



2. SYMPOSIA

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Mouthaan Joanne, Academic Medical Center, Center for Anxiety Disorders; Lewis, Catrin, Cardiff University; Kassam-Adams, Nancy, Children's Hospital of Philadelphia; Ruzek, Josef I., National Center for PTSD, VA Palo Alto Health Care System; Herbert, Christophe, Douglas Mental Health University Institute

Targeting Traumatic Stress Via the Internet: What's Next?

In the last few years, increasingly more web-based interventions have been designed that target traumatic stress in all its aspects, from preventing the onset of acute stress to treating chronic PTSD. In previous conferences, several studies presented their results on the effectiveness of the programs. This symposium deals with the next phase after the initial piloting and testing. When found effective in preventing or treating PTSD, is the program also economically competitive with usual care? What is needed to launch a 100% trauma-related, academic E-course? What is the best way to disseminate a trauma-focused website to its prospective users, and how can social, digital and traditional media best be used? This symposium will provide the audience with an understanding of factors encountered in the dissemination, economic evaluation, and organisational maintenance of web-based applications for traumatic stress.

Mouthaan Joanne, Academic Medical Center, Center for Anxiety Disorders; Sijbrandij, Marit, Utrecht University; Olf, Miranda, Academic Medical Center, Center for Anxiety Disorders

Quality of Life and Cost-Effectiveness of a Brief Web-Based Early Intervention to Prevent PTSD in Traumatic Injury Patients

To study the effectiveness of a brief web-based early intervention in preventing PTSD, we conducted a randomized clinical trial (RCT) in 300 patients of two level 1 trauma centers in Amsterdam, the Netherlands. The programme, based on cognitive behavioural techniques, is an internet-based program containing interactive elements and visual and auditory materials. The early intervention aimed to reduce acute psychological distress and long-term symptoms of PTSD in trauma victims. Participants received the intervention within the first month after trauma. After studying the basic clinical effects of the intervention, our goal was to assess whether an early intervention delivered via the internet could also form a challenge to the costs and quality of life outcomes of usual care. Especially in the current economic climate, it is important to spend funding and other limited resources in an evidence-based manner. Research has long shown that the internet can form a clinically as well as a cost-efficient means to disseminate psychosocial care to those in need. In this presentation, we will present the results of our web-based early intervention on quality of life and cost-effectiveness.

Lewis Catrin; Roberts, Neil; Vick, Tracey; Bisson, Jonathan, Cardiff University

Tackling Traumatic Stress: A Guided Self Help Programme for the Treatment of Mild to Moderate Post Traumatic Stress Disorder

Guided Self Help (GSH) is a method of delivering potentially cost-effective psychological therapy for PTSD. The Tackling Traumatic Stress programme has been systematically developed following Medical Research Council (MRC) guidance for the development of a complex intervention. It is available online and in hardcopy and consists of 11 modules, some being mandatory and others optional, allowing tailoring of the intervention. Mandatory modules include psychoeducation, grounding techniques, relaxation, cognitive restructuring, in vivo and imaginal exposure and relapse prevention. Optional modules provide advice on behavioural activation, sleep hygiene, anger management and substance use. Each module has an information section concluding with 10 top tips to bring about change, a multiple choice quiz to consolidate learning and an exercise to be completed and discussed with the programme guide. Two illustrative patient stories are followed throughout the programme. The qualitative and quantitative results of two pilot studies of the programme will be presented.

Kassam-Adams Nancy; Winston, Flaura; Kohser, Kristen L.; Marsac, Meghan, Children's Hospital of Philadelphia

Evaluating Strategies for Dissemination of a Traumatic Stress Prevention Website: Online Media and Sponsored Search

Developing evidence-based, online resources for traumatic stress prevention has the potential for public health impact via the wide reach of the Internet. But the existence of such resources does not ensure that trauma-exposed individuals will find them in a timely manner. Our team has investigated a number of strategies to help connect parents of recently injured children with a traumatic stress prevention website (AfterTheInjury.org). We will report on successes and challenges in these efforts. (1) We identified specific online media targets, including "mommy bloggers" and parenting forums, and conducted an outreach campaign to generate relevant content and links to AfterTheInjury.org. Comparisons of website analytics before, during, and after the active outreach campaign show sustained growth in site visits. (2) With an in-kind Google grant, we are developing sponsored search strategies (paid ads that appear based on a user's search keywords) to increase visits to AfterTheInjury.org. Further development and evaluation of these methods is needed to ensure that strategies are both effective and affordable for non-profit website developers.

Ruzek Josef I., National Center for PTSD, VA Palo Alto Health Care System; Weingardt, Ken, Veterans Health Administration, US Department of Veterans Affairs; Kuhn, Eric, National Center for PTSD, VA Palo Alto Health Care System; Hoffman, Julia E., National Center for Telehealth & Technology

Caring for Trauma Survivors in Large Health Care Systems: Towards Internet-Facilitated Treatment

Challenges in providing best practices in treatment of PTSD and other trauma-related psychological problems include ensuring access to care, training clinicians and increasing use of evidence-based and other best practices, broadening treatment to include a wide range of co-occurring problems, increasing prevention activities, and serving large numbers of clients in an effective and cost-efficient way. Examples from the U.S. Veterans Affairs Health Care System illustrate some specific ways in which Internet-based interventions can offer significant advantages in helping address these challenges. A mental health homepage will facilitate personal goal-setting and delivery of interactive training programs for clients. Clinicians will integrate Internet programs as part of treatment, and clients will self-select into easily accessible preventive self-management programs. Smartphone applications hold additional promise in bringing care to where clients live. Clinical adoption pilot testing and systematic marketing and training/dissemination initiatives will be required to achieve a transformation in care.

Herbert Christophe F.; Brunet, Alain, Douglas Mental Health Institute

Creation and Evaluation of a University eCourse Related to PTSD

The online course "Introduction to Post Traumatic Stress Disorder" is the first full web-based McGill University eCourse and probably the first university Web-based course in the world which addresses trauma. This eCourse is the result of collaborations between researchers, clinicians, programmers and university educational staff. All stages of development (content elaboration, financial aspects, partnership, advertisements, evaluation, etc.), from creation, launch and evaluation will be described. Advantages and disadvantages of online university courses in trauma will be also discussed. The more general needs of universities and professionals regarding future web-course development will be explored.

Vermetten Eric, Military Mental Health/UMC Utrecht/Echoes Online; Schaart, Jan; Driessen, Twan, Foundation Centrum 45/Echoes Online

New Opportunities for Support after Potentially Traumatic Events

In order to effectively meet the needs of the global 21st century, traditional trauma or disaster management services will need to be combined with state-of-the-art technological innovations. This symposium will focus on the use of webportals for specific focus groups in the aftermath of disasters or situations that may have involved exposure to traumatic events. We have set up webportals with secure online services for three specific focus groups in the aftermath of a highly stressful period or traumatic events. These portals served as a useful means for both building a community of survivors as well as facilitating scientific research. The methodology has much to offer, including rapid response, is cost-effective, and enables global reach. With the rapid growth of the Internet we can anticipate a rapid increase in sophisticated information systems. Utilizing the Internet can change the way we deliver care, it can give access to services, particularly in the area of psychological support, that are essential to maximize resources, e.g. facilitate social cohesion, help adequate coping strategies, serve as a referral resource, and contribute to resilience and empowerment. This symposium will evaluate the use in three specific domains.

Dücker Michel; Netten, Josée, Impact; Sardemann, Rob, Slachtofferhulp; Vander Velden, Peter, Psychotrauma Institute Diemen; Vermetten, Eric, Military Mental Health/UMC Utrecht/Echoes Online

Open Access Information Websites after High Impact Disasters: The Tripoli Air Crash

In the wake of the Tripoli air crash in 2010 the Dutch government decided to develop a website, an information and referral centre (IVC), for close relatives and other stakeholders. The IVC was designed in cooperation with the National Crisis Centre, several ministries, travel organisations, experts and victims of earlier disasters. The open area provides news on e.g. the identification process, research into causes of the crash, commemorations, and the role of relevant organisations. Moreover, information is provided on normal reactions to losing a near one, legal issues, repatriation, mourning, and an overview of health and service providers. The closed section includes an independently moderated forum, accessible by personal accounts. Aim is to create a safe environment, social support by peers and to facilitate group interaction. Attention was given to bereavement, tailored health services, and support in the aftermath. All in all, a wide audience of relatives, friends, colleagues, community members, professionals, authorities and media could be reached.

Marres Geertruid, Amphia Hospital; Leenen, Loek, UMC Utrecht; Vermetten, Eric, Military Mental Health/UMC Utrecht/Echoes Online

Web Portal for E-Support after 2004 Tsunami: Opportunities and Lessons Learned

The 2004 tsunami disaster confronted many displaced people with death, despair and need for information and support. We present the use of a multilingual web portal that combined a platform for information, emotional support, self assessment and referral with research opportunities. Within 3 weeks after the tsunami, an open, online service (www.TISEI.org) was launched to foster (community) support in the aftermath of the disaster. It combined four functionalities, that were earlier only used separately: 1. an e-forum aimed at community building; 2. self assessment and survey; 3. e-consultation, and 4. an information portal. The portal had over approx 86,000 visitors over the first two years. The TISEI-environment was available in 15 languages and visitors came from all over the world. 95% of all visitors came from Europe and the United States. In the long run, the web portal also served as a memorial archive for anniversary meetings and follow-up incentives. Features of the survey set up are reported according to the CHERRIES checklist. Difficulties we experienced were based on funding, time pressure, patient anonymisation, international collaboration and long term maintenance.

Sardemann Rob, Slachtofferhulp

Online Care for Bereaved Families after the Tripoli Aircrash

In the early morning of May, 12th an airbus from Afriqiyah Airways crashed near Tripoli. Of the 104 passengers and crew on board, the sole survivor was a 9-year-old Dutch boy. 70 passengers with the Dutch nationality perished in the crash. A webportal was set up for bereaved in the beginning of June. The webportal contained a closed environment in which bereaved can exchange messages through a forum and get the possibility to distribute practical, psychosocial and legal information that is specifically intended for the involved Dutch families. Through the forum the bereaved could discuss relevant issues and express their grief. Victim Support Netherlands was assigned responsible for the psychosocial aftercare and the responsibility for moderating the forum. The webportal developed into an essential part of the psychosocial aftercare. The website provides the possibility to discern gaps in the psychosocial aftercare which then could be addressed. It also enabled an effective communication platform between the stricken Dutch families and various agencies involved in the aftermath of a large scale accident.

Driessen Twan, Foundation Centrum '45

Online Webservices for Military Personnel and Veterans Post Deployment: Online Empowerment

The goal for a webservice for soldiers and veterans was to make contact with the large group that is at risk to develop mental health problems after they have been in conflict areas. The webservice is a tool for secondary prevention and to empower the veterans to overcome their eventually complaints by: 1) sharing their experiences with each other and how they have coped; by using the community forum on the website; 2) sharing positive as well as negative experiences so people can learn of each others experiences; 3) creating awareness about problems that can arise after being in conflict or war areas; 4) giving information about signs and symptoms of stress and especially posttraumatic stress and how to cope with that; 5) providing a validated test for diagnoses related to posttraumatic mental health problems; 6) information about the best way to find professional help if symptoms do not fade away. The way the website has been designed helps to raise awareness and provides tailored information. Both the self-assessment as well as the community forum can empower the person to make more rational and careful decision to seek professional help, to wait, or to engage in other ways for support. First results of the new portal will be presented.

Royle Elizabeth, KR Trauma Support

Working Creatively to Promote Resilience in the Uniformed Services

The European Society for Traumatic Stress Studies has several task forces representing areas of special interest. This symposium is a collection of presentations from members of The Uniformed Services Task Force. The task force aims to promote best practice in the Uniformed Services by sharing knowledge and expertise across Europe in the military, fire and police services.

The session offers an overview of some of the issues faced by those who work with the uniformed services with a focus on how to create accessible services to encourage what may be a reluctant client population to seek mental health support.

It is hoped that, as well as being informative, these short presentations will encourage others to join the task force and share their own knowledge as well as promoting networks and dialogue amongst people with a shared interest in this field.

Hacker Hughes Jamie, Ministry of Defence Lichfield

Working with Uniformed Services – The UK Military Mental Health Services

This short presentation will describe the role, composition and ways of working of British military mental health services to give an example of some of the key themes that are involved and which need to be considered when

working with military uniformed organisations. The makeup of military mental health teams, the ways in which they are organised and deliver services and the typical problems which they deal with will all be considered. Reference will also be made to the military mental health services of other countries.

Schaart Jan, Arq Foundation

Working Creatively to Promote Resilience in the Uniformed Services

Online empowerment for uniformed professionals Uniformed personnel are at high risk of exposure to traumatic events. Primary and secondary prevention of stress and trauma related disorders is of key importance for this group. How then can support be facilitated knowing that Uniformed organizations are not optimally sensitive in giving psycho-social support to their staff. The typically masculine culture poses challenges to sharing personal experiences and concerns professionals, who went through serious incidents or catastrophes, can benefit from finding support from colleagues who have had similar experiences. We explored how to enhance resiliency starting with a web service for victims of a large disaster, followed by a project for empowerment of uniformed people. The web service for veterans employs a narrative approach with personal stories of veterans, their experiences and how they have coped. They can participate in a forum that serves as a narrative community. In addition, a two step standardized questionnaire allows them to assess themselves and receive feedback. This helps raise awareness and provides tailored information. Both the self-assessment and the community forum can empower the person to make a more rational and careful decision to seek professional help, to wait, or to engage in other ways for support. We will present experiences with this new web service and discuss the new opportunities for e-care.

Busuttli Walter, Combat Stress

Working Creatively to Promote Resilience in the Uniformed Services – Veteran’s Clinical Services in the United Kingdom

The role of the National Third Sector Charity ‘Combat Stress’. In the UK, Combat Stress is the leading mental health provider for Veterans, providing a welfare and clinical outreach service as well as bespoke residential treatment programmes for PTSD and co-morbid disorders. It also aims to link patients up with mainstream National Health Services (NHS) where appropriate. Most clinical cases are managed jointly between the NHS and Combat Stress. 80% of veterans presenting as new to Combat Stress have tried to access help from local NHS services but for a variety of reasons report that this help has not been effective or that they have failed to engage. There is an average 14 years delay post discharge from the military before a Veteran will present for help to the Charity, usually meaning that chronic clinical presentations are the norm and complicated by loss of social and occupational function. The British Government recently set up six pilot mental health programmes designed to signpost Veterans into care. This workshop will discuss treatment rehabilitation strategies and psychological interventions for veterans with mental health problems within the context of the UK and with reference to the work of the third sector National Charity Combat Stress and developments in other clinical NHS and MOD services. The role of other agencies will be discussed along with issues concerning the setting up of future clinical services.

Moreton Gill, Edinburgh Traumatic Stress Centre

“Trust me I’m a Therapist!” Crossing the Threshold – Talking with Fire Fighters about Resilience not Madness

This presentation will highlight the challenges for mental health professionals in gaining credibility and access to emergency service personnel. Based on her experiences with Scottish Fire and Rescue Services, Gill will share suggestions on about how to work with the organisations and with the staff themselves to promote good mental health and recovery from post traumatic reactions when they occur.

Royle Liz, Director of KR Trauma Support

Working Creatively to Promote Resilience in the Uniformed Services – Addressing Issues of Stigma and Creating Accessible Services

Research has consistently shown that those who are more functionally impaired are less likely to be receiving mental health services and that stigma, shame and attitudes towards treatment are important factors in this. In the military, this problem is magnified yet personnel are at greater risk of exposure to incidents that may affect their mental health. Members of the uniformed services have a strong cultural identity. The very act of putting on a uniform denotes difference from civilians and similarity to peers. Uniformed service qualities of strength and resilience are far removed from the stereotypical person with mental illness. It could be argued that, in the military, stigma is a “necessary evil” historically embedded in the culture of combat. In the police service, the officer’s interface with mental illness can exacerbate the stigma around mental health. Police officers come into contact with people with mental illness as part of their routine work. Often this is when the individual is in acute crisis and may be displaying violent behaviour, putting themselves at danger or confused and disoriented. This can affect police officers’ attitudes to mental health and reinforce negative stereotypes. This presentation discusses the issue of uniformed services stigma and highlights recommendations for overcoming this and making services more accessible.

Ardino Vittoria, London Metropolitan University; **Bifulco, Antonia**, Lifespan Research Group, Centre for Abuse and Trauma Studies at the University of Kingston, Kingston Upon Thames

Assessment of Complex Childhood Trauma and Disorder Outcomes: Use of the Childhood Experience of Care and Abuse (CECA) Measure

The symposium will describe studies in different parts of Europe that use the CECA interview and questionnaire to assess a range of childhood trauma experiences for lifespan models for different clinical disorder outcomes. The presentations will examine a range of outcomes, as well as developing different causal models. The use of the measure for clinical practice will also be identified. The importance of methodologies which take into account contextual aspects and personal biography are highlighted for lifespan models.

Bifulco Antonia, Antonia Bifulco Lifespan Research Group, Centre for Abuse and Trauma Studies at the University of Kingston

The Childhood Experience of Care and Abuse for Internalising and Externalising Disorder in Adults and Adolescents

Objectives: The presentation will describe the CECA interview and its psychometric properties, and examine the relationship of childhood experiences to different disorder outcomes in community samples. **Methods:** The CECA is tested in high risk, intergenerational community studies in London, to look at transmission of risk. An attachment perspective is utilised to examine early life adversity on insecurity of attachment style. All respondents are given life history interviews which encompasses childhood adversity, attachment style (Attachment Style Interview) and lifetime clinical disorder (SCID). **Results:** Evidence is presented for patterning of different childhood experience and disorder, with types of insecure style mediating. Neglect and abuse from mothers specifically relates to anxious attachment style and emotional disorder in adolescents. Role reversal (parentification) shows a particular association with deliberate self harm. Neglect and abuse from fathers relates to externalising disorder with disorganised attachment style playing a mediating role. Support and secure attachment style is identified as a resilience factor moderating between early adversity and disorder. **Conclusions:** It is necessary to measure a range of childhood interpersonal trauma in order to specify conditions for a range of disorder outcomes. The CECA provides a suitable tool for lifespan studies, and is used in translation in a number of research settings internationally.

Ardino Vittoria, London Metropolitan University; Milani, Luca; Di Blasio, Paola, CRiDee, University of Milano; Verrocchio, Maria Cristina, University Gabriele D'Annunzio

Assessment of Complex PTSD in Prison Populations: The Role of CECA-Q

Objectives: Complex PTSD assessment is mainly focused on victims of trauma. Yet perpetrators of violence have histories of prolonged traumatization and present complex PTSD. The aim of the study was to examine the importance of determining specific characteristics of parental abuse in the assessment of complex post-traumatic reactions. **Methods:** Complex PTSD assessment was complemented with CECA-Q to evaluate a population of 113 prisoners in Northern Italy and to investigate specific pathways from parental abuse to CPTSD and re-offending risk. All respondents were given a series of questionnaires that encompass traumatic life events, complex PTSD symptoms, cognitive processes and re-offending risk. **Results:** Evidence was presented for patterning of different paternal abuses and CPTSD, with dysfunctional information processing mediating between trauma/CPTSD and re-offending. Of the sample, 40% experienced neglect and 36% lack of care. 28% of the sample experienced maternal physical abuse whereas 26,7% experienced paternal physical abuse. 14.7% of participants were sexually abused. In addition, 72% of participants had CPTSD and 30.7% were at risk of re-offending. Early trauma had an interaction with re-offending risk ($r = 0.23$; $p < 0.01$). Finally, Structural Equation Modelling indicated an indirect effect of rumination, regret and negative social support on the relationship between CPTSD and re-offending risk. **Conclusions:** Prisoner populations present a wide spectrum of childhood interpersonal trauma. Specific aspects of early trauma as measured by CECA-Q highlight different pathways to CPTSD and re-offending risk.

Kaess Michael; Parzer, P; Holtz, B; Mattern, R; Brunner, R; Center of Psychosocial Medicine University of Heidelberg

Childhood Experiences of Care and Abuse in a Clinical Sample of Self-Harming and Suicidal Adolescents and their Impact on the Individual Function of Nonsuicidal Self-Injury

Objectives: Adverse childhood experiences are a risk factor for Borderline Personality Disorder (BPD). Many childhood adverse experiences (antipathy, neglect, loss, emotional abuse) remain unnoticed in research. Many previous studies concentrated on adults with fully distinctive BPD; however, BPD begins in early adolescence and is often accompanied with nonsuicidal self-injury (NSSI) and suicidal behaviour (SB). The aim of the study was to investigate a broad variety of childhood experiences of care and abuse in a clinical sample of adolescents engaging in NSSI and SB. **Methods:** 125 young adults referred to a child and adolescent psychiatry unit were recruited over one year. Childhood experiences were assessed by the CECA.Q, NSSI by the "Functional Assessment of Self-Mutilation" (FASM) and SB by the "Paykel Suicide Scale". **Results:** The prevalence of repetitive NSSI was 37.1% whereas SB occurred in 50.8%. In repetitive self-injuring adolescents adverse childhood experiences occurred with a significantly higher prevalence compared to patients without NSSI. There were similar but less distinctive results in SB. The presence of adverse childhood experiences also predicted certain functions of NSSI, especially the anti-dissociative and the self-punishment functions. **Conclusions:** Adverse childhood experiences play an important role in the development of NSSI and suicidal behaviour in adolescents. They may be crucial for an early development of BPD. Additionally, childhood experiences of care and abuse may also account for differences in functions of NSSI.

Schimmenti Adriano, Kore University; Caretti, Vincenzo, University of Palermo; Giannone, Francesca; Lucarelli, Loredana, Kore University

Rationale for the Use of the CECA Measures as Preferred Tools for Research on the Relationship between Child Abuse/Neglect and Adult Psychopathology

Objectives: Research focusing on the role played by child abuse/neglect in the onset of psychopathology needs a valid and reliable assessment of childhood experiences and relationships. Although the most widely used self-report measures on child abuse and neglect may show good psychometric properties, they often provide relevant information only on narrow facets of such experiences. **Methods:** CECA measures (CECA interview and CECA Questionnaires) permit a wider exploration of experiences in infancy, childhood and early adolescence, necessary

for clinical assessment and for psychopathology research. A clear definition and operationalization of childhood risk and resilience factors of CECA measures enable an understanding of the impact of different experiences on disorder outcomes. Findings of Italian typical and atypical samples are presented in the form of clinical cases of war refugees, patients with complex childhood trauma and DSM-IV Axis I-Axis II disorders to demonstrate how CECA narratives are a good clinical tool. Quantitative analyses of CECA using Structural Equation Modelling will also be outlined. **Conclusions:** CECA measures are valid, reliable, and, most important, useful for research and clinical practice.

Schnyder Ulrich, University Hospital Zurich; Nijdam, Mirjam, Academic Medical Center at the University of Amsterdam; Gersons, Berthold, Arq Foundation; Wittmann, Lutz, University Hospital Zurich

Integrating Psychoeducational, Cognitive-Behavioral, and Psychodynamic Approaches: Brief Eclectic Psychotherapy for PTSD

Brief Eclectic Psychotherapy for PTSD (BEPP) is a multimodal treatment for PTSD comprising five essentials: psychoeducation; imaginal exposure; writing assignments and mementos; domain of meaning and integration; and a farewell ritual. This symposium presents findings from two recent randomized controlled trials testing BEPP. Mirjam Nijdam will identify neuropsychological predictors for successful treatment in her RCT on BEPP versus EMDR. Berthold Gersons will discuss the role of hotspots in successful and unsuccessful BEPP treatments from the same trial, as well as similarities and differences of BEPP as compared to CBT and EMDR. Ulrich Schnyder will report on significant and sustained treatment gains with BEPP versus a minimal attention control group. Lutz Wittmann will present predictors of treatment response (education, nationality, unfit for work) for BEPP treatment. In summary, BEPP appears to be a useful complement to the existing evidence based psychotherapies for PTSD.

Nijdam Mirjam; de Vries, Giel-Jan Academic Medical Center at the University of Amsterdam; Gersons, Berthold, Arq Foundation; Olf, Miranda, Academic Medical Center at the University of Amsterdam

Verbal Memory as a Predictor of Treatment Outcome in Brief Eclectic Psychotherapy for PTSD and EMDR

Objective: One of the most consistent findings in neuropsychological studies on posttraumatic stress disorder (PTSD) is impaired verbal memory. Effective trauma-focused treatment of PTSD relies heavily on memory function, but it is largely unknown whether deficits in verbal memory predict treatment outcome. The purpose of the current study is to examine the relationship between baseline verbal memory performance and treatment response to trauma-focused psychotherapy. **Method:** PTSD patients were randomly assigned to either Eye Movement Desensitization and Reprocessing therapy (EMDR; N = 70) or Brief Eclectic Psychotherapy (BEPP; N = 70). Logistic and linear regression analyses were applied to determine if performance on verbal memory tests pre-treatment predicted response to trauma-focused psychotherapy in terms of clinician-rated PTSD diagnosis (yes/no) and decrease in self-reported PTSD (continuous). **Results:** Worse baseline encoding, short-term and long-term retrieval and recognition performance significantly predicted less decrease in self-reported PTSD and more clinician-rated PTSD after trauma-focused psychotherapy. **Conclusions:** Verbal memory measures are helpful in determining whether patients will benefit from trauma-focused psychotherapy. Future research should explore how treatment perspectives of PTSD patients with poor verbal memory can be improved.

Gersons Berthold, Arq Foundation; Baas, Melanie; Nijdam, Mirjam, Academic Medical Center at the University of Amsterdam

Exploring exposure in Brief Eclectic Psychotherapy for PTSD; Explanations and a Pilot Study on Hotspots

Objectives: Exposure is applied in all evidence based treatments for PTSD. In Brief Eclectic Psychotherapy for PTSD (BEPP), exposure is focused on the catharsis of emotions which is different from CBT and EMDR but also effective. The 'hotspot'-theory of Holmes et al. gives some explanation for BEPP-exposure. **Methods:** "Hotspots" are parts of trauma memories that cause high levels of emotional distress, and are often re-experienced. This study

explores the frequency and content of hotspots in relation to treatment success by means of retrospective identification in BEPP. Audiotaped therapy sessions of successfully ($n=10$) and unsuccessfully ($n=10$) treated patients were assessed. All patients met criteria for chronic Posttraumatic Stress Disorder (PTSD) and were treated in a specialist outpatient setting. Patients reported several hotspots. **Results:** In successfully treated patients, hotspots were more often repeatedly focused on, and were more often characterized by change of patients' behavior during therapy, mostly a visible change in affect, as compared to unsuccessfully treated patients. **Conclusions:** Repeatedly focusing on hotspots, followed by catharsis, seems essential for good treatment outcome. This is similar to the goal of obtaining catharsis in BEPP.

Schnyder Ulrich; Müller, Julia; Maercker, Andreas; Wittmann, Lutz University Hospital Zurich

Brief Eclectic Psychotherapy for PTSD: Outcome Data from the Zurich Study

Objectives: To complement existing evidence based psychotherapies for PTSD, Brief Eclectic Psychotherapy for PTSD (BEPP), combining cognitive-behavioral and psychodynamic elements, has been proposed. **Method:** 30 patients who suffered from chronic PTSD following a variety of traumatic events were randomly assigned to either 16 weekly sessions of BEPP or a minimal attention waitinglist. PTSD symptom severity as measured with the Clinician-Administered PTSD Scale was the primary outcome measure; secondary outcome measures included anxiety, depression, and posttraumatic growth. **Results:** Patients who had received Brief Eclectic Psychotherapy experienced greater reductions in PTSD symptom levels than patients in the minimal attention control group. Nine patients (56.3%) in the treatment group, as opposed to four (28.6%) in the control group responded to treatment, achieved total remission, or lost PTSD diagnostic status. Furthermore, greater improvements in comorbid anxiety and depression, and stronger posttraumatic growth were observed in those who had received BEPP. Treatment gains remained largely stable at six months follow-up. **Conclusions:** BEPP appears to be a useful complement to the existing evidence based psychotherapies for PTSD. Apart from reducing PTSD symptom levels as well as comorbid anxiety and depression, BEPP also seems to enhance posttraumatic growth.

Wittmann Lutz; Müller, Julia; Maercker, Andreas; Schnyder, Ulrich, University Hospital Zurich

Brief Eclectic Psychotherapy for PTSD: Prediction of Treatment Response

Objectives: Availability of different treatment options for patients after traumatic events allows for individual choice of type of treatment. Therefore, identification of specific predictors of treatment response is of clinical importance. **Methods:** Data of a randomized controlled study on Brief Eclectic Psychotherapy (BEPP) was analyzed to identify treatment response predictors for this treatment option. PTSD symptoms were continuously assessed in twenty-seven chronic PTSD patients before every 2nd BEPP session with the Posttraumatic Diagnostic Scale (PDS). **Results:** Thirteen participants (48.1%) classified as responders. Comparison of symptom time course tended to differ early between responders and non-responders. Response status was predicted by work ability, a high level of education, and Swiss nationality. Contrarily, trauma history, psychopathological variables, or treatment parameters did not contribute to the prediction of response status. In multivariate analysis, a high level of education remained the only significant predictor of response status. **Conclusions:** Highly educated individuals respond more frequently to Brief Eclectic Psychotherapy for PTSD. Recognition of treatment response during the early treatment phase appears to be a promising extension of previous approaches to outcome prediction. These results require replication in a larger sample of trauma patients.

Shigeyuki Mori, Konan University; Fujiwara, Yukie; Kaneko, Hajime; Kurushima, Shogo; Sachiko, Hitomi, Konan Institute of Human Sciences

The Consequence of World War II and the Complications of the Perpetrator-Victim Relationship: Research in Germany and Japan. Qualitative Analysis on War Childhood in Japan: Based on Interview Cases

Background: World War II did immeasurable damage to those in Japan who experienced it. Although numerous documents on the War have been already produced, there exist little research on the traumatic stress caused by the

War, apart from that of A-bomb survivors. **Methods:** 40 participants born between 1931–45 were interviewed. A semi-structured interview was constructed according to the concepts of “traumatic stress”, “loss experience”, “family relationship”, “narrating experience” and “perpetrator-victim identity”. Referring to GTA, the interviewing and the analysis have been carried out along with continuous interactive re-examination. **Results:** Various traumatic events and stresses were found. “Guilt” and “shame” rather than “fear” were often working as determining factors. In most cases, traumatic experiences had not been talked over with family members and silence was maintained until today or until particular occasions such as encountering survivors’ associations. “Underestimation of traumatic symptoms” and the coexistence of “appreciation and guilt” for being protected by parents were found. The perpetrator-victim relationship within Japan was found to promote such silence. The identification with “perpetrator,” “victim,” “perpetrator country,” and “victim country,” was varied and the perpetrator country identification and the victim country identification often coexisted. **Conclusion:** Silence about traumatic experience during World War II was a general phenomenon after the war. It can be inferred that this silence resulted in an inability to confront the outcomes of the war.

Glaesmer Heide; Brähler, Elmar; Gunzelmann, Thomas, University of Leipzig; Forstmeier, Simon; Maercker, Andreas, University of Zurich

Traumatic Experiences and Post Traumatic Stress Disorder among the German Elderly: Results of a Representative Population Based Survey

Background: Against the background of World War II, size and long-term effects of war related traumatic experiences are of special interest. Nevertheless, population based data are lacking to date. **Methods:** The study examines the occurrence of traumatic experiences and the prevalence rates of PTSD according to DSM-IV and of partial PTSD in a randomly selected sample of the German general population aged 60 years and above (N = 814) using self rating instruments. **Results:** Post Traumatic Stress Disorder (PTSD) is apparent in 3.4%, including Partial Post Traumatic Stress Syndromes, a total of 7.2% of the aged are affected. The most common individual symptoms resulting as consequences of war-induced trauma are avoidance of thoughts and feelings, sleep disturbances, distressing dreams and intrusive thoughts. The most frequently mentioned traumatic experiences were war-related trauma that the generation examined in this study experienced as children or in early adulthood during the Second World War. As a person’s age increases, so do the prevalence of war-related traumatic experiences. There are some gender differences in traumatic experiences, but not in posttraumatic symptoms. **Conclusion:** The results underpin the importance of war related traumatic experiences from World War II in the German elderly population and their impact on the prevalence of PTSD over sixty years later.

Muhtz Christop; von Alm, Christine; Wittekind, Charlotte; Godemann, Kathrin; Kellner, Michael, University-Hospital Hamburg-Eppendorf

Long-Term Consequences of Chronic PTSD in Aging Former Refugee Children

Traumatic events during childhood have been associated with long-term consequences for the mental as well as the physical health. In the case of World War II, there is a growing interest in the well-being of former war children, who are now older adults. In the present study we examined the effects of chronic PTSD on life quality as well as on endocrine and metabolic parameters in former refugee children, who were severely traumatized more than six decades ago. We recruited refugees from the former German eastern territories who were born between 1933 and 1940 and were displaced as children (aged 5 to 12 years) during/after World War II. Over 500 former refugee children answered the questionnaires including the Posttraumatic Diagnostic Scale (PDS) and the Short Form (36) Health Survey (SF-36). 31,5% of the participants fulfilled criteria of full PTSD in the PDS, 33,7% of partial PTSD. We invited 25 participants who rated high in the PDS (score >20) and 25 age and sex-matched participants who rated very low (score <3) in the PDS for further investigations of variables of the metabolic syndrome and endocrine variables.

PTSD was associated with diminished quality of life and resilience, but not with altered metabolic or endocrine parameters. Our study demonstrates the long-term consequences of flight and expulsion during childhood. As in our population PTSD was not associated with altered endocrine or metabolic variables, search for subgroups of

PTSD patients with childhood traumatization leading to different metabolic and endocrine long-term consequences in aging PTSD patients is needed.

Ermann Mechael; Krinner, Manuel; University of Munich

Germans Reporting about their Childhood during the War

This paper will present the results of the qualitative analysis of 25 interviews with Germans born under the auspices of World War II in Germany between 1936 and 1945. The findings concern the narrative representation of self and identity, father and mother, and of experiences during the childhood of the interviewees and of resources during the postwar coping processes: What are the interviewees talking about when they are thinking about their experiences and relationships as children of World War II and the Nazi period?

Some substantial results are: 1) Specific types of mother-, father- and parents representations are to be distinguished (and described in detail in the paper). 2) They are often contaminated with shame and loyalty conflicts and contradictory, stressing the victim pole of a complex constellation. 3) In parallel, specific types of self representations are described in connection to the corresponding parents representation. 4) Self representations are usually neglecting the emotional concern by personal traumata and denying the victim aspect of the self. 5) There is some evidence that positive (i.e. self accepting) identity requires recognition and confirmation of emotional injuries by a supporting familiar environment. 6) The political background, containing the Nazi Movement, tends to be faded out from the interviews – which also is reflected by a specific counter transference from the side of the interviewers.

Kassam-Adams Nancy, Children's Hospital of Philadelphia; Colville, Gillian, St George Bakker, Anne, Association of Dutch Burn Centres

Parents and Children Facing Medical Trauma

A growing body of literature has documented the occurrence of traumatic stress reactions in both children and their parents, related to pediatric medical events. This symposium brings together new findings from prospective studies of children and parents in the aftermath of an acute medical event: pediatric burn, pediatric injury, and admission to the pediatric intensive care unit.

The studies examine parents' own reactions to a child's medical event, the ways in which parents assess their child's reactions, the interplay between parent and child traumatic stress reactions over time, and test, in a randomized controlled trial, practical methods for providing support to parents in busy pediatric medical settings. Study results suggest the importance of attending to parent traumatic stress reactions as well as child reactions, and demonstrate one promising approach to doing so.

Presenters will discuss theoretical and clinical implications of this work.

Bakker Anne; Van Loey, Nancy, Association of Dutch Burn Centres; Van Son, Maarten; Van der Heijden, Peter, Utrecht University

Childrens Traumatic Stress Reactions in the Acute Aftermath of a Pediatric Burn Event: Preliminary Findings on Agreement between Child, Mother, and Father Report

Objective: To examine mother-child and father-child agreement concerning child traumatic stress reactions after pediatric burn, and the role of parents' own traumatic stress reactions. **Method:** Child (8–17 years) and parent traumatic stress were assessed within the first month post burn in 53 mother-child dyads and 43 father-child dyads. Multiple regressions assessed relations between child- and parent-rated child reactions, and parent reactions. **Results:** Parent-rated and self-rated child traumatic stress were significantly related in mother-child dyads and in father-child dyads ($r = 0.48$). Self-rated child reactions were related to mothers' stress reactions ($r = 0.45$), but not to fathers' stress reactions. After accounting for self-rated child reactions, mothers' own reactions were significantly related ($\beta = .54, p < .01$) to mother-rated child reactions. However, fathers' own reactions were not related to father-rated child reactions. **Discussion:** Although these preliminary findings need replication, the study shows that mothers' but not fathers' own stress reactions are independently related to parent observations of their child's

traumatic stress reactions. This suggests that in the acute phase after a burn event mothers' individual reactions affect their observation of the child, while in fathers this might not be the case.

Kassam-Adams Nancy; Marsac, Meghan, Children's Hospital of Philadelphia

Bi-Directional Influences between Parent and Child Traumatic Stress Symptoms after Pediatric Injury

Objective: To examine potential mutual influences between parent and child posttraumatic stress responses (PTS) over the 6 months following hospitalization for an acute injury. **Method:** 177 children (8–17 years), and one parent per child, were enrolled within days of an acute injury. Child and parent self-report of PTS were obtained at baseline, 6 weeks, and 6 months post-injury. We evaluated the fit of models that included paths for stability (child PTS from each time point to the next, and the same for parent PTS), cross-lagged influences (parent PTS influencing child PTS at each subsequent time point, and vice versa) and reciprocal influences between parent and child PTS within each time point. **Results:** After accounting for a modest baseline correlation ($r = .22$) between parent and child PTS, and significant stability within child PTS or parent PTS across time, there was a significant path from parent PTS at 6 weeks to concurrent child PTS. There were no significant paths from child PTS severity to concurrent or subsequent parent PTS severity. **Discussion:** There was little evidence for child symptoms driving parent symptoms, either concurrently or across time. It appears that parent PTS symptoms that persist to 6 weeks may be one risk factor for continued child PTS at that time point.

Colville Gillian; Cream, P.; Kerry, S.; St George's Hospital/St George's University of London

Evaluation of a Paediatric Intensive Care Follow-Up Clinic: It's Good to Talk!

Objective: To establish the impact of a Paediatric Intensive Care Unit (PICU) follow-up clinic on parents' distress. **Method:** In a prospective randomised controlled trial, parents of 133 children admitted to an eight-bed PICU for > 12 hours were randomly allocated to intervention (follow-up clinic appointment offered 2 months after discharge) or control (no appointment). Parent stress was assessed at discharge using the Parental Stressor Scale: PICU. Posttraumatic stress, anxiety and depression were assessed 5 months later by postal questionnaire. **Results:** Outcome data were obtained for 105 parents. Whole group analyses revealed no significant differences in psychological outcome between control and intervention groups. However, there was an intervention effect for a sub-group ($n = 55$) who had reported baseline stress scores above median. Within this sub-group, parents who received the intervention were less likely to report clinically significant levels of posttraumatic stress (25% vs 56%, $p = .018$) or depression (19% vs 52%, $p = .009$) than controls. **Discussion:** These results do not justify routine provision of PICU follow-up clinic appointments for all parents. However, for parents who find the admission particularly traumatic, distress rates might be reduced by a simple intervention, which was feasible in a clinical setting.

Steil Regina, Institute of Psychology Frankfurt

New Developments in the Treatment of PTSD after Interpersonal Violence

New developments in CBT for PTSD after interpersonal violence will be reported and discussed. Marylène Cloitre reviews the results of a new two module treatment for PTSD related to childhood abuse, comprising of skills training in affective and interpersonal regulation (STAIR) plus a modified version of prolonged exposure called Narrative Story Telling (NST). STAIR/NST has been found to be superior to skills training and exposure treatments and associated with reduced dropouts when compared to the exposure alone. Patricia Resick and colleagues report on the effect of dissociation on treatment (CPT) outcome for PTSD related to interpersonal or sexual violence, elucidating the effects of CPT on dissociative symptoms. Martin Bohus gives an overview on the current knowledge on neurobiology of emotion regulation and dissociation in CSA-related PTSD and its implications for treatment development. Regina Steil and colleagues report the results of a randomized controlled trial comparing Dialectical Behaviour Therapy for severe CSA-related PTSD and comorbid disorders such as

Borderline Personality Disorder (DBT-PTSD) with Wait List. DBT-PTSD shows high effect sizes for the reduction of PTSD symptoms in patients with and without Borderline Personality Disorder symptoms.

Cloître Marylène, New York University

Treating PTSD Related to Childhood Abuse

This presentation will review the results of a two module, sequential treatment in which the first module emphasizes present-focused skills training in affective and interpersonal regulation (STAIR) for day-to-day life difficulties and the second module incorporates past-focused work on the processing of the trauma, using a modified version of prolonged exposure, called Narrative Story Telling (NST). The treatment was specifically designed to treat high risk, multiply traumatized individuals with chronic PTSD and related affect regulation and interpersonal disturbances. In a randomized controlled trial (n = 104), the sequential treatment, STAIR/NST was found to be superior to two control conditions (skills training and exposure treatments). STAIR/NST was superior to the other two treatments in improving symptoms of PTSD, emotion regulation and interpersonal problems. It was also associated with reduced dropouts and symptoms exacerbation during the memory processing work when compared to the exposure alone condition. Predictors of treatment outcome for each of the treatment conditions, with a special emphasis on childhood trauma and baseline emotion regulation difficulties, indicate that the STAIR/NST treatment provided uniformly and positive outcome regardless of severity of childhood abuse (number of different types of early life trauma) while outcomes were more variable in the exposure alone treatment, where worsening childhood abuse was associated with reduction in benefits at treatment end. These data suggest potential patient-to-treatment strategies.

Resick Patricia A., National Center for PTSD Boston; Suvak, Michael; Mitchell, Karen; Johnides, Benjamin; Iverson, Katherine

Treatment for PTSD: The Effect of Dissociation on Treatment Outcome

It is often questioned whether short evidence-based treatments for PTSD can work with people with complex presentations.

Dissociative symptoms represent an example of a complex presentation. This talk will focus on the presence and outcomes of dissociative symptoms in two randomized controlled trials for PTSD conducted by the author in which multiple measures of dissociation were collected. The first trial compared cognitive processing therapy (CPT) with prolonged exposure with 171 women who had experienced at least one rape (42% had experienced child sexual abuse). The other trial was a dismantling study of CPT into its constituent components with 150 women who had experienced interpersonal violence at some point in their lives. Both samples had extensive trauma histories. Dissociation was not an exclusion criterion in either trial. The treatments were not altered or lengthened to accommodate dissociative symptoms. Measures were somewhat different in the two trials but included the Peritraumatic Dissociation Scale, Dissociative Experiences Scale, Trauma Symptom Inventory Dissociation Scale and/or the Multiscale Dissociation Inventory.

None of these measures has been examined in prior presentations or publications. The presentation will first describe the level and type of dissociative symptoms in these samples. Next, the effect of treatment on these symptoms will be examined. Third, dissociative symptoms will be examined as predictors of treatment outcome. The presentation will conclude with recommendations for future research and clinical practice.

Bohus Martin, University of Heidelberg

Neurobiological Aspects of PTSD after Childhood Sexual Abuse and its Implications for Treatment Development

PTSD after childhood sexual abuse is often characterized by the typical features of PTSD plus dysfunctional affect regulation, dissociation, and altered perceptions of the self and others. Recent research began to elucidate the underpinning neurobiological mechanisms of these features and their implications on neural plasticity. Particularly with regard to dissociation, our work group could show that experimentally induced dissociation leads to amygdala

deactivation and hippocampus hypoactivity. Emotional learning during activated dissociative states is inhibited. This has strong clinical implications: In particular exposure based procedures have to provide additional therapeutic interventions to block dissociative features. The presentation gives an overview on the current state of the art knowledge on neurobiology of emotion regulation and dissociation in this group of patients and the deduced specific interventions.

Steil Regina, Institute of Psychology Frankfurt, Dyer, Anne; Priebe, Kathlen; Krüger, Antje; Bohus, Martin, Central Institute of Mental Health Mannheim

Dialectical-Behavior-Therapy for Severe Posttraumatic Stress Disorder after Childhood Sexual Abuse: A Randomized Controlled Trial

Objectives: We modified standard dialectical behavior therapy (DBT) to meet the specific needs of adult patients experiencing severe and chronic PTSD related to childhood sexual abuse plus severe co-occurring psychopathology such as BPS or eating disorder. We evaluated the effects of DBT-PTSD. **Method:** 80 women suffering from chronic PTSD related to CSA and co-occurring psychopathology were randomised to either a waitlist condition (WL) or a three month residential DBT-PTSD inpatient program. Patients were assessed prior to randomisation (t1), post treatment (t2, 3 months post randomisation), at 6 weeks and 3 months post discharge (t3, t4; 4.5 months and 6 months post randomisation). Assessments included Clinician Administered PTSD Scale (CAPS), Posttraumatic Diagnostic Scale (PDS), Beck Depression Inventory (BDI), SCL90R, and Borderline Symptom List (BSL). **Results:** Group Comparisons at t1 and t3 revealed significant response and remission for the DBT-PTSD group. Manovas revealed significant time x group interactions, showing a significantly greater reduction of symptomatology in CAPS, PDS, and BDI for DBT-PTSD as compared to WL. Cohen's d (t1 vs. t4, CAPS) was 1.4 for DBT-PTSD and 0.19 for the WL. **Conclusions:** Data suggest that DBT-PTSD has a high promise for reducing severe and chronic PTSD and comorbid psychopathology related to CSA.

Schnyder Ulrich; Landolt, Markus A., Children's Hospital Zurich; Maier, Thomas; Meidert, Ursula; Mohler-Kuo, Meichun, University Hospital Zurich

Child Sexual Abuse in Switzerland – A Multimodal Data Gathering Approach

Background: The currently available data on incidence and prevalence of Child Sexual Abuse (CSA) is far from robust due to the limitations of available samples and methodologies. We conducted a nation-wide survey, using multiple methods of collecting data. **Methods:** A school-based national representative sample of approximately 9'921 adolescents attending the 9th grade (age 14–17) was drawn using a latest list of all schools and classes provided by the Federal Bureau of Statistics. The sample was stratified according to the 7 great regions and all 26 cantons in Switzerland. A computer-based self-administered questionnaire using laptops was given in class, resulting in a total of 6'826 completed interviews. We also conducted an internet based comprehensive survey of cases of CSA and other forms of maltreatment involving more than 1'400 agencies in Switzerland. Data were collected online, using a modified and translated version of the NIS-4 data form. Finally, 26 adolescent victims of CSA (23 girl, 3 boys) underwent in-depth interviews, and data analyzed using qualitative content analysis. **Results:** Results will be presented by the following three speakers. **Conclusions:** The results of the study will contribute to a better estimate of prevalence and annual incidence of CSA in Switzerland. Lessons learned will be discussed at the end of the symposium.

Landolt Markus A.; Mohler-Kuo, Meichun; Maier, Thomas; Meidert, Ursula; Schnyder, Ulrich, University Hospital Zurich

Life-Time Prevalence and Annual Incidence of Child Sexual Abuse in Switzerland: A School Survey

Background: Available data on incidence and prevalence of child sexual abuse (CSA) is far from robust due to the limitations of available samples and methodologies. This paper reports lifetime prevalence and annual incidence of

CSA among adolescents ages 14–17 years in Switzerland. **Methods:** A school-based national representative sample of 6'826 adolescents attending the 9th grade was assessed. The sample was stratified according to the 7 great regions and all 26 cantons in Switzerland. Contact and non-contact CSA was assessed by the respective items of the Juvenile Victimization Questionnaire and additional self-developed questions. A computer-based self-administrative questionnaire using laptops was conducted in class. **Results:** Lifetime prevalence of any kind of contact and non-contact CSA was 46.2% in girls, and 40.1% in boys. Past year incidence rates were 32.2% for girls, and 18.2% for boys. Contact CSA was reported by 22.8% (lifetime) and 14.6% (past year) of the girls, and 9.5% (lifetime) and 7.1% (past year) of the boys. German speaking parts of Switzerland showed the highest rates of CSA. **Conclusions:** Even in a well developed country like Switzerland CSA is a frequent phenomenon. Measures to improve prevention are urgently needed.

Maier Thomas, University Hospital Zurich; Mohler-Kuo, Meichun; Landolt, Markus A., Children's Hospital Zurich; Jud, A.

Annual Incidence of Disclosed Cases of Child Sexual Abuse in Switzerland: The Optimus Agency Study

Background: A large number of cases of Child Sexual Abuse (CSA) are not reported to any authority or agency. In addition to epidemiological surveys, there is a need to assess the number of cases of CSA disclosed to agencies. We report findings from a nationwide agency survey assessing the annual incidence of disclosed cases of CSA. **Methods:** We conducted an internet based comprehensive survey on cases of CSA and other forms of maltreatment involving more than 1400 agencies in all 26 cantons of Switzerland. Agencies were classified into three categories: 1) tutelary (civil) child protection agencies, 2) penal authorities, 3) voluntary services of child protection. Data was collected online, using a modified and translated version of the NIS-4 data form. **Results:** A total of 2509 cases of child abuse were reported during the 6-months collection period whereof 1303 were classified as sexual. Data about the nature and severity of maltreatment, characteristics of the children involved, perpetrators, families, and interventions initiated by the agencies will be presented. **Conclusions:** The results of the study contribute to a better understanding of how, when and by whom cases of CSA are disclosed. Patterns of maltreatment and services' involvement are identified and allow for a discussion of needed improvements in child protection services.

Schönbucher Verena, University Children's Hospital Zurich, Maier, Thomas; Mohler-Kuo, Meichun; Schnyder, Ulrich, University Hospital Zurich; Landolt, Markus A., University Children's Hospital Zurich

Disclosure of Child Sexual Abuse by Adolescents in Switzerland: Results from a Qualitative In-Depth Study

Background: Victims of child sexual abuse (CSA) often disclose the abuse with a considerable delay. They seem to particularly be concerned to inform their parents about the abuse. We did a qualitative in-depth study on disclosure patterns by adolescent victims of CSA in Switzerland. **Methods:** Twenty-six adolescent victims of CSA (23 girls, 3 boys) were interviewed. In addition to standardised measures on mental health and sexual abuse experiences, qualitative open questions on the disclosure process were applied. A qualitative content analysis according to Mayring (2008) was performed. **Results:** Less than a third (N = 8) of participants immediately disclosed the CSA to another person. Recipients of both immediate and delayed disclosure were in most cases peers. Except for one participant, all have informed friends about CSA, while more than a third (N = 10) had never disclosed the abuse to a parent. Main motives for non-disclosure towards parents were lack of trust or not wanting to burden parents. **Conclusions:** Our results confirm previous findings that delayed or non-disclosure of CSA to parents is common. Instead, friends are regarded as more reliable confidants. Since parents, compared to peers, have in most cases more competence to disrupt CSA, the facilitation of disclosure to parents should be given specific attention in prevention programmes.

Munk-Andersen Ebbe; Doulgerof, Ivan, Danish Red Cross

Working with Traumatized Asylum Seekers – Professional Intervention with an Overarching Focus on Re-Establishing Basic Human Rights

The basic human rights of asylum seekers have often been violated before the arrival in Denmark and they continue to be challenged to a certain extent while the asylum case is being tried. As professionals we meet the asylum seekers during a period of great uncertainty and we are faced with multiple challenges concerning “best practice” approaches to traumatized human beings. Hence, means and ways ahead for professional intervention are heavily influenced by various practical, financial, and legal restrictions in the asylum phase. These challenges bring the underlying platform of Human Rights to the foreground and firmly place our professional responsibility within this greater context. In line with the Declaration of Human Rights, it is our obligation to ensure a safe, meaningful, and dignified wait at the asylum centers. The assessment and treatment of trauma are part of a general resilience promoting effort with an overall aim to ensure elements of basic human rights. By illustrating our experience through presentations on psychological screening, psycho-education, and resilience-promoting living conditions, we wish to shed light on some challenges and possibilities concerning human rights and psychotraumatology when working with asylum seekers.

Andersen Mette Helweg; Doulgerof, Ivan, Danish Red Cross

Psychological Screening as a Mean of Assessing Risk Factors among Asylum Seeking Children

In Denmark, asylum seekers are subjected to the “Law of Social Service” which outlines the structure of interventions intended for citizens with physical, social, or mental disability. The services implied by this legal framework might be argued to somewhat conflict with the liminal status of the asylum seeker, accentuating the tension field between universal human rights and national legal rights that professionals working within the asylum system need to navigate. With this in mind, the Danish Red Cross initiated a new practice of psychological screenings of all arriving children in the beginning of 2009. The purpose was to assess and identify those children who have either developed psychological difficulties or are at risk of doing so. A research study on the psychological screenings resulted in a publication (Shapiro et al., 2010) concluding that more than 50% of children were assessed to be at risk upon arrival. The problems are often associated with human rights violations such as violence, torture, and other life threatening events which many times have resulted in severe traumatic stress – either directly or, more often, secondary through a parent. The screenings therefore enable earlier coordinated psychosocial attention, e.g. treatment, counseling, and/ or psycho-education.

Vestergaard Andersen Kirsten; Doulgerof, Ivan, Danish Red Cross

Psycho-Education: Empowering Asylum Seekers

In the Danish asylum system, we intervene with psycho-educational group sessions that aim at re-establishing basic human rights such as increased agency and resilience. The methods used are varied (traditional teaching, workshops, and joyful play), acknowledging the complexity of difficulties experienced as a result of prior traumatic experiences, disempowerment, living in exile, not being able to plan for the future etc. The psycho-educational intervention aims at enhancing the participants’ knowledge on trauma, exile, and self-regulation through education, generalization, normalization, and sharing of experience. There is a strong interpersonal focus on feeling safe within the group-setting which challenges many traumatized individuals since interpersonal trauma in many cultures is considered taboo, leaving the individual alone with the memories, thoughts, and feelings. By offering this type of intervention we want to facilitate new perspectives on symptoms and reactions and enable the participants to gain new and more helpful coping strategies. With children and parents, the intervention aims i.a. at promoting supportive parenting skills. In this way a psycho-educational intervention supports the asylum seekers in their current life situations, and by improving resilience it equips them to meet future challenges.

Seidenfaden Dea, Denmark; Dougerof, Ivan, Danish Red Cross

Resilience-Promoting Living Conditions for Asylum Seekers

One of the most vulnerable groups in the Danish asylum system consists of families who are not deemed eligible for asylum, but at the same time, cannot return to their country of origin. Such families are faced with great uncertainty, living in the asylum system for up to 9–10 years, without benefitting from the general rights that apply to Danish citizens. Viewed from one perspective this might be considered an obstacle to the re-establishment of their human rights. This situation calls for increased professional awareness as it is difficult to discriminate symptoms of traumatic stress and symptoms stemming from pro-longed stay at asylum centers. As the Danish State in 2008 let 16 such families move out of the asylum centers, the Danish Red Cross was determined to document the effect of this change of environment and agency. A qualitative study was made, investigating the experienced difference between living in an asylum center versus living in the community. The findings were published (Seidenfaden, 2009) and the results were unambiguous: even though none of the families' legal rights changed, the well-being of all children was dramatically improved. In this way, the study allows for a heightened awareness of factors that might promote resilience versus maintenance in relation to traumatic stress.

Bal Sarah; Tierens, Marlies, Ghent University

Risk and Protective Factors in Traumatized Children and Adolescents

In the aftermath of a traumatic event children or adolescents do not necessarily experience negative psychological consequences. Whether they develop trauma-specific symptoms is related to risk and protective factors associated with 1) the traumatic event, 2) the child and 3) its environment. The presentations in this symposium will examine the roles of several risk and protective factors in children, adolescents and parents who were confronted with a single non-interpersonal trauma.

De Soir Erik, Royal Military Academy Brussel; Zech, Emmanuelle, Louvain University; Alisic, Eva, University Medical Center Utrecht; Versporten, Ann; van Oyen, Herman, Scientific Institute of Public Health Brussel; Kleber, Rolf; van der Hart, Onno, Utrecht University; Mylle, Jacques, Royal Military Academy Brussel

Children Following a Technological Disaster: PTSD Predictors and Risk Factors

This presentation aims to describe the risk factors for the development of posttraumatic stress reactions (PTSR) in children involved in a technological disaster which took place in the industrial zoning of Ghislenghien (Belgium) on July 30th 2004. The children in the area surrounding the disaster, involved in various degrees, were assessed at four months (T1) and at fourteen months (T2). At T1 and T2, respectively 7% (n = 128) and 4% (n = 69) of the responding children showed severe PTSR. Among the children involved in the disaster, 60% of those who presented PTSR at T1, recovered of these symptoms at T2. One child developed severe PTSR between T1 and T2. The results indicate that several risk factors were related to the severity of PTSR: 1) type of exposure to the disaster; 2) peritraumatic dissociation during or immediately after the disaster, i.e. peritraumatic dissociation; and 3) dissatisfaction with the received psychological support.

Tierens Marlies; Bal, Sarah; Crombez, Geert, Ghent University; Deboutte, Dirk, Collaborate Antwerp Psychiatry Research Institute

Gender Differences in the Development of Trauma Symptoms

It is widely acknowledged that, compared to boys, girls are more at risk of developing PTSD or other trauma-specific symptoms when they are confronted with a traumatic event. Research shows that the development and severity of trauma-symptoms is closely connected with a number of risk and protective factors such as characteristics of the traumatic event (e.g. severity), individual characteristics (e.g. negative appraisals, coping)

and environmental factors (e.g. social support). Only a few studies investigated whether these influencing factors function differentially in the development of trauma symptoms in boys and girls.

As road traffic accidents (RTA) are internationally considered as one of the most common traumatic experiences for adolescents, this study investigated two samples of young traffic victims. 1) A community based sample of 3000 students completed questionnaires on their experience with road traffic accidents; 2) a sample of 150 adolescents who consulted an emergency department after an RTA were interviewed one month and more than six months after the accident. Results will show whether gender moderates the relation of risk and protective factors with trauma symptoms. Insight in these gender differences can offer new opportunities for the prevention of long term psychological problems.

Bal Sarah, Ghent University Hospital; Tierens, Marlies, Ghent University; Deboutte, Dirk, Collaborate Antwerp Psychiatry Research Institute; Crombez, Geert, Ghent University

Stress Reactions in Parents of Young Traffic Victims

Adolescents who experienced a traffic accident with injury run serious risks to develop posttraumatic stress reactions. Research on the psychological consequences for young traffic victims is intrinsically connected with the study of influencing factors, such as the protective role of familial support. Stress experienced by the victims' parent can have a strong influence on the stress response of the child and vice versa, and can influence the process of social support. Children have a higher risk to develop posttraumatic symptoms if (one of) the parents as well exhibit stress symptoms caused by the accident. Most studies focussed on the role of the mother while research showed that stress symptoms of the father also predicted stress symptoms in the child. In addition, parents are not always capable to correctly assess the problems of their child. This entails the risk that parents underestimate the emotional repercussions of the accident on the child and that they therefore would give less efficient support. Differences between symptom perception of the victim between adolescent, mother and father, as well as the predictive role of the parent stress reactions on the victims' problems were studied in a group of 150 adolescent traffic victims who were referred to emergency departments. Results of this study will be discussed.

Nollet Lore; Tierens, Marlies; Bal, Sarah; Ghent University Hospital

The Role of Parenting Styles in Trauma Symptoms

Parenting behaviours are known to affect the development trajectories of children. Positive parenting styles are related to positive child outcomes, while negative parenting styles are associated with increased risk for both internalizing and externalizing problems. Only a few studies focused on the relation of parenting behaviours to the development of traumatic symptoms. These studies identified hostile, coercive or controlling parenting styles as a predictor of PTSD. However, most studies focused on type II trauma and little is known about the role of parenting styles in the processing of a single event trauma.

In a sample of 80 traffic victims (10–17years) who consulted an emergency department after a road traffic accident the roles of different parenting styles (responsiveness, behavioural control, psychological control and autonomy support) on trauma symptoms and perceived social support by the victim after the accident were investigated. The results of this study will be discussed in this presentation.

Winje Dagfinn; Arefjord, Kjersti; Hansen, Anita L.; Dovran, Anders, University of Bergen/Haukeland University Hospital; Waage, Leif, Correctional Service Region West Norway/Haukeland University Hospital; Dalsboe, Savita A., St Olav's University Hospital

Childhood Trauma and Correlates: Findings from Screening in Exposed Groups

The fact that patients seldom spontaneously disclose traumatic experiences necessitates that clinicians ask patients about potential traumatic events and trauma-related symptoms. Trauma screening gives clinicians' means for initiating dialogue with individuals about their trauma experiences. The Trauma Psychology Research Group, Faculty of Psychology, University of Bergen has initiated a screening project and collected data about the psychological effects of trauma in exposed groups of civilians.

Assessing five types of childhood maltreatment, Childhood Trauma Questionnaire (CTQ), help mental health professionals identify persons who are at risk for trauma-related symptoms. Symptom Checklist-90-Revised (SCL-90-R) and Impact of Event Scale-R (IES-R) are widely used to assess general psychological symptoms and specific posttraumatic symptoms, respectively. Some of the results from the screening project are presented by the four speakers in this symposium.

Dalsboe Savita A., St Olav's University Hospital; Winje, Dagfinn; Arefjord, Kjersti, University of Bergen; Dovran, Anders; Hansen, Anita L., University of Bergen/Haukeland University Hospital; Waage, Leif, Correctional Service, Region West/Haukeland University Hospital

The Minimization Scale in Childhood Trauma Questionnaire (CTQ): Additional Information or Unnecessary Addition?

Childhood Trauma Questionnaire comprises three "minimization" items ("There was nothing I wanted to change about my family"; "I had a perfect childhood"; "I had the best family in the whole world.")

Endorsement of one or more of these items may be regarded a minimization tendency if the total CTQ score indicates presence of childhood trauma. CTQ is a widely used instrument, but very few authors have reported findings related to this validation score. The associations between "Minimization score" and CTQ trauma score within the total sample and subsamples will be presented.

Dovran Anders, University of Bergen/Haukeland University Hospital; Winje, Dagfinn; Arefjord, Kjersti, University of Bergen; Hansen, Anita L.; University of Bergen/Haukeland University Hospital; Dalsboe, Savita A., St Olav's University Hospital; Waage, Leif, Correctional Service West Bergen

Childhood Trauma and Symptom Correlates among Exposed Adolescents and Young Adults

The total sample (N = 404) comprises four subsamples: patients in mental health (n = 101) or drug abuse treatment (n = 126), persons currently or previously placed in mandated foster care (n = 69) and prisoners (n = 108) were screened for childhood trauma (CTQ) and psychological symptoms (SCL-90-R and IES-R). The results indicate strong dose-response associations between experiences of complex childhood trauma and clinically significant levels of current symptoms of posttraumatic stress and general psychological distress.

Arefjord Kjersti; Winje, Dagfinn, University of Bergen; Dovran, Anders; Hansen, Anita L., University of Bergen/Haukeland University Hospital; Dalsboe, Savita A., St Olav's University Hospital; Waage, Leif; Correctional Service/Haukeland University Hospital

Psychological Correlates of Family and Peer Rejection in the Context of Trauma

The family and the peer group are the two main sources of social and psychological support for young persons. What are the effects of abandonment from the parents (through intrafamilial abuse and neglect) and abandonment from the peer group (through bullying) on later psychological symptoms? The study examined these effects on later posttraumatic psychological symptoms. Analyses indicate interesting patterns in the different subsamples regarding the associations between family and peer abandonment on later psychological health.

Waage Leif, Correctional Service, West/Haukeland University Hospital; Winje, Dagfinn; Hansen, Anita L.; Arefjord, Kjersti; Dovran, Anders, University of Bergen/Haukeland University Hospital; Dalsboe, Savita A., St Olav's University Hospital

Childhood Trauma and Correlates with Adult Attachment Style among Inmates in Bergen Prison

Childhood trauma may have significant associations with the development of attachment styles which are important in coping with trauma in adult life. In the present study adult attachment style was assessed by using the

Experiences in Close Relationships Inventory (ECRI) in a group of prisoners (N = 108). The associations between attachment style (ECRI), types of childhood trauma (CTQ), symptoms of posttraumatic stress (IES-R) and general psychological distress (SCL-90-R) were examined, and the findings will be presented.

Scholte Pim, Equator Foundation & University of Amsterdam

Good Practice in the Care for Survivors of Human Rights Violations

This symposium addresses methods to respond to the needs of survivors of torture and other human rights violations. Two presentations report on the consecutive transnational research projects of six European institutions providing healthcare and support to this target group.

These studies were directed towards the development of norms for, and the promotion and dissemination of best practice. Another presentation addresses the evaluation of a prevention program for female victims of human trafficking. The last presenter reports on the findings of a study on torture-related somatization and discusses relevant treatment strategies.

Bittenbinder Elise, BAfF

Good Practice in the Care of Victims of Torture: A European Project to Formulate Criteria and Recommendations

Rehabilitation centers working with victims of torture and human rights violations have to work in the space between the fields of health and human rights, and their work is often influenced by highly controversial debates in society and politics. The work is highly demanding: professionals run the risk of burnout or vicarious traumatization, and often work under social and moral pressure. Five European institutions providing healthcare and support to survivors of torture have cooperated in a transnational project directed specifically towards the development of norms for best practice. An essential element of the project was the use of self-evaluation as an internal method by which the organizations used team days to critically evaluate their own work within four core domains of their activities. Feedback was elicited through sharing the outcomes with the project partners as well as with external evaluators, using systematic outcome mapping during the evaluation process. This participatory evaluation process brought forth key issues such as: the need for a linkage of treatment and advocacy; the tensions between professional neutrality and the political context; the balance between precariousness and resilience; and the capacity for change that makes systems resilient. This presentation will address the working methods as well as the project's outcomes and recommendations.

Thompson Marie, Equator Foundation; Schoonbeek, Esther; Bittenbinder, Elise, BAfF; Scholte, Pim, Equator Foundation & University of Amsterdam

Working and Treatment Methods Used with Victims of Torture and Human Rights Violations – A European Project for the Promotion and Dissemination of Good Practice

Victims of human rights' violations represent a tragic consequence of politics, warfare and human trafficking. In most European countries there are specialised organisations in place to address the needs of victims of human rights violations and human trafficking. Although there is extensive relevant expertise, those in the field have noticed that the expertise is not adequately transferred and disseminated among the health professionals. This current project aims to identify working and treatment methods employed across six European organisations. Data suggests there are a wide range of methods used in responding to the needs of this client group, with a large degree of overlap across organisations. Participating organisations have been emphasising different aspects of treatment and their different ways of working, reflecting the varying ethos, remit and political climate. Common themes are being identified, relating to the threats experienced by the organisations' continued implementation of their methods. The project is additionally trying to find indicators for qualities which are agreed to be essential for the centers work such as empowerment, diversity, the capacity for conflict and the ability to work within a controversial context. The findings of this research will be useful to inform guidelines for good practice in the care of victims of human rights' violations.

Young Holly; Thompson, Marie; Schoonbeek, Esther, Equator Foundation; Scholte, Pim, Equator Foundation & University of Amsterdam

Mental Health Prevention in Victims of Human Trafficking: Evaluation of a Mental Health Prevention Group

The psychological consequences of human trafficking and subsequent forced prostitution are profound and far reaching. A group program has been established within the Amsterdam Coordination Point for Victims of Human Trafficking to prevent deterioration in mental health following a trafficked situation. The research presented here evaluated the effectiveness of this group in preventing deterioration of symptoms of PTSD, depression, anxiety, and hostility as well as preventing a decline in self esteem and assertiveness. The group was also evaluated in terms of the extent to which participants' knowledge and implementation of psycho-education and symptom management techniques increased. Women were interviewed when they first came to the centre and after they had attended the group on four occasions. The study took the form of a repeated measures design where 44 women completed the first interview and 27 of those completed a second interview also. Participants did not report an increase in symptoms over the course of the group. Some symptoms of PTSD, depression, anxiety and hostility decreased. Symptoms of disturbed sleep remained the same pre and post group but did not increase. Participants found it difficult to implement symptom management techniques outside the group. Qualitative data highlights participants' high levels of satisfaction with the group.

Rohlof Hans, Foundation Centrum '45

Torture as a Cause for Somatization in Refugees with PTSD

Background: Torture is the most serious human right violation. Refugees who have been tortured usually show a mix of psychological and somatic complaints. In order to find out whether there is a difference between psychological and somatic symptoms in patients who were submitted to torture and those who were not, the amount of somatization and the connection with torture was analysed. **Methods:** A clinical population of tortured and non-tortured refugees in care at Foundation Centrum '45 was studied with questionnaires and by means of file research. **Results:** The experience of torture appeared to be quite common in refugee patients: 65% of the refugees had undergone torture in earlier life at least once. These tortured refugees presented many somatic complaints next to their psychopathology: headache and backache are among the most common complaints. However, in non-tortured refugees scores on somatic complaints were not lower. **Conclusions:** There appears to be a high amount of somatic complaints in both tortured and non-tortured refugee patients with PTSD. This calls for new treatment strategies where there is more attention for somatic complaints. Further research should prove whether a specialised treatment with attention to function loss in somatic sense combined with psychological treatment has a greater effect on improvement in symptoms than psychological treatment only.

Kouratovsky Victor, Riagg Rijnmond Clinic

The Therapist as a Witness: Clinical Experiences with Human Rights Violations of Refugee Children

Treatment of traumatized refugee children and families includes confrontations with human right violations in the country of origin as well as in the country of arrival. Becoming a witness places the therapist into a delicate choice: to opt for silence or to signal incidents and trends that are in the domain of public concern. What is the position of the therapist when encountering traumatic experiences that belong to the domain of human rights and social justice? Do the professional and social responsibilities of the therapist come into collusion? When does the mental health professional need to go beyond a clinical role and become engaged outside his or her own institutional framework in signaling public concerns? Mental health professionals have ethical codes to deal with family violence; do we also need codes to deal with political violence? Presenters Julia Bala (PhD, clinical psychologist and family therapist), Harry van Tienhoven (MD, family therapist), and Elisa van Ee (MSc, LL.M, clinical psychologist and researcher), work at Centrum '45, the Dutch National Institute for Treatment of and Research into the

Consequences of Organized Violence. Victor Kouratovsky (PhD, clinical psychologist and child and adolescent psychologist) works at Riagg Rijnmond Rotterdam, an outpatient mental health clinic.

van Ee Elisa, Foundation Centrum '45

Children Born of War, Clinical Implications of a Human Rights Perspective

All over the world mass rape and forced impregnation increasingly has been used as a weapon of war. Reports of tens of thousands rapes as part of a systematic policy of ethnic cleansing in the former Yugoslavia stirred the international community to discuss rape as war crime or genocide. According to a report from the WCIP, tens of thousands of infants have been born of wartime rape or sexual exploitation in the last fifteen year alone. Despite the increased legal attention for the suffering of these women, almost no attention was paid to the fate of these children. In this presentation it is argued that the silence surrounding children born of war in legal discourse resonates within clinical discourse. There are multiple ways in which these children are harmed: as victims of war crimes, of infanticide, of neglect, abuse or poor parenting, and of discrimination and stigmatization. Despite their mental health needs children born of war fall through the cracks. Combining knowledge from research and clinical practice four key issues are formulated in this presentation; war born children as secondary rape victims, victims of multiple perpetrators, identity issues and competing interests. This presentation hopes to contribute to a discussion of the integration of respect for the needs and rights of rape survivors with those of their children in the aftermath of armed conflict.

van Tienhoven Harry, Foundation Centrum '45

The Therapist as a Witness: Clinical Experiences with Human Right Violations of Refugee Children

Human right violations in country of origin, PTSS, unaccompanied minors: In conflict areas suicide bombers are a growing problem for the local population. Young boys are contracted against their will to be trained. Some of them succeed to liberate themselves and seek refuge in Western countries often with feelings of worry about their families in their home countries. Mental health professionals are confronted with the aftermath of their experiences: posttraumatic stress disorder, anxiety and depressed mood. They take notice of the fear of these youngsters of being returned against their will and await repercussion. Last year we saw a growing number of these cases and asked ourselves if we could restrict ourselves only to the psychological problems.

Is it not our duty to ask for public attention for these human right violations? What can we from the position of witness do with our "knowledge"? How can we help to give a voice to our clients, instead of silencing them? How far can we stretch our therapeutic boundaries and how can confidentiality be guaranteed? This presentation hopes to clarify these issues and discuss with the audience a policy in which good care can be combined with a constructive answer on these human right violations.

Bala Julia, Foundation Centrum '45

Transcending Medicalization and Politization

Witnessing political violence that led to extreme violations of human rights of traumatized children and families and yet remain insufficiently known in the public domain can raise ethical dilemma's and questions of social responsibility in the therapist. In which way does the therapist assume a witnessing position? How should the therapist act? How to reconcile confidentiality and concerns for the safety of the client with concerns that have broader social ramifications? How can a therapist avoid the pitfalls of a medicalization vs. politization? The therapist has a range of options, from a testimony method to the signaling of the human rights violations, to bring facts or memories outside the institutional framework in which the therapeutic intervention takes place. Therapy will be discussed as a balancing act between personal and socio-political domains, between private and public, between traumatic experiences and empowerment.

Kouratovsky Victor, Riagg Rijnmond Clinic

NO FUTURE [?] Trauma Therapy for Refugee Children and Adolescents Denied of Permanent Stay

In the Netherlands, when medical treatment is needed an exception is made for refugees denied of permanent stay: they are allowed to stay and awarded accommodations for the time needed for therapy. In the case of children and adolescents, special difficulties and dilemma's arise. These difficulties will be illustrated with three clinical case vignettes: 1) A 5-year old girl with seizures since witnessing the violent gang rape of her mother, 2) A young man traumatized as a boy waiting for his 18th birthday, and 3) A 14-year old girl who is stateless.

The vignettes illustrate that biopsychosocial development is context dependent. Trauma therapy with children and adolescents means repairing and furthering the development that is arrested, stunted, or otherwise impaired by trauma. It involves first and foremost a sense of basic security and stability on which a sense of agency can prosper, skills can be acquired as well as a motivation to become valuable to society. The vignettes also help to illustrate the validity of recent insights about the working of human memory and trauma. Memory is triggered and formed by current context and circumstances that can keep trauma and feelings of being unprotected, unwanted, helpless and having no future, very much alive. These considerations lead to a call for special attention for the rights of children as part of basic human rights.

Saunders Ben, Medical University of South Carolina

Challenges and Solutions to Implementing Trauma Treatment: Reports from Norway, Africa, and the U.S.

There is significant interest in implementing evidence-based trauma interventions in front-line community service agencies and NGOs. Numerous ongoing projects are implementing TF-CBT worldwide, primarily due to the strong empirical support for its efficacy with traumatized children. These projects are working with diverse populations and service delivery systems in high and low resource countries using several approaches to dissemination, training, implementation, and sustained use. This symposium will report data and experiences from three projects implementing TF-CBT in community service systems which are being conducted in Norway, sub-Saharan Africa, and the US. TF-CBT has been implemented in Zambia in both rural and urban areas meeting the challenges presented by low resource nations. Project BEST (USA) involves both mental health clinicians and brokers of services working together through a learning collaborative format to implement TF-CBT in their communities. In Norway, TF-CBT is being implemented in community clinics where therapists must have competency in all youth mental health problems, not only trauma. These projects have encountered and overcome specific cultural and service system delivery barriers at the individual, organization, and community levels to transporting, implementing and sustaining the use of TF-CBT. Presenters will discuss these barriers and the approaches taken to manage them. Similarities and differences in the obstacles identified across diverse projects, the solutions found, and emerging themes will be discussed. Related qualitative and quantitative data will be reported.

Saunders Ben, Medical University of South Carolina

Project BEST: A Social Economic, Community-Based Approach to Implementing Evidence-Based Trauma Treatment for Abused Children

Evidence supported interventions for trauma-related problems have been developed and tested. However, how best to deploy these interventions to front-line community service organizations and insure they are used is still an open question for the growing field of implementation science. Past research has demonstrated that common continuing education approaches are inadequate (Fixsen et al., 2005). The emerging Learning Collaborative model for implementation (Markiewicz et al., 2006) uses multiple training events, active learning methods, ongoing expert clinical consultation, system change procedures and other elements with participating organization teams to achieve adequate implementation and fidelity. Project BEST (www.musc.edu/projectbest) is a statewide (South Carolina, USA) implementation project for TF-CBT that uses a unique Community-Based Learning Collaborative (CBLC) approach. Based on a social economic model, in a CBLC, communities are the target unit. Clinicians and

brokers of mental health services (e.g., child welfare workers) form community change teams, and together go through a learning collaborative with the goal of implementing TF-CBT in their communities. To date, 3 CBLCs have been conducted involving 168 clinicians (94 (42%) of which have completed all requirements) and 58 brokers from 8 community change teams. This presentation will describe specific obstacles to implementation encountered at the individual, organization, community, and state levels, and explain how these challenges have been met. Data describing community implementation outcomes will be presented.

Jensen Tine K., University of Oslo

Implementing TF-CBT in Regular Clinics – Therapist Barriers and Children’s experiences

Implementing evidence supported interventions poses several challenges both at a professional and organisational level. Often mentioned obstacles are related to transferring models from a controlled environment (universities or specialized clinics) into ordinary clinics. Therapists in ordinary clinics are expected to be highly trained in several therapy models covering a range of clinical problems. Learning a new model while seeing other patients or having other demanding tasks may influence how therapists learn and deliver an intervention. This may in turn result in interventions that vary from the model the research results were based on. Data from an effectiveness study in Norway that is implementing TF-CBT in eight child guidance clinics will be presented. Traumatized youth are randomly selected to a treatment as usual group or a TF-CBT group. 160 youth are recruited to the study and 30 therapists have been trained in TF-CBT. Focus will be on diverse challenges that were encountered at the professional level. How much training and supervision was needed to secure sufficient treatment fidelity? What professional barriers did the therapists face when learning to use an EBP such as TF-CBT and how did they overcome these challenges? What specific challenges were encountered when working with severely and multi traumatized youth and what solutions seemed to be beneficial? These challenges and solutions will be analysed in light of qualitative interviews from the children and parents involved in the treatment. Interviews eliciting the perspectives of the youth and parents give valuable knowledge and can inform practice.

Murray Laura, Johns Hopkins University

The Science of Implementing TF-CBT in Zambia

Epidemiological studies from the US estimate overall trauma exposure in children to be 25–45%. Studies in Western countries have demonstrated that cognitive behavioral therapies (CBT), and specifically Trauma-focused Cognitive Behavioral Therapy (TF-CBT), are highly effective in treating sequelae of child trauma. However, few evidence-based programs (EBPs) for child trauma have been applied or tested cross-culturally in low-resource settings. Recent global mental health research suggests that disseminating EBPs is feasible and can be significantly effective for reducing mental health symptoms and increasing functioning. However, there is limited literature describing the implementation science of such work, or the process of how to adapt, implement, and disseminate such models. This presentation will describe the implementation science of TF-CBT in Zambia with a focus on cultural application and building a sustainable supervision structure. The process involved a number of steps that build on one another.

These include: 1) identifying locally relevant mental health problems and needs, 2) developing tools to assess these needs, 3) selecting an appropriate EBP that specifically targets these needs, 4) providing apprenticeship style training and supervision that targets sustainability from the beginning, and 5) careful, locally-driven, supervised, application to effectively deliver TF-CBT in a manner that includes both fidelity and flexibility. Challenges and solutions within each of these steps will be discussed, and relevant data will be presented.

Bering Robert, Alexianer-Institute of Psychotraumatology; Orenco-Garcia, Francisco, SEPET

Initiatives of the European Commission for Target Group Oriented Psychosocial Aftercare Programs-Implementation: Results of EUTOPIA-IP

Following disasters, psychological after-effects such as Post Traumatic Stress related disorders are to be expected among the survivors, their relatives, and among first aid uniformed services personnel.

For these reasons, the European Commission (EC) initialized the pan-European coordination of crisis intervention programs for psychosocial aftercare. In this context, our symposium has the following objectives: To begin with, former and current projects supported by the EC are going to be summarized. Second, the process of developing Multidisciplinary Guidelines (MG) on early psychosocial interventions will be presented. Third, the latest development on the Target Group Intervention Programme (TGIP) is given. Fourth, we will show how the approach of the International Classification of Functioning, Disability, and Health (ICF) helps to understand resilience, stress response syndromes and impairment of functioning caused by disasters. Fifth, we want to present our conclusions about what we have learned from our training experiences in Germany, Spain and the Czech Republic to disseminate the TGIP and MG.

We conclude that crisis intervention programs such as TGIP have to be synchronized with MG to develop pan-European standards of the EC. Finally, we will present our work regarding the need to integrate the frame of the ICF in TGIP and MG.

Schedlich Claudia, Alexianer-Institute of Psychotraumatology; Zurek, Gisela, Public Health Department Duesseldorf; Orenge-Garcia, Francisco, Francisco, SEPET; Bering, Robert, Alexianer-Institute of Psychotraumatology

Initiatives of the European Commission to Develop Pan-European Standards for Crisis Intervention Programs

In the last 10 years, the European Commission (EC) funded various projects, which aimed to develop and optimize quality standards and Multidisciplinary Guidelines (MG) in psychosocial crisis management as well as to foster networking of the involved institutions and professionals. We will present the main conclusions of the projects. Furthermore, we are going to address the following questions: How are the different measures, interventions and resources linked to the needs of those affected? What are the actual approaches in solving interface problems for transition from acute to mid- and long-term psychosocial support? What are the significant of mid- and long-term psychosocial measures of Target Group Intervention Programme (TGIP) for the outcome of psychosocial crisis management? We conclude that common terminology on measures and interventions of psychosocial crisis management have to be generated. Furthermore, measures of mid- and long-term psychosocial aftercare have to be integrated in the MG of the EC.

te Brake Hans; Dückers, Michel; Rooze, Magda, Impact Amsterdam

Multidisciplinary Guideline. Early Psychosocial Interventions after Disasters, Terrorism and other Shocking Events

Although most victims of disasters, terrorism, or other shocking events recover on their own, a sizable amount of these victims develop long-term disaster-related problems. These victims should receive timely and appropriate psychosocial help. Focus of this contribution is the development of guidelines on psychosocial interventions during the first 6 weeks after a major incident. Scientific literature, expert opinions and consensus among relevant parties in the clinical field were used to formulate the recommendations. Early screening, a supportive context, early preventive and curative psychosocial interventions, and the organization of interventions are covered. The implications for the clinical field and future research are discussed. It is concluded that the international knowledge base provides valuable input for the development of national guidelines. However, the successful implementation of such guidelines can take place only if they are legitimated and accepted by local key actors and operational target groups. Their involvement during the development process is vital.

Zurek Gisela, Public Health Department Duesseldorf; Schedlich, Claudia; Bering, Robert, Alexianer-Institute of Psychotraumatology

Latest Research on the Validation of the Target Group Intervention Programme

The Target Group Intervention Programme (TGIP) is considered a secondary preventive concept of individual psychosocial aftercare and describes every intervention step from psychological primary care to indicated

psychotherapy more specifically. Our concept is based on the opinion that process-orientation and identification of risk-groups is successful in driving forth effective crisis intervention programmes. The latest development on the TGIP is given compiled by demonstrating data from the deployment of German Afghanistan soldiers as well as from the Love Parade Disaster in Duisburg. We draw the conclusion that cumulative psychotraumatic exposure, peritraumatic dissociation, objective severity of the event, subjective evaluation of the event and reaction of the social and vocational environment are to be rated as ubiquitous factors which promote the development of stress disorders. The results of our field studies are in line with meta-analyses conducted for this purpose. According to the current state of the art of European guidelines, we place a great importance on psycho information as a risk-independent measure in the scope of psychosocial aftercare after major losses and disasters.

Bering Robert; Kelley, Anna, Alexianer-Institute of Psychotraumatology; Orengo-Garcia, Francisco, SEPET

International Classification of Functioning, Disability, and Health (ICF) in the Field of Psychotraumatology

Disaster, terror and other shocking events cause stress response syndromes, functional impairment and changes in the environment. However, in literature the mental disorders caused by disasters are described in the terminology of ICD-10 and DSM-IV, which are based on a bio-medical model and only marginally describe functional impairment and social factors. A standardized description of the interaction between individual and social factors is excluded. It is precisely here that the International Classification of Functioning, Disability, and Health (ICF) complements the ICD-10 and was recently adapted to children and youth (ICF-CY). The ICF is based on the following components: Body functions and structure, activities and participation as well as environmental factors. The ICF is based on a bio-psycho-social model. For this, we describe how the ICF is useful in describing the effects of stress response syndromes on functional impairment and the interaction with context factors. We summarize the state of the art in the validation of ICF core sets for mental disorders. Based on single case studies, we demonstrate how ICF core sets may be useful to describe the effects of disaster on (mental) health condition. We conclude that the frame of the ICF has to be integrated in crisis intervention programs such as the Target Group Intervention Program. Furthermore, ICF core sets have to be validated to be properly used in the field of psychotraumatology.

Orengo-Garcia, Francisco, SEPET; Pasch, Ulrich; Zurek, Gisela, Public Health Department Duesseldorf; Vymetal, Stepan, Charles University Prague

What Have We Learned from Our Training Experiences with the TGIP and Multidisciplinary Guidelines on Early Intervention?

The different training seminars we performed in the frame of EU project EUTOPA IP showed that the TGIP model is a valuable tool for those professionals involved in the early intervention with victims of disasters and catastrophes. The model works on the level of risk factors and not on present symptoms. This approach offers a much more prophylactic prospective in the sense of the detection of those who may develop pathological posttraumatic responses in the short and long run. The different audiences that were present in the training seminars discussed issues like the time frame in which the so called Cologne Risk Index (CRI) should be applied. The CRI is one of the central pieces of the TGIP model, offering a systematic evaluation of pre- and peritraumatic risk factors. The screening instrument as well as the echoes of the different audiences will be presented in detail.

Newman Elana, University of Tulsa

Journalists and Trauma: Qualitative and Quantitative Approaches to Occupational Health

Journalists play a critical role in reporting about trauma, human rights violations, and disaster and fostering resiliency in volatile areas. More information is needed about the stressors experienced, and reactions to such exposure. Further, more information about predictors of responses among journalists is critical to inform what trauma experts may do to support journalists. Panelists will describe data from qualitative and quantitative studies of

working journalists. Klas Backholm will present qualitative information from 28 Finnish reporters covering school shootings, examining short and long-term reactions to covering the story, as well as predictors of emotional reactions. Summer Nelson will present quantitative data on psychological responses, job performance, and predictors of both PTSD and occupational functioning among 150 American reporters. Liselotte Englund will discuss stress reactions and working conditions among 35 journalists covering the 2010 Haiti earthquake. Elana Newman will provide commentary and lead discussion.

Backholm Klas; Björkqvist, Kaj, Åbo Akademi University

Journalists and School Shootings: Psychological Reactions after Work-Related Exposure to a Potentially Traumatic Event

Working in a sudden crisis situation is a natural part of news journalism, accepted by most reporters. Depending on the type of situation at hand, journalists working on the scene during a crisis might be primarily exposed to the event, or indirectly exposed, via carrying out interviews with eyewitnesses or similar tasks. In the present study, Finnish news journalists' psychological reactions after working on the scene during the Jokela (2007) and/or Kauhajoki (2008) school shootings were investigated, from a qualitative perspective. Interviews were carried out 1.5 (Kauhajoki) to 2.5 (Jokela) years after the incident, and reported reactions were analyzed using a conceptual framework approach. Twenty-eight journalists, representing newspapers, radio and TV, participated, divided equally between the two cases. The presentation will include central topics occurring in the interviews, highlighting reactions both directly after the assignment (helplessness, inability to work, etc.) as well as long-term reactions (avoidance, disturbing memories, etc.). Also, factors suggested to predict stronger emotional reactions are discussed, for instance personal family status, type of tasks on the scene, and previous exposure to crisis-related work.

Englund Liselotte, Media AB, By Kyrkby

Stress Reactions and Working Conditions among Journalists Covering the Earthquake in Haiti 2010

It is known that a strong professional identity can be helpful when journalists report from challenging work situations such as disasters. This is also confirmed in a recent survey among Swedish and Norwegian journalists from press, radio and television that covered the earthquake in Haiti in 2010. Working professionally with a different mission rather than helping, puts the role conflict to the edge between working as journalist and that of also being a human eyewitness. When studying journalists in their role covering disasters, not only do we learn about them, but also about their interactions and possible interventions with the victims, while interviewing and photographing. This study combined theoretical perspectives from the field of media and journalism research with that of psychotraumatology. About 35 reporters and photographers from the two Scandinavian countries participated in the study. Preliminary results show that a significant number experienced increased positive activation, while only a few displayed more severe stress responses. The presentation will summarize main findings of the study, e.g. strong sensory input, stress reactions, coping strategies, work situation, needs of psychological support in the short and long term, as well as what motivates journalists to take part in such assignments.

Nelson Summer; Newman, Elana, University of Tulsa

Trauma Exposure in Journalists: Predictors of PTSD and Occupational Functioning

Journalists are frequently exposed to high rates of traumatic events and are at risk for development of PTSD. While rates of trauma exposure and PTSD are documented, occupational outcomes and predictors of occupational dysfunction have not been examined. For example, one construct that may predict both PTSD and occupational dysfunction is emotional intelligence (EI). However, EI has never been examined in a journalist sample. In other samples EI has been found to negatively correlate with numerous psychological disorders and positively correlate with occupational success. This presentation will present data from a survey of American

journalists. Hierarchical regression analyses will be used to determine if emotional intelligence predicts PTSD and occupational functioning after controlling for demographic factors and trauma exposure. Data for this project will be collected throughout the spring.

Thoresen Siri, Norwegian Centre for Violence and Traumatic Stress Studies; Elklit, Ask, National Centre for Psychotraumatology; Michel, Per-Olof, National Centre for Disaster Psychiatry; Flood Aakvaag, Helene; Dyb, Grete; Hjemdal, Ole Kristian, Norwegian Centre for Violence and Traumatic Stress Research

Epidemiological Traumatic Stress Research: Methodological and Measurement Issues

One of the aims of the ESTSS Task Force on epidemiology is to stimulate epidemiological stress studies in Europe. In this symposium, the Scandinavian Task Force subgroup will present an overview of methodological research issues, with a primary focus on measurement of exposure in adulthood and childhood, measures of PTSD, and potential choices for mediators/ moderators.

Flood Aakvaag Helene; Thoresen, Siri; Hjemdal, Ole Kristian, Norwegian Centre for Violence and Traumatic Stress Research

Measurement of Exposure for Potentially Traumatic Events in Adulthood: Review of Selected Instruments

This presentation aims to provide an introduction to selected instruments suited for measurement of exposure to potentially traumatic events in adulthood that may successfully be employed in epidemiologic research. Selected instruments were Conflict Tactics Scale (CTS), Stressful Life Events Screening Questionnaire (SLESQ), Kilpatrick's National Surveys, Harvard Trauma Questionnaire (HTQ) and the exposure part of Composite International Diagnostic Interview (CIDI). The instruments have different scopes of interest and target groups. All have qualities that make them suitable for exposure measurement in an epidemiologic study of traumatic stress, although they differ in main focus, target groups, and suitability for interview versus self report. In this presentation, these instruments will be reviewed based on main focus, number of items, reliability, face and construct validity, and cross-cultural usage. Strengths and limitations of each instrument will be discussed.

Dyb Grete; Flood Aakvaag, Helene, Norwegian Centre for Violence and Traumatic Stress Research

Measures of Exposure to Adverse Childhood Experiences

Childhood neglect, physical-, sexual-, and emotional abuse of children and exposure to parental partner violence are all well-established risk factors of ill-health outcomes. Hence, modern societies emphasize surveillance of these experiences to ensure childhood safety and reduce the risk of adverse health. Surveys of the general population are important data sources for measuring prevalence rates of these risk factors. These large scale epidemiology studies provide such screening opportunities, but often are brief measures required due to cost considerations. This presentation will review well known measures of childhood adverse experiences and discuss validity and reliability of these measures applied in a brief format custom to large scale epidemiological studies. Discussions of these issues in professional networks and meetings may result in a higher level of consensus for use of such measures in upcoming studies. Comparable prevalences across countries in Europe will provide more reliable knowledge and understanding of the scope of childhood abuse and neglect.

Per-Olof Michel, National Centre for Disaster Psychiatry Uppsala; Thoresen, Siri, Norwegian Centre for Violence and Traumatic Stress Studies

Measures of PTSD and Post-Traumatic Stress Reactions in Epidemiological Trauma Research

In this session, we will briefly review some of the most commonly used PTSD measures in traumatic stress research. We will focus both on structured clinical interviews suitable for personal/telephone interviews, and on self-report questionnaires, suitable for both interviews and web/paper-and-pencil surveys. The diagnostic interviews most

widely used in epidemiological surveys of mental health disorders are the Composite International Diagnostic Interview (CIDI), the Structured Clinical Interview for DSM-IV (SCID) and the Mini International Neuropsychiatric Interview (MINI). We will present validity, reliability, completion time, and acceptance for these instruments. The most commonly used self-report questionnaires for post-traumatic stress reactions, and their abbreviated scales, will be reviewed according to number of items, response format, cutoff strategies, reliability and validity.

Elklit Ask, National Centre for Psychotraumatology Odense

Psychological Variables that Possibly Moderate or Mediate the Exposure-Outcome Associations

In this session, a number of psychological factors that candidate as intervening variables will be reviewed. Most epidemiological trauma studies are descriptive. For a better understanding of outcome variations, we think it is important to include a number of psychological factors that can explain some of the variation in outcome measures. Social support and several personality factors (attachment, negative affectivity, self esteem, self-efficacy, and locus of control) together with emotional coping are factors that have been proven to be good predictors in a number of studies. Methods that can measure these factors in an economical way will be presented and discussed.

Knipscheer Jeroen, Foundation Arq/Utrecht University

Mass Traumatization and Mental Health: A Social Perspective

This symposium addresses the psychosocial sequelae of mass traumatization. It is argued how and why the consequences of mass violence may be viewed from an ecological rather than from a trauma perspective. Such an approach is illustrated by the successful implementation of a community based psychosocial intervention program in northern Rwanda, which enables participation of over 1500 genocide survivors per year, and proves to significantly impact on mental health. A study amongst survivors of a large flood in northern England analyzed the association between social capital and PTSD, and identified the role of community mechanisms in impacting this relation.

Scholte Pim, Equator Foundation & University of Amsterdam; Verduin, Femke

A Trauma Perspective and an Ecological Perspective of Psychosocial Support after Mass Traumatization

Post-emergency mental health interventions are mostly addressed at persons at risk for a psychiatric disorder, particularly post-traumatic stress disorder and depression. However, the value of such individually focused care is debatable. Large scale violence affects individuals as well as communities and social institutions, and mental health interventions should not only focus on internal psychological factors but also address aspects of the social environment. When using an ecological perspective, psychosocial support programs should be embedded in durable programmatic strategies which pay attention to other areas, as defined by the struck community, for instance human rights issues, economic recovery, and rebuilding of infrastructure for health, education and other sectors. This requires collaboration with other organisations who are equipped in these areas. Additionally, psychosocial interventions may primarily focus on stressful environmental conditions such as the destruction of social networks, and aim at the restoration of social connectedness and mutual support. An example is formed by a successful community based sociotherapy program in northern Rwanda that over the course of five years now has included thousands of participants.

Verduin Femke; Scholte, Pim, Equator Foundation & University of Amsterdam

The Effect on Mental Health of Community Based Sociotherapy in Rwanda, and its Relation to Social Functioning and Social Capital

From 1990 to 1994, northern Rwanda was terrorized by war and a subsequent genocide. Its population still suffers from the sequelae of collective traumatization. A psychosocial group intervention called sociotherapy was implemented at population level without diagnostic criteria for participation. The intervention program enables participation of over 1500 individuals per year. Using a longitudinal quasi-experimental study design, we evaluated the program's effect on mental health, social functioning and social capital. We chose not to use instruments for establishing the existence of specific psychiatric disorders, as it is questionable whether these constructs are suited to reflect the mental health condition of non-western populations in post-conflict settings. We assessed mental health by use of the Self Reporting Questionnaire. Social functioning was assessed in two ways, using a locally designed instrument and four scales of the SF-36, respectively. To measure social capital we used an adapted version of the Short-ASCAT. We chose this particular instrument because of its limited length, the presumed relevance of the various items for the context in question, and because it has been extensively validated in two resource-poor settings. We found a significant improvement in mental health of participants of sociotherapy, compared to controls. We will present outcome data and a model showing how mental health, social functioning and social capital are related.

Wind Tim R.; Fordham, Maureen; Komproe, Ivan H, HealthNet-TPO

Individual and Community Mechanisms through which Social Capital is Associated to PTSD in the Aftermath of a Natural Disaster: A Multilevel Structural Equation Model

The salutary association between the social context and mental health is becoming increasingly established in disaster research. The next step forward is to reveal mechanisms through which the social context is associated with disaster mental health. The aim of our study is to empirically model individual and community mechanisms through which social capital is related to PTSD in a post-disaster setting. In a flood-affected town in northern England, we conducted a cross-sectional study with a multilevel design (232 respondents within 59 postcode units). On the individual level, the results showed an association between the disaster experience and PTSD that was mediated by the appraisal of the disaster, coping effort and social support. Multilevel structural equation analyses further revealed that the social context was not directly related to PTSD. Rather, structural social capital showed salutary cross-level relationships with the appraisal of the disaster, coping effort, and social support. These associations between structural social capital and individual variables were further mediated by cognitive social capital and collective efficacy. We conclude that social capital may compensate for limited individual resources to deal with the aftermath of the disaster and as a result social capital may indirectly mitigate post-disaster PTSD.

Knipscheer Jeroen, Arq Foundation

PTSD and Culture – the Arq Methods for Stepped Care after Trauma Among Ethnic Minority Groups in the Netherlands

Trauma focused CBT and EMDR are evidence based treatments of choice for treating PTSD (Bisson, 2009; NICE, 2005), however the external validity of RCT's is low as ethnic minority patients concern less than 1 percent in efficacy trials. The question is thus whether evidence based interventions are applicable and effective among affected migrants and refugees. Literature suggests that none of the regular interventions are 'solid evidence based' but CBT and NET seem to be convincingly applicable (Crumlish & O'Rourke, 2010; CBT Hinton et al., 2004; 2005; Otto et al., 2003; NET Neuner et al., 2004); the intercultural efficacy of EMDR is yet to be established. In this presentation intercultural competencies (key notions are knowledge, attitude and skills) as well as specific culture sensitive interventions (e.g., psycho-education, relaxation techniques, a contextual and systemic perspective, explicit attention to practical, societal and physical factors, affect tolerance and 'empowerment') will be discussed.

Kleber Rolf, Utrecht University/Arq Foundation

PTSD Research among Migrants and Refugees

Ethnic minorities form groups at risk for developing PTSD (Norris et al., 2002; Drogendijk et al., 2003) with prevalences varying from 20% for labor migrants (Lindert, Ehrenstein, Priebe, Mielck & Brähler, 2009) to more than 40% for refugees and asylum seekers (Fazal, Wheeler & Danesh, 2005; Toar et al., 2009). Post traumatic symptoms may differ extensively between western and non-western groups with somatic complaints, hostility, and embitterment being more prominently articulated among migrants and refugee groups. The so-called ‘condición migrante’ may account for much of the variability in symptom presentation and PTSD development.

Drogendijk Annelieke, Utrecht University/Arq Foundation; Kleber, Rolf, Utrecht University/Arq Foundation

Psychosocial First Aid to Immigrant Victims of Single Traumatic Occupational Events and of Community Violence, Crime, and Severe Traffic Accidents: Some Practical Guidelines

A substantial part of trauma affected migrants needs extra psycho-social assistance apart from the normal support they receive: so called psychosocial aid. Specially trained co-workers or managers, victims support workers sometimes feel insecure about affected immigrant workers or clients when providing first psychosocial assistance or peer-support. They do not know if the psychosocial aid they give is useful for these groups. Are the methods and models they use comparatively effective to affected immigrants? Based on current literature (e.g. Arends Tóth, 2003; Bhugra et al., 2006; Drogendijk et al, 2005, 2010; Knipscheer et al, 2007, 2009) seven themes can be distinguished which can be of importance in the first psychosocial aid of ethnic minority victims: The influence of culture and religion of the victim, the refugee status, vulnerability to psychological problems, needs of availability of social support, (un)realistic expectancies, recognition of the traumatic experience, and ethnic matching. In psychosocial aid the needs of the victim are always the starting point regardless of ethnicity. This implies that any background of a victim has to be taken into account (Drogendijk & Kleber, 2010). However, knowledge of these themes can be very helpful to understand and support an affected colleague, employee or client and raise awareness of the own background.

Van Bokkem Joke, Foundation Centrum '45/Arq Foundation

Primary Care to Ethnic Minorities Suffering from PTSD

A significant number of migrants, refugees and asylum seekers with acute reactions or established PTSD can be expected to recover within a relatively short time (Bryant, 2003; Rothbaum et al., 1992). The general practitioner and other members of the primary trauma care mental health team should facilitate the individual's access to care services. As in ethnic majority victims brief psycho-education, support and advice in the context of their presentation, followed by watchful waiting may be most appropriate for ethnic minority victims, focusing on brief interventions for specific PTSD symptoms (O'Donnell et al., 2008; Vernberg et al., 2007). In such circumstances strategies such as advice on sleep hygiene, advice to rely on or activation of the support from their families and others available (including, where appropriate, support groups) and possibly pharmacological interventions should be considered. Depending on the waiting time for psychological or other specialist interventions, the general practitioner may also consider regular reviewing of individual patients. In case of ethnic minority and immigrant victims this is of utmost importance, while drop-out is imminent. Follow-up contacts should be arranged. In case of ethnic minorities, the primary care giver is of utmost importance as the gate keeper for the sometimes complicated health system in The Netherlands (Drogendijk et al., 2005). This presentation will give the specific aspects of above strategies and interventions for the primary care of ethnic minority immigrant victims.

Rohlof Hans; Knipscheer, Jeroen; Kleber, Rolf, Foundation Centrum '45/ Utrecht University/ Arq Foundation

Culture in Diagnostics of Refugees: The Cultural Formulation of Diagnosis

Background and purpose: The Cultural Formulation of Diagnosis (CFD) is a qualitative instrument in DSM-IV to describe the influence of culture on diagnostics. In ethnic minorities and refugees it is important to use this instrument in order to enhance diagnostic validity, communication and compliance. **Method:** A review of English and Dutch literature concerning qualitative and quantitative research of the use of the CFD in clinical practice, with special regard to the use of the CFD in refugees. Search terms: ‘cultural formulation’, ‘cultural assessment’, ‘cultural consultation’ and ‘cultural interview’. **Results:** 112 research studies and 28 case histories have been found. Only 9 qualitative and 7 quantitative studies were suitable for further analysis. The CFD was used in quite diverse populations, among them refugees. The qualitative studies propagated the use of the CFD, and recommended several improvements. The quantitative studies found difference in treatment effect and improvement of therapeutic competencies in therapists. **Conclusion:** The CFD is used successfully in diverse ethnic minority populations, as shown by qualitative and quantitative research. In refugees it is advisable to use the CFD, but improvements in the CFD have to be added.

Knipscheer Jeroen, Foundation Arq/Utrecht University

Culture Sensitive Trauma Therapy: How does it Work?

PTSD and culture – the Arq methods for stepped care after trauma among ethnic minority groups in the Netherlands. Trauma focused CBT and EMDR are evidence based treatments of choice for treating PTSD (Bisson, 2009; NICE, 2005), however the external validity of RCT's is low as ethnic minority patients concern less than 1 percent in efficacy trials. The question is thus whether evidence based interventions are applicable and effective among affected migrants and refugees. Literature suggests that none of the regular interventions are ‘solid evidence based’ but CBT and NET seem to be convincingly applicable (Crumlish & O'Rourke, 2010; CBT Hinton et al., 2004; 2005; Otto et al., 2003; NET Neuner et al., 2004); the intercultural efficacy of EMDR is yet to be established. In this presentation intercultural competencies (key notions are knowledge, attitude and skills) as well as specific culture sensitive interventions (e.g., psycho-education, relaxation techniques, a contextual and systemic perspective, explicit attention to practical, societal and physical factors, affect tolerance and ‘empowerment’) will be discussed.

Dybdahl Ragnhild, Norad, Oslo; Badri, Gasim, Ahfad University for Women

Are Trauma Projects Useful for National Development? International Co-Operation on Trauma Interventions in Developing Countries – From Project Success to Overall Development

How can efforts to promote health in developing countries, complex emergencies, conflicts and vulnerable states relate to overall national and international development and foreign policy? Psychosocial projects are doable, as well as showing effects on individuals, but linking these to the global aid architecture and national plans (health, education or other sectors) is rare. The symposium consists of five presentations based on experiences from research and practice on topics such as rape trauma, natural disasters, forced recruitment and HIV/AIDS. These are from different contexts, both geographically (Bosnia, Zambia, Uganda, Nepal, Sudan, Bangladesh) and in terms of implementation, e.g. non-governmental organizations, universities and governmental institutions. All presentations address challenges and opportunities related to overall development, such as poverty reduction and promotion of human rights. Central issues for donors and governments are discussed in relation to projects and trauma work. These are principles of aid effectiveness, sustainability, national ownership, state building, anti-corruption, do no harm, international work division, harmonisation and co-ordination. Combining the perspectives of practitioners/researcher/ project with that of donors and governments may be useful to improve communication, increase funding possibilities and achieve sound results.

Sichimba Paul R, Zambia; Menon, A.; Hestad, K.

Gaps in Implementation of Anti-Retroviral Treatment in Zambia: Reflections on Aid Effectiveness and Long-Term Development

Zambia is among the worst affected countries in Sub-Saharan Africa in terms of HIV infection, with a prevalence of 14% in the age group of 15–49. While the prevalence rate has remained high, the country's significant stride to the increase in antiretroviral treatment (ART) access was made possible with donor funds and supported by the National HIV and AIDS strategic plan.

Prevention and control of HIV and AIDS was prioritized by the Zambian Government. Promoting care for those infected and affected, and the need to devise measures for reducing the personal, social and economic impact of the pandemic was emphasised.

Challenges to providing ART include lack of clinical infrastructure, negative social stigma and the cost effectiveness of HIV prevention programmes. Although provision of ART has been a major stride in the mitigation of HIV and AIDS, how proactive has the structure been in meeting the challenges of providing ART and other consequences of being HIV positive? How does the structure in the country effect implementation? NGOs in Zambia have good intentions, but will the country in the longrun benefit from such help? Does corruption play a role in help programs? Do aid programs make the country too dependent on donor countries? Will this kind of help in the long run make the situation more difficult or aid development?

de Jong Joop, VU University/ Boston University/ Rhodes University

Traumascapes and other Challenges in Working in Humanitarian Emergencies

This paper uses the concept of traumascapes to illustrate some hurdles in working in situations of armed conflict, natural and technological disasters. Traumascape refers to the systemic dynamics of local and international actions around extreme stress. In current emergencies a cascade of events – determined by, among others, the media, the UN, (N)GOs, funders and humanitarian agencies – determines whether funds will go to a specific region or type of disaster, often to the detriment of other priorities. The dynamics of the traumascapes influence local ownership, collaboration and coordination between local and multilateral organizations, as well as the sustainability and effectiveness of a program. Based on experience in six countries in Africa, Asia and Latin America, this presentation illustrates the implication of the traumascapes for mental health professionals. Humanitarian workers have to bear in mind that their epidemiological, professional and ethical considerations and priorities may contradict the dynamics of the traumascapes.

Mbabazi Christine, Makerere University

Dependency: An Obstacle to Effective Reintegration of Formerly Recruited Girls in Northern Uganda

Reintegrating girls formerly recruited by the Lord's Resistance Army requires a critical examination of how the various mechanisms working towards helping them settle down in the community. One of the challenges of reintegration is dependency. Most of the girls who returned with children are unable to cope on their own from the time they arrive from the bush. As a result many organisations such as Gulu Support the Children's Organisation and World Vision do a lot to help. The actual challenge is how to inculcate a spirit of hard work and sustainability in the community. The danger has been the help given in terms of food, health facilities and simple training in life skills. How are the girls supported to ensure that they can stand on their own? Aid should not on one hand help them but on the other harm them through failure to work creatively and vigilantly so as to ensure that they can provide for themselves. Ability to stand on their own will minimize the levels of vulnerability and the girls will be in position to provide for their children who are discriminated against and most of the time rejected by the families of the girls. Dependency should be expelled from the lives of many girls in northern Uganda a post conflict region in transition. The kind of training these girls receive should enable them to utilize all the available resources in their environment.

Dyregrov Atle, Center for Crisis Psychology, Bergen; Yule, William, Institute of Psychiatry London

Developing and Using Manuals Following Disasters in Various Countries: Experiences with National Governments, International Donors and Professionals

Under the auspices of the Children and War Foundation (www.childrenandwar.org) we have developed three different manuals for use with children in disaster and war situations. Motivated by a public health approach our aim has been to reach many children in such situations with manuals that have been properly tested. Experiences in disseminating such manuals including interactions with national governments, international donors and professionals will be presented, pointing out obstacles, challenges and fulfilment.

Delic A., Department for Psychiatry Tuzla; Kravic, Nermina, University Clinical Center Tuzla; Avdibegovic, E., University of Banja Luka

Local, National and International Help Efforts to Address Rape and Sexualized Violence against Women in the Balkan War: Reflections when Looking back Over the Last 20 Years

Mass rape, sexual torture and severity of the atrocities perpetrated against women in the Balkan wars have been reported since the war in the early 1990s. Many international organizations offered psychosocial interventions to the victims, and mental health professionals provided „trauma training“ for local practitioners. After the Dayton Peace Agreement, for a decade the international community supported peacekeeping, economic and physical reconstruction, and reconciliation efforts with more or less success, and gradually the focus shifted to other countries. Although the International Criminal Tribunal for the former Yugoslavia (ICTY) declared that “systematic rape“, and “sexual enslavement” in time of war was a crime against humanity, few cases have been prosecuted. In dealing with the issue of rape aftermath, local and international efforts have not included long-term systematic focus on trauma per se and redevelopment of social vitality and success in creating a secure and prosperous future for the victims have been limited. Women victims have faced poor health care, social stigma and slow pace of justice, and are not given adequate and effective legal, economic and social protection. Lack of cultural and gender sensitivity, sufficient resources, advanced training and multisectorial integrative approach, contribute to the „conspiracy of silence“ even 20 years later.

Thormar Sigridur, Center for Psychological Trauma Amsterdam; Juen, Barbara, University of Innsbruck; Gersons, Berthold, Academic Medical Center Amsterdam; Aloudat, Tammam, International federation of Red Cross/Red Crescent Geneva

Preparing for Disasters: Evidence Meets Practice

When preparing for the mental health impact of a disaster several aspects need to be taken into account. In the preparation phase the training and preparedness of professionals and community volunteers and development of psychoeducational materials has the highest priority. In the action phase the implementation of programs and delivery of information to the affected community is the main focus and in the recovery phase the follow up of individuals with mental health complaints is important. In this symposium we attempt to build a bridge between all three phases both by presenting scientific findings and operational methods.

Thormar Sigridur, Center for Psychological Trauma Amsterdam; Gersons, Berthold, Foundation Centrum '45; Olf, Miranda, Academic Medical Center (AMC)

Volunteers in Disaster Operations: Towards Evidence Based Preparation and Training

While community volunteers are the single most important resource of the humanitarian response in times of disasters no longitudinal research has been published on the impact on their mental health. The International Federation of Red Cross/Red Crescent alone works with over 80 million volunteers yearly. These questions bare importance in terms of good volunteer care and management. Good management helps reduce the gradual worldwide decline in volunteers. On the year of the volunteer, this is a crucial step to be taken forward. In this

workshop the findings of the first longitudinal research on mental effects of volunteering in a disaster operation will be presented. Over 500 volunteers working on the 2006 post-Yogyakarta earthquake operation were approached over a period of 18 months. Volunteers are at increased risk for PTSD (20,5% post-18 months) and somatic health complaints. Recommendations for volunteer training and management will be provided.

Aloudat Tammam, International Federation of Red Cross/Red Crescent Geneva

Provision of Psychosocial Support in Acute Emergencies, The Red Cross and Red Crescent Experience and the Example of Haiti Earthquake

Red Cross and Red Crescent National Societies have implemented community-based psychosocial programmes since the early 90s providing victims of conflicts and natural disasters with psychological first aid, assistance, and relief that take into account stress and trauma and that is sensitive to the environment and local needs. As opposed to psychiatric counselling, such programmes used communication techniques and employed simple and easy to train skills that have achieved widely acknowledged results. Using the learnt skills of the past two decades and recognising the need for further assistance during the acute phase of natural disasters, the IFRC has developed a module that standardises the approaches volunteers can use for provision of PSP in emergencies, creates kits and equipment that are easy to assemble and deploy, and provides PSP interventions in the first days of the emergency in coordination with the deployed hospitals and health units. The example of Haiti shows the results of standardisation and use of the PSP Module for emergencies that was deployed with the Norwegian/Canadian Red Cross hospital and was able to provide PSP activities and interventions immediately and pave the ground for a wide programme in the recovery phase.

Gersons Berthold, Arq Foundation

The Information and Advice Center after Disasters; Preparing for Organizational Continuity

Inherent to disasters is the destruction of infrastructure, also of the social structure of communities and services. In the immediate aftermath of a disaster chaos is often increased by too many organizations who offer help for recovery and assistance. However after some months many organizations have left the area while most practical and psychological problems have become more permanent and visible. To counteract the lack of continuity and also of coordinated responsibility on the long term in two disasters in the Netherlands good experiences were made with the setting up of an Information and Advice Center (IAC) for a period of 3–5 years after the disaster. Such an IAC should take responsibility for all questions and problems after disasters in an organized way and should find the answers. It should also be the coordinating center of all organizations who have offered help or were invited to offer services. The tasks, roles with data will be shown and discussed.

Juen Barbara, University of Innsbruck

The Acute Phase after the Disaster: The Need for Flexible Approaches

For the initial psychosocial response (within the first week) the TENTS guidelines suggest to focus on information, psychoeducation as well as practical help and pragmatic support. Regarding the type of event and the number of affected persons, a reception centre, telephone helplines as well as a website could be first means to reach the affected persons. According to Hobfoll et al. (2007) as well as the TENTS guidelines, the core elements of the response are the five elements: Sense of safety, self and community efficacy/empowerment, connectedness, calm and hope. Whereas these core elements stay the same throughout different events and phases of disasters, the specific intervention strategies in order to promote these core elements have to be adapted depending on the phase of the disaster, the characteristics of the events as well as on the type and number of affected persons. The need for a flexible approach will be outlined by using examples from different large scale events and disasters such as a bus accident, the funicular train accident in Kaprun, the Tsunami, a big flood and a cable car accident which involved a large group of children.

Schock Katrin, Center for the Treatment of Torture Victims

Trauma and Migration

The symposium provides an overview of the work of the AG Trauma and Migration of the DeGPT (Schock, K., Wenk-Ansohn, M., Gerlach, C., Özkan, I. & von Lersner, U.).

Refugees and migrants who lived in war-torn countries or experienced persecution were often exposed to traumatizing events and are at high-risk to develop posttraumatic stress disorders or other mental health problems. Beyond dealing with the trauma, they have to cope with the impact of post-migration stressors in exile. Besides legal residence and family matters, these include strains caused by differences in language, culture or religion as well as identity conflicts, which might affect the process of recovery, coping and integration.

The need to differentiate between reactualization and severe worsening of posttraumatic symptoms (retraumatization) in torture victims is shown from a clinical point of view based on case studies. Furthermore the symposium comprises a longitudinal study which examines the impact of new traumatic events or exposure to trauma-associated stimuli on the symptom course of traumatized refugees and torture victims, a study analyzing the influence of an insecure residency status on trauma symptoms in refugees, a presentation of resource-empowering intervention with refugees and migrants and a study on the influence of bicultural identity on mental health in adolescent migrants.

Wenk-Ansohn Mechthild, Center for the Treatment of Torture Victims

The Longitudinal Course of Trauma Reactualization and Retraumatization

Trauma related syndromes are characterized by a procedural course. Traumatized individuals show a substantial vulnerability when confronted with new stressors. Basing on case studies with torture and war trauma survivors the author will describe events that might promote severe aggravation, the possible course of symptoms after those stressing events and the need of therapeutical interventions. Based on the presented case studies the author will show the need to differentiate between reactualization and severe worsening of posttraumatic symptoms (retraumatization) from a clinical point of view. A consistent use of the terms would be desirable, to communicate about the risk situations, the course of symptoms and possible indicated therapeutic interventions uniformly.

Schock Katrin; Knavelrud, Christine, Center for the Treatment of Torture Victims; Rosner, Rita, Ludwig-Maximilians-University

Impact of New Traumatic Events and Trauma-Associated Stimuli on the Symptom Course of Traumatized Refugees and Torture Victims

Background: Previous studies show that post-migration-stressors are associated with PTSD, anxiety and depression (Gerritsen et al., 2006; Ellis et al., 2008). But little is known about how newly traumatizing events or exposure to trauma-associated stimuli affect the symptom course. We conducted a longitudinal analysis to examine the impact of new traumatic events or exposure to trauma-associated stimuli on the symptom course of traumatized refugees and torture victims. **Method:** Refugees and torture victims (N = 63) were included. Data on background, trauma, mental symptoms (HSCL-25 (Mollica et al., 1996), PDS I-IV (Foa, 1995), SCL-90-R (Franke, 1995; Derogatis, 1977), and on quality of life (EUROHIS (WHO, 1993)) were collected before treatment and after 6 and 12 months. In addition, we examined the symptoms after new traumatic events and exposure to trauma associated stimuli between the actual assessment points. **Results:** We calculated regression analysis and ANOVA. Besides substantial changes at the 6-month follow-up, we observed significant differences between the symptom courses of patients with and without additional confrontation with new traumatic events and exposure to trauma-associated stimuli. New traumatic events and stimuli, which were directly associated to the original trauma led to a significantly higher impact on the PTSD-symptoms than the ones which were not connected to the original trauma. **Conclusion:** Our results underline the importance of taking into account the nature and similarity of the original trauma to a new traumatic event or trauma-associated stimuli and the associated impact on the symptoms.

Gerlach Christian; Pietrowsky, Reinhard, Heinrich-Heine-University Duesseldorf

Trauma and Residency Status: Influence of an Insecure Residency Status on Trauma Symptoms in Refugees

Background: The posttraumatic stress disorder (PTSD), a disorder that occurs within refugee populations very often, seems to be influenced profoundly by post migration stressors such as unemployment or discrimination. Despite a dearth of studies a pathogenic influence of an insecure residency status has been presumed. **Method:** The present study has compared the PTSD symptom severity (measured via PDS, scale 3 of 13 traumatized refugees with insecure residency status (exceptional leave to remain) with that of 13 traumatized refugees with secure residency status (residence permit). **Results:** The symptom severity was significantly higher in the group with insecure residency status. Subjective fear of repatriation and symptom severity correlated by $r = .67$. **Conclusions:** The results indicate a negative impact of an insecure residency status on traumatized refugees. The need for a faster granting of a secure residency status and the impact of current German asylum practice on refugee mental health are being discussed.

Özkan Ibrahim, Asklepios Klinikum Göttingen

Ressource-Empowering, Traumatherapeutic Work with People with a Migrant Background

Many psychiatric patients with an immigrant background suffer from diseases that can be understood as posttraumatic disorders. Causal is the loss of important reference persons and cultural identity as a direct result of migration, as well as events which may involve abuse, war, escape, sexual violence, etc.. For treaters biographical and traumatic backgrounds of the patient are often difficult to recognize. Treatment and care places high demands on transcultural and trauma-specific expertise, diagnostics and capacity for mindful empathy.

The language is often an obstacle in the stabilizing and the trauma-dealing phases. In practice, the use of interpreters fails usually at the cost units. From this point, creative options for resource discovery and activation are important.

This workshop will present experiences inter alia with body therapeutical, imaginative and dialectical-behavioral settings. Also it will be shown how a gentle process of trauma exposure can take place by including the activated resources. For this purpose, experiences with the method of “active transforming trauma processing” (AUT) (Sack, 2010), which has the basic assumption that trauma exposure is the more gentle, the more memory changing coping strategies are used, will be reported. The newly developed method of resource-oriented stabilization in the trauma-centered treatment of migrants will be presented.

von Lersner Ulrike, Humboldt University of Berlin

Bicultural Identity Identification and Mental Health in Adolescent Migrants

Background: In epidemiological studies the influence of a migratory background on mental health is discussed controversially. One aspect which has been discussed recently is the concept of bicultural identity. We applied a model by Benet-Martinez & Haritatos (2005) which measures the organization of bicultural identity by the independent dimensions of cultural distance and cultural conflict. **Method:** 9th grade pupils from German vs. Turkish cultural background (each sample $n = 100$) participated in the survey. Mental health problems were measured using a revised version of the Youth Self-Report (Henger, 2006), bicultural identity with the Bicultural Identity Integration Scale (BIIS-1) and the Riverside Acculturation Stress Inventory (Benet-Martinez et al. 2005). **Results:** No significant differences were found between cultures regarding psychological strain. A gender effect has been detected showing higher rates for girls across cultures. There was a significant correlation between acculturation stress and mental health problems. Also cultural conflict was positively correlated with mental health problems whereas cultural distance was not. **Conclusion:** Our results underline the importance to take into account individual differences in the process of negotiating bicultural identity and may allow a better understanding of the relationship between migratory status and mental health.

Müller Julia, University Hospital Zurich

Trauma and Psychological Processes in the Khmer Rouge Trials

During the Khmer Rouge regime from 1975 to 1979, as many as 2 million people perished and appalling human rights atrocities were committed. In 2001 the Cambodian National Assembly and the United Nations created an independent joint court-the “Extraordinary Chambers in the Courts of Cambodia”-for trials of serious crimes against humanity committed during the regime.

It has been argued that, whilst there is an established literature on psychology and law, this knowledge is not extended to all areas of judicial and state decision making (Herlihy & Turner, 2006). The psychological sequelae of traumatic experiences (including but not exclusively, PTSD) can have great impact on judicial and state decision making if they are not well understood.

We will present some of the work done, and planned, in order to better understand the psychological processes at work in this court. Firstly, we present longitudinal data examining the readiness to reconcile and the mental health among victim-participants at the Khmer Rouge Tribunal in Cambodia. The participants were asked prior to the start of the Tribunal and after its first judgment. We will then examine processes at work during the court proceedings, providing preliminary evidence that the witnesses (often highly traumatised) may present differently at different times, possibly affecting how high their credibility will be judged. Finally we consider the impact of vicarious traumatisation on all those involved in the hearings, proposing a programme of intervention based on training and ongoing support.

Müller Julia, University Hospital Zurich

Trauma and Psychological Processes in the Khmer Rouge Trials – A Short Introduction

This presentation will briefly introduce the background of atrocities in the 1970's in Cambodia and the interrelation of psychological trauma-related processes with the Khmer Rouge trials.

Surviving and/or witnessing genocide, war and torture is known to severely affect mental health, with Posttraumatic Stress Disorder (PTSD) being more prevalent than in other trauma populations. In Cambodian refugees PTSD rates of 15–62% have been found. PTSD affects human behaviour, for example autobiographic memory. Difficulties retrieving specific autobiographic memories have been found to be important in legal settings – for example asylum procedures, where individuals have to provide consistent, coherent testimony in order to establish a claim of persecution. Although these disturbances directly influence the trial situation, judges know little about them. An analysis of assumptions made in refugee status determinations in the UK has suggested that this psychological knowledge frequently remains unconsidered, as judges often have little or no training in basic psychopathology. For example, judges make assumptions that people will be able to disclose rape when interviewed, whereas psychological research has shown problems in this situation. Additionally, the damaging effects of unacknowledged Vicarious Traumatisation (VT) have been observed in both asylum and family courts. VT can be experienced by professionals who work with trauma survivors and can lead to undue cynicism and disbelief, which can affect decision making.

Stammel Nadine; Bockers, Estelle, Centre for the Treatment of Torture Victims; Taing, Sopheap, Transcultural Psychosocial Organization Cambodia; Knaevelsrud, Christine, Free University of Berlin

Readiness to Reconcile and Mental Health among Victim-Participants at the Khmer Rouge Tribunal in Cambodia: A Longitudinal Analysis

Background: During the Khmer Rouge regime in Cambodia nearly one quarter of the population was brutally killed. Almost thirty years after its end the Khmer Rouge Tribunal was set up to come to terms with the past. Victims are allowed to actively participate in the court proceedings as Civil Parties. **Method:** Participants were 247 victims of the Khmer Rouge Regime who applied to become Civil Parties at the Tribunal. They were interviewed prior to the start of the Tribunal and after its first judgment. 226 participants were re-interviewed at the second assessment point. The participants were interviewed concerning their readiness to reconcile using the Readiness-to-Reconcile-Inventory as well as mental health problems. Posttraumatic Stress Disorder was measured with the

PTSD Checklist (PCL-C), Depression and Anxiety with the Hopkins-Symptom-Checklist (HSCL-25). They were further interviewed regarding knowledge and opinions on the first trial and experiences with their application to the Tribunal. **Results:** We found no pre-post changes in reported mental health problems. There was however, a significant decrease in revenge and a significant increase in readiness to reconcile. **Discussion:** The results allow a better understanding of how survivors of mass human rights violations perceive measures to come to terms with the past and their relationship to reconciliation and mental health.

Brönnimann Rebecca, Clinical Psychology and Psychotherapy, Zurich; Müller, Julia, University Hospital Zurich; Herlihy, Jane, Centre for the Study of Emotion and Law; Ehlert, Ulrike, Department of Psychology

Linguistic Analyses of Witness Testimonies: Influences of the Interrogation by Different Parties to the Proceedings

Within an emphasis on the linguistic experience of witnesses in the Extraordinary Chambers in the Courts of Cambodia (ECCC), this study is a consideration of how the interrogations of different parties to the legal proceedings (namely judges, prosecutors, civil party lawyers, defense counsels) influence witness testimonies related to traumatic experience of the Khmer Rouge period. Transcribed testimonies of 22 victim witnesses and civil parties were analyzed using a computer-based text analysis program, the Linguistic Inquiry and Word Count (LIWC; Pennebaker et al., 2007). In particular, witnesses used most words suggesting causal and insightful thinking and most words of the social process category (more frequent references to other people, including a higher rate of second-person and third-person pronouns) during the interrogation by civil party lawyers. When cross-examined by defense lawyers, witness narratives contain more discrepancies and words about death and dying. Witness' highest cognitive and social engagement during the questioning by civil party lawyers may result from a supporting prior relationship between civil parties and their lawyers and may reflect the better ability to express insight about the traumatic event and to integrate it into a coherent report. In contrast, using more discrepancy words and focusing on death and dying may reflect more distress and mental defeat due to a question style by the defense counsel who attempts to undermine the credibility of the witness. These results show that interrogation style influences witness testimony.

Herlihy Jane, Centre for the Study of Emotion and Law; Müller, Julia, University Hospital Zurich

Vicarious Traumatization and Legal Decision Making

Vicarious Traumatization is a shift in cognitive assumptions due to exposure to others' accounts of trauma (McCann&Pearlman 1990). Secondary Traumatization describes findings that people exposed to others' trauma experience symptoms of PTSD, e.g. clinicians' intrusive memories of clients' material, or heightened startle response. Efforts continue to establish both constructs reliably. However, there is reason for concern that hearing about horrific human rights atrocities can cause key decision makers to find ways to cope, which affect their ability to make reasoned legal decisions. Rousseau et al. (2002) noted Canadian Refugee Tribunal Board members laughing at asylum claimants. Bogner et al. (2007) reported examples of people in asylum interviews being told to "keep it short". In the ECCC evidence is presented of torture and persecution. How do lawyers and judges maintain their capacity to engage sufficiently with this material to make correct legal decisions? We present a program of support and training that we are currently proposing to various players in the ECCC proceedings. We outline training that we piloted on monitors going to the courts and intend to tailor and deliver to monitors, prosecutors and international and local judges. We will discuss and justify the content of the training, with reference to improving decision making quality in these crucial trials.

Schäfer Ingo, University Medical Center Hamburg-Eppendorf; Fisher, Helen, MRC Social, Genetic and Developmental Psychiatry Centre

Childhood Trauma and PTSD in Patients with Severe Mental Disorders – Relationships and Clinical Consequences

There is increasing interest in the relationship between childhood trauma and severe mental illness (SMI) in adulthood. Epidemiological studies suggest that childhood trauma is related to all psychiatric diagnoses in adulthood, including psychosis, severe mood disorders, and substance abuse (Kendler et al. 2000, Kessler et al. 2010). A better understanding, however, is needed with regard to the mechanisms and pathways leading from early trauma to later disorders. Moreover, more attention needs to be paid to comorbid posttraumatic disorders in patients with SMI. Rates of Posttraumatic Stress Disorder (PTSD) ranging from 17% to 46% have been reported for this group (e.g. Mueser et al. 1998, 2004), and having a comorbid diagnosis of PTSD has been demonstrated to negatively impact on the course of SMI (Mueser et al. 2002). Despite this, only about 2% of patients with SMI receive a documented diagnosis (Brady et al. 2005, Mueser et al. 1998). Improving the awareness for PTSD in patients with SMI among clinicians therefore seems to be an important step to promote appropriate treatments (Rosenberg et al. 2001, Read et al. 2007). Presenting findings from different diagnostic groups, the symposium aims at elucidating pathways from early trauma to SMI, appropriate assessment of comorbid PTSD in this group of patients, and the impact of comorbid posttraumatic disorders on clinical course and outcome.

Hosang Georgina M., MRC Social, Genetic and Developmental Psychiatry Centre; Korszun, Ania, Barts and The London; Fisher, Helen; McGuffin, Peter; Farmer, Anne E., MRC Social, Genetic and Developmental Psychiatry Centre

Childhood Trauma and Recent Stressful Life-Events in Patients with Mood Disorders

Research shows that stressful life events [SLEs] play a role in unipolar depression [UD] and bipolar disorder [BD]. Although a number of studies have shown an association between childhood maltreatment [CM] and UD, less is known about its relationship with BD. Moreover, few studies have assessed the combined impact of CM and SLEs on mood disorders. Eighty-five BD cases, 324 recurrent UD subjects and 354 psychiatrically-healthy controls retrospectively completed the Childhood Trauma Questionnaire. Participants also completed the List of Threatening Experiences Questionnaire for the 6 months before their worst affective episodes for UD and BD subjects, and for the 6 months prior to interview for controls. CM and SLEs were significantly associated with UD and BD compared to controls. Childhood physical neglect was more common in UD than BD cases. Childhood physical neglect significantly predicted recording more SLEs before the worst depressive episode [WDE] and childhood sexual abuse significantly predicted reporting a larger number of SLEs prior to the worst manic episode amongst BD participants. Emotional abuse significantly predicted reporting more SLEs before the WDE for UD cases. No mediating or moderating effects of SLEs were found on the associations between CM and each disorder. In conclusion, childhood and adult adversities play a role in UD and BD. Furthermore, specific types of CM may influence sensitivity to adult stress. Given that CM has been found to be important for both disorders, it is possible that mood disorder patients may benefit from interventions which involve exploration of childhood experiences.

Fisher Helen, MRC Social, Genetic and Developmental Psychiatry Centre; Schreier, Andrea, Department of Psychology Warwick; Zammit, Stanley; Lewis, Glyn, Academic Unit of Psychiatry Bristol; Wolke, Dieter, Department of Psychology Warwick

Prospective Investigation of Psychological and Affective Pathways from Childhood Trauma to Psychosis-Like Experiences in a UK Birth Cohort

Several large population-based studies have demonstrated associations between childhood trauma and later development of psychosis-like symptoms (PLIKS). However, little attention has been paid to investigating the mechanisms involved in this pathway with existing studies relying on cross-sectional assessments. Prospectively collected data on 6779 children from the UK Avon Longitudinal Study of Parents and Children (ALSPAC) were utilised to address this issue. Mothers provided reports of children's exposure to physical and emotional cruelty,

sexual abuse, parental loss and domestic violence between birth and 6 years of age along with the child's depressive symptoms at 9 and 11 years. Children completed measures of Locus of Control at 8.5 years, bullying exposure prior to age 8, and were interviewed regarding PLIKS at 12.5 years. Multiple mediation analysis was performed to examine direct and indirect effects of each childhood adversity on PLIKS using the weighted least squares mean and variance adjusted method. Bullying (Estimate = 0.115, $P < 0.001$), physical abuse by mother (Estimate = 0.047, $P = 0.023$), and exposure to domestic violence (Estimate = 0.090, $P < 0.001$) demonstrated significant direct effects on PLIKS. Significant indirect pathways between each of these early adversities and PLIKS were also found for depression indicating partial mediation. A significant indirect effect of bullying and witnessing domestic violence on PLIKS via Locus of Control was also apparent. These findings tentatively suggest potential targets for the prevention of sub-clinical psychosis amongst traumatised adolescents.

Schäfer Ingo, University Medical Center Hamburg-Eppendorf; Fisher, Helen, MRC Social, Genetic and Developmental Psychiatry Centre; Demjaha, Arsime; Murray, Robin M.; Morgan, Craig, Institute of Psychiatry London

Assessment of Posttraumatic Symptoms in Patients with Psychosis

Some controversy exists regarding the appropriateness of established measures of PTSD patients with psychotic disorders. To address this issue, data from the Aetiology and Ethnicity of Schizophrenia and Other Psychoses (AESOP) study were used to explore the psychometric properties of a commonly used self-rating instrument of posttraumatic symptoms (Impact of Event Scale; IES) in 38 patients first-episode psychosis (60% female; mean age = 31) and 47 controls from the general population (53% female; mean age = 38), who reported childhood sexual or physical abuse. High levels of internal consistency were found for all IES subscales amongst both psychosis patients (Intrusion $\alpha = .907$; Avoidance $\alpha = .906$; Total $\alpha = .943$) and controls (Intrusion $\alpha = .889$; Avoidance $\alpha = .940$; Total $\alpha = .950$). The IES intrusion score was negatively correlated with positive psychotic symptoms of reality distortion, indicating that this scale has some discriminant validity amongst first-episode psychosis patients. Overall, the findings suggest that the IES can be used to assess symptoms of posttraumatic stress in patients with psychotic disorders as in other populations.

Najavits Lisa; Schmitz, Martha; Walsh, Marybeth, National Center for PTSD Boston

Dissociation in Patients with PTSD and Substance Abuse Relationships with Clinical Course

Few studies have examined the relationship between posttraumatic stress disorder (PTSD), substance use disorder (SUD) and dissociation. We studied 77 women with current PTSD and substance dependence, classified into high-versus low-dissociation on the Dissociative Experiences Scale. They were compared on trauma- and substance-related symptoms, cognitions, coping skills, social adjustment, trauma history, psychiatric symptoms, and self-harm/suicidal behaviors. We found the high-dissociation group consistently more impaired than the low-dissociation group. Also, the sample overall evidenced relatively high levels of dissociation, indicating that even in the presence of recent substance use, dissociation remains a major psychological phenomenon. Indeed, the high-dissociation group reported a stronger expectation that substances could manage their psychiatric symptoms. The high-dissociation group also had more trauma-related symptoms and childhood histories of emotional abuse and physical neglect. Discussion addresses methodology, the "chemical dissociation" hypothesis, and the need for more nuanced understanding of how substances are experienced in relation to dissociative phenomena.

Schedlich Claudia, Federal Office of Civil Protection and Disaster Assistance; Zurek, Gisela, Public Health Department Duesseldorf; Blanckmeister, Barbara, Federal Agency for Technical Relief; Köhler, Miriam; Robert, Bering, Alexianer-Institute of Psychotraumatology

Psychosocial Crisis Management in CBRN Incidents

The risk regarding chemical, biological and radiological (CBRN) incidents has significantly increased in almost all EU Member States. So far, hazard prevention organisations react to this challenge mainly by providing specific technical training to uniformed services and management staff. Increasingly, findings from psychology and

sociology have been included in the development of crisis management concepts as well as in the training of CBRN responders. The starting point is the fact that CBRN missions can put high psychological pressure on all those who are directly or indirectly involved. During and after CBRN incidents, the number of people who are mentally affected can be considerably higher than the number of physically injured persons. Insecurity, helplessness and fear in the mid- and long-term period after the incident may be pronounced for the affected as for the uniformed services. The Symposium will 1) present research findings concerning the psychosocial impact in CBRN-incidents, 2) discuss approaches in psychosocial crisis management in CBRN-incidents as well as specific needs in the acute phase, the midterm and long-term run for the affected and uniformed services, 3) put up for discussion approaches for training programs for CBRN responders and psychosocial crisis intervention teams and 4) present an approach for the integration of psycho-social competence of hospital staff in hospitals disaster management plans.

Blanckmeister Barbara, Federal Agency for Technical Relief

Psychosocial Support for Civil Protection Forces - An European Project

Civil protection forces deployed in disaster response operations under CBRN conditions are exposed to additional risks and pressures that may constitute a heavy psychological strain. Experiences show that the adequate use of insights regarding psychosocial support helps to facilitate crisis management and response in several respects: 1) to enable the responders to cope competently with highly difficult and unfamiliar operations such as CBRN incidents, 2) to avoid long term effects of psychosocial stress, 3) to improve the coordination during the mission, 4) to take care of the basic needs of the affected, 5) to foster the cooperation of the affected, and 6) to facilitate a qualified risk and crisis communication. Nevertheless, in most EU Member States psychosocial crisis management is not yet part of the training program of CBRN specialists. The project addresses this deficit by developing and testing a training program for operational forces (including volunteers) and hospital staff who have to cope with CBRN incidents. Partners in the project are: THW, BBK, Hospital Maria-Hilf GmbH (Germany), Impact (The Netherlands); CRPR (Italy).

Köhler Miriam; Robert, Bering, Alexianer-Institute of Psychotraumatology

CBRN Incidents: What Does It Mean for Hospital Staff?

Hospital staff has to manage the medical care in case of CBRN incidents. This critical situation may constitute a heavy psychological strain for responders and hospital staff. However, guidance for psycho-social support is not included in disaster management plans for hospital yet. We hypothesise that enhanced competences in psychosocial support will contribute to optimized procedures during crisis response and a more efficient handling of CBRN. For this we will analyze the current state of preparedness regarding CBRN incidents and hospitals disaster management. Second, we make suggestions how to integrate PSS in disaster management plans for CBRN at hospital level that is based on a model of stress response reactions among hospital staff that is adapted to the specificity of CBRN incidents. Finally, our project aims to integrate our findings into the disaster management plans of hospitals. We conclude that the development of psycho-social competence of hospital staff should be integrated in hospitals disaster management plans.

Schedlich Claudia, Federal Office of Civil Protection and Disaster Assistance

Training in Psychosocial Crisis Management in CBRN Incidents

Recent incidents and exercises with CBRN scenarios have shown that psychosocial knowledge and psychological actions can reduce the fear of the affected, can foster their abilities in self-help and can improve cooperative behaviour. Furthermore-by taking psychosocial findings into consideration-the skills and abilities as well as the confidence of the uniformed services are strengthened, when they deal with the people on site. As has been proved, the stress of the mission is thus reduced and the long-term impact of mental pressure can be prevented. For three years, the German Federal Office of Civil Protection and Disaster Assistance has provided specific trainings for uniformed services, management staff and psychosocial crisis intervention teams in CBRN-specific issues of psychosocial crisis management. The contribution presents the training concept and evaluation results as well as national and European initiatives in developing specific concepts.

Zurek Gisela, Public Health Department Duesseldorf; Schedlich, Claudia, Federal Office of Civil Protection and Disaster Assistance

Risk and Protective Factors in CBRN-Incidents – The Psychosocial Impact and Its Consequences

Concepts of Psychosocial crisis management must include the specificity of different damage situations. One characteristic of CBRN-incidents is the difficulty of perceiving damaging substances, of defining them quickly and correctly and of specifying their short- und long-term impact. That is why people who are directly affected (injured people, relatives and witnesses) as well as the population in general but also emergency response personnel and management staff might be filled with feelings of fear, uncertainty, helplessness and loss of control when confronted with CBRN incidents. Even if only a small number of people is physically injured by CBRN incidents, nevertheless, the situation may lead to a high number of mentally affected people. The mental stress goes far beyond these groups and, due to the quick distribution of information via the media or public institutions, affects many more people and groups in the population. That this is the case was proved, for example, by the catastrophe of Tschernobyl in 1986, the Sarin-attack in Tokyo in 1995, the Anthrax-attacks in the USA in 2001 or the Polonium-case in Hamburg in 2006. We discuss the scientific results in acute, mid- and long-term stress response after CBRN-incidents and the consequences for psychosocial crisis management and risk- and crisis communication.

Williams Mary Beth, Trauma Recovery Education and Counseling Center; Nurmi, Lasse, National Bureau of Investigation Vantaa; Turunen, Tuija, Seinajoki Central Hospital

School Shootings: International Perspectives and Responses

This symposium examines responses to three school shootings, two in Finland and one at Virginia Polytechnic Institute and State University in Blacksburg, Virginia. All three shootings were motivated by and copycat shootings of the Columbine Colorado shooting. The first presentation by Lasse Nurmi of the National Bureau of Investigation in Finland examines the development and use of the Family Liaison Team, a part of the DVI Team, in Finland. The members of this team (police sergeant, chaplain, and police psychologist) responded to the victims of two school shootings in Finland. Descriptions of the shootings, victim and perpetrator profiles, and responses to the families will be included. The second presentation will examine the results of the Kauhajoki project that coordinates the psychosocial aftercare of the Kauhajoki school shootings and will include research data. The third presentation will examine the response to the Virginia Tech shootings that left 32 victims and 1 perpetrator dead as well as lessons learned, the need for agency safety plans, and research results of the aftermath.

Williams Mary Beth, Trauma Recovery Education and Counseling Center

The Virginia Tech Massacre: Events, Observations and Lessons Learned

On April 18, 2007, a student at Virginia Polytechnic Institute in Blacksburg Vierginia killed 32 persons and himself in one of the worst school shootings in the world. Why did Cho do this act? Was it a copycat version of the Columbine shootings by Harris and Klebold? Was it a result of bullying? What was the response of school and public officials? What type of comprehensive school response plan is needed? What lessons were learned from this tragedy? This presentation will address these and other issues related to the shooting.

Nurmi Lasse, Candidate National Bureau of Investigation Vantaa

The Role of the Family Liaison Officer Team of the National Bureau of Investigation in School Shootings

Police are responsible for cause of death investigations in Finland but, in larger scale cases, this is transferred to the DVI (Disaster Victim Identification Team) which includes the FLO (Family Liaison Officer) team. Between

November 2007 and the end of September 2008, there were two school shootings with a total of 20 victims (including the two shooters). It is likely that the shooters also were copycat killers. This presentation examines the role of the FLO with the families of the victims (and the shooters) including death notifications, retrace the event at the schools as presented to families, and describe the methods of passing on of information about the cases. The work of the FLO will be described both as a team and also in cooperation with many other teams and agencies in the two school shootings and in other disasters.

Turunen Tuija, Senajoki Central Hospital

Professional Psychosocial Support among School Shooting Trauma Exposed Students at Kauhajoki, Finland

Traumatized students and teachers from the second Finnish School Shooting at Kauhajoki at the University of Applied Sciences were severely affected and were in need of social and professional support. Acute and long-term support was provided by the special Kauhajoki project, a multi-disciplinary and multi-professional endeavor. This presentation will examine the psychosocial interventions and timing of this aftercare process and its various phases, including the first anniversary and follow-up phases. Research findings examining the recovery process will also be offered, including rates of post-traumatic stress disorder and the role of social support in moderating impact.

Priebe Kathlen, Central Institute of Mental Health; Jung, Kerstin, Goethe University Frankfurt; Dyer, Anne; Krüger, Antje, Central Institute of Mental Health

Posttraumatic Stress Disorder in Adult Survivors of Childhood Sexual Abuse: Specifics in Assessment and Therapy

Posttraumatic Stress Disorder (PTSD) related to childhood sexual abuse (CSA) is often accompanied by a variety of co-occurring disorders or symptoms, for example sexual dysfunctions, self-injurious behaviour and suicidal ideation. Standard treatments of PTSD do not address those features. Moreover, standard treatments of PTSD strongly focus on emotions like anxiety and helplessness, whereas patients with PTSD after CSA additionally suffer from guilt, shame, disgust and self-contempt.

The presentations within this symposium focus on different specific aspects in assessment and therapy of PTSD after CSA. Priebe et al. report data regarding the Posttraumatic Diagnostic Scale and discuss problems of this scale in patients with severe symptomatology. Jung et al. introduce a two-session treatment program to reduce the feeling of being contaminated. Data on the efficacy of this program will be reported. Dyer et al. will present data on body image, eating disorders, and sexual dysfunctions in patients with PTSD after CSA before and after a 12 week residential program. Krüger et al. address the question of safety of this exposure-based residential program. Data on different aspects of safety like self-injurious behaviour and suicidal ideation will be presented.

Dyer Anne; Priebe, Kathlen, Central Institute of Mental Health; Steil, Regina, Frankfurt University; Krüger, Antje; Kleindienst, Nikolaus; Bohus, Martin, Central Institute of Mental Health

Influence of Dialectical Behavioral Therapy for PTSD on Bodily Aspects

Introduction: Patients with the experience of sexual abuse suffer from sexual dysfunctions, eating disorders, and disturbances in body image. Dialectical Behavioral Therapy for PTSD (DBT-PTSD) is an effective treatment for patients with PTSD after childhood sexual abuse. PTSD symptoms are reduced by the treatment significantly. Unknown is the effect of DBT-PTSD on bodily symptoms. **Methods:** 72 women suffering from chronic PTSD related to childhood sexual abuse were included in a randomized controlled trial. They were randomly assigned to a waiting list or a treatment group receiving 12 weeks residential DBT-PTSD. A subsample (N=38) filled in questionnaires on body image, eating disorder and sexual dysfunctions after randomization (t1), 4.5 months after randomization (t2), and 6 months after randomization (t3). **Results:** Data on body image, eating disorders, and sexual dysfunctions in patients with PTSD after childhood sexual abuse are presented. The effects of the 12 week residential program on bodily aspects as body image, eating disorders, and sexual dysfunctions are shown and

discussed. **Conclusions:** DBT-PTSD is a promising treatment that influences bodily aspects. Some bodily aspects i.e. sexual dysfunctions of patients with PTSD after childhood sexual abuse need more therapeutic attention.

Jung Kerstin; Stangier, Ulrich; Steil, Regina, Goethe University Frankfurt

Efficacy of a Two-Session Program of Cognitive Restructuring and Imagery Modification to Reduce the Feeling of Being Contaminated in Adult Survivors of Childhood Sexual Abuse: A Pilot Study

Objectives: Cognitive Restructuring and Imagery Modification (CRIM) to reduce the feeling of being contaminated (FBC) was tailored to adult survivors of childhood sexual abuse (CSA) suffering from this distressing feeling. A cognitive model of maladaptive appraisal and two factor learning theory can explain the development and maintenance of the FBC. CRIM combines cognitive interventions with imagery modification in a two-session treatment. **Methods:** To evaluate CRIMs feasibility and efficacy, we treated 9 women suffering from chronic CSA-related posttraumatic stress disorder (PTSD) plus the FBC. Ratings regarding intensity, vividness, and uncontrollability of the FBC, and related distress as well as the Posttraumatic Diagnostic Scale (PDS) were administered prior to (t0), post (t1), and six weeks after (t2) treatment. **Results:** When comparing t0 and t2 Cohen's d was large for intensity of the FBC ($d = 2.23$; $p < .01$), its vividness ($d = 1.83$; $p < .01$), uncontrollability ($d = 2.79$; $p < .01$), and the related distress ($d = 2.45$; $p < .01$), as well as for PDS scores ($d = .99$; $p < .05$). **Conclusions:** Data suggest that CRIM has the potential to reduce the FBC as well as PTSD symptoms after CSA.

Krüger Antje; Dyer, Anne; Priebe, Kathlen, Central Institute for Mental Health Mannheim; Steil, Regina, Frankfurt University; Kleindienst, Nikolaus; Bohus, Martin, Central Institute of Mental Health Mannheim

Safety Issues of Exposure-Based Therapy in Patients with Emotional Instability and PTSD after CSA

State of the art treatment of PTSD is exposure based therapy. However the data regarding exposure based therapy in patients with BPD features and PTSD after child sexual abuse (CSA) remains unclear. DBT-PTSD is a treatment specifically tailored for this patient group. In clinical practice it is often feared that exposure based treatment leads to an increase in self-harm behaviour and suicidality. We like to address here the question of safety regarding DBT-PTSD in patients with BPD features and PTSD after CSA. A RCT was conducted to evaluate DBT-PTSD. Altogether 81 patients were included and randomised into a treatment group and a waiting list. Patients were assessed at pre-treatment, post-treatment plus 6 weeks and 3 months follow up. In the presentation we focus on the treatment group patients and in particular on patients with at least 4 borderline criteria. We will look closely at different aspects of safety (e.g. self harm behaviour and suicidal ideation) during treatment and 6 weeks after treatment. We will present final data and focus on safety aspects during and after treatment.

Priebe Kathlen; Zimmer, Josepha; Kleindienst, Nikolaus, Central Institute of Mental Health Mannheim; Ebner-Priemer, Ulrich, University of Karlsruhe; Bohus, Martin, Central Institute of Mental Health Mannheim

Do Questionnaires Underestimate the Frequency of Intrusions in Patients with PTSD after Childhood Sexual Abuse?

Objectives: Trauma-related intrusions are a leading symptom of PTSD. The frequency of intrusions is usually captured by retrospective questionnaires. This might be problematic since retrospection is subject to multiple systematic distortions. Furthermore, ceiling effects may be possible in patients with severe posttraumatic symptomatology like PTSD after childhood sexual abuse as most questionnaires do not distinguish between patients, who have 5 intrusions or more per week. **Methods:** In 25 female patients with PTSD after childhood sexual abuse electronic diaries were used for repeated real-time assessment of intrusions six times a day for one week. Additionally, symptom frequency was assessed using retrospective ratings at the end of each day and at the end of the week as well as the Posttraumatic Stress Diagnostic Scale (PDS). **Results:** Data-analyses revealed an

underestimation of symptom-frequency in the weekly retrospection and a ceiling effect regarding the PDS. **Conclusions:** Currently applied methods might fail to distinguish between patients with severe symptomatology and respectively might miss to display changes in the therapeutic process.

Makhashvili Nino; Javakhishvili, Darejan, Global Initiative on Psychiatry-Tbilisi; Tsiskarishvili, Lela, The Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims-GCRT

Post-Soviet Country as a Case Study: Traumas and Responses

The session is concentrating on Georgia and presents the country as a case study on forming up the psychotraumatology field during the last 25 years. The presenters will explore the post-soviet context of the country that affects the coping styles and identities of people and their families and provides additional factors for heavier impact of traumatic experiences. The basic assumptions and attitudes that shape the post-trauma sequel will be outlined and studied. The different groups of human rights violations will be mapped and the uneven process of development of the psychotrauma programs and services in the resource-limited country will be described; policy-, human capacities' and service-related barriers and challenges will be explored. Links with general mental health field at all levels will be presented and recommendations for advancing trauma field from public health perspective will be outlined. There will be presentations: Soviet Trauma in the Family Members of the Victims of Stalin's Repressions, by Darejan Jana Javakhishvili. The role of basic assumptions and attitudes towards health conditions in relation to post-traumatic changes, by Lela Tsiskarishvili. Psychotraumatology, Human Rights Practices and Public Health: Georgian Experiences, by Nino Makhashvili.

Javakhishvili Jana D., Global Initiative on Psychiatry Tbilisi

Soviet Trauma among Family Members of the Victims of Stalinist Repressions

According to official data, approximately 10% of the Georgian population was persecuted during the Soviet period. The results of research into the impact of the Stalinist repressions on the family members of those who were persecuted will be presented. The research implied in-depth biographical interviews with the elderly men and women, whose father, mother or both parents were executed or sent to Siberia.

The study shows that signs of trauma are still present among family members: i.e. some reported anxiety attacks as reaction to the triggers of childhood trauma of witnessing arrest of the parent/s. None of them has ever sought professional help to deal with their own trauma; till now they are reluctant to speak about it stating "We do not speak about that", revealing group traumatic identity uniting them as generation of "children of persecuted parents".

The central problem revealed by the study is related to the identity of family members: during the Stalin period at schools and social settings they were labeled as "children of the people's enemy", which in combination with the emotional attachment to the repressed parent/s was causing schisms of identity and identification both with victim and aggressor, which has shaped the lifelines of them. The connection between life line trajectories of the family members of the persecuted and childhood trauma will be discussed during the presentation.

Tsiskarishvili Lela; Pilauri, Ketevan; Kvavilashvili, Natalia, The Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims – GCRT

The Role of Basic Assumptions and Attitude Towards Health Condition in Relation to Post-Traumatic Changes

The authors present results of a study, that investigated the role of basic assumptions and attitudes towards health condition in relation to post-traumatic changes. 92 persons aged 25 to 79, who had experienced severe traumatic events as civilians during the wars in the 90ies in Georgia and were eventually diagnosed with trauma related disorders, participated in the study. They filled the World Assumptions Scale (Bulman, 1989), Posttraumatic Growth Inventory (Tedeschi & Caulhoun, 1996) and a modified version of Health Explanatory Models in depth

interview (A. Kleinman). In order to study general population's basic assumptions a control group that had not experienced any traumatic event filled the WAS. The results show that basic assumptions in norm and traumatized individuals do not differ, however post traumatic growth is significantly influenced by the individual's perception of the world and his/her attitude towards ones own health condition. Positive perception of the world and the environment determines post traumatic growth; moreover, an individual who thinks that his/her health condition is recoverable, has more chances to grow after a traumatizing event. Interesting findings were revealed among demographic variables – married individuals and those with satisfactory material wellbeing tend to grow after traumatic events.

Makhashvili Nino, Global Initiative on Psychiatry – Tbilisi

Psychotraumatology, Human Rights Practices and Public Health: Georgian Experiences

The paper explores the psychotrauma care development in Georgia since the mid 90's, related to war and displacement experiences, but also to gross human rights abuses, like torture, childhood abuse, etc. We look at Human Rights concept, in general, and other specific mechanisms of international human rights law (providing the right to health, freedom from torture, patients rights, etc.) and link them to traumatized target groups as IDP's, refugees, torture (from law-enforcement) survivors, family violence victims, and others as tools for advancing their rights and advocating for setting up proper services along the last 20 years. This process and advocacy steps are described, barriers and achievements analyzed. The research on needs of some traumatized groups is presented and a variety of matching emerged services and programs are explored. Then the gaps between the needs and provided care are illustrated by some statistical and qualitative data; policy and service-related challenges in a resource-limited environment are marked. Finally, the paper explores the general process of mental health reform in Georgia, views the trauma field formation from a broader public healthcare perspective and explores the concept of mainstreaming of specialized trauma programs into the general mental health care. The primary, secondary and tertiary level recommendations are provided with case examples.

Agapishvili Nana, Georgian Association for Psycho Social Aid Ndoba

Hope of Returning Home versus Willingness of Integration with Hosting Communities – Confronting Trends Related to Displacement Trauma

The August 2008 armed-conflict and displacement of population destroyed lives of thousands of Georgian citizens, a significant number of them are unable to return to their places of origin in the near future. Among this population, there are people who were residing in their villages in the period of 1990–2008 (period from first Georgian Ossetian armed conflict – to 2008 August war) and experienced permanent pressure and threats from the Ossetian side and so called old IDP's who where displaced after 1990 and are wearing the status of IDP for already 20 years. Results of research studying attitudes, feelings, perceptions, personal strength and resources of IDP's from Shida Kartli displaced during the August 2008 August armed conflict will be presented. During the research two life periods of IDP's were studied: first – from 1990 – till August 2008 war; the second – from August 2008 up today. Revealed attitudes, feelings, perceptions, personal resources, emotional and behavioral reactions during two life periods were grouped as supportive – which have a positive influence on the process of “returning to life” after a traumatic event and as impeding which hindered and still hinders “reconstruction” process, integration of IDP's into society. During the presentation perceptions and attitudes during these 2 life periods will be compared and analyzed. Confronting trends revealed during the study existing at the same time among IDP's and influencing their reconstruction process: painful feeling of being IDP, willingness to establish their position in the society, perceptions regarding returning home and trends of finding a better life will be analyzed during the presentation.