



Symposia

To cite this article: (2023) Symposia, European Journal of Psychotraumatology, 14:sup1, 2197745, DOI: [10.1080/20008066.2023.2197745](https://doi.org/10.1080/20008066.2023.2197745)

To link to this article: <https://doi.org/10.1080/20008066.2023.2197745>



© 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 14 Jun 2023.



Submit your article to this journal [↗](#)



Article views: 59



View related articles [↗](#)



View Crossmark data [↗](#)



Symposia

43

International perspectives on trauma and resilience in adult survivors of institutional child abuse in Ireland, Germany, Switzerland, and Austria

Myriam V. Thoma^{1,2}, Florence Bernays³, Andreas Maercker^{1,2}, Shauna L. Rohner^{1,9}, Aileen N. Salas Castillo^{2,9}, Jessica Michel¹, Alan Carr^{4,5}, Brigitte Lueger-Schuster⁶, Matthias Knefel⁶, Viktora Kantor⁶, Dina Weindl⁶, Heide Glaesmer⁷, Maya Böhm^{7,8} and Doreen Hoffmann⁷

¹University of Zurich, Department of Psychology, Division of Psychopathology and Clinical Intervention, Zurich, Switzerland; ²University of Zurich, University Research Priority Program “Dynamics of Healthy Ageing”, Zurich, Switzerland; ³University of Zurich, Human Resource Management and Leadership, Department of Business Administration, Zurich, Switzerland; ⁴University College Dublin, School of Psychology, Dublin, Ireland; ⁵Clanwilliam Institute, Dublin, Ireland; ⁶University of Vienna, Faculty of Psychology, Unit for Psychotraumatology, Vienna, Austria; ⁷Universität Leipzig, Abteilung für Medizinische Psychologie und Medizinische Soziologie, Leipzig, Germany; ⁸Medical School Berlin, Berlin, Germany; ⁹Competence Centre for Mental Health, Department of Health, University of Applied Sciences of Eastern Switzerland, Switzerland, Switzerland

Track: Child & Adolescent Trauma

Several international cohorts of older adults have experienced institutional (welfare-related) abuse and neglect in childhood. While child maltreatment can impact physical and mental health, the long-term effects, potential for resilience, and associated factors are not well understood. Addressing this, this symposium brings together qualitative and quantitative research from four international cohorts (Ireland, Germany, Switzerland, Austria). Two talks present data from a project within the National Research Program 76 “Welfare and Coercion – Past, Present and Future”, assessing physical and mental health correlates in Swiss survivors and trauma disclosure in Irish survivors. One talk presents data from the TESTIMONY-Project on child maltreatment experiences in survivors of residential care settings in the former German Democratic Republic (GDR). One talk presents data from the Vienna Institutional Abuse Study on lifetime traumatization and psychopathological long-term correlates in Austrian survivors. These presentations will be preceded by a brief general introduction and followed by a discussion.

52

Grief from childhood to adulthood: A family perspective

Iris van Dijk², Paul A. Boelen^{2,7}, Jos De Keijser³, Lonneke Lenferink¹, Maja O'Connor⁵, Carline J. M. Van Heijningen⁴, S. R. Van Berkel⁴, A. H. Haccou⁴, A. L. Van der Voort⁴, B. M. Elzinga⁹, L. R. A. Alink⁴, Birgit Wagner⁶, Laura Hofmann⁶ and Ulrike Maass⁸

¹Department of Psychology, Health & Technology, Faculty of Behavioural Management and Social Sciences, Enschede, the Netherlands; ²Department of Clinical Psychology, Faculty of Social and Behavioural Sciences, Utrecht University, Utrecht, the Netherlands; ³Department of Clinical Psychology and Experimental Psychopathology, Faculty of Behavioral and Social Sciences, University of Groningen, Groningen, the Netherlands; ⁴Institute of Education and Child Studies, Leiden University, Leiden, the Netherlands; ⁵Unit for Bereavement Research, Department of Psychology, Aarhus University, Denmark; ⁶Medical School Berlin, Berlin, Germany; ⁷ARQ National Psychotrauma Centre, the Netherlands; ⁸University of Potsdam, Germany; ⁹Institute of Psychology, Clinical Psychology Unit, Leiden University, Leiden, the Netherlands

Track: Child & Adolescent Trauma

The loss of a parent or sibling can have a long-term impact on the mental health of the surviving child/sibling throughout childhood and adulthood. This symposium presents studies, using various methods, examining the assessment, prediction, and treatment of grief-related distress after (childhood) loss of a nuclear family member. Van Dijk presents findings from a Dutch validation-study of a new interview assessing DSM-5-TR and ICD-11 prolonged grief disorder (PGD) symptoms in bereaved children (aged 8-18). To what extent PGD levels are transmissible between parents and their children is discussed by Lenferink

and O'Connor using a four-wave longitudinal survey-design among 257 Danish adult parent-child dyads. Van Heijningen presents findings from an interview-study exploring 60 Dutch adults' experiences regarding factors they experienced as supportive/unsupportive in adapting to childhood parental death. Findings from a randomized waitlist-control trial examining effects of an Internet-based CBT for German bereaved sibling ($N = 86$; aged 16-65) are presented by Wagner.

52

Adult survivors of childhood interpersonal trauma: Resiliency mechanisms and barriers in diverse populations

Camille-Andree Rassa^{1,2,3}, Alison Paradis¹, Natacha Godbout^{1,2,3}, Cloe Canivet^{1,2,3}, David Lafortune¹, Marianne Girard^{1,2,3}, Mylène Fernet¹, Elise Villeneuve^{1,2,3} and Luciana Lassance¹

¹University of Quebec in Montreal, Montreal, Canada; ²TRACE - Research and intervention unit of trauma and couple, Montreal, Canada;

³CRIPCAS - Interdisciplinary Research Centre on Intimate Relationship Problems and Sexual Abuse, Montreal, Canada

Track: Child & Adolescent Trauma

Childhood interpersonal trauma is related to a host of long-term repercussions for survivors, which may impact their well-being and also spill over and affect the well-being of their partner and offspring. An increased understanding of the factors fostering survivors' resiliency is needed to guide intervention strategies. This symposium features four empirical studies led in different populations. Rassa will discuss their data on the role of mindfulness in the link uniting childhood interpersonal trauma and parenting alliance in parents of an infant. Canivet will present their results on the links between sexual fantasies and sexual well-being in adult survivors. Girard will share their metasynthesis of available studies of risk and resiliency factors related to revictimization in women. Villeneuve will present data on the role of mentalization in the link between fathers' childhood trauma and their child's psychological health. Godbout (Chair) will introduce the symposium and facilitate the discussion following the presentations.

73

Trauma sequelae beyond "classic" PTSD

Andreas Maerck¹, Rita Rosner², Evaldas Kazlauskas³, Heide Glaesmer⁴, Maya Böhm^{4,5} and Doreen Hoffmann⁴

¹University of Zurich, Zurich, Switzerland; ²Catholic University of Eichstätt-Ingolstadt, Germany, Eichstätt, Germany; ³Center for Psychotraumatology, Vilnius University, Lithuania, Vilnius, Lithuania; ⁴University of Leipzig, Leipzig, Germany; ⁵Medical School Berlin, Germany

Track: Assessment & Diagnosis

In psychotraumatology, there exists now the sibling diagnosis of complex PTSD to the "classic" PTSD. Complex PTSD has rightly received extensive attention in research and clinical application in recent years. However, adjustment disorder and prolonged grief disorder have also gained prominence. The concept of "Historical Trauma" has emerged from research on Indigenous Americans, which describes how traumatic experiences from several decades or generations ago continue to have a pathological impact on people today, in the face of discrimination and marginalization. This symposium presents innovative contributions from several European countries on the above concepts. Two papers will present theoretical overviews and two will report from large studies in Germany, Lithuania and Japan. The symposium will begin with a short introduction.

89

Breaking the silence: Mothers with a child born of sexual violence

Eline Meuleman¹, Elisa van Ee¹, Jorin Blokland², Melanie Sloover³, Leanne Van Est³, Peter Janssen³, Mirrian Hilbink-Smolanders³, Kimberly Anderson³, Yvonne Montfoort¹, Julia Bala¹ and Adriana Jasperse¹

¹Psychotraumacentrum Zuid-Nederland, Radboud University, Nijmegen, the Netherlands; ²Psychotraumacentrum Zuid-Nederland, Utrecht Universiteit, Utrecht, the Netherlands; ³Radboud Universiteit, the Netherlands

Track: Assessment & Diagnosis

In the literature estimates of the number of pregnancies after sexual violence run from 5-18%, depending on the circumstances. In times of complex emergencies however the incidence of gender-based violence and rape-related pregnancies strongly increases. Recently, allegations of sexual violence by Russian troops against Ukraine women were mounting, while for many women the option of abortion was not available. Therefore the experience of sexual violence related pregnancies may be particularly prevalent among refugees. Despite this significant number, very little attention has been paid to the wellbeing of these women who give birth. In this symposium the myriad consequences for these mothers and their children, and treatment options are highlighted. First, knowledge and skills base of practitioners will be discussed. Secondly, expert opinions and opportunities for treatment will be presented. Thirdly, mentalization as a transdiagnostic factor in understanding these difficulties is elucidated. Finally, the state-of-art research results are translated to clinical practice.

108

Moral injury in Europe and beyond. Understanding the societal and cultural backdrop to the moral injury experience

Anna Harwood-Gross¹, Eric Vermetten² and Larysa Zasiakina³

¹Metiv Israel Psychotrauma Center, Jerusalem, Israel; ²Leiden University Medical Center, Leiden, the Netherlands; ³Lesya Ukrainka Volyn National University, Lutsk, Ukraine

Track: Military & Emergency Services & their families

Moral injury (MI) has thus far predominately been studied in a North American setting. Given the known impact of culture and societal beliefs on cognitive understandings and consequences of traumatic events, it thus follows that moral injury too will have varying presentations based on the cultural and occupational context. This symposium on MI in an international setting brings together researchers from Ukraine, Israel and the Netherlands to share their findings on MI from their respective countries and beyond. While each individual presentation is of interest, ample time will be allocated to discuss the integration of findings and how current findings are impacting future research directions.

114

Campus sexual violence victimization among university students in Northern Ireland and in the United States

Ngozi Anyadike-Danes², Susan Lagdon², Megan Reynolds⁴, Chérie Armour³, Hannah Holt¹, William Flack¹, Megan Kopitsky¹ and Lily Shorney¹

¹Bucknell University, Lewisburg, USA; ²Ulster University, Coleraine, UK; ³Queen's University-Belfast, Belfast, UK; ⁴University College Dublin, Dublin, Ireland

Track: Public Health, Biological &/or Medical

The high prevalence of campus sexual assault victimization (CSAV) among university students in Europe, the United States (U.S.) and much of the rest of the world is now well documented as a serious global public health issue (UN Women, 2018). The presentations in this symposium, two based on research in Northern Ireland and two on research in the U.S., help to fill in gaps in the literature related to regional prevalence rates, psychosocial consequences, and both proximal and distal risk factors for CSAV. Whether demonstrating existence of the problem in areas where this has not yet been done or examining its under-studied causes, correlates,

and consequences, comparison and sharing of such information will be crucial in developing a more comprehensive model for intervention and prevention.

116

Challenges and opportunities among families of military members from three cultural contexts

Nora Trompeter², Helene Oldrup⁷, Morten Kyed^{3,5}, Ann-Dorte Pedholt Christensen^{3,5}, Anni B.S. Nielsen^{4,6}, Gadi Zerach⁸, Tamar Gordon-Shalev⁸, Limor Zitronblat¹ and Rachel Dekel¹

¹Bar Ilan University Department of Social Work, Ramat Gan, Israel; ²King's College London, London, UK; ³CASTOR—Sociological and Criminological Research on Social Differentiation and Social Control, Department of Sociology and Social Work, Aalborg University, Copenhagen, Denmark; ⁴Research and Knowledge Centre, Danish Veterans Centre, Ringsted, Denmark; ⁵CeMAS—Centre for Masculinity Studies, Aalborg University, Copenhagen, Denmark; ⁶The Research Unit and Section of General Practice, Institute of Public Health, University of Copenhagen, Copenhagen, Denmark; ⁷Senior research consultant, Copenhagen, Denmark; ⁸Ariel University, Ariel, Israel

Track: Military & Emergency Services & their families

The symposium will focus on different military family members – parents, spouses, and children in three cultural contexts: England, Denmark, and Israel. It will enable participants to learn more about the unique challenges and opportunities of military family members. Presentations will include four studies, the first two of which are about children. The first will explore the mental health needs of children with special education needs and/or disabilities among UK military sample. The second will focus on the well-being of children of formerly deployed Danish fathers. Two additional Israeli studies will focus on 1) the mutual adjustment of combat commanders and their spouses, and 2) distress tolerance and posttraumatic stress among young combat veterans and their parents.

These presentations will enable a discussion about differences and similarities in coping – depending on family role and culture – and will contribute to the theory of family coping with deployment.

126

Mental health in refugees – insights into factors affecting mental health and characteristics of treatment-seeking refugees

Heide Glaesmer¹, Maria Böttche^{2,6}, Angela Nickerson⁵, Vivian Mai⁵, David Keegan⁷, Nicholas Proctor⁸, Suresh Sundram⁹, Casey Willoughby⁵, Belinda J. Liddell⁵, Yuriy Nesterko^{1,2}, Kim Schönenberg¹, Leni Linthou^{4,10}, Theresa Koch³, Brigitte Dumser¹¹ and Nadine Stammel⁶

¹University of Leipzig, Germany, Department of Medical Psychology and Medical Sociology, Leipzig, Germany; ²Center Überleben, Berlin, Germany; ³Refugio München, München, Germany; ⁴International Centre for Reproductive Health, Department of Public Health and Primary Care, University of Gent, Gent, Belgium; ⁵School of Psychology, University of New South Wales, Sydney, Australia; ⁶Freie Universität Berlin, Germany, Division of Clinical Psychological Intervention, Berlin, Germany; ⁷HOST International, Sydney, Australia; ⁸University of South Australia, Adelaide, Australia; ⁹Monash University, Melbourne, Australia; ¹⁰Université de Lille, Department Psychologie: Interactions, Temps, Emotions, Cognition (PSITEC), Lille, France; ¹¹LMU Munich, Division of Clinical Psychology and Psychological Treatment, Munich, Germany

Track: Refugee or war & conflict related traumatic stress

Refugees usually face cumulative traumatic experiences before, during and after flight and are exposed to other flight related risk factors. As a consequence, a large proportion of refugees suffer from mental disorders, most often from depression, anxiety and PTSD. While there is extensive evidence on risk factors for mental disorders in refugees, little is known on protective and promotive factors and some risk factors are still scarcely investigated. Therefore, the symposium provides a systematic review of protective factors and focusses on perceived discrimination as a specific risk factor in Syrian refugees in a large German city and its association with mental health. In addition, a taboo topic, the risk of sexual violence among male refugees on their way to the UK will be brought into focus. Finally, mental health care structures for refugees in Germany are presented and data from two large care centres are discussed.

154

Unique interventions for PTSD

Rachel Dekel¹, Yael Shoal-Zuckerman¹, Sara Freedman¹, Renana Eitan⁴, Valentino Mancuso⁵, Chiara Stramba-Badiale⁵, Yossi Attias¹, Pietro Cipresso⁶, Gabriella Wexler Tanami^{1,2}, Odetta Gelezelyte³, Austeja Dumarkaite³, Auguste Nomeikaite³ and Evaldas Kazlauskas³

¹Bar Ilan University, Ramat Gan, Israel; ²Israel Defense Force, Israel; ³Centre for Psychotraumatology, Vilnius, Lithuania; ⁴Tel Aviv Medical Center, Tel Aviv, Israel; ⁵Istituto Auxologico Italiano, Italy; ⁶University of Turin, Turin, Italy

Track: Intervention Research & Clinical Studies

The symposium will focus on unique interventions for posttraumatic stress disorder (PTSD) – for patients, couples, and healthcare workers – in two different geographical/cultural contexts: Lithuania and Israel. Presentations will include four studies. The first will explore an internet-delivered stress recovery intervention based on cognitive behavioral therapy (CBT) among nurses during COVID-19. The second will focus on self-defense workshops for female soldiers in the Israel Defense Forces (IDF). Third will present a randomized controlled trial (RCT) aimed to compare a novel, internet-based modular treatment that uses virtual reality, vs. prolonged exposure. The fourth will introduce a multi-couple group version of cognitive behavioral conjoint therapy (CBCT) for PTSD delivered over a single weekend.

160

Novel insights from sex- and gender-sensitive investigations of PTSD risk and recovery

Mirjam van Zuiden^{1,2}, Stephanie Haering^{3,4}, Alyssa Roeckner⁵, Katharina Schultebrucks⁶, Liat Helpman⁷, Lars Schulze⁸, Angelika Geiling³, Caroline Meyer³, Hannah Klusmann³, Sarah Schumacher⁹, Christine Knaevelsrud³, Sinha Engel³, Vasiliki Michopoulos⁵, Sanne van Rooij⁵, Tanja Jovanovic¹⁰, Kerry Ressler¹¹, Jennifer Stevens⁵, Naomi Fine⁷, Dafna Armon⁷, Zivya Seligman⁷, Talma Hendler⁷ and Miki Bloch⁷

¹Amsterdam University Medical Centers, Dept of Psychiatry, Amsterdam, the Netherlands; ²Utrecht University, Dept of Clinical Psychology, Utrecht, the Netherlands; ³Division of Clinical Psychological Intervention, Freie Universität Berlin, Berlin, Germany; ⁴Gender in Medicine, Charité-Universitätsmedizin Berlin, Berlin, Germany; ⁵Department of Psychiatry and Behavioral Sciences, Emory University, Atlanta, USA; ⁶Department of Psychiatry, NYU Grossman School of Medicine, New York, USA; ⁷Dept. of Counseling and Human Development, University of Haifa, Haifa, Israel; ⁸Division of Clinical Psychology and Psychotherapy, Freie Universität Berlin, Berlin, Germany; ⁹Division of Clinical Psychology and Psychotherapy, Health and Medical University Potsdam, Postdam, Germany; ¹⁰Department Psychiatry and Behavioral Neuroscience, Wayne State University, Detroit, USA; ¹¹Department of Psychiatry, Harvard Medical School, Boston, USA

Track: Assessment & Diagnosis

Women are approximately twice as likely to develop posttraumatic stress disorder (PTSD) than men.

To establish more effective preventive and treatment interventions, it is essential to strive towards more sex- and gender-sensitive research. This symposium showcases novel research investigating gender- and sex-specificity in PTSD development, risk prognosis and intervention mechanisms. The first presentation reviews the field's current state with respect to sex- and gender-sensitive research and provides meta-analytic results on the post-traumatic timing at which sex/gender differences manifest. The second presentation concerns a prospective study finding sex-specific predictive value of early post-trauma neuroimaging predictors for PTSD development, providing novel insights for early PTSD risk prognosis. Relatedly, the third presentation discusses the presence of and methods to decrease gender-related biases in novel computational approaches for early PTSD risk prognosis. Finally, novel findings on sex-specific factors (intra-cyclical sex hormone fluctuations) influencing clinical and neurobiological effects of innovative PTSD treatment are presented.

199

Innovation in Combat Stress mental health services for UK military veterans with PTSD and C-PTSD: i) Intensive treatment service for PTSD and C-PTSD; ii) Online stabilisation groups, an exemplar: Compassion-focused therapy; iii) The acceptability and impact of veteran led peer support; iv) Working with veterans' families through the treatment pathway

Naomi Wilson¹, Catherine Kinane^{1,3,4}, Dave Aitken¹, Lauren Quigley¹, Deborah Lee^{2,5}, Mhairi Stewart², Julie Thorp¹ and Reema Mudhoo²

¹Combat Stress, Leatherhead, UK; ²OpCOURAGE Berkshire Healthcare NHS, Reading, UK; ³Canterbury Christchurch University, Canterbury, UK; ⁴NHS England, UK; ⁵University College London, London, UK

Track: Military & Emergency Services & their families

Combat Stress is the UK's leading charity for veterans' mental health and since the end of the First World War have been helping former servicemen and women with PTSD. Today we provide specialist treatment to veterans from every service and conflict, focusing on those with complex mental health issues related to their military service.

This symposium will present recent innovations in the delivery of Combat Stress's services for veterans who present with PTSD and C-PTSD, including a service developed in partnership with OpCOURAGE, South Central England.

An introduction will comprise the three-phase treatment model that Combat Stress offers for PTSD and C-PTSD; an interdisciplinary service for veterans and families.

Learning objectives are to understand: the feasibility of intensive PTSD and C-PTSD treatment; the feasibility of online group stabilisation interventions; the acceptability and impact of veteran led Peer Support; the value of family engagement to improve quality of care

201

Clinical assessment of ICD-11 PTSD and complex PTSD using the international trauma interview (ITI)

Rahel Bachem², Andreas Maercker², Kai Köhler³, Gerd Willmund³, Martin Bohus⁴, Stefanie Koglin⁵, Stefan Roepke⁵, Nikola Schoofs^{2,1}, Kathlen Priebe^{2,1}, Felix Wülfing^{2,1}, Christian Schmahl⁴, Manuel P. Stadtmann⁶, Heinrich Rau³, Mareike Augsburger^{2,7}, Sabina Palic⁸, Lene Bager^{8,9}, Stine Bjerrum Moeller^{10,11}, Kirstine Bruun Larsen¹², Søren Bothe⁸, Sofie Folke¹³, Dorte Futtrup¹², Marie Høgh Thøgersen⁸, Maria Lund Kristensen¹⁴, Katrine Møller Larsen¹⁵, Bo Søndergaard Jensen¹⁶, Louise Tækker¹⁵, Linda Nordin^{8,17}, Erik Vindbjerg¹⁸, Odeta Gelezelyte¹, Neil P. Roberts^{19,20}, Jonathan I. Bisson¹⁹, Monika Kvedaraitė¹ and Evaldas Kazlauskas¹

¹Vilnius University, Institute of Psychology, Center for Psychotraumatology, Vilnius, Lithuania; ²University of Zurich, Institute of Psychology, Psychopathology and Clinical Intervention, Zurich, Switzerland; ³German Armed Forces Center for Military Mental Health, Berlin, Germany; ⁴Department of Psychosomatic Medicine and Psychotherapy, Central Institute of Mental Health Mannheim, Medical Faculty Mannheim / Heidelberg University, Mannheim, Germany; ⁵Charité - Universitätsmedizin Berlin, Department of Psychiatry and Neuroscience, Berlin, Germany; ⁶Eastern Switzerland University of Applied Sciences, Competence Centre for Mental Health, St. Gallen, Switzerland; ⁷Klenico Health AG, University of Zurich startup, Switzerland; ⁸Department of Rehabilitation, DIGNITY—Danish Institute Against Torture, Copenhagen, Denmark; ⁹National Centre for Register-Based Research, Aarhus University, Aarhus, Denmark; ¹⁰Mental Health Centre Region of Southern Denmark, Department for Trauma and Torture Survivors, Vejle/Odense, Denmark; ¹¹University of Southern Denmark, Institute of Psychology, Odense, Denmark; ¹²The Rehabilitation Center for refugees, The North Denmark Region, Aalborg, Denmark; ¹³Danish Veterans Centre, Copenhagen, Denmark; ¹⁴Mental Health Centre Region of Southern Denmark, Department for Trauma and Torture Survivors, Vejle, Denmark; ¹⁵Oasis – treatment facility and counselling for refugees, Copenhagen, Denmark; ¹⁶Clinic for PTSD and Anxiety, Aarhus University Hospital Skejby, Aarhus, Denmark; ¹⁷Department of Psychology, Lund University, Lund, Sweden; ¹⁸The Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup, Copenhagen, Denmark; ¹⁹National Centre for Mental Health (NCMH), Division of Psychological Medicine and Clinical Neurosciences, Cardiff University School of Medicine, Cardiff, UK; ²⁰Directorate of Psychology and Psychological Therapies, Cardiff & Vale University Health Board, Cardiff, UK; ²¹Charité Universitätsmedizin Berlin, Department of Psychiatry and Neuroscience, Charité Campus Mitte, Berlin, Germany

Track: Assessment & Diagnosis

The 11th revision of the International Classification of Diseases (ICD-11) includes a new diagnosis of complex posttraumatic stress disorder (CPTSD) which encompasses symptoms of posttraumatic stress disorder (PTSD) and disturbances in self-organization (DSO). As CPTSD is a new diagnostic category, there is a significant lack of valid tools for the clinical assessment of CPTSD symptoms. A semi-structured International Trauma Interview (ITI) is a promising novel tool for the thorough clinical assessment of a new diagnostic category of complex PTSD that could be used in everyday clinical practice and research. Studies in different countries and samples are highly needed for the investigation of the validity of the ITI. In this symposium, an overview of the development of the ITI, as well as results from validation studies in different countries and samples will be presented. We will also discuss some challenges associated with administering the ITI interview in various settings.

223

Predicting who will respond to our best treatments

Dharani Key¹, Nadine Garland¹, Jenny Tran¹, Meaghan O'Donnell⁴, Richard Bryant¹, Pim Cuijpers³, Jennifer Kurath², Aemal Akhtar⁵, Naser Morina², William Martins Vilella², Kadir Turgut², Laura Doser², Marit Sijbrandij³, Anne M. De Graaff³, Jos Twisk³, Mariam Elsayy³, Katie Dawson¹, Suzanna Azevedo¹, Srishti Srishti Yadav¹, Jasmine Choi-Christou¹ and Isaac Galatzer-Levy⁶

¹University of New South Wales, Sydney, Australia; ²University Hospital Zurich, Zurich, Switzerland; ³Vrije Universiteit, Amsterdam, the Netherlands; ⁴University of Melbourne, Melbourne, Australia; ⁵Karolinska Institute, Sweden; ⁶New York University, New York, USA

Track: Intervention Research & Clinical Studies

This symposium addresses predictors of response to evidence-based treatments. The first study will comprise a systematic review and meta-analysis of trauma-focused psychotherapy trials that include predictive factors of outcomes, and then quantifies the factors that are most predictive. The second study refines this approach by examining in a meta-analysis the factors that predict treatment response in trials that focused on refugees with PTSD. The third study uses an independent participant data meta-analysis of studies that used transdiagnostic interventions to address common mental disorders in refugees. The fourth study adopts a novel experimental approach and uses novel computer vision technology to measure facial, acoustic, and speech parameters derived from responses made prior to treatment to predict who will respond to a transdiagnostic intervention for people experiencing distress secondary to the pandemic. These studies will provide novel insights into how clinicians need to consider tailoring available treatments for different patients.

227

Correlates, patterns, and trajectories of prolonged grief disorder

Justina Pociunaite², Iris van Dijk⁴, Lyanne Reitsma⁴, Erik Edwin Leonard Nordström⁵, Paul A. Boelen^{4,6}, Lonneke I. M. Lenferink^{4,7,8}, Hannah Comtesse¹, Anna Vogel¹, Cedric Sachser², Bettina K. Döring³, Rita Rosner¹, Anna-Maria Rummel¹, Nadine Stammel⁹, Freya Specht¹⁰, Max Vöhringer¹⁰, Christine Knaevelsrud⁹, Birgit Wagner¹¹, Maria Böttche^{9,10}, Geert E. Smid^{4,12}, Suzan Soydas^{4,6}, Barbara Goodfellow¹³ and Rachel Wilson¹³

¹Catholic University Eichstaett-Ingolstadt, Ingolstadt, Germany; ²University of Ulm, Ulm, Germany; ³Brandenburg Medical School Theodor Fontane, Neuruppin, Germany; ⁴Utrecht University, Utrecht, the Netherlands; ⁵University of Bergen, Bergen, Norway; ⁶ARQ National Psychotrauma Centre, Diemen, the Netherlands; ⁷University of Groningen, Groningen, The Netherlands; ⁸University of Twente, Enschede, the Netherlands; ⁹Freie Universität Berlin, Berlin, Germany; ¹⁰Center ÜBERLEBEN, Berlin, Germany; ¹¹Medical School Berlin, Berlin, Germany; ¹²University of Humanistic Studies, Utrecht, the Netherlands; ¹³ASSIST Trauma Care, Rugby, UK

Track: Assessment & Diagnosis

Prolonged grief disorder (PGD) is a new diagnosis. To be able to identify risk groups and improve treatments, more thorough investigations of the course and correlates of PGD symptoms are needed. The first study in this symposium (Pociunaite) is focused on the course of PGD symptoms in a cross-national sample. Unnatural losses increased the risk of a high stable PGD trajectory. The second presentation (Comtesse) shows that, after

accounting for loss-related factors, the experience of childhood abuse was associated with PGD symptoms in adulthood in a population-based German sample. The third presentation focuses on PGD symptoms in a treatment-seeking sample of Arabic-speaking persons (Stammel). In addition to loss-related factors, impairment and perceived social support were related to PGD symptoms. The final study (Smid) examines patterns of PGD and comorbid symptoms and the effectiveness of a short grief-focused outreach program for persons bereaved by homicide in the United Kingdom.

240

Combining exercise with trauma-focused treatments for posttraumatic stress disorder: Effects and timing

Muriel Hagenaars^{1,2}, A. Kryptos¹, I.M. Engelhard^{1,3}, M.A. Van der Hout¹, S.A. Sanches⁶, Eline Voorendonk^{4,5}, M. Mojet¹, A. De Jongh^{5,7,8,9,10}, Agnes van Minnen^{4,5}, M.S. Tollenaar¹¹, E.A. Hoogendoorn¹², Rick de Haart^{13,14}, J.K. Daniels¹³, D.C. Cath^{14,15} and M.J.J. Lommen¹³

¹Department of Clinical Psychology, Utrecht University, Utrecht, the Netherlands; ²Centre for Psychotherapy, GGZ-Central, Ermelo, the Netherlands; ³Academic Centre for Anxiety, Altrecht, Utrecht, the Netherlands; ⁴Behavioural Science Institute (BSI), Radboud University, Nijmegen, the Netherlands; ⁵Research Department, PSYTREC, Bilthoven, the Netherlands; ⁶Phrenos Centre of Expertise for severe mental illness, Utrecht, the Netherlands; ⁷Academic Centre for Dentistry Amsterdam (ACTA), University of Amsterdam and VU University, Amsterdam, the Netherlands; ⁸School of Psychology, Queen's University, Belfast, Northern Ireland; ⁹School of Health Sciences, Salford University, Manchester, UK; ¹⁰Institute of Health and Society, University of Worcester, Worcester, UK; ¹¹Clinical Psychology and the Leiden Institute of Brain and Cognition, Leiden University, Leiden, the Netherlands; ¹²Leiden University, Leiden, the Netherlands; ¹³Department of Clinical Psychology and Experimental Psychopathology, University of Groningen, Groningen, the Netherlands; ¹⁴Department Trauma Center, GGZ Drenthe Mental Health Institute, Assen, the Netherlands; ¹⁵Department of Psychiatry, University Medical Center Groningen (UMCG), Groningen, the Netherlands

Track: Intervention Research & Clinical Studies

Exercise is helpful to reduce psychiatric symptoms, including PTSD symptoms. Less is known however, about the effect of exercise during trauma-focused treatments for PTSD. This symposium addresses the question whether exercise has an added value on the effect of trauma-focused treatment, and discusses the timing of exercise in a trauma-focused trajectory; before, after or during a treatment session?

First, findings from an experimental study indicate that immobility (i.e., freeze; no movement) impedes extinction learning, and suggests using exercise after a treatment session. Findings from a clinical study showed more reduction of trauma-related distress and vividness in PTSD patients who performed exercise after versus before an exposure session. Results from a clinical randomized controlled trial did not find beneficial effects of exercise in addition to a trauma-focused treatment program. Lastly, a new clinical study design will be presented investigating the effect of movement during a Virtual Reality exposure treatment session.

248

The influence of immigration and health care policies on refugee mental health

Philippa Specker², Belinda Liddell², Meaghan O'Donnell³, Richard Bryant², Vicki Mau⁴, Tadgh McMahon⁵, Yulisha Byrow², Angela Nickerson², Joel Hoffman², Natalie Mastrogiovanni², Lars Dumke¹, Frank Neuner¹, Sarah Wilker¹ and Anna Kotterba¹

¹Department of Psychology, Bielefeld University, Bielefeld, Germany; ²School of Psychology, University of New South Wales, Sydney, Australia; ³Phoenix Australia, University of Melbourne, Australia; ⁴Australian Red Cross, Australia; ⁵Settlement Services International

Track: Refugee or war & conflict related traumatic stress

Due to the repeated experience of traumatic events before migration, refugees represent a particular vulnerable group for the development of chronic mental health conditions, with potential life-long consequences on the integration process into the new environment. This vulnerability is aggravated by stressors occurring during and after migration. Furthermore, the opportunity to adequately respond to the mental health needs of traumatized refugees, and to transform the mental health systems to become inclusive for individuals with diverse cultural background and language has been missed by many host countries.

This symposium will present evidence regarding the impact of immigration policies and visa insecurity on refugee mental health. Further, data showing how structural barriers and

psychotherapists' attitudes contribute to a discrimination of refugees in the general health care system will be presented. Implications for transformations of the health care system to respond more adequately to the mental health needs of refugees will be discussed.

258

Global research on the impact of childhood trauma across domains and the lifespan

Miranda Olf^{1,2}, Ulrich Schnyder³, Monique Pfaltz⁴, Shilat Haim-Nachum⁵, Georgina Spies^{6,7,8}, Mari R. Sopp⁹, Misari Oe^{10,11}, Dany Laure Wadji^{12,13}, Eleonora Bartoli¹⁴, Chantal Martin-Soelch¹², Monique C. Pfaltz⁴, Rachel Langevin¹⁵, Demi Havermans^{16,17} and Sjacko Sobczak^{16,18}

¹Department of Psychiatry, Amsterdam University Medical Center, University of Amsterdam, Amsterdam Neuroscience, Amsterdam, the Netherlands; ²ARQ National Psychotrauma Centre, Diemen, the Netherlands; ³University of Zurich, Zurich, Switzerland; ⁴Department of Psychology and Social Work, Mid Sweden University, Östersund, Sweden; ⁵School of Education, Bar-Ilan University, Bar-Ilan, Israel; ⁶Department of Psychiatry, Stellenbosch University, Stellenbosch, South Africa; ⁷DSI/NRF South African Research Chairs Initiative in PTSD, Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Stellenbosch, South Africa; ⁸South African Medical Research Council/Stellenbosch University Genomics of Brain Disorders Research Unit, Department of Psychiatry, Stellenbosch University, Cape Town, South Africa; ⁹Division of Clinical Psychology and Psychotherapy, Saarland University, Saarland, Germany; ¹⁰Health Service Center, Kurume University, Kurume, Japan; ¹¹Department of Neuropsychiatry, Kurume University School of Medicine, Kurume, Japan; ¹²Department of Psychology, University of Fribourg, Fribourg, Switzerland; ¹³Sainte-Justine University Hospital Centre, Montreal, Canada; ¹⁴Department of Psychology and Sport Sciences, Goethe University of Frankfurt, Frankfurt, Germany; ¹⁵Department of Educational and Counselling Psychology, McGill University, Montreal, Canada; ¹⁶Department of Neuropsychology and Psychopharmacology, Faculty of Psychology and Neuroscience, Maastricht University, Maastricht, Netherlands; ¹⁷TanteLouise, Bergen op Zoom, the Netherlands; ¹⁸Mondriaan Mental Health Center, Department of Old Age Psychiatry, Heerlen, Maastricht, the Netherlands

Track: Child & Adolescent Trauma

The Global Collaboration on Traumatic Stress (GC-TS) consists of researchers and clinicians from around the world collaborating on topics of global importance. At the start it was decided that one of these topics to be addressed would be that of the impact of childhood maltreatment. In this symposium we start with a report on what the GC-TS has been achieving with regard to this topic and how to advance child trauma research around the world. The second paper will address how experiencing childhood maltreatment is related to the interpersonal distance individuals feel comfortable with around the world. The third paper focuses on global childhood maltreatment experiences and social norm perceptions of child maltreatment and what the effects are in adulthood. Finally, the impact of (childhood) trauma in older adults in a large global sample will be presented as well as trauma-related symptom presentation in old age.

260

Biological predictors and markers of psychotherapy outcome in Posttraumatic Stress Disorder: Evidence from genetic, epigenetic, gene expression, and neuroimaging research

Dharani Keyan², Richard Bryant², Sarah Wilker^{1,5}, Vanja Vukojevic^{6,7}, Anna Schneider⁵, Anett Pfeiffer⁸, Stefan Inerle⁹, Markus Pauly^{9,10}, Thomas Elbert¹¹, Andreas Papassotiropoulos^{6,7}, Dominique De Quervain^{6,7}, Iris-Tatjana Kolassa⁵, Robert Kumsta^{3,4}, Elisabeth Hummel³, Johannes C.S. Zang³, Svenja Müller³, Dirk Moser³, Stephan Herpertz¹², Henrik Kessler¹³, Richard Bryant², Kim Felmingham¹⁴, Gin S. Malhi¹⁵, Thomas H Williamson², Leanne M. Williams¹⁶ and Mayuresh S. Korgaonkar¹⁷

¹Department of Psychology, Bielefeld University, Bielefeld, Germany; ²School of Psychology, University of New South Wales, Sydney, Australia; ³Department of Genetic Psychology, Faculty of Psychology, Ruhr University Bochum, Bochum, Germany; ⁴Department of Behavioural and Cognitive Sciences, Laboratory for Stress and Gene-Environment Interplay, University of Luxembourg, Luxembourg; ⁵Clinical and Biological Psychology, Ulm University, Germany, Ulm, Germany; ⁶Research Platform Molecular and Cognitive Neurosciences (MCN), Department of Biomedicine, University of Basel, Basel, Switzerland; ⁷Psychiatric University Clinics, University of Basel, Basel, Switzerland; ⁸vivo international e.V., Germany; ⁹Department of Statistics, TU Dortmund University, Dortmund, Germany; ¹⁰Research Center Trustworthy Data Science and Security, UA Ruhr, Germany; ¹¹Clinical Psychology and Neuropsychology, University of Konstanz, Konstanz, Germany; ¹²Department of Psychosomatic Medicine and Psychotherapy LWL-University Hospital Ruhr-University Bochum, Bochum, Germany; ¹³Department of Psychosomatic Medicine and Psychotherapy, Hospital Fulda, Fulda, Germany; ¹⁴University of Melbourne, Melbourne, Australia; ¹⁵The University of Sydney, Sydney, Australia; ¹⁶Stanford University, Stanford, USA; ¹⁷Westmead Institute for Medical Research, Sydney, Australia

Track: Public Health, Biological &/or Medical

While knowledge regarding the biological mechanisms involved in the development of Posttraumatic Stress Disorder (PTSD) is constantly growing, so far, little research has focused on the role of biological processes involved in the treatment of PTSD by means of evidence-based psychotherapy. This knowledge could have important clinical implications, since there is a large variability in PTSD treatment response, and approximately 30% of trauma survivors do not benefit from evidence-based psychotherapy for PTSD.

Here, we present data regarding genetic predictors of psychotherapy outcome, as well as epigenetic and gene expression patterns related to treatment response. Further, changes in neural responses that are associated with therapeutic change will be presented. The presented data shed light on potential biological mechanisms involved in psychotherapy for PTSD and might inform enhancement of psychotherapeutic treatments as well as personalized medicine.

291

Impact of morally stressful situations on healthcare workers during the COVID-19 pandemic - an international perspective

Kristina Bondjers¹, Kristin Alve Glad¹, Dan Atar^{3,4}, Solveig K Reitan^{5,6,7}, Leiv-Arne Rosseland^{7,8}, John-Anker Zwarts^{8,2}, Hilde Wøien⁹, Synne Ø Stensland^{1,2}, Grete Dyb^{1,8}, Martina Gustavsson¹⁰, Niklas Juth¹¹, Johan von Schreeb¹⁰, Filip Arnberg¹², Victoria Williamsson^{13,14}, Danielle Lamb¹⁵, Matthew Hotopf^{16,17}, Rosalind Raine¹⁵, Sharon Stevelink^{13,16}, Simon Wessely¹⁶, Mary Docherty¹⁶, Ira Madan¹⁸, Dominic Murphy^{13,19}, Neil Greenberg¹³, Ariela Rosenblum²⁰ and Talya Greene²¹

¹Norwegian Centre For Violence And Traumatic Stress Studies, Norway; ²Division of Clinical Neuroscience, Oslo University Hospital, Oslo, Norway; ³Division of Cardiology, Oslo University Hospital Ulleval, Oslo, Norway; ⁴Institute of Clinical Medicine, University of Oslo, Oslo, Norway; ⁵Department of mental health, NTNU, Trondheim, Norway; ⁶Nidelv DPS, St Olavs hospital, Trondheim, Norway; ⁷Department of Research and Development, Division of Emergencies and Critical Care, Oslo University Hospital, Oslo, Norway; ⁸Institute of Clinical Medicine, Faculty of Medicine, University of Oslo, Oslo, Norway; ⁹Division of Emergencies and Critical Care, Oslo University Hospital, Oslo, Norway; ¹⁰Centre for Research on Healthcare in Disasters, Health Systems and Policy (HSP), Department of Global Public Health, Karolinska Institute, Stockholm, Sweden; ¹¹Stockholm Centre for Healthcare Ethics (CHE), Department of Learning, Informatics, Management and Ethics (LIME), Karolinska Institute, Stockholm, Sweden; ¹²National Centre for Disaster Psychiatry, Department of Medical Sciences, Uppsala University, Uppsala, Sweden; ¹³King's Centre for Military Health Research, Institute of Psychology, Psychiatry and Neuroscience, King's College London, UK; ¹⁴Department of Experimental Psychology, Anna Watts Building, University of Oxford, Oxford, UK; ¹⁵NIHR ARC North Thames, Department of Applied Health Research, UCL, London, United Kingdom; ¹⁶Department of Psychological Medicine, Institute of Psychiatry Psychology and Neuroscience, King's College London, UK; ¹⁷South London and Maudsley NHS Foundation Trust, London, UK; ¹⁸Dept of occupational health, Guy's and St Thomas' NHS Trust and King's College London, UK; ¹⁹Combat Stress, Tyrwhitt House, Leatherhead, UK; ²⁰University of Haifa, Israel; ²¹Clinical Educational and Health Psychology, University College London, UK

Track: Pandemic related Traumatic Stress

During the COVID-19 pandemic, healthcare workers (HCWs) have been faced with unprecedented demands and diminished resources, giving rise to ethically challenging situations and potentially morally injurious events (PMIE). This international collaboration presents on pandemic-related PMIEs and associated distress among HCW across four large and unique samples. MSc Gustavsson will report on the prevalence and causes of moral stressors, and available support among 16, 044 Swedish HCWs. Dr Bondjers will present a mixed-methods study, exploring situations perceived as morally challenging among 978 Norwegian HCWs. Dr Williamson will share findings from a study of 12965 UK National Health Service HCWs, examining the prevalence of PMIEs, mental ill health and social and occupational risk factors. MSc Rosenblum will report on exposure to and predictors of PMIEs among 711 allied health professionals and nurses in Israel. Together, presentations will elucidate on ways to mediate both exposure to PMIE and potential impact on mental health.

306

Mental health during the COVID-19 pandemic – Longitudinal results across Europe from the ESTSS COVID-19 pan-European ADJUST Study Part I

Annett Lotzin^{1,2}, Trudy Mooren^{15,20}, Piotr Grajewski⁹, Dean Ajduković⁴, Acquarini Elena Acquarini³, Marina Ajduković²², Xenia Anastassiou-Hadjicharalambous⁵, Vittoria Ardino³, Filip Arnberg^{6,18}, Ines Rezo Bagarić²², Helena Bakić⁴, Maria Böttche⁷, Maria Bragesjö⁸, Małgorzata Dragan⁹, Margarida Figueiredo-Braga^{10,16}, Tanja Frančičković¹⁷, Odeta Gelezelyte¹¹, Simon Groen⁹, Jana Darejan Javakhishvili¹², Evaldas Kazlauskas¹¹, Jana Kiralj⁴, Lonneke Lenferink¹³, Chrysanthi Lioupi⁵, Brigitte Lueger-Schuster¹⁴, Joanne Mouthaan¹⁹, Lyanne Reitsma¹⁵, Luisa Sales¹⁶, Ingo Schäfer¹, Katharina Stahlmann¹, Aleksandra Stevanović¹⁷, Szymon Szumiał⁹, Lela Tsiskarishvili¹², Marie Jose van Hoof²¹ and Irina Zrnić Novaković¹⁴

¹University Medical Center Hamburg-Eppendorf, Hamburg, Germany; ²MSH Medical School Hamburg, Hamburg, Germany; ³DISCUI, University of Urbino, Urbino, Italy; ⁴Department of Psychology, Faculty of Humanities and Social Sciences, University of Zagreb, Zagreb, Croatia; ⁵Psychology Program, School of Humanities, Social Sciences and Law, University of Nicosia, Nicosia, Cyprus; ⁶National Centre for Disaster Psychiatry, Department of Medical Sciences, Uppsala University, Uppsala, Sweden; ⁷Division of Clinical Psychological Intervention, Freie Universität Berlin, Berlin, Germany; ⁸Department of Clinical Neuroscience, Division of Psychology, Karolinska Institutet, Stockholm, Sweden; ⁹Faculty of Psychology, University of Warsaw, Warsaw, Poland; ¹⁰Department of Clinical Neurosciences and Mental Health, Faculty of Medicine, University of Porto, Porto, Portugal; ¹¹Center for Psychotraumatology, Institute of Psychology, Vilnius University, Vilnius, Lithuania; ¹²Faculty of Arts and Science, Ilia State University, Tbilisi, Georgia; ¹³Department of Psychology, Health and Technology, Faculty of Behavioural, Management and Social Sciences, Twente University, Enschede, the Netherlands; ¹⁴Unit of Psychotraumatology, Faculty of Psychology, University of Vienna, Vienna, Austria; ¹⁵Department of Clinical Psychology, Faculty of Social Sciences, Utrecht University, Utrecht, the Netherlands; ¹⁶Trauma Observatory, Centre for Social Studies (CES), University of Coimbra, Portugal; ¹⁷Department of Basic Medical Sciences, Faculty of Health Studies, University of Rijeka, Croatia, Rijeka, Croatia; ¹⁸Division of Psychiatry, Uppsala University Hospital, Uppsala, Sweden; ¹⁹Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway; ²⁰ARQ National Psychotrauma Centre, Diemen, the Netherlands; ²¹iMindU, Leiden, the Netherlands; ²²Faculty of Law, University of Zagreb, Zagreb, Croatia

Track: Pandemic related Traumatic Stress

The European Society for Traumatic Studies (ESTSS) launched a longitudinal European study on the mental health impact of the COVID-19 pandemic (<https://estss.org/adjust>). In this symposium, longitudinal findings from different countries will be presented. The first presentation (Lotzin) will provide insights into associations between pandemic-related stressors and risk factors for PTSD across eleven countries. The second (Mooren), third (Grajewski) and fourth (Ajduković) talks will convey findings on mental health trajectories in the Dutch, Polish, and Croatian populations, respectively. The fifth presentation (Arnberg) will present Swedish data that indicate potential mental-health recovery between pandemic waves, while the sixth presentation (Figueiredo-Braga) will discuss findings on the associations between coping and symptoms of adjustment disorder in the Portuguese population. The last presentation (Zrnić Novaković) will report qualitative data on pandemic-related experiences in five European countries. The implications of the findings for research and clinical practice for the current and future pandemics will be discussed.

308

Mental health during the COVID-19 pandemic – Longitudinal results across Europe from the ESTSS COVID-19 pan-European ADJUST Study Part II

Filip K. Arnbe^{1,2}, Irina Zrnić Novaković¹⁰, Margarida Figueiredo-Braga^{7,8}, Dean Ajduković¹¹, Xenia Anastassiou-Hadjicharalambous¹², Helena Bakić¹¹, Kristina Bondjers^{1,6}, Camila Borges⁸, Maria Bragesjö⁴, Raket Eklund^{1,3}, Ida Hensler¹, Jana Darejan Javakhishvili¹³, Kerstin Bergh Johannesson¹, Chrysanthi Lioupi¹², Brigitte Lueger-Schuster¹⁰, Luisa Sales^{8,9}, Josefin Sveen^{1,3,5}, Lela Tsiskarishvili¹⁴ and Annett Lotzin^{15,16}

¹National Centre for Disaster Psychiatry, Department of Medical Sciences, Uppsala University, Uppsala, Sweden; ²Division of Psychiatry, Uppsala University Hospital, Uppsala, Sweden; ³Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden; ⁴Centre for Psychiatry research, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden; ⁵Center for Crisis Psychology, Faculty of Psychology, University of Bergen, Bergen, Norway; ⁶Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway; ⁷Department of Clinical Neurosciences and Mental Health, Faculty of Medicine, University of Porto, Porto, Portugal; ⁸Trauma Observatory, Centre for Social Studies (CES), University of Coimbra, Porto, Portugal; ⁹Unit of Psychiatry, Hospital Militar, Coimbra, Portugal; ¹⁰Department of Clinical and Health Psychology, Faculty of Psychology, University of Vienna, Vienna, Austria; ¹¹Department of Psychology, Faculty of Humanities and Social Sciences, University of Zagreb, Zagreb, Croatia; ¹²Department of Social Sciences, School of Humanities, Social Sciences and Law, University of Nicosia, Nicosia, Cyprus; ¹³Institute of Addiction Studies, School of Arts and Sciences, Ilia State University, Tbilisi, Georgia; ¹⁴School of Arts and Sciences, Ilia State University, Tbilisi, Georgia; ¹⁵University Medical Center Hamburg-Eppendorf, Hamburg, Germany; ¹⁶Department of Psychology, MSH Medical School Hamburg, Hamburg, Germany

Track: Pandemic related Traumatic Stress

The European Society for Traumatic Studies (ESTSS) launched a longitudinal European study on the mental health impact of the COVID-19 pandemic (<https://estss.org/adjust>). In this symposium, longitudinal findings from different countries will be presented. The first presentation (Lotzin) will provide insights into associations between pandemic-related stressors and risk factors for PTSD across eleven countries. The second (Mooren), third (Grajewski) and fourth (Ajduković) talks will convey findings on mental health trajectories in the Dutch, Polish, and Croatian population, respectively. The fifth presentation (Arnberg) will present Swedish data that indicate potential mental-health recovery between pandemic waves, while the sixth presentation (Figueiredo-Braga) will discuss findings on the associations between coping and symptoms of adjustment disorder in the Portuguese population. The last presentation (Zrnić Novaković) will report qualitative data on pandemic-related experiences in five European countries. The implications of the findings for research and clinical practice for the current and future pandemics will be discussed.

310

Mental health of war-affected and forcibly displaced individuals and their families – Associations of risk factors and symptomatology

Hawkar Ibrahim¹, Benjamin Iffland¹, Sina Neldner¹, Razaw Noori², Harem Nareeman Mahmood¹, Jasmin Wittmann¹, Claudia Catani¹ and Frank Neuner¹

¹Department of Psychology, Bielefeld University, Bielefeld, Germany; ²Independent Researcher, Halabja, Iraq

Track: Refugee or war & conflict related traumatic stress

While the dose-effect association between the number of experienced war traumatic events and negative mental ill-health outcomes is well-documented within current psychotraumatology literature, there is a dearth of scientific research on the impacts of non-war and life adversity events (such as family-childhood trauma and intimate partner violence, and resources loss) on the mental health of war-affected populations. This symposium will present four empirical data on the contribution of family, childhood violence, and loss of resources to the mental health of displacement families and genocide survivors in the Middle East.

366

Learning from previously deployed Danish soldiers: Treatment-seeking behavior, ICD-11 PTSD and complex PTSD, and outcome of personalized treatment

Karen-Inge Karsto^{1,3}, Erik Vindbjerg⁵, Anni B. S. Nielsen^{1,4}, Søren B. Andersen¹, Sofie Folke^{1,2}, Thanos Karatzias⁶, Katrine Friis², Ulrik Thomsen², Nikolai Roitmann², Christian D. G. Stoltenberg^{1,9}, Mia S. Vedtofte¹, Volkert Siersma⁴, Kaj S. Christensen⁸ and Merete Osler^{7,9}

¹Research and Knowledge Centre, Danish Veterans Centre, Ringsted, Denmark; ²Department of Military Psychology, Danish Veterans Centre, Copenhagen, Denmark; ³Department of Psychology, University of Copenhagen, Copenhagen, Denmark; ⁴The Research Unit and Section of General Practice, Institute of Public Health, University of Copenhagen, Copenhagen, Denmark; ⁵Competence Center for Transcultural Psychiatry, Psychiatric Center Ballerup, The Mental Health Services of the Capital Region of Denmark, Ballerup, Denmark; ⁶School of Health and Social Care, Edinburgh, Napier University, Edinburgh, UK; ⁷Center for Clinical Research and Prevention, Bispebjerg and Frederiksberg Hospitals, Frederiksberg, Denmark; ⁸The Research Unit for General Practice and Section for General Medical Practice, Department of Public Health, Aarhus University, Aarhus, Denmark; ⁹Section for Epidemiology, Department of Public Health, University of Copenhagen, Copenhagen, Denmark

Track: Military & Emergency Services & their families

Research evidence is largely supportive of the distinction of ICD-11 PTSD and complex PTSD (CPTSD) in various trauma-exposed samples. However, few studies have been conducted in military samples. In this symposium, speakers will present the latest research on treatment-seeking behavior, ICD-11 PTSD and CPTSD and outcome of personalized treatment in previously deployed Danish Soldiers and veterans. Specifically, Dr Karen-Inge Karstoft will present results from three studies examining the factor structure and latent profiles of PTSD

and CPTSD in three samples ($N = 599$; $N = 1\,541$; $N = 294$). Dr Anni B. S. Nielsen will present data on risk factors and comorbidities of C/PTSD in 599 treatment-seeking Danish veterans. Dr Sofie Folke will present results of a case-series study investigating a new personalized treatment for veterans with CPTSD ($N = 14$). Lastly, Christian D.G. Stoltenberg will present results of a study that compared differences in mental healthcare utilisation between Danish military personnel ($N = 10,971$) and the general population ($N = 253,714$).

387

Personalizing PTSD treatment: Patient and provider factors in treatment choice and outcomes

Rachel Hiller⁶, Philip Held⁵, Michelle Bedard-Gilligan², Debra Kaysen¹, Dale L. Smith⁵, Morgan Johnson², Brittany Blanchard², Charles Engel², Stephanie Hauge², Joseph Cerimele², Molly Joseph², John Fortney², Norah Feeny³, Elsa Mattson³, Sarah Rutter³ and Lori Zoellner⁴

¹Department of Psychiatry, Stanford University School of Medicine, USA; ²University of Washington, Department of Psychiatry & Behavioral Sciences, USA; ³Case Western, USA; ⁴University of Washington, Psychology Department, USA; ⁵Rush University Medical Center, USA; ⁶University College London (UCL), UK

Track: Intervention Research & Clinical Studies

Posttraumatic stress disorder (PTSD) is prevalent and associated with high individual and societal costs. There are effective trauma-focused therapies, as well as pharmacological treatments for PTSD. Despite these advances, individuals often do not access treatment. For those who do, they may not receive an effective dose of treatment, and even among those who access care, they do not always respond to treatment. Moreover, providers are not always consistent in offering evidence-based PTSD treatments to their clients. All of these factors are barriers to addressing the global burden of disease associated with PTSD and may be addressed by personalized medicine approaches, which individualizes care to each client. This symposium presents findings across a wide variety of settings examining patient and provider factors associated with preference for PTSD treatment modalities, and patient factors associated with response to adjunctive treatments. Implications for the field of personalized medicine and PTSD will be discussed.

392

Mental health impacts of COVID-19 on healthcare providers and public safety personnel

Kimberly Ritchie^{1,5}, Margaret McKinnon^{1,3,4}, Andrea Brown¹, Suzette Brémault-Phillips^{7,8}, Lorraine Smith-MacDonald^{7,8} and Alexandra Heber^{1,2,6}

¹McMaster University, Canada; ²Canadian Institute for Pandemic Health Education and Response (CIPHER), Regina, Canada; ³St. Joseph's Healthcare Hamilton, Hamilton, Canada; ⁴Homewood Research Institute, Guelph, Canada; ⁵Trent University, Peterborough, Canada; ⁶Veterans Affairs Canada, Charlottetown, Canada; ⁷University of Alberta, Edmonton, Canada; ⁸Heroes in Mind, Advocacy and Research Consortium, Edmonton, Canada

Track: Pandemic related Traumatic Stress

The COVID-19 pandemic has resulted in unprecedented and often devastating circumstances for healthcare providers (HCP) and Public Safety Personnel (PSP), which circumstances have impacted their mental health and wellbeing. In this symposium, we will discuss the impacts that the pandemic has had on experiences of moral injury as well as depression, anxiety, and stress for both HCP and PSP in Canada. We will also present on an evidence-informed online Acceptance and Commitment Therapy-based group therapy addressing moral injury in healthcare providers. Finally, we will present on a knowledge exchange hub funded by the Public Health Agency of Canada to curate and mobilize information from nine projects that are testing and delivering interventions to address the needs of HCP and PSP.

402

General and mental health outcomes and healthcare utilization in refugees: Predictors and implications for policy

Cengiz Kilic¹, Reshed Abohalaka¹, Özlem Seyda Ulug² and Kathy Magruder³

¹Hacettepe University, Turkey; ²Arel University, Istanbul, Turkey; ³Medical University of South Carolina, USA

Track: Refugee or war & conflict related traumatic stress

The Syrian conflict led to one of the largest refugee crises in the world. Turkey hosts nearly 4 million Syrian refugees since 2011. Refugees are at double risk for mental disorders, since they have been exposed to war traumas, and since they have to survive in countries without their social and economic network. Plus, they face additional traumas, or discrimination. We are presenting the results of a large-scale epidemiological study on a random representative sample of all Syrian refugees in Turkey. Since the sample is representative, we will be able to present reliable estimates of true prevalence of mental disorders. We will also examine the differences in the pattern of use of general health versus mental health services. Finally, we will discuss the policy implications of our findings and generalizability of our findings to other refugee crises in other parts of the world.