



## Flash Talks

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## Flash Talks

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### Child maltreatment and alexithymia: A meta-analytic review

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#### Stream: Child & Adolescent Trauma

**Background:** Alexithymia is a personality trait that refers to difficulties identifying and describing one's emotions. Growing evidence suggests that alexithymia is a key transdiagnostic risk factor. Despite its clinical importance, the etiology of alexithymia is largely unknown.

**Objective:** The present study employs meta-analytic methods to summarize findings on the role of one hypothesized antecedent of adult alexithymia, namely child maltreatment.

**Method:** We conducted the meta-analysis strictly adhering to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols) statement. We obtained 99 effect-size estimates from 78 independent studies that reported both childhood maltreatment history and adult levels of alexithymia. These studies involved a total of 36,141 participants.

**Results:** Using correlation coefficients as our effect size index, we found that child maltreatment was positively related to overall adult alexithymia ( $r = .23$  [.19, .27]). Notably, emotional abuse ( $r = .18$  [.13, .23]), emotional neglect ( $r = .21$  [.16, .26]), and physical neglect ( $r = .18$  [.15, .22]) were the strongest predictors. Effects were moderated by gender, affiliation with clinical vs. non-clinical samples, and publication status.

**Conclusions:** Overall results were robust to publication bias and the presence of outliers. These findings contribute to a more nuanced understanding of the complex connection between different types of child maltreatment and alexithymia, providing greater insight into the early environmental influences on alexithymia.

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### Improving the differential diagnostic screening in adult patients within the autism-spectrum which also suffer from PTSD symptoms

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#### Track: Assessment & Diagnosis

**Background:** There are many thorough studies which deeply investigated the comorbidity between PTSD and autism-spectrum-disorders.

**Objective:** We attempt to explain the difficulties in the differential diagnostic sessions and thereby present novel ideas, which make the clinical work more efficient.

**Method:** Based on some clinical examples we want to present the obstacles which the clinician encounters during a clinical screening, step by step, and equivalently we want to present our attempts resolving these obstacles in a structured manner while using clinical instruments.

**Results:** Our results are observational protocols which result from the extensive differential diagnostic sessions. We have analyzed these protocols and base our conclusions on them.

**Conclusions and recommendations:** In this work we explain the necessity of the differential diagnosis between autism-spectrum-disorders and PTSD or cPTSD (F62.x), while focusing on both psychological disorders.

We conclude that the diagnostics of both disorders must urgently be improved, underlining its high relevance for the daily clinical practice.

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## Combining trauma script exposure with tDCS to reduce symptoms of PTSD: A two-arm randomized controlled multicentric trial

Wissam El-Hage<sup>1,2,3</sup>, Noémie Eyraud<sup>1</sup>, Pierre Poupin<sup>3</sup> and Jean-Baptiste Courtine<sup>2</sup><sup>1</sup>Université de Tours, iBrain, Inserm, Tours, France; <sup>2</sup>CHRU de Tours, Tours, France; <sup>3</sup>CIC1415, CHRU de Tours, INSERM, Tours, France**Track:** Intervention Research & Clinical Studies**Background:** Innovative therapeutic interventions for PTSD are needed. We opted to facilitate fear extinction by combining trauma script exposure with tDCS to reduce symptoms of PTSD.**Objective:** To evaluate the efficacy and safety of tDCS of the left dorsolateral prefrontal cortex concurrently with exposure to personal traumatic narrative in patients with PTSD.**Methods:** This was a multicenter randomized controlled trial (NCT02900053). Patients were randomly assigned 1:1 to receive ten sessions over 5 successive days of active versus sham 2 mA tDCS with trauma script exposure in both groups. Severity of PTSD, depression, and anxiety were assessed before and after study treatment (baseline, 1 and 3 months). The primary outcome was the severity of PTSD assessed by the Clinician Administered PTSD Scale (CAPS).**Results:** Sixty-two patients (77.4% females) were randomly assigned to active versus sham tDCS with trauma script exposure. From baseline to three months, mean CAPS scores decreased in both active and sham tDCS groups, but with no significant difference in improvement (time by treatment interaction 2.5 [95% confidence interval (CI), -0.2 to 5.1;  $p=.064$ ]. we found no significant difference in improvement of depression and anxiety scores neither. No serious adverse event occurred during the study.**Conclusion:** We found no evidence of difference in clinical improvement or remission rates between active and sham tDCS stimulation. These findings reflect the importance of exposure procedure applied in both groups.

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## A network model of the Flexibility Sequence

Martin Robinson<sup>1</sup>, Emily McGlinchey<sup>1</sup>, Donncha Hanna<sup>1</sup>, Eric Spikol<sup>1</sup> and Chérie Armour<sup>1</sup><sup>1</sup>Queen's University Belfast, Belfast, UK**Track:** Assessment & Diagnosis**Background:** The study of psychological resilience post-trauma has grown in popularity, however a unified theory of the processes promoting wellbeing remains contested. Recent research has sought to quantitatively validate the Flexibility Sequence theory, however the evidence base lacks granular assessment of how the processes within this theory relate.**Objective:** The current study seeks to address build understanding of post-trauma resilience processes by examining the associations between components of the Flexibility Sequence (specifically the individual components of Repertoire, Feedback & Monitoring) using a Network Analysis approach.**Method:** Using data from a sample of trauma-exposed adults living in the UK ( $N=563$ ), features of the Flexibility Sequence were assessed, including global network structure and centrality, bridging nodes, and shortest pathways between constructs. Analyses were conducted using the bootnet and qgraph packages in R studio.**Results:** The Expected Influence indices highlighted links between Flexibility Sequence components via perceived situational (self) control, emotional suppression, and strategy abandonment as particularly central. Global network indices however highlighted several influential nodes across factors supporting the theorised importance of adaptivity and flexibility in psychological resilience processes.**Conclusions:** These findings provide useful suggestions for intervention and resilience promotion highlighting highly influential processes within the Flexibility Sequence, but further emphasise the complexity of resilience processes. The resultant network of inter-relationships within the Flexibility Sequence may provide a roadmap to improved understanding of adaptive resilience processes.

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## Towards mental recovery of victims of intimate partner violence committed by organized crime offenders

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**Track:** Intervention Research & Clinical Studies

**Background:** Victims of Intimate Partner Violence (IPV) committed by organized crime offenders have rarely been studied while they are likely to experience severe mental health consequences and might face many difficulties in getting out of the relationship due to the criminal network of the partner.

**Objective:** The present study aims to get more insight into the process towards mental recovery and the feasibility of providing mental health support to victims of IPV committed by organized crime offenders.

**Method:** 150 female victims of IPV committed by hardened criminals were identified and, when reached, offered the option for safe and anonymous mental health support for their trauma-related symptoms. We used a mixed-method design involving information from police files ( $n = 150$ ), patient files ( $n = 7$ ), interviews with therapists involved in the mental health support program ( $n = 4$ ) and interviews with patients themselves ( $n = 4$ ).

**Results:** A model representing the development of the relationship and mental recovery process of the victims of IPV by hardened criminals will be presented. Participants experienced limited access to regular mental health support. They were trapped in a relationship characterized by violence, psychological warfare and a forced dependency. All participants were isolated from social support and society in general. The mental health support in the current project proved challenging but feasible.

**Conclusions:** Findings suggest that victims of IPV committed by organized crime offenders urgently need professional help. Actions to ensure their safety and to overcome barriers that hamper access to support organizations are required.

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## The daily dynamics between maladaptive appraisals and negative emotions in adolescents with and without complex PTSD receiving TF-CBT

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**Track:** Intervention Research & Clinical Studies

**Background:** There has been increasing attention on how to understand and treat complex PTSD (C-PTSD), which includes disturbances in self-organization such as excessive negative emotions and maladaptive appraisals, in addition to the usual PTSD symptoms. Little is known about the daily dynamics of maladaptive appraisals and negative emotions in adolescents with C-PTSD, and whether these might change differently compared to adolescents with PTSS only.

**Objective:** This study assessed the levels and within-person change, and temporal associations between maladaptive appraisals and negative emotions in adolescents receiving trauma-focused CBT (TF-CBT).

**Method:** This is an intensive longitudinal study of 34 adolescents who gave daily reports of their maladaptive appraisals and negative emotions during the first 60 days of TF-CBT. Linear mixed effects models were used to analyze the data.

**Results:** C-PTSD was associated with higher levels of maladaptive appraisals and negative emotions, but not with different rate of change over time. Low maladaptive appraisals one day were associated with less than usual negative emotions the following day, and the opposite, for both groups. The association between low negative emotions one day and less than usual maladaptive appraisals the following day was weaker for the adolescents with C-PTSD.

**Conclusions:** Results indicate that adolescents with C-PTSD seem not to change slower than those with PTSS only. Their negative appraisals may be less responsive to changes in emotions compared to the negative appraisals of adolescents without C-PTSD. More intensive longitudinal studies are required to decide whether changes in interventions are needed for C-PTSD.

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## Hypothalamic-pituitary-adrenocortical deviations and adverse outcomes in the context of childhood exposure to interparental violence: A systematic review

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**Track:** Public Health, Biological &/or Medical

**Background:** Childhood exposure to interparental violence is a type of child maltreatment and can lead to long-lasting adjustment problems. Identifying biomarkers would allow to predict the negative impact of interparental violence exposure more comprehensively and objectively. This would enable practitioners to better recognise affected individuals and offer adequate help.

**Objective:** We investigated whether childhood exposure to interparental violence was associated with hypothalamic-pituitary-adrenocortical (HPA) axis deviations, and if these represented biomarkers of adverse outcomes.

**Method:** In the present systematic literature review we searched Embase, MEDLINE, and PsycINFO for primary, quantitative, and peer-reviewed studies using keywords related to paediatrics, interparental violence, and HPA outcomes. Twenty-two study reports were included after completing forward searches, scanning secondary studies and reference lists.

**Results:** Results indicated that interparental violence exposure was related to altered basal and reactive cortisol across all ages. Neuroendocrine processes were affected by the offspring's behavioural and emotional reactivity to conflict, FK506 binding protein 5 (FKBP5) haplotype, and parental caregiving behaviours. Findings also revealed that adrenocortical stress responses predicted internalising and externalising problems, exacerbation of physical disease, and reduced cognitive functioning. However, results on the impact of interparental violence on HPA functioning were inconsistent, possibly because of the large heterogeneity of study designs and cortisol assessments.

**Conclusions:** Better characterising the biopsychobehavioural mechanisms requires long-term studies with a common theoretical and methodological framework. Prospectively, integrating assessments from pathophysiological, emotional, and behavioural stress studies, and considering multiple types of interparental violence could become a powerful approach in guiding familial traumatic stress services and research.

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## Exploring trajectories of different types of maltreatment across childhood: Findings in young adults with previous youth residential care placements

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**Track:** Child & Adolescent Trauma

**Background:** Children placed in out-of-home care report high rates of childhood maltreatment, trauma, and accumulate additional stressors (Fischer et al., 2016; Rebbe et al., 2017). Research has shown distinct trajectories of age-of-prevalence for different types of childhood maltreatment exposures (Teicher & Parigger, 2015).

**Objective:** The aim of this study was, first, to report the prevalence of childhood maltreatment in early childhood (<6y), middle childhood (6–12y), and adolescence (12–18y) in a sample of young adult care-leaver. Second, to explore the trajectory of age-of-prevalence of different types of childhood maltreatment.

**Methods:** The Maltreatment-and-Abuse-Chronology-of-Exposure (MACE) scale was assessed in 184 young adult Swiss care-leaver (Mage = 26.6, 33.2% women). The MACE scale allows to retrospectively examine exposure to ten types of maltreatment throughout childhood.

**Results:** Overall, 87.5% of participants reported at least one type of childhood maltreatment before the age of 18; 61.4% reported exposure in early childhood, 76.1% in middle

childhood, and 72.8% in adolescence. Overall severity of maltreatment was highest at the age of 12. Different types of maltreatment showed distinct trajectories over time. For instance, emotional and physical neglect showed the highest stability. Witnessing intra-familial violence peaked at age 8, whereas peer abuse was more prevalent in the ages of 12-14.

**Conclusion:** Childhood maltreatment is common in children placed in out-of-home care, underlining the need for prevention and early intervention targeted towards healthy family-functioning, but also addressing children's needs transitioning into adolescence.

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## The contribution of mindfulness long term training on personal and professional coping for therapists living in a conflict zone

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**Track:** Pandemic related Traumatic Stress

**Background and Objectives:** It has been suggested that mindfulness training can provide therapists with coping mechanisms and influence their perceptions of self and other; however, how does mindfulness helps therapists cope in a stressful security situation as well as in time of COVID-19 pandemic both as Israeli citizens who live in a war zone and as therapists who are working with patients? Is the unique objective of this paper?

**Method:** Ten female therapists, who live and work in the western Negev and which completed a three years' mindfulness therapy training, were interviewed. A thematic analysis was used in order to trace the main themes.

**Results:** Interviewees reported that their own coping process heightened as result of being able to put aside intrusive thoughts and feelings that used to paralyze them and focus on active coping focused on what is needed to do promptly. Most also noted a more accepting attitude of themselves, devoid of self-criticism or blame as for what they have should or should not have done when facing a stressful situation. In relation to their patients, they were more empathetic to the behaviors and emotions expressed by their patients and reported that they use the mindfulness tools (such as meditation) in their therapeutic sessions.

**Conclusions:** The results will be discussed through the prism offered by Lazarus and Folkman (1991). Implications of the outcomes of mindfulness training for those living in areas under the shadow of war will be suggested.

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## Trait emotional intelligence, general distress and life satisfaction in breast cancer patients: The mediation role of post-traumatic stress disorder

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**Track:** Intervention Research & Clinical Studies

**Background:** Post-traumatic stress disorder (PTSD) symptoms are often experienced in individuals with breast cancer (Mehnert & Koch, 2006)

**Objectives:** This study aims to assess whether the relationship between trait EI and life satisfaction, and between trait EI and general distress, would be mediated by PTSD, in individuals with breast cancer.

**Method:** 245 individuals with breast cancer by at least 1 year, aged between 31 and 83 years old ( $M = 53.89$ ;  $SD = 9.26$ ), filled an online survey. A structural equation modelling (SEM) with latent variables was used to test a model with trait EI as predictor variable, PTSD as mediator, general distress as first outcome, and life satisfaction as second outcome.

**Results:** The model showed good fit indices:  $\chi^2(48) = 88.52$ ,  $p < .001$ ;  $CFI = .98$ ,  $RMSEA = .06$  ( $90\% CI = .04 - .08$ ),  $SRMR = .04$ . Significant paths were found from trait EI to PTSD ( $\beta = -.49$ ), to general distress ( $\beta = -.21$ ), and to life satisfaction ( $\beta = .48$ ), as well as from PTSD to general distress ( $\beta = .76$ ) and to life satisfaction ( $\beta = -.20$ ). Furthermore, the indirect associations between trait EI and general distress through PTSD ( $\beta = -.37$ ), and between trait EI and life satisfaction through PTSD ( $\beta = .10$ ), were statistically significant.

**Conclusion:** The implementation of trait EI programs may reduce PTSD symptoms, improving well-being in individuals with breast cancer (Ha, Jung, Choi, 2014; Chen et al., 2021).

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## Childhood adversity and quality-of-life of young adult care-leavers: Findings from the Swiss cohort study «Youth Welfare Trajectories: Learning From Experience»

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**Track:** Child & Adolescent Trauma

**Background:** Young people in residential youth care report high rates of childhood adversities (e.g., abuse and neglect) (Burns et al., 2004; Fischer et al., 2016). Various studies show that stressful experiences in childhood can impair social participation and poor mental health (Schmid et al., 2022), whereas quality of life (QoL) is less frequently studied.

**Objective:** The aim of this study is, first, to describe the prevalence of childhood adversity in a sample of formerly out-of-home placed young adults and, second, to investigate the relationship between cumulative childhood adversities and later psychological, physical, social, and environmental QoL.

**Methods:** A total of 183 formerly out-of-home placed young adults (Mage = 26.5, 33.3% women) were queried using the Maltreatment and Abuse Chronology of Exposure (MACE) scale and the World Health Organization Quality-of-Life Questionnaire (WHOQoL-BREF).

**Results:** Overall, 87.4% of participants reported at least one type of childhood adversity. Emotional neglect was the most prevalent type of adversity (65.0%). Reported quality of life (MQOL = 68.41, SD = 15.95) was considerably low. The severity of overall childhood adversity was associated with a decreased overall QoL ( $r(179) = -0.37, p < .001$ ).

**Conclusions:** Cumulative childhood adversity have serious and long-term consequences for the QoL of formerly out-of-home placed young adults. Our results underline the importance of prevention and early intervention efforts for young people and their families. Next to research on functional outcomes, studies investigating well-being and quality of life in at-risk populations are needed.

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## Rationale for the assessment of perpetration or witnessing of military sexual trauma

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**Track:** Military & Emergency Services & their families

Military Sexual Trauma (MST), defined as “psychological trauma,” from a physical assault of a sexual nature or severe sexual harassment during military service (Ritchie & Nacierio, 2015), within many militaries. Assessment of the experience of MST is standard practice in all VA settings, but witnessing or perpetration of said events is not. Definitions of moral injury have illuminated how perpetration of, or failure to prevent violence can generate clinical or moral distress (Litz et al., 2009). Research continues to clarify how killing and other acts of direct or indirect violence are associated with suicidality, interpersonal violence, and substance use (Maguen et al., 2012). However, there is an absence of discussion about whether MST perpetration might also be generative of psychiatric distress. Should histories of sexual assault perpetration be assessed for? Popular belief suggests that sexual assault is associated with psychopathy, and clinical investigations have been stunted by this myth. In fact, rates of psychopathy in the military are lower than the general population, and therefore fail to explain the high rates of military sexual assault. A poll revealed that VA psychotherapists do encounter veteran report of psychiatric distress associated with witnessing or perpetrating sexual assault. However, all clinicians polled stated that they did not explicitly assess for this history, but learned of it from unsolicited disclosure. Proper assessment can enhance conceptualization of distress and inform treatment choice. Clinical assessment creates opportunity for disclosure, which can elucidate prevalence rates, clarify associated contextual factors, reduce suicidal ideation, and assist assault prevention.

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## Community-level mental health and psychosocial support during armed conflict: Cohort study from Democratic Republic of the Congo, Mali, and Nigeria

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### Track: Intervention Research & Clinical Studies

Community-level MHPSS was the first type of MHPSS program launched by the ICRC back in 2004. Standardized beneficiary-level monitoring was put in place in late 2018. This is the first study to explore whether this type of program correlates, as intended, with reduced psychological distress and increased daily functioning.

Between December 2018 and June 2020, 6,413 victims of violence received MHPSS through 32 community-level projects in the DRC, Mali and Nigeria. Symptoms of psychological distress and daily functioning were assessed before and after the intervention and logistical regression models were used to identify predictors of these symptoms.

Victims of the violence committed by weapon bearers were more likely to show high levels of anxiety prior to MHPSS. Also, victims of physical violence were more likely to show high levels of stress, whereas victims who had witnessed physical violence were more like to report high levels of depression. The most common perpetrators were weapon bearers (76%) and the most common type of violence was rape (46%). Lack of social support stood out as a predictor of both high anxiety and post-traumatic stress prior to MHPSS.

Following MHPSS, the vast majority of beneficiaries reported a reduction in distress as well as an increase of functioning. Adherence to group therapy was stronger than adherence to individual therapy (four sessions on average). A linear trend was found between length of treatment and likelihood of reporting reduced symptoms of depression. Having suffered destruction or loss of property predicted less improvement of functioning following MHPSS.

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## From the cradle to the grave: Multidisciplinary perspectives on childhood trauma

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### Track: Child & Adolescent Trauma

Literature focusing on childhood trauma and adversity has demonstrated the potential impact early trauma can have, not only on the body, but also at a genetic level, and intergenerational level across the life course (Van Der Kolk, 2015; Nakazawa, 2015). The expression 'prevention is better than cure' is never more pertinent than when it is in relation to childhood trauma (Lang & Hartill, 2015).

This qualitative study explored the experiences of multi-disciplinary professionals working with childhood trauma in Ireland.

**Objectives included:** Identifying gaps in policy and services in relation to responding to trauma, identifying the extent of childhood trauma awareness among professionals, and to understand the prevalence of childhood trauma in Ireland. Twelve interviews and one international focus group of trauma experts took place. A process of thematic analysis was employed. Participants were selected using purposive and snowball sampling.

**Results highlighted:** A lack of life course perspective, a lack of trauma literacy, the intergenerational transmission of trauma, resilience or buffering factors are often not considered and, prevention is better than cure. Further research is required to build on existing knowledge and practice within an Irish context.



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## Re-grouping while the COVID-19 tries to keep us apart - an online group intervention

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"One by one, humanity is turning off its lights" wrote David Grossman, an Israeli novelist trying to describe the process of seclusion in homes and shutting down operations in all parts of the country during the rampant coronavirus and threatening us.

The Adult Probation Service deals with the diagnosis and rehabilitation of adult offenders. The primary therapy method of intervention is group therapy, aimed at reducing the risk of re-harming society and improving the quality of life of its participants.

As a result of the coronavirus crisis, group therapy was halted entirely with the outbreak of the "first wave". The understanding is that some of the population referred to the probation service, especially the ones with a traumatic experience, is currently in a severe crisis and requires active involvement. The service's management worked to find therapeutic alternatives and formulated a model for online intervention.

The flashtalk will present a group model "for regulating emotions through online means". The model developed during the crisis initially operated as a pilot and reached out to patients referred for various offenses and at different stages (diagnosis and treatment). The model is based on three central bodies of knowledge: 1. The motivational approach 2. Cognitive Behavioral Therapy (CBT) 3. The core content - is directed to influence criminal behavior. We will present two core contents that were the focus of the intervention and are trauma related: impulse regulation and thought and behavior patterns. The model's description and findings regarding its emotional impact will be presented.

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## Psychological distress among women with experience of miscarriage in home and hospital settings: A network analysis and comparison test

Martin Robinson<sup>1</sup>, Martina Galeotti<sup>1</sup>, Gary Mitchell<sup>1</sup>, Mark Tomlinson<sup>1,2</sup> and Áine Aventin<sup>1</sup><sup>1</sup>Queen's University Belfast, Belfast, UK; <sup>2</sup>Stellenbosch University, Stellenbosch, South Africa**Track:** Assessment & Diagnosis

Miscarriage remains a considerable concern for women with as many as 15-25% of pregnancies not ending in a live birth. This potentially traumatic experience has been robustly associated with negative impacts on health and well-being, however much evidence focuses specifically on structured symptomology. Adopting a more holistic approach this study sought to examine the post-trauma distress of women experiencing miscarriage.

The current study used Network Analysis to examine associations between indicators of distress as measured by the Revised Impact of Miscarriage Scale. The most influential or central distress indicators were assessed for the total sample of women who experienced a miscarriage in the previous 5 years ( $N = 839$ ), and for subsamples who experienced management at home ( $n = 493$ ), or in hospital ( $n = 273$ ) comparing the networks for these groups.

Results suggested "feelings of a person lost", "destroyed zest for life" and "feelings of isolation" as the most central in the network. Comparisons between those who experienced miscarriage at home and in hospital revealed similar distress network structures, however those who experienced miscarriage at home displayed greater global associations between distress indicators in the network.

These findings provide a novel concept of post-trauma reactions following miscarriage, suggesting a robust network of non-specific pathological distress may be observed following miscarriage in home and hospital settings. Those most influential distress indicators are highlighted as important targets for screening psychological distress following miscarriage, and as potentially viable intervention targets to promote greater well-being among women experiencing miscarriage.

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## Developing a trauma screening tool for people with learning disabilities in primary care, and trauma training for community service providers

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**Track:** Assessment & Diagnosis

**Background:** Research suggests exposure to trauma in people with learning disabilities is high; this may affect their mental health and may result in trauma-related mental health conditions (Byrne, 2022: <https://doi.org/10.1177/1524838020960>). However, resources to identify and support people with learning disabilities affected by trauma are scarce (McNally et al, 2021: <https://doi.org/10.1111/jar.12872>) and this can be a barrier to accessing appropriate mental health services. This study builds on work developing a measure of trauma for people with learning disabilities in clinical settings (Wigham et al, 2021: <https://doi.org/10.1016/j.ridd.2021.103914>).

**Objectives:** (1) to develop a trauma screening questionnaire for people with learning disabilities in primary care and (2) gather data to inform development of an online trauma training resource for providers of community services for people with learning disabilities including those who also on the autism spectrum.

**Method:** The study is qualitative with data collected using surveys, focus groups and interviews. A local advisory group of people with learning disabilities are study consultants advising on study design, data collection, analysis and dissemination of findings.

**Results:** A summary of findings will be presented covering the format and content of the trauma screening questionnaire and the trauma training resource and views on barriers and facilitators to implementing them.

**Conclusions:** The primary care trauma screening tool and trauma training resource will contribute to supporting people with learning disabilities with trauma-related mental health conditions in community settings. The work aligns with UK NHS priorities including early intervention, prevention, and recognition of the impact of trauma on mental health.

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## Exploring patterns of emotional regulation flexibility among individuals exposed to trauma

Emily McGlinchey<sup>1</sup>, Martin Robinson<sup>1</sup>, Eric Spikol<sup>1</sup> and Chérie Armour<sup>1</sup>

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**Track:** Assessment & Diagnosis

**Background:** Emotional regulation (ER) flexibility has been a factor emerging within the extant literature, which may buffer the impact of mental ill health. ER flexibility encompasses three components (1) Context Sensitivity (2) Repertoire and (3) feedback responsiveness.

**Objective:** Research has not acknowledged how these components vary among the population. Understanding this may identify specific subgroups who are at an increased risk for mental health difficulties.

**Method:** The current study adopted a cross sectional online survey design. All participants were screened to ensure they met inclusion criteria (experiencing at least 1 trauma). 563 participants (18+; UK based) completed the survey. Latent profile analysis was used to explore the potential heterogeneity of ER flexibility among the sample. Multivariate logistic regression was then used to explore differences between ER profiles and mental health outcomes.

**Results:** We identified three distinct profiles: (class 1) low-flexibility regulators, (class 2) intermediate-flexibility regulators and (class 3) high-flexibility regulators. These profiles are discussed as they relate to increased or decreased risk of experiencing symptoms of anxiety, depression and PTSD.

**Conclusion:** The current study demonstrates the novel application of a person-centered statistical approach to the study of ER flexibility, showing distinct profiles of ER ability can be identified and that certain profiles represent greater risk. Limitations include the use of self-report measures and a cross sectional design.

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## Leveraging technology to improve quality of care in trauma-focused treatment: Preliminary data from the SPARK trial

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**Track:** Child & Adolescent Trauma

**Background:** The quality of child mental health care is highly variable in community practice settings, even among well-trained providers. Several factors affect care quality, including provider training, protocol drift, and children's engagement. We aimed to address common quality-of-care barriers in TF-CBT via expert-, provider-, and family-informed development of the Supporting Providers and Reaching Kids (SPARK) platform. SPARK is a tablet-based, telehealth compatible collection of protocol-adherent games and activities.

**Objective:** To examine use of SPARK and provider perceptions of its impact on quality of care and children's engagement.

**Method:** We are testing SPARK in a multi-site hybrid type-1 effectiveness-implementation trial with over 100 providers and 200 children. Mixed-methods data relating to provider use and integration of the SPARK tool into practice will be described.

**Results:** Forty-six providers from a variety of community mental health clinics, child advocacy centers, and private practice settings actively used SPARK in their delivery of TF-CBT. Numerous components of SPARK were actively used, with activities embedded within the Psychoeducation, Affective Regulation, and Cognitive Coping components demonstrating the highest rates of use. Qualitative thematic interviews with 14 study providers revealed perceptions of improved quality of care when using SPARK, that SPARK made TF-CBT easier to deliver to children and caregivers, and that SPARK improved child engagement in treatment.

**Conclusions:** Preliminary data suggest high acceptability of the SPARK platform among providers and support the utility of the SPARK platform in practice. Data will inform steps toward continued evaluation and expansion of the SPARK platform in child mental health treatment.

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## Towards cultural scripts assessment of trauma sequelae among trauma victims in East Africa

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**Track:** Refugee or war & conflict related traumatic stress

**Background:** As a new, unifying approach to mapping cultural expressions of trauma sequelae, cultural scripts of trauma sequelae are empirically investigated for the first time in a qualitative study. Cultural Scripts of Trauma (CST) consequences include as elements the typical symptoms and appraisals of changes by those who have experienced traumatic events. These elements have references to the value orientations in the given culture.

**Objective:** To collect elements of CST with reference to cultural values from the participants' statements in East Africa - with a focus on Rwanda.

**Methods:** Semi-structured, in-depth interviews were conducted in nine focus groups with trauma survivors and trauma experts. Grounded theory was the basis for content analysis and MAXQDA was used for coding and the grouping. Semi-quantitative analyses for the frequency of groupings also followed.

**Results:** 272 elements of the CST were extracted. These are grouped into 7 categories with 27 sub-categories. For each of the groupings, references to cultural value orientations were extracted, ranging from two to three.

**Conclusions:** This comprehensive study with participants from several countries in East Africa collected a large number of elements of cultural trauma scripts for this regional area. Notably, these elements were based on man-made traumas, such as the genocide against the Tutsis in Rwanda. Further steps in the CST investigation are subject to future studies, such as the more systematic investigation of the relationship to cultural values and the investigation of temporal relationships within the scripts.

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## Where does rage go? A longitudinal study of anger in parents of children exposed to violent terrorism

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**Track:** Child & Adolescent Trauma

**Background:** Anger is a common reaction to threat and central to symptoms and treatment after trauma but underrepresented in research. Anger reactions are often decontextualized into diagnoses masking changes in this specific emotion over time. In this study we aimed to explore further prevalence and changes in anger and revenge fantasies after experiencing trauma.

**Method:** The sample are care-givers of children who experienced the mass shootings on Utøya, Norway, in 2011. In total 541 parents participated in this longitudinal study (56% women) and were assessed at four time points (T1-T4, 4-5 mo, 14 – 15 mo, 3 and 8.5 yrs after the attack). Attrition from T1 to T4 was 31%. Anger was assessed through three items of The University of California, Los-Angeles Post-Traumatic Stress Disorder Reaction Index at all time points and the dimensions of anger reactions-5 at T4.

**Results:** The sample felt significantly more anger at others, fought with other people and had strong feelings of revenge at 14 – 15 mo and 3 yrs after the event than in the months directly following and 8.5 years later. Even though we found a reduction in anger over time, a quarter of the caregivers still felt frequently angry after 8.5 years, and 6% that their anger interfered with social relationships.

**Conclusion:** Anger is an important, and for some long-lasting, emotional consequence in the aftermath of trauma. Finding predictors of anger trajectories should be a priority in future research.

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## Experiential therapy from trauma to post traumatic growth -The Therapeutic Spiral Model, a groupwork approach for faith based trauma survivors

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**Track:** Refugee or war & conflict related traumatic stress

**Background:** The Therapeutic Spiral Model [TSM], an experiential therapeutic groupwork approach, has developed from its inception in the 1990's to the present day in response to healing the experience of trauma survivors.(Hudgins, 2022)

**Objective:** To ensure that recovery and healing occur, without re traumatisation by using a stepped approach to the work of the group.

**Method:** Experiential psychotherapy has been validated as a treatment of choice. ( van der Kolk, 2014) The Trauma Survivors Internal Role Assessment, [TSIRA] is central to the TSM experiential groupwork approach. (Hudgins, 2017) The focus of group process is on creating safety and building on the strength and resilience of participants as they move towards making meaning of their experience.

**Results:** Trauma survivors have access to an approach that is shown to increase their capacity for life.

**Conclusion:** The basic concepts of TSM, namely the TSIRA, the TSM Trauma Triangle and Prescriptive Role Map have been tested in numerous workshops internationally. Emerging concepts, such as the Autonomous Healing Centre, require further testing.

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## Childbirth-related posttraumatic stress shortly after birth: Relating subjectively traumatic birth experiences to postpartum symptom severity

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**Track:** Assessment & Diagnosis

**Background:** Childbirth may function as an initial stressor for posttraumatic stress symptoms (PTSS): between 6.7 % and 21.1 % of women suffer from childbirth-related PTSS (CB-PTSS; Heyne et al., 2022). CB-PTSS can have severe adverse effects on mother and newborn, including impaired bonding and child development (Cook et al., 2018). Subjective birth experience has been consistently identified as an important predictor for CB-PTSS (Dekel et al., 2017). However, it remains unclear what exactly constitutes a subjective birth experience that increases the risk for CB-PTSS. In this study, we used the concept of hotspots, i.e., moments of extreme distress during traumatizing events, to elucidate subjectively traumatic birth experiences and to predict CB-PTSS severity.

**Objective:** With this study we aimed to disentangle characteristics of subjectively traumatic birth experiences that can contribute CB-PTSS while accounting for other well-studied predictors.

**Method:** Data derived from a larger cross-sectional online survey on CB-PTSS ( $N = 700$ ). Shortly (8 – 10 weeks) after delivery, we assessed subjectively traumatic birth experience with the newly developed Hotspot Scale. CB-PTSS was assessed with the German version of the City Birth Trauma Scale. Additionally, history of trauma, current and lifetime psychopathology as well as several pregnancy- and birth-related variables were measured.

**Results:** Data analysis is still in progress. Results will be presented and discussed at the conference.

**Conclusions:** Shedding light on characteristics of traumatic birth experiences will help to refine our etiological understanding of CB-PTSS and inform the development of trauma-informed prevention and treatment strategies in obstetric settings.

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## The impact of anxiety, depression, emotional regulation, and sleep on revenge fantasies and behaviour in victims of crime

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**Track:** Public Health, Biological &/or Medical

**Background:** Being a victim of crime can be a traumatic experience. Crime victims may use revenge fantasies as a coping mechanism in the face of this trauma (Horowitz, 2007). Yet, if experienced long-term, revenge fantasies could be harmful for victims' mental health (Barcaccia et al., 2020). Criminal victimisation has also been linked to an increased risk of violent offending, often motivated by revenge (Jackson et al., 2019). Due to revenge's potentially harmful effects, psychologists have sought to identify its predictors. However, little is known about the predictors of revenge in crime victims specifically. Research is needed to address this gap.

**Objectives:** To identify several predictors of revenge fantasies and behaviour in crime victims, so that victims experiencing intense revenge fantasies can be identified and supported. Predictors to be explored include victims' sleep quality, mental health, and emotional regulation.

**Method:** Data will be collected through an anonymous cross-sectional, online survey. Participants will complete a comprehensive questionnaire, measuring demographics, revenge fantasies, sleep quality, depression, anxiety, and emotional regulation. Participants' revenge behaviour will then be measured with an online investing game, which gives participants the chance to take revenge.

**Results:** Results will be available in February 2023.

**Conclusions:** Identifying victims who are experiencing revenge fantasies, or at risk of taking revenge, is vital due to revenge's potentially harmful effects. This knowledge could inform clinicians and victim support agencies, as well as violence prevention strategies.

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## For better or worse: The role of romantic partners' accommodation among Israeli couples in which one member suffers from PTSS

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**Track:** Public Health, Biological &/or Medical

**Background:** PTSS is related to many adverse outcomes, both individual and interpersonal, raising inevitable implications for the partners of loved ones coping with PTSS. Such partners have been found to suffer from many emotional and psychiatric symptoms.

**Objectives:** To explore the direct and indirect impact of accommodation in the context of PTSS on each partner's psychological distress and relationship satisfaction.

**Methodology:** Forty-two mixed-gender, treatment-seeking couples completed self-report questionnaires. Patients with PTSS were assessed for levels of PTSS, depression, and relationship satisfaction. Partners were assessed for depression, relationship satisfaction, and accommodation.

**Results:** Positive associations were found between both partners' PTSS levels and additional measures of distress and depression in the presence of accommodation. Only partners' (not patients') marital satisfaction was associated with partners' level of accommodation. Moreover, the frequency of accommodation mediated the association between patients' PTSS-related arousal symptoms and their partners' marital satisfaction.

**Conclusions:** The findings support the concept that accommodation is associated with lower individual and dyadic well-being, highlighting the need to clinically target relationship issues in cases where one partner suffers from PTSS.

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## Predictors of insomnia post trauma during the transition from adolescence to early adulthood

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**Track:** Public Health, Biological &/or Medical

Insomnia is a disorder that spans the life course, with many people suffering throughout their lifetimes. Trauma exposure is a well-known risk factor for the development of insomnia, but the effect beyond the first few years post trauma is little understood, especially for individuals exposed to trauma during adolescence. The aim of this study was to investigate the prevalence of insomnia 8-9 years after a mass shooting event, compared to a general population sample and to explore early predictors of insomnia. Participants (<20yrs at baseline) were survivors of the 2011 Utøya Island terrorist attack ( $n=279$ ), and controls from the HUNT Norwegian general population study ( $n=35,664$ ). Early adulthood insomnia prevalence, 8.5yrs post-attack (and HUNT4) was investigated with baseline predictors 4-5 months post-attack (and YoungHUNT3). Preliminary analysis showed a higher insomnia prevalence in trauma exposed young adults (38.8%) than controls (20.5%). Initial logistic regression models found trauma exposure in adolescence was a significant predictor of insomnia in early adulthood (OR: 2.08-3.01) when adjusting for all other predictors. Sociodemographic factors were not found to be significant predictors. Anxiety and depression symptoms and weekly headaches both significantly predicted later insomnia but not when adjusted for baseline insomnia. This initial analysis suggests that insomnia is a major long term health concern posttrauma and that the risk of developing later insomnia is greater for adolescents exposed to trauma regardless of early health.

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## Resilience during the COVID-19 pandemic: Can individual resilience predict changes in burnout and mental well-being among NHS mental health staff?

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**Track:** Pandemic related Traumatic Stress

**Background:** The COVID-19 pandemic has posed severe challenges for mental health staff due to staff shortages, increased demand for services, and challenges of remote working.

**Objective:** This study examined the changes in burn-out and mental well-being of National Health Service (NHS) staff working in a mental health setting during the COVID-19 pandemic over a 12-month period, and examined whether higher levels of resilience decreased burnout and increased mental well-being.

**Methods:** Secondary data analyses using data collected as part of an NHS staff cohort study were conducted ( $n = 3410$ ). Staff completed self-report surveys on their mental health, including resilience, burnout, and mental well-being, at baseline (2020–2021), 6-month follow-up and 12-month follow-up.

**Results:** Preliminary findings indicate that burnout showed a linear increase over time, with higher resilience at baseline predicting lower burnout 6 and 12 months later. However, rises in burnout were strongest in the high resilience group. Well-being remained relatively stable over time, with staff with higher resilience at baseline reporting higher well-being over time.

**Conclusions:** Resilience was linked with both lower burnout and higher well-being in NHS mental health staff throughout the COVID-19 pandemic. However, staff with initially high levels of resilience reported greater increases in burnout compared to those with lower levels of resilience. This highlights the high toll placed on NHS workers during the COVID-19 pandemic, which is unlikely to be offset by or protected against with individual resilience.

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## The dual impairment of emotional information processing in memory in relation to dissociative or hypervigilant profiles in Post-Traumatic Stress Disorder

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**Track:** Refugee or war & conflict related traumatic stress

**Context:** Individuals with Post-Traumatic Stress Disorder (PTSD) may alternate between hypervigilant and dissociative states, which can affect attention toward threatening information (Chiba et al., 2021) and non-threatening emotional information (Coll et al., 2022). However, how they may affect the memorization of emotional information remains largely unknown.

**Objective:** The aim of this work is to evaluate the relationship between these states and memory performances for emotionally non-threatening information.

**Methodology:** 99 individuals exposed to the November 13, 2015 attacks in Paris and 67 unexposed individuals participated 8 to 18 months after the attack (Mary et al., 2020). An index was calculated from the Structured Clinical Interview for DSM-5 scores for the 49 persons meeting DSM-5 criteria for PTSD, with positive or negative score indicating the presence of hypervigilant or dissociative state, respectively. All the participants performed a memory task with faces expressing sadness, joy or neutral expression paired with their profession, followed by a separate recognition task for each item.

**Results:** In the PTSD group, the index was positively correlated with the face recognition score ( $p < .05$ ) and negatively correlated with the profession score ( $p < .05$ ). This pattern was only found for the items associated with sad expressions and not for items expressing joy (all  $p > .05$ ).

**Conclusion:** Our findings revealed that emotional states in PTSD bias the memorization of negative information. Further analyses would determine whether those findings reflect attentional bias, fluctuations in emotional processing or a combination of both. This generalization of these effects could contribute to social difficulties encountered by PTSD sufferers.

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## When the future escapes: A study of agency in future projection over time after exposure to a traumatic event

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**Track:** Intervention Research & Clinical Studies

**Background:** Traumatic exposure can change perceptions about oneself, others, and the world. PTSD, a psychological condition following traumatic exposure, leads to difficulties in projecting oneself into the future. However, future projection can evolve over time through the development of a sense of control (Brown et al., 2016).

**Objectives:** We aim to measure the evolution of an agentive (controllable) future projection over time in trauma exposed individuals, with or without PTSD, compared to unexposed individuals. We also aim to measure the evolutionary relationship between future projection and post-traumatic evolution, through traumatic severity and coping strategies.

**Method:** One hundred and five subjects exposed to the November 13, 2015, terrorist attacks in Paris, with and without PTSD, and 71 unexposed subjects completed a questionnaire estimating the probability of future occurrence of 40 "active" (controllable) or "passive" (uncontrollable) events. Measures of future projection, trauma severity and coping strategies were offered at 6 and 24 months of the event. A repeated measures Anova and correlations were performed to measure differences in intergroup outcomes and relationships between future estimation, trauma severity, and coping strategies.

**Results:** Exposed subjects estimated "passive" events as more likely over time, compared with control subjects. In PTSD subjects, this evolution is related to acceptance strategies over time. In subjects without PTSD, this evolution is related to increases in posttraumatic severity and avoidant strategies over time.

**Conclusion:** Despite a common traumatic experience, exposed individuals may follow distinct trajectories more defined by evolutionary adaptative strategies than by the traumatic event per se.

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## Translating trauma research through art

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**Track:** Public Health, Biological &/or Medical

**Background:** While research papers and conference talks are crucial aspects of sharing empirical findings, they reach only a small part of the potential audience. Art is a powerful complementary method to engage, provoke thought and educate (Ball, 2018, *Art and Science. Interdisciplinary Science Reviews*, 43, 1-2).

**Objective:** To explore opportunities for trauma research communication through art.

**Method:** In the context of formal visual arts training, I have created and co-created over 20 research-related artworks. While making these works and seeing their reception, I have reflected on their potential for engagement.

**Results:** In this talk I will show and discuss three artworks that have engaged audiences in different ways. The first work is a sound installation that shares data with a gallery audience. The second is a visual installation that actively involved the general public in its production. The third is a collage, exhibited within an institutional setting, with high visibility among professionals in the organisation. The three works varied in their scope and depth, each with their own advantages and opportunities.

**Conclusions:** Art can provide an interesting and energising avenue for trauma researchers who want to reach out more widely or reach specific new audiences. Since social justice and mental health are important themes for many artists, this offers a promising basis for impactful collaborations.



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## Transdiagnostic psychotrauma screening in a Chinese student population

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**Track:** Assessment & Diagnosis

**Background:** Exposure to traumatic events is linked to a wide range of mental health outcomes including PTSD (Olf et al., 2020). Currently, no brief screening instrument exists to assess transdiagnostic mental health outcomes of trauma (Frewen et al., 2021).

**Objective:** This study examined the internal consistency and concurrent validity of the Chinese version of the Global Psychotrauma Screen (GPS) in a sample of college students in China. The GPS was developed by the Global Collaboration on Traumatic Stress, including representatives from all major traumatic stress societies.

**Method:** The study included a total sample of 437 Chinese college students (289 females) aged 17-28 years. Participants completed a self-report survey to collect demographic data and investigate concurrent validity with trauma-related measures for PTSD, depression, anxiety, insomnia, self-injury, dissociation, and substance abuse. Descriptive and validation analyses including correlation analyses were conducted. Internal consistency was assessed using Cronbach's alpha.

**Results:** The GPS sum score was calculated by adding the 17 items, with a Cronbach's alpha of = 0.88. Anxiety and depression symptoms assessed by the GPS were highly endorsed by this sample. The GPS sum score was highly correlated with other measures of PTSD ( $r > 0.75$ ), depression ( $r > 0.68$ ) and anxiety ( $r > 0.65$ ). GPS subdomain items also showed acceptable correlations with subdomain scores of other measures.

**Conclusions:** The results provide a preliminary indication that the GPS may be a valid screening instrument for PTSD and other trauma-related mental health consequences amongst the Chinese student population.

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## Childhood cumulative trauma and psychological distress: The role of masculine norms and the stress of not being “man enough”

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**Track:** Child & Adolescent Trauma

The link between childhood cumulative trauma (CCT; experience of at least two interpersonal traumas such as sexual abuse, neglect, etc.) and psychological distress (PD; depression, anxiety, etc.) is empirically documented (Edwards et al., 2003). However, few studies have examined this relationship in male survivors and the mechanisms explaining this link remain to be better understood. Considering that men's CCT history and their PD tend to negatively impact them (e.g., substance use and antisocial disorders, death by suicide; Berke et al., 2022), their families and the society as a larger whole, it is crucial to better understand the underlying mechanisms that could explain the CCT-PD link. Survivors' perception of their masculinity may explain this link (Levant & Richmond, 2016): namely the CCT survivors may report more stress related to their impression of failing to live up to masculinity norms (i.e., masculine discrepancy stress), which in turn may lead to higher PD. The present study aimed to examine the indirect link between CCT and PD through masculine discrepancy stress among 196 men seeking help from community organizations. These men completed validated questionnaires at intake. Results of pathway analyses indicated an indirect association between CCT and PD through masculine discrepancy stress ( $R^2 = 14.3\%$ ). These results support the importance of trauma-sensitive practices to increase resilience, by targeting PD and masculine discrepancy stress with men who consult in the aftermaths of CCT.

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## Together in silence: Reflections on commemoration by war affected migrants

Bertine Mitima-Verloop<sup>1,2</sup>, Trudy Mooren<sup>1,2</sup>, Ismee Tames<sup>1,3</sup> and Paul Boelen<sup>1,2</sup><sup>1</sup>ARQ National Psychotrauma Centre, Diemen, the Netherlands; <sup>2</sup>Utrecht University, Utrecht, the Netherlands; <sup>3</sup>NIOD Institute for War, Holocaust and Genocide Studies, Amsterdam, the Netherlands**Track:** Refugee or war & conflict related traumatic stress**Background:** Commemorations are often organized in the aftermath of war or large-scale violence. Research reveals that commemorations can kindle difficult emotions such as sadness, anxiety and anger, and bring distressing memories to the fore. Concurrently, experiencing social and societal support and meaning-making may buffer the emotional distress and contribute to a beneficial impact (Mitima-Verloop et al., 2020, under review). Studying specific populations may further unravel how commemoration can be beneficial, to whom and in which situation.**Objective:** The present study explores the impact of the Dutch National Commemoration on migrants, affected by war and resettled in the Netherlands, in dealing with their past. We studied their reflections on the commemoration and its emotional impact in relation to their own war experiences.**Method:** In-depth interviews and semi-structured interviews were conducted with 25 war affected migrants from eight different countries (including countries in Europe, Asia, Africa and South-America).**Results:** Qualitative analyses revealed multiple and mixed emotions participants experienced during the National Commemoration, including sadness as well as longing and gratitude. Memories about own war experiences and losses often came up, of which the impact varied from distress to relief. The context of war in participants countries of origin, such as ongoing conflict or a contested history, often hindered commemoration. Through the Dutch commemoration, most participants experienced connection, belonging and openness for (emotional) expression which contributed to dealing with their past experiences.**Conclusions:** Insights from this study may guide counsellors working with war affected migrants and help societies practice more appealing commemorations.

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## Pain flashbacks: Exploring the role of intrusive pain symptoms for post-traumatic chronic pain

Noga Tsur<sup>1</sup><sup>1</sup>Tel Aviv University, Tel Aviv, Israel**Track:** Public Health, Biological &/or Medical**Background:** Findings reveal the high comorbidity of complex/post-traumatic stress disorder (C/PTSD) and chronic pain following exposure to trauma. In exposure to child abuse (CA) in particular, findings imply that CA survivors are at greater risk of developing chronic pain. However, the underlying mechanisms of these processes are not fully understood.**Objective:** This study investigates a new mechanism pertaining to the potential role of intrusive pain flashbacks for explaining the association between CA, C/PTSD, and chronic pain following interpersonal trauma.**Methods:** A community sample of 430 women (Sample A), and a sample of 164 women who were exposed to CA (Sample B) completed questionnaires assessing pain flashbacks, CA, C/PTSD symptoms, the experience of pain during the trauma, and chronic pain.**Results:** The findings showed that 8.9% of Sample A ( $N = 36$ ), and 23.1% of Sample B ( $N=37$ ) reported experiencing pain flashbacks. In both samples, participants who experienced pain flashbacks reported more severe CA ( $p=.052$ ) and C/PTSD ( $p<.001$ ), compared to participants who experienced flashbacks without pain and those who did not experience pain flashbacks. Participants who experienced pain flashbacks reported more pain during CA ( $p<.001$ ). Finally, in Sample B, pain flashbacks were correlated with a higher risk of suffering from chronic pain ( $p=.002$ ).**Conclusions:** Pain flashbacks are associated with more rampant CA and are linked to greater psychopathology. The findings call for further investigations of the role of pain flashbacks within the link between trauma, C/PTSD and later chronic pain.

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## Group-based positive psychotherapy in psychological resilience of Only-Child-Lost parents: A randomized controlled trial

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**Track:** Intervention Research & Clinical Studies

**Background:** Losing an only child is a trauma for parents, especially for Chinese parents. Resilient Only-Child-Lost (OCL) parents reported a low level of depression and a high level of well-being. Building resilience could be a probable solution to address their psychological dilemmas.

**Objective:** We aimed to test if group-based 6-week positive psychotherapy (PPT) can improve psychological resilience, reduce depression, promote well-being, and improve sleep quality in OCL parents.

**Method:** A randomized controlled trial was conducted with 71 OCL parents, including 34 in the intervention group and 37 in the control group. The control group received the routine service provided by the local NGO and the intervention group received the routine service and additional 6-week group-based PPT. The primary outcome was psychological resilience, and secondary outcomes were depression, well-being and sleep quality at post-intervention and 3-month post-intervention. Linear mixed effects models with a baseline adjustment were conducted to test the effect of PPT. The intention to treat was applied and the Multiple Imputation with a logit model in 50 imputations was used to replace the missing values.

**Results:** The majority of participants was women (73%) and the average age was 59 years old. The PPT significantly improved psychological resilience, reduced depression, and promoted well-being compared with the treat-as-usual but there was no significant difference in sleep quality in the two groups.

**Conclusions:** The group-based PPT can improve psychological resilience, reduce depression and promote well-being, while further research is needed to improve sleep quality in OCL Chinese parents.

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## Stepping Together for Children after Trauma, children's views on a parent-led, therapist-assisted trauma treatment

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**Track:** Child & Adolescent Trauma

**Background:** Stepping Together for Children after Trauma (ST-CT) (Salloum et al., 2014) is a parent-led trauma treatment mainly based at home, where the parent leads the child in practicing therapeutic tasks in a workbook, guided by a therapist. ST-CT shows promise as an equally effective and more cost-efficient therapy compared to standard TF-CBT for children aged 7-12, but there is lack of knowledge of child experiences of change processes concerning trauma symptoms and daily functioning in the context of the parent-led treatment.

**Objective:** To explore children's views on ST-CT, hereunder change and change processes, and children's experiences of working closely with their parent throughout the treatment process.

**Method:** 25 children were interviewed using semi-structured interviews, and thematic analysis applied.

**Results:** Most of the children described changes in symptoms and daily functioning. Two categories concerning change process emerged from the interviews; Doing something about it and Talking about it and being understood. The parent-child relationship was understood as a twofold theme; a context where the changes in trauma symptoms and daily functioning occurred, and an outcome of the treatment where the parent-child relationship underwent a positive change.

**Conclusions:** Results show that ST-CT is well accepted by the children and that the parent-led treatment helped improve the parent-child relationship.

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## Development of a new measure of peritraumatic reactions in victims of sexual assault

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**Track:** Assessment & Diagnosis

**Background:** Peritraumatic reactions, defined as a person's acute cognitive, physiological and emotional response to a potentially traumatic event, are found to predict later development of posttraumatic stress disorder (Lawyer et al., 2006). Various instruments have been developed and applied in assessment of peritraumatic reactions following trauma (e.g., Dyb et al., 2014), however, none comprehensive enough to include all possible reaction dimensions. The main aim of the present study was thus to develop a new self-report instrument that measures all previously reported aspects of peritraumatic reactions reported during sexual assault in one instrument.

**Method:** The scale was developed through a literature search and consensus meetings with expert clinicians and researchers in psychotraumatology. Cognitive interviewing was undertaken to evaluate the reliability of the instrument (Drennan, 2003). Three individuals were recruited from a resource center for victims of sexual trauma and participated in a concurrent think-aloud procedure led by two psychologists. All interviews were taped and transcribed, and the instrument were edited through consensus meetings with all authors.

**Results:** The final instrument consists of 23 statements that are assessed using a five-point Likert scale, and inquire about the following dimensions: physiological reactions, altered states of consciousness, communication- and behavioral strategies, and associated cognitions. The instrument is currently part of an ongoing multi-center study recruiting patients from sexual assault care centers across Norway (TRUST-study). Preliminary results concerning reliability will be presented.

**Conclusion:** We will conclude with discussion of the instrument's validity and reliability in measuring peritraumatic reactions after sexual assault.

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## "My child could have died": Counterfactual thinking and mental health in caregivers of young terrorism survivors

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**Track:** Assessment & Diagnosis

**Background:** After traumatic experiences, counterfactual thinking (CFT), that is thoughts about "what could have happened", can arise (Teigen & Jensen, 2011). Such thoughts may be disturbing, and have negative impact on mental health for those exposed to trauma (Blix et al., 2016). Caregivers of trauma survivors may also be preoccupied with thoughts about what could have happened to their loved ones. However, no study has investigated CFT and the association with mental health, in this group.

**Objective:** The main aim of the present study is to investigate the relationship between frequency and vividness of CFT and mental health in caregivers of trauma survivors.

**Method:** The participants ( $N=310,191$  females) were caregivers of the youths targeted in the terrorist attack at the at Utøya-Island in 2011. Frequency and vividness of CFT, posttraumatic stress symptoms (PTSS), anxiety and depression were measured after 8,5-9 years.

**Results:** The results showed that frequency of CFT and higher levels of vividness of CFT were independently associated with higher levels of PTSS, anxiety and depression.

**Conclusion:** Even eight years after their child was targeted in the terrorist attack, caregivers reported to have vivid thoughts about what could have happened. Although, there is a need for research that addresses the temporal relationship between CFT and mental health, these findings may have important clinical implications. Counterfactual thinking should be assessed for frequency and vividness and addressed in therapy.

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## A cross sectional study to identify traumatic stress, medical phobia and non-adherence to medical care among very young pediatric patients

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**Track:** Child & Adolescent Trauma

**Background:** After a traumatic medical event, such as surgery or hospitalization, a child may develop a phobia of medical care, sometimes preventing future medical adherence and impairing recovery.

**Objective:** The purpose of this study is to examine the correlation of Pediatric Medical Traumatic Stress (PMTS) on the development of Medical Phobia (MP) and subsequent treatment adherence.

**Method:** We enrolled 152 parents of children aged 1–6 hospitalized in a surgical ward. During hospitalization, parents completed questionnaires that identified post-traumatic stress symptoms. Four months post hospitalization, parents completed questionnaires on post-traumatic stress, medical phobia, psychosocial variables, and medical adherence.

**Results:** We found a positive correlation between PMTS and MP and low adherence to medical treatment. In addition, MP mediated the relationship between PMTS severity and adherence, indicating that PMTS severity is associated with stronger medical phobia, and lower pediatric adherence to medical treatment.

**Conclusions:** Our findings suggest that medical phobia serves as an essential component of PMTS. It is important to add medical phobia to medical stress syndrome definition. In addition, as MP and PMTS are involved in the rehabilitation and recovery process and subsequent success, it is an important aspect of treatment adherence.

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## Are we prepared for another crisis? Results of qualitative analyses of long-term effects of the COVID-19 pandemic in Poland

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**Track:** Pandemic related Traumatic Stress

The COVID-19 pandemic has exposed Poles to all kinds of possible stressors, ranging from traumatic experiences of loss of life or health to those requiring significant as well as minor life changes. It was also an opportunity to uncover how Poles support each other in times of crisis. We conducted 4 qualitative studies using semi-structured interviews lasting 30 minutes each: Q1 (April 2021), Q2 (October 2021), Q3 (June 2022), and (Q4 December 2022). Each time the study group consisted of 30 randomly selected adult Poles. In the interviews, we asked about the biggest stressors of the pandemic, how people provided social support, and what support they perceived and received. In the final study (Q 4) we also asked participants about their vision of future and strategies they might employ in dealing with possible crises to come. This research was conducted as part of a larger quantitative project of long-term effects of the COVID-19 pandemic on psychosocial functioning. The narratives were analysed for their categories, themes, and meanings using the reflective thematic analysis method by Braun and Clarke (2022) with the program MAXQDA. The results of the reflective thematic analyses showed how main life stressors changed during the pandemic, how Poles helped each other, what types of perceived and received support they exchanged, and what coping strategies they anticipate to use when faced with future challenges. During the presentation, we will discuss whether these strategies could prove effective based on the knowledge offered by current stress and coping research.

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## Adaptation and validation study of the Indonesian version of the Global Psychotrauma Screen

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**Track:** Assessment & Diagnosis

**Background:** Valid and reliable screening instruments for the broad range of trauma-related disorders are missing in Indonesia. Consequently, trauma-related disorders are frequently untreated or misdiagnosed in mental health centers.

**Objectives:** This study sought to adapt and validate the Global Psychotrauma Screen, a brief novel transdiagnostic screening in the Indonesian language and culture.

**Methods:** Indonesian undergraduate students ( $N=322$ ) were recruited and completed an online survey. We performed exploratory factor analysis, reliability analysis, clinical validity analysis, and correlational analysis to measure the construct validity, reliability, clinical validity, and convergent-divergent validity of the Indonesian GPS.

**Results:** We found a single-factor solution indicating unitary transdiagnostic post-traumatic outcomes. The internal consistency, test-retest correlation, and absolute agreement indicated good reliability of the Indonesian GPS. Additionally, clinical validity analysis showed an acceptable area under the curve, sensitivity, and specificity for a probable diagnosis of Post-Traumatic Stress Disorder (PTSD), Complex-PTSD (CPTSD), depression, and generalized anxiety disorder (GAD), but not for Insomnia.

**Conclusion:** The Indonesian GPS proved to be a valid and reliable transdiagnostic screener for trauma-related disorders in Indonesian undergraduate students and might improve trauma assessment and clinical recommendation in public mental health services, such as universities and schools located in diverse urban and rural areas in Indonesia.

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## The French version of the Global Psychotrauma Screen (vF-GPS): Psychometric properties and recommendations

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**Track:** Assessment & Diagnosis

**Background:** Psychotrauma is considered a global public health concern as exposure to potentially traumatic events in the global population is the norm rather than the exception (e.g. Kessler et al., 2017). In France, in recent years the general population has been confronted with multiple events of great magnitude. The consequences go beyond post-traumatic stress disorder (PTSD) alone. Yet no self-report scale measuring posttraumatic consequences in a transdiagnostic manner, nor including risk/protective factors, was available until the Global Psychotrauma Screen (GPS) was developed (Olf et al. & GC-TS, 2020).

**Objective:** To evaluate the psychometric properties of the French version of the GPS (vF-GPS Montfort & El-Hage, 2020; Belquaid, 2021) and to identify probable cases of PTSD in the general French population.

**Methods:** A criterion-standard study was conducted online with a French community sample. A total of 311 adults respondents participated in the first phase of the study (test), 163 responded in the re-test. To assess the psychometric properties of the tool (i.e. reliability, as well as construct, convergent, divergent and clinical validity), vF-GPS and reliable and validated French measures were administered.

**Results:** The French version of the GPS had good psychometric properties. A cut-off point was also determined that maximizes sensitivity and specificity for a probable PTSD diagnosis.

**Conclusion:** The French version of the GPS is a valid and efficient self-report tool for screening for the potential acute and long-term consequences of psychological trauma. An upcoming cross-cultural validation study is considered in a representative sample of the French population.

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## Where are we now? Lessons from 10 years of building frontliners' resilience in an emergency rescue organisation

Khairiyah Kass<sup>1</sup><sup>1</sup>Singapore Civil Defence Force, Singapore**Track:** Military & Emergency Services & their families

The Singapore Civil Defence Force (SCDF) is a uniformed organisation with the mandate to provide firefighting, rescue and emergency medical services in Singapore. In response to the organisational's needs to manage the wellbeing of its personnel, the Emergency Behavioural Sciences & CARE (EBSC) Unit was established as an in-house psychological unit in 2013 to support the mental health and well-being of the personnel given their high job demands. Identifying the importance of effective implementation of psychological trauma management programmes with the aim to strengthen work performance and psychosocial functioning among staff (Terblance & Van Wyk, 2014), the unit developed a comprehensive mental health programme model that applies psychological and behavioural principles. The programme model has since guided the development and implementation of several key programmes such peer support scheme, resilience trainings, and critical incident stress management framework. This presentation therefore aims to highlight key take-aways through SCDF's experiences and programme review findings from 10 years of the unit establishment in building a more trauma-informed organisation to enhance the resilience building for emergency rescuers. Limitations of the mental health programme model and future directions will also be discussed.

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## Comparison of the effectiveness of CBT and EMDR in treatment of post-traumatic stress disorder in children and adolescents by meta-analysis

Candan Ertubey<sup>1</sup><sup>1</sup>University of East London, London, UK**Track:** Child & Adolescent Trauma

The purpose of this systematic review (Meta Analysis) is to examine research which has compared CBT and EMDR in children and adolescents using Randomised Control Trials (RCT). It will be a relatively limited comparison because the literature in this topic is small. There are only a few studies which meet all the criteria. Where relevant, a comparison will also be made with other treatments methods that are reported in systematic reviews on a treatment of PTSD in children and adolescents (Morina, Koerssen, Pollett, 2016). Research in this area has been identified as having shortcoming by the NICE guidelines for PTSD (2014). The method of this research is systematic review utilising meta-analysis with RCT. Review utilised PsycLit using keywords related PTSD treatment effectiveness. After several iteration by utilisation of inclusion (comparison of CBT or TF-CBT with EMDR using RCT and population age between 4-18 yrs old) and exclusion (retrospective treatment of childhood trauma and studies that did not used RCT) criteria. Total of 6 articles published between 2000-2017 are reviewed.

Results indicates that both CBT/TF-CBT and EMDR effective on reduction of PTSD symptoms. In average effect sizes were ranged from 1.00 to 1.23 for EMDR and 1.06 to 1.4 for CBT/TF-CBT. In conclusion, findings indicates that both methods are effective treatments for children (Cusack et al., 2016). It is noticeable that NICE (2018) concluded after investigating other form of therapies CBT/TF-CBT are to be the recommended therapy only. In persistent cases EMDR can be used. Research is ongoing.

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## Risk factors and recovery mechanisms that affect the mental health of whistleblowers over time

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**Track:** Public Health, Biological &/or Medical

Whistleblowing is defined as the act of informing a person or organization that a member of an organization (existing or incumbent) may influence illegal, immoral, or illegitimate behavior performed within the organization (Near & Micelli, 1985). In other words, it can be defined as a public interest act in which a member who witnessed an act of corruption caused by an organization member informs the management manager, the relevant agency, or the outside to prevent and correct the spread of corruption (Park, 1999). First, this study attempted to clarify the structure between related variables using Grounded theory research methodology to find out what psychological changes the whistleblower experiences in the context surrounding him/her after whistleblowing. Twenty-four whistleblowers who have filed whistleblowing in Korea were interviewed about their lives after the whistleblowing. First, data were categorized through open coding, and 177 concepts, 52 subcategories, and 21 categories were derived so far. Second, in particular, this study attempted to find out the risk factors that affect the mental health of whistleblowers over time and the mechanisms that help them recover despite the presence of risk factors. To this end, it is examined how the participants who revealed that psychological pain was alleviated from before among the whistleblowers differed from other participants.

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## Screening children at risk for pediatric medical traumatic stress: A way to promote preventative measures

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**Track:** Child & Adolescent Trauma

**Background:** Surgery and surgical hospitalization are significant stressors for toddlers and preschool children. Some of these children may develop Pediatric Medical Traumatic Stress (PMTS), affecting physical recovery and long-term functioning. There is currently insufficient awareness among parents and hospital staff regarding PMTS. Thus, preventive measures are not implemented. Furthermore, many children who eventually develop PMTS remain undiagnosed and untreated.

**Objective:** To develop a screening tool aimed to identify, at the time of the hospitalization, children at risk for developing PMTS.

**Method:** In a previous study (Ben-Ari et al, 2020) we identified the main risk factors for PMTS. We then developed the PMTS Screening Questionnaire (PMTSSQ), based on these risk factors. The current study recruited parents of 252 children between the ages of 1-6 who were admitted to a pediatric surgery department and were found to be a representative sample of all children in this age range who were hospitalized during the same year. During the hospitalization, one of the child's parents completed the PMTSSQ. Three months after discharge, the same parent completes two standard assessments of post-traumatic symptoms (Young Child PTSD Checklist and the UCLA-PTSD Reaction Index).

**Results:** Preliminary data shows that the PMTSSQ correctly identifies (sensitivity) most of children who developed PMTS three months after the medical event, with good specificity.

**Conclusion:** PMTSSQ may be a reliable and valid self-report screening instrument that could enable the staff to detect children who are at risk for developing PMTS and refer them to preventative psychological intervention.



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## Vividness and frequency of counterfactual thinking –the role of exposure and peri-trauma reactions, and associations with posttraumatic stress symptoms

Andrea Undset<sup>1,2</sup>, Grete Dyb<sup>1,4</sup>, Tine Jensen<sup>1,2</sup> and Ines Blix<sup>1,3</sup>

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**Track:** Assessment & Diagnosis

**Background:** After traumatic experiences, many survivors are preoccupied with imagined alternative scenarios of the event(s) and thoughts about how the outcome could have been different. A line of research have linked counterfactual thinking (CFT) to worse outcomes for mental health (Hoppen et al., 2020), but only a few studies in this field have been conducted with trauma exposed populations, and no previous studies have investigated predictors of CFT after trauma.

**Objectives:** The objectives of this longitudinal study were twofold; 1) to examine whether level of exposure during the traumatic episode and peri-traumatic reactions (fear, helplessness, horror, confusion, and peri-traumatic dissociation) are predicting vividness and frequency of CFT. 2) To replicate Blix et al. (2018) finding that vividness and frequency of CFT are significantly associated with symptoms of posttraumatic stress disorder (PTSD).

**Methods:** The participants were 289 survivors after the terror attack at Utøya, Norway, in 2011. They were between the ages 21- 65, with a mean age of 27 (SD = 4.6), and 51.2 % were females. Peri-trauma reactions and exposure were measured 4-5 months post trauma, while vividness and frequency of CFT, and symptoms of PTSD were measured 8,5-9 years after trauma.

**Results:** Preliminary results suggest that both vividness and frequency of CFT are significantly associated with higher levels of PTSD symptoms.

**Conclusions:** Targeting CFT may have important implications for treatment and prevention strategies for traumatized individuals.

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## Trauma treatment for children with PTSS after severe bullying

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**Track:** Intervention Research & Clinical Studies

**Background:** Studies indicate that severe bullying is strongly related to PTSD, although few longitudinal or treatment studies are available (Idsoe et al., 2021).

**Objective:** To contribute knowledge of the role of trauma treatment in reducing PTSS caused by severe bullying.

**Methods:** The Norwegian pilot of the parent-led, therapist-assisted Stepping Together for Children after Trauma (ST-CT) included children (7-12 years) exposed to a variety of traumas. We compared outcomes of ST-CT related to PTSS (CATS-2) and school-related quality of life (QoL; KIDSCREEN) for two groups: children exposed to severe bullying ( $n=14$ ) or non-bullying trauma ( $n=68$ ; typically related to violence (60%), frightening medical procedures, accidents or the death of someone close).

**Results:** The treatment drop-out rate was lower in the bullying group compared to the non-bullying group (14% versus 24%). Reductions in PTSS were significant for both groups ( $p<.001$ ) and level of PTSS was comparable at both baseline (30.0 versus 28.8,  $p=.58$ ) and post-treatment (8.4 versus 8.0,  $p=.85$ ). Baseline school-related QoL (40 in both groups) was low compared to matching population norms (~54), with a non-significant increase post-treatment (bullying: 46, non-bullying: 50).

**Conclusions:** Children exposed to severe bullying had similar levels of PTSS compared to other trauma. ST-CT treatment for bullying had a low drop-out rate and was efficient in reducing PTSS. Results related to school-related quality of life were inconclusive. Results should be confirmed with a larger sample, and need for interventions for school environment should be explored. Idsoe et al (2021), Bullying victimization and trauma. *Frontiers in Psychiatry*.

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## Post-traumatic growth and post-traumatic stress symptoms in health care workers after the COVID-19 pandemic

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**Track:** Pandemic related Traumatic Stress

**Background:** Because of the danger, extraordinary nature, and significant impact of the pandemic COVID-19, it can be considered a traumatic event. Health care workers (HCWs) caring for COVID-19 patients are at risk of developing post-traumatic stress symptoms (PTSD). HCWs could also develop post-traumatic growth (PTG) either as an alternative to developing PTSD symptoms or in association with them.

**Objective:** This study investigated the effects of psychological distress caused by having worked with COVID-19 patients, with an in-depth analysis of the qualitative dimensions related to post-traumatic effects, intended both as symptoms and as a PTG, in the long term.

**Method:** HCWs were administered two self-reported questionnaires (Impact of Event Scale Revised and Post-traumatic Growth Inventory) and open-ended questions oriented toward understanding the positive and negative emotional experiences of caring for COVID-19 patients in the hospital.

**Results:** Overall, 40 % of HCWs developed PTSD symptoms and 50% showed PTG in the "appreciation of life" and "new possibilities" dimensions. With regard to the open-ended questions, several themes were identified: quality of workplace relationships, sense of emotional-relational competence, and sense of technical competence. A block experience related to the difficulty of acquisition, regression, and loss of HCWs' skills was also reported.

**Conclusion:** The mental health of HCWs who are involved in the front line of COVID-19 was impacted by this experience, showing high levels of PTSD more than 1 year after the emergency began. The qualitative analysis of staff experiences is a useful guide for psychological support currently applied in the hospital.

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## Can we improve parenting by providing trauma-focused psychotherapy? Preliminary evidence from a pioneer naturalistic longitudinal clinical trial

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**Track:** Intervention Research & Clinical Studies

**Background:** Post-Traumatic Stress Disorder (PTSD) is well known for its influence on parenting. The symptoms have been found as influencing parenting even more than the trauma itself. Among child protection service, the prevalence of parental PTSD is much higher comparing the general population. However, there is no study that examined the possibility of improvement in parenting following trauma-focused therapy aimed at reducing PTSD symptoms.

**Objective:** A pioneer pilot of an intervention project at welfare agencies has been applied. Social workers who intervene with welfare families received trauma-focused psychotherapy training (i.e., SEE FAR CBT), and applied the therapy to parents with difficulties in parenting. An evaluation study conducted to estimate improvements in parenting indices following SEE FAR CBT treatment.

**Method:** A naturalistic longitudinal quantitative design measured PTSD symptoms and parenting, before (Time 1), after treatment (Time 2) and at a six-month follow-up (Time 3), using questionnaires: PDS-5, PSI, CTSPC. All 34 project participants, PTSD sufferers, mothers of children aged 3-12 in northern Israel, received SEE FAR CBT treatment and were invited to take part in the study.

**Results:** This is an ongoing project. Preliminary evidence was gathered from 17 participants at Time 1 and 10 at Time 2 (between Aug 2021 to July 2022). Results within subjects indicate significant decrease of both PTSD symptoms and parenting stress after treatment with high effect levels, and strong significant correlations between these variables decreases.

**Conclusions:** There are preliminary evidences for parenting improvement following reduction in post-traumatic symptoms after trauma-focused therapy, among mothers with PTSD.

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## Loss of participants in the implementation of evidence-based treatment for PTSD: Reasons for attrition and predictors of drop-out

Harald Baekkelund<sup>1</sup>, Nadina Peters<sup>1</sup>, Aurora Norebø Omre<sup>1</sup> and Karina Egeland<sup>1</sup><sup>1</sup>Norwegian Center For Traumatic Stress Research, Oslo, Norge**Track:** Intervention Research & Clinical Studies

**Background:** Use of evidence-based treatments (EBT) for PTSD in routine clinical service is associated with good treatment outcomes<sup>1</sup>. However, in implementation studies, a large proportion of outcome-data from recruited patients is often lost<sup>1,2</sup>. There are many causes for this attrition, such as drop-out from treatment, discontinuation of EBT-use by therapist, lack of motivation to report data, or organizational issues at the clinic.

**Objective:** We aim to determine causes of attrition and investigate factors associated with patients dropping out of treatment.

**Method:** We collected data about causes for attrition for all patients recruited in a national implementation of EBTs for PTSD in Norwegian clinical services for adults<sup>3</sup>. These data are analyzed together with clinical data collected from patients, such as trauma-history, symptom levels, treatment-trajectories, and therapeutic alliance.

**Results:** Frequencies of different attrition-causes are presented, as well as variables associated with drop-out.

**Conclusion:** To assure safety and effectiveness of EBTs implemented in clinical services, it is important to assess the causes of attrition.

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## War trauma and identification with the terrorist groups. A study among incarcerated ISIS members in Iraq

Rezhna Mohammed<sup>1</sup> and Frank Neuner<sup>1</sup><sup>1</sup>Bielefeld University, Bielefeld, Germany**Track:** Intervention Research & Clinical Studies

**Background:** Countries torn by war and conflict struggle with the reintegration of the ex-combatants. This struggle is heightened by the continuous identification of the ex-combatants with the armed groups to which they were members long after the fight is over. As (Hogg, 2007) put forward, identifying with groups high in entitativity can reduce uncertainty. In the current study, we believe that identification with a terrorist group can provide a stable social identity in an uncertain environment. We hypothesize that the traumatic events experienced by the sample can lead to further identification with the terrorist group.

**Methods:** We conducted clinical interviews with a sample of  $N = 114$  adolescents and adults who were incarcerated for terrorism in the prisons of the Kurdistan Region of Iraq (KRI) to assess levels and types of trauma exposure, PTSD, depression, readiness to reintegrate and ongoing identification with ISIS.

**Results:** We found high levels of PTSD and depression that were associated with trauma exposure. The identification with the armed group was predicted by experiences of trauma and not any other factor we studied.

**Conclusion:** The study indicates that the trauma experienced by ex-combatants can have an impact on their beliefs and should be considered in efforts to reintegrate former terrorists.

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## Exploring psychological growth in adult offspring following perceived parental rejection in childhood

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**Track:** Child & Adolescent Trauma

Much of the research around the experience of perceived parental rejection (PPR) in childhood focuses on the predicted outcomes and negative impact on the adult throughout the lifespan. This study is mindful of the body of PPR research and offers originality in focusing on the literature pertaining to the enabling factors that facilitate psychological growth, in a small-scale phenomenological study. The research question was, 'What are the enabling factors which lead to psychological growth in adult offspring who have experienced perceived parental rejection in childhood?' Nine research participants were interviewed using semi-structured interviews. Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2022) was used to elicit the depth and richness of the experience of both phenomena. Participants were encouraged to describe their childhood experiences with parental figures and the impact this had, before relating their experience of psychological growth. The process of IPA yielded four Group Experiential Themes (GETs): Experience of Rejection; Concept of Self; Conditions of Change and Experience of Psychological Growth. The Findings suggest that the inner resource of grit is instrumental to psychological growth and that the condition of safety in the social environment supports the development of greater resilience. The Findings relate directly to counselling and psychotherapy practice in that they enable greater understanding of the phenomenon of psychological growth following PPR, and the therapeutic conditions that may mitigate for the acute and chronic consequences predicted in the existent literature.

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## A cross-sectional comparison of the well-being, social connection, and sense of belonging of refugee and non-refugee youth

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**Track:** Refugee or war & conflict related traumatic stress

**Background:** Much of the research on refugee youth focuses on the trauma and stress of their experiences and related psychopathological difficulties (Bronstein & Montgomery, 2011). The concern with such a deficit approach is that refugee youth resilience and the factors which support this strength may be missed (Pieloch, McCullough & Marks, 2016).

**Objective(s):** Emerging from the view that well-being is more than the absence of distress (Ruina et al., 2003), this study evaluates differences in key indicators of well-being, social connection, and sense of belonging among refugee and non-refugee youth across 46 educational settings in 6 European countries – and associated socio-demographic factors.

**Method:** Data are being collected from refugee and migrant youth across schools, institutional care facilities, asylum centres, and community organisations across Europe as part of the REFUGE-ED project (approximate  $n = 46$  pilot sites). Youth respondents have been asked to complete a battery of questionnaires (online or in paper form dependent on pilot site needs); a brief socio-demographic questionnaire, the WHO-5, the multi-dimensional scale of perceived social support, and an adapted form of the psychological sense of school membership scale.

**Results:** Results will compare psycho-social functioning between these groups, while controlling for relevant socio-demographic information.

**Conclusion:** The identification of similarities and differences in key outcomes related to refugee integration and child development can help guide researchers, policy makers, in implementors in being selective in their interventions with refugee and non-refugee youth.

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## Spotlight on posttraumatic symptomology in chronic illness – the case of multiple sclerosis

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**Objectives:** Multiple sclerosis (MS) is a chronic autoimmune disease of the central nervous system. The progress of the disease is unpredictable, the etiology is unclear, and it can lead to life-threatening conditions in affected individuals. The main goal is to investigate posttraumatic symptomology among People with Multiple Sclerosis (PwMS).

**Methods:** This study included PwMS ( $N=105$ ) and a healthy matched group ( $n=134$ ). In both groups, we assessed life events, posttraumatic stress symptomology (PTSS), and depression, and among PwMS also disease severity assessed by neurological examination, and illness duration. Multivariate analyses were conducted to compare the severity of PTSD total scores and four subscales as well as depression between the groups of MS and controls

**Results:** PwMS reported higher scores of intrusion, avoidance, negative cognitions and hyperarousal, compared to control participants. Moreover, PwMS reported higher levels of depression compared to controls. Finally, 8% met the criteria for PTSD probable diagnosis, and 23% met the criteria for depression probable diagnosis.

**Conclusions:** Our results showed that PwMS suffered from higher levels of psychopathology compare to healthy subjects, in attention to PTSS and depression. We shed light on the unique dynamic of posttraumatic symptomology, which highlights the importance of viewing PwMS at a high-risk, and take it under consideration in the assessment and psychotherapy.

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## Betrayal trauma: Trauma-informed approaches for treatment of relationships in conflict

Zahra Nafar<sup>1</sup><sup>1</sup>YourTherapist Psychotherapy and Counselling, Ottawa, Canada**Track:** Assessment & Diagnosis

**Background:** Traditional couples therapy methods oftentimes do not include trauma-focused modalities. Furthermore, the focus is often on resolving the acute marital problems and helping them move forward with the relationship, with little to no attention to the couples' history of trauma and also the trauma of the events in the relationship.

**Objective:** This article presents common responses to extramarital involvements (EMI) in betrayed spouses that present post-traumatic stress disorder symptoms, both in the betrayed and betraying partner. We will present clinical treatment structures for treating each individual and the couple within the structure of couples therapy for healing after the betrayal of infidelity which parallel the individualistic PTSD modalities, focusing on both partners. Our approach includes considerations of the stages of traumatization, healing and recovery of Post-traumatic stress disorder (PTSD) and trauma. The issues of previous history of trauma, including Adverse Childhood Experiences (ACE) and cultural factors, will be discussed.

**Method:** The article will discuss 10 couples as case scenarios, our approach and the impact of couples therapy 6 months post-treatment. Psychotherapeutic modalities used included Cognitive Behavioural Therapy (CBT), Internal Family Systems (IFS) and Gottman couples therapy.

**Results:** 40% of the participating couples felt more trust in one another following the treatment and 50% stated that they had more hope in remaining in the relationship without future incidents of infidelity.

**Conclusion:** A trauma-informed couples therapy can effectively address couples' trauma history as well as the PTSD symptoms due to relationship-induced trauma such as infidelity.

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## Impact of the COVID-19 pandemic on racialized communities in Ontario, Canada

Zahra Nafar<sup>1</sup><sup>1</sup>YourTherapist Psychotherapy and Counselling, Ottawa, Canada**Track:** Pandemic related Traumatic Stress

**Background:** The COVID-19 pandemic has had impacted mental health, social relations and economic health of racialized individuals greatly (Guttmann et al., 2020; Price-Haywood et al., 2020). In Canada, historical racism and discrimination (Henry et al, 2021), lack of culturally appropriate mental health resources and pandemic-induced social isolation had a proportionally severe impact on racialized individuals.

**Objective:** This talk will address the historical roots of disproportionate impact of the COVID-19 pandemic on racialized individuals' and characterize how these individuals have been impacted in various aspects of their lives including mental health, socially and economically.

**Method:** Culturally informed individual therapy, use of native language, social connections and compassion-based psychotherapy, and excellent therapeutic alliance were used.

**Results:** Racialized individuals who participated in individual and group psychotherapy sessions in which culturally informed individual therapy, use of native language, social connections and compassion-based psychotherapy were used, reported better mental health and less desire for self-harming and substance abuse behaviour.

**Conclusions:** Culturally informed psychotherapy for racialized individuals, using their mother tongue, and providing safe and socially connected therapeutic environments could help racialized individuals who were impacted by the pandemic.

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## Validation of the Odense Child Trauma Screening in a Lithuanian risk and community samples of young children: Preliminary findings

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**Background.** Traumatic experiences in childhood are common; thus, early identification and evaluation of the psychological outcomes of these experiences are essential. There is a great lack of studies exploring the posttraumatic stress reactions of young children.

**Objective:** The objective of the study was to test the validity of the Odense Child Trauma Screening.

**Methods:** The total sample consisted of 48 (59.3%) children from the community and 33 children from the risk groups. The mean age of the participants was 6.23 (SD=1.50; range 3-9); 65.4% ( $n=53$ ) of the total sample were girls. The Child and Adolescent Trauma Screen (CATS), Odense Child Trauma Screening (OCTS), and Strengths and Difficulties Questionnaire (SDQ) were used. This project received funding from the Research Council of Lithuania (LMTLT), agreement No S-MIP-22-22.

**Results:** Children from the risk group, on average, experienced more different potentially traumatic events as compared to the community sample ( $M=2.79$  (SD=2.00),  $M=1.20$  (SD=1.19);  $t=4.09$ ,  $p<.001$ ). The total OCTS score was significantly higher ( $t=2.01$ ,  $p=.049$ ) in the risk ( $M=3.26$ ,  $SD=2.68$ ) than in the community sample ( $M=2.16$ ,  $SD=1.95$ ). Mental health difficulties, as measured by the SDQ, were associated with the total OCTS score ( $r=.25$ ,  $p=.025$ ). For girls, the total OCTS score was significantly associated with hyperactivity ( $r=.29$ ,  $p=.037$ ) and conduct problems ( $r=.34$ ,  $p=.013$ ). For boys, the total OCTS score was significantly positively associated with hyperactivity ( $r=.41$ ,  $p=.028$ ) and negatively with prosocial behavior ( $r=-.39$ ,  $p=.043$ ).

**Conclusions:** The study findings show promising results on the validity of the OCTS. Further implementation of OCTS in Lithuania will be presented.