



Individual papers

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Individual papers

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Perceived friendship protects against development of anger following childhood adversities in UK military veteran men residing in Northern Ireland

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Track: Military & Emergency Services & their families

Background: Experience of childhood adversity is associated with greater anger as an adult, particularly in men (Messina & Schepps, 2021). Soldiers and veterans report higher incidence of adverse childhood experiences (McLafferty et al., 2021), many of whom also experience elevated rates of PTSD and anger. However, little is known about factors which may protect against the development of anger after experiencing childhood adversity.

Objective: This study aims to assess the potential protective aspects of perceived social support in military veterans.

Methods: Data from the Northern Ireland Veterans' Health and Wellbeing Study ($N = 590$, $Male = 56$) was utilised in regression models to examine perceived social support (family, friend, partner; MSPSS) as a moderator of the association between adverse childhood experiences (ACEQ-10) and anger (DAR-7). This sample comprised men who were UK Armed Forces veterans residing in Northern Ireland.

Results: Significant interaction effects, visualised using the Johnson-Neyman technique and interaction plots, were found between perceived friend support and both child abuse and household challenge. When men perceived high friend support, there was no association between child abuse or household challenge and anger. Perceived family or partner support did not change the positive association between child abuse, child neglect, or household challenge and future anger.

Conclusions: This study indicates that it is especially important to foster supportive and empathetic friendships for men that have experienced adversity as a child, through programmes such as Men's Sheds, as these friendships may alleviate the negative influences of child abuse and household challenge on anger.

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Posttraumatic stress disorder in Belgian police officers: Prevalence and the effects of exposure to traumatic events

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Track: Military & Emergency Services & their families

Background: Police officers are at considerable risk of developing posttraumatic symptoms because they frequently encounter potentially traumatic events (PTE).

Objective: We investigate experiences with PTE, traumatic exposure (TE), and the prevalence of probable posttraumatic stress disorder (PTSD), complex PTSD and subclinical PTSD in a sample of Belgian police officers. The effects of PTE experiences on the prevalence of posttraumatic symptoms were evaluated.

Methods: In total, 1,465 Belgian police officers participated in a web-based survey evaluating experiences with 29 PTE, assessing TE, and evaluating 1-month probable PTSD, complex PTSD and subclinical PTSD prevalence using the International Trauma Questionnaire (ITQ).

Results: Police officers frequently experience a wide range of PTE. A large majority of 93.0% reports TE. Assessment with ITQ shows a 1-month prevalence of 5.87% for probable PTSD,

1.50% for probable complex PTSD, and 7.58% for subclinical PTSD. Demographic variables and cumulative PTE experiences did not predict posttraumatic symptoms. Certain PTE did entail a higher risk of probable PTSD and subclinical PTSD.

Conclusions: Police officers are frequently confronted with a wide range of PTE, a large majority reports TE. The 1-month prevalence of probable PTSD is significantly higher compared to previous international research in the general population, but lower than in similar research involving police officers. In this study, demographic variables and cumulative PTE experiences did not predict posttraumatic symptoms, while certain PTE did entail a higher risk of probable PTSD and subclinical PTSD.

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The roles of therapeutic alliance and negative cognitions in parent-led treatment versus standard care therapy for posttraumatic stress

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Track: Child & Adolescent Trauma

Background: Therapeutic alliance and negative cognitions during trauma-focused cognitive behavioral therapy (TF-CBT) are two factors that may play an important role in decreasing child posttraumatic stress symptoms (PTSS; Jensen et al., 2018; Murphy, & Hutton, 2018).

Objective: The current study examined therapist, parent, and child therapeutic alliance and child negative cognition changes over time and as potential mediators of outcomes between Stepping Together for Children after Trauma (Stepping Together-CT), a parent-led therapist-assisted treatment, versus therapist-led TF-CBT.

Method: Therapist, parent, and child therapeutic alliance and child negative cognitions were assessed at the first session, mid-treatment and near the end of treatment in Stepping Together-CT ($n=43$) and TF-CBT ($n=71$). Child posttraumatic stress symptoms and impairment were assessed post-treatment (see Salloum et al., 2022). Results: The rate of change in therapist and parent therapeutic alliance within treatments did not significantly differ. Changes over time in child alliance ratings differed with a convex curve for Stepping Together-CT and a concave curve for TF-CBT. Similar decreases in negative cognitions occurred in both treatments. Neither therapeutic alliance (therapist, parent, and child) nor negative cognitions were mediators of PTSS or impairment outcomes. However, therapist therapeutic alliance over time, across treatments was a predictor of child PTSS.

Conclusions: Change rates in child therapeutic alliance differs with a parent-led therapist-assisted treatment versus therapist-led TF-CBT. Therapists should monitor their own alliance as well as the child's alliance throughout treatment.

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Parental PTSD in Military and Emergency First Responder families: Lessons learned in designing an intervention for children

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Track: Military & Emergency Services & their families

Background: Despite the high rates of PTSD in Military and Emergency First Responder (EFR) populations, internationally there is limited research on the impacts of parental PTSD and on targeted interventions to address intergenerational trauma in service children.

Objective: This body of research aimed to study intergenerational trauma in service children experiencing parental PTSD and inform program design to support children and parents.

Methods: Drawing on our systematic review and interview study of military and EFR children aged 9-17 years, service parents with PTSD and co-parents, we designed and piloted a co-designed group program intervention for children and parents.

Results: The following themes were central to program design to support family communication and children's coping: emotional regulation and anxiety, child emulation

and identification with the parent, under and over-disclosure from the parent and the role of psychoeducation, attachment style, parentification, help seeking, and the unique impacts of PTSD symptoms when combined with service culture and conditioning. Lessons learned will be covered in this presentation. One of the learnings to be covered is the need for early and evolving psychoeducation for children and parents. Another learning that will be discussed is the transmission of moral trauma to children and addressing or reframing their worldview and meaning making.

Conclusions: Programme design for children living with a service parent's PTSD needs to be culturally targeted to their unique experiences. The design of a targeted program creates a resource for further research to pilot, refine and evaluate in terms of effectiveness.

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Depression During COVID-19 pandemic among people living with HIV: Are low HIV/AIDS stigma and high perceived emotional support protective resources?

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Track: Pandemic related Traumatic Stress

Background: This study has two objectives: first, to examine changes in depressive symptoms among people living with HIV (PLWH) during the COVID-19 pandemic and, second, to verify the role of HIV/AIDS stigma and perceived emotional support (PES) in the heterogeneity of these changes.

Methods: The participants were 392 people with a medical diagnosis of HIV who have undergone antiretroviral therapy (AVT). Depression was measured at three time points with six-month intervals using the Centre for Epidemiological Studies Depression Scale (CES-D). PES was evaluated with the Berlin Social Support Scales (BSSS), and HIV/AIDS-related stigma was assessed with the Berger HIV Stigma Scale (HSS).

Results: Latent growth class modelling identified four trajectories of depression over the study period: three stable (very high, high, and very low) and one increasing. Both the very high and high stable trajectories had baseline values above the CES-D cut-off point for depression, suggesting that 57.6% of the sample was likely to be diagnosed with depression. After controlling for sociodemographic and clinical variables, stigma and PES were found to be significant covariates of the obtained trajectories; however, they did not protect against an increase in depression symptoms.

Conclusion: There was no overall increase in depression symptoms among the PLWH participants during the pandemic, but this change in depression symptoms was heterogeneous. We observed the potential development of depression in initially well-functioning individuals despite their personal resources differing only slightly from those who remained resilient.

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Digital mental health in assessment and treatment of trauma-affected populations: Leveraging wearables and smartphones

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Track: Assessment & Diagnosis

Background: The opportunity for technology to improve the mental health and wellbeing of trauma-affected individuals is tremendous. Smartphone, wearable, and other sensor technologies hold significant potential for personalised and precision assessment and treatment across a range of posttraumatic mental health issues.

Objective: Explore the feasibility and acceptability of undertaking ambulatory (i.e., wearable and smartphone) research in trauma-affected individuals.

Method: A mixed methods approach using interviews, self-report, ecological momentary assessment, and physiological data in ~100 trauma-affected individuals with problem anger. Most of the data was collected using ambulatory assessment over a ten-day period, via a

smartphone app and wearable device (Garmin Vivosmart 4). Pre and post levels of problem anger were also captured using the Dimensions of Anger Reactions (DAR-5). The primary focus was to assess the feasibility of undertaking this study by examining acceptability in participants and levels of missingness in the data.

Results: Trauma-affected individuals report high levels of acceptability for wearable and smartphone assessment and treatment, and low levels of privacy concerns. Missingness levels for wearable and EMA data are attributable to hardware limitations of commercial wearables and smartphones, rather than individual differences. The digital literacy of trauma-affected populations is high, but challenges remain for older populations. Quantitative and qualitative data indicates that the use of smartphones and wearables to monitor wellbeing has significant positive effects on reducing anger.

Conclusions: Novel technology holds significant potential to improve the mental health of trauma-affected individuals. The findings of this paper have implications for digital mental health in trauma-affected populations.

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Trauma exposure and other psychosocial hazards in first responders: From response to elimination of harm

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Track: Military & Emergency Services & their families

Background: First responders (police, fire, ambulance, medical), have high exposure to traumatic events and increased psychological distress. Moral injury research shows that the organisational context in which trauma exposure occurs can be as or more distressing than exposure to traumatic events. When one feels betrayed by leaders, organisations, or systems it can negatively impact psychological, social, behavioural, and spiritual health. While trauma exposure cannot be eliminated as a risk, such acts that are perceived as betrayal can be eliminated.

Objective: The study aimed to develop a holistic biopsychosocial-spiritual framework to prevent other-directed moral suffering among first responders.

Method: Mixed methods and interdisciplinary research utilised Bayesian Network analysis of surveys ($n = 229$) to report the extent of moral suffering among first responders. Qualitative narrative analyses of first responder auto/biographies ($n = 21$) and interviews with their authors ($n = 16$). A Practical Theological Reflection on the causes of distress developed a biopsychosocial-spiritual framework that eliminates betrayal events.

Results: 33% of first responders reported having felt betrayed over 50 times in their careers. Betrayal events were substantially associated with increased distress, while increased exposure to trauma was minimally associated with increased distress. Six major themes were reported in the narrative analysis, 5 of which aligned with psychosocial hazard categories. Leadership and organisational strategies to eliminate betrayal events were reported.

Conclusion: Addressing organisational stressors in first responder organisations through a synthesised well-being and work health and safety psychosocial hazard approach can potentially reduce levels of distress by eliminating organisational and leadership betrayals.

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Surviving survival: One patient's story of resilience and recovery post severe burn injury

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Track: Public Health, Biological &/or Medical

In Australia it is estimated that 1 in 6 women will experience domestic violence. International research suggests a trauma informed and collaborative approach is required to best meet the needs of patients affected by trauma.

Severe burn injury, particularly when sustained in the context of interpersonal family violence and traumatic bereavement, are amongst the most challenging and traumatic injuries.

However, recovery and overall outcome is not linked to the severity of injury. Many factors influence this complex process including the link between the physical and psychosocial injury and recovery.

This presentation will explore the remarkable recovery of a young aboriginal women admitted to the Severe Burns Injury Unit after being set alight by her father. Other family members, including her mother and son did not survive this attack. Layers of trauma within an Aboriginal Australian context will be discussed. This case highlights the importance of adopting a trauma informed model of care within a public hospital setting.

Themes of hope, resilience, self-determination and forgiveness will be explored as well as the importance of positive social connections, patient therapist partnership and authenticity.

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Prevalence of sleep problems in refugees with PTSD and its association with well-being and social functioning

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Track: Intervention Research & Clinical Studies

Background: Sleep problems are considered to be a core symptom of posttraumatic stress disorder (PTSD), leading to impairments in social functioning and perceived quality of life. A population especially at risk for PTSD and with high rates of sleep problems are refugees. However, only little data on the prevalence of sleep problems in refugees with diagnosed PTSD is available. Moreover, the additional effect on social functioning and well-being remains unclear.

Objective: This study examines the prevalence of subjective sleep quality in a heterogenous group of refugees settled in Germany, and its association with PTSD severity. Additionally, the present study investigates the contribution of sleep problems to social functioning and quality of life over and above the effect of PTSD severity.

Method: Participants were 70 refugees currently living in Germany from different countries of origin with a diagnosis of PTSD. PTSD diagnosis was established via structured clinical interview, and participants filled out measures of PTSD severity, sleep problems, social impairment, and quality of life.

Results: We found a very high prevalence of sleep problems, with 100% of participants scoring above the clinical cut-off. Subjective sleep problems were positively associated with both clinician-rated and self-rated PTSD severity. Contrary to expectations, sleep problems did not predict social impairment or quality of life beyond the effect of other symptoms of PTSD.

Conclusions: These findings highlight the widespread prevalence sleep problems among refugees. As sleep problems can have immense societal economic costs, it also highlights the need for interventions that target sleep problems effectively.

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Traumasensitive assessment and support for refugee students in inclusive classrooms in Germany

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Track: Child & Adolescent Trauma

Many asylum seekers in Germany are children and adolescents up to the age of 18 who come from crisis or war zones and therefore are at high risk for traumatization. Teachers in German classroom often feel unprepared since there is a lack of school-based standardized methods for Traumasensitive assessment and intervention. Positive Behavior Intervention and Support (PBIS) provides a beneficial framework for trauma-sensitive service delivery in classroom. The TRAILS project (Traumasensitive Diagnostik und Förderung in inklusiven Klassen), funded by the German Ministry for Education and Research, aims to apply basic principles of PBIS to Traumasensitive work in inclusive classrooms in Germany. Until now standardized

Traumasensitive methods for assessment and support of trauma-related classroom behaviors on Tier 1 and Tier 2 have been developed on an empirical basis and are supposed to get implemented, and evaluated. The participating classroom teachers will be qualified in a teacher training. In this presentation we will present developed methods for assessment (i.e., universal screening, progress monitoring) and intervention (trauma-sensitive classroom management, cognitive-behavioral training) to be integrated in a PBIS framework.

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Prevention of distress in children following medical trauma: Comparative RCT of psychological first aid (LINK) and psychoeducation

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Track: Child & Adolescent Trauma

Objectives: A comparative effectiveness trial tested 2 parent-based interventions in improving the psychosocial recovery of hospitalized injured children: (1) Link for Injured Kids (Link), a program of psychological first aid in which parents are taught motivational interviewing and stress-screening skills, and (2) Trauma Education, based on an informational booklet about trauma and its impacts and resources.

Methods: A randomized controlled trial was conducted in 4 children's hospitals in the Midwestern United States. Children aged 10 to 17 years admitted for an unintentional injury and a parent were recruited and randomly assigned to Link or Trauma Education. Parents and children completed questionnaires at baseline, 6 weeks, 3 months, and 6 months posthospitalization. Using an intent-to-treat analysis, changes in child-reported posttraumatic stress symptoms, depression, quality of life, and child behaviors were compared between intervention groups.

Results: Of 795 injured children, 314 children and their parents were enrolled into the study (40%). Link and Trauma Education was associated with improved symptoms of posttraumatic stress, depression, and pediatric quality of life at similar rates over time. However, unlike those in Trauma Education, children in the Link group had notable improvement of child emotional behaviors and mild improvement of conduct and peer behaviors. Compared with Trauma Education, Link was also associated with improved peer behaviors in rural children.

Conclusion: Although children in both programs had reduced posttrauma symptoms over time, Link children, whose parents were trained in communication and referral skills, exhibited a greater reduction in problem behaviors.

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Trust as a protective factor in the intergenerational transmission of trauma

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Track: Child & Adolescent Trauma

Background: Studies show a relationship between parental trauma and traumatization of their offspring (Spiel & Szymanski, 2019). Research also demonstrates that secure parental attachment decreases children's traumas (Enlow et al., 2014). There is a paucity of empirical data on what aspects of attachment play this protective role in intergenerational trauma transmission.

Objective: In this exploratory study we examine if three aspects of parental attachment – Trust, Communication and Alienation impact intergenerational risk for trauma.

Method: 987 college students (mean age= 18.15 years, SD=1.64) completed an online survey that included the measures of self and parental experiences with trauma, parental attachment security (Trust, Communication, Alienation) and mental health functioning.

Results: There was a significant interaction between maternal trauma and the Trust aspect of attachment security on decrease in child's traumatization. Among mothers with a trauma

history, children reported lower levels of trauma when trust in their mothers was high ($F(1, 983) = 6.007, p < .05$). There was no significant interactions with Alienation and Communication, and no significant interactions for paternal trauma.

Conclusions: These findings show that in the intergenerational transmission of trauma, the impact of maternal traumatization on child's experience of trauma could be decreased if there is a higher trust in the relationship with their mother. Clinical implications of this finding are discussed. Future research should further explore a relationship between paternal trauma and different aspects of attachment in the intergenerational trauma transmission.

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A comparative analysis of explanatory models of alcohol misuse in conflict-affected groups in Uganda and Ukraine

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Track: Public Health, Biological &/or Medical

Background: Evidence suggests that prevalence rates of alcohol use disorders (AUDs) among conflict-affected populations are high. This is particularly the case for displaced men, who show higher prevalence rates of AUDs than women. The syndemic nature of AUDs means they are often influenced by contextual and interpersonal circumstances.

Objective: To explore the contextual and interpersonal circumstances that influence AUDs in conflict-affected men in Uganda and Ukraine. Specifically, we investigated context-specific explanatory models of AUDs and the differences and similarities between these two settings.

Methods: In-depth qualitative interviews and focus group discussions were carried out with refugees in Uganda, and internally displaced persons and military veterans in Ukraine. Furthermore, family members and health providers were interviewed. A purposive sampling strategy was used, $N=57$ participants were recruited in Uganda, and $N=66$ in Ukraine. Thematic analysis was done in each location, and a comparative analysis was carried out between the findings.

Results: Alcohol misuse was identified as a dominant mental health problem in both settings, often driven by feelings of demoralization, hopelessness, and difficulties in managing internal and external stressors. In Uganda, drivers of AUD were mainly related to adversity, poverty and unemployment. In Ukraine, themes focused on the normalization of alcohol use in social and work settings, patriarchal stereotypes (i.e., demonstrating masculinity) and cultural traditions encouraging alcohol use (i.e., using alcohol as financial currency).

Conclusion: Whilst the two locations shared important commonalities, the context-specific determinants of AUDs that emerged must be considered when developing prevention and treatment programs for conflict-affected populations.

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Living with trauma and resilience then and now-the perspective of indigenous people in Brazil

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Track: Intervention Research & Clinical Studies

This paper outlines the data being gathered from a group of indigenous university students in Brazil, who have been involved in a project to explore their understanding and management of historical trauma, and their actual experience of trauma under Presidents Bolsonaro as well as life their expectations of life under President Lula. The objectives of the teaching and intervention undertaken (GTEP-Group Traumatic Episode Protocol) were based on 2 negative hypotheses-namely that the indigenous will not benefit from European concepts of psychological intervention and that European psychologists will not learn anything from an indigenous concept of trauma that they can use in their psychological practice. The results of baseline measures before and after trauma treatment along with structured and

unstructured interviews will provide the results on which conclusions will be based. Reference will be made to the work of Kaptan, S.K., Dursun, B.O., Knowles, M., Husain, N., & Varese, F. (2021). Group EMDR Interventions in Adults and Children: A Systematic Review of Randomised and Non-randomised Trials. *Clinical psychology & psychotherapy*. Paulo Freire (2014). *Pedagogy of the Oppressed: 30th Anniversary Edition*, p.26, Bloomsbury Publishing USA Blume, A.W. (2020). *A new psychology based on community, equality, and care of the earth: An indigenous American perspective*. Santa Barbara: Praeger.

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Exploring the feasibility of providing brief trauma therapy training to clinicians in Ukraine – A service evaluation

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Track: Refugee or war & conflict related traumatic stress

Background: A service evaluation of a rapid response brief trauma therapy training at the start of the Ukraine war. The aim of study was to explore the feasibility of upskilling local therapists in Ukraine and to evaluate indication of clinical effectiveness of RTM in an active war setting

Method: 26 clinicians were trained online in the delivery of Reconsolidation of Traumatic Memories (RTM). Pre- and post-training clinician ($n=26$) self-rated competency was assessed using a modified version of the Cognitive Therapy Scale-Revised (CTS-R) (Blackburn et al., 2001, 2018). Clinicians were requested to provide RTM, with pre- and post- treatment data collected from a clinical sample of patients ($n=45$) who completed the PCL-5, PHQ-9, GAD-7 and the ITQ (pre-treatment only).

Results: Overall, we found evidence that clinician competency improved after training. Baseline patient data showed the severity of clinical presentations with 72% reporting probable PTSD (of which 66% reported symptoms consistent with Complex PTSD), 60% depression and 52% anxiety disorder. Whilst patient numbers were modest, a 25.8 point (64.4%) mean reduction in PTSD scores as measured by the PCL-5 were observed.

Conclusions: Whilst this study has a number of limitations, we found it was feasible to remotely train mental health professionals working in Ukraine in a novel psychotherapeutic technique. Data suggests that clinical competency increased, with clinicians successfully offering trauma treatment to patients. Patient results indicate that rapid response brief trauma therapy training may have a beneficial effect in reducing symptoms of PTSD.

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Emotion regulation strategy use in PTSD: A daily life study

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Track: Assessment & Diagnosis

Background: PTSD has been robustly associated with emotion regulation difficulties. However, our understanding of these difficulties has been limited by the reliance of previous work on retrospective trait self-reports, which are unable to capture dynamic, ecologically-valid use of emotion regulation strategies in daily life.

Objective: To address this issue, this study used an ecological momentary assessment (EMA) design to understand the impact of PTSD on emotion regulation in daily life.

Method: We conducted an EMA study in a trauma exposed sample with varying levels of PTSD severity ($N=70$; 7 days; 673 observations). Participants were sent a survey on their smartphone 2x a day for 7 days. PTSD severity was assessed at baseline using the PCL-5. Emotion regulation strategy use and emotion intensity were measured using the RESS-EMA, a validated momentary emotion regulation measure.

Results: In daily life, PTSD severity was linked to greater use of disengagement and perseverative-based strategies to manage negative emotions, regardless of emotional intensity. PTSD severity was not significantly associated with the use of cognitive reappraisal or relaxation.

Conclusions: Findings provide novel evidence of deficits in emotion regulation flexibility in everyday life and may provide insight into how to better tailor clinical interventions for PTSD.

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An 8-week community-based resilience group intervention for parents who have lost an only child in China: A two-arm randomized trial

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Track: Intervention Research & Clinical Studies

Background: Parents who lose an only child in China are stressed and traumatized.

Objective: To develop and evaluate a manualized, 8-week community-based resilience group intervention for bereaved parents who have lost an only child.

Method: Eighty bereaved parents from two communities were recruited to the intervention group ($n=42$) and control group ($n=38$). The 8-week community-based resilience group intervention was developed based on Kumpfer's resilience theory and previous relevant research. The primary outcomes were resilience and depression, and the secondary outcomes included posttraumatic growth (PTG) and subjective well-being (SWB), social avoidance (SAD), sleep quality and serum dehydroepiandrosterone (DHEA) levels. Outcomes were assessed before, after, 3 months after, and 12 months after the intervention. The intervention was analysed using an intention-to-treat principle.

Results: The general linear model showed that group-by-time effects were significant for resilience and depression, with large effect sizes (Cohen's d values from 0.81 to 1.11). The difference in resilience was not significant at the 12-month follow-up within the two groups. The group-by-time effects were also significant for PTG, SWB and SAD until 12 months post-intervention, with medium and large effect sizes (Cohen's d values from 0.58 to 1.41). For sleep quality and DHEA, the group-by-time effects were nonsignificant.

Conclusion: The intervention was effective in promoting resilience, PTG and SWB and mitigating depression and SAD during the 12-month follow-up period. With prior established cooperation of social workers, the manualized intervention could be used by trained social workers or social auxiliary workers for bereaved parents in the community setting.

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Digital sexual assault: Prevalence and associations with offline violence and abuse

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Track: Child & Adolescent Trauma

Background: The last decades have seen increasing research on sexual assault, but there is a lack of knowledge about digital sexual assault (DSA), including its relationship to offline violence and abuse.

Objective: To investigate DSA in a population sample.

Method: Potential respondents were drawn from the Norwegian General Population Registry, and interviewed by telephone about their experiences with violence and abuse. In total, 4299 people responded to the survey (women: 49%, age: 18-74). Questions on sexual assault included forcible, incapacitated, and statutory rape, forced touching, and DSA.

Results: In our sample, 5% had experienced DSA. This was comparable to non-digital sexual violence. Women were more exposed to DSA than men were, and young people were particularly at risk. Many victims of DSA were exposed to non-digital violence: 39% had experienced rape (forcible or incapacitated), 60% had experienced sexual assault other than rape, and 59% had experienced severe physical assault. In addition, some victims of offline rape were concerned about having been photographed or filmed during the assault.

Conclusions: The prevalence of DSA is comparable to other types of sexual assault, with many victims experiencing violence and abuse offline as well. Implications for research and policy will be discussed.

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Traumatic reactivation during the 14 July 2016 attack trial: Assessment of sleep disturbance in adolescents.

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Track: Child & Adolescent Trauma

Background: Traumatic reactivation can be defined as the reappearance of clinical symptoms, following an event that may recall the event (anniversary, trial, etc)¹. In September 2022, the trial of Bastille day mass terror attack (2016) started. This large-scale media event that can be considered as a possible source of traumatic reactivation. Sleep disorders in adolescents may appear before the development of pathology such as traumatic symptoms². It can increase symptomatology and comorbidities such as depression, suicidal behaviors, general distress and quality of life².

Objectives: Evaluating the impact of the trial on adolescent aged between 13-17 years old, by assessing sleep and traumatic symptoms during the trial.

Method: 48 adolescents were included in this study. Participants included have all been exposed to 2016 terror attack. One week per month along the trial, we analyzed sleep characteristics, via a smart watch and questionnaires, and PTSD symptoms, via specific questionnaires.

Result: The results show that 47% of adolescents are characterized by a traumatic reactivation during the first month, and 56% presented sleep difficulties. The main difficulties found were daytime sleepiness (75%), non-restorative sleep (71%) and insomnia (27%).

Conclusion: Our results show that during the first month of the July 14, 2016, attack trial, adolescents presented with both traumatic symptoms and also sleep disorders. The percentages obtained are consistent with previous studies of anxious adolescents³. Monthly results until the verdict (January 2023) will be analyzed and presented.

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Flash flood of pain: Lessons learned from an emergency intervention following a mass disaster in an educational setting

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Track: Intervention Research & Clinical Studies

Background: Mass disasters hitting communities require a rapid, intensive response. In many cases, the extent and complexity of the devastation necessitate the involvement of several different agencies. And yet, mental health professionals lack the procedures and protocols for coordinating such situations. Moreover, literature and clinical practices relating to immediate and short-term systemic psychological interventions in communities following mass disasters are scarce.

Objective: The current study aims to expand this knowledge using a case study: a flash flood that caught 25 youngsters in its path, sweeping 10 of them to their deaths. The 15 devastated survivors returned to their families and the overwhelmed community at the pre-military leadership academy they had intended to join.

Method: 28 in-depth interviews were conducted with direct survivors, the circles surrounding them, and the mental health professionals from NATAL (Israeli trauma and resilience NGO) that managed the intervention at the academy in the immediate and short-term aftermath of this event. A qualitative content analysis method was applied with double classification.

Results: Results point to five stages of intervention within a community, expanding from the immediate to short-term aftermath and relating to both the personal and systemic levels.

Conclusion: The discussion focuses on these five stages and the principles underlying each of them. They are suggested as a basis for communication and coordination between the mental health organizations providing support for communities in the aftermath of complex disaster events.

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The role of meaning violations in distress following COVID-19 pandemic-related stressors

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Track: Pandemic related Traumatic Stress

Background/ Objective: The COVID-19 pandemic entailed potentially traumatic stressors for many. The extent to which stressors violate meaning frameworks including beliefs and goals has been theorized to foster psychological distress. In this longitudinal study, we investigated the link between meaning violation severity of current (worst pandemic stressor) and past (worst lifetime stressor, German reunification) stressors and distress (PTSD, depression, anxiety) severity following the pandemic stressor. We predicted that greater violations predict greater distress and that the link between violations and distress is mediated by life meaning changes.

Method: A population-representative German sample aged 45-70 ($N = 380$) completed online questionnaires in May-July 2020 and June-July 2021. $N = 296$ reported a significant pandemic stressor and for $N = 111$, this stressor occurred between assessments, allowing longitudinal modeling. We executed correlation and regression analyses, applied Bonferroni-Holmes corrections, and controlled for baseline measures in longitudinal models.

Results: Meaning violations were consistently related with greater distress after pandemic stressors. The links for pandemic meaning violations remained when controlling for pre-stressor distress. Life meaning changes predicted distress, but were not significantly related with meaning violations and did not mediate the link between violations and distress.

Conclusion: Meaning violations, including past violations, may pose a risk factor for subsequent pandemic stressor-related distress. Since different models suggest that meaning can be restored after a violation, research and clinical practice may benefit from considering the role of meaning making in recovery from stressors and aiding adaptation to future stressors.

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Development of ESTSS expert recommendations for the treatment of PTSD with comorbid substance use disorder

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Track: Intervention Research & Clinical Studies

Background: PTSD and substance use disorder (SUD) frequently co-occur and often present significant clinical challenges for treating clinicians. Individuals with PTSD-SUD present with a more severe clinical profile, tend to have poorer functioning and wellbeing, and inferior treatment outcomes. Clinicians view this comorbidity to be substantially more difficult to treat than either disorder alone. There are now a number of well-established psychological therapies for PTSD. However, patients with PTSD-SUD comorbidity are often excluded from clinical trials of psychological intervention. Clinicians are therefore often uncertain about how best to implement effective treatment and this results in some patients “falling through the cracks” between addiction and mental health services. Most recent PTSD treatment guidelines have not included scoping questions to address issues of comorbidity, and there are no widely accepted guidelines about how to deliver optimal care and treatment for these individuals.

Objective: This presentation will describe the recently completed work of an ESTSS task force which was established to develop expert recommendations for the psychological treatment of this comorbidity.

Methodology: We followed principles used in guideline development through two stages. Firstly, we updated a previous Cochrane systematic review of psychological interventions aimed at treating comorbid PTSD and SUD. We then collated good practice/ consensus point recommendations made in trusted methodologically rigorous treatment guidelines

and expert guidance publications to develop recommendations

Results: We will highlight some of the 29 recommendations that were made.

Conclusion: We will discuss implications and limitations to this work.

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Primary care consultations among UK Police officers and staff: Links with adverse mental health and job strain

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Track: Military & Emergency Services & their families

Background: Despite high rates of adverse mental health and occupational stressors among police employees, help-seeking remains low. Objective: The current study examined links between adverse mental health, job strain, and likelihood and frequency of primary care consultations among police employees.

Methods: We conducted secondary data analysis on the Airwave Health Monitoring Study data, which included UK police officers and staff ($n = 33,730$; 63% male). Measures included self-report data on mental health, job strain, job support, and primary care consultations in the past 12 months. Data were analysed using a zero-inflated Poisson regression framework.

Results: Findings showed that overall, help-seeking was low based on mental health status and job strain. Police employees with a probable anxiety disorder were more likely to attend a primary care consultation, compared to those without a probable anxiety disorder. Additionally, adverse mental health was associated with more primary care consultations. Police employees with high, active or passive job strain reported more primary care consultation compared to police employees with low strain. However, there was no difference in likelihood of primary care consultations based on job strain. Lastly, there was an interaction between probable PTSD and job support, whereby higher levels of job support were associated with more primary care consultations among police employees with probable PTSD, but not among those without probable PTSD.

Conclusions: It would be useful to help police managers better understand the potential benefits of staff with anxiety disorders or depression seeking help, especially if symptoms are severe and impair occupational function.

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Long-term effects of adolescent war trauma on mental health and parenting of current mothers

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Track: Child & Adolescent Trauma

Background: The Croatian Homeland War (1991-1995) left traumatised a considerable part of the population. There is a knowledge gap regarding the long-term effects of war trauma on adolescents who became mothers and on their parenting.

Objective: To explore the long-term effects of childhood war trauma on mental health of current mothers, their parenting, and the role of social support.

Method: The study included 432 mothers (current age 43.6; who have been 12 to 16 years during the war) with teenage children. The study was a part of the INTRAD project funded by the Croatian Science Foundation. Mental health was assessed for trauma (PCL-5), depression, anxiety and stress (DASS-21), trauma exposure (LSR-R), and social support (QFSSS).

Results: The majority of participants (79.5%) experienced at least one traumatic event during the war, and 25 years later 19% still scored above the cut-off for trauma. Mothers with probable PTSD scored higher on depression, anxiety and stress, and assessed own parenting as worse than other mothers. Low to moderate effect of trauma exposure was found for depression, anxiety and stress for the whole sample in adulthood. The social support was a mediator for the mothers survivors of sexual and other assault by a known perpetrator, while for other types of trauma only the direct paths were determined.

Conclusions: The war trauma during adolescence has detrimental effects 25 years later for mental health of current mothers and their ongoing parenting. Social support proved a protective factor only for consequences of assault by a known perpetrator.

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Getting upstream and making it mainstream: A training programme in resilience and peer support for Scottish emergency responders

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Track: Military & Emergency Services & their families

Background: Emergency service personnel are at risk of psychological injury through routine exposure to potentially traumatic experiences in their roles (Berger et al, 2011). However, most cope well most of the time and do not become unwell, with job satisfaction, peer and organisational support acting as protective factors (Brooks et al, 2017).

Objective: To provide an overview of Lifelines Scotland (www.lifelines.scot) which uses a public health model to promote the mental health and wellbeing of the emergency service community in Scotland.

Method: The Lifelines team have worked with the Scottish ambulance, fire, police and volunteer responder organisations since 2019, delivering training for responders in resilience, peer support and psychological first aid, and working with service training departments to integrate these courses into their core curricula. Both quantitative and qualitative methodologies are being used to evaluate the intervention.

Results: Analysis of the first 1500 people attending training show significant improvements in their knowledge and confidence regarding self-care and resilience, their ability to support colleagues and to provide psychological first aid. The evaluation is ongoing exploring the impact of this increased knowledge and will be presented at the conference.

Conclusions: Emergency service personnel appreciate an asset-based approach that aims to bolster the things that protect them. Taking a public health approach can normalise the possibility of psychological injury and begin to reduce stigma around mental ill health. Proactive resilience-based interventions are more difficult to introduce than post incident processes but necessary to address the organisational stressors that increase vulnerability to injury.

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The role of alienation appraisals in mediating the relationship between trauma and posttraumatic stress

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Track: Assessment & Diagnosis

The first study tested the proposed mediating role of trauma appraisals between both childhood and cumulative trauma, and two markers of trauma-related distress; posttraumatic stress and depression. Mediation models were developed and tested with data collected from a sample of trauma-exposed, treatment receiving adults ($N=106$). Trauma appraisals fully mediated relationships between childhood trauma and PTSD/depression however further analyses indicated alienation appraisals were the only significant mediator of these relationships.

Subsequently we conducted a systematic review to explore the relationship between alienation appraisals and PTSD symptoms in trauma-exposed adults; the search returned found 470 studies, 9 of which met full inclusion criteria. A random effects meta-analysis for the relationship between alienation appraisals and PTSD symptoms showed a total effect size of $r=.57$, ($Z=8.41$, $p<.001$). Although a strong, positive relationship was found between alienation and PTSD symptoms, the mechanism of this relationship remained unclear.

The second study explored alienation appraisals in student ($n=100$) and clinical samples ($n=93$), assessing whether alienation significantly mediated the relationship between cumulative trauma and trauma-related distress. It additionally explored whether alexithymia, social support, and loneliness also mediated the relationship between cumulative trauma and

markers of trauma-related distress, clarifying the role of alienation. In the student sample, alienation ($B = 1.27$) fully mediated the relationship between cumulative trauma and posttraumatic stress. For the clinical sample, alienation appraisals ($\beta = .53$) were the only significant predictor of posttraumatic stress. Clinical assessment of alienation appraisals is recommended to inform psychological interventions for trauma survivors.

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Childhood trauma and criminal reoffending

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Track: Child & Adolescent Trauma

It is well-established in the literature that there is a high prevalence rate of childhood trauma experiences among the prison population; however, previous research on the relationship between childhood trauma and reoffending often focus on adolescent populations or risk of offending.

The first part of this paper will outline a systematic review exploring the association between childhood physical and sexual abuse and its prediction on reoffending rates in adult populations. A total of 3,151 studies were identified, and 13 met the a priori eligibility criteria. A narrative synthesis of the results suggests that childhood physical and sexual abuse are generally high among the prison population and tend to be even higher among those who reoffend. A substantial number of studies found that childhood physical and sexual abuse predict reoffending, and the majority of the studies found a positive direction for this association, albeit of a small magnitude.

The second part of the paper will outline an investigation into whether childhood or troubles-related trauma among 100 offenders who have served a life sentence in Northern Ireland was associated with general and violent reoffending patterns.

The most common form of childhood trauma were emotional abuse and/or emotional neglect (43%), troubles-related trauma (43%) and physical abuse (40%). Only age (OR .91) and troubles-related trauma (OR 5.57) emerged as significant predictors of general reoffending at any time post release. Childhood physical abuse was related to an increase in the odds of violently reoffending, (OR 4.09).

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Latent profiles of moral injury and their associations with longitudinal mental health outcomes

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Track: Military & Emergency Services & their families

Background: Previous research supports the clinical relevance of moral injury (MI), however more research is needed to identify whether specific patterns of MI are clinically informative, and how such patterns may generalize between occupational settings.

Objective: This study is the first to identify latent profiles of MI using the Moral Injury Outcome Scale (MIOS). We also examined profiles' associations with psychiatric symptoms (PTSD, depression, anxiety) in two longitudinal datasets (Veterans; $n=387$ and health care workers (HCWs); $n=270$) collected during the COVID-19 pandemic.

Method: Latent profile analysis was conducted using the MIOS. Mean comparisons of indicator scores by group examined particular items' relevance in differentiating profiles. A linear mixed model for longitudinal data assessed profiles' associations with psychiatric symptoms over time.

Results: A 3-profile solution best fit both samples (healthy, low-MI and high-MI). Effect sizes for mean comparisons suggest that, in both samples, items indicative of shame most strongly differentiated profiles, with the largest effect size observed for the item "I have lost pride in myself" among Veterans ($\eta^2=0.61$). Symptom scores on all measures decreased significantly over time among high-MI Veterans, with the lowest magnitude decrease observed for

avoidance symptoms of PTSD. Among high-MI HCWs, scores of arousal, avoidance, and depression remained consistent over the course of the pandemic.

Conclusion: Consistent with theory, findings suggest shame may be a driving factor in MI distress. Differences observed among Veterans and HCWs may represent differences in acute versus chronic stress reactions, however additional research is needed to extend findings beyond the pandemic context.

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Relationship between attachment and symptoms of PTSD: Dyadic approach

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Track: Military & Emergency Services & their families

The Croatian Homeland War has undoubtedly been a life-changing experience for many Croatian spouses and families. Traumatic experiences disrupt an individual's psychological stability, exposing them to the risk of severe emotional and adjustment problems, which could then affect the whole family system. Research shows that between 15% and 17% of Croatian veterans developed posttraumatic stress disorder (PTSD) (Komar & Vukušić, 2000). The regulation of traumatic experiences is closely related to the attachment system. It is important to consider the dyadic, or reciprocal, perspective of adult partner attachment because the insecure attachment of one partner can affect emotions, behavior, and cognitive processes of the other partner (Mikulincer & Shaver, 2003).

The aim of this study was to investigate the effect of attachment anxiety and attachment avoidance on the personal and partner's level of PTSD symptoms.

We used a dyadic approach for the data analysis, which considers that the partners' results are not independent from each other. Using the Actor- Partner Interdependence Model (APIM), we have analyzed the results of 75 veterans diagnosed with PTSD and their wives and 75 veterans without PTSD diagnosis and their wives.

The actor effects were significant in both groups – self-reported attachment anxiety and avoidance were positive predictors of PTSD symptoms in veterans and wives. However, we found only one significant partner effect in non-PTSD couples, showing that the wives' anxious attachment positively predicted the PTSD symptoms of veterans.

The overall results are discussed in the context of attachment and systemic family theories.

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Comparing phase-based treatment, prolonged exposure, and skills-training for complex posttraumatic stress disorder: A randomized controlled trial

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Track: Intervention Research & Clinical Studies

Background: Complex PTSD (CPTSD) is a new diagnosis in the ICD-11. Phase-based interventions combining skills-training and trauma memory processing have been identified as promising approaches to CPTSD treatment. However, the relative benefits of phased treatments compared to established trauma-focused interventions and to skills-training without exposure have not been examined in patients diagnosed with CPTSD before.

Objective: This study examined treatment effects in STAIR Narrative therapy (SNT), a phase-based treatment where Skills Training in Affective and Interpersonal Regulation (STAIR) precedes Narrative Therapy (NT), compared to Prolonged Exposure (PE) and to STAIR.

Method: Ninety-six adult patients diagnosed with ICD-11 CPTSD and DSM-5 PTSD following childhood abuse were randomly assigned to enhanced versions of SNT (12 group STAIR sessions + 8 individual NT sessions), PE (8-16 individual sessions), or STAIR (12 group STAIR sessions) provided in a residential care setting in Norway. Blindly rated and self-reported DSM-5 PTSD symptoms (CAPS-5 and PCL-5, respectively), self-reported ICD-11 CPTSD symptoms (ITQ), depression (BDI-II), interpersonal problems (IIP-64) and mental well-being

(SWEMWBS) were measured at pre-treatment, post-treatment and 1 year follow-up. Data were analysed using linear mixed models.

Results: The analyses revealed significant differences between conditions on reduction of DSM-5 PTSD symptoms but not on ICD-11 CPTSD symptoms from pre-treatment to post-treatment. From post-treatment to 1 year follow-up, symptoms change did not differ among conditions.

Conclusions: The findings from this study provide valuable guidance to clinicians and clients seeking effective ways to overcome CPTSD. Future studies are needed to corroborate the findings.

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Studying effectiveness of the digital service for survivors of political oppression in Belarus

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Track: Military & Emergency Services & their families

Background: Since January 2021 Federation Global Initiative on Psychiatry in cooperation with the Czech National Institute on Mental Health is running a digital mental health service for the survivors of political oppression in Belarus. The trained counsellors from various countries, including Belarus, Ukraine, Poland, Georgia, Lietuva, etc., are providing help to traumatised Belarusians since Spring, 2021

The presentation shares findings of the study, exploring effectiveness of provided counselling.

Method: The implementation study accompanied the process of establishing and running of the service. The data is gathered from administering following screening tools – depression (PHQ9), General Anxiety Disorder (GAD7), The Primary Care Posttraumatic Stress Disorder Screen for DSM5 (PC-PTSD5), and General Health Index (WHO5). The screening/evaluation is conducted at the three time-points: pre-intervention, post-intervention, 1 month follow-up.

Results: app. 30% of clients report torture during imprisonment, while 18% were exposed to witnessing torture and other cruel treatment and even death/killing of a loved one (4%). Stressors related to exile and adjustment to the new life was mentioned by 60%. Prevalent conditions were anxiety, depression, emotional dysregulation, interpersonal difficulties and insomnia. 31% were meeting the criteria of PTSD. After the counselling, there were statistically significant improvements for all outcome measures, with the most distinguished changes in depression symptoms (mean for PHQ-9 dropping from 14.3 to 8.0) and subjective well-being (mean for WHO-5 increasing from 33% to 62%).

Conclusions: Findings illustrate the effectiveness of the provided counselling to Belarusian activists. The presentation will discuss the quality assurance mechanisms of the newly formed service.

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A longitudinal analysis of the mental health and post-traumatic stress trajectories of healthcare staff during the COVID-19 pandemic

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Track: Pandemic related Traumatic Stress

Background: The COVID-19 pandemic has resulted in healthcare staff being exposed to multiple personal and occupational stressors that have had an impact on their mental health, including posttraumatic stress reactions. The unique nature of repeated pandemic surges has been unexplored in their cumulative effect on staff wellbeing.

Objective: To identify subpopulations within healthcare staff with differentiated trajectories of mental health symptoms during phases of the COVID-19 pandemic.

Method: From November 2020 to August 2021, the mental health symptoms (depression, anxiety and PTSD) of 585 Northern Ireland healthcare staff were measured over four time points.

Results: Growth mixture models were performed on depression, anxiety and PTSD longitudinal data. Two class solutions provided the best fit for all models. The majority of

the workforce were best represented by the low-symptom class trajectory, with symptoms below the clinical cut-off for moderate to severe symptoms. A sizable minority (13-16%) were within the high-symptom class, a group who had difficulties within the moderate to severe range throughout the peaks and troughs of the pandemic. Younger staff were at risk of greater anxiety and depression, whereas high-symptom PTSD was more likely in staff who had less wellbeing supports available.

Conclusions: A subgroup of health service staff were identified who had persistently high mental health symptoms during the pandemic. Specific risk factors may have contributed to the development of this group and these individuals may have particular needs in terms of future support provision.

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Somatic symptoms and insomnia among bereaved parents and siblings eight years after the Utøya terror attack.

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Track: Intervention Research & Clinical Studies

Prolonged grief and post-traumatic stress symptoms can be high many years after terrorist bereavement. Terrorism is a serious public health challenge, but knowledge about somatic symptoms and insomnia following terrorism bereavement is scarce.

We examined the relation of somatic symptoms and insomnia with prolonged grief and post-traumatic stress symptoms, and as predictors for functional impairment and employment status.

Bereaved parents ($n=88$) and siblings ($n=34$) aged 19 years and above (mean age = 49.7 years, SD = 13.8 years, 59.8% female) completed a modified version of the Children Somatic Symptoms Inventory (CSSI-8), the Bergen Insomnia Scale (BIS), the Inventory of Complicated Grief (ICG), the Impact of Event Scale-Revised (IES-R), and the Work and Social Adjustment Scale (WSAS).

In total, 68% had insomnia. There were no significant differences between parents and siblings and between genders regarding insomnia. In total, 56% out of the bereaved with prolonged grief and 73% out of those with post-traumatic stress symptoms had comorbidity with insomnia. The most reported somatic symptom was fatigue (88% of females and 65% of males). Females reported significantly more somatic symptoms than males. The CSSI mean score difference between parents and siblings were not significant. When entered simultaneously, somatic symptoms, IES-avoidance and IES-arousal were significant predictors for functional impairment but not symptoms of prolonged grief and insomnia after controlling for demographics. Functional impairment was a significant predictor for employment status.

Many bereaved parents and siblings reported about somatic symptoms and insomnia. Long-term assessment may need to focus on somatic symptoms and insomnia.

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Building capacity in digital trauma counselling: Lessons learned from the 'Samopomoch' Project

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Track: Military & Emergency Services & their families

Background: Immediately after the unfolding of the political crisis following 2020 elections in Belarus, Federation Global Initiative on Psychiatry (FGIP) in cooperation with the Czech National Institute of Mental Health organized a safe digital platform for psychological support to human rights defenders, activists, and Belarus citizens who survived the repressive machinery. To assure quality of service, FGIP experts elaborated a system of a training, which will be discussed during the presentation.

Method: The international team of 18 professionals (from Belarus, Czech Republic, Georgia, Lithuania, Poland, Sweden and Ukraine) was selected based on professional background and references. Some of the selected consultants were experienced in trauma-focused care,

while others needed training in assessment and management of stress- & trauma-related disorders. The digital training system and corresponding program was elaborated by the Georgian experts specialized in public mental health and traumatic stress based on the WHO mhGAP Humanitarian Intervention Guide and the ESTSS Curriculum.

Results: The program was delivered in two steps, online, starting on December 2020 and continuing for 7 months. It has been followed with a regular case supervision. The implementation study that accompanied service provision illustrates effectiveness of the counselling provided by the trained consultants.

Conclusions: At the symposium the training system and module will be presented, as well as factors influencing the process and outcomes of the training; applicability of the training system/program in the different cultural settings will be discussed.

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Transdiagnostic psychosocial interventions to promote mental health in forcibly displaced persons: A systematic review and meta-analysis

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Track: Refugee or war & conflict related traumatic stress

Background: People forced to leave their homes are exposed to various stressors during their displacement putting them at risk for mental disorders.

Objective: To summarize evidence on the effects of psychosocial interventions aiming to promote mental health and/or to prevent mental symptoms by fostering transdiagnostic skills in forcibly displaced persons of all ages.

Method: Four databases and reference lists were searched for randomized controlled trials on interventions in this population until 11/03/2022. We performed random-effects multilevel meta-analyses examining intervention effects on mental symptoms and positive mental health (e.g., wellbeing). Preregistration-ID: 10.17605/OSF.IO/XPMU3

Results: Our search resulted in 32 eligible studies, with 10 reporting on children/adolescents and 27 on adult populations. There was no evidence for favorable intervention effects in children/adolescents, with 41% of the effect sizes pointing to potentially negative effects. For adult populations, our meta-analyses showed a close-to-significant favorable effect for mental distress, $M(SMD)=0.33$, 95% CI [-0.03, 0.69], which was significant when analyses were limited to high-quality studies. No effects emerged for positive mental health. Heterogeneity was considerable and could not be explained by moderators (e.g., type of control, duration, setting, theoretical basis). Certainty of evidence was very low limiting the generalizability of our findings.

Conclusions: The present review provides at most weak evidence for an effect favoring transdiagnostic psychosocial interventions over control conditions for adult populations but not for children and adolescents. Future research should combine the imperative of humanitarian aid in face of major crises with studying the diverse needs of forcibly displaced persons to improve future interventions.

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Problem Management Plus (PM+): A systematic review and meta-analysis

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Track: Intervention Research & Clinical Studies

Background: Stress is among the leading causes for the development of mental disorders. Thus, an increasing number of crises and humanitarian disasters also results in a higher number of people needing mental health care, which is often insufficiently available. To address the gap between care needs and limited access to high-quality care in stress-exposed populations, the World Health Organization developed a low-intensity transdiagnostic psychological intervention, i.e., Problem Management Plus (PM+) and its mobile adaptation Step-by-Step (SbS).

Objective: To provide a systematic review on the effects of PM+/SbS.

Method: Until 13/10/2022, five databases were searched for randomized controlled trials examining the effects of PM+ or SbS on mental distress, positive mental health and/or functional status. We performed a random-effects multilevel meta-analysis on standardized mean differences (SMDs) at post-intervention and short-term follow-up assessments. Preregistration-ID: 10.17605/OSF.IO/Y4X8B

Results: Our literature search yielded 50 eligible studies, of which data from 19 studies was available for preliminary analyses. We found a medium favorable effect on mental distress, SMD=-0.47, 95% CI [-0.64, -0.30], and functional impairment, SMD=-0.46, 95% CI [-0.65, -0.28], which both remained stable at follow-up assessments. No effect emerged for positive mental health. All analyses pointed to considerable between-study heterogeneity. There was a trend towards larger effects on mental distress for SbS, while we found no moderation by gender and age.

Conclusions: Our preliminary analyses suggest that PM+ and SbS are effective in reducing mental distress and functional impairment in stressor-exposed populations. Final results and additional analyses will be presented at the conference.

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The long-term course and correlates of PTSD among male US veterans of the Vietnam War

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Track: Military & Emergency Services & their families

Objective: Traumatic stress has negative and potentially long-term implications for health, including PTSD and related symptomatology. Yet longitudinal associations are understudied in older veterans, a population at heightened risk for exposure. Earlier studies on US veterans of the Vietnam War era revealed a strong relationship between combat exposure and PTSD (Snow, Stellman, et al., 1988; Koenen, Stellman, et al., 2003; Magruder, Goldberg, et al., 2016). Leveraging data from a randomly sampled cohort of male veterans who deployed to Vietnam (1963-1973) spanning more than 35 years, we examined (1) the impact of combat exposure on the long-term course of PTSD and (2) the extent to which patterns of PTSD symptomatology are associated with other health outcomes.

Method: Data were collected via mailed surveys completed in 1984, 1998, and 2020 ($N=507$).

Results: Regression-based analyses revealed a strong dose-response relationship between combat exposure and PTSD symptom levels across time. While 56% of the sample did not meet criteria for probable or subthreshold PTSD at any timepoint, 25% evidenced fluctuating subthreshold PTSD, 10% had prior but not current PTSD, and 9% met criteria for PTSD in 2020. Persistence of PTSD in later life was associated with significantly higher levels of depression and anxiety symptoms and disability, lower levels of health functioning, and greater mental health utilization.

Conclusions: Fifty years after returning from Vietnam, many US veterans continue to experience PTSD and related health outcomes. These findings highlight the importance of examining and addressing the potentially lasting impact of wartime exposures in aging veteran populations.

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Smartphone-delivered mental health care interventions for refugees: A systematic review of the literature

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Track: Refugee or war & conflict related traumatic stress

Background: Refugees are a large population with special mental health care needs due to experiences before, during, and after flight. These are nowadays not adequately addressed

by most of the resettlement countries. To close this gap, smartphone-delivered mental health care might be a promising approach.

Objective: This systematic review summarizes the current state of research on smartphone-delivered stand-alone interventions for refugees, answering the following research questions: (1) Which smartphone-delivered interventions are available for refugees? (2) What do we know about their clinical (efficacy) and (3) nonclinical outcomes (e.g., feasibility)? (4) What are their dropout rates and dropout reasons? (5) To what extent do smartphone-delivered interventions consider data security?

Method: PubMed, CINAHL, MEDLINE, APA PsycArticles, and APA PsycInfo were systematically searched for published studies. Additionally, gray literature and unpublished information were sought.

Results: 456 data points were screened. Twelve interventions were included, comprising nine interventions for adult refugees and three for adolescent and young refugees. Results mostly indicated adequate acceptability of the interventions. Only one of two RCTs and two pilot RCTs found a significant reduction in the primary clinical outcome compared to the control group. Dropout rates ranged from 2.9 to 80%.

Conclusions: The results show that the different interventions were able to improve single aspects of mental health and well-being. Still, we identified room for improvement in the efficacy and effectiveness of smartphone-delivered interventions, the involvement of post-migration stressors in the treatment, and data safety.

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The clinical utility of a syndrome conceptualization of moral injury: Results of a pilot study and directions for future research

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Track: Assessment & Diagnosis

Background: Moral injury (MI), the distress prompted by experiences that violate one's core moral beliefs, has recently garnered significant interest, with recognition that MI may not be well captured in our current psychiatric taxonomy. No study has yet empirically assessed how a syndrome conceptualization of MI might apply in practice, however, precluding our understanding of the construct's clinical utility.

Objective: To examine how access to a MI syndrome description affects clinical decision-making.

Method: In this pilot study, 16 clinicians in Canada ($n=13$ clinical psychologists; $n=3$ psychiatrists) were randomized into two groups (access to MI diagnosis or not). Participants were presented vignettes describing symptoms consistent with PTSD, depression, or MI, and asked to provide a diagnosis. Participants also answered structured questions rating their perceptions of MI's clinical utility.

Results: Percent agreement in diagnosis across vignettes suggests that access to the MI symptom set worsened diagnostic agreement for cases of PTSD and depression, but improved agreement for the MI vignette. Light's kappa demonstrated fair agreement across cases in both groups (MI-Group=.20; No-MI Group=.33, both $p>.05$). The majority of clinicians agreed that MI is not properly addressed in current clinical practice, and that the construct captures experiences not otherwise covered by existing diagnoses. Most clinicians also agreed that the MI description provided fit with cases they see in practice.

Conclusion: Most participants agreed that MI is a clinically useful construct, however additional research is needed to understand how best to apply MI in clinical practice. Implications for assessment and diagnosis will be discussed.

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Multi-modal Motion-assisted Memory Desensitization and Reconsolidation (3MDR): Changes in the mental health of military members and veterans following treatment

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Track: Intervention Research & Clinical Studies

Background: Military members and veterans are at elevated risk of treatment-resistant post-traumatic stress disorder (TR-PTSD) due to higher rates of exposure to potentially traumatic events during the course of duty. Knowledge of TR-PTSD is limited, and specific protocols or evidence-based TR-PTSD therapies are lacking. Multi-modal Motion-assisted Memory Desensitization and Reconsolidation (3MDR) therapy is an emerging intervention for combat-related TR-PTSD. Objective: The purpose of this study was to preliminarily assess the effectiveness of 3MDR in addressing TR-PTSD in Canadian military members and veterans.

Method: This study is a longitudinal mixed-methods clinical trial. English-speaking military members and veterans aged 18-60 with TR-PTSD were recruited to participate. The intervention consisted of 6 sessions of 3MDR therapy. Quantitative data were collected pre-treatment, post-treatment, and longitudinally at 1, 3, and 6 months after completion of 3MDR.

Results: Results from the first 11 participants to complete the 3MDR protocol exhibited statistically significant improvement (surviving multiple comparison correction) in clinically administered and self-reported scores for PTSD (CAPS-5 and PCL-5), moral injury (MISS-M-SF), depression (PHQ-9), anxiety (GAD-7), emotional regulation (DERS-18), and resilience (CD-RS-25).

Conclusions: The preliminary and exploratory results from this clinical trial support the growing body of literature illustrating 3MDR as an effective treatment for military-related TR-PTSD. These results are notable given participants' previous lack of success with frontline psychotherapeutic and pharmacological interventions. Given that there are currently very limited treatment options for TR-PTSD, 3MDR could prove to be a valuable treatment option for military members and veterans with TR-PTSD.

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„Everything seemed unreal“: Comparison of adolescents experience during the first and the second quarantine

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Quarantines during COVID-19 pandemic caused huge challenges for adolescents. Researches show that adolescents during quarantine experiences higher level of stress (Ellis, Dumas & Forbes, 2020) and have high rates of depression, anxiety and attention deficit (Daniunaite et al., 2021). Some researches show that after the second quarantine emotional and behavioral problems of adolescents were even higher (Jusiene et al 2021). Though it is not yet fully known adolescents subjective experience during the first and the second quarantine.

Objective: to reveal and compared how adolescents experienced and were coping during first and second quarantine.

Methods: In a qualitative research participated 12 adolescents from 15 -18 years old. In depth interview was conducted two times: one after the first quarantine and the second interview after the second quarantine was cancelled. Interview was conducted via zoom platform and had three parts (open question, semi-structured interview and demographic data gathering).

Results: Four main themes were distinguished: 1. The first time not prepared, but for the second it was clear what to wait. 2. From search of active coping during the first quarantine to despair and isolation during second; 3. Communication online becomes "new normal" 4. From efforts to remember after the first quarantine to wish "just to forget" after the second one.

Conclusion: Adolescents feel more prepared for life hardships and at the same time prolonged isolation left a deep sense of loneliness which youth wish to forget. It would be important to give some space to think about quarantine experience on their identity.

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What about the men? Contributing factors to male refugees' poorer or more diverse response to psychotherapy: A life course perspective

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Track: Refugee or war & conflict related traumatic stress

Background: Among traumatized refugees, men's response to psychotherapy seems wanting, whereas women generally benefit from such treatment (Buhmann et al., 2018; Opaas et al., 2022; Stenmark et al., 2014). Further knowledge is needed to help trauma affected men regain their health and ability to function in the new country.

Objective: To examine factors contributing to various outcomes among traumatized male refugees after psychotherapy.

Method: In a group of 32 male refugee patients within a naturalistic, 10-year follow-up study (Opaas et al., 2022), the Reliable change index was used to establish four subgroups with different trajectories. Demographics, trauma exposure, mental health symptoms, quality of life, personality functioning, and therapy related factors were used to characterize each group. Yet further insights may be sought by analyzing interviews with the patients and their therapists.

Results: The reliably improved, somewhat improved, somewhat deteriorated, and the reliably deteriorated groups included 6, 7, 15, and 4 participants, respectively. Characteristics differed among the groups, but not in a straightforward manner. The bulk of participants (46.9%) belonged to the somewhat deteriorated group, and was characterized by relatively long stay, few who spoke Norwegian or held a job, HIGH reported symptom levels, constricted trauma responses, breaches in reality testing, and the highest mean number of therapy sessions ($M = 69.6$).

Conclusions: Characteristics of the four groups throw light on factors important to the trajectories of the traumatized male refugees in this study. Findings may inform therapy and other services engaged in the reception and long-term wellbeing of male refugees.

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Assistance dogs help reduce mental health symptoms among Australian Defence Force veterans and emergency services personnel: A one-year longitudinal study

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Track: Military & Emergency Services & their families

Background: Post-traumatic Stress Disorder (PTSD) is a common, chronic, and disabling condition which most commonly occurs following cumulative trauma exposure. While a number of psychological and pharmacological treatments for PTSD exist, drop-out rates among veterans and emergency service personnel are high (Steenkamp & Litz, 2013). There is a need, therefore, for new, innovative interventions which can support traditional therapies to generate greater symptom improvement and maintain therapeutic gains.

Objective: The objective of this study is to evaluate the effectiveness of two specialized Australian PTSD assistance dog programs in reducing PTSD and mental health symptoms over a one-year period. Using a one-group longitudinal study design, 33 veterans and ES personnel with PTSD were recruited from two Australian assistance dog programs.

Method: Participants completed a self-reported questionnaire at multiple timepoints: waitlist-baseline, treatment-baseline (prior to dog placement), and follow-up periods 3, 6, 12-months post-dog placement. We analysed measures of PTSD (PCL-5), depression, anxiety, stress, insomnia, and anger. Linear mixed models were used to control for repeated measures, the dog program, and participant sex and age. Primary analyses used the treatment-baseline as a reference ($n=33$).

Results: Results showed reductions in all measures at the 3-month follow-up, which remained persistent over the 6 and 12-month follow-up. Comparing standardised regression coefficients, stress, anxiety, and PCL-5 showed the largest reductions.

Conclusions: Findings show that partnering with an assistance dog results in sustained reductions in stress, anxiety, PTSD symptoms, depression, anger, and insomnia.

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The redesign and validation of 3MDR hardware and software: A mixed methods, modified Delphi and validation study

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Track: Intervention Research & Clinical Studies

Background: Evidence-based therapies targeting post-traumatic stress disorder (PTSD) have been the focus of military and public safety personnel (PSP) organizations. With over 66% of military members experiencing symptoms following evidence-based treatments, more engaging and effective treatments are needed. Recently published RCTs have demonstrated the efficacy of Multi-modal Motion-Assisted Memory Desensitization and Reconsolidation (3MDR). There is appetite to improve accessibility to and adapt 3MDR for other trauma-affected populations beyond military members and veterans.

Objectives: To develop and validate 3MDR hardware and software components to enhance its mobility, accessibility, feasibility, and applicability for other trauma-affected populations, including PSP.

Methods: This project (Jones et al., 2022) utilized a modified Delphi expert consultation method, and embedded mixed-methods quasi-experimental validation study. A team from the Netherlands, United States, and Canada met regularly to discuss implementation of 3MDR in real world contexts and hardware and software development. Innovations were piloted at multiple sites. Developed software underwent a validation study, including virtual focus groups and surveys with PSP participants ($n=35$). Qualitative and quantitative data was triangulated.

Results: PSP participants widely acknowledged that the newly developed 3MDR software would be applicable and feasible for trauma-affected PSP. Emergent themes included: (1) occupational-tailored virtual environments, (2) individually tailored immersion, and; (3) beyond military populations. New 3MDR software was identified, described, and developed, and portable and affordable 3MDR systems were designed.

Conclusions: PSP participants perceived that 3MDR is relevant for trauma-affected a variety of populations. Going forward, further adaptation of 3MDR would increase effectiveness, accessibility, and efficacy for trauma-affected populations.

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Extreme challenges with extreme self-harm – Psychopathology and treatment experiences among extensively hospitalized patients

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Track: Assessment & Diagnosis

Background: Self-harm is frequent within psychiatric populations. Severe and frequent self-harm leading to extensive hospitalization is infrequent, but represents extreme challenges for patients, families, and health services.

Objectives: The present study aims to investigate the psychopathology related to patients with severe self-harm.

Method: A cross sectional investigation was based on 13 health trusts representing all health regions of Norway. The target group was defined with frequent or long psychiatric hospital admissions due to self-harming. Clinicians performed assessment of self-harming behaviors and assessment of psychopathology, supplemented by patient self-report. The target group

was compared to an outpatient sample. Data collection in the target group and the outpatient comparison sample was performed in 2019–2021.

Results: Altogether 42 patients were recruited in the target group and 389 patients in the outpatient comparison group. Results confirmed a target group of young adults, mainly female, with extreme self-harming behaviours and substantial hospitalization, significantly more severe than the comparison group. Patients with self-harming behaviours in both groups reported problems starting in adolescence. Impaired personality functioning and personality disorders constituted main aspects of psychopathology in both samples. The target group had characteristically higher comorbidity of PTSD. In addition, specific screening of autism spectrum disorder and learning disabilities in the study sample, indicated noteworthy, complexity.

Conclusion: Further results will be presented.

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Psychological First Aid ABCDE modifies early coping behaviours and decreases PTSD symptoms three months post-intervention: A randomised controlled trial

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Track: Intervention Research & Clinical Studies

Background: Albeit the widespread use of Psychological First Aid (PFA) in recent trauma survivors, its lack of evidence has been criticised. In a recent paper, we showed that PFA-ABCDE, an original PFA protocol, delivers immediate distress relief and decreases Post-Traumatic Stress Disorder (PTSD) symptoms one-month post-intervention.

Objective: To assess the effectiveness of PFA-ABCDE in modifying early coping behaviours in recent trauma survivors.

Methods: In a second wave of enrolment, 166 adult survivors of recent trauma (≤ 72 hours) visiting two emergency departments in Santiago, Chile, were randomly assigned to receive PFA-ABCDE ($N=78$) or psychoeducation (PE) ($N=88$). Self-reported adverse effects, interpersonal conflicts and use of alcohol & substances, medications, psychotherapy, mental health services, sick leave or complementary medicine were assessed at one- and three-month post-intervention by close-ended, “yes/no” questions. We also evaluated PTSD / depression symptoms with the PTSD Checklist (PCL-S) and the Beck Depression Inventory-II (BDI-II).

Results: Three-month after the intervention, those who received PFA-ABCDE reported less use of alcohol & substances ($OR = 0.08, p = .002$), medications ($OR = 0.23, p = .011$), sick leave ($OR = 0.11, p = .041$), mental health services ($OR = 0.32, p = .049$), and less interpersonal conflicts ($OR = 0.25, p = .008$). Additionally, they showed fewer PTSD symptoms (mean difference = -7.710 , Cohen’s $d = 0.56, p = .014$). There were no significant differences in adverse effects or depressive symptoms.

Conclusions: PFA-ABCDE seems to modify coping behaviours and decrease early PTSD symptoms in recent trauma survivors.

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Prevalence and predictors of mental disorder among female Australian military personnel

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Track: Military & Emergency Services & their families

Background: The proportion of women in the military has significantly increased over time. In Australia in 1951, women comprised less than 4% of the services. Now women veterans comprise 15% of Australia’s 59000 Defence Force personnel. With the removal of most gender restrictions on roles, what does this mean for women in the military? What impact have these changes had on the physical and mental health of women serving in the Australian Defence Force (ADF) and are these impacts carried through into civilian life upon

transition.

Objective: To compare the prevalence and predictors of PTSD and Depression among recently transitioned male and female Australian Defence Force Members.

Method: Data from 4370 transitioned ADF personnel (3680 males (84.2%) and 690 females (15.8%)) was analysed using logistic regression to determine if there were any gender specific predictors of PTSD and Depression.

Results: While rates of disorder were similar among transitioned males and females, females reported a unique pattern of psychosocial predictors, including increased rates of lifetime intimate interpersonal traumas and help-seeking which can impact rates of disorder. Compared to males, females were also less likely to have anger issues (DAR), alcohol issues, gambling issues, experience with the law, be in a significant relationship, have dependent children, have social support from friends, and have experienced lifetime non-interpersonal or non-intimate interpersonal traumas.

Conclusion: Female veterans have a unique pattern of risk factors for mental health which are important to consider both during and beyond service.

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The Ukraine-Russia war: A symptoms network of complex posttraumatic stress disorder during continuous traumatic stress

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Track: Refugee or war & conflict related traumatic stress

Background: The Ukrainian mental health system is facing considerable pressure due to the growing number of civilians affected by attacks in densely populated areas. This war is ongoing, highly traumatic, and triggering stress-response syndromes. In many countries and regions, such as in Ukraine, war cannot be characterized as a traumatic event with a clear end but is best described as an ongoing threat for life. It is clear that there is a need for targeted practice suggestions.

Objective: This study is aimed to test the symptoms network of ICD-11 Complex Posttraumatic Stress Disorder (CPTSD) symptoms, using data collected among Ukrainian civilians during the 2022 Russia-Ukraine war. The findings could inform our understanding of the stress response in individuals exposed to continuous trauma and give insight into the nature of CPTSD.

Methods: A network analysis was conducted on CPTSD symptoms as assessed by the International Trauma Questionnaire using data from a nationally representative sample of 2000 Ukrainians.

Results: While PTSD and DSO clusters did not enmesh, several communities within these clusters were merged. Results highlight that in terms of strength centrality, emotional dysregulation (emotional numbing) and a heightened sense of threat were most prominent.

Conclusions: The results confirm the ICD-11 structure of CPTSD but suggest that continuous traumatic stress manifests in more condensed associations between CPTSD symptoms and that emotional regulation may play a vital role in activating the network of CPTSD. War-exposed populations could be provided with scalable, brief self-help materials focused on fostering emotion regulation and sense of threat.

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Implementation of VR-based traumatic stress management programs for psychological support of war victims in Ukraine

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Track: Refugee or war & conflict related traumatic stress

Background: The number of individuals who have survived traumatic events in Ukraine due to the ongoing war is a significant challenge to the mental healthcare system.

Objective: Implementation of traumatic stress management programs in Virtual Reality.

Method: Preliminary stage: a study of beneficiaries' needs, analysis of sources, and analysis of the current situation in mental healthcare services. Program development stages: adaptation of

Mindfulness and CBT techniques for VR, pilot clinical research, development of elaborated program version. Results. Program content: Adapted mindfulness practices, and interactive psychoeducational videos (ex. CBT-based STOPP).

Results of pilot clinical studies of veterans undergoing rehabilitation (control and experimental group each $n=10$): ANOVA analysis found a significant effect of anxiety and depressive symptoms reduction after participation in practices ($p \leq .05$), reduction in anxiety 17.46%, depression 3.97% (HADS), positive perception product by users, favorable reviews of experts.

Conclusions: The combination of an evidence-based approach and extended capabilities of VR technologies has been shown to be potentially effective for trauma-related disorder's symptoms management. Questions for further discussion: conducting full-fledged RCTs with follow-up studies.