate to severe levels of childhood trauma were found to be related to higher perceived stress in later life. Individuals with higher trait resilience consistently reported low levels of stress even for moderate to high exposure to childhood trauma. *Conclusions:* Findings are in support of an increased stress sensitivity following childhood trauma up to older age. Study results further suggest that trait resilience buffer the negative impact of current stress. Future studies should further aim to identify protective factors across the lifespan to

optimally assist individuals with a history of childhood maltreatment.

### 3-008

#### **The Northern Ireland Childhood Adversity Study (NICAS)**

Tara O'Neill

Queen's University Belfast

*Background:* An extensive body of literature indicates that individuals who have been exposed to Adverse Childhood Experiences (ACEs) have many detrimental psychological and physical outcomes in later years. These include, but are not limited to, substance misuse, low educational attainment, antisocial behavioural/criminality and higher levels of mental and physical health problems. Moreover, Individuals who experience one ACE are often exposed to multiple ACEs, with individuals showing poorer outcomes in a dose-response fashion. *Objective:* The current study sought to investigate how the psychological and behavioural outcomes of ACEs in a "high-risk" population in early adulthood compare to outcomes in a demographically matched population in Northern Ireland? Further, the study investigates childhood predictors, mediators and moderators of outcome and investigates the relative contributions of educational/occupational, behavioural and psychological variables in the relationship. *Methods:* A case-control design was employed using both retrospective self-report questionnaires and current neuropsychological functioning tasks, to examine the relationship between a range of ACEs and myriad outcomes in 150 "high-risk" 18-25 year old participants with a demographically matched "control" sample. *Results:* Findings will elucidate multiple risk and protective factors associated with ACEs in early adulthood. *Conclusions:* The theoretical and clinical implications of the current findings are discussed within the wider context of the trauma/ACE literature.

### 3-009

#### **Implementing Mindfulness-Based Cognitive Therapy for Children (MBCT-C) with History of Trauma in Inpatient Settings: Factors to Consider**

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*Background:* Growing literature suggests the feasibility of mindfulness-based interventions (MBIs) among youth with mental health conditions (Zoogman et al., 2015). Many protocols, however, have been implemented in outpatient settings (Burke, 2010) with little attention given to psychiatric inpatient youth, most of whom have a history of trauma. *Objective:* In this poster, we use the insights gained from a research project, presenting factors to consider when implementing MBIs among inpatient youth. We will describe an adapted MBI curriculum, giving practical suggestions in tailoring mindfulness practices to the acuity and trauma symptoms of youth. *Method:* The planned study is to conduct MBI on a young adults (age 15-24) unit in an inpatient psychiatric hospital. We plan to recruit 60 participants, with completion of

the active phase of the study by March, 2019. The group intervention is adapted from Mindfulness-Based Cognitive Therapy for Children, given the research record of efficacy of this model on mental health symptoms among this population (Semple & Lee, 2011). *Results:* We will discuss three key factors to consider when implementing MBIs related to: (a) the unique challenges of the inpatient setting; (b) the acuity and trauma history of participants; and (c) their developmental stage. Mindfulness exercises need to be shorter (5-10 minutes), sensory-motor oriented and tailored to the acuity and trauma symptoms of youth. Data on feasibility and efficacy on patients' outcomes will be discussed. *Conclusion:* MBCT-C can be a feasible intervention among inpatient youth with trauma history. Nevertheless, conducting MBIs in inpatient settings presents some unique challenges that need to be considered, such as the specificities of psychiatric units as well as acuity of patients.

### 3-010

#### **Mediation effect of attitudes toward intimate partner abuse in the relation between childhood maltreatment and intimate partner cybervictimization among emerging adults.**

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*Background:* People, who suffer violence during their childhoods, often learn to tolerate and condone violence in their affective relationships, increasing their risk of experiencing intimate partner violence (IPV). Current literature contends that these people are also likely to undergo other forms of partner victimization beyond physical abuse, including cybervictimization. *Objective:* The current study aimed to investigate if attitudes favorable towards IPV mediate the association between childhood maltreatment and intimate partner cybervictimization. *Method:* Participants were 537 college-going students (350 women, 154 men) with an age range of 18 to 29 years (M = 20.69, SD = 2.42) attending a University in South Texas. Participants answered the Cyber Aggression in Relationships Scale (Watkins, Maldonado, & Dillillo, 2018), the Attitudes Toward Intimate Partner Violence in Dating Relationships Scale (Fincham, Cui, Braithwaite, & Pasley, 2008) and the Childhood Trauma Questionnaire-Brief Version (Bernstein et al., 2003). *Results:* Mediation analysis showed that childhood maltreatment was associated with favorable attitudes towards IPV ( $\beta = .19, p < .001$ ) and cybervictimization ( $\beta = .18, p < .05$ ). Favorable attitude towards IPV had a significant indirect effect between childhood maltreatment and cybervictimization ( $\beta = .03$  [95% CI = 0.01 to 0.07]). Thus, attitudes towards IPV have a small-mediated effect on the relation between childhood maltreatment and cybervictimization. *Conclusions:* People who have experienced childhood maltreatment were more likely to be abused via electronic devices when they excused their partner's violent actions. As such, interventions focusing on

developing healthier attitudes in intimate partner relationship are warranted.

### 3-011

#### **Childhood maltreatment compromises the resilience of rescue workers against occupational trauma exposure leading to elevated levels of mental and physical stress symptoms**

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*Background:* Childhood maltreatment (CM) compromises the resilience against stress and trauma later in life and thus increases the individual vulnerability for developing mental and physical symptoms. A history of CM could therefore be a crucial risk factor for the health of professionals with frequent on-duty trauma exposure, e.g., soldiers, fire fighters, police officers or rescue workers. *Objective:* Here, we investigated rescue workers (N=103) whether a history of CM is associated to an increased occurrence of posttraumatic, depressive or somatic symptoms as a result of occupational trauma exposure. *Method and results:* Robust linear regressions revealed that CM and occupational trauma exposure independently predicted more severe posttraumatic, depressive and somatic symptoms. In addition, significant moderation effects indicated that already low to moderate CM exposure could increase the rescue workers' vulnerability to develop transdiagnostic symptoms after occupational trauma exposure. *Conclusion:* To develop specific preventive measures, additional research is needed to elucidate psychological and biological mechanisms that transfer the negative effects of CM across life and hence endanger the health of frequently trauma-exposed professionals.

### 3-012

#### **Caregiver and child perceptions of PTSD symptoms after child maltreatment: Can Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) narrow the gap?**

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*Background:* Epidemiological research reveals the high rates at which children are exposed to potentially traumatic events such as maltreatment (Finkelhor et al., 2007). Caregivers play a critical role in children's recovery following maltreatment. Yet, several studies have demonstrated strikingly poor agreement between caregiver and children regarding trauma symptoms (Oransky et al., 2013). *Objective:* The goal of this study is to investigate concordance rates among children and caregivers in their perceptions of youth' PTSD symptoms. We are examining whether those perceptions vary by type of maltreatment and how far they are narrowed by TF-CBT (Cohen et al., 2015). *Methods:* This study is based on a large-scale implementation of TF-CBT by UMass Medical School.

Pre-treatment symptoms (N=190) and post-treatment outcome data (N=46), including the UCLA PTSD Index (Pynoos et al., 1998), were collected from children and their caregivers. Children were aged between 8 and 18 (mean = 12.4, s.d. = 2.7) and had suffered on average almost five types of trauma (mean = 4.6, s.d. = 2.6). *Results:* Repeated-measures ANOVA indicated that caregivers' baseline reports on PTSD symptoms were 9.1 points lower than those of their children – a statistically significant ( $p < 0.05$ ) and large (Cohen's  $d = 0.73$ ) difference. However, following treatment, this gap had narrowed to 3.8 points and was no longer significant. Breakdown by trauma type reveals that these dynamics were driven largely by cases of sexual abuse ( $F = 5.1, p < 0.05$ ). *Conclusion:* Recommendations are suggested to inform treatment goals increasing caregivers' understanding of PTSD symptoms and fostering parent-child communication after trauma exposure.

### 3-013

#### **The efficacy of Narrative Exposure Therapy for Children (KIDNET) as a Treatment for Traumatized Young Refugees: A Multi-Center Randomized Controlled Trial (YOURTREAT)**

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*Background:* The integration of young refugees is one of the major current social challenges in Germany. Mental disorders, first of all posttraumatic stress disorder (PTSD) that results from war experiences, are common and interfere with quality of life and functional integration (Kaltenbach et al., 2017; Richter et al., 2018; Soykoek et al., 2017). Evidence regarding effective treatment options for this population is scarce. *Objective:* In this trial, we aim to evaluate a pragmatic, short-term treatment with Narrative Exposure Therapy for Children (KIDNET) for the treatment of young refugees in Germany. *Methods:* In a multicenter randomized- controlled trial, KIDNET is compared to treatment as usual (TAU) within the general health care system. A total number of 80 young refugees who fulfill the diagnostic criteria of PTSD will be randomized to either KIDNET or TAU. The treatment will be supported by Intercultural Therapy Assistants (ITAs) who will interpret the therapy sessions if required, but can also further support the therapeutic process by accompanying young refugees on their way to and from the therapy, providing psychoeducation, or support the recruitment and eligibility screening into the study. *Results and Conclusion:* First results regarding the training of the ITAs and the screening procedure will be presented. In the long run, the results of this trial will provide evidence regarding effective treatment options for young refugees in Germany, a population that has been understudied and received only limited access to mental health care so far.

### 3-014

#### Early Life Stress and Reward Processing

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*Background:* Early life stress (ELS; e.g., neglect or abuse) is associated with psychopathology, but the underlying mechanisms mediating this association are not fully understood. One promising direction stems from the study of reward processing (RP), as this variable has been previously linked to both ELS and psychopathology. Still, the findings of the available studies on this topic are somewhat heterogeneous.

*Objective:* This meta-analysis aimed to synthesize the literature exploring ELS in relation with RP and potential moderators involved. *Methods:* A systematic search was conducted in six databases from inception to March 2018 (PsychInfo, PubMed, Web of Science, Scopus, Cochrane Central, Science Direct). Both correlational data and studies comparing RP between ELS and non-ELS individuals were included in this meta-analysis. Data from 20 eligible studies was analysed. Pearson's  $r$  was the effect size indicator of choice. *Results:* A significant effect size,  $r = 0.097$ ,  $p = 0.003$ , was found for the 20 studies included in the analysis, suggesting a small association between ELS and RP. The association was significantly moderated by type of ELS and type of ELS measure. No other significant predictors/moderators emerged. *Conclusions:* Results are in line with the hypothesis of an association between ELS and RP. These impairments, however, vary by ELS type and measure. Distinguishing between specific types of ELS and their consequences could draw a clearer picture on their implications for psychopathology. These results should be interpreted with caution, since several analyses may be underpowered.

### 3-015

#### Socioeconomic Contexts, Adverse Childhood Experiences and Adolescents' Well-being

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*Background:* Life under economic hardship is burdened by prolonged psychological uncertainty, insecurity and inability to meet basic needs, representing a significant risk for the youth well-being. At the same time, people suffering from economic hardship are more likely to be at the increased risk of Adverse Childhood Experiences (ACE). *Objective:* The aim of this study was to explore the Adverse Childhood Experiences and their relationship with well-being of adolescents living in different socioeconomic contexts. *Method:* A larger sample of 1057 Croatian adolescents was divided into two subsamples based on participants' assessment on family financial problems. The participants were high-school students ( $M_{age}=16.29$ ,  $SD_{age}=0.540$ ), 215 in the economic hardship group and 222 in the non-economic hardship group. Instruments included

measure of adolescents' perception of family financial problems, ACE measure, and The Good Childhood Index as a measure of adolescents' life satisfaction. *Results:* All ACEs, except the death of a close family member, were more prevalent in the economic hardship group. Participants were further categorized in three groups based on the number of ACEs and two-way ANOVAs were performed, where satisfaction with ten areas of life were dependent variables. There were significant main effects economic hardship and ACE on the adolescents' well-being in all ten life areas, while interaction between them was not significant. *Conclusions:* Valid ACE and economic hardship measures are important for assessing and understanding the adolescents' well-being and developing the intervention programs to reduce the risks for their mental health problems. The study was funded by Croatian Science Foundation.

### 3-016

#### "No curse on the next generation" – bridges between addiction prevention and treatment

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*Background:* A newly developed, mentalization-based group intervention program for foster children in the latency period from drug abusing families and their caregivers aims to increase knowledge about drug addiction and enhancing social and affective skills in a professionally protecting frame ([www.kleinerleuchtturm.at](http://www.kleinerleuchtturm.at)). *Objective and Method:* At least 30 primary school aged children, living in foster care due to parental drug abuse and their caregivers ( $N=60$ ), who attend the group intervention, are asked to participate in this PhD-study, conducted at the Faculty of Psychology (University of Vienna, A). Hypothesis include that the capacity to mentalize of foster children is lower than of their caregivers. We assume that 1. The caregiver's social competences and attitudes to drugs and drug addiction have an impact on the children's mental state and 2. This mentalization-based group intervention helps to increase the children's level of reflective functioning, the operationalized referent to the capacity to mentalize. The following material is used in a pre-post and 1-year follow-up design: Reflective Functioning (RF) Scale for the Adult Attachment Interview (AAI) and for the Child Attachment Interview (CAI), Inventory of social competences (ISK), Coloured Progressive Matrices (CPM), Child Behavior Checklist (CBCL/6-18R), "Patte-Noire"-Test, Attitudes to drug use (EMCDDA Evaluation Instrument). Biographical Data are collected via semi-structured interviews. *Results:* We will be able to share preliminary results from baseline and between-survey data concerning RF-differences between subjects depending on the age and form of placement as well as descriptive data on the caregivers' social competences and their attitudes to substance use and abuse.

### 3-017

#### **The Relationships between Childhood Abuse and Subjective/Objective Empathy**

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*Background:* People that have experienced abuse in childhood are known to face problems in future relationships. It has also been suggested that childhood abuse might inhibit the development of empathy. However, most previous research has assessed empathy by using subjective questionnaires, not objective assessment methods. We developed the Japanese version (Fukui et al., 2017) of MET-CORE2 (Edele et al., 2013) for objectively assessing empathy. MET-CORE2 assesses cognitive empathy by participants selecting a correct emotion from four choices presented for 40 pictures of people expressing positive or negative emotions, and assesses emotional empathy by responding with the degree to which each picture enhances their emotions. *Objective:* To investigate relationships between childhood abuse and subjective/objective empathy. *Method:* University student participants (N = 111, 91 women and 20 men) responded to a questionnaire for retrospectively assessing childhood abuse consisting of four subscales: sexual, physical, psychological abuse, and neglect. Participants also completed Interpersonal Reactivity Index for assessing subjective empathy consisting of four subscales: perspective taking, fantasy, empathic concern, and personal distress. MET-CORE2 was used to objectively evaluate empathy by assessing cognitive and emotional empathy for positive and negative emotions. *Results:* Correlational analysis was used to examine relationships between childhood abuse and subjective/objective empathy. Results indicated that sexual and physical abuse was significantly and negatively correlated with subjective emotional empathy, whereas there were no significant relationships between childhood abuse and objective empathy. *Conclusions:* It is suggested that physical-contact type childhood abuse might partly reduce subjective empathy, whereas childhood abuse without physical contacts might not affect objective empathy.

### 3-018

#### **A moderating effect of abuse in childhood on mental health: Findings from Lithuanian adult general population**

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*Background:* There is growing evidence that childhood abuse is one of the most important risk factors for mental disorders among adults. *Objective:* The aim of the study was to analyze the moderating effect of physical abuse in childhood on stress-related disorders among Lithuanian general adult population. *Method:* In total, 831 adult participants (57.9% women) around 40 years on average from the

Lithuanian general population participated in the study. Trauma exposure was measured with Lithuanian version of Brief Trauma Questionnaire (BTQ). Traumatic stress was measured with Lithuanian version of Impact of Events Scale-Revised (IES-R). ICD-11 Adjustment disorder symptoms were measured using the self-report Brief version of Adjustment Disorder New Module (ADNM-8) measure. *Results:* The prevalence of reported physical abuse in childhood in the sample was 22.4%. We found significant effect of childhood abuse on PTSD symptoms. No effect was of childhood abuse on ICD-11 adjustment disorder symptoms. Furthermore, we found indirect association between adjustment disorder, trauma exposure and PTSD symptoms. *Conclusions:* We conclude that physical abuse in childhood is a significant risk factor for development of PTSD symptoms in adulthood in Lithuanian population. Further studies on effects of childhood abuse are needed.

### 3-019

#### **Cognitive-attentional syndrome and emotional disorders in adults exposed to childhood trauma**

Małgorzata Dragan

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*Background:* It is well established that childhood trauma increase the risk of emotional disorders not only in childhood, but also in later life. In metacognitive theory, cognitive-attentional syndrome (CAS) is considered a transdiagnostic factor underlying emotional disorders (Wells, 2009). Although there is significant evidence supporting this model, still little is known about the role of situational factors such as childhood trauma in the development of CAS (Myers & Wells, 2015). *Objective:* The aim of the study was to examine differences in the prevalence of Axis I disorders and the CAS symptoms among adults recruited from a non-clinical sample, depending on whether or not they were exposed to trauma in childhood. *Method:* A total of 98 participants were examined with structured clinical interview for DSM-IV-TR (SCID-I) and self-report measures of CAS (i.e. repetitive negative thinking: worry and rumination, threat monitoring, associated unhelpful behavioral and cognitive strategies as well as dysfunctional metacognition). 58 reported childhood trauma. *Results:* Participants who reported childhood trauma had a higher severity of various CAS symptoms. 36.2% of them received a diagnosis of the current disorder, while no one in the group without experiences of childhood trauma (and, respectively, 55.2% versus 12.5% received a life-time diagnosis). The most common were major depression, generalized anxiety disorder, PTSD, and anxiety disorder NOS. *Conclusion:* Overall, the study revealed that participants reporting childhood trauma show more symptoms of CAS and more often meet the criteria for Axis I DSM-IV-TR disorder according to SCID-I.

### 3-020

#### **Child trauma in high conflict divorces**

Aurelie Lange, Margreet Visser, Catrin Finkenauer, Kim Schoemaker, Esther Kluwer, Ron Scholte de Viersprong, the Netherlands

*Background:* Divorces are usually characterised by a period of adjustment for both parents and children. For approximately one quarter of the ex-couples however, post-divorce interactions persist to be characterised by high levels of pervasive conflicts and hostility (Anderson, 2011). Children in these high conflict divorces tend to show poor outcomes as a consequence of the continuing parental conflicts and parental maladjustment (Johnston, 1994; Stallman & Ohan, 2016). *Objective:* This study explores the outcomes of No Kid in the Middle, a family group intervention for families in a high conflict divorce. Caregivers and children were followed from start of the treatment up to six months post-treatment. This study analyses changes over time, as well as interrelations between children's post-traumatic stress symptoms and parental behaviours. *Method:* Sixty-two oldest children and 167 parents participated in the study. Outcomes for caregivers include levels of parental conflict, adjustment and negative attributions. Children scored posttraumatic stress (PTSS) symptoms, levels of well-being and experienced levels of parental conflict. This study will use analytical techniques that take into account the longitudinal nature of the data, as well as the dependencies within the data. *Results:* Analyses will shed light on levels of PTSS symptoms and well-being for children in high conflict divorce families at the start of treatment, the outcomes of No Kid in the Middle up to six months post-treatment and the interrelation between parental behaviours and child PTSS. *Conclusions:* This study aids us in understanding how to help divorced families struggling with pervasive conflicts.

### 3-021

#### **A Supportive and Stabilizing Program for Children and their Mothers in Domestic Violence Shelters: An Evaluating Study**

Mara van der Hoeven

AMC Department of Child and Adolescent Psychiatry, the Netherlands

*Background:* Within domestic violence (DV) shelters in the Netherlands a program called Tijd voor Toontje (TVT; Time for Toontje) has been developed. TVT is a stabilizing and supporting group program for children and their mothers who are witnesses and/or victims of DV and currently reside within a DV shelter. The program is based on the Attachment, Self-Regulation and Competency (ARC)-model (Blaustein and Kinniburgh, 2010) and aims to improve attachment, self-regulation and competency skills. By working on these three areas, a stable groundwork will be formed for reprocessing traumatic memories in quieter times. The program uses a hand puppet named Toontje, a turtle, who communicates with the children. Using a puppet helps children to express their emotions and distance themselves from problematic situations (Pélicand et al., 2006). *Objective:* The objective of this study is to conduct a first evaluation of the

experiences of professionals, mothers and children with TVT. In what extent do they think that the goals of the program are achieved and do adaptations have to be made? *Method:* In this study project a qualitative design was used. Interviews were conducted with mothers and children who participated in TVT and with social workers and drama therapists who executed the program within the shelters. Afterwards the interviews were transcribed and coded with qualitative data analysis program MAXQDA. Together with a steering group the coding was discussed, coming to a final consensus regarding the coding framework. *Results and conclusion:* Preliminary results will be displayed on the poster.

### 3-022

#### **Amsterdam Sexual Abuse Case: long term consequences of sexual abuse in very young children**

Vionna Tsang

University Medical Center, AMC, the Netherlands

*Background:* In 2010, over 130 very young children, mainly boys, were considered possible victims of child sexual abuse (CSA) by a daycare employee in Amsterdam, the Netherlands. This group of children was involved in the largest proven CSA case in history, the so called 'Amsterdam sexual abuse case' (ASAC). Child pornographic images of 27 children were decrypted after police investigations and the daycare employee eventually admitted sexual abuse of 87 children (age range 0 – 3 years old). *Objective:* To systematically assess the psychological consequences of CSA in young children and their parents. The ASAC is a unique case because of its large scale, the predominance of very young children, mostly boys, the convicted perpetrator, the high level of evidence, and the available detailed documentation about the abuse. *Methods:* A longitudinal study (n = 47) with a duration of five years. Examining long term psychological consequences of sexual abuse for the victims and their parents, using interviews and questionnaires. *Results:* The results of 5 yearly follow-ups for 47 children and their parents who were involved in the ASAC. The focus is on symptoms of child's posttraumatic stress, sexual behavior problems, attachment disturbances, internalizing and externalizing behavior problems, parental posttraumatic stress, parental emotional reactions to the abuse, and partner relation problems. *Conclusion:* Despite the young age at the time of the CSA the children and their parents show several psychological problems.

### 3-023

#### **Childhood trauma and adult psychological adjustment: Resilience factors in Irish survivors of childhood institutional abuse**

Shauna L. Mc Gee, Andreas Maercker, Myriam V. Thoma

University of Zürich, Switzerland

*Background:* A report on institutional welfare settings in Ireland revealed that up until the 1990's many children experienced maltreatment, neglect, and abuse during their time in care. This included a harsh



regime, childhood labour, and physical and sexual assault. Preliminary research showed that this group had a high prevalence of psychological disorders in adulthood, with only a small percentage considered resilient. However, little is known about the factors that influence the development of resilience or psychopathology following such trauma. *Objective:* This study assesses resilience in Irish survivors of childhood institutional abuse. It aims to identify general and culture-specific resilience and vulnerability factors, which may influence health and well-being in later life. *Method:* A cross-sectional, mixed methods design was used. A quantitative questionnaire survey and qualitative semi-structured interviews assessed childhood trauma, stressors, resilience, coping mechanisms, and psychological and physical health. Participants were Irish individuals aged 50 or older, who were in institutional care in childhood/adolescence, and matched controls. *Results:* Preliminary qualitative analyses (n=7) suggest that a number of factors are emerging which may be associated with resilience following such childhood trauma. These include (1) factors during the time in the welfare setting: personality traits, social support, individual coping strategies; and (2) factors during later life: personality traits, spirituality, self-motivation, others-motivation, and self-enhancement. *Conclusion:* Such resilience-related factors may facilitate coping both during and in the aftermath of child trauma. Identifying resilience factors may help with the provision of effective evidence-based care in clinical, therapeutic, health, and social services.

### 3-024

#### **Childhood cumulative trauma and dyadic adjustment in adulthood: The mediating role of romantic support**

Gaëlle Bakhos<sup>1</sup>, Camille Andrée Rassart<sup>1</sup>, Claude Bélanger<sup>1</sup>, Audrey Brassard<sup>2</sup>, Stéphane Sabourin<sup>3</sup>, Natacha Godbout<sup>1</sup>

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*Background:* Childhood Cumulative Trauma (CCT) refers to the accumulation of multiple types of Childhood Interpersonal Trauma (CIT; sexual, physical and psychological abuse, neglect) and is related to deleterious outcomes to a greater extent than the experience of a single form of abuse (Briere & al., 2010). CCT survivors may present persistent relational difficulties, including a poor dyadic adjustment with their romantic partner. In regard to this matter, lower levels of perceived romantic support are known as a risk factor related to decreased dyadic adjustment (Lawrence & al., 2008) and a repercussion of CIT (Messman-Moore & Coates, 2008). Yet, despite a growing interest in long-term effects of CCT, no study assessed its effect on romantic support. *Objective:* The current study examines the mediating role of received and provided support in the link between CCT and dyadic adjustment. *Method:* A total of 502 adults from the community and within a couple relationship answered self-report questionnaires assessing CIT,

romantic support, and dyadic adjustment. *Results:* Results of structural equation model showed that CCT was related to lower perception of received and provided support, which in turn led to lower levels of dyadic adjustment. The final model explained 32% of the variance in dyadic adjustment. Overall, the mediating role of romantic support in the link between CCT and dyadic adjustment represents a new key finding allowing a better understanding of couple's functioning among trauma survivors. *Conclusions:* Results highlight romantic support as a potential intervention target in couple therapy when one or both partners have survived cumulative traumatic experiences in childhood.

### 3-025

#### **Child sexual abuse in daycare centers: impact of the Amsterdam sexual abuse case (ASAC) on family life**

Esther van Duin

AMR Medical Research, the Netherlands

*Background:* In the Amsterdam sexual abuse case (ASAC) a male daycare assistant sexually abused 87 children (mainly boys) aged 0 - 3 years, at several centers in Amsterdam, and at children's homes where he babysat. The case was discovered when pornographic material of the abuse, disseminated on the internet by the perpetrator, was found in the USA. The case received a great deal of media attention, including TV, radio, and newspapers. The current study is part of a larger project called the ASAC-study, which seeks to investigate the short- and long-term psychological consequences for families involved in the ASAC (Lindauer et al., 2014). *Objective:* To explore parents' perspectives on the impact of the ASAC on their own and their child(ren)'s lives, their viewpoints on received support, the impact of judicial procedures and media attention. *Method:* Using a qualitative approach, 18 in-depth interviews were conducted with parents whose children were victims in the ASAC. The interviews were transcribed and analyzed using Maxqda 2018. *Results:* The following preliminary themes were identified: disclosure, dilemmas, and lasting impact. *Conclusions:* Qualitative analyses in the ASAC-study provide a detailed and contextual understanding of parents' experiences following child sexual abuse discovery in very young children in a daycare setting. Results inform future victims and their families, mental health care providers, and policy makers on what to expect, and how to provide the best support.

### 3-026

#### **Validity and reliability of three assessment instruments for identification of trauma symptomatology in young children**

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*Background:* An increasing body of research has established that young children who experience trauma risk developing trauma symptomatology such

as posttraumatic stress disorder. Developmentally-sensitive, standardized, and validated assessment instruments are needed within the clinical field to identify young children who suffer from trauma symptomatology. *Objective:* To examine validity and reliability of the Danish versions of three assessment instruments for young children; the caregiver interview Diagnostic Infant and Preschool Assessment (DIPA), the story stem test Odense Child Trauma Screening (OCTS), and the Darryl Cartoon test. *Method:* Three studies were conducted. In study 1, results of the DIPA from 62 preschool-aged, trauma-exposed children were compared to results of the Strengths and Difficulties Questionnaire (SDQ). In study 2, 49 children aged 4-8 years from an at-risk and a community group were screened with the OCTS. Results were compared to results of the DIPA and the SDQ. In study 3, 65 school children exposed to domestic violence were interviewed with the Darryl and the Clinician Administered PTSD Scale for Children and Adolescents. *Results:* The studies showed acceptable to good concurrent validity of the DIPA, the OCTS, and the Darryl. Internal consistencies of the instruments were acceptable to excellent and interrater reliability of the OCTS excellent. *Conclusions:* The studies provide initial support for the validity and reliability of the three assessment instruments. Implementation of the DIPA, the OCTS, and the Darryl into Danish clinical practice can aid in early, confident detection of young traumatized children and allocation of appropriate treatment.

### 3-027

#### **Emotional Abuse in Childhood and Psychological Distress in Young Adulthood: The Role of Attachment, Self-Compassion and Depersonalisation**

Cathal O Curraoin, Jonathan Egan  
NUI Galway, Ireland

*Background:* Emotional maltreatment in childhood has been linked with later psychological distress in adulthood. Children who are abused often resort to dissociation as a defence against overwhelming distress. This can become a learned response to distress later in life. Childhood maltreatment has also been associated with insecure attachment styles and lower levels of self-compassion. *Objective:* This study aims to examine how young adults' attachment style and history of childhood maltreatment relate to their current levels of psychological distress (depression, somatisation) and experiences of depersonalisation. The potentially mediating role of self-compassion is also investigated. *Method:* A cross-sectional design was employed. A large sample of Irish university students (N=208) responded to an email inviting them to complete an online survey on childhood experiences and psychological and physical well-being. Standardised measures of the variables above were used. A multiple regression was performed to analyse the predictors of psychological distress. Mediation analysis was also performed. *Results:* Emotional abuse in childhood was a uniquely significant predictor of depersonalisation. Anxious attachment and self-compassion were also significant

predictors of depersonalisation, depression and somatic complaints. Self-compassion mediated the relationship between emotional maltreatment and depersonalisation. *Conclusions:* The use of depersonalisation as a defence against overwhelming emotions may have its roots in childhood trauma and insecure attachment. This study highlights the importance for clinicians of cultivating self-compassion in clients, allowing them to reduce reliance on depersonalisation as a defence mechanism. Taking a more compassionate stance towards oneself may help these individuals make the transition from trauma to recovery.

### 3-028

#### **An investigation of factors and processes related to the development of post-traumatic growth after childhood maltreatment**

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*Background:* Post-traumatic growth (PTG) is positive psychological change occurring after struggling with a highly traumatic experience. Empirical investigations suggest that PTG is experienced by survivors of childhood maltreatment (CM). Theoretical models of PTG emphasise the central role of cognitive processing in conceptualising adaptive post-trauma responses. *Objective:* To develop a statistical model that identifies factors which contribute to PTG in adult survivors of CM and to investigate the mediating role of cognitive processing in the relationship between CM and PTG. *Method:* Participants were 356 survivors of childhood abuse and neglect aged 18 – 68 years. Participants completed an online survey comprising self-report measures of family adjustment difficulties, perceived social support, post-traumatic stress symptoms (PTSS), cognitive processing, CM and PTG. Correlational analyses and structural equation modelling were conducted. *Results:* PTG was reported by 99.4% of respondents. PTG was directly associated with age ( $\beta = .158, p < .01$ ), childhood maltreatment ( $\beta = .205, p < .01$ ), perceived social support ( $\beta = .286, p < .01$ ), positive cognitive restructuring ( $\beta = .494, p < .01$ ) and resolution/acceptance ( $\beta = .425, p < .01$ ). PTG was inversely associated with family adjustment difficulties ( $\beta = -.142, p < .01$ ) and regrets ( $\beta = -.174, p < .01$ ). *Conclusions:* Findings highlight the role of supportive social networks and adaptive cognitive processing in facilitating PTG in adult survivors of CM. Supporting survivor's transitions from trauma to thriving after CM is of significance to all helping professions. Longitudinal investigations which explore PTG trajectories are important future research avenues.

### 3-029

#### **A Retrospective and Prospective Follow-up Study of Psychological Distress in the Danwon High School Survivors of the Sewol Ferry Disaster**

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Mind health center, South Korea

*Background:* On April 16, 2014, the Sewol ferry sank off the southwest coast of South Korea. Only 75 of the

250 Danwon high school students survived. Very little is known about the long-term mental health of the Danwon High School students who survived the Sewol ferry disaster. *Objective:* We monitored a group of students from Danwon High School who survived the Sewol ferry disaster for 27 months to examine the course of their psychological symptoms. *Method:* We performed a chart review at the Danwon High School Mental Health Center at the following time points (T): 9 months (T1), 12 months (T2), and 15 months (T3) after the disaster. Additionally, we performed a follow-up review at 27 months (T4). Subjects completed the 'State' section of the State-Trait Anxiety Inventory for Children, the Center for Epidemiological Studies-Depression assessment, the Child Report of Post-traumatic Symptoms, and the Inventory of Complicated Grief. Data from the 32 subjects who completed all four assessments were used in the statistical analyses. *Results:* Scores of psychological variables tended to increase until T2 and then slowly decreased until T4. The severity of anxiety and complicated grief symptoms changed significantly over time, but the severity of depression and posttraumatic stress symptoms did not. *Conclusions:* We found that the symptoms of anxiety and complicated grief reported by Sewol ferry survivors from Danwon High School were exacerbated at the first anniversary of the disaster, but these symptoms subsided after the students graduated from high school.

### 3-030

#### **Mechanisms of Intergenerational Violence Perpetration Transmission: The Phenomenology of Adolescent Affect Regulation**

Katherine Maurer

McGill University, Canada

*Background:* For many young people, the traumatic stress of family violence victimization can inhibit the capacity to regulate affect and aggressive behaviour. Stress physiology research identifies affect regulation as a principle mechanism of the transition from childhood violence victim to adult perpetrator. Adolescence is crucial window of affect and social development during which regulation processes are uniquely malleable to intervention. *Objective:* Informed by trauma theory and stress physiology, the study sought to collect rich descriptions of the physical sensations, feelings, and cognitions of adolescents and their abilities to manage hyper/hypo arousal states to resist aggressive impulses to advance our understanding of the lived experience of stress responsivity. *Method:* Eight male/four female family violence victims (age 17-25) completed semi-structured qualitative interviews describing hyper/hypo arousal states and the physiological, emotional, and cognitive experiences associated with both the capacity and incapacity to inhibit subsequent behavioral reactions. *Results:* Participants described physiological sensations from body tremors to "seeing red," losing cognitive control, physical and psychological dissociation, preceding aggressive acts. They described the invaluable help of others to inhibit

reactions, and techniques to suppress responsivity in the moment to inhibit reactivity. *Conclusions:* The findings contribute to bridging the neuroscience knowledge of mechanisms of traumatic stress response to the phenomenology of affect regulation capacities of trauma-exposed young people. A nuanced understanding of the capacity/incapacity for inhibition is needed to inform interventions to address a diversity of hyper/hypo arousal responses and enhance inhibitory capacities for young people who have experienced the traumatic stress of family violence victimization.

### 3-031

#### **Effects of childhood abuse and violence in Lithuania:**

##### **A cross-sectional study**

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<sup>1</sup>Vilnius University, Lithuania, <sup>2</sup>Children Support Centre, Lithuania

*Background:* Child abuse and neglect is a prevalent problem worldwide. Scientific studies on prevalence of childhood abuse are mostly retrospective studies in adult population. *Objective:* This study aimed to analyze the prevalence and effects of childhood abuse and violence among children and adolescents in Lithuania. We also estimated emotional and behavioral problems and posttraumatic stress reactions in our study. *Methods:* In total 274 children and adolescents, age ranged from 7 to 17 years, mean age 12 years, 46% girls participated in this study. Posttraumatic stress symptoms were measured using the Trauma Symptom Checklist for Children (TSCC). We also used Strengths and Difficulties Questionnaire (SDQ) to measure emotional and behavioral problems. *Results:* Prevalence of abuse in our sample was 14%. We found significant gender effects on posttraumatic stress symptoms. Boys in comparison with girls had significantly higher posttraumatic stress symptoms. However, we did not find gender effects on behavioral and emotional problems measured with SDQ. *Conclusions:* We conclude that child abuse and neglect is prevalent in Lithuania, and abuse is associated with higher levels of posttraumatic stress symptoms. Further studies are needed to explore risk and protective factors of PTSD in Lithuania.

## **Track Intervention Research & Clinical Studies**

### 4-001

#### **Group Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) for Adolescents: Preliminary findings**

Ieva Daniunaite, Evaldas Kazlauskas

Vilnius University

*Background:* There is a need for effective treatment for adolescents' exposed to trauma. *Objective:* The aim of this feasibility study was to start implementation of TF-CBT for adolescents in Lithuania, and evaluate effects of treatment on mental health of adolescents. *Methods:* In total 16 adolescents, 9 boys (56%) and 7 girls (44%), aged from

12 to 16 years, mean age 13.5 years, participated in the study. All of these adolescents were provided with short-term TF-CBT in group format. Symptoms of PTSD were measured using Children's Revised Impact of Event Scale (CRIES 13), emotional and behavioral problems were measured using Strengths and Difficulties Questionnaire (SDQ). The emotional state of group participants was measured in the first and last session of intervention. *Results:* The evaluation in the beginning of intervention showed that 12 adolescents had probable PTSD diagnosis based on self-report. Post-treatment assessment showed that intrusion symptoms of PTSD were reduced significantly. Also, the prosocial behavior of adolescents was increased significantly. Though, TF-CBT intervention had positive clinical effect on the participants, other statistically significant clinical effects were not found in this study. *Conclusion:* Due to a small sample size we were not able to evaluate effectiveness of TF-CBT intervention in our study. However, we found promising findings that group TF-CBT could reduce PTSD intrusion symptoms and increase prosocial behavior of adolescents. Further studies are needed to estimate group TF-CBT effectiveness among adolescents.

#### 4-002

##### **Body Image Dissatisfaction and Perceived Stigmatization as Mediators between Scar and PTSD of Burn Survivors in Taiwan: Does Gender Matter?**

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*Background:* Burn survivors may encounter much more physical, psychological, and social challenges in life. Scars could lead to body image dissatisfaction (BID), perceived stigmatization (PS), and PTSD symptomatology may thus follow. A tragedy of dust explosion occurred in a color-party at a water park in Taiwan in June of 2015, resulting in 15 deaths and 484 burned. To date, post-trauma adjustment of those survivors is still an issue, not only at an individual level but also at societal levels. *Objective:* For burn trauma, as concern for appearance have been noted with gender difference, it is of theoretical and clinical importance to examine in a moderated mediation model whether scars may influence PTSD symptomatology via BID and PS, and whether gender may play a moderator role in the links. *Method:* Participants were 106 survivors of the target trauma, with 61.3% females, mean age 23.97±4.1 years, and mean total body surface area (TBSA) 50.5±19.4%. BID, PS, and PTSD symptoms were assessed twice with one-year interval. *Results:* Compared to males, females reported more negative evaluation on their appearance, with marginally greater body image dissatisfaction and PTSD symptoms. Via Hayes' 2017 PROCESS macro for SPSS (Model 4), BID and PS were noted to mediate the relationship between subjective scar severity and PTSD symptoms. Moreover, gender moderated the relationship between subjective scar severity and BID, but not else links. *Conclusions:* To

provide timely intervention to impede the development of PTSD symptomatology, psychological aid may be benefitted by assessing the evaluation about appearance at an earlier post-trauma stage, especially for female survivors of burn trauma.

#### 4-003

##### **Positive Memories and PTSD Interventions: Examination of Clinician and Therapy Consumer Perspectives**

Ateka Contractor, Stephanie Caldas, Ling Jin, Megan Dolan

University of North Texas, USA

*Background:* Traumatic and positive memories influence the etiology and maintenance of posttraumatic stress disorder (PTSD). However, most PTSD interventions focus primarily on traumatic memories. *Objective and Method:* We thus queried practicing clinicians (n=46) and therapy consumers (treatment-seeking individuals at a community mental health center [n=60]; community sample from Amazon's Mechanical Turk [n=123]) on the acceptability, feasibility, and delivery/components of a positive memory technique. *Results:* Most clinicians reported interest in addressing positive memories more in depth/frequently; perceived benefits of increase in positive thoughts, feelings, and memory specificity; optimal intervention components of defining a positive memory as a peak experience, identifying 1-3 memories, discussing them in session to elicit positive elements, tracking valence/intensity of affect, and using this technique to augment trauma-focused interventions. Similarly, most therapy consumers indicated interest in therapeutically discussing positive memories; perceived benefits of improved positive affect and thoughts, and reduced negative affect; and optimal treatment components of identifying and discussing positive memories to elicit positive affect, values and strengths, and writing about the positive memory as homework. Clinicians and therapy consumers indicated good feasibility factors (e.g., perceived ease of learning, increase in therapy satisfaction/tolerability); they identified fewer barriers (e.g., lack of evidence). *Conclusions:* Our results support and provide parameters for the development and investigation of a PTSD-specific positive memory technique.

#### 4-004

##### **Recovery of Soldier's Fitness at the Battlefield**

Liisa Eränen

Finnish Defense Research Agency, Finland

*Background:* Combat Stress Reaction (CSR) is a continuing cause of injury during and after war leading to considerable suffering and losses in the army. During the Continuation War in 1941 two Finnish commanders independently created Resting places for soldiers to restore their fitness after battle. They provided food, shelter, sleep and saunas as well as recreational activities for different periods of time varying from days to week. The results gained from the treatment were positive. Now the Finnish Army has started a research program to develop further the

resting place concept by applying modern treatment methods suitable for CSR and ASR. *Objective:* In this study we tested the effect of two days Resting Place on the fitness of a company of conscripts in 10 day SERE military field exercise. *Method:* We created quasi-experimental design to test the effect of rest and treatment methods chosen on the basis of previous research results and theories. A company of 73 conscripts were divided into three groups with different treatment options which were studied before, during and after the field exercise. The Experimental group was scheduled for two days treatment program in the Resting Place. Control group 1 had defusing and group discussions with their troop leader. Control group 2 continued the exercise with no intervention. *Results:* The results indicate that rest in a Resting Place improves the total fitness of conscripts during a field exercise. *Conclusions:* We recommend organisation and use of Resting Places using these tested methods to gain better total fitness in the battlefield during war.

#### 4-005

##### **Memory specificity in women exposed to different types of stressful events: a narrative approach**

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Universidad Complutense de Madrid, Spain

*Background:* Overgenerality Memory (OGM) bias has been defined as the difficulty to recall specific memories and the tendency to retrieve, instead, general memories of events that can have happened repeatedly (categoric memories) or lasted longer than one day (extended memories). A large body of literature points to an OGM bias –primarily marked by a higher rate of categoric memories– in victims of trauma. However, the research on OGM has been dominated by a single paradigm: The Autobiographical Memory Test. Likewise, no study has analyzed specificity differences according to the traumatic events types. *Objective and Method:* The current study uses a narrative methodology to explore the specificity of traumatic/negative narratives from women exposed to repeated intimate partner violence (n=50), single interpersonal violence (n=50) and non-A stressful events (NAS; n=50). *Results:* Contrary to the expectations, none of the participants from the three groups retrieve categoric memories and in all the groups women retrieve specific memories more frequently than extended memories. Additionally, the NAS group retrieved significantly more extended memories than both groups of interpersonal trauma victims together. The extended memories of the interpersonal violence victims were more central than the specific ones and victims who retrieved extended memories showed significantly more intrusive symptoms and cognitive symptoms of depression. *Conclusions:* Overall, the findings do not confirm the link between trauma and categoric memories from a narrative approach. However, this study provides innovative evidence about the characterization of extended memories in trauma

victims, which could play an important role in the trauma memory processing.

#### 4-006

##### **Characteristics of Traumatic Childbirth Memories in Relation to Postpartum Posttraumatic Stress**

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*Background:* Women can experience symptoms of childbirth-related (postpartum) posttraumatic stress disorder (PP-PTSD) (e.g. Thiel, Ein-Dor, Dishy, King & Dekel, 2018). Approximately 138 million women give birth every year and around 25% endorse PTSD symptoms with up to 6% experiencing the full condition (Yildiz, Ayers, & Phillips, 2017). Thus, with up to 34.5 million women affected each year, PP-PTSD represents a public health concern. *Objective:* Trauma memory characteristics are crucial to PTSD etiology, maintenance, and treatment. The present study aims to characterize childbirth trauma memories in relation to PP-PTSD. *Method:* As part of an online survey, we assessed an international sample of 540 women within six months after giving birth. Self-report measures pertained to PP-PTSD, postpartum depression, and childbirth memories. Additionally, 209 women provided written childbirth narratives, analyzed using Linguistic Inquiry an Word Count Software (Pennebaker, Boyd, Jordan, & Blackburn, 2015). *Results:* PP-PTSD symptoms were associated with higher self-reported emotional and perceptual details, reliving, centrality of memory to identity, involuntary recall, and lower coherence of the traumatic memory. Comorbid PP-PTSD and depression symptoms followed the same pattern compared to depression only and no PP-PTSD or depression. In written narratives, PP-PTSD was associated with fewer references to (positive) affective processes, and more sadness and cognitive processes than no PP-PTSD. *Conclusions:* We document that traumatic childbirth memories resemble those described in the PTSD literature. While investigations of PP-PTSD offer a prospective model to examine PTSD immediately after exposure, generalizations from childbirth narratives to other traumatic events should be tentative.

#### 4-007

##### **Developing a Japanese Version of Cognitive Processing Therapy for Adolescents and Young Adults with Posttraumatic Stress Symptoms**

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**Background:** During psychological interventions for adolescents with Post-Traumatic Stress Symptoms (PTSS), the patient often experiences re-traumatization or exhibit impulse control issues. Interviews with Japanese experts in traumatic studies indicate that the characteristics of adolescents' trauma are stemming from interpersonal relationships (e.g., insidious bullying, harassment, and maltreatment). These traumas often lead to dysfunction in school and daily life (e.g., school non-attendance, hikikomori, self-harm, suicidal attempt) (Katayanagi, 2017). Hence, there might be needs to consider these developmental and cultural characteristics to apply the evidence-based treatment for PTSD. **Objective:** Developing a Japanese version of Cognitive Processing Therapy (CPT) for Adolescents and Young Adults with PTSS, "CAYAP", to extend coverage of topics interpersonal relationships problems, and to include participants with stressful events other than traumatic stress in the DSM-5. **Method:** After examining adolescence cases and discussed where the patient exhibited impulsive behavior during CPT, we developed a therapeutic program tailored for patients in Japan and designed to augment existing CPT for adolescents by mitigating the patient's risk of repeat victimization or self-injurious behavior. **Results:** The CAYAP comprises 16 sessions augmenting basic CPT; these additional sessions include writing about trauma, learning about attachment, asking for help, seeking safety, and impulse management. **Conclusions:** CAYAP is a trauma therapy tailored to adolescents. It has the potential to contribute significantly toward minimizing future healthcare costs by, for example, addressing problems related to interpersonal relationships or difficulties in adjusting to school or social life, alleviating psychiatric conditions, and reducing the number of suicides.

#### 4-008

##### **Development a concurrent program for Japanese caregivers of adolescent patients receiving the cognitive processing therapy**

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**Background:** Betrayal trauma, such as bullying, is often experienced by adolescents in Japan, and its prevalence has been increasing. This type of trauma is associated with social adaptation problems, including social withdrawal and suicide. In Japan, cognitive processing therapy (CPT) has been used to treat

adolescents with these symptoms. However, we did not succeed in some cases with repeated suffering or difficulties with impulse control. Therefore, we planned an additional program, which is culturally suitable for Japanese caregivers of such patients. **Objective:** The objective of this study is to develop an optional concurrent program for caregivers to provide a safe and protective environment for adolescent patients, in parallel with Japanese Version of CPT for Adolescents and Young Adults (Katayanagi & Makita, 2018). **Methods:** An optional concurrent program was developed based on the reports of experts that case difficulty, lack of security due to an absence of attachment, and weak caregiver support were inhibitory factors of conventional CPT program (Katayanagi, 2017). **Results:** The participants of this optional program were caregivers of adolescent who were evaluated as having a significantly poor sense of security in the second session of Japanese Version of CPT for Adolescents and Young Adults. The program consisted of four sessions: 1. psychoeducation on trauma, 2. useful skills to regain family customs, 3. safety skills, and 4. stress management for caregivers. **Conclusions:** With increased self-efficacy of caregivers' consequent to skill acquisition, it was expected that this program would improve the resilience of the adolescents.

#### 4-009

##### **Trauma Resilience and Recovery Program: An interdisciplinary, technology-enhanced, stepped-care intervention for traumatic injury patients**

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**Background:** Progress in trauma care has focused on pre-hospital and hospital settings. Many trauma patients report emotional and psychological distress after injury (19-42%) and these are associated with deficits in physical recovery, social functioning, and quality of life. However, few trauma centers offer follow-up care addressing the intermediate mental health needs of patients after traumatic injury. **Objective:** We will provide preliminary data describing engagement and outcomes among over 1,000 patients enrolled in our Trauma Resilience and Recovery Program (TRRP). **Method:** Patients admitted to our trauma center were approached for enrollment into our 4-step program that consists of education in hospital, symptom monitoring after discharge, 30-day mental health telephone screen, and provision of best practice treatment (typically via telehealth). **Results:** Over 900 patients have been enrolled in TRRP to date. Fully 96% of patients approached in hospital received education and agreed to be recontacted for the 30-day telephone screen. Nearly 60% enrolled in symptom self-monitoring, which is administered via text messaging. Probable PTSD and/or depression was indicated for 42% of patients completing the 30-day telephone screen, and was most prevalent among interpersonal violence survivors (e.g., gunshot wounds, stabbing). Home-based telemental health treatment (vs. office-based) was preferred by 74% of

patients who were recommended for treatment. *Conclusions:* This work demonstrates the feasibility and acceptance of an early intervention program that identifies high-risk patients and provides follow-up evidence-based services to patients who experience clinically elevated mental health difficulties after traumatic injury. Trauma centers should adopt broadly based approaches to ensure optimal long-term outcomes.

#### 4-010

##### **PTSD Coach Sweden: a self-management app for trauma-related symptoms**

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National Centre for Disaster Psychiatry, Uppsala University

*Background.* Resources to administer evidence-based care for PTSD and trauma-related complications are scarce, especially in particular geographical areas, during mass casualty situations and for individuals with subclinical symptoms as clinics prioritize more severe cases. Effective interventions for PTSD through technical platforms could disseminate information and self-management strategies to decrease individual suffering and societal costs. Assessment at multiple time points can elucidate which aspects of an intervention that are effective, in addition to the evolution of intervention use and well-being over time.

*Objective.* Evaluate an app-administered self-help intervention (PTSD Coach Sweden) aiming to reduce and manage PTSD symptoms and other related complications.

*Method.* In this trial, 200 participants from Sweden who have experienced a traumatic event in the past two years and who report posttraumatic stress symptoms will be randomized to three months use of the app or waitlist. The primary endpoint is self-rated PTSD symptom severity at three months, with follow-up at six and nine months. Secondary outcomes include depressive symptoms, physical symptoms, functional impairment, and health care use. Ecological momentary assessment of health status and use of strategies corresponding to app content is used for 21 days during the first three months.

*Results.* Lessons learned and recommendations from the preparations of app-based intervention trials are presented. Available data from the primary endpoint are presented.

*Conclusions.* App-based interventions hold promise to increase outreach, but further trials are needed. Several challenges introduced when preparing an app-based intervention are discussed.

#### 4-011

##### **Psychical traumatism and resilience in French and Togolese armies**

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*Background:* Soldiers experience traumatic situations during their recruitment, their formation and during their functions (wars, human losses, shootings, death

of relations or brothers of arms, suicide attacks, others). For a while, a lot of soldiers are deployed for the peace in Darfur, Mali, Central Africa and Ivory Coast, where they're constantly exposed to events that can lead to psychical traumatism (Louis Crocq, 2014; Christian Thibault, 2016). Togolese army does not have any prevention or psychological care system like the French army (e.g.: CISPAT, CABAT). *Objective:* What are the psychical mechanisms allowing them to stay adapted? What about the social link for these men? These questions are the core of our research's questioning that we address in our PhD thesis in social clinical psychology. *Conclusions:* Thus, our communication propose a state of these questions and a perspective to highlight the various caring systems for soldiers, the cultural differences, the therapeutic practices and the well-being regarding to the resilient' family links.

#### 4-012

##### **Narrative Reconstruction for Prolonged Grief Disorder – A Pilot study**

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Bar Ilan University, Israel

*Background:* A series of studies during the last decade have shown that exposure based CBT adjusted for the treatment of Prolonged Grief Disorder (PGD), is effective (Doering and Eisma, 2016). Based on similarities in the symptomatology of PGD and PTSD it has been suggested that the lack of integration of the loss into the patient's autobiographical memories has a main role in causing the symptoms of intense yearning, persistent thoughts about the deceased and difficulties in accepting the reality of the loss.

*Objective:* The present study implemented an adjusted Narrative Reconstruction (NR) therapy formerly used effectively with PTSD patients (Peri & Gofman, 2014; Peri et al., 2016) to treat PGD patients in an open trial. *Method:* 12 patients diagnosed with PGD were treated with NR. NR is a time limited intervention (14-16 sessions) in which a written narrative of the loss or the unremitting memory is prepared together with the patient and the personal meaning integrating the loss in the patient's autobiographical memory is achieved. Patients were evaluated before and after therapy and at 3 months follow up, using PG-13, CAPS and BDI. *Results:* HLM analysis yielded a significant effect of NR. Patient's symptoms measured by the PG-13, were reduced from 40 (sd=4.96) to 28 (sd=4.87),  $p < 0.0001$ ; Cohen's  $D = 2.44$ . the reduction in symptoms was preserved and even increased at the 3 months follow-up. Loss Narratives' coherence and fragmentation, their relationship to symptom change will be reported. *Conclusions:* This pilot study demonstrates the possible effectiveness of NR for the treatment of PGD and its relationship to narrative changes. Further studies using larger samples and including control groups are needed.

#### 4-013

**PROSPER: Prediction and Outcome Study in Comorbid PTSD and Personality Disorders: Design of Two RCTs**

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**Background:** Evidence-based treatments for posttraumatic stress disorder (PTSD), such as Eye Movement Desensitization and Reprocessing (EMDR) and Imagination and Rescripting Therapy (ImRs), are highly effective in the majority of PTSD patients. Comorbidity between PTSD and Personality Disorders (PD) is high, especially borderline personality disorder (BPD) and cluster C personality disorders (CPD). There is growing motivation in clinicians to offer PTSD treatments to patients with PTSD and PD, because PTSD treatments are effective, relatively short and with PTSD treatment, comorbid PD symptoms might resolve as well. However, a large subgroup with comorbid PD does not sufficiently respond to PTSD treatment and is more likely to be excluded or dropout from treatment prematurely. Dialectical behaviour treatment (DBT) for BPD and schema-focused treatment (SFT) for CPD are well established, and there is some evidence that integrated PTSD-PD treatment is twice as effective in reducing PTSD symptoms than PD treatment alone. However, the comparative efficacy of PTSD-PD treatment and PTSD treatment has not been investigated yet. **Objective:** To investigate the comparative efficacy of PTSD-treatment and PTSD-PD-treatment in treatment seeking adult patients with PTSD and comorbid PD. **Method:** Two parallel randomized controlled trials comparing the clinical efficacy of (1) EMDR-treatment (n=80) to EMDR-DBT treatment (n=80) in patients with BPD, and (2) ImRs-treatment (n=80) to ImRs-SFT treatment (n=80) in patients with CPD. **Results:** Primary outcome measures include PTSD symptom severity (CAPS-5, Weathers et al., 2013). Secondary outcome measures include PD symptom severity (SCID-5-PD, First et al., 2016) and health costs (TicP, Hakkaart-van Roijen et al., 2002).

**4-014**

**PROSPER – Prediction and Outcome Study of PTSD and Personality Disorders. Design of Prediction and Mediation Study**

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**Background:** Posttraumatic stress disorder (PTSD) is highly comorbid with personality disorders (PD). It is not clear yet what treatment works best for these patients: PTSD-only treatment or integrated PTSD-PD treatments. So far, certain psychological, hormonal, epigenetic, and neurobiological factors have been found to be associated with treatment outcome. These candidate predictors and mediators are found on a group level only. By using machine learning techniques we hope to identify predictors and

mediators of treatment response on an individual level. **Objective:** To investigate predictors and mediators of treatment outcome in two RCTs comparing PTSD versus integrated PTSD-PD treatment. **Method:** Study design: In all patients (n=320) psychological, hormonal and epigenetic predictors and mediators are measured through blood and hair samples. In a subgroup of patients (n=80), next to healthy controls (n=40), additional fMRI research will be performed before and after treatment. Prediction analyses using machine-learning models will be performed. **Results:** Primary outcome measure is PTSD symptom severity (CAPS-5, Weathers et al., 2013) after 12 months. We measure several candidate predictors and mediators at baseline and after six months. These include both psychological (cognitive, affective, relational) and hormonal/epigenetic factors (5-HTTLPR, BDNF, cortisol/FKBP5-methylation, oxytocin/OXTR; e.g. Schmidt et al., 2013). In a subgroup, we use structural (T1 and DTI) and functional (resting-state and emotional processing, based on Frijling et al., 2016) MRI as candidate neurobiological predictors and mediators.

**4-015**

**Body Appearance Perception Change Predicts PTSD Symptomatology in Post-Surgery Females with Breast Cancer in Taiwan: Rumination as Mediator**

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**Background:** Breast cancer (BC) is one of the most common causes of death among women worldwide. Being diagnosed with it and the treatment process may cause symptoms to posttraumatic stress disorder (PTSD). Female BC patients after mastectomy would have gone through body changes with scars on and shape alteration of the breast. Disfigurement could impact on women's perception of self-image and lead to body image dissatisfaction. Rumination may be one cognitive vulnerability to maintain PTSD symptomatology. In PTSD symptomatology, intrusion may play an etiological driver of the other three symptom clusters. **Objective:** Of theoretical and clinical importance, this study thus aimed to examine a mediational model whether discrepancy between pre- and post surgery body appearance perception may influence PTSD symptomatology via rumination. **Methods:** Participants were 265 postoperative BC (0-IV stages) female outpatients recruited from National Taiwan University Hospital. Subjective evaluations of pre- and post- surgery body appearance, rumination, and PTSD symptoms related to the BC were assessed. **Results:** Greater discrepancy between pre- and post-surgery body appearance evaluations associated with more PTSD symptoms. A partial mediational model was supported, in that discrepancy of pre- and post-surgery body appearance evaluations could predict three clusters of PTSD symptoms (i.e., avoidance, negative alterations in cognitions and mood, alterations in arousal and reactivity), taking rumination followed by intrusion as mediators in order. **Conclusions:** To provide timely intervention to



impede the development of PTSD symptomatology in BC patients, it will be beneficial to include assessments and cognitive modification about pre and post-surgery body appearance as well as rumination.

#### 4-016

##### **Changes in Narrative coherence and their relationship with outcome in narrative reconstruction therapy for trauma**

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*Background:* A large body of research has shown that narratives of traumatic memories have different characteristics than other autobiographical memories, i.e., they are more fragmented, unorganized and incoherent in comparison to other autobiographical memories and thus less integrated into the autobiographical memory system. It is assumed that the way in which the trauma story is told reflects the processing and organization of traumatic memory. *Objective:* In this study, we aimed at examining changes in narrative coherence and organization resulting from Narrative focused trauma therapy, and their relationships with treatment outcome. *Method:* 17 traumatized patients who underwent Narrative Reconstruction therapy were compared to no treatment group, and evaluated before and after treatment for level of organization of the trauma narrative (integration, fragmentation and disorganization), anxiety (STAI), Depression (BDI), and PTSD (CAPS). Structural qualitative analysis was conducted to measure narrative integration, and coherence (as evaluated by disorganization and fragmentation) according to guidelines first introduced by Foa et al. (1995) and modified by Halligan et al. (2003) and Jelinek et al., (2009, 2010). *Results:* Significant effect was found for decrease in PTSD, depression and anxiety symptoms following treatment, as well as improvement in narrative coherence and integration levels, only in the treatment group. Narrative disorganization partly mediated the relationship between treatment and depression level, and narrative integration mediated the relationship between treatment and intrusive thoughts. *Conclusions:* The importance of considering narrative organization and coherence will be discussed.

#### 4-017

##### **Parental bonding, temperament and tendency to impulsive aggression. Mediating role of alexithymia and temperament**

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*Background:* The attachment theory has been conceptualized as an affect regulation theory, proposing that attachment is associated with the expression and recognition of emotions as well as interpersonal functioning. *Objective:* The study was to examine a model, in which a relation was analyzed

between parental bonding, temperament, alexithymia and tendencies to aggressive behavior in a group of healthy people. *Method:* The total number of 251 persons were examined, 140 women (55,78%) and 111 men (44,22%). The participants aged from 18 to 60 (M = 35.97; SD = 7,66). The following questionnaires were applied: PBI, SSSV, TAS20, BPAQ. *Results:* As a result of analysis, correlation, regression and mediation, the focus was on the analysis of the relationship between parental bonding separately with mother and father and the tendency to aggressive behaviors in the mediational role of temperament and alexithymia. The conducted analyzes confirm the mediating role of temperament and alexithymia in the tendency towards aggressive behavior. However, the analysis of results separately for women and men shows the dissimilarity of response patterns. In the case of men, overprotection from both mother and father is significantly related to the development of alexithymia syndrome and tendencies to the whole spectrum of aggressive behaviors, which has not been demonstrated for women. Aggressive behavior in the case of women have apparently manifested in the mediational role of temperament. *Conclusions:* The high level of sensation seeking combined with a high level of control on the part of Mother and Father results in a tendency to aggressive behavior.

#### 4-018

##### **Narrative Exposure Therapy for a patient with PTSD and Dissociative Identity Disorder.**

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*Background:* Narrative exposure therapy (NET) is a simple form of cognitive-behavioral therapy that involves exposure to traumatic memories and integrating those memories into the autobiographical memory (Schauer et al., 2011). Studies have reported that NET alleviates both PTSD symptoms and dissociative symptoms (Adenauer et al., 2011, Hansel-Dittman et al., 2011), but so far, treatment of individuals with DID and co-morbid PTSD has not been reported. *Objective:* Reported here is the use of NET at a psychiatric hospital to treat an outpatient with PTSD and DID. *Methods:* NET was conducted in weekly sessions of 120 min. (42 sessions in total), and the CAPS, IES-R, DES, and SDS were administered prior to NET and 3 months and 1 year after NET. *Results:* Scores indicated that PTSD symptoms, dissociative symptoms, and depressive symptoms had disappeared 1 year after NET, and behavioral issues such as "coming to" in an unfamiliar place also disappeared. Some special ways of interventions for DID, such as expressing intent through assimilation of multiple ego states despite frequent protestations and processing memories held by alter ego states are reported. *Conclusion:* NET could be a treatment option for PTSD and DID if evidence of its effectiveness is carefully assembled in the future.

#### 4-019

**'Movement in trauma'; a pilot study on the effects of a body- and movement-oriented skills training aimed at regulating physiological arousal**

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*Background:* PTSD involves a fundamental dysregulation of arousal modulation and is associated with significant problems in body- and self-awareness and affect regulation (Lanius, Bluhm, & Frewen, 2011). A bottom-up approach, starting with the body and physical sensations, may be an appropriate form of treatment in facilitating arousal regulation and affect regulation (Van der Kolk, 2015). *Objective:* To evaluate an intervention consisting of 12 weekly sessions aimed at regulating physiological arousal by enhancing body awareness, restoring contact with the social environment and regaining control over one's own body. *Method:* Twenty three women and seven men from three specialised trauma centres in the Netherlands participated (M age = 41.17, SD = 10.45). Primary outcome measures collected at baseline and after four months were psychological well-being (Brief Symptom Inventory), trauma related symptoms (Davidson Trauma Scale), and dissociation (Dissociative Experiences Scale). Body attitude (Dresden Body Image Questionnaire) was measured as secondary outcome as well as patients' experiences with the newly developed intervention. *Results:* After the intervention trauma related symptoms showed a significant decrease. There was a non-significant change in psychological well-being and dissociative experiences. Body attitude did not change. *Conclusion:* Participants evaluated the program as helpful and feasibility was good. Due to the heterogeneity of the study population interpretation of the results is limited. Conducting controlled studies in specific trauma groups is a recommendable next step.

**4-020**

**Efficacy of Cognitive Behavioral Therapy for Individuals Exposed to Natural Disasters: A Comparison with a No-Treatment Control Condition**

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*Background:* An eight-session group-based intervention combining cognitive behavioral therapy with mindfulness (CBT-M) was developed by Kwon et al. (2017) for individuals exposed to natural disasters in South Korea. The components of this intervention included psychoeducation, stabilization, cognitive restructuring, and mindfulness. *Objective:* This study evaluates the efficacy of CBT-M among female college students exposed to earthquakes or typhoons in South Korea in 2016. *Method:* Eleven students were recruited to the intervention group. The 8 sessions,

each of 60 minutes, were held twice a week. Twenty-four students participated in the study as part of the no-treatment control group. Post-traumatic stress disorder (PTSD) symptoms, depression, anxiety, and subjective well-being were measured at the pre- and post-test in both groups, and a one-month follow-up assessment was conducted for only the intervention group. *Results:* The results showed no significant differences in the outcome of the measures between the two groups at both the pre- and post-test. However, the one-month follow-up with the intervention group showed a significant decrease in PTSD symptoms and a significant increase in their subjective well-being at a medium to large effect size. *Conclusion:* This study suggests that CBT-M is an effective treatment for individuals exposed to natural disasters such as earthquakes and typhoons. However, the one-month intervention may have been too short a period to produce a sufficient effect.

**4-021**

**Prevention and intervention programs targeting the consequences of sexual abuse in individuals with a mild intellectual disability: A systematic review of the literature**

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*Background:* Individuals with a mild intellectual disability (MID: IQ 50-85) are three to five times more likely to become victim of sexual abuse than their nondisabled peers (Byrne, 2017). Sexually abused individuals with MID are also at higher risk of developing a post-traumatic stress disorder (PTSD) or depression (Byrne, 2017; Catani & Sossalla, 2015). Because of this higher risk for sexual abuse and greater difficulties in dealing with its consequences, adequate interventions matching the needs and learning style of individuals with MID are of the utmost importance. *Objective:* The first objective of this study is to systematically review prevention and intervention programs targeting sexual abuse and evaluate their effectiveness. The second objective is to assess how and to what extent these programs are adapted to the specific needs and learning style of the mild intellectually disabled target group. *Method:* Relevant studies were included that met criteria in terms of participants, intervention or prevention procedures, type of treatment, and outcomes. *Results:* The majority of studies are case studies and outcome measures are seldom used. Our preliminary results show that cognitive behavior therapy is most used. *Conclusions:* Evidence for effectiveness of prevention and intervention programs is limited. In most programs introspection and good verbal skills are required, but these are often not strong within our target group. A plea could be made for the development of more experienced based interventions which may better suit the needs and learning style of our target group.

#### 4-022

##### **Implementing an evidence-based trauma therapy for PTSD in a resource constrained and multicultural context**

Duane Booysen

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*Background:* Persons residing in South Africa are at an increased risk for posttraumatic stress disorder (PTSD) with trauma exposure estimated at 73.8 percent, and a lifetime prevalence of 2.3 percent (Koenen et al., 2017). Yet, the use of empirically supported trauma therapies for PTSD has been found to be lacking among mental health professionals in South Africa (Kagee, 2006). *Objective:* We present the preliminary results of a brief six-session trauma treatment programme, which is based on prolonged exposure therapy at two community psychology clinics in South Africa. *Method:* Using a single-case experimental design (Barlow, Nock, & Hersen, 2009), we discuss three clinical case reports with PTSD and comorbid depression and anxiety. Participants were assessed at baseline, during treatment, postintervention and at 3-month follow. Assessment measures included the PTSD symptom scale interview for DSM-5, the PTSD checklist for DSM5, Beck Depression Inventory and Beck Anxiety Inventory. *Results:* At the end of treatment, participants did not meet a diagnosis for PTSD and remained stable at three-month follow-up. Participants had moderate symptom reduction for anxiety and depression at post and follow-up. *Conclusions:* We critically reflect on the need to implement evidence-based treatments for the South African context, and how evidence-based treatments are used in developing socio-economic and culturally diverse contexts with continuous levels of violence and traumatization.

#### 4-023

##### **Narrative Exposure Therapy in Patients With Psychotic Disorders and a Posttraumatic Stress Disorder**

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*Background:* People with psychotic disorders are likely to have experienced adverse childhood experiences (ACE) as well as past exposure to trauma. Previous studies showed that the exposure to adversities affect the illness severity, the course of the psychotic disorder as well as the likelihood for comorbid disorders such as posttraumatic stress disorder (PTSD). Trauma-focused therapy (such as Narrative Exposure Therapy NET) demonstrates good evidence in the treatment of PTSD. Recent studies showed that trauma treatment is safe and applicable in patients with psychosis and co-morbid PTSD. Yet, it is not commonly used in clinical practice because of therapist's concerns of symptom exacerbations. Treatment of PTSD entails some difficulties due to the nature of cognitive deficits as well as symptoms such as blunting of affect in patients with psychosis. *Objective:* The effects of a PTSD-specific treatment on trauma-associated symptoms in psychotic patients will be investigated. *Method:* The exposure to ACE and

traumatic experiences are retrospectively assessed in adult inpatients with psychotic disorders. In a case series patients with co-morbid PTSD are treated with NET. *Results:* Results of screening an inpatient population with psychosis revealed a prevalence of co-morbid PTSD in line with existing studies. Preliminary treatment outcome data are reported from the ongoing NET study that show positive effects. Moreover, specific aspects that need to be considered when treating trauma in patients with psychosis are discussed. *Conclusions:* Concerning the interaction of both disorders, there is a need for more research to understand the particularities when applying trauma therapy in psychotic inpatients.

#### 4-024

##### **Music therapy with children living under continuous terror threat: Experiential reframing of trauma through songs**

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Bar-Ilan University, Israel

*Background:* Research literature deals extensively with the treatment of children exposed to continuous terror threat of attack. However, this topic has received little attention in music therapy research. *Objective:* This study is the first to focus on music therapists' perspectives on specific principles and techniques designated to moderate children's anxiety responses to continuous terror threat. *Method:* A qualitative analysis of semi-structured interviews was conducted with 15 experienced music therapists working with Israeli children who experience continuous terror threat in towns located near the Gaza Strip. *Results:* The findings yielded three themes that relate to the therapeutic use of songs. The first theme describes the creation of a musical-playful space that emphasizes the importance of experiencing joy and playfulness through songs. Children may be able to overcome their fear by "playing with it". The second theme relates to the use of songs for restoring a sense of control and fostering resilience. The structured characteristics of songs may provide a sense of control, and "songs of resilience" may provide messages of strength and potency. The third theme refers to connections made at different levels while singing thus contributing to the client's self-integration. *Conclusions:* It is suggested that the therapeutic use of songs during a traumatic continuous threat may provide children with an experiential reframing of trauma through songs. In this way, children may be able to experience the event in a less threatening manner which might not be coded as a strong traumatic memory and PTSD may be prevented.

#### 4-025

##### **Are intrusive memories conditioned responses to trauma cues? An experimental study.**

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**Background:** Intrusive memories in posttraumatic stress disorder are clinically conceptualized as conditioned responses to stimuli associated with the trauma (Ehlers et al., 2002). Evidence for this hypothesis is however scant. **Objective:** This study aimed to test the assumption that intrusive memories are conditioned responses to trauma cues using a conditioned-intrusion paradigm (Wegerer et al., 2013). **Method:** Participants (N=56) were conditioned with neutral faces as CSs (conditioned stimuli) and aversive film clips as US (unconditioned stimuli). Half of the participants were randomized to subsequent extinction training. Intrusive memories were subsequently sampled for three consecutive days via a smartphone e-diary application. **Results:** Participants reported stimuli resembling the CSs as intrusive memory triggers (M=2.12, SD=2.89) and content. The number of identified triggers predicted the amount of intrusive memories ( $r=.330$ ,  $p=.001$ ). Participants who underwent extinction reported fewer intrusive memories (Mdn=1) than acquisition-only participants (Mdn=2),  $U=557.5$ ,  $z=-1.96$ ,  $p=0.05$ ,  $r=-0.21$ . Finally, conditionability (differential skin conductance level and US-expectancy ratings, at end of acquisition) correlated positively with intrusions in the acquisition-only group, but not in the extinction group ( $p<.05$ ). **Conclusions:** These analog findings provide strong experimental evidence for the assumption that intrusions result from fear conditioning during trauma and that re-experiencing may be triggered by cues present during trauma.

#### 4-026

##### **Prolonged exposure as early intervention in an emergency department context: lessons learned from a terminated RCT**

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**Background:** Psychological trauma is common in the population and may lead to Post-Traumatic Stress Disorder (PTSD). To date, one trial has shown that an adapted prolonged exposure (PE) protocol delivered within 72h after the trauma can reduce early PTSD symptoms. **Objective:** The current study aimed to replicate and extend this trial in a Swedish emergency hospital. **Method:** We first conducted a pilot study (N=10) which indicated that the study procedures and interventions were feasible and deliverable. We subsequently launched an RCT with a target sample size of 352 participants randomized to either three sessions PE or non-directive support. PTSD was assessed by blinded evaluators at 2 and 6 months after treatment. However, the RCT was discontinued after 32 included participants due to a major reorganization at the hospital. **Results:** I will highlight obstacles and lessons learned from our feasibility work, relevant for preventive psychological interventions for PTSD in emergency settings. One important finding was the high degree of attrition: only 78% of the included participants came to assessment at two months and

34% to the six-month assessment. There were also difficulties in reaching eligible patients immediately after the event. **Conclusions:** Based on our experiences, we suggest that alternative models of implementation could overcome these obstacles, for example, with remote delivery via internet or smartphones of both assessments and treatment, combined with multiple recruitment procedures. Lessons learned from this terminated RCT are discussed in depth.

#### 4-027

##### **Early psychological intervention after rape: a feasibility study**

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**Background:** Rape is the most common trauma leading to post-traumatic stress disorder (PTSD) among women, with a conditioned prevalence of up to 50 %. PTSD is considered to be a lethal condition associated with increased risk of suicide, drug- and alcohol dependence, neurological- and vascular problems as well as sick leave. Given the scope of this problem, novel and swiftly delivered interventions for this large vulnerable population is clearly warranted. One previous trial conducted in the US (N=137) showed that an adapted brief version of prolonged exposure (PE) to the fearful memory of the event and situations, provided in the immediate aftermath after trauma (<72) hours after a traumatic event), was effective in reducing early PTSD symptoms in rape victims. **Objective and method:** The aim of this study was to translate and adapt the brief PE protocol to a Swedish context and also to pilot test feasibility and delivery in ten executive patients recruited at an Emergency clinic for rape victims in Stockholm. **Results:** Results showed that only a fraction of the screened patients at the Emergency clinic (5.2%) were able to be included in the study, where the majority of patients (40%) were excluded due to the time criteria of 72 hours. Ten participants underwent PE with overall successful results in terms of session attendance, home-work compliance and also symptom reduction of PTSD- and depressive symptoms. **Conclusions:** We will present detailed results of the intervention and elaborate in detail of how to increase feasibility of preventive interventions for rape victims.

#### 4-028

##### **Building bridges from violence to freedom: The effectiveness of interventions in a safe house for victims of domestic violence from the perspective of the victim**

Silvia Vuković

Home for children and adults, victims of domestic violence, „Duga – Zagreb“, Croatia

**Background:** Victims of domestic violence have to meet several needs in order to overcome the consequences of domestic violence and secure their future. Safe houses usually offer a variety of services in hope of responding to those needs: firstly they provide security and protection, then psychosocial

treatment, legal counselling and assistance in solving many life problems. But to properly prioritize work, it's important to know which of these services are more beneficial to victims. *Objective:* After identification of 10 important aspects of our work, we tried to find out which of them victims evaluate more useful. *Method:* 11 female victims of domestic violence in safe house (31 to 70 years old) were asked to evaluate how certain aspects of work were effective in overcoming the consequences of domestic violence on 1-5 scale. All women except one are in Home Duga-Zagreb longer than 5 months (range 2-12 months). *Results:* Results indicate that all 10 aspects of work are valued by most women as fully effective in overcoming the consequences of domestic violence. *Conclusion:* The results show that many aspects of work are estimated to be similarly effective. We are aware of the limitations of this research but results may still indicate that victims need various types of help in order to create the basis for an independent life without violence in a relatively short time.

#### 4-029

##### **Long-Term Group Adventure Therapy for Veterans Diagnosed with Chronic PTSD: Combining therapeutic modalities for a common goal**

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*Background:* PTSD rates are relatively high among veterans. Although evidence-based psychotherapies are suggested for veterans dealing with PTSD, many avoid therapeutic opportunities. Hence, it is necessary to further develop new therapeutic approaches (Cloitre, 2015). Group therapy is known to improve non-specific aspects of PTSD, such as damage to interpersonal relations and low utilization of psychotherapy and support (Sloan, Bovin, & Schnurr, 2012). Being in contact with nature has therapeutic effects (Berger, 2017). Combining these two elements with challenging activities can serve to promote active coping with daily problems and avoidances, enhancing positive self-esteem and resilience. *Method:* 32 Israeli veterans who deal with chronic PTSD participated in a long-term group adventure therapy that provided weekly, two-hour long outings in nature. Qualitative data were collected during four focus group meetings with 8 participants, in which they reflected on their personal therapeutic processes within the group. *Results:* Participants shared experiences of active coping with avoidance. Additionally, they acknowledged the formation of positive interpersonal relations with family members and with others in their communities. Findings were conceptualized into three themes: 1. Reaching out to the world - in contrast with common PTSD-related avoidances; 2. Being part of a group: Taking advantage of relationships as a platform for healing; 3. Nature as a curative factor. *Conclusions:* Combining behavioral approach with nature and group therapy provides a platform for sharing of personal experiences, as well

as for learning, practicing and implementing new coping skills. It is a promising modality that enhances other therapeutic and rehabilitation efforts.

## Track Public Health

#### 5-001

##### **Traumatic spousal loss along the years: The case of re-married military widows**

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*Background:* Traumatic loss is an unfortunate, inevitable outcome of the ongoing struggle of securing a state. Coping with spousal loss in early life is especially challenging, given the developmental tasks one faces during early adulthood – stabilizing one's self-identity, establishing couple relationships, forming a family, career development etc. Dealing with these tasks is always influenced by socio-cultural aspects (Bar-Nadav, & Rubin, 2016). In Israel, military widows lost their official 'widow' status once they were re-married, leading to long conflictual coping with loss's impact. This policy was changed in 2009, after decades of legal struggle (Ben-Asher & Lebel, 2010). *Method:* Qualitative interviews with 29 Israeli military widows, who had lost their spouses more than 30 years ago, and who remarried soon after their husbands' deaths, were made in order to explore their life-experiences. *Results:* Retrospective interviewing highlighted four main characteristics of longitudinal coping with spousal grief: 1. Timeline axis: Varied ways of acknowledging early loss within the new couples and families. 2. Sharing axis: Various ways of sharing grief among the family members. 3. Trauma's effects over family members, who knew / did not know the deceased husband. 4. Changes in grief manifestations and in continuous-bonds as widows grow older. *Conclusions:* These aspects of trauma affect various life arenas and thus deserve interdisciplinary analysis. We discuss changes in socio-cultural-political perceptions and their influence on widows' self, spousal and family relations. A graphic matrix will suggest a practical conceptualization method, to direct possible clinical interventions with remarried widows.

#### 5-002

##### **The function of moderate adversity on the development of resilience and well-being in later life**

Myriam Thoma, Shauna L. Mc Gee, Andreas Maercker, Jan Hoeltge

University of Zürich, Switzerland

*Background:* Consequences of adversity have mainly been studied from a pathological view. Related models and underlying mechanisms, such as the cumulative risk model and the stress sensitization effect imply a decrease in resilience to future adversity due to the preceding experience of stress. However, this perspective is challenged by the steeling effect

and a growing body of supporting literature, suggesting that a “moderate” level of adversity may foster resilience, while no or high levels of adversity result in comparatively worse outcomes. The majority of studies on the steeling effect have been conducted in cross-sectional studies with younger adults. *Objective:* It was therefore the aim to conduct a longitudinal study, to examine the steeling effect on the development of resilience in older adults. *Method:* Latent profile analysis was chosen to identify profiles of resilience, which have been assessed with an online survey. *Results:* N=187 (M age=67 years; 71% female) participants completed the two assessments. Three profiles emerged: one with a general decrease (n=12), one with an increase (n=17), and one with maintenance (n=168) of resilience resources. The ‘decrease’-group had the lowest number of adversity, followed by the ‘maintenance’ and ‘increase’ groups. *Conclusions:* Our results partly support the steeling effect by showing the worst outcomes in those with the lowest level of adversity. Given that an increase in resilience was found in those with the highest (rather than in those with moderate) levels of adversity, suggests a potential age-specific steeling effect in later life.

#### 5-003

##### **"I'm not ready to go": Understanding the need for transitional services to address the specific traumatic stress experienced by homeless women**

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*Background:* Knowledge of the complex mosaic of experiences that comprises the phenomenon of “homelessness” has expanded greatly, including increased awareness of the role of gender in the trajectories, visibilities, and vulnerabilities associated with homelessness. Research suggests women may be more vulnerable to traumatic stress than men in several homelessness related experiences, including poverty, racialization, and violent victimization. Women’s service needs/utilization during homelessness necessitate additional considerations to those developed through male-centric research. *Method:* A case study approach was used to examine women’s homelessness transitions. We conducted 33 semi-structured interviews focused on service usage, homelessness histories, transitional programs experiences, and well-being. We recruited via snowball sampling at a women’s transitional shelter in a major Canadian city. Participant median age was 43 years; 30% were born outside of Canada; 55% were Francophone; 8% identified as Aboriginal; 32% reported homeless duration of more than one year. Interviews were approximately one hour, transcribed verbatim and coded thematically using NVivo software. *Results:* Women reported valuing the time to transition from homelessness to housing. For some, the social support within the shelter is instrumental to stabilization after relationship ruptures or mental health crises, for establishing sobriety, income, or for breaking isolation. Conversely, some women reported

a lack of feeling safe, privacy, and shelter cleanliness and were anxious to leave as soon as possible. *Conclusions:* Our research is a university- community organization collaboration. Results are immediately applicable to improving service provision within the organization and to inform policies to address the role of traumatic stress in female homelessness.

#### 5-004

##### **Investigating social support as a buffer against stress-related disorders: PTSD prevalence and its correlates in canine search and rescue teams**

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University of Zürich, Switzerland

*Background:* Similar to other first responder groups, canine search and rescue handlers (SRH) are at increased risk for PTSD and distress due to deployment-related traumatic stressors (Berger et al., 2012). Social support along with adequate training constitute protective factors (Hunt et al., 2012, Kleim & Westphal, 2011). However, evidence is scarce when applying the new ICD-11 diagnostic guidelines. *Objective:* This study investigates prevalence rates of ICD-11 PTSD in SRHs, and seeks to identify correlates such as social support experienced as a buffer. *Method:* In cooperation with the federal German Canine Search and Rescue Organization, the following questionnaires were administered in an online survey: IES-R (PTSD symptoms with an algorithm for ICD-11), LEC-5 (Lifetime history of trauma exposure), deployment-related traumatic stressors, BSI (general mental health distress), SAQ (social acknowledgement). *Results:* Data collection was finished recently with a sample size of N=116 (60% female). Preliminary descriptive results revealed a mean age of 43.59 years (range 19-68). The majority (58%) reported at least one traumatic event. Almost 24% reached the critical threshold for PTSD diagnosis. Most participants did not receive structured debriefing after stressful deployment experiences (68%). Further analyses will investigate correlates of PTSD symptoms with respect to types of traumatic experiences, social aspects, and sociodemographics. *Conclusions:* This is the first investigation of SRHs in Germany. The results will not only provide insights into the current state of mental health and traumatic burden in this group but ultimately derive suggestions for debriefing and prevention strategies with the aim to reduce risk of PTSD.

#### 5-005

##### **Predicting mental health after exposure to adverse events through data-driven models**

Mareike Augsburger

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*Background:* Despite high lifetime exposure to adverse events, only a minority develops symptoms of long-term mental distress. But identifying predictors for pathologic development has remained challenging and results are inconsistent. In light of these findings, machine learning algorithms can extend knowledge beyond theory-driven approaches (Yarkoni & Westfall, 2017). These models are becoming increasingly

important in order to predict mental disorders (Gillan & Whelan, 2017). *Objective:* The study investigates risk and resilience factors for mental health over the course of time after being exposed to adverse events with a data-driven approach. *Methods:* Data from the ongoing longitudinal cohort study pairfam with an initial sample size of 12000 will be used. Pairfam consists of nine waves and focusses on dynamics in intimate relationships, including exposure to adverse events and (mental) health. It will be investigated, whether data-driven are capable of predicting mental health status over the course of time based on adverse events and potential covariates. Different modeling algorithms (e.g. Support Vector Machines, Neural Networks and decision trees and ensemble methods) will be compared with respect to their predictive accuracy and interpretability. Results will be contrasted with theory-driven approaches. *Results:* Data extraction procedures are currently in progress, so no results are available yet. All results will be based on analyses the as outlined in the methods section. *Conclusion:* The findings will lead to better understanding health trajectories over the course of time after stressful experiences. Moreover, they will highlight the potential of data-driven models with respect to traumatic stress studies.

#### 5-006

##### **Narratives of trauma: Exploring the effects of trauma type in the narrative memories**

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*Background:* Memory plays a leading role in psychological adjustment after traumatic events. Indeed, Rubin, Berntsen & Bohni (2008) proposed that PTSD would be the result of an interaction between the characteristics of the event and the processes of remembering. However, few studies have explored the differences in the nature of memories between victims exposed to different types of events. *Objective:* The current study aims to analyse and compare the narrative characteristics of neutral, positive and traumatic/negative memories from women exposed to repeated intimate partner violence (n=50), single interpersonal violence (n=50) and non-A stressful events (n=50). *Method:* Narrative variables were assessed using the Coding and Assessment System for Narratives of Trauma (CASNOT; Fernández-Lansac & Crespo, 2017) and the Language Inquiry and Word Count (LIWC; Pennebaker, Francis & Booth, 2001). *Results:* Differences in narrative variables across groups and narrative valence were explored, as well as the relationship between these narrative variables and self-reports of psychological symptoms (PTSD, depression, and anxiety), centrality of the traumatic event and processes involved in remembering of the traumatic event. *Conclusions:* Altogether, this study provides further evidence about the influence that the type of event suffered could have on the way in which victims from different events process traumatic experiences.

Clinical implications and future research directions will be discussed.

#### 5-007

##### **Virtual Reality Training for Professionals to Support Prevention of Patient Aggression Incidents in the Workplace: Preliminary Results in Mental Healthcare Employees**

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*Background:* Aggression incidents are a major problem in healthcare settings, with possible long-lasting mental health consequences for involved employees. In co-creation with end-users, we developed a Virtual Reality (VR) training protocol including two interactive role-plays to practice de-escalation techniques. *Objective:* To investigate the acceptability of the VR de-escalation training and its potential influence on confidence in coping with patient aggression in mental healthcare employees. *Method:* An experimental design was used with assessments at baseline (demographics, past year experiences and psychological impact [PCL-5] of aggression incidents in the workplace, and confidence in coping with patient aggression) and at post-intervention (self-reported learning effects, user satisfaction, and confidence in coping with patient aggression). *Results:* Participants (N=31 mental healthcare employees, 74% females; 39±11 years) had experienced 9±3 different types of patient aggression incidents in the past year which was positively related to current patient aggression-related PTSD symptoms ( $r=.45, p=.01$ ) and to confidence in coping with patient aggression ( $r=.56, p<.01$ ). Participants valued role-playing in VR as realistic (100%), instructive (65%), and it contributed to increased awareness into their own behaviour towards patient aggression (81%). Confidence in coping with patient aggression significantly increased after VR role-playing ( $t(df=30)=-4.0, p<.01$ ). Less past-year experiences with patient aggression were related to a greater increase in confidence in coping ( $r=-.48, p<.01$ ). *Conclusions:* Practising de-escalation techniques in VR was associated with more awareness in professionals and increased confidence in coping with patient aggression post-intervention. If replicated in a controlled setting, VR training is an acceptable and valuable training method for professionals.

#### 5-008

##### **Long-term psychological consequences of the World War II trauma: The role of social acknowledgment among Polish survivors**

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*Background:* There is an increasing evidence of the importance of socio-interpersonal variables in the

course of PTSD (Maercker, & Horn, 2013). Many World War II (WWII) survivors in Poland could have experienced a lack of social recognition and acknowledgment of their war-related trauma due to political reasons (Lis-Turlejska et al., 2008, 2018). *Objective:* The aim of the study was to examine the association between perceived social acknowledgement of WWII trauma and the level of PTSD and depression among Polish survivors of WWII using quantitative methods, as well as qualitative interviews. *Method:* In the quantitative part, 123 participants aged 74-103 years ( $M = 82.53$ ;  $SD = 5.74$ ) completed the WWII trauma-related questionnaire, the PTSD Checklist for DSM-5 (PCL-5), the Geriatric Depression Scale (GDS) and the Social Acknowledgement Questionnaire (SAQ). In the qualitative part 16 participants were interviewed, and interpretative phenomenological analysis identified themes of memories that were significant for participants. *Results:* Quantitative analysis revealed that the General Disapproval (SAQ subscale) mediated the link between the exposition to WWII trauma and some PTSD and depressive symptoms. In addition, the Family Disapproval subscale was directly linked to the depression intensity only. Similarly, in qualitative interviews negative memories connected to family were the most harmful for participants. *Conclusions:* There is a need for further examination of WWII trauma among Polish survivors of WWII, a topic highly neglected in Poland. In addition, the results indicate the significance of social reactions to survivors' traumatic experiences.

#### 5-009

##### **An investigation into the relationship between Posttraumatic Stress Disorder (PTSD), psychological distress, approach and avoidance goals, and academic motivation**

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*Background:* Students who enter college with a past traumatic experience often report difficulties in self-regulated learning (Ness et al., 2015), effort regulation and psychological distress (Boyras, 2015, 2016). Little is known regarding the impact of past trauma onto achievement goal, motivation, and distress among Chinese students. *Objective:* This study investigated the inter-relationship between Posttraumatic Stress Disorder (PTSD), approach and avoidance goals, academic motivation, and psychological distress. *Method:* A cross-sectional survey was conducted; 448 full-time students ( $F=323$ ,  $M=161$ ) were recruited from one university in Hong Kong. They completed the Posttraumatic Stress Diagnostic Scale, General Health Questionnaire-12, Achievement Goal Questionnaire, and Academic Motivation Scale. *Results:* 336 students (nearly 70%) reported to have experienced trauma in the past. Using structural equation modelling, PTSD was positively correlated with psychological distress, amotivation and controlled motivation. Approach goals were negatively correlated with distress and amotivation, and positively correlated with autonomous motivation, while avoidance goals was

positively correlated with distress, amotivation and controlled motivation, and negatively correlated with autonomous motivation. *Conclusions:* PTSD from past trauma is related to distress, the lack of motivation and motivation driven by pressure. Having a goal to achieve success can buffer against distress and the lack of motivation, and facilitate motivation instigated by personal choice. Having a goal to avoid problems or failure can elevate distress, the lack of motivation and motivation driven by pressure, and reduce motivation driven by personal choice. A cross-sectional study is limited in examining causality, for which a future study with a longitudinal design is needed.

#### 5-010

##### **Prevent trauma and rebuilding resources among mental health professionals in the East of Ukraine**

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Ukrainian society of specialists on overcoming the consequences of traumatic events

*Background:* Despite a ceasefire agreement signed in 2014, a military conflict between Ukrainian forces and Russian-backed separatists in densely populated areas in the East of Ukraine continues has started escalating. Approximately 200,000 people reside within 5 kilometers of the 500-kilometer front. The G-TEP (Group - Traumatic Episode Protocol) is a protocol of Eye Movement Desensitization and Reprocessing (EMDR) is a novel method to prevent psychological trauma and burnout. *Objective:* There are clinical evidence and one field study and one RCT published on the effect of EMDR G-TEP (Konuk et al., 2018; Lehnung et al., 2017). No studies have tested the G-TEP protocol in mental health professionals in Ukraine. *Method:* All mental health professionals who work in the project "Psychological support to conflict-affected people in Ukrainian war zone" and live in Donetsk and Luhansk regions were eligible to participate. The outcome measure was SUD (subjective unit of disturbance), BDI, BAI, and PCL-c. *Results:* 28 number of mental health professionals were approached, agreed to participate and were treated with GTEP. Their exposure to the war zone has started since spring 2014. 16 were psychologists 4 were social workers 8 were other professionals. They received up to 4 sessions of G-TEP and 4 resource techniques sessions over a period of 4 months from 3 EMDR G-TEP certified therapists. There were noticeable reductions in all outcomes that we used. *Conclusion:* this study indicates that G-TEP EMDR protocol is feasible and associated with a reduction of the risk of psychological trauma and burnout in Ukrainian mental health professional.

#### 5-011

##### **When war is not over yet: updating care and skills for world war II victims**

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Arq National Psychotrauma Centre

*Background:* When echoes of military boots can no longer be heard in the streets, and cities are rebuilt again, and the dead are buried, is war then really past



perfect tense for war survivors? Or is it coming to the fore again as they grow older? Do we now, 74 years later, still need to inform the current – young – professional caretakers about the impact of World War II (WWII)? *Objective:* With this survey, requested by the Dutch Ministry of Health, Welfare and Sports, we aim to bridge a gap in knowledge and skills of -young -caretakers, for those who have survived WWII, and who may (still) suffer from the consequences of their war experiences. *Method:* Information was gathered through a combination of literature research and more than 20 semi-structured interviews with a wide range of professional caretakers and caregivers. *Results:* Even though not every war survivor, developed complaints, there is a group of people who do suffer (again) from their past war experiences, compounded by the impact of the process of growing older. Caretakers do miss sometimes information, knowledge and skills, which could allow for better, more tuned-in and personalised appropriate care. *Conclusions:* Caregivers and carers do need to be more informed about the context, possible consequences and how to appropriately deal with this group. Updating curricula and dissemination of context information, and appropriate caring, is still needed.

#### 5-012

##### **PTSD symptoms and traumatic stressors among Emergency Department nurses in the Netherlands**

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Erasmus MC

*Background:* Emergency Department (ED) nurses are routinely confronted with psychosocial work stressors and are thereby vulnerable to posttraumatic stress disorder (PTSD). Moreover, having PTSD symptoms may cause ED personnel to reduce work hours or even to switch jobs. Previous studies reported a high prevalence of PTSD symptoms among ED nurses in the US and Europe. Little data is available about this topic in the Netherlands. *Objective:* This study aimed to determine the prevalence of PTSD symptoms and exposure to traumatic events among ED nurses in the Netherlands. *Method:* We conducted a cross-sectional questionnaire study within ten hospitals from February until June 2018. Every ED nurse (n=585) received an email with a link for an anonymous questionnaire. The PCL-5 (PTSD checklist for the DSM-5) was used as screening tool. A PCL-5 score  $\geq 31$  indicates the presence of PTSD. Also, frequency of exposure to traumatic events in the past year was assessed. *Results:* Of 585 ED nurses 346 (59.1%) completed the PCL-5. Of these nurses 74% (n=256) were female and 40.8% (n=141) were between 30 and 39 years old. Thirteen (3.8%) nurses met the criteria for PTSD (PCL-5  $\geq 31$ ). Furthermore, 79 (23.1%) had a score of 11 or higher indicating subthreshold PTSD. On average, ED nurses reported to be exposed to 7 traumatic events in the past year. *Conclusion:* ED nurses are at risk for the development of PTSD. One in ten reported moderate to extreme PTSD symptoms. It is important that we create awareness about this issue and develop preventive strategies.

#### 5-013

##### **Intrusive Memories and Peritraumatic Phenomena Following Disaster**

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*Background:* Cognitive theories of PTSD hypothesize that the way memory is encoded during trauma is responsible for the characteristics of intrusive memories (Ehlers and Clark, 2000). Therefore, what happens at the time of the trauma, i.e. peritraumatic phenomena such as dissociation might be key to the development of intrusive memories (Brewin, 2015). *Objective:* To naturalistically explore the role of peritraumatic phenomena in determining why certain moments of a trauma are encoded as intrusive memories while others are not. *Methods:* Severely exposed earthquake survivors (N = 104) were asked to identify a disaster-related intrusive memory and a distressing, but non-intrusive, control memory from the disaster. If participants did not report having intrusive memories they were asked to identify the most distressing memory of the disaster. They were then asked to complete measures of the peritraumatic phenomena experienced in the moments corresponding to each memory. *Results:* Moments encoded as intrusive memories were characterized by significantly higher ratings on all seven peritraumatic phenomena in comparison with the moments of the same trauma that had become non-intrusive memories. *Conclusion:* What happens during the specific moments of a trauma is of paramount importance for the development of intrusive memories. The current study is the first to confirm this naturalistically in a community sample exposed to the same trauma with spontaneously occurring, long-term intrusive memories. These findings can inform preventative and acute-phase intervention with trauma survivors by developing techniques to diminish peritraumatic phenomena and, in turn, the chances of developing intrusive memories.

#### 5-014

##### **The Relationship Between PTSD Symptoms, Coping Strategies and Posttraumatic Growth Among Georgian Veterans**

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Ketevan Soselia, Ketevam Lomsadze  
Ministry of Defence of Georgia

*Background:* The following study investigated the relationship between PTSD symptoms, coping strategies and posttraumatic growth (PTG) in Georgian veterans. Research was conducted on male veterans (N =96, age M =37.8) injured during International Peacekeeping Operations and August War of 2008. *Methods:* Research participants filled out self-administered questionnaires: PTSD Checklist for DSM-5 (PCL-5), Post Traumatic Growth Inventory (PTGI) and Ways of Coping Inventory (WOC). *Analysis:* To explore the nature of relationship between PTSD symptoms and PTG curvilinear regression was applied; Linear and quadratic effects of PTSD symptoms on PTG were assessed. Mediation model 4 of SPSS PROCESS macro was used to test indirect effect of PTSD

symptoms on PTG through positive reappraisal. *Results:* Curvilinear relationship between PTSD symptoms and PTG was found: both quadratic and linear effects were significant at  $p = .38$  level and combined they explained 22% of variance in PTG. PTSD symptoms had significant indirect effect on PTG through positive reappraisal,  $b = 0.16$ , 95% CI [0.05, 0.28]. The ratio of indirect to total effect was 0.40, 95% CI [0.15, 0.77]. *Conclusion:* The curvilinear association found between PTSD symptoms and PTG suggests that the highest scores on PTGI are observed in individuals with moderate PTSD symptoms. Moreover, severe levels of PCL-5 scores lead to reduction of PTGI scores. Findings indicate importance of positive coping strategies, namely positive reappraisal for Posttraumatic Growth and early utilization of therapeutic techniques focusing on developing positive coping skills.

#### 5-015

##### **What is it to lose parents and what is the reaction of journalists to the needs of children in the digital times?**

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*Background:* The newsworthiness of a death conflicts with values of human dignity and privacy, since the reports expose private citizens in their hardest moments. In this regard, not only, the violation of the victims' dignity should be considered, but also the feelings of their next of kin: how children consume the information about the death of their beloved parents (in case of femicide followed by suicide, or intimate homicide when one of their parents killed the other), especially, in the digital times, when information remains on the World Wide Web forever. *Objective:* The goal is to study the observations of journalists about the needs of children that were affected by intimate partner crimes including harm/benefit from information consumed from media. *Method:* Study will ask journalists if they have covered homicide exposed children's life experience, social environment, and general well-being. At what extend to report about these children, if their names or initials should be used, what about photos? We will interview journalists and children to identify the gap that (if) exists between what children want and what they get or how they are understood and heard including right to information. *Results:* The study will get answers about how journalists balance between telling the truth and the do no harm principle. What are the challenges they face and the best ways to handle the information, which specifically could serve the children's best interests? *Conclusions:* As a result of the study, policy recommendations and codes of conduct will be drafted for journalists.

#### 5-016

##### **Workplace critical incidents and impact on mental health: Systematic review of longitudinal studies on the association between critical incident and mental health in non-military work**

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*Background:* Workplace psychotrauma is a well-known phenomenon, in occupations such as first responders Health and service work, prison & probation industries and in public transportation. Reactions to traumatic events includes both Posttraumatic stress disorder, depression, adjustment disorders other anxiety disorders and personality disorders. Within the occupational setting, reactions to critical events might differ from civilian life, due to selection and training of staff and because workplace critical incidents are often repeated, and occurring for prolonged periods of time (Mcfarlane, 2012). Research on the consequences of workplace critical incidents is heterogeneous. A systematic overview is needed to establish a platform for planning and decision- making regarding workers health. *Objective:* To conduct a systematic review on longitudinal studies on workplace critical incidents and mental health outcomes within non- military work. *Method:* The review will be conducted in adherence to the Meta-Analysis of Observational studies in epidemiology guidelines (Stroup et al., 2000). Searches will be conducted in PubMed, CINAHL, EMBASE, and PsycINFO, Web of science, Scopus, complemented by citation chaining. Data extraction will be conducted from February - March 2019 including results from peer reviewed publications and grey literature in English and Scandinavian languages from 1995 – 2019. *Results:* Results will be presented schematically based on year, population, exposure (type and frequency), design main results and study quality assessed using the Newcastle – Ottawa Quality Assessment Scale for Cohort studies (Wells et al., 2005). *Conclusion:* A much needed overview will be presented and conclusions on the research field of workplace traumatization will be made.

#### 5-017

##### **The impact of severe pediatric epilepsy on experienced stressors, depression and PTSD in caregivers**

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<sup>1</sup>Epilepsihospitalet Filadelfia, Denmark <sup>2</sup>University of Southern Denmark, Department of Psychology *Background:* Severe pediatric epilepsy (SPE) is a chronic and potential life threatening condition and given the uncertain nature of SPE, the often co-occurring cognitive and physical dysfunction and decline, caregivers are exposed to exhaustive handling of everyday life not only dealing with seizures and treatment. The uncertainty can lead to a high level of permanent stress in parent and child and recent studies suggest that the level of function in the family, experienced stress and the family resources to handle stressful situations have a significant influence on the

child's emotional wellbeing two years after seizure onset. *Objectives:* To clarify the needs for support in a Danish population, increasing the possibility of targeting a precise intervention to prevent exhaustion of resources in caregivers. *Methods:* Caregivers of children with SPE submitted at the Danish Epilepsy Center were approached for participation in the study. The questionnaires Bech-19 and the International Trauma Questionnaire (ITQ) were used for measuring the level of depressive symptoms and PTSD respectively. *Results:* 168 primary caregivers (F:128/M:38) completed the survey. Mean age of children was 9.2 years (SD 4.83) with a mean duration of epilepsy of 4.46 years (SD 3.91). Preliminary results expose a frequency of PTSD in 15.5 % of caregivers, with higher frequency in female caregivers. More than 30 % show signs of moderate to severe depression. *Conclusions:* Caring for a child with SPE leaves a significant psychopathological impact on caregivers and calls for research into relevant and early family-aimed interventions.

#### 5-018

##### **The Relationship between Depressive symptoms, Posttraumatic Stress Symptoms, Perceived Social Support, and Suicidal Risk among a Korean Sample of Natural Disaster Survivors**

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*Background:* Not a few survivors may suffer psychological disturbances in the aftermath of disasters such as natural disasters. *Objective:* The purpose of this study was to investigate the relationship of psychological symptoms and perceived social support with the risk of suicide among natural disasters survivors in Korea. *Methods:* A total of 451 Korean survivors of natural disasters participated in this study. Their depressive and posttraumatic stress symptoms, perceived social support, and suicide risk were measured. The participants were classified into three groups; minimal, low, and high suicide risk groups. The psychosocial factors were compared among the three groups. The multinomial logistic regression analysis was performed to examine the relationship between several psychosocial factors and suicide risk. *Results:* The level of posttraumatic stress symptoms was higher in both low and high risk groups relative to minimal risk group. The risk of suicide also increased as depressive symptoms increased. On the other hand, the higher social support (particularly, family support), the lower the risk of suicide. Depressive symptoms emerged as the most potent predictor of suicidality after controlling for the other relevant predictors. *Conclusions:* Several psychosocial factors, particularly depressive symptoms, may have an impact on suicide risk in the natural disaster survivors. Therefore, it is essential to focus on their depressive symptoms when assessing and treating natural disaster survivors.

#### 5-019

##### **The power of artistic commemoration: Sarajevo Red Line**

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*Background:* Sarajevo Red Line, a memorial event held on April 6, 2012, was organised to commemorate the 20th anniversary of the four year long siege of Sarajevo. An installation of 11.541 empty red chairs lined up in an 825 meter long row along the main street symbolised every victim killed during the siege. Beside this confrontative visualisation of the loss, concerts, exhibitions and performances were held during the day. This poetic and dramatic event activated individual and collective mourning processes, and created an intensive and overwhelming experience. (Giovannucci, 2013, Cerkez, 2012). *Objective:* Commemoration can be seen as a dynamic process of construction of narratives, beliefs and values about the past (Richardson, 2018) which enhances managing traumatic past (Miller, 2012). In this study, we explored the psychological and social impact and the construction of meaning in this one-off commemoration. *Method:* A pilot case study was conducted, consisting of a restricted number (n=7) of interviews with participants of this commemoration. Furthermore, thematic analyses of national and international media documents complement the data. *Results:* A systematic description of the emotional, cognitive and social impact of this novel artistic commemoration will be presented and illustrated by video segments. The potentials and limitation of an artistic commemoration, within an ethnically divided society will be discussed. *Conclusions:* Insight into the psychological consequences and working ingredients of an artistic commemoration can enrich memory events, in order to enhance the process of managing traumatic memories on both individual as well as societal level.

#### 5-020

##### **Public commemoration as instrument for mental healing? A mixed method study.**

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*Background:* Collective commemoration in response to war or disaster is widespread across time and cultures. It is assumed to support those affected by the disruptive event in the process of recovery (Miller, 2012). However, the actual relationship between commemoration and mental health is complicated and evidence remains elusive. By applying a scoping review approach, we found both negative and positive effects of commemoration on grief and trauma symptoms, including a wide range of emotions (e.g., Gasparre, 2010; Watkins, 2010). Furthermore, we distinguished different factors to explain the linkage between commemoration of war or disaster and

emotional reactions (Verloop et al, submitted). *Objective:* In the Netherlands, all Dutch victims of war since World War II are annually commemorated on Remembrance Day. By studying the impact of this event, we aim to further elucidate the potential of commemoration to enhance or retain recovery. *Method:* Mixed methods were used. As part of an experimental design, participants looked at a segment of the broadcast of Remembrance Day and filled in questionnaires including questions about emotional reactions. Quantitative data was complemented with twelve in-dept interviews. *Results:* Preliminary results demonstrate significant negative emotional responses to watching the broadcast. Further analyses are directed to determine factors that contribute to emotional change. Factors concerning individual background (such as proximity to a war) as well as response to the commemoration (such as feeling of acknowledgement) are taken into account. *Conclusion:* Outcomes will allow policy makers and social workers to make salient decisions around commemorative events that may benefit fractured communities as well as individuals.

#### 5-021

##### **The role of trauma-informed self-care on child welfare workers' mental health**

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*Background:* Job related burnout and secondary traumatic stress are associated with mental health functioning and can intensify impairment in functioning (Tuithof et al., 2017). The impact of trauma on child welfare providers is often not discussed. Scholars are calling for self-care strategies for professionals that might mitigate negative outcomes. Recently the concept of trauma-informed self-care (TISC) has been developed (Salloum, Choi, & Stover, 2018). TISC may serve as a buffer between burnout and secondary traumatic stress and impaired mental health functioning. *Objective:* The purpose of this study was to examine the relationship of TISC on burnout and secondary trauma and mental health functioning among child welfare workers. *Method:* The sample consisted of 177 child welfare workers who completed surveys about TISC, burnout, secondary traumatic stress and mental health functioning. The TISC subscales (e.g., Organization Resources related to trainings on the effects of trauma, Organizational Practices related to supervision and support and Personal Self-Care activities that included personal self-care activities and attention to work-life balance) were used to examine the mediation effects of TISC on worker negative outcomes. *Results:* Findings suggest that personal self-care activities mediated the relationships between burnout and secondary trauma and mental health functions. Organizational resources mediated the relationship between secondary trauma and mental health but not burnout. *Conclusions:* Self-care practices that include specific personal activities and attention to work-life balance are critical for

workers' mental health. More research on the role of trauma-informed trainings and supervision and support to buffer negative outcomes among workers is needed.

#### 5-022

##### **Examining trauma exposure as a predictor of cyber dating violence among Israeli young adults**

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*Background:* Cyber dating violence (CDV) is a growing phenomenon among young adults, though its extent has yet to be studied widely, specifically the distribution of frequency and severity in terms of gender and culture. In addition, the question of whether the underlying etiological mechanism resembles the mechanism underlying face-to-face IPV has yet to be examined. *Objective:* Thus, the aim of the first Israeli national study on this topic was to assess CDV rates among young adults in Israel and the relation between these rates and different traumatic exposure experiences: childhood/family/peer, community, political. The study's second aim was to assess the unique contribution of exposure to potential traumatic experiences in the media. Thus, we examined the contribution of media violence to the variability in CDV and the role of posttraumatic symptoms (PTS) as a mediator of these associations. *Method:* A representative sample of 800 Israeli young adults participated in an online survey of a baseline longitudinal study using validated measurements: the Cyber Aggression in Relationships Scale (CARS), the Life Events Checklist (LEC), and the International Trauma Questionnaire (ITQ) for PTSD. *Results:* Preliminary results present an association between exposure to specific traumatic events, PTSD symptoms, and different types of cyber IPV depending on gender and culture. *Conclusion:* This research contributed a theoretical question regarding the association between trauma exposure and violent behaviors in intimate relationships. Clinical implications for young people's use of electronic media, mental health, and the extensive use of cyber violence will be discussed.

#### 5-023

##### **The Impact of Perceived Organisational Support and Trauma on Scientific Support Staff within the Police Service of Northern Ireland: A Mixed Methods Investigation**

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*Background:* Police personnel are exposed to traumatizing materials and events, associated with elevated rates of trauma-related symptoms (Maia et al., 2007). The role of Scientific Support Staff (SSS) differs from that of sworn officers in that they are civilian staff whose role focuses on crime scene investigation (CSI), mapping, fingerprinting, or photographing crime scenes, as opposed to response policing. As a result, SSS have largely been overlooked

in the literature. *Objective:* The purpose of this study is to uncover: how organisational support is perceived by SSS within the PSNI; how it could be improved to protect mental health; whether Perceived Organisational Support (Eisenberger et al., 1986) mediates the link between cumulative traumatic exposure and mental health outcomes in this population. *Method:* This study used a mixed methods approach, including interviews and a secondary analysis of a quantitative survey. A thematic content analysis of ten semi-structured interviews with members of each of four units was carried out. Further, a multiple mediation analysis was conducted using the PROCESS macro for SPSS (Hayes, 2012). *Results:* Preliminary analysis suggests that adverse mental health outcomes are associated with low POS. Furthermore, participants appear to perceive a general lack of understanding of their role within the organisation and the traumatic exposure it entails. Data will be fully analysed in the coming months and an updated results section will be available then. *Conclusions:* It is clear that the impacts of cumulative traumatic exposure are significant for police staff as well as officers.

#### 5-024

##### **When small and large social networks are equally good: Interpersonal emotion regulation during bereavement**

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*Background:* Do people fare best if they can rely on many social ties? Or does the function of the structure of social support matter? Emotion regulation (ER) is important for individuals' well-being and can be regulated intra- or interpersonally. After the death of a loved one, interpersonal ER may be particularly effective as bereavement is associated with heightened emotional intensity. The variety of different ER strategies provided by network members result in a repertoire of ER resources the individual can draw on. *Objective:* The present study assessed and compared associations between different network characteristics (i.e. network size, number of ER strategies, ER repertoire) and psychosocial outcomes in bereaved individuals. In addition, we aimed to answer whether the same benefits can be obtained from small networks that provide many strategies and large networks with few strategies. *Method:* 372 bereaved individuals (78% female) from the USA participated in a cross-sectional online survey and completed self-report measures about social network characteristics, ER, well-being and grief. *Results:* Results provide evidence for the newly proposed emotion regulation repertoire of social support (ERROSS) model. Repertoire was more predictive of individuals' mental health beyond network size and number of ER strategies. In addition, results suggest that similar benefits can be obtained from small networks that provide access to many strategies and large networks with few strategies. *Conclusion:* Results suggest that research designs that take the

combined effect of structural and functional social support aspects into account are superior to designs that view them as separate facets.

#### 5-025

##### **Gender differences in grief narrative construction: A myth or reality?**

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*Background:* Narratives play a central role in individuals' recovery process following the death of a loved one. Linguistic properties of grief narratives can serve as important indicators of adjustment to loss beyond traditional self-report. *Objective:* The present study tests whether bereaved men and women differ in how they discuss their loss, and how linguistic markers relate to psychological functioning. In line with traditional gender role stereotypes, we expected gender differences in various linguistic markers and psychological functioning. *Method:* 50 grief narratives from an interview study with bereaved widow(er)s and parents (58% female; age: M = 71.16, SD = 9.95) were analyzed using the Linguistic Inquiry and Word Count (LIWC), a software program which provides the percentage of words that fall into linguistic (e.g., personal pronouns, nonfluencies) and psychological categories (e.g., emotion, social process words). *Results:* Gender differences emerged in self-reported psychosocial outcomes, but not in linguistic markers. Additional exploratory analyses revealed gender differences in the association between linguistic markers and psychosocial outcomes. Notably, first person singular pronoun use was associated with increased depression levels in females, but not males. In contrast, first person singular pronoun use was associated with increased grief avoidance in men. *Conclusions:* Findings suggest that men and women are more similar than different in discussing their grief. Associations between linguistic markers and psychological adjustment indicate that grief narratives contain meaningful indices of underlying mental health. Clinical implications for bereavement care are discussed.

#### 5-026

##### **What protects our professional caregivers from burning out? A longitudinal analysis of individual resilience**

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*Background:* Professional caregivers working in youth residential care are exposed to multiple stressors and have high burnout rates, however not all individuals are equally susceptible. *Objective:* We aimed to investigate the longitudinal association between specific resilience measures and burnout risk in a Swiss population of professional caregivers working in youth residential care. *Methods:* Participants (n=160;

57.5% women) reported on burnout symptoms and resilience measures (sense of coherence (SOC), self-efficacy and self-care) at four annual sampling points. The associations of individual resilience measures and sociodemographic variables, work-related stressors, private stressors and burnout symptoms were assessed. Cox proportional hazards regressions were calculated to compute hazard ratios (HR) for the association between resilience and risk of burnout over the course of three years. *Results:* Higher SOC, self-efficacy and self-care were related to lower burnout symptoms in work-related and personal domains. Higher SOC and self-efficacy levels were found in older caregivers and in those with children. Reporting more work-related stress was associated with lower self-efficacy and less self-care. All three resilience measures were highly correlated. Analyzing all measures in a combined model weakened the effect of self-efficacy, leaving only SOC and self-care negatively associated with burnout risk (SOC: HR=.58,  $p=.004$ ; self-efficacy: HR=.77,  $p=.112$ ; self-care: HR=.59,  $p=.002$ ). *Conclusion:* This longitudinal analysis suggested that especially SOC and self-caring behavior of professional caregivers protect against burnout risk. Our exploratory findings could have implications for promoting self-care practices, as well as cultivating a meaningful, comprehensible and manageable professional climate in all facets of institutional care.

#### 5-027

##### **Catastrophe scenarios: how to help the professionals?**

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*Background:* In the last years, Portugal experienced some traumatic events that challenged the ability of professionals to support the victims and simultaneously to assure good care for themselves. Subsequently, the number of studies on the aspects involved in the establishment of traumatic stress, mainly regarding to professionals who work in catastrophe scenarios, has increased in the country. *Objective:* This study aimed to identify the interventions post-catastrophes adopted in Portugal, as well as developed a brief guideline to support professionals who work in crises and catastrophe scenarios. *Method:* A literature review was conducted in order to verify the main characteristics of the professionals who work in catastrophe scenarios. In addition, meetings, field survey and the experience of the authors contributed to identify the interventions have been practiced in Portugal and to develop guidelines to support this population. *Results:* Although professionals working in catastrophe scenarios are a high-risk group for the development of stress-related diseases, they often neglect their mental health and are neglected by those working in these scenarios. The recognition of common stress reactions, especially the distinction between normal

and pathological reactions, seems to be a major asset in order to provide timely support and treatment. *Conclusion:* Identifying potential secondary victims and analyzing their available resources may allow proper referral. Different strategies may be implemented to increase resilience and prevent stress-related diseases in professionals working in catastrophe scenarios. Debriefing and early interventions may be beneficial resources. On the other hand, some cases require therapy or even a long-term psychiatric monitoring.

#### 5-028

##### **The scars of war: the past and the present of war trauma in Portugal**

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*Background:* Portugal was affected by the Colonial War (1961-1975), and from the 1990s has integrated Peacekeeping Missions. Although the Colonial War may be considered the responsible for increasing interest in stress-related pathologies in the country, recognition of PTSD as official diagnosis occurred in 2000, as well as publications in this field have increased since this year. These facts seem to be one of the reasons for the change in diagnosis and symptoms reported by Portuguese veterans throughout 50 years. *Objective:* This study aimed to verify the evolution of symptomatic complaints resulting from war experiences and peacekeeping missions throughout the last 50 years in Portugal. *Method:* Through interviews with professionals who have treated veterans of the Colonial War and Peacekeeping Missions, as well as a survey of publications from 1961 to 2018, this study built a bridge between the past and present of the war trauma in Portugal. *Results:* The interviews indicated dissociative behaviors and brief psychotic reactions as prevalent symptoms among Portuguese veterans in the first clinic observations. Nightmares, irritability and thoughts and intrusive memories have been most reported in the last 18 years. In addition, veterans are considered a risk group for the development of depressive symptoms and alcohol abuse. *Conclusions:* Although the interest in studying trauma had increased from the Colonial War, the change in symptomatic complaints may suggest that recognition of PTSD favored the reporting of symptomatology before ignored by veterans. Information and knowledge seem to be a path to raise health care among this population.

#### 5-029

##### **Vicarious Traumatization in Asylum Lawyers**

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**Background/Objective:** Lawyers working with traumatized asylum seekers are at risk of developing vicarious traumatization (VT). The impact of such exposure has been well documented in other professionals; however, research has not been able to map out the potential corrosive consequence of VT nor the strategies used by asylum lawyers to cope with work-related stress. **Method:** Self-report measures consisting of the Trauma and Attachment Belief Scale (TABS), Impact of Event Scale-Revised (IES-R), and Brief COPE were used to investigate symptoms of VT and coping strategies in 89 asylum lawyers. **Results:** More than one third reported scores indicating PTSD. Differences between the PTSD asylum lawyer group and the non-PTSD group regarding disruptions in cognitive schemata were noted. These pertain to the areas of safety ( $p < .05$ ), trust ( $p < .05$ ), esteem ( $p < .05$ ), intimacy ( $p < .05$ ), and control ( $p < .05$ ). The PTSD-group used coping strategies such as self-distraction ( $p < .05$ ), behavioural disengagement ( $p < .05$ ), denial ( $p < .05$ ) and self-blame ( $p < .001$ ) more often than the non-PTSD group. Maladaptive coping strategies (i.e. self-distraction, denial, self-blame) were associated with higher symptom levels of PTSD and VT. No differences between the groups regarding work-related factors such as number of clients, weekly work hours nor years worked in asylum law were found. **Conclusion:** Asylum lawyers are vulnerable to developing VT and to using maladaptive coping strategies. This might not only affect the lawyer personally, but might also impact negatively on the quality of the support they provide to their clients.

### 5-030

#### Exploring the transition and adaptation of people who have experienced forced migration

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**Background:** The rise in the numbers of forced migrants globally has resulted in a critical challenge to address the outcomes of a forced displacement process on the mental health of migrants seeking asylum. **Objective:** To support the less stressful transition of this group of people to their host country, it is necessary to increase healthcare professionals' knowledge about the elements that influence the process of forced migrants' adaptation. **Method:** A qualitative approach was employed to collect data through semi-structured interviews. Interviews were analyzed using Interpretative Phenomenological Analysis (IPA). This study explored the experiences of 17 Iranian men ( $M=41.4$  years) and 17 Iranian women ( $M=35.6$  years) forced to leave their homeland and resettle in Australia. **Results:** The results from the IPA revealed the traumatic nature of the journey and the lack of certainty surrounding the future are common stressors for Iranian forced migrants in Australia. Furthermore, there are some differences in the way that men and women interpret the importance of

specific factors in their adaptation. For men, not being permitted to work and financial difficulties were strongly related to their adaptation. Emotional and instrumental social supports mainly facilitated women's adjustment. **Conclusions:** The current research extended the small body of research into the post-migration experiences of men and women who experience forced migration. Overall, better occupational, financial, and social situations can facilitate the process of adaptation of forced migrants after resettlement. The implications of this research point to the need for modification in policy-makers' decisions to support forced migrants.

### 5-031

#### Vicarious experiences and mental health of volunteer telephone counsellors

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**Background:** Researchers in the field of traumatic studies recognise that traumatised clients are not the only individuals in need of interventions and/or assistance. Volunteer telephone counsellors who work with traumatised individuals may also experience decreased emotional well-being (Dombo, & Blome, 2016). Previous literature highlighted the apparent need for studies that substantiated many of the concerns raised in the research regarding vicarious experiences in volunteer counsellors. **Objective:** Due to the lack of research in the field of vicarious experiences, the present study aims at investigating on how the mental health of volunteer telephone counsellors is being affected by the indirect exposure to highly emotional information. **Method:** A Mixed Method Design is being applied in order to explore the phenomenon of vicarious trauma and identify the impact of indirect traumatic experiences in mental health of volunteer telephone counsellors. The strategy entails the collection and analysis of quantitative data followed by a collection and analysis of qualitative data. **Results:** Previous researches have reported that volunteers' exposure to horrific and detailed accounts of human pain may influence their way of feeling and thinking. The traumatic experience may result in an individual experiencing emotional symptoms, such as heightened levels of anxiety, depressed mood, discouragement and behavioural symptoms such as limited desire for intimacy in close relationships or increased substance misuse (Sui, & Padmanabhanunni, 2016). **Conclusions:** In the array of emotional responses, volunteer counsellors, after hearing their callers' stories, may report anger, fear, frustration, helplessness, powerlessness, despair and shock (Cohen, & Collens, 2013).

### 5-032

#### Current and Future Youth Psychotraumatology in Greece

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**Background:** During the last few years, increasing numbers of children and their families with

complicated psychosocial adversities and/or traumatic life events are seen in the Greek child and family mental health services. A disturbing example is the number of maltreated children admitted for protection reasons to the pediatric hospitals before they end up in an institution or other places or back to their families (Kolaitis & Giannakopoulos 2015). The recent waves of traumatized refugees from Syria and other countries have contributed to the already existing economic crisis in Greece. *Method:* In May 2017, the first psychotraumatology conference on Child Trauma was organized in Athens, Greece. This successful conference is expected to be developed into an annual international conference. Examples of psychotrauma research in Greece were presented in this conference and published in the European Journal of Psychotraumatology (Kolaitis & Olff 2017). *Results:* The present state of research on psychotrauma in Greece requires it to be embedded in a community of scientists that share the same goals: that of sharing of knowledge and experience about all aspects of psychotraumatology, by fostering research and best practice, building networks and contributing to public policy. *Conclusion:* Currently the Greek Society for Traumatic Stress Studies is being established which will hopefully become a member society of the European Society for Traumatic Stress Studies fostering international research and improving clinical practice. Examples of current youth psychotrauma research in Greece (related to natural disasters, refugees, maltreatment, traffic accidents etc.) will be here presented (Pervanidou et al 2007).

### 5-033

#### **From Fragments to Identity: Reminiscence, Life Review and Well-Being of Holocaust Survivors. An integrative Review**

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*Background:* Today, the survivors of the Holocaust are in their advanced years, aging 75 years and older. One factor that correlates to their successful adaptation to aging is the way they recall autobiographical memories. *Objectives:* Previous research has shown that reminiscence can take on either adaptive ('self-positive') or detrimental ('self-negative') forms, which in turn are differently linked to psychological well-being. Thus, the question of "why" and "how" Holocaust survivors recall their autobiographical memories may hold important information about the underlying coping processes at play. This review presents the current state of research on these questions. *Method:* A systematic literature search was conducted, looking for research on reminiscence and narrative styles, life review and well-being of Holocaust survivors. A methodological quality assessment was undertaken. *Results:* 23 articles met criteria for inclusion. The articles focused either on reminiscence functions or on content and structure of life narratives. Autobiographical reports were shaped by the experience of Holocaust. However, actual well-being was particularly determined by positive life events. Studies found evidence for resilience and

ongoing effort to integrate the past into a coherent review. The link between reminiscence and health remains stable even after massive trauma. Contextual influences (such as culture) and age are discussed as possible covariates. *Conclusions:* The results show that Holocaust survivors are able to use reminiscence in a functional way, though they are increasingly more vulnerable as they reach very old age. The link between past suffering and present well-being gets stronger with age. Implications for therapy are discussed.

### 5-034

#### **Media Coverage and the Risk of Trauma: the 2017 forest fires in Portugal**

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*Background:* The 2017 forest fires will remain in the memory of the Portuguese population, due to the tragic consequences that have provoked, such as the more than a hundred deaths, hundreds of injured people and thousands of destroyed houses. In addition, the intense media coverage continues impacting the Portuguese population, specially the victims and the professionals who have been involved in these scenarios. Facing that, we decided to verify the role of journalistic pieces in the stress reactions and in the recovery process of the affected population. *Objective:* This study aimed to verify the role of media in the development of stress-related symptoms after the tragic 2017 forest fires. *Method:* Through the analysis of journalistic pieces about the 2017 forest fires published in the last year, and interviews with professionals who have worked with victims of these events the role of the news in the stress reactions may be addressed. *Results:* The analysis of the journalistic pieces about the forest fires in Portugal pointed out that the media coverage has reported beyond of the facts, with excessive dissemination and repetition of images of victims, exposing the affected population in a state of vulnerability. Most of interviewees described that the way news is presented reinforces traumatic memories, leading to stress reactions such as nightmares, anxiety, and avoidance behaviors. *Conclusions:* Despite the need to ensure the dissemination of information, some care may prevent the rekindle of traumatic memories, protecting the victims and also inciting the resilience process of the affected population.

### 5-035

#### **Nonviolent Communication (NVC): As a Self-Care method on Developing Empathic Skills Toward Themselves of Trauma Workers**

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*Background:* Empathy to trauma clients is an associated factor with compassion fatigue in trauma workers. It is indicated even when trauma workers reveal their feelings, it contributes comprehending



the process and reducing the distress (Figley, 2002). *Objective:* In this study, we aimed to discuss the method of non-violent communication (NVC) (Rosenberg, 2003) as a recent way of self-care practice with trauma workers to improve the awareness of self-feeling and needs (self empathy) toward themselves. *Method:* We conducted two-day-long NVC self-care group sessions which were restructured by NVC certified trainer-candidates regarding trauma and migration-related context in five districts in Turkey in between May-July 2018 to 58 trauma workers. 33 of participants were psychologists (57.9%) and 24 were social workers (42.1%) and all were serving psychosocial support for Syrian Refugees. Participants completed Sociodemographic Form and Interpersonal Reactivity Index (IRI) which was developed by Davis (1980). IRI consists 28 items and 4 subscales as Perspective Taking, Fantasy, Empathic Concern, and Personal Distress. *Results:* Even though there was not significantly difference between both pretest and posttest of IRI total and sub scores, 21 of 28 items of IRI were about to significantly tend to increase in posttest scores. *Conclusions:* It is crucial to develop and analyze the effectiveness of innovator tools about self-care since the number is limited to practicing especially for trauma workers. NVC as an awareness of self-feeling and needs (self empathy) methodology would appear to be an alternative self-care tool when it is well adapted to trauma-related field and analyze repetitively.

#### 5-036

##### **A prospective study of the Mental Health of Women taking Residence at Women Shelters**

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*Background:* Women exposed to partner and family-related violence (IPV) are at increased risk of developing posttraumatic stress disorder (PTSD) and related mental health problems (Lagdon et al., 2014). Psychological interventions have been found to improve mental health in this population (Jonker et al., 2015), but women taking residence at Danish shelters, rarely receive such interventions. *Objective:* A prospective examination of the mental health among women taking residence at four Danish Women's Shelters (i.e. every three months with follow-up after relocating). *Method:* Data collection is ongoing and aims to include 150 women taking residence at four Danish Women Shelters. The CTS-2 and PMWI helps document the experienced violence, while the ITQ for PTSD and C-PTSD, TSC-26, adjusted-HTQ and WHO-5 measures potential traumatic reactions. *Results:* The projected will be presented along with preliminary results of PTSD and Complex-PTSD among Danish, English and Arabic-speaking

women. *Conclusion:* According to the Istanbul Convention, each European member state is obligated to ensure that victims of IPV have access to psychological counselling, when necessary (Council of Europe, 2011). Clinical implications and treatment needs will be discussed.

#### 5-037

##### **The Psychological Subtype of Intimate Partner Violence and its Effect on Mental Health: A Systematic Review and Meta-Analysis**

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*Background:* Psychological violence is the most common form of intimate partner violence (IPV; FRA, 2014), but research on the independent effect on mental health is scarce. Moreover, the lack of a clear and consistent definition of psychological violence has made results difficult to compare. *Objective:* The present study aims to consolidate knowledge on psychological violence by conducting a random effects meta-analysis on the association between psychological violence and posttraumatic stress disorder (PTSD), when controlling for other types of violence (e.g. physical and sexual). *Method:* The systematic review is registered in PROSPERO (#CRD42018116026) and the study design follows the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. A dual search will be conducted in the electronic databases PsycINFO, PubMed, EMBASE, and Web of Science. A meta-analysis will further be conducted using the programming language R. The "Quality Assessment Tool for Quantitative Studies" (National Collaborating Centre for Methods of and Tools, 2018), will help assess the quality of the included studies. *Results:* Preliminary results on the individual effect of psychological violence on PTSD will be presented with subgroup analyses. *Conclusion:* The present review will help consolidate knowledge on psychological violence by evaluating whether frequency, severity, or actual "type" of psychological violence produces the most harm.

## **Transcultural & Diversity**

#### 6-001

##### **A Qualitative Study of Trauma-Related Metaphors in Lithuania**

Evaldas Kazlauskas

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*Background:* Lithuania has a specific context with a long history of traumatization associated with wars and political oppression. Over the last several decades there is a growing understanding of the effects of trauma in society. However, a recent analysis of health

care also revealed that posttraumatic stress disorder is not recognized in national healthcare. This raises questions about the impact of cultural context on the traumatic stress and posttraumatic growth reactions in Lithuania. *Objective:* The aim of this qualitative study was to explore metaphors of adversities and posttraumatic growth in the Lithuanian rural sample. *Method:* In total 14 elderly participants were interviewed in rural areas of Lithuania. We used an adversities metaphor interview developed by the Zürich university group in this study. Thematic analysis was applied in analysis of qualitative data. *Results:* Qualitative analysis of our study revealed specific cultural context related trauma-exposure related metaphors, and experience of trauma as a destiny or send by God. We could identify metaphors for all five domains of posttraumatic growth concept proposed by Tedeschi and Calhoun (1996), and findings were comparable to other countries results. *Conclusions:* We conclude that qualitative study reveals universal domains of posttraumatic growth in Lithuania. However, expressions of trauma exposure and posttraumatic growth are rooted in cultural background and further cross-cultural studies are needed to explore traumatic stress reactions across different countries.

#### 6-002

##### **Clinicians' perspectives on professional dilemmas and boundaries in mental health care for undocumented migrants with PTSD**

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*Background:* In the treatment of asylum seekers with PTSD who illegally reside in the Netherlands, several problems can occur, due to their specific psychosocial difficulties. A tailored treatment program is currently implemented in the Netherlands and appears feasible under certain conditions. Factors complicating evidence-based care provision need specific attention. Not much is known about the issues that complicate treatment for therapists, within this setting. *Objective:* Aim is to explore the management of professional boundaries by therapists within an outpatient treatment trajectory for undocumented asylum seekers with PTSD. Secondary aims comprise the perspective of the clinicians regarding the impact of the setting, the therapeutic relationship, processes of transference and countertransference, and personal factors of both the patient and the therapist that influence the management of boundaries. *Method:* As part of a larger PhD project and based on literature review and extensive clinical experience, a focused ethnography is conducted. Methods used are observations, semi-structured interviews with therapists, member checks and if necessary focus groups. Participants are selected by purposeful sampling from past and current treatment providers at an outpatient department for undocumented asylum seekers in the Netherlands. *Results:* Results to

be obtained. A systematic literature search and preliminary results of conducted semi-structured interviews with therapists will be presented. *Conclusions:* Issues and difficulties that complicate treatment for therapists treating undocumented asylum seekers with PTSD will be analyzed and discussed.

#### 6-003

##### **Adaptation and validation of Beliefs toward Mental Illness (BMI) in Dari and for Afghan population**

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<sup>1</sup>University of Vienna, Austria, <sup>2</sup>Kabul University, Afghanistan

*Background:* No study (to our knowledge) has examined the level of stigma and negative attitudes toward mental illness in the highly traumatized Afghan population, nor the relevant measures have been developed or adopted. *Objective:* The aim of this study was to translate the BMI measure in Dari, adapt, and analyze its psychometric properties for the Afghan population. *Method:* We used the guidelines by Beaton et al. (2000) to translate and adapt the measures, collected data from 580 students in University of Kabul – Afghanistan (age: M=21.3 years, SD=2.2), and analyzed its psychometric properties. We used the Rasch rating scale model to evaluate the psychometric properties of BMI. *Results:* Rasch-measurement-based principal components analysis of residuals supported the Rasch model as an appropriate technique to analysis. Further analysis of the items and responses supported the Dari translation to be a psychometrically sound to measure Beliefs toward mental illness in the Afghan population. Identifying the challenges in our translation and validation process increased our concern about the effectiveness of western developed measures translated for the Afghan population. Very limited studies incorporated culturally specific idioms and culturally grounded translation into the measures (e.g. Miller et al., 2006). The western terminologies of mental health are unknown to Afghans or have no meaning. Rather, they have their local beliefs and idioms regarding psychological well-being. *Conclusions:* Not being culturally relevant to the concepts of mental well-being used by the Afghan population, the sensitivity of such measures in detecting psychological symptoms is in doubt.

#### 6-004

##### **Third Culture Kids and Psychological symptoms: How does cultural transition affect the children who accompany their parents to another society?**

Yumi Suzuki

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*Background:* A Third Culture Kid (TCK) is a person who has spent a significant part of his or her developmental years outside the parents' culture. The TCK builds relationships to all of the cultures, while not having full ownership in any (Pollock & van Reken, 1999). TCK has many advantages, such as foreign

languages and cultural knowledge in their socialization (Kano, 2014), it has some disadvantages also (Gilbart, 2008). Gilbart's study explored the loss and grief experiences of third culture kids. Losses that TCKs experience are often ambiguous and the grief of TCKs is frequently disenfranchised and many of the losses were categorized as related to persons, places, pets, and possessions. Suzuki (2016) showed that the children who have lived in foreign countries and are currently living in the foster home in Japan scored higher on the dissociation components of the Trauma Symptom Checklist for Children (TSCC-A) than did control children. They also may suffer from psychological distress, such as losses in cultural transition and loss experiences over time. *Objective:* There has been little experimental research about TCK, so it is going to be widely investigated TCKs psychological symptoms in this study, especially in terms of transition and trauma. *Method:* Subjects are fifty students of TCK, fifty students of non-TCK of international schools. Periods of data collection: from March to April 2019. Instruments: A measure of trauma symptoms for children, Tree test, Sentence Completion Test, and Interview. *Results and Conclusions:* will be showed on the poster presentation.

#### 6-005

##### **Development of a psychoeducational animated movie for traumatized refugees**

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*Background:* With a prevalence of about 30%, refugees are at risk of developing posttraumatic stress disorder and depression (Steel et al., 2009). In the host countries, a lack of culture-sensitive psychotherapeutic offers and impeded access for refugees, e.g. due to perceived stigmatization or lacking information, contribute to an imbalance in mental health care. *Objective:* To counteract this development, a psych educative animated movie for adult refugees was developed. The intervention aims to 1) reduce shame, feelings of guilt and stigmatization regarding symptoms of mental disorders, 2) increase the use of functional and decrease the use of dysfunctional coping strategies and 3) inform about mental illnesses and psychotherapy. *Method:* A preliminary study with Iraqi refugees was conducted, where we assessed attitudes towards psychotherapy, mental illnesses, and coping strategies. Furthermore, in an expert focus group, psychotherapists working with refugees discussed the needs of health care professionals and their ideas for the intervention. Near completion, the movie was piloted with refugees and mental health professionals. *Results:* The expert focus group revealed a high need for additional psychoeducational interventions to support psychotherapists in their everyday work. The results of our preliminary study show that refugees consider

culture-based coping strategies such as praying very helpful. These results laid the foundation for the movie. The comprehensibility and the cultural adequacy of the intervention were confirmed in the pilot run. *Conclusions:* The role of early interventions in terms of a stepped care model can be discussed. Furthermore, a longitudinal mixed-method evaluation of this intervention with refugees is planned.

#### 6-006

##### **Current situation and admission barriers in outpatient mental health care for refugees and asylum seekers in Switzerland: the therapists' view**

Nikolai Kiselev<sup>1</sup>, Naser Morina<sup>1</sup>, Matthis Schick<sup>1</sup>, Birgit Watzke<sup>2</sup>, Ulrich Schnyder<sup>2</sup>, Monique Pfaltz<sup>1</sup>

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*Background:* More than 120'000 refugees and asylum seekers (RAS) are currently living in Switzerland. Prevalence rates of mental disorders in this population are significantly higher than in the general population. The specialized centers seem to be overloaded by their target population (Oetterli et al., 2013). To date, it is, however, unknown how often and under what conditions (e.g., length of waiting lists) RAS are treated outside of specialized centers. *Objective:* The present study aimed at assessing challenges and barriers to treating RAS from the viewpoint of psychiatrists and psychotherapists working in outpatient settings in Switzerland. *Method:* An online survey of 10-15 minutes duration was conducted during winter 2017/2018. Identified psychotherapists and psychiatrists were invited per e-mail to participate. Eight hundred sixty-seven (N=867) psychotherapists and psychiatrists working in outpatient settings completed the survey. The majority of them reported to have treated RAS in the past 12 months. Interpreters were used for almost every other patient with a RAS background. Funding of interpreters, as well as funding of treatment in general, was reported to be the biggest hurdles to treat more RAS. Given low numbers of rejections of patients due to capacity reasons (between 2 and 5%) and median waiting times for the admission of new patients ranging between 2 and 3 weeks, it might be assumed that outpatient primary mental health care providers could treat more RAS and relieve specialized treatment centers, but barriers such as lack of funding of interpreters hinder them. Appropriate steps from the authorities are needed to improve the current situation.

#### 6-007

##### **Metaphors on Trauma in Brazil, India, Poland, and Switzerland: A Cross-Cultural Perspective**

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*Background:* The concept of psychological trauma is based on the metaphor of a physical injury, implying that people experiencing traumatic stress are "wounded". Although this notion is widely accepted by clinicians and researchers in mental health, evidence shows a broad range of metaphorical

expressions for extreme aversive or catastrophic events across different cultures. *Objective:* This study aimed to gain a better understanding of traumatic stress in a culturally sensitive way by exploring and contrasting trauma-related metaphors and idioms shared by cultural groups in four different countries. *Methods:* Field studies were carried out among four distinct cultural groups: two indigenous communities (Pitaguays in Brazil and Adivasis in India); and two rural communities (mountain villagers in Switzerland and the Lemko ethnic minority in Poland). The communities in Brazil and Poland were marked by a past of historical trauma, and the ones in India and Switzerland both experienced a natural disaster. Semi-structured interviews were conducted in each community. Systematic metaphor analysis was conducted separately for each group; results were then cross culturally contrasted across groups. *Results:* While most of the metaphors identified were body related and referred to similar metaphorical concepts in all cultural groups, idioms related to trauma were cultural-specific for each group. *Conclusions:* These findings show that metaphor analysis can be used as a culture sensitive-tool, indicating potential approaches for the cultural adaptation of individual treatment and large-scale interventions.

#### 6-008

##### **The role of postmigration living difficulties and transboundary social support on the relationship between trauma and mental health - A study with refugees in Germany**

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*Background:* Beyond the well-established dose-effect of exposure to traumatic events, little is known about the mechanisms for the maintenance of impaired mental health in refugees (Morina et al., 2018). *Objective:* This study focuses on the contribution of social relations and interactions within the community as well as to relatives and friends in the home country. *Method:* Interviews with the Refugee Health Screener-15 (RHS-15; Hollifield et al., 2013) and an event checklist were conducted with 198 refugees (M = 33.03 years, range = 18 - 75), 24% female. A subset of the participants is currently interviewed again elaborating on potential influencing factors, emphasizing the relationships in various contexts. *Results:* Of the 198 participants 53.8% screened positive (M = 15.43, SD = 10.88). A significant dose-effect association between experienced traumatic events and the RHS-15- score was found ( $r = .24$ ,  $p = .007$ ). Factors that influence this relationship in a moderating and mediating way will be determined in further analyses. *Conclusions:* Results support previous findings regarding the RHS-15 (Kaltenbach et al., 2017). Ongoing interviews are important to investigate the role of postmigration living difficulties, social support, and need for psychotherapeutic interventions.

#### 6-009

##### **Concepts of emotional distress among Albanian-speaking immigrants in Switzerland**

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*Background:* Research shows high prevalence rates of common mental disorders, including PTSD and depression, among populations affected by the Balkan wars. Despite the large body of evidence on cultural concepts of distress (CCD) across the globe, little evidence exists from ethnopsychological studies in these countries. *Objective:* In this study, we explored how Albanian-speaking immigrants in Switzerland perceive emotional distress and which CCD emerge in their illness narratives. *Methods:* 20 semi-structured qualitative interviews were conducted with Albanian-speaking individuals living in Zürich, Switzerland, using the Barts Explanatory Model Inventory (BEMI). Content analysis and semantic network analysis were used to reveal labels of distress, metaphors, perceived causes of distress, help-seeking behaviours, and assumptions about the course of distress. *Results:* An ethnopsychological model was elaborated based on the complex expressions of distress found in this study. Five labels were found which highlight different aspects of psychological distress and are related to different perceived causes. Participants saw post-migration living difficulties as primary causes of their current distress, and highlighted that trauma related to pre-migration stressors cannot be forgotten. Moreover, participants showed fatalistic beliefs and conceptualised suffering as part of their life. Some of them expressed little belief in psychotherapy. *Conclusions:* Our findings parallel results from other ethnopsychological studies in Nepal, Haiti, and among Cambodian refugees. These results can be used for communication in medical settings and for cultural adaptation of psychological interventions.

#### 6-010

##### **Implementing a need-adapted stepped-care model for mental health of refugees: pilot data of the state-funded project "refuKey"**

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*Background:* In studies refugees have shown to be a very vulnerable population with increased psychiatric morbidity and lack of access to adequate mental health care. By expanding the regional psychosocial and psychotherapeutic care structures and adapting the psychiatric routine care to refugees' needs in Lower Saxony, Germany, "refuKey" pursues a stepped care treatment model and intercultural opening of mental health care services to ease access to mental health care and increase service quality for immigrants and refugees. *Objective:* The efficacy of the project is evaluated in a four-part study. *Method:*

The first part of the study investigates the state of psychiatric routine care for refugees in Lower Saxony by requesting data from participating and non-participating psychiatric clinics regarding the numbers of refugee patients, their diagnoses, settings of treatment etc. The second part explores experiences and satisfaction of care givers treating refugees in refuKey cooperation clinics. The third part consists of interviews and focus group discussions with experts regarding the difficulties in mental health care of refugees and expectations for improvement through refuKey. The fourth part compares mental health parameters like depression, anxiety, traumatisation, somatisation, psychoticism, quality of life as well as "pathways-to-care" of refuKey-treated refugees before and after treatment and to a non-refuKey-treated refugee control group. *Results:* Pilot data will be presented. *Conclusions:* The state of mental health care for refugees in Lower Saxony will be discussed. Implications for the improvement and the need for adaptation of routine mental health care services will be drawn.

#### 6-011

##### **Family Empowerment (FAME): A pilot implementation and evaluation of a preventive multifamily program for asylum seeker families**

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*Background:* Families applying for asylum have often experienced potentially traumatic events. Studies have indicated that these events can negatively impact parenting behaviour and child development. The secondary preventive multifamily group intervention program Family Empowerment (FAME) was developed. FAME aims to strengthen parenting skills and prevent exacerbation of emotional problems in asylum seeker families. *Objective:* The current study aims to evaluate the feasibility, acceptability, and potential effectiveness of FAME to reduce parental mental health problems and improve family functioning. *Method:* An uncontrolled pre-posttest design was conducted, using a mixed-methods approach. Six multifamily groups living at asylum centres and family locations were included. All participants were invited to take part in seven sessions of FAME. Measurements included the quality of the parent-child interaction, family functioning, parental symptoms of depression and anxiety. A program integrity list was filled out during each session. Semi-structured interviews at baseline and post-FAME were used to evaluate FAME. *Results:* Findings on the implementation and evaluation of FAME will be presented. *Conclusions:* This is the first study to provide a pilot implementation and evaluation of a multi-family group intervention program (FAME). Findings of this study inform us on the merits and

feasibility of a family-oriented intervention in asylum seekers, and on how to improve program elements and the implementation of FAME.

#### 6-012

##### **Sex differences in trauma exposure and response among asylum seekers and refugees resettled in Ireland**

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*Background:* Asylum seekers and refugees typically report an array of highly noxious traumas including exposure to war, torture, and sexual violence. Cumulative, sustained and/or interpersonal trauma exposure have all been linked to increased psychiatric comorbidity. Moreover, research which has yielded sex-specific differences in relation to patterns of trauma exposure and trauma response has shown that (i) females are more likely than males to experience sexual violence, and (ii) among those experiencing sexual violence; females are more likely to exhibit elevated levels of PTSD. *Objective:* The aim of this study was to explore potential gender-based issues concerning sexual violence by identifying patterns of trauma exposure and trauma response as well as documenting potential sex-specific differences across these patterns among asylum seekers and refugees resettled in Ireland. *Method:* As part of an on-going research project, data for this study was collected by 'Spirasi' an Irish organisation which provides a range of psychotherapeutic services for asylum seekers and refugees who meet the criteria for torture as defined by the United Nations Convention Against Torture. Clients' assessment data was analysed using latent class analysis to identify patterns (i.e. classes) of trauma exposure. Logistic regression was then used to assess sex-specific differences across the resultant classes; this technique was also used to investigate psychopathology as an outcome of trauma exposure class membership.

#### 6-013

##### **Couplehood and Motherhood in The Shadow of Transition: The Story of Eritrean Women Asylum Seekers living in Israel**

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Bar Ilan University, Israel

*Background:* The world is facing challenging times due to an influx of refugees seeking asylum. In Israel, Eritreans comprise the largest population of asylum seekers, approximately 25,552, about 20 % of whom are women. These individuals escaped their country after being subjected to widespread human rights violations; moreover, their journey exposed them to many life-threatening situations (Nakash et al., 2017). Once they reach Israel, they are entitled to remain temporarily, but have minimal access to needed services. The limited research that exists mainly addresses individuals' mental health issues – rather than family and intimate relationship issues – despite the compelling evidence regarding the connection between them and PTSD (Singalov & Vang, 2017).

*Objective:* The current study offers an analysis of a sample of women asylum seekers from Eritrea living in Israel, focusing on women's couplehood and motherhood experiences in light of displacement and ongoing trauma. *Method:* The study was done qualitatively and included interviews of 15 mothers who were or are in a significant relationship. The interview transcripts were analyzed, and common themes were found. *Results:* The study's preliminary analysis points to the following main themes: high levels of economic stress and resultant parenthood difficulties; lack of health and social services; need of support systems and low sense of community solidarity; high levels of couple conflict and a wish to maintain traditional family structure. *Conclusions:* This study represents a first step towards better understanding the experience of asylum seekers in Israel and indicates the need to broaden our knowledge with the aim of intervention development.

#### 6-014

##### **A seminar for refugee caregivers: Building bridges between the care for refugees and the care for caregivers themselves**

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*Background:* During the increased migration to Europe within the last 3-4 years, different groups of caregivers, mainly social workers, were confronted with a high number of traumatized refugees. Recent studies show that caregivers are at special risk to develop symptoms of secondary traumatization (Binder et al., 2018; Denking et al., 2018; Kindermann et al., 2017). *Objective:* At the University of Tübingen, a curriculum for caregivers working in the field of flight and persecution was developed in cooperation with the Department of Psychosomatic Medicine and Psychotherapy at the University Hospital Tübingen. *Method:* To assess the needs of further training for refugee caregivers, an expert focus group with social workers working in refugee-care was conducted. The focus group was recorded, transcribed and analyzed. *Results:* The focus group revealed two main foci, in which the social workers saw needs for further training. On one hand, the social workers expressed a need for further information about mental disorders concerning refugees and how to deal with it adequately. On the other hand, the social workers wished to learn self-care strategies to reduce work-related psychological burden. Addressing these needs, the developed seminar comprised 30 teaching units spread over 2x2 days. There were six weeks of practicing and self-study in between. Additionally, case discussions and supervision were provided seven times during the seminar. An evaluation of the seminar via questionnaires took place. *Conclusions:* The focus

group, as well as the first conducted seminars, showed the high need for further training of social workers working in refugee care.

#### 6-015

##### **Iranian and Iraqi torture survivors in Finland and Sweden: Findings from two population-based studies**

Ferdinand Garoff

Centre of Psychotraumatology, Finland

*Background:* Almost all refugees and other forced migrants have experienced potentially traumatic events (PTEs). Self-reported torture and other severe traumatic experiences can indicate vulnerabilities that can lead to an accumulation of resource losses including a wide range of adverse social conditions and mental health symptoms that need to be addressed. *Objective:* This study compares the health and social situations of torture survivors, survivors of other PTEs and nontraumatized migrants in two Nordic samples. *Method:* The study includes two population-based samples of Iranian and Iraqi men living in Finland and Sweden. The Finnish Migrant Health and Wellbeing Study (Maamu) was conducted in 2010–12. The Linköping study was conducted in Sweden in 2005. In both samples measures of health and well-being, the social and economic situation, as well as health service utilization were classified into binary variables indicating lack of resources. *Results:* Migrants that reported PTEs had poorer social and health resources and torture survivors were doing even worse. Torture survivors also reported lower trust and confidence in authorities and public service providers, as well as more loneliness, social isolation and experiences of discrimination. *Conclusions:* Torture and other PTEs prevalent in refugee and migrant populations create a wide-ranging and long-term vulnerability to resource loss that may impact social functioning, health and quality of life. Self-reported PTEs and torture in particular can serve as a “red flag” to service providers of accumulated resource losses and increased vulnerability to further resource loss.

#### 6-016

##### **Development and implementation of a group based mental health intervention for unaccompanied minors**

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*Background:* Unaccompanied refugee minors (UMs) are five times more likely than accompanied refugee minors to experience severe symptoms of anxiety, depression and posttraumatic stress (Derluyn, Broekaert, & Schuyten, 2008). However, research on psychotherapeutic interventions with UMs is very limited (Demazure, Gaultier, & Pinsault, 2017). *Objective:* Trauma-focused CBT interventions are recommended for traumatized youths (NICE, 2014). However, the availability of this kind of treatment for UMs is lacking in Finland. This presentation describes a trial of the first stage of a stepped model of trauma

care developed in the Traumatized Adolescents Seeking Asylum (TASA) -project (<http://www.uta.fi/yky/TASA/en/index.html>).

**Method:** The first stage of the model is a 10-session group-based intervention focused on stabilizing and preventing mental health problems of participating UMs. The intervention was conducted in 3 accommodation units for UMs in Southern Finland. Quantitative and qualitative data was collected from UMs, accommodation unit staff and group facilitators. **Results:** The group processes were completed by 18 UMs in 5 groups. Data analyses revealed moderate to high levels of trauma symptoms among the participants. FGDs indicated that promoting sociability and self-expression in the group increased trust between accommodation unit staff and UMs. However, no statistically significant changes were detected in the mental health variables studied, likely due to the limited sample size. **Conclusions:** The group model promoted social interaction and built trust in the accommodation units. Further studies are required to confirm the effectiveness and impact of the model, as well as the initial impression that the groups promote help seeking among UMs.

#### 6-017

##### **Moral injury in refugees with PTSD: an explorative study**

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**Background:** The term 'moral injury' refers to "the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009). Although moral injury is not observed as a psychiatric disorder, it may have great impact on mental health. In military populations, moral injury is related to poor self-forgiveness, shame, guilt, posttraumatic stress disorder (PTSD), substance use and suicidality (Drescher et al., 2011; Litz et al., 2009). Although it is assumed that moral injury also occurs in other populations such as refugees, research has not yet systematically studied moral injury in this group. Therefore, little is known about the psychological consequences of moral injury in this population. **Objective:** The aim of this study is to explore the concept of moral injury in refugees with PTSD by means of a semi-structured interview and a self-report questionnaire on moral injury (the Moral Injury Appraisals Scale; Hoffmann, Liddell, Bryant, & Nickerson, 2018). **Method:** The interview consists of both open-ended questions and subjective ratings and is broadly divided into four sections; morally injurious events, emotional reactions, cognitions, and behavioural responses. Participants are asked to describe one (or more) morally injurious event(s) and describe their emotional reactions and most important cognitions during and after the event. **Results and conclusion:** In addition, specific behaviours and coping reactions (e.g. self-harm, social support) are discussed. The study design and

preliminary results will be presented at the conference.

#### 6-018

##### **The effects of the Memory Specificity Training (MEST) in refugees with PTSD**

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**Background:** Research has indicated a clear link between symptoms of PTSD and overgeneral memory (Moore & Zoellner, 2007). Moreover, overgeneral memory is observed as a vulnerability factor for depression and PTSD (Kleim & Ehlers, 2008). Different studies to date have investigated whether a cognitive training, the Memory Specificity Training (MEST), could improve the recall of specific memories. Studies showed that the MEST training increased memory specificity and reduced PTSD symptoms (Moradi, Moshirpanahi, Parhon, Mirzaei, Dalgleish, & Jobson, 2014). However, there is little known about the effects of this cognitive training in refugees with PTSD. **Objective:** The purpose of the current pilot study is to evaluate the potential effects of the MEST in a day care treatment for refugees with severe PTSD at Arq/Centrum '45. Specifically, the aim of the study is to explore the feasibility and potential effects of the MEST in terms of a decline in PTSD symptoms, general mental health symptoms and overgeneral memory. **Methods:** PTSD symptoms (assessed with the PCL-5), general mental health symptoms (assessed with the BSI) and overgeneral memory (measured with the Autobiographical Memory Test) were administered before and after the MEST training. Fidelity checklists were completed after each MEST training session in order to evaluate the feasibility of the training in this target group. **Results/ conclusion:** The results and conclusions will be presented at the conference.