



ESTSS2019 Rotterdam abstract book of keynotes, panels, and other invited program elements

Thursday, **13 June 2019**

Preconference Day

Full Day Workshops

09:00–17:00

Paper In A Day

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Paper in a Day grew out of a wish to foster collaborations between young researchers from around the world. Many of these researchers will be future leaders in the domain of posttraumatic mental health and the field will benefit from their partnerships and teamwork. Paper in a Day is designed to stimulate international connections and the exchange of ideas by working on a tangible outcome: a brief paper or commentary for a peer-reviewed journal. This will be an intensive, productive and enjoyable day. Previous editions have led to conference contributions, journal articles, and lasting contacts (see article in *Traumatic StressPoints*). Because Paper in a Day will take place prior to the ESTSS conference, participants will have the opportunity to continue dialogue with colleagues during the rest of the conference. This year, Paper in a Day will make use of a unique research resource in the traumatic stress field – the Prospective studies of Acute Child Trauma and Recovery (PACT/R) Data Archive. Learn more about PACT/R resources and data at www.childtraumadata.org. This international data archive of child trauma studies currently includes datasets from 32 studies, representing data from more than 5500 children exposed to a single incident trauma, e.g., injury, disaster, interpersonal violence. In addition to original study data/variables, PACT/R includes a growing set of harmonized variables that can facilitate cross-study analyses. Throughout the Paper in a Day process, leaders of the PACT/R Archive will be available to participants to answer questions and to approve data requests once research topics/questions are identified. After registration, participants will choose a topic based on shared interests and availability of relevant PACT/R data. In the weeks prior to the workshop, participants will individually prepare (e.g. read relevant articles, draft sections of the paper). The

workshop will include plenary discussions about the topic and the drafted texts, and writing time in sub-groups. Following the workshop, the draft will be finalized for submission.

Cognitive Therapy for PTSD

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Treatment guidelines recommend trauma-focused cognitive behavioural treatments as treatments of choice for posttraumatic stress disorder (PTSD). Cognitive Therapy for PTSD is a version of these treatments that builds on Ehlers and Clark's (2000) cognitive model of PTSD. This model suggests that people with PTSD perceive a serious current threat that has two sources, excessively negative appraisals (personal meanings) of the trauma and/or its sequelae and characteristics of trauma memories that lead to reexperiencing symptoms. The problem is maintained by cognitive strategies (such as thought suppression, rumination, safety-seeking behaviours) that are intended to reduce the sense of current threat, but maintain the problem by preventing change in the appraisals and trauma memory, and/or lead to increases in symptoms. Cognitive Therapy for PTSD has been shown to be highly effective and acceptable to patients (Duffy et al., 2007; Ehlers et al. 2003, 2005, 2014, 2016; Gillespie et al., 2002; Smith et al., 2007). First, idiosyncratic personal meanings are identified and changed. Therapeutic techniques include identification of hot spots during the trauma and associated meanings, Socratic questioning, and behavioural experiments. Second, the trauma memory is elaborated. Idiosyncratic personal meanings of the trauma are updated with information that corrects impressions and predictions at the time, using a range of techniques. In stimulus discrimination training, the patient learns to discriminate triggers of reexperiencing symptoms from the stimuli that were present during the trauma. Third, the patient experiments