



International Society
for Traumatic Stress Studies

**40th
Annual Meeting**

Session Abstracts



40
Years of Healing
Trauma Together

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#ISTSS2024

Wednesday, September 25, 2024

8:30 a.m. - 12:00 p.m.

Pre-Meeting Institute - Morning Half-Day Sessions

8:30 a.m. - 12:00 p.m.

**ADAPTING PROLONGED EXPOSURE FOR CLINICAL COMPLEXITIES:
NAVIGATING COMORBIDITIES AND DIVERSITY FACTORS EFFECTIVELY**
Pre-Meeting Institute

Chair: Lisa-Ann Cuccurullo, National Center for PTSD- Executive Division

Presenter: Brittany Davis, PhD, James A. Haley Veterans Hospital

Presenter: Brittany Hall-Clark, PhD, University of Texas Health Science Center at San Antonio

Presenter: Heather Kacos, PhD, Orlando Veterans Affairs Healthcare System

Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Prolonged Exposure (PE) (Foa et al., 2007) has the highest recommendation in all the clinical practice guidelines for the treatment of PTSD. It is among the most studied treatments for the disorder, with over 65 randomized clinical trials (RCTs), and it has been found to produce the largest effects in PTSD symptom reduction. However, RCTs typically have strict inclusion and exclusion criteria limiting those who can enter the study, potentially limiting the generalizability of the findings. Recently, adaptations of PE have grown in clinical popularity and research focus, attending to the clinical complexities that were often not a part of initial clinical trials (e.g., personality disorders, suicidal and self-harming behaviors, substance use disorders, and cultural factors).

Dr. Cuccurullo will provide a primer in PE and an outlook on the application of PE in clinical practice. Dr. Kacos, will discuss Dialectical Behavior Therapy-PE, a derivative of PE developed to specifically treat PTSD in those who are high risk for suicide and self-harm and are multi-diagnostic in their symptom profile (Harned et al., 2021). Dr. Davis will review Concurrent Treatment of PTSD and SUD Using Prolonged Exposure (COPE), an adaptation of PE that integrates PE with substance use treatment for those who maintain both PTSD and a SUD (Back et al., 2019). Each will speak to the differences in implementation, provide a clinical overview of the adaptation and present case examples. Dr. Hall-Clark will speak to necessary diversity, equity and inclusion (DEI) considerations to be made in clinical practice and provide a clinical example of successful implementation of PE with these considerations. Lastly, the ethical principles of clinical care and the alignment of PE and its adaptations within those ethical principles will be discussed.

The PMI will provide best practices for integrating adapting PE into training programs and identify key organizational and contextual factors to address when implementing PE within mental health systems.

8:30 a.m. - 12:00 p.m.

ACCEPTANCE AND COMMITMENT THERAPY FOR MORAL INJURY (ACT-MI): A TRANSDIAGNOSTIC APPROACH TO FINDING FREEDOM AFTER MORAL VIOLATIONS

Pre-Meeting Institute

Chair: Lauren Borges, PhD, Rocky Mountain MIRECC

Presenter: Jacob Farnsworth, PhD, VA Eastern Colorado Healthcare System

Presenter: Sean Barnes, PhD, Rocky Mountain MIRECC for Suicide Prevention

Presenter: Robyn Walser, PhD, National Center for PTSD

Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Transdiagnostic treatments for moral injury are critical given increasing evidence that exposure to morally injurious events (MIE's) impacts a variety of international communities including military personnel, healthcare workers, refugees, and survivors of racial trauma (Borges et al., 2021; Currier et al., 2019; Hoffman et al., 2018; Fulton et al., 2023). Given the coping strategies individuals use to manage painful moral emotions (e.g., guilt, shame, contempt, anger, disgust) and cognitions (self-blame and other-blame), exposure to MIEs can have transdiagnostic consequences like symptoms of PTSD, depression, and behaviors spanning diagnoses like substance use and suicidal behavior (Griffith et al., 2019). Moral injury results when attempts to avoid or control moral pain significantly interfere with an individual's personal, social, and spiritual functioning. Acceptance and Commitment Therapy for Moral Injury (ACT-MI) is a transdiagnostic psychotherapy designed to disrupt the behavioral patterns maintaining moral injury. ACT-MI is an innovative mixed-modality intervention where the social functions of moral emotions are targeted through group psychotherapy and the specific behaviors causing moral injury to persist for each individual are explored via one-on-one case conceptualization sessions (ACT-MI; Borges et al., 2022; Farnsworth et al., 2017). Results from a rigorous, randomized controlled pilot trial (N = 74 participants) will be presented demonstrating the acceptability and feasibility of ACT-MI among warzone Veterans in comparison to Present Centered Therapy for Moral Injury. Findings from the Narrative Evaluation of Intervention Interview will be described highlighting participant feedback about ACT-MI including, "now I can say I did this [of the MIE], I lived through it, and now it's time to get on with what I care about. I haven't had that feeling...I don't believe ever" and "I can live life again. I can go outside. I can spend time with my kids. I can be a better mom. I thank God every day that I got to be a part of this." Workshop participants will practice ACT-MI skills, including learning to apply exercises performed in ACT-MI group settings (e.g., conducting exercises to practice observing and accepting shame and anger in group environments) and individual contexts (e.g., engaging in individual case conceptualization content). Presenters will demonstrate strategies from the 15-session manualized ACT-MI protocol to facilitate building skills to accept moral pain for the sake of building a meaningful life. Specifically, participants will learn to connect with moral pain from the perspective of an observer who holds but is not defined by this pain, creating the opportunity to choose to live values even in the presence of moral pain.

8:30 a.m. - 12:00 p.m.

**HOW TO FIND, RE-USE, AND SHARE DATA FOR BROADER IMPACT:
PRACTICAL TOOLS AND TIPS FOR FAIR DATA**

Pre-Meeting Institute

Chair: Nancy Kassam-Adams, PhD, Children's Hospital of Philadelphia

Presenter: Nancy Kassam-Adams, PhD, Children's Hospital of Philadelphia

Presenter: Anke de Haan, PhD, Ruhr University Bochum, Mental Health Research and Treatment Center (FBZ)

Presenter: Denise Hien, PhD, Rutgers University

Presenter: Meghan Marsac, PhD, Kentucky Children's/University of Kentucky

Presenter: Maya O'Neil, PhD, VA Portland Healthcare System

Presenter: Yaara Sadeh, PhD, Haifa University

Discussant: Antonio Morgan-Lopez, PhD, RTI International

Track Mode, Methods and Ethics

Primary Program Type Research Methodology

Presentation Level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body Making research data more FAIR (Findable, Accessible, Interoperable, Re-usable) can broaden the impact of our work and help us answer new research questions. Data sharing and harmonization enable novel analyses including integrated analyses of individual participant data across studies, e.g., in traumatic stress field: de Haan 2020, 2024; Hien 2023; Kassam-Adams 2020; O'Neil 2023. FAIR data practices help avoid duplication of research efforts, reduce participant burden, and elucidate findings for groups underrepresented in individual studies. FAIR data can advance translational science and precision medicine initiatives for PTSD and traumatic stress. Only with large scale, cross-study datasets can we determine more definitively “what works best for whom” and address the unmet needs of many vulnerable or historically underrepresented groups.

Yet many of us struggle to understand what FAIR data practices could look like for our research teams and how they can fit into existing workflows. This PMI will help researchers identify feasible initial steps to find, re-use, and share data for greater impact. Participants will gain practical tools and strategies for their own lab and projects. Presented by the Global Collaboration on Traumatic Stress (GCTS) FAIR Data Workgroup, the PMI focuses on practical tips, first steps, and benefits for researchers of implementing more FAIR research practices. All presenters have hands-on experience implementing FAIR practices in our work and integrating cross-study data for novel analyses. Our objectives are for participants to: (a) become familiar with FAIR data practices, (b) identify relevance (and benefits) for their own work, and (c) take home practical tools and strategies for implementation.

We will provide an overview of FAIR data principles and of a recent GCTS international survey of trauma researchers. Brief presentations will address key points in the research data lifecycle: managing ethics and consent for data sharing and re-use, organizing your data to be

ready for re-use by yourself and others, and how and where to share your data or find re-usable data resources. We will share specific examples of strategies (and ways to overcome challenges) for data sharing and re-use and for integrative data analyses/meta-analyses with individual participant data from a range of trauma research including RCTs and prospective studies. We will introduce the GCTS FAIR Data Toolkit and engage participants in interactive exercises to identify feasible strategies to make their own data practices more FAIR, including data management strategies, grant support tools, and dissemination resources. Participants are invited to bring their questions and materials (e.g., consent forms, data management plans) for discussion.

8:30 a.m. - 5:00 p.m.

Pre-Meeting Institute - Full Day Session: Inside the Black Box: A Dynamic Systems Framework and Methods to Understand Resilience and Impairment Following Trauma

8:30 a.m. - 5:00 p.m.

INSIDE THE BLACK BOX: A DYNAMIC SYSTEMS FRAMEWORK AND METHODS TO UNDERSTAND RESILIENCE AND IMPAIRMENT FOLLOWING TRAUMA

Pre-Meeting Institute

Chair: Bernard Ricca, PhD, University of Colorado

Presenter: Bernard Ricca, PhD, University of Colorado

Presenter: Charles Benight, PhD, University of Colorado

Presenter: Jonathan Butner, PhD, University of Utah

Track Mode, Methods and Ethics

Primary Program Type Research Methodology

Presentation Level Intermediate

Region Global

Population Type Other Professionals

Abstract Body Trauma adaptation processes demonstrate a variety of important dynamics, including periods of repose or heightened distress, oscillatory behaviors, and nonlinear shifts. However, traumatic stress basic research has primarily relied on standard linear approaches to conceptualize and test the evolution of adaptative and maladaptive recovery. Because such linear approaches cannot model the dynamic processes theorized and observed in trauma adaptation, such approaches have limited a deeper understanding of the trauma adaptation process. These limitations have restricted intervention development critical to promote resilience and reduce impairment. This day long PMI will approach this challenge by connecting basic science theory and methods (aka Bench!) to potential intervention opportunities (aka Bedside!) based on nonlinear dynamic systems (NDS). Specifically, NDS approaches to understanding the psychological, biological, social and behavioral mechanisms that lead to greater resilience or impairment following trauma will be addressed. Examples of contemporary theories utilizing NDS to understand resilience and impairment following natural disasters and physical trauma will guide the discussion. Attendees will learn what

dynamic systems are and how “state space” approaches (dynamic representations of system behavior across time) are critical to understanding trauma adaptation across time and in novel intervention development.

The morning session will introduce NDS, its relationship to understanding trauma adaptation. Self-regulation shift theory will be introduced as one approach providing a framework for understanding human system states and state transitions following trauma; other examples of dynamical systems theorizing in trauma, resilience will also be offered (e.g., Pincus and Metten, 2010). Through these theoretical models, attendees will have experience utilizing NDS tools to conceptualize trauma recovery. In the afternoon, statistical and methodological approaches to NDS will cover Markov, Sparse Identification of Nonlinear Dynamics (SINDy), Recurrence Quantification Analysis, Cusp Catastrophe Modeling, and Early Warning Signal Identification. Overviews of each technique and its assumptions, what questions each technique is good for, and how results are interpreted will be provided. Lastly, the PMI will end by discussing systems modeling as a tool for theorizing and developing research questions and potential for trauma interventions.

1:30 p.m. - 5:00 p.m.

Pre-Meeting Institute - Afternoon Half-Day Sessions

1:30 p.m. - 5:00 p.m.

MORAL INJURY CONCEPTUALIZATION, ASSESSMENT, AND TREATMENT: A PRACTICAL REVIEW OF THE EVIDENCE AND NEW DIRECTIONS FOR RESEARCH AND TREATMENT

Pre-Meeting Institute

Chair: Stephanie Houle, PhD, MacDonald/Franklin OSI Research Centre

Presenter: Stephanie Houle, PhD, MacDonald/Franklin OSI Research Centre

Presenter: Sheila Frankfurt O'Brien, PhD, MA, VISN 17 Center of Excellence for Research on Returning War Veterans

Track Assessment and Diagnosis

Primary Program Type Clinical Practice

Presentation Level Introductory

Region Industrialized Countries

Population Type Adult

Abstract Body The moral injury (MI) construct describes the distress and functional impairments evoked by deep violations of right or wrong by oneself or trusted authority figures and is gaining increased attention in research and clinical settings (Shay, 2014). Violations of right and wrong (i.e., potentially morally injurious events [PMIEs]) may be high magnitude stressors akin to ‘potentially traumatic events,’ or may be the accumulating insults and injuries resulting from chronic environmental and social inequities and discrimination (Litz and Kerig, 2019; Stoute, 2021; Ziv, 2023). The impacts of PMIEs have been examined in various populations including military members and Veterans, healthcare workers, refugees, journalists, social workers, and in forensic settings (Griffin et al., 2019; Hall et al., 2022; Riedel et al., 2022; Roth et al., 2022). Empirical research supports the

clinical relevance of MI, demonstrating associations with problems such as suicidality, depression, PTSD, anxiety, and substance use (Easterbrook et al., 2023; Hall et al., 2022; Jamieson et al., 2023). The field continues to evolve rapidly, with issues such as proper measurement, assessment, and intervention increasingly being criticized and re-investigated. Given the novelty of this field, an integrative framework for the continued study of MI and its translation into clinical practice is likely to advance the field.

This PMI is intended for researchers and clinicians alike looking to understand the state of the science of moral injury, with a focus on new directions for research and practical guidance regarding emerging treatments in the context of evidence-based principles. Speakers with expertise in both research and clinical practice on MI will present a practical overview and synthesis of existing theories and evidence supporting the clinical relevance of moral injury, an introduction to key debates and questions being investigated in this field (e.g., dimensional vs. categorical models of clinical utility for MI), an overview of best practices in the measurement and assessment of MI for research and clinical settings (Houle et al., 2024) and a discussion of the state of the evidence for various intervention strategies for MI and how these may be integrated into existing clinical practice. Biological, psychological, social and spiritual considerations for each topic will be considered, in parallel to evidence stemming directly from individuals with lived experience (i.e., qualitative findings and testimony). Future directions for research and clinical translation of ongoing MI work will be discussed collaboratively with PMI participants.

1:30 p.m. - 5:00 p.m.

NAVIGATING BARRIERS IN EVIDENCE-BASED PRACTICE

Pre-Meeting Institute

Chair: Sarah Voss Horrell, PhD, Salem VA Medical Center

Presenter: Sarah Voss Horrell, PhD, Salem VA Medical Center

Presenter: Michelle Bowen, MSW, Veterans Health Administration

Presenter: Ric Monroe, PhD, VA Augusta Health Care System

Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Intermediate

Region Global

Population Type Adult

Abstract Body The primary objective of this intermediate level Pre-Meeting Institute (PMI) is to provide attendees with specific techniques for negotiating challenges when implementing trauma-focused, evidence-based psychotherapies (EBPs) such as Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). It can be difficult to retain patients or predict dropout in trauma-focused EBPs (Byllesby et al., 2019) and phase-based treatments do not appear to improve outcomes (Bremer et al. 2023). Given this, it is imperative to consider factors that can improve retention and thereby increase success rates.

This PMI will include an overview of the literature on retention in trauma-focused EBPs as well as factors that contribute to dropout and successful treatment completion. Based on this

research, presenters will discuss potential enhancements to trauma-focused EBPs that aim to increase retention with a focus on maintaining fidelity to the treatment models. Specific topics addressed in the PMI will include navigating complexities such as problems with homework completion; lack of motivation; comorbidities (e.g., substance use disorders, mood disorders, personality disorders, etc.); safety concerns; and common therapy interfering behaviors. In addition, presenters will discuss the use of measurement-based care (MBC) and how to utilize these results to make decisions about flexing, modifying, and/or discontinuing the protocol. During this PMI, diversity variables that may impact treatment response or retention will also be addressed including race, ethnicity, sexual orientation, gender identity, and religious/spiritual beliefs and current research will be reviewed.

Direct application of practical strategies to improve retention in trauma-focused EBPs will be a primary focus of this PMI. Presenters will demonstrate the specific techniques described and will facilitate examination of case vignettes and role play exercises to further illustrate application of material. These experiential exercises will provide opportunities for participants to enhance understanding and application of target concepts and to refine their approach to delivering trauma-focused therapies with treatment-congruent flexibility. Future directions in PTSD treatment research will also be discussed such as integration of substance use disorder treatment with CPT, tailoring of treatments to patient-specific variables, and integration of virtual/application-based technology. The target audience for this PMI is clinicians with a working knowledge of CPT and PE and an interest in augmenting existing cognitive-behavioral therapy skills.

1:30 p.m. - 5:00 p.m.

INTRODUCTION TO THE CLINICIAN-ADMINISTERED PTSD SCALE FOR DSM-5 -- REVISED (CAPS-5-R)

Pre-Meeting Institute

Chair: Frank Weathers, PhD, National Center for PTSD

Presenter: Michelle Bovin, PhD, National Center for PTSD

Presenter: Daniel Lee, PhD, National Center for PTSD, VA Boston Healthcare System, and Boston University School of Medicine

Presenter: Jess Petri, PhD, Anxiety and Trauma Clinic of Atlanta

Presenter: Brianna Jackson, MS, Auburn University

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Region Global

Population Type Adult

Abstract Body This workshop will provide an introduction to the revised version of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5-R). The CAPS-5-R features a number of improvements to the CAPS-5 regarding administration and scoring, including streamlined formatting, enhanced item content and scoring guidelines, and a 0-10 rating scale for item severity which expands the current CAPS-5 0-4 scale. The CAPS-5-R is intended to replace the CAPS-5, but is fully backward compatible. The CAPS-5-R is psychometrically

sound, with levels of test-retest reliability, interrater reliability, and construct validity comparable to those for the CAPS-5, and CAPS-5-R scores are highly correlated with CAPS-5 scores. This workshop will consist of a didactic overview and experiential role play interviews in small groups facilitated by CAPS-5-R experts. The didactic overview will briefly summarize the history of the CAPS and then provide a detailed discussion of all aspects of the CAPS-5-R and its appropriate use, including item content, guidelines for standard administration and scoring, the conceptual basis for DSM-5 PTSD criteria, and tips for effectively handling common interviewing challenges. The experiential role plays will give each participant an opportunity to observe and practice administration of the CAPS-5-R, calibrate on scoring, engage in group discussion of various questions and issues related to PTSD assessment, and receive feedback throughout from a CAPS-5-R expert. After completing the workshop, participants will be able to (a) conduct a standard administration of the CAPS-5-R, (b) follow the guidelines for standard scoring and describe the rationale for their scores, and (c) identify strategies for handling interviewing challenges. This is an intermediate-level workshop intended for individuals who are familiar with the DSM-5 PTSD criteria and have some background in clinical interviewing, ideally with structured diagnostic interviews. Previous experience with the CAPS is helpful, but not required.

6:00 p.m. - 7:15 p.m.

Opening Plenary and Dart Awards

6:00 p.m. - 7:15 p.m.

UNCOVERING SYSTEMIC INJUSTICE AND BETRAYAL IN BOSTON: THE EVOLUTION OF TRAUMA-INFORMED JOURNALISM

Invited Session

Chair: Elana Newman, PhD, University of Tulsa

Presenter: Sacha Pfeiffer, NPR

Presenter: Bruce Shapiro, Dart Center for Journalism and Trauma

Presenter: Adrian Walker, The Boston Globe

Abstract Investigative reporting on victimization and abuses of power can change attitudes, policies, and the lives of survivors. This wide-ranging conversation with award-winning Boston journalists will explore how trauma-informed reporting has evolved over time through case studies of investigative journalism on two community betrayals: clerical sexual abuse, and the mishandled murder case of Carol Stuart which revealed deep racism within Boston's police and city government. This wide-ranging conversation will explore the interaction between journalists and disempowered or fearful survivors, the issues raised by true-crime filmmakers and podcasters, the role clinicians and researchers play might play in supporting investigative stories and the role trauma-informed reporting can play in justice and community recovery. Marking the 30th anniversary of the Dart Award for Excellence in Coverage of Trauma and the 40th meeting of ISTSS, this conversation will celebrate the long-term collaboration between ISTSS and the Dart Center for Journalism and Trauma. The evening will begin with the announcement of this year's Dart Award winners.

Thursday, September 26, 2024

8:00 a.m. - 9:20 a.m.

Awards and Keynote: Megan Ranney

8:00 a.m. - 9:20 a.m.

CONFRONTING FIREARM INJURY AND ITS RIPPLE EFFECTS: INSIGHTS AND OPPORTUNITIES FROM THE FIELD OF PUBLIC HEALTH

Keynote

Speaker: Megan Ranney, MD, MPH, Yale University

Abstract Firearm death rates in the United States are at near-record levels. Firearm injury has surpassed car crashes to become the leading cause of death of U.S. children aged 1-19. And we are only just beginning to quantify the ripple effect of trauma and stress for survivors, their families, and their communities. This keynote will summarize recent epidemiologic trends in firearm injury the U.S., discuss promising strategies for reducing firearm injury and its aftereffects, and draw attention to promising areas of work to reduce the cycle of injury and fear that is plaguing our nation.

9:30 a.m. - 10:45 a.m.

Concurrent 1

9:30 a.m. - 10:45 a.m.

ENDURING AMID MASS VIOLENCE: ADDRESSING MENTAL HEALTH AND PSYCHOSOCIAL NEEDS OF POPULATIONS AFFECTED BY ONGOING ARMED CONFLICT

Panel

Jana Javakhishvili*, Leisha Beardmore, Stéphanie Fréel

Chair: Jana Javakhishvili, Prof, PhD, ILia State University

Presenter: Jana Javakhishvili, Prof, PhD, ILia State University

Presenter: Miranda Olf, PhD, University of Amsterdam Academic Medical Center,

Presenter: Chris Hoeboer, PhD, Netherlands

Presenter: Iryna Frankova, PhD, Bogomolets National Medical University,

Discussant: Josef Ruzek, PhD, Palo Alto University/University of Colorado

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Intermediate

Region Global

Population Type Adult

Abstract Body: In this panel, we will discuss evidence on mental health and psychosocial support (MHPSS) interventions amid armed conflict. While established evidence-based guidelines exist for both PTSD prevention and treatment, and post-disaster mental health and

psychosocial care, there remains a scarcity of evidence and understanding regarding effective interventions in conditions of ongoing threat (Shalev, 2022). Based on a scoping review conducted by the Global Collaboration on Traumatic Stress ‘Ongoing Conflict’ thematic group (in prep.: <https://osf.io/csr3t/>), we will discuss existing and new empirical evidence on strategies for meeting the mental health needs of different population groups, including civilians residing in conflict zones, forced migrants, military personnel, and first responders. The scoping review encompasses 47 papers bringing data from the Middle East (22 studies), Africa (21), South America (7), Asia (3), and Europe (2). We will identify the needs of underserved groups, highlight differences in providing services during vs after mass violence, and comment on cultural adaptation of interventions. Finally, the panel will put forward a set of recommendations to guide future MHPSS research, policy, and practice during ongoing armed conflicts. The presenters and a discussant from five different countries will ensure lively discussion, debate, and audience engagement.

9:30 a.m. - 10:45 a.m.

PREDICTING RISK FACTORS FOR DEPRESSION, SUICIDE, AND BURNOUT AMONG PEOPLE WHO HAVE EXPERIENCED TRAUMATIC EVENTS IN SOUTH KOREA

Symposia

Chair: Jinhee Hyun, Prof, Daegu University

Presenter: Heeguk Kim, PhD, Sangji University, South Korea

Presenter: Yu-Ri Lee, PhD, Department of Social Welfare, South Korea

Presenter: Sun Jae Jung, MD, Yonsei University College of Medicine, South Korea

Presenter: Euihyun Kwak, PhD, National Center for Disaster and Trauma, National Center for Mental Health, South Korea

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region East Asia and the Pacific

Population Type Adult

Abstract Body South Korea's suicide rate has remained the highest among OECD countries since 2003, and more than 2% of the population sought hospital treatment for depression in 2022. Mental health issues have become more critical in recent years.

Since the Sewol ferry disaster in 2014, South Korea has made significant progress in its disaster mental health service system. However, many types of traumatic events are still experienced by individuals, and there is still a need to prepare better systems for prevention and recovery.

This symposium was organized by multidisciplinary speakers from KSTSS and included the following topics: (1) How Traumatic Experiences Affect Depression and Suicidal Ideation in South Korea, (2) Classification of Depressive Symptoms in Bereaved Families of the Sewol Ferry Disaster and Relationship with Post-Traumatic Stress, Post-Traumatic Embitterment, Post-Traumatic Growth, (3) Development of a Predictive Model for Suicide Risk and a Screening Test Tool for Early Intervention in Confirmed COVID-19 Patients, (4) Burnout Trajectories in the Extended COVID-19 Response: A 4-Time Measured Longitudinal Study of Disaster Frontline Workers.

By categorizing risk factors for depression, suicide, and burnout among people who have experienced traumatic events in Korea, we aim to suggest ways to prevent and recover from various types of traumatic events in the future.

9:30 a.m. - 10:45 a.m.

IMPROVING REACH AND EFFECTIVENESS OF PTSD THERAPIES: LIGHT-TOUCH TO INTENSIVE (BUT EFFICIENT) APPROACHES

Symposia

Chair: Reg Nixon, PhD, Flinders University, Australia

Presenter: Tara Galovski, PhD, National Center for PTSD

Presenter: Priyadharshany Sandanapitchai, MA, Australia

Presenter: Reg Nixon, PhD, Flinders University, Australia

Presenter: Katherine Dondanville, PsyD ABPP, University of Texas Health Science Center San Antonio

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Although there is a range of evidence-based interventions for treating posttraumatic stress, access to such interventions remains a major barrier to many. In addition, there is still a need to improve our understanding of optimal delivery methods and factors that can be targeted to maximise positive outcomes. Four clinician researchers will present findings from Australia and the USA that address these issues in adult survivors of interpersonal and military trauma. These presentations cover innovative methods to increase the reach of effective interventions, including use of a social and community building program for female veterans (Dr Tara Galovski), the use of online guided self-help and stepped-care approaches for PTSD (Priyadharshany Sandanapitchai and Dr Reg Nixon), and intensive PTSD intervention (massed treatments) (Dr Kris Morris). The presentations will illustrate the effectiveness of these approaches as well as their limitations, and importantly, highlight the variables associated with optimal and less optimal outcomes.

9:30 a.m. - 10:45 a.m.

TRANSLATING RESEARCH TO PRACTICE FOR MARGINALIZED COMMUNITIES WITH TRAUMA AND OPPRESSION-BASED STRESS

Symposia

Chair: Nuha Alshabani, PhD, Boston University

Presenter: Laura Godfrey, BS, Hofstra University

Presenter: Joryan Franklin, MPH, Boston Medical Center

Presenter: Roberto Renteria, PhD, University of Massachusetts

Presenter: Ash Smith, MA, The Graduate Center, City University of New York

Track Mode, Methods and Ethics

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Despite decades of evidence-based practice (EBP), research supporting interventions for stress and trauma, such as cognitive processing therapy, disparities in access to and outcomes following these EBPs continue, especially among those experiencing oppression-based stress (e.g., sexual and gender minorities, people of color, and those with intersecting marginalized identities). Current behavioral health supports for stress and trauma do not adequately address the unique experiences of identity-based oppression, including race-based stress or intersectional discrimination. Thus, leveraging diverse methodologies (e.g., mixed methods, community-engaged research, and cross-sectional studies) is needed to expand access to and quality of PTSD interventions delivered to marginalized populations. This symposium provides initial findings, guidelines, and best practices for translating research to practice for marginalized communities with trauma and oppression-based stress.

9:30 a.m. - 10:45 a.m.

ADVANCING THE PREVENTION OF INTERPERSONAL VIOLENCE THROUGH THEORY-DRIVEN INTERVENTIONS

Symposia

Chair: Prachi Bhuptani, PhD, Rhode Island Hospital

Presenter: Prachi Bhuptani, PhD, Rhode Island Hospital

Presenter: Kathleen Parks, BS, PhD, Department of Psychology

Presenter: Jeff Temple, PhD, The University of Texas Health Science Center At Houston

Discussant: Lindsay Orchowski, PhD, Alpert Medical School, Brown University

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body Interpersonal violence includes a range of harmful relational experiences, including sexual violence as well as intimate partner violence. Interpersonal violence is widespread and associated with numerous consequences including impaired physical and mental health. Theory-driven prevention efforts are needed to reduce the incidence of interpersonal violence and its associated burden. The proposed symposium presents findings from four different theory-driven approaches to interpersonal violence prevention across the lifespan. The first study describes post-program changes among high school students who attended a single-day summit designed to empower youth to reduce sexual violence in their community. The second study provides findings from a pilot randomized controlled trial of an intervention designed to reduce the risk of sexual revictimization among college women. The third study reports results from an open pilot intervention for dating violence and alcohol use prevention for sexual and gender minority youth and their caregivers. Lastly, the fourth study will focus on the results of a cluster randomized trial of a classroom-based healthy relationships curriculum to reduce interpersonal violence perpetration among adolescents.

Together, the presentation will highlight several different theory-driven approaches to interpersonal violence prevention.

9:30 a.m. - 10:45 a.m.

A CROSS-CUTTING FRAMEWORK TO CONCEPTUALIZE, ASSESS, AND TREAT MORAL INJURY

Invited Session

Chair: Brett Litz, PhD, Boston Univ

Presenter: Jackie June ter Heide, PhD, ARQ Centrum'45

Presenter: David Forbes, PhD, Phoenix Australia Centre for Posttraumatic Mental Health

Presenter: J. Don Richardson, FRCPC, Parkwood Hospital Operational Stress Injury Clinic-VA Canada

Presenter: Shira Maguen, PhD, San Francisco VA Med Ctr

Abstract Jonathon Shay (1994) first used the term moral injury to describe the experience and aftermath of the betrayal of trust of leaders in the Iliad and argued that moral harms were the most damaging experiences among combat Veterans. Since the publication of our review of the construct, there has been rapidly accelerating, broad, international, and multidisciplinary acceptance and interest in the construct of moral injury. Although there have been conceptual and empirical advancements, there is no consensus paradigmatic moral of moral injury and there is no unified set of agreed upon foundational assumptions about how to conceptualize and treat the putative clinical problem of moral injury. In this invited panel discussion, I will provide a brief overview of the state of the scientific understanding and care of moral injury, offer a definition that distinguishes moral injury from moral frustration and distress, describe the multisystemic domains of impact that stem from exposure to grave morally injurious events, and argue that moral injury is a unique multisystemic (biological, psychological, behavioral, emotional) syndrome that can be reliably and validly assessed. I will also present the foundational assumptions of a cross-cutting secular and functional approach to conceptualizing and treating moral injury. Panel members (Drs. ter Heide, Forbes, and Richardson) will comment about the presentation and ask clarifying questions.

9:30 a.m. - 10:45 a.m.

IMPLEMENTING MASSED TREATMENT IN VARIED CLINICAL SETTINGS: A MIXED-METHODS EXAMINATION OF FEASIBILITY AND ACCEPTABILITY

Symposia

Chair: Jennifer Wachen, PhD, National Center for PTSD

Presenter: Stephanie Wells, PhD, Durham VA

Presenter: Diana Bennett, PhD, VA Salt Lake City Health Care System

Presenter: Merdijana Kovacevic, PhD, Rush University Medical Center

Presenter: Daniel Szoke, PhD, Rush University Medical Center

Discussant: Jennifer Wachen, PhD, National Center for PTSD

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Introductory

Region Industrialized Countries

Population Type Adult

Abstract Body Massed delivery of evidence-based psychotherapies for PTSD has been shown to produce large and lasting symptom change in a fraction of the time of weekly therapy. A promising aspect of massed treatments is high completion rates, which increase chances for optimal outcomes. However, most research on massed treatment has come from rigorous efficacy clinical trials or from specialty clinics with a specific focus on massed treatment. It is poorly understood to what extent the massed treatment delivery format is viable in traditional and community-based settings. This symposium addresses the feasibility and acceptability of massed treatment within these settings using qualitative and quantitative data from a variety of key informants. Specifically, Dr. Wells will present qualitative data examining providers' and administrators' perceptions of massed treatment in VA PTSD outpatient clinics. Dr. Roberge will present mixed methods data addressing feasibility, acceptability, and implementation of massed treatments in VA outpatient settings. Dr. Kovacevic will address patient and provider perceptions of massed treatment in urban nonprofit and community clinics. Dr. Szoke will present on patient preferences and outcomes in a community hospital-based program. Dr. Wachen will discuss these findings in the context of increasing implementation of massed treatment in varied settings.

9:30 a.m. - 10:45 a.m.

EXPANDING CRITERION A TO ACKNOWLEDGE OPPRESSION AS TRAUMA VS. PATHOLOGIZING DISTRESS IN RESPONSE TO OPPRESSION: IMPLICATIONS FOR TREATMENT

Panel

Tahirah Abdullah*

Chair: Tahirah Abdullah, PhD, University of Massachusetts Boston

Presenter: Tahirah Abdullah, PhD, University of Massachusetts Boston

Presenter: Jessica LoPresti, PhD, Suffolk University

Presenter: Cara Herbitter, MPH, PhD, VA Boston Healthcare System

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Region Industrialized Countries

Population Type Adult

Abstract Body: This interactive panel will build on theory and research on the connection between oppression and trauma as the foundation for a discussion on acknowledging oppression as a form of trauma. Recent studies indicate significant, positive associations between racism and PTSD symptoms (e.g., Abdullah et al., 2021; LoPresti et al., 2023; Ravi et al., 2023), heterosexism and PTSD symptoms (Keating and Muller, 2019; Williams et al., 2023), and cissexism and PTSD symptoms (Keating and Muller, 2019). However, based on DSM-5-TR PTSD Criterion A (APA, 2022), experiences of oppression that do not directly or indirectly involve death, serious injury, sexual violence, or the threat thereof are not considered traumatic events. While some (e.g., Holmes et al., 2016) have argued for changes

to PTSD Criterion A to acknowledge that oppression is a form of trauma, others (e.g., Carter, 2007) have advocated for non-pathologizing approaches to acknowledging the traumatic impacts of oppression. Given extant theories, research, and DSM criteria, panelists will discuss questions regarding delineating distress and trauma, arguments for and against expanding PTSD Criterion A to include oppression-based experiences not involving death, serious injury, or sexual violence, and the implications of each for psychotherapy and translating research into clinical interventions for oppression-based distress and trauma.

9:30 a.m. - 10:45 a.m.

WHAT TRIGGERS TRAUMA-RELATED NIGHTMARES? THE ROLE OF INTERPERSONAL VIOLENCE, HYPERAROUSAL, AND REM SLEEP

Symposia

Chair: Anthony Reffi, PhD, Henry Ford Health System | Center for Trauma Recovery and Sleep Research

Presenter: Anthony Reffi, PhD, Henry Ford Health System | Center for Trauma Recovery and Sleep Research

Presenter: Westley Youngren, PhD

Presenter: Katherine Miller, PhD, Minneapolis VA Health Care System

Presenter: Anne Richards, MD, MPH, UCSF/San Francisco VA Med Ctr

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Despite the growing literature on the role of nightmares in PTSD, there has been less research on the precipitants that trigger nightmare occurrence/onset. Devoting research to identifying common nightmare predictors will inform our understanding of who is at greatest risk for nightmares, which ultimately may help improve treatment and preventive efforts. This session will therefore present data on factors that trigger or precede nightmares among trauma-exposed populations, including interpersonal violence, objective sleep characteristics (REM, sleep-period RSA), and pre-sleep arousal. These studies utilize rigorous methods, including longitudinal designs, ambulatory data collection (including novel mattress actigraphy), and polysomnography (the gold-standard measure of objective sleep). In doing so, these studies also address the physiology underlying trauma-related nightmares, thereby highlighting potential mechanisms that could be relevant treatment targets (e.g., physiological arousal). The presenters each represent different institutions and range in career stage, from postdoctoral fellow to clinical professor. Lastly, this proposal is directly in line with ISTSS 2024's topic on research investigating the psychological, biological, social and behavioral mechanisms that underlie post-trauma mental health.

9:30 a.m. - 10:45 a.m.

TREATMENT ENGAGEMENT AMONG TRAUMA-EXPOSED INDIVIDUALS: TRANSLATING CLINICAL RESEARCH TO CLINICAL PRACTICE

Symposia

Chair: Elizabeth Lehinger, PhD, University of Washington

Presenter: Debra Kaysen, PhD, Stanford University

Presenter: Alexander Kline, PhD, Naval Health Research Center

Presenter: Peter Grau, PhD, Ann Arbor Center for Clinical Management Research/University of Michigan

Presenter: Elizabeth Lehinger, PhD, University of Washington

Discussant: Shannon Kehle-Forbes, PhD

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Despite effective treatments for posttraumatic stress disorder (PTSD), difficulties with treatment engagement diminish these effects and reduce the public health impact of treatment. The proposed symposium includes presentations from four clinician researchers examining unique dimensions of treatment engagement. All presenters will discuss how the study findings translate to clinical practice. Dr. Kaysen will present predictors of acceptability of either psychotherapy or pharmacotherapy for patients with PTSD in primary care across VA and community settings. Dr. Kline will present a machine learning approach to build prognostic prediction models of attendance from two randomized controlled trials with Prolonged Exposure (PE), sertraline, or both combined. Dr. Grau will present rates and predictors of treatment engagement among Veterans following completion of PE or Cognitive Processing Therapy. Dr. Lehinger will present reasons for treatment dropout and behavioral signals of these reasons from the perspectives of clinicians who provide trauma- or substance use-focused treatment for women with co-occurring PTSD and alcohol misuse. Our discussant, Dr. Shannon Kehle-Forbes, has led several impactful studies on better understanding and addressing PTSD treatment engagement. She will discuss implications for strategies to increase treatment engagement and improve patient outcomes.

9:30 a.m. - 10:45 a.m.

ADVANCING THE TRANSLATION OF DATA INTO PRACTICE IN REAL-WORLD SETTINGS: USING RESEARCH AND EVALUATION TO BUILD AND SUPPORT TRAUMA-INFORMED SYSTEMS

Workshop

Chair: Cassandra Kisiel, PhD, Northwestern University Feinberg School of Medicine

Presenter: Jane Halladay Goldman, MSW PhD, Santa Monica-UCLA Rape Treatment Ctr

Presenter: Lisa Conradi, PhD, Trauma-Informed Innovations

Tracks Child and Adolescent Trauma

Primary Program Type Training/Education/Dissemination

Presentation Level Intermediate

Region Industrialized Countries

Population Type Child/Adolescent

Abstract Body There is recognition that trauma-informed care requires change at multiple levels of a system or organization (SAMHSA, 2014), yet inconsistencies exist in how trauma-informed approaches are implemented, evaluated, and used to support clinical practice, training, and systems change within child-serving settings (Bargeman et al., 2021; Hanson and Lang, 2016). A trio of presenters representing diverse academic, training, and clinical settings will describe a range of evidence-informed approaches designed to build and support

trauma-informed systems and the innovative use of data to support changes in real-world settings. We will highlight practices developed with the National Child Traumatic Stress Network including: Think Trauma, a training and implementation program for providers in residential settings; the Trauma-informed Organizational Assessment (TIOA); and the Trauma Assessment Pathway (TAP) model that supports assessment-based, clinical intervention. We will describe the data-driven nature of these models, focusing on use of clinical and needs assessment data, training evaluation and quality improvement data, and qualitative/case-level data. Strategies and concrete examples for translating data and communicating findings to inform practice and policy changes will be shared. Discussion will focus on lessons learned and ways to apply these approaches in a range of contexts.

9:30 a.m. - 10:45 a.m.

DEVELOPING CARE PATHWAYS FOR PEOPLE WHO HAVE EXPERIENCED VIOLENCE AND USE OPIOIDS: EARLY LESSONS LEARNED FROM FOUR COMMUNITY-PARTNERED PROJECTS

Panel

Melissa Zielinski*

Chair: Melissa Zielinski, PhD, University of Arkansas for Medical Sciences

Presenter: Melissa Zielinski, PhD, University of Arkansas for Medical Sciences

Presenter: Teresa Lopez-Castro, PhD, The City College of New York

Presenter: Katie Walsh, PhD, University of Wisconsin-Madison

Presenter: Dawn Johnson, PhD, University of Akron

Presenter: Tami Sullivan, PhD, Yale University School of Medicine

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Region Industrialized Countries

Population Type Adult

Abstract Body: Most people with opioid use disorder (OUD) have experienced trauma, and about 20-33% of people seeking OUD treatment meet PTSD criteria (Ecker and Hundt, 2018). However, interventions intended to prevent and/or treat PTSD and OUD among people exposed to violence may need to be tailored to fit the diverse settings in which these individuals seek care. In this panel, we will first review research and theory on the intersections among violence exposure, opioid use, and PTSD. We will then introduce four ongoing projects that were funded in response to a call by the US' National Institute on Drug Abuse for research aiming to develop care pathways for violence survivors who use opioids, all of which will ultimately test whether interventions to reduce posttraumatic stress also improve opioid care outcomes. Projects span diverse settings relevant globally including emergency departments, jails, and substance use treatment services. Panelists will discuss early lessons learned during formative work informing the modification and/or selection of evidence-based interventions for PTSD (e.g., Cognitive Processing Therapy, Present-Centered Therapy) for implementation in these diverse settings with people who use opioids in collaboration with community partners and individuals with lived experience. Lessons learned will address intervention acceptability, contextual fit, and ethics.

School

9:30 a.m. - 10:45 a.m.

Paper Session 1: Youth

CONTEXTUAL CONSIDERATIONS: EXAMINING MULTI-LEVEL CORRELATES OF THERAPISTS' TRAINING ENGAGEMENT FOLLOWING PARTICIPATION IN A LEARNING COLLABORATIVE FOR TF-CBT

Paper Presentation

Daneele Thorpe¹, Shelby Wade¹, **Rochelle Hanson***²

¹*Medical University of South Carolina*, ²*NCVC - Medical University of South Carolina*

Track Child and Adolescent Trauma

Primary Program Type Training/Education/Dissemination

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Mental Health Professionals

Abstract Body Trauma exposure is prevalent among youth and associated with adverse outcomes. While evidence-based treatments (EBTs) for trauma-exposed youth exist, widespread dissemination into community practice is challenged by clinicians' ability to engage in EBT training. These challenges stem from many individual, agency, and neighborhood-level factors. This study utilized data from 231 clinicians who participated in a statewide TF-CBT initiative to explore factors influencing therapist training engagement across these three levels. Findings indicated that therapists working in resource-deprived neighborhoods had more experience with trauma-exposed youth, suggesting a potential selection bias or therapists' personal commitment to staying in these areas. Neighborhood resource deprivation was associated with reduced interagency collaboration and lesser utilization of trauma-informed practices, which might be attributable to high turnover rates, competing priorities, and limited resources. Finally, agency-level correlates of training engagement suggest that agencies face a delicate balance in managing different aspects of trauma-informed care and evidence-based practices. Findings emphasize considering contextual factors when disseminating EBTs, as ensuring an optimal environment for training engagement ultimately addresses growing mental health disparities for trauma-exposed youth.

EFFECTIVENESS AND SUSTAINMENT OF THE YOUTH READINESS INTERVENTION: FOUR YEAR FOLLOW UP OF AN INTEGRATED BEHAVIOR-CHANGE INTERVENTION FOR WAR-AFFECTED YOUTH IN SIERRA LEONE

Paper Presentation

Wijnand Van Den Boom*¹, Matias Placencio-Castro¹, Nathan Hansen², Theresa Betancourt¹

¹*Boston College*, ²*University of Georgia*

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation Level Introductory

Region West and Central Africa

What is your population type? Adult

Abstract Body Background: The Youth Readiness Intervention (YRI) is an intervention for war-affected youth that has been tested and scaled in education and livelihood settings in Sierra Leone. In 2019 we evaluated the YRI's integration into an entrepreneurship program (ENTR) using a cluster-randomized trial (CRT), showing reduced depression, anxiety, and increased self-employment income; third-party reporters identified improvements (e.g., cooperation) among YRI youth.

Methods: Using stratified random sampling, a 4-year follow-up study involved 584 out of the original 1,151 participants to understand long-term mental health outcomes (i.e., emotion regulation, anxiety, depression, and interpersonal functioning) across 3 study arms (ENTR only; ENTR+YRI; control).

Findings: ENTR+YRI youth showed improvements in depression ($\beta=-0.053$, 95%CI: -0.09 – -0.041, $d=-0.112$), and combined depression/anxiety ($\beta=-0.044$, 95%CI: -0.081 – -0.008, $d=-0.098$) compared to control youth. No changes were evident in anxiety, functioning, or emotion regulation.

Implications: Positive findings from the original CRT were retained four years later. This informs strategies for sustaining evidence-based interventions in Sierra Leone and other low- and middle-income countries and using collaborative implementation approaches that generate buy-in and integrate interventions like the YRI into novel delivery platforms.

TRAUMA AND MIGRATION RELATED SEPARATIONS AMONG UNACCOMPANIED MINORS AND THEIR MOTHERS: IMPLICATIONS FOR INTERVENTION RESEARCH

Paper Presentation

Jodi Berger Cardoso*¹, Arlene Bjugstad², Jessica Hernandez-Ortiz¹, Gabriella Mohr-Avita³, Nidia Hernandez⁴, Andrea Perez Portillo⁵

¹University of Houston, ²University of Colorado, ³Wayne State University, ⁴Arizona State University, ⁵University of Washington

Track Child and Adolescent Trauma

Presentation Level Introductory

Region Latin America and the Caribbean

What is your population type? Child/Adolescent

Abstract Body Since 2021, more than 400,000 unaccompanied minors have migrated to the U.S without the presence of a parent; the majority in pursuit of family reunification. Reunification in the U.S. is often precarious and attachment disruptions have had profound psychological effects on youth. In collaboration with a Houston-based Community Advisory Board (CAB), researchers collected and analyzed data from 16 mother-child dyads from Latin America who experienced migration related separations. Researchers applied Schatzman's (1991) dimensional analysis to uncover the meanings, interactions, and outcomes of immigrant families' separations. Findings suggest youth experience cognitive

dissonance, understanding their mother's decision to migrate while exhibiting strong emotional responses to being left behind. Moreover, their children's emotional responses to the separation are often too painful for mothers to address, leading to disenfranchised and unresolved grief. In collaboration with the CAB, researchers identified relevant interventions that target attachment distress in youth. *Confío en Mí*, *Confío en Ti* is an attachment-based intervention that aims to improve parent-child relationship quality and reduce psychopathology by targeting attachment security. Researchers share the challenges and successes they face with the cultural adaptation for Latin American mothers and their children.

UNDERSTANDING NEEDS AND STRENGTHS THAT AFFECT MENTAL HEALTH AMONG UNACCOMPANIED AFGHAN MINORS (UAM) IN RESETTLEMENT

Paper Presentation

Ngozi Enelamah*¹, Rochelle Frounfelker², Caroline Dilts³, Audrey Montgomery³, Farhad Sharifi³, Theresa Betancourt³

¹*University of New Hampshire*, ²*LeHigh University*, ³*Boston College*

Track Child and Adolescent Trauma

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Both Adult and Child/Adolescent

Abstract Body Currently, roughly 1,550 Afghan youth without a biological parent or legal guardian (Unaccompanied Afghan Minors (UAM)) resettled in the United States in 2021. Alongside migration-associated stressors known to position youth at a higher risk for mental health concerns, migrant youth who resettle unaccompanied are regarded as particularly vulnerable considering their lack of a support system. This study identified and described mental health challenges and strengths among UAMs. Qualitative methodology was used to explore the current needs and family dynamics of UAM and their adult caregivers. 100 virtual free listing interviews and 10 focus groups, 5 with UAM and 5 with their adult caregivers, were conducted to better understand the context and lived experiences. The research was guided by advisory boards of resettled Afghans to uphold community-based participatory methods. Thematic analysis to elucidate themes surrounding the psychosocial consequences of forced migration was conducted using MAXQDA. Findings provided critical insight into the lived experiences, relating to mental health challenges and resiliency factors of UAM, following forced migration trauma and integration. Study implications will inform equitable mental health service provision for refugee service providers and aid in the cultural adaptation of a mental health screening tool for resettled Afghan youth.

USING NORWEGIAN NATIONAL REGISTRY DATA TO UNDERSTAND ASSOCIATIONS BETWEEN POTENTIALLY TRAUMATIC LIFE EXPERIENCES AND MENTAL HEALTH CARE USE IN ADOLESCENCE

Paper Presentation

Annika Skandsen*¹, Kristin Askeland², Mari Hysing³, Liv Sand⁴, Martin Teicher⁵, Tormod Børte³

¹University of Bergen/Stavanger University Hospital, ²NORCE, ³University of Bergen, ⁴Stavanger University Hospital, ⁵Harvard Medical School/McLean Hospital

Track Child and Adolescent Trauma

Primary Program Type Assessment/Diagnosis

Presentation Level Advanced

Region Central and Eastern Europe and the Commonwealth of Independent States

What is your population type? Child/Adolescent

Abstract Body Exposure to potentially traumatic experiences (PTEs) is common among children and adolescents and associated with increased risk of psychiatric diagnoses. This study aimed to ascertain how number of PTEs differed across adolescent psychiatric diagnoses. Exposure to PTEs was from the youth@hordaland-survey and Axis I data was from the linked National Patient Registry (NPR). From a total of 10257 adolescents, 9555 adolescents (16-19 years, 53.9% female) consented to register linkage and of those 8845 were included in the analyses.

Being in contact with Child and Adolescent Mental Health Services (CAMHS) predicted more PTEs (Estimated marginal means, EMM=1.04, SE=0.05), and greater exposure to two or more PTEs, compared to peers with no CAMHS-contact (EMM=0.60) after adjustment for age, ethnicity, sex and parental education level. Adolescents diagnosed with ADHD, depression, trauma-related disorders, conduct disorder and anxiety experienced significantly more PTEs (EMM from 0.90-1.63) than the no-CAMHS reference group (EMM= 0.57, SE=0.01). All diagnostic categories except psychosis, autism and eating disorders had a significantly higher rate of PTEs compared to the group not connected to CAMHS. The study highlights the potential role of exposure to multiple PTEs as a transdiagnostic risk factor, though the level of risk varies between diagnoses. <https://doi.org/10.1002/jts.22996>

9:30 a.m. - 10:45 a.m.

Flash Talk Session 1

CHANGE IN SEXUAL FUNCTIONING DURING COGNITIVE PROCESSING THERAPY: CHARACTERIZATION AND BASELINE PREDICTORS

Flash Talk Presentation

Elizabeth (Liza) Alpert^{*1}, Laura Meis², Whitney Livingston³, Tara Galovski⁴

¹VA Boston Healthcare System, ²National Center for PTSD, Center for Care Delivery and Outcomes Research, Minneapolis Veterans Affairs Health Care System, ³Rand Corporation,

⁴National Center for PTSD, VA Boston Healthcare System

Track Clinical Interventions

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Interpersonal trauma can impact survivors' sexual functioning, and while cognitive processing therapy (CPT) has been shown to reduce symptoms of posttraumatic stress disorder (PTSD), less is known about functioning outcomes such as change in sexual functioning during CPT. We examined change in sexual distress and baseline predictors of

change in a sample of 161 adult survivors of interpersonal violence receiving CPT for PTSD (86% female, 47% Black or African American). Latent difference score models showed sexual distress decreased significantly from pretreatment to posttreatment, with a medium effect size. Change in sexual distress covaried significantly with change in PTSD from pretreatment to posttreatment. An index trauma of childhood sexual assault (vs. adult physical assault) and lower pretreatment dissociation predicted a greater decrease in sexual distress. Higher pretreatment PTSD severity and greater relationship impairment with one's significant other approached significance in predicting a greater decrease in sexual distress. Gender, index trauma of childhood physical assault or adult sexual assault (vs. adult physical assault), baseline depression, and baseline posttraumatic cognitions did not predict change in sexual distress. Findings help characterize change in sexual functioning over the course of CPT and point to potential prognostic indicators of this change.

Adult

DISTURBANCES OF SELF-ORGANIZATION AND PTSD SYMPTOMS IN CHILDHOOD ABUSE RELATED CPTSD: WITHIN-PERSONS EFFECTS IN A RANDOMIZED CONTROLLED TRIAL

Flash Talk Presentation

Peter Sele*¹, Asle Hoffart², Tuva Øktedalen²

¹*Modm Bad*, ²*Modum Bad*

Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body ICD-11 Complex Posttraumatic Stress Disorder (CPTSD) is comprised of PTSD and three Disturbances in Self-Regulation (DSO) symptom clusters: affective dysregulation (hyper- and hypoactivation), negative self-concept, and relational disturbances. This process study investigates the relationship between DSO symptoms and PTSD during treatment of CPTSD.

Using a preliminary 22-item version of the International Trauma Questionnaire, weekly self-reported PTSD and DSO symptoms were provided over ten weeks by 92 patients participating in a RCT (Sele et al., 2023). Patients received either Skills Training in Affective and Interpersonal Regulation (STAIR) or Prolonged Exposure (PE). Latent curve modelling with structured residuals was used to investigate between- and within-persons effects of week-to-week changes in PTSD and DSO.

On the between-person level, PTSD decline, but not DSO decline, was steeper in PE compared to STAIR. On the within-person level, higher level of hyperactivation and negative self-concept predicted subsequent higher level of PTSD, and higher level of PTSD predicted subsequent higher level of hypoactivation. PTSD and relational disturbances had a reciprocal relationship where higher level in one predicted a subsequent higher level in the other.

Within persons, DSO may be involved in the change of PTSD, and vice versa, with possible treatment implications for CPTSD.

EFFICACY OF MASSED CPT VERSUS STANDARD CPT ON ALCOHOL-RELATED OUTCOMES AND THE IMPACT OF HAZARDOUS DRINKING
Flash Talk Presentation

Craig Polizzi*¹, Kris Morris², Tara Galovski¹, Katherine Dondanville³, Jennifer Schuster Wachen¹

¹*VA Boston Healthcare System*, ²*Henry Jackson Foundation*, ³*University of Texas Health Science Center at San Antonio*

Track Clinical Interventions

Presentation Level Intermediate

Region Global

What is your population type? Adult

Abstract Body Posttraumatic stress disorder (PTSD) and hazardous drinking frequently co-occur. Although service members with co-occurring PTSD and hazardous drinking can benefit from cognitive processing therapy (CPT), no study examined the impact of hazardous drinking on CPT delivered in a massed format. In a sample of 140 active duty service members with PTSD, we compared massed CPT (MCPT; 5-day combined group and individual sessions) and standard format CPT (12 individual sessions twice weekly for 6 weeks) on alcohol-related outcomes. We evaluated changes in alcohol-related outcomes and PTSD severity by baseline hazardous drinking and treatment format. We employed multilevel regression models across baseline, post-treatment, 4-month follow-up, and 1-year follow-up. MCPT and CPT similarly reduced alcohol consumption. MCPT related to larger reductions in the number of days with > five drinks than CPT but the magnitude of this difference was small. For hazardous drinkers, MCPT associated with greater improvements than CPT in drinking days per week, maximum number of drinks per day, and drinks per week but again the magnitudes of these differences were small. There were comparable reductions in PTSD severity across hazardous drinking and treatment format. Findings indicate that MCPT and CPT may be similarly efficacious for hazardous and non-hazardous drinkers.

EVALUATION OF A CLASS-BASED COGNITIVE BEHAVIOR THERAPY WITH MINDFULNESS PROGRAM FOR PUBLIC SAFETY PERSONNEL: A PILOT RANDOMIZED CONTROLLED TRIAL

Flash Talk Presentation

Shay-Lee Bolton*¹, Jitender Sareen¹, Jacquelyne Wong²

¹*University of Manitoba*, ²*Shared Health Manitoba*

Track Clinical Interventions

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Public safety personnel (PSP) are a vulnerable group who face high levels of stress and traumatic exposure. These exposures have been linked with increased risk of mental health problems. Our team developed a mindfulness-based CBT program called CBTm with the aim of promoting resiliency through teaching CBT concepts and skills in a large group class-based format.

This study examined the effectiveness of CBTm in promoting resiliency and reducing subthreshold mental health symptoms in a cohort of PSP who did not meet criteria for a current mental disorder. A randomized controlled trial waitlist design was used. Measured outcomes included depressive, anxiety, and posttraumatic stress symptoms, and resiliency.

A total of 60 Canadian PSP were randomized to either receive the CBTm classes (n=28) or were placed on a waitlist (n=32). Preliminary findings noted improvements in subthreshold clinical characteristics across the 5 sessions (i.e., significant reductions in scores on anxiety, depression and PTSD) among PSP assigned to the intervention, compared with control, and these differences were maintained through a 3-month follow-up (effect sizes 0.31-0.41).

Findings from this pilot study highlight the potential for CBTm to effectively reduce mental health symptoms and increase resiliency, even among a healthy group of PSP.

DATA TO DISSEMINATION: TRAUMA-INFORMED CARE AMID HUMANITARIAN CRISES

Flash Talk Presentation

Phyu Pannu Khin*¹

¹*University of Vermont*

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Introductory

Region Global

What is your population type? Mental Health Professionals

Abstract Body Background: Amid the escalating global political violence, our challenge urgently lies in supporting survivor communities through a trauma-informed approach. Aims: The current study examines how trauma survivors in post-military coup Myanmar report their trauma reactions, identify sources of resilience, and outline strategies for disseminating findings in the community. Method: Employing a mixed-method design, we combine gold-standard psychological questionnaires and culturally-informed open-ended questions. This approach provides quantitative data for testing linear regression models and qualitative insights for informing stakeholders serving political violence survivors. Results: Myanmar survivors (N and #3f180) reported elevated mental health symptoms alongside remarkable resilience. The moderation effect of resilience on trauma and alcohol use was significant ($B = -0.16$, $SE = 0.07$, $t(169) = -2.48$, $p = .013$). Qualitative data offered insights on fostering individual and community resilience amid ongoing humanitarian crises, guided by trauma-informed and contextually and culturally fluid approaches. Conclusion: This study will inform clinicians and researchers on how to integrate data into the dissemination of mental health support and improved policies in at-risk communities, exemplified by the case of Myanmar.

MEMORY CENTRALITY MODERATES THE LINK BETWEEN CHILDHOOD MALTREATMENT AND BPD SYMPTOMS

Flash Talk Presentation

Ana Luisa Barbosa Torreato Dau*¹, Adenique Lisse¹, Mariah Xu¹, Stephanie Milan¹

¹*University of Connecticut*

Track Child and Adolescent Trauma

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Growing up in an emotionally invalidating (EI) environment may play a causal role in Borderline Personality Disorder. (1) Childhood maltreatment (CM), which typically includes EI, is a robust predictor of BPD; however, most people with CM do not develop BPD symptoms. In PTSD studies, one factor that moderates the link between trauma exposure and symptoms is how central memories of the event are deemed to one's identity. (2) The goal of this study was to test for similar moderating effects in the CM-BPD link. That is, when memories of childhood EI are viewed as less central to identity, is CM less likely to result in BPD?

215 young women (age 22-30, 60% POC) with an MH history completed online survey measures of CM and BPD symptoms and completed guided writing tasks. Tasks involved describing key memories about EI during childhood and their perceived impact, and then rating how central each memory was to their identity. The negative valence of memory descriptions was quantified with computerized text analysis.

The extent to which CM predicted BPD symptoms was moderated by memory centrality beyond the negative valence of memories. Among those with high CM, viewing EI as more central predicted worse symptoms. The ability to see difficult memories as less central to one's identity may be a protective factor in the context of CM, and one potential treatment target.

IMPACT OF A PARENT-LED THERAPIST ASSISTED TRAUMA FOCUSED TREATMENT FOR CHILDREN ON SLEEP DISTURBANCE.

Flash Talk Presentation

Kate Porcheret*¹, Ingeborg Skjærvø², Synne Stensland², Silje Ormhaug²

^{1, 2}*Norwegian Center for Violence and Trauma Stress Studies*

Track Child and Adolescent Trauma

Presentation Level Introductory

Region Central and Eastern Europe and the Commonwealth of Independent States

What is your population type? Child/Adolescent

Abstract Body Children experience a range of reactions post-trauma. Low threshold parent-led interventions show promise in reducing post-traumatic stress symptoms, however sleep disturbance is largely unaccounted for in identifying children's needs or responses to therapy. This study aimed to 1) examine if sleep disturbance improves following treatment and 2) determine if pre-treatment sleep disturbance predict response to treatment. Data were from a

pilot study of a parent-led trauma treatment (Stepping Together for children after trauma). Treatment lasted 6-9 weeks and participants (aged 7-12 years, n=82) completed pre- (T1) and post-treatment (T2), post maintenance (T3, 12-15 weeks) and follow up (T4, 24-30 weeks) assessments of sleep disturbance (sleep dimension of the 17d quality of life questionnaire). Preliminary repeated measure analyses showed sleep disturbance improved following treatment (T1-T2 $p=0.02$), with improvements maintained post maintenance (T2-T3 $p=0.68$) and at follow up (T3-T4 $p=0.20$). Logistic regression found a significant association between responding to treatment and lower pre-treatment sleep disturbance (OR=0.49, CI:0.26-0.86 $p=0.017$). Thus, trauma-focused treatment appears to result in sustained improvements in sleep disturbance, and that children with high levels of sleep disturbance may particularly benefit from treatment.

FROM THEORY TO CLINICAL PRACTICE: ADVANCING THE ASSESSMENT OF POSTTRAUMATIC STRESS DISORDER IN CHILDREN AGES SIX AND YOUNGER

Flash Talk Presentation

BreAnne Danzi*¹, Jessica Kelly¹, Ellen Knowles¹

¹*University of South Dakota*

Track Child and Adolescent Trauma

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Child/Adolescent

Abstract Body A frontier for translational science in traumatic stress is translating theoretical conceptualizations of posttraumatic stress disorder (PTSD) to developmentally-sensitive and clinically-useful assessment methodologies for young children (ages 1-6), an understudied population. Young children are particularly vulnerable to PTSD (Woolgar et al., 2022), yet little research exists on which assessment methods best identify clinically significant symptomatology in this difficult-to-assess population. This study compared a validated DSM-5 measure to a novel ICD-11 measure in disaster-exposed young children (ages 1-6; n=57). The measures identified similar rates (11-16%) of PTSD and had moderate concordance ($r=.466$). Both measures were similarly associated with impairment (ORs=1.66-2.40, ps LESS THAN .01) and life threat (ORs=6.88-7.50, ps LESS THAN .05), but there was a stronger association between the DSM-5 measure and comorbid internalizing symptoms. Both measures performed better with 3-6-year-olds than with 1-2-year-olds. Arousal (startle, hypervigilance) and Re-experiencing (nightmares) symptoms were commonly reported (39-42%) and had the strongest associations with impairment ($r=.386-.585$); Avoidance symptoms were rarely reported in young children. These findings advance research on developmentally-sensitive PTSD assessment and may help clinicians with identifying PTSD in young children.

11:00 a.m. - 12:15 p.m.

Concurrent 2

11:00 a.m. - 12:15 p.m.

UNCERTAIN FUTURES: EXPLORING THE SOCIAL, PSYCHOLOGICAL, AND FORENSIC DIMENSIONS OF ASYLUM SEEKING IN HIGH-INCOME NATIONS

Symposia

Chair: Zachary Steel, PhD, University of New South Wales; St John of God Health Care, Australia

Presenter: Zachary Steel, PhD, University of New South Wales; St John of God Health Care, Australia

Presenter: Andrew Rasmussen, PhD, Fordham University

Presenter: Ruth Wells, PhD, UNSW Psychiatry and Mental Health

Presenter: Reza Rostami, BSc, University of New South Wales,

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation level Intermediate

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body The number of people impacted by forced displacement has expanded to over 110 million with a commensurate increase in the numbers of people seeking political asylum in high-income countries. Asylum seekers often undertake perilous journeys to bypass the many barriers that restrict travel. After arriving in a host country, asylum seekers face the dual challenge of demonstrating they require refugee protection and living for extended periods in settings where they have only partial access to work, health care, social security, and housing. The capacity of asylum seekers to adapt to these challenges is often further compromised by the impact of trauma, PTSD, and other mental health conditions.

The presentations led by Zac Steel and Andy Rasmussen the forensic context of refugee status determination for psychologically vulnerable and trauma-affected asylum seekers. A key issue in this domain is the ways in which psychological evidence is presented and considered. Ruth Wells and Reza Rostami examine the impact of living in conditions of prolonged insecurity. Ruth reports findings from a 5-year prospective survey of Faris and Dari-speaking asylum seekers in Australia documenting the cyclical impact of living difficulties, depression and PTSD. Using the methodology of autoethnography, Reza examines the multiple impacts of life stress and uncertainty on life quality and mental health.

11:00 a.m. - 12:15 p.m.

TRANSDIAGNOSTIC SCREENING FOR TRAUMATIC STRESS RESPONSES AND OUTCOMES IN INTERNATIONAL CONTEXTS

Workshop

Chair: Emma Grace, Prof Dr, The Chicago School College of Graduate and Professional Studies

Presenter: Miranda Olf, PhD, University of Amsterdam Academic Medical Center

Discussant: Arieh Shalev, MD, Hadassah University Hospital

Tracks Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Region Global

Population Type Adult

Abstract Body Potentially traumatic events (PTEs) may lead to a range of interconnected symptoms across several disorders, thus indicating their transdiagnostic nature (Frewen et al., 2021). Transdiagnostic symptoms co-occur and reinforce each other (Borsboom et al., 2021; Dalgleish et al., 2020); they are predicted by PTEs and are functionally related to traumatic symptoms (Williamson et al., 2021). This workshop will apply the transdiagnostic theoretical framework (Borsboom et al., 2021; Dalgleish et al., 2020) to the screening of responses to PTEs. The attendees will be engaged in hands-on training on screening for the transdiagnostic symptoms of PTSD, CPTSD, anxiety, depression, dissociation, insomnia, self-harm, and substance use. Presenters will use the Global Psychotrauma Screen (GPS) as a demonstration tool for evidence-based transdiagnostic screening. Presenters will summarize the international studies that confirmed psychometric properties of the GPS. The GPS is freely available in 35 languages and the attendees will have an opportunity to select their preferred language version and to learn how to administer it. Attendees will discuss linguistic and cross-cultural adaptation aspects of trauma screening tools for diverse populations in international contexts. Presenters will provide guidance on analysis, meaningful interpretation of the screening results.

11:00 a.m. - 12:15 p.m.

NEW FRONTIERS AND CHALLENGES IN BIOMARKER DISCOVERY FOR TRAUMA AND PTSD RESEARCH USING LARGE-SCALE REFERENCE DATABASES AND LONGITUDINAL COHORT STUDIES

Symposia

Chair: Younga Lee, PhD, Broad Institute of MIT and Harvard

Presenter: Yiwen Zhu, MS, Harvard T.H. Chan School of Public Health

Presenter: Laramie Duncan, PhD, Stanford University

Presenter: Younga Lee, PhD, Broad Institute of MIT and Harvard

Presenter: Andrew Ratanatharathorn, PhD, Harvard T. H. Chan School of Public Health

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body The increasing availability of omics data and advanced analytic methods have led to exciting opportunities for biomarker discovery in trauma and PTSD research. However, the identification and translation of biomarkers face many challenges, including lack of replication, limited mechanistic insights, and threats to validity or reliability. Here we will discuss several modern approaches to analyze omics and clinical data, as well as study design considerations. First, we will summarize findings from a scoping review on trauma and epigenetics and provide recommendations for future investigations. Next, we will discuss two applications: the first study combines a comprehensive atlas of human brain cell types (from snRNA-seq data) with statistically robust GWAS results, to reveal specific cell types associated with PTSD. The second study showcases how laboratory tests and genetic data from a large biobank can be combined to characterize the relationships between PTSD and other psychiatric disorders; challenges of real-world data are highlighted. Last, we will discuss epidemiologic issues that could lead to bias in secondary analyses of omics data nested within longitudinal cohorts. Our symposium underscores that modern approaches may

yield promising insights and advance translational research; developing strategies to identify and mitigate bias in this context remains a priority.

11:00 a.m. - 12:15 p.m.

ROLES, CHALLENGES, AND POSSIBILITIES OF ISTSS AFFILIATED ORGANIZATIONS AROUND THE WORLD: A PANEL DISCUSSION
Panel

Jun Shigemura*, Angela Nickerson, Maria BÃ¶ttche, Yun-Kyeong Choi, Rodrigo Gillibrand, Grace McKeon

Chair: Jun Shigemura, MD, Mejiro University

Presenter: Kee-Hong Choi, PhD, Korea University

Presenter: Birgit Kleim, PhD, University of Zurich

Presenter: Gulsah Kurt, PhD, University of New South Wales

Presenter: Carolina Salgado, MD, COSAM Talca; ACET

Discussant: Jun Shigemura, MD, Mejiro University

Track Professionals

Primary Program Type Global Issues

Presentation Level Introductory

Region Global

Population Type Mental Health Professionals

Abstract Body: Trauma is a global public health issue. With the ongoing violence and rising numbers of natural and technological disasters all around the world, mental healthcare support for the affected population is a crucial issue. In many parts of the globe, professionals have developed local organizations and societies devoted to the advancement of traumatic stress studies. As a part of the ISTSS Global Initiatives, ISTSS designates these organizations as ISTSS Affiliations and serves as a hub to meet the worldwide advancement and exchange of knowledge about traumatic stress.

Promoting clinical practice, research, and education on traumatic stress is a common topic for each affiliate organization. On the other hand, each region has unique issues and challenges, such as geopolitical conditions and the support of human-made disaster survivors, refugees and asylum seekers, and natural disaster survivors. There are also differences in socioeconomic status and systems, such as mental health services, professional qualifications, the number of professionals, and ethnocultural backgrounds.

This panel discussion will bring together representatives from ISTSS affiliate organizations around the globe (i.e., Asia, Europe, Oceania, and South America). The discussants will point out these common/unique issues and propose strategies to enhance the local/global networks.

11:00 a.m. - 12:15 p.m.

PSYCHOLOGY IN A CHANGING CLIMATE: CLINICAL REACTIONS AND RESPONSES TO CLIMATE CHANGE

Symposia

Chair: Josef Ruzek, PhD, Palo Alto University/University of Colorado

Presenter: Rachel Williamson, PhD, University of Montana

Presenter: Hannah Comtesse, PhD, Germany

Presenter: Meaghan O'Donnell, PhD, Phoenix Australia, University of Melbourne

Discussant: Josef Ruzek, PhD, Palo Alto University/University of Colorado

Track Public Health

Primary Program Type Clinical Practice

Presentation level Intermediate

Region Industrialized Countries

Population Type Mental Health Professionals

Abstract Body Researchers from the US and Germany present findings from two studies examining clinician experiences with and responses to client-generated concerns about climate change, beyond the impact of disaster exposure. A researcher from Australia then presents the latest approach for scaling up the Skills for Life Adjustment and Resilience (SOLAR) program, a task-shifting model that enhances community resilience to support recovery after wildfire, cyclones and other disaster events. The discussant leads conversation on the challenges and opportunities for the mental health care field to engage in efforts to address the psychological impacts of climate change.

11:00 a.m. - 12:15 p.m.

EQUITY-CENTERED TRAUMATIC STRESS RESEARCH AMONG MARGINALIZED COMMUNITIES IN THE U.S. and SOUTH AFRICA

Panel

Briana Woods-Jaeger*

Chair: Briana Woods-Jaeger, PhD, Emory University

Presenter: Briana Woods-Jaeger, PhD, Emory University

*Presenter: Duane Booysen, PhD, ***DUPE See 47610***Stellenbosch University,*

Presenter: Elizabeth Wieling, PhD, University of Georgia

Track Clinical Interventions

Primary Program Type Culture/Diversity

Presentation Level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body: Recent equity-centered research guidelines emphasize critical reflection on: 1) who is included in the research process; 2) how problems are defined; and 3) what issues are left unexamined (Venkateswaran et al., 2023). In this panel, we will discuss applying these guidelines to address contextual factors that have historically been under-examined in traumatic stress intervention research. We will describe incorporating theories such as the continuous traumatic stress theory (Eagle and Kaminer, 2013) to develop practices that improve the relevance and effectiveness of evidence-based traumatic stress interventions for

marginalized communities. Discussion will include describing: 1) co-constructing traumatic stress interventions with trauma-exposed Black youth in the U.S. through youth participatory action research (Woods-Jaeger et al. under review); 2) The feasibility and acceptability of Prolonged Exposure Therapy in South African communities that are characterized by ongoing adversity such as poverty and community violence (Booyesen and Kagee, 2020; Booyesen et al. Under review); and 3) building dissemination and implementation strategies to train minoritized mental health clinicians to conduct Narrative Exposure Therapy for complex PTSD within underserved communities. Lessons learned across projects and recommendations for future research and practice will be discussed.

11:00 a.m. - 12:15 p.m.

**FEATURED SESSION: TRAUMATIC STRESS AND EPIGENETIC AGING
Symposia**

Chair: Nicole Nugent, PhD, Brown University

Presenter: Leslie Brick, PhD, Alpert Medical School of Brown University

Presenter: Erika Wolf, PhD, National Center for PTSD and BUSM

Presenter: Janitza Montalvo-Ortiz, PhD, Yale School of Medicine

Presenter: Alicia Smith, PhD, Emory University School of Medicine

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body In the last few years, efforts to understand the impact of stress, trauma, and posttraumatic stress disorder (PTSD) on health and aging processes have begun to focus on epigenetic processes/signatures. Profiles of DNA methylation (DNAm) have been linked to acceleration of cellular aging and age-related disease and mortality. Speakers will examine these processes using for very different approaches and samples including a sample of adolescents hospitalized for suicidality, disaster exposed women, multiple cohorts involved in the Psychiatric Genomics Consortium PTSD Epigenetics Workgroup, and a study on childhood trauma and DNA methylation from postmortem brain.

11:00 a.m. - 12:15 p.m.

**COMPLEX PTSD: ADVANCES IN ASSESSMENT AND TREATMENT
Symposia**

Chair: Marylene Cloitre, PhD, NYU Silver School of Social Work

Track Clinical Interventions

Presenter: Marylene Cloitre, PhD, NYU Silver School of Social Work

Presenter: Kathryn Macia, PhD, VA Palo Alto Health Care System

Presenter: Sofie Folke, PhD, Research and Knowledge Centre, Danish Veteran Centre

Presenter: Thanos Karatzias, PhD, Edinburgh Napier University

Primary Program Type Assessment/Diagnosis

Presentation level Introductory

Region Global

Population Type Adult

Abstract Body The 11th revision of the WHO International Classification of Diseases (ICD-11) included a refinement of the symptoms of PTSD and the introduction of complex PTSD (CPTSD). There is now strong evidence supporting the presence of these two distinct disorders across several cultures and countries. This symposium presents advances in their assessment and treatment. The first presentation describes the development of the International Trauma Inventory (ITI) a semi-structured interview for PTSD and CPTSD and reports on its validity and reliability in a large UK clinical sample. The second presentation describes the use of the self-report International Trauma Questionnaire (ITQ) to assess change in PTSD and DSO symptoms over the course of treatment and the clinical implications of this tracking. The two treatment presentations highlight the potential value of a modular treatment approach for CPTSD in which the modules target specific symptom clusters. The first presentation reports on a case series demonstrating the benefits of organizing modules for CPTSD and insomnia flexibly according to shared decision making between client and therapist. The second presentation reports on promising results of a pilot RCT of an enhanced and modularized version of STAIR (ESTAIR) as compared to treatment as usual (TAU) among UK Veterans.

11:00 a.m. - 12:15 p.m.

EMBODYING THE SCIENTIST PRACTITIONER MODEL: HOW TO CONDUCT TRANSLATIONAL TRAUMA RESEARCH AS CLINICIANS

Panel

Anne Banducci*

Chair: Anne Banducci, PhD, VA Boston Healthcare System

Presenter: Anne Banducci, PhD, VA Boston Healthcare System

Presenter: Karin West, PhD, ABPP, Department of Veterans Affairs

Presenter: Erin Smith, PhD, Ann Arbor VA HCS/University of Michigan

Presenter: Kristen Lamp, PhD, Atlanta VA Medical Center

Presenter: Jason DeViva, PhD, VA Connecticut Health Care System

Discussant: Anne Banducci, PhD, VA Boston Healthcare System

Track Professionals

Primary Program Type Training/Education/Dissemination

Presentation Level Intermediate

Region Global

Population Type Mental Health Professionals

Abstract Body: This panel discusses how clinicians can meaningfully engage in trauma research, from the perspective of early, mid, and senior-career psychologists, with the goal of identifying best practices. The scientist-practitioner model argues we should be experts in clinical care and research, yet the average clinical psychologist has 0 publications (Eke et al., 2012) and does not engage in research. Everyone benefits when trauma clinicians conduct research. Hospitals with active research programs have better patient outcomes (Rochon et al., 2014). Research engagement improves job satisfaction and longevity, while reducing

burnout (Harvey et al., 2016), key in retaining trauma psychologists. Protected research time, collaborations with academic institutions and peers, research funding, and personal commitment to research are keys to success (Arrietta et al., 2022, Smith and Thew, 2017). We will discuss these findings and our unique experiences conducting translational research as clinicians, to help the audience think creatively about how to participate in, and leverage support for research engagement. Panelists have published extensively with little to no protected time, bought out clinical time on grants, served as site investigators on multi-site RCTs, established academic affiliations, and developed collaborations to support research engagement, while primarily working as clinicians.

11:00 a.m. - 12:15 p.m.

ACHIEVEMENTS AND CHALLENGES IN TRANSLATION: BRINGING THE DEVELOPMENTAL NEUROSCIENCE OF CHILD TRAUMA INTO DIVERSE CLINICAL INTERVENTION SETTINGS

Symposia

Chair: Erica Willheim, PhD, NYU Grossman School of Medicine

Presenter: Erica Willheim, PhD, NYU Grossman School of Medicine

Presenter: Daniel Schechter, FAPA, MD, Prof, Lausanne University Hospital (CHUV) and Faculty of Biology and Medicine

Presenter: Archana Basu, PhD, Harvard University

Presenter: Obianuju Berry, MD, MPH, NYU / NYC Health + Hospitals

Track Child and Adolescent Trauma

Primary Program Type Clinical Practice

Presentation level Intermediate

Region Industrialized Countries

Population Type Child/Adolescent

Abstract Body Following an overview that examines the translational relationships between child trauma neuroscience, existing evidence-based child trauma treatments, and diverse intervention settings, three clinician researchers will present illustrative findings from developmental neuroscience research and implementation model studies. Factors of early childhood exposure, the critical role of caregiver mental health and parent-child transmission, implementation in non-traditional settings such as large urban hospital primary care systems and large urban homeless system domestic violence shelters, as well as system barriers to equitable access to care are presented to demonstrate achievements and challenges in translation.

11:00 a.m. - 12:15 p.m.

ADVANCEMENTS IN PSYCHOLOGY POSTDOCTORAL TRAINING IN VETERAN-SERVING INTENSIVE TREATMENT PROGRAMS: PERSPECTIVES FROM FOUR WARRIOR CARE NETWORK ACADEMIC MEDICAL CENTERS

Panel

Lauren Richards*

Chair: Lauren Richards, PhD

Presenter: Lauren Richards, PhD

Presenter: Sheila Rauch, PhD, Emory Univ/ Atlanta VAHCS

Presenter: Brianna Werner, PhD, Rush University Medical Center

Presenter: Wesley Sanders, PhD, Home Base

Presenter: Delany Thrasher, PhD, UCLA Health Operation Mend

Discussant: Wesley Sanders, PhD, Home Base

Track Professionals

Primary Program Type Training/Education/Dissemination

Presentation Level Introductory

Region Industrialized Countries

Population Type Adult

Abstract Body: This panel discusses clinical psychology postdoctoral training within private sector settings that provide massed dose treatments for veterans. Training in these settings is essential to expanding the behavioral health workforce specializing in veteran care. However, research indicates that (1) few graduate programs offer robust training in trauma informed care (Foltz et al., 2023); (2) many internship sites lack substantive training in evidence-based treatments (EBTs, Hayes et al., 2022); and (3) postdoctoral training is critical relative to internship for training (Knowles, 2023). Despite the importance of postdoctoral training, applications have decreased and 38% of Trauma fellowships were not filled (APPIC, 2023). Panelists will first present massed-dose EBT efficacy data and treatment considerations, then review the training cycle for postdoctoral trainees, including APPIC recommended recruitment processes (APPIC, 2023); best practices for EBT supervision (Seegan et al., 2023) and professional development considerations. Panelists will review differences between VA and Non-VA training sites for training in EBT for veterans and military-connected families, emphasizing the unique benefits afforded in both contexts. The panel will conclude with a discussion of future directions, coalescence around best practices, and formalizing EBT training adapted to these settings.

11:00 a.m. - 12:15 p.m.

ADDRESSING INTERGENERATIONAL TRAUMA DURING THE PERINATAL PERIOD IN DIVERSE GLOBAL SETTINGS

Panel

Elizabeth Levey*

Chair: Elizabeth Levey, MD, Massachusetts General Hospital

Presenter: Sixto Sanchez, MD, MPH, President of the National Council of Science, Technology and Innovation, Peru

Presenter: Alexandra Harrison, MD, Harvard Medical School at the Cambridge Health Alliance

Presenter: Muhammad Zeshan, MD, Rutgers New Jersey Medical School

Presenter: Kathy Trang, PhD, Harvard University

Discussant: Sixto Sanchez, MD, MPH, President of the National Council of Science, Technology and Innovation, Peru

Track Public Health

Primary Program Type Global Issues

Presentation Level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body: The impact of trauma is not only lifelong; it can be intergenerational. Maternal trauma can affect offspring health across multiple dimensions (Martinez-Torteya et al., 2016; Scorza et al., 2019). The type and severity of offspring impact depends upon the type, severity, and timing of maternal trauma exposure (Wosu et al., 2015). Early interventions that can be delivered within the resource constraints in low- and middle-income country (LMIC) settings are needed; data guiding intervention implementation in these settings are lacking. Ethnically and geographically diverse panelists will present examples from their work in Vietnam, El Salvador, Peru, and Pakistan. Panelists will consider factors associated with intergenerational trauma transmission in their setting, including cultural factors that influence attitudes toward research, intervention uptake, and the role of the family in supporting recovery and building resilience. They will discuss the challenges of intervention work and considerations related to intervention content, timing, and duration. This panel will be highly interactive, comparing approaches that have been tried in each setting, identifying key features that are unique to each setting, and considering whether any universal recommendations can be made.

11:00 a.m. - 12:15 p.m.

RECONSOLIDATION THERAPY WITH PROPRANOLOL AND COMPARATIVE APPROACHES.

Symposia

Chair: Alain Brunet, PhD, University of the Sunshine Coast (UniSC),

Presenter: Daniel Saumier, PhD, Douglas Mental Health University Institute

Presenter: Melanie Voyer, MD, PhD, Centre Régional de Psychotraumatologie Nord Nouvelle Aquitaine, Pôle Universitaire de Psychiatrie Adulte, CH Henri Laborit, Poitiers, France et Centre de Recherches sur la Cognition et l'Apprentissage, Université de Poitiers, France

Presenter: Alain Brunet, PhD, University of the Sunshine Coast (UniSC)

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Central and Eastern Europe and the Commonwealth of Independent States

Population Type Adult

Abstract Body In recent years, advancements in neuroscience have opened new avenues for the treatment of trauma-related disorders. Among these innovative approaches is reconsolidation therapy, a technique that targets the reconsolidation of traumatic memories to alleviate their emotional impact. This symposium aims to delve into the efficacy, mechanisms, and comparative advantages of reconsolidation therapy utilizing propranolol, juxtaposed with established methods such as Eye Movement Desensitization and Reprocessing (EMDR) traditional psychotherapy, and psychotropic approaches. The presenters of this symposium will summarize data relevant to each treatment method comparatively or in combination. By underscoring that each approach has distinct benefits

and limitations, this symposium aims to inform clinical practice, enhance therapeutic outcomes, and pave the way for advancements in the field of PTSD treatment.

11:00 a.m. - 12:15 p.m.

Flash Talk Session 2

A NETWORK ANALYSIS OF CLINICIAN-RATED POSTTRAUMATIC STRESS DISORDER AND SUBSTANCE-SPECIFIC USE DISORDER SYMPTOM CLUSTERS IN A SAMPLE OF VETERANS SEEKING OUTPATIENT TREATMENT

Flash Talk Presentation

Rebecca Sistad Hall*¹, Brittany Stevenson², Michelle Bovin³, Sarah Kleiman⁴, Hildi Hagedorn⁵, Shannon Kehle-Forbes⁶

¹, ²*Minneapolis VA Health Care System; University of Minnesota Medical School*, ³*Boston University Chobanian and Avedisian School of Medicine; Behavioral Science Division, National Center for PTSD, VA Boston Healthcare System*, ⁴*Precision Psychological Assessments, LLC*, ⁵*University of Minnesota Medical School; Center for Care Delivery and Outcomes Research, Minneapolis VA Healthcare System*, ⁶*Center for Care Delivery and Outcomes Research, Minneapolis VA Healthcare System; University of Minnesota; Women's Health Sciences Division at VA Boston, National Center for PTSD*

Track Professionals

Primary Program Type Clinical Practice

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body The presentation of comorbid post-traumatic stress disorder (PTSD) and substance use disorder (SUD) differs by substance type. Examining associations between PTSD and SUD symptom clusters by substance may provide nuanced information to inform assessment and treatment. We used network analysis to examine the strength and importance of connections between symptom clusters in a sample of 469 veterans diagnosed with co-occurring PTSD-SUD initiating outpatient SUD treatment as part of a randomized clinical trial. Separate network models were estimated for PTSD and the three SUD most common in the sample: alcohol use disorder (AUD), cannabis use disorder (CUD) and stimulant use disorder (StUD). All models demonstrated distinct sub-networks of PTSD and SUD symptom clusters. Alcohol-related social impairment and trauma-related hyperarousal emerged as major bridging symptom clusters between AUD and PTSD. Stimulant-related pharmacological criteria and impaired control were key bridging symptom clusters between StUD and PTSD. Cannabis-related risky use was the major bridging symptom cluster between CUD and PTSD. Results suggest potentially different important treatment targets for those with this comorbidity based on type of substance used.

FUNCTIONAL RELATIONSHIPS BETWEEN PROBLEMATIC ALCOHOL PHENOTYPES AND PTSD IN AN AT-RISK VETERAN SAMPLE

Flash Talk Presentation

Christina Sheerin*¹, Angela Zaur², Lance Rappaport³, Trang Doan¹, Ananda Amstadter¹

¹*Virginia Commonwealth University*, ²*Medical University of South Carolina*, ³*University of Windsor*

Track Professionals

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Posttraumatic stress disorder (PTSD) symptoms and alcohol use problems (AUP) commonly co-occur in the aftermath of stressors and traumatic events. Ecological momentary assessment methods can enhance our understanding of the functional relations between these symptoms. We investigated the time-varying associations of PTSD and AUP during the COVID-19 pandemic in an at-risk sample. Combat-exposed veterans with pre-pandemic heavy drinking histories (N and #3f25) completed thrice-daily smartphone-based surveys for four weeks. Linear and logistic mixed effects time series models assessed concurrent associations of PTSD symptoms and negative affect with drinking occasions, binge episodes, and AUD symptoms. There were no associations of PTSD or negative affect with drinking occasions. Elevated within-person PTSD symptoms were inversely associated (B=-0.03, p=.03), while negative affect was positively associated (B=0.05, p=.06) with binge episode likelihood. Elevated within-person PTSD symptoms were associated with greater alcohol problems (B=.004, p=.03) but did not remain associated when negative affect was included. Findings 1) suggest stronger associations of PTSD symptoms/negative affect with problematic drinking outcomes compared to drinking occasions and 2) highlight the importance of negative affect in problematic drinking in an at-risk sample and context.

PROPERTIES OF THE MODIFIED SELF-FORGIVENESS DUAL-PROCESS SCALE IN POPULATIONS AT RISK FOR MORAL INJURY

Flash Talk Presentation

Brandon Griffin*¹, Marcela Weber¹, Kent Hinkson¹, Jeffrey Pyne¹, Sonya Norman², Shira Maguen³

¹*Central Arkansas Veterans Healthcare System*, ²*National Center for PTSD*, ³*San Francisco VA Healthcare System*

Track Professionals

Primary Program Type Clinical Practice

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Although self-forgiveness may facilitate recovery from moral injury, measures of self-forgiveness have not been validated with individuals exposed to potentially morally injurious events (PMIEs). Military veterans, healthcare workers, and first responders who reported PMIE exposure (n = 924) completed a version of the Self-Forgiveness Dual-

Process Scale (Griffin et al., 2018) modified for an array of PMIEs. Exploratory and Confirmatory Factor Analyses replicated the original scale's two-factor structure using ten items modified to apply to the diverse contexts in which PMIEs occur. Next, we found that the factor structure, item loadings, and item intercepts were fully or partially invariant across professions, genders, races, ages, and religious affiliations. Finally, we tested associations for value affirmation and esteem restoration (necessary components of the self-forgiveness process) with moral distress, posttraumatic stress, depression, insomnia, functional impairment, and posttraumatic growth to establish convergent and discriminant validity between the factors. The modified Self-Forgiveness Dual Process Scale (m-SFDP) is the first measure of self-forgiveness to be validated for use with individuals exposed to PMIEs. Researchers and clinicians can use the scale to examine relationships between self-forgiveness and moral injury.

HETEROSEXIST EXPERIENCES AS PREDICTORS OF RESILIENCY IN A LATINX LGBTQIA+ SAMPLE: A LATENT CLASS ANALYSIS

Flash Talk Presentation

Nayda Castillo*¹, Maricela Galdamez², Claire Hsieh², Gisselle Razo², Ruby Charak²
¹, ²*University of Texas Rio Grande Valley*

Track Child and Adolescent Trauma

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Both Adult and Child/Adolescent

Abstract Body Latinx LGBTQIA+ individuals are at a higher risk of facing adverse experiences, such as daily heterosexist experiences (DHE), as a result of their multiple minority identities (Sattler and Zeyen, 2021). Despite these experiences, factors that foster resilience in Latinx LGBTQ+ individuals have been identified; however, the literature is scant (de Lira and de Morais, 2018). This study examined resilience patterns across 15 resiliency factors (e.g., degree of outness, neighborhood connectedness, structural organization support) operating across four social-ecological levels (i.e., individual, micro, meso, macro) and associations with DHE in a predominantly Latinx LGBTQ+ sample. Participants comprised 197 LGBTQIA+ students from a university in South Texas (age M/SD=20.04/3.41; 123 female, 27 male, 43 gender expansive; 91.4% Hispanic). Latent class analyses favored a four-class solution wherein Class 1 was labeled as “ High resiliency factors,” Class 2 was “ Low religious factors,” and Class 3 was “ Low micro factors.” Class 4 was “ Low resiliency factors.” A multinomial logistic regression revealed that Class 4 experienced significantly higher rates of DHE than Class 1 (p <.01). Findings demonstrate the impact DHE may have on Latinx LGBTQIA+ emerging adults’ access to resources and the importance of facilitating this access in order to mitigate effects of DHE in this population.

THE ROLE OF CHANGE IN WARZONE VETERAN FUNCTIONING AND CURRENT POSTTRAUMATIC STRESS SYMPTOMS IN INTIMATE PARTNER STRESS

Flash Talk Presentation

Jennifer Vasterling*¹, Arjun Bhalla², Molly Franz³, Lewina Lee⁴, Anica Pless Kaiser⁴

¹VA Boston Healthcare System (116A), ²University of Washington School of Medicine, ³University of Maryland, ⁴National Center for PTSD at VA Boston Healthcare System

Track Professionals

Primary Program Type Clinical Practice

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Warzone deployment may hold adverse effects not only for warzone veterans (WZVs) but also for their intimate partners. Although partner stress has been examined during and shortly after WZV deployment, less is known about contributors to WZV intimate partner stress over time. This study examined current posttraumatic stress symptoms (PTSS) and changes over time in cognitively related functional impairment (e.g., forgetting day to day tasks) in WZVs as potential risk factors for partner stress several years after deployment. 127 U.S. Iraq and Afghanistan WZVs completed the Medical Outcomes Study, Cognitive Functioning (MOS-CF) scale at predeployment and followup (6-8 years post deployment) assessments, and the Clinician Administered PTSD Scale at followup assessment. Cohabiting intimate partners completed the Everyday Stressors Index at the time of WZV followup. Decline in WZV cognitively related functioning was correlated with greater partner stress. When WZV PTSS cluster scores were included in the model, WZV cognitively related functioning was no longer associated with partner stress, whereas more severe WZV PTSS hyperarousal symptoms were significantly associated with greater partner stress. Findings emphasize the importance of addressing WZV hyperarousal symptoms and that the intimate partners of WZVs experiencing hyperarousal may require ongoing support and resources.

VETERAN COUPLES AND SEXUAL TRAUMA: AN ACTOR PARTNER INTERDEPENDENCE MODERATION MODEL OF POSTTRAUMATIC STRESS ON SEXUAL DISSATISFACTION

Flash Talk Presentation

Julie Hurd*¹, Karen Petty¹, Jenna Teves¹, Julian Libet¹

¹Ralph H. Johnson VA Medical Center

Track Professionals

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Despite evidence of the adverse effects of posttraumatic stress (PTSS) on romantic relationships, few studies have examined PTSS and sexual satisfaction with veteran couples. Contextual risk factors attenuating these effects have also received limited focus. The current study included 92 heterosexual couples seeking treatment at a VA medical center. An Actor Partner Interdependence Moderation Model (APIMoM) was used to examine each partner's PTSS in relation to their own and their partners' sexual dissatisfaction. Both partners' histories of sexual trauma were also included as moderators of these associations. There were no significant effects of PTSS on male partners' sexual dissatisfaction. However, when male partners reported more severe PTSS and a history of sexual trauma, female partners reported significantly higher sexual dissatisfaction ($b = 18.93$, $SE = 9.47$, $p < .05$). Additionally, when female partners reported more severe PTSS and a

history of sexual trauma, they also reported significantly higher sexual dissatisfaction ($b = 16.70$, $SE = 7.03$, $p = .02$). Sexual satisfaction is a critical component of health and wellbeing for veteran couples. These results highlight the social context of post-trauma recovery and the importance of attending to both partners' histories with sexual trauma, as well as both partners' PTSS with intervention efforts.

PSYCHOMETRIC EVALUATION OF THE POSTTRAUMATIC STRESS DISORDER CHECKLIST FOR DSM-5 IN DAILY SURVEYS: AN ITEM RESPONSE THEORY ANALYSIS

Flash Talk Presentation

Siyuan Wang*¹, Prathiba Batley², Ateka Contractor¹, Brett Messman¹, Nicole Weiss³

¹University of North Texas, ²Daiichi Sankyo Inc, ³University of Rhode Island

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Advanced

Region Industrialized Countries

What is your population type? Adult

Abstract Body The Posttraumatic Stress Disorder (PTSD) Checklist for the DSM-5 (PCL-5) has demonstrated excellent psychometric qualities across cross-sectional studies, yet the scale's performance in repeated-measures study designs is less known. Using data from the PCL-5 administered for 9 days, we (a) conducted item analysis of the PCL-5 using the graded response model to examine item characteristics (thresholds and discrimination parameters) and (b) examined differential item functioning to evaluate whether the PCL-5 measured the PTSD latent trait identically across daily surveys. Methodologically, 256 trauma-exposed university students ($M_{age} = 21.01 \pm 4.24$; 85.8% women; 39.8% probable PTSD) completed the 20-item PCL-5 for 9 consecutive days. Across days, results indicated lower but acceptable discrimination for PCL-5 Items 8 (traumatic amnesia) and 17 (reckless and self-destructive behaviors). Further, 14% of participants exhibited person misfit at least once across the 9 days. DIF analysis indicated that Item 2 (nightmares) exhibited DIF across days indicating potential item bias; however, effect sizes for DIF were negligible. In conclusion, results broadly provide psychometric support for using the 20-item PCL-5 in repeated-measure study designs. Future replication of study results across diverse and clinical populations will help to substantiate findings.

TRAUMA-RELATED NEGATIVE ALTERATIONS IN COGNITION AND MOOD MODERATE THE ASSOCIATION BETWEEN SEXUAL VIOLENCE SEVERITY AND ALCOHOL USE COPING MOTIVES

Flash Talk Presentation

Reagan Fitzke*¹, Kelly Dixon², Brigitta Beck², Christina López González², Colin Mahoney²

^{1,2}University of Colorado

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Sexual violence disproportionately affects women and carries higher conditional risk for development of posttraumatic stress disorder (PTSD) symptoms as compared to other trauma types, which confers risk for alcohol misuse. The self-medication hypothesis posits that alcohol is used to cope with trauma-related sequelae including global PTSD symptom distress. What is less clear is how the severity of sexual violence may be differentially associated with specific PTSD symptom clusters and related alcohol coping motives. Among college women (N = 220) with varied severity of sexual violence, the current study examined if PTSD symptom clusters differentially moderate associations between violence severity and alcohol coping motives. Despite significant correlations among variables, of the four models, only negative alterations in cognitions and mood (NACM) symptoms significantly moderated the association between sexual violence severity and anxiety coping motives, $B = -.004$, $SE = .001$, 95% ACI $[-.007, -.002]$. Interestingly, at high levels of NACM symptoms, those with higher sexual violence severity had lowered anxiety coping motives; there was no significant association for low to moderate NACM symptom severity. Findings have clinical implications for understanding and targeting PTSD NACM symptoms within trauma-focused treatment for sexual assault survivors with alcohol misuse.

1:45 p.m. - 3:00 p.m.

Concurrent 3

1:45 p.m. - 3:00 p.m.

RECENT ADVANCES IN COGNITIVE PROCESSING THERAPY: DIVERSE APPLICATIONS AND DEEPER THEORETICAL UNDERSTANDINGS**Symposia**

Chair: Katherine Dondanville, PsyD ABPP, University of Texas Health Science Center San Antonio

Presenter: Kathleen Chard, PhD, Cincinnati VAMC

Presenter: Masaya Ito, PhD, National Center of Neurology and Psychiatry, Japan

Presenter: Tommaso Farma, MD, CPT Network - Europe, Italy

Presenter: Danny Derby, PhD

Discussant: Katherine Dondanville, PsyD ABPP, University of Texas Health Science Center San Antonio

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body Cognitive processing therapy (CPT) is one of the first-line treatments for posttraumatic stress disorder (PTSD). CPT has evolved into broader clinical research, with validation for various cultures and clinical populations, and attempts to explain the theoretical basis of CPT from neuroscience. In this symposium, we—researchers and clinicians spanning career stages, ethnicity, and cultural backgrounds will present findings from clinical trials research and implementation efforts in various cultural backgrounds examining CPT for

PTSD and its comorbidity. First, Kathleen Chard will introduce dissemination projects underway in Azerbaijan. Second, Masaya Ito will present adaptation efforts and the results of a randomized controlled trial of individual CPT in Japan. Third, Tommaso Farma will present the theoretical connections between neuroscience and CPT. Fourth, Danny Derby will present an ongoing large-scale implementation effort in Israel. The current symposium will help inform clinicians about the application of CPT to diverse clinical populations and settings and understand its potential to improve CPT practice.

1:45 p.m. - 3:00 p.m.

**INCORPORATING DIVERSITY CONSIDERATIONS THROUGHOUT ISTSS:
PROGRESS AND FUTURE DIRECTIONS**

Panel

Shannon McCaslin-Rodrigo*, Belinda Liddell

Chair: Shannon McCaslin-Rodrigo, PhD, National Center for PTSD

Presenter: Bitu Ghafoori, PhD, California State University Long Beach

Presenter: Lynn Waelde, PhD, Palo Alto Univ

Presenter: Briana Woods-Jaeger, PhD, Emory University

Discussant: Shannon McCaslin-Rodrigo, PhD, National Center for PTSD

Track Public Health

Primary Program Type Culture/Diversity

Presentation Level Introductory

Region Global

Population Type Mental Health Professionals

Abstract Body: ISTSS has established two strategic goals that reflect the value of diversity to the organization. These include 1) an aim of diverse membership (e.g., professional, demographic, cultural and geographic), valuing of different perspectives and the exchange of ideas and experience, and 2) the impact that can be made globally through efforts to prevent and respond to traumatic stress. In this panel, sponsored by the ISTSS Diversity Committee, we will review the history of efforts to integrate diversity into the organization. Key ISTSS initiatives will be described including the formation of the Diversity Committee in 2007, awards to recognize and be inclusive of diverse members, and relevant briefing papers and educational materials. Moreover, there has been increasing recognition of the importance of cultural context, as well as the intersection of PTSD and minority stress, leading to advances in theory and treatment considerations (e.g., Bryant-Davis, 2019; Livingston et al., 2020; McClendon et al., 2020). The ways in which the evolution of diversity-related considerations and efforts at ISTSS have reflected changes in the broader field of traumatic stress will be delineated. Discussion will include current initiatives and recommendations for future avenues through which diversity can be promoted within ISTSS and better integrated into the clinical and research work of members.

1:45 p.m. - 3:00 p.m.

EMPIRICALLY-BASED INNOVATIONS IN CONCEPTUALIZATION AND ASSESSMENT OF YOUTH POLYVICTIMIZATION AND COMPLEX PTSD: APPLICATIONS OF THE MIDDLE-OUT APPROACH

Symposia

Chair: Julian Ford, PhD, University of Connecticut Health Center

Presenter: Julian Ford, PhD, University of Connecticut Health Center

Presenter: Ruby Charak, PhD, University of Texas Rio Grande Valley

Presenter: Nicole Kouri, MA, Wayne State University

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation level Intermediate

Region Industrialized Countries

Population Type Child/Adolescent

Abstract Body Traumatic stress assessment is grounded in conceptual models (Ford and Greene, 2024) that inform the definition of traumatic stressor exposure and traumatic stress reactions and disorders. The Middle-out Approach (MOA) is a meta-model (Adams et al., 2023) focused on person-centered phenotypes instead of a top-down (categorical disorders) or bottom-up (discrete symptoms) framework for the empirical advancement of traumatic stress theory and assessment. After a first presentation by Maureen Allwood describing MOA as applied to the assessment of traumatized youth, three empirical papers will highlight innovations in assessment research that apply MOA. Focusing on trauma exposure, Nicole Kauri will present findings from a 3.5-year prospective study with violence-exposed girls that dissociation predicts risk of polyvictimization. Focusing on complex traumatic stress reactions, Ruby Charak will present results of a validation study of the Developmental Trauma Disorder (DTD) construct using a new self-report measure with young adults. Julian Ford will present new findings from the DTD field trial identifying phenotypes based on discrete sub-groups defined by composite sub-domains of DTD and PTSD (i.e., affect and somatic dysregulation, dissociation, self-harm, aggression, intrusion, avoidance). Implications for systematizing the increasingly complex field of traumatic stress assessment and research with youth and young adults will be discussed.

1:45 p.m. - 3:00 p.m.

THE ROAD NOT TRAVELED: REALITIES, CHALLENGES, AND TRANSLATIONAL IMPLICATIONS OF BIOPSYCHOSOCIAL PSYCHIATRY RESEARCH IN REFUGEE POPULATIONS

Symposia

Chair: Arash Javanbakht, MD, Wayne State University

Presenter: Liza Hinchey, PhD, Wayne State University

Presenter: Dalia Khalil, PhD, Wayne State University

Presenter: Rasheed Alahmad, MD, Wayne State University

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body Refugee crises are a global reality; still, limited data is available on the biopsychosocial dynamics of refugee trauma and culturally informed interventions. This symposium brings together a team of experts in refugee mental health research, as well as translating this research into focused clinical interventions.

The chair, Dr. Arash Javanbakht will provide context, reviewing logistical interactions between academia and refugee communities—key factors in the success of research and intervention programming—and discussing methodological challenges to conducting biopsychosocial research with refugee communities. Dr. Dalia Khalil will present novel correlations between telomere length among Syrian refugee mothers and infants born post-migration and discuss their significance regarding intergenerational transmission of trauma and intervention targets. Ms. Liza Hinchey will discuss data recently acquired from the frontlines in Ukraine, demonstrating severe PTSD prevalence and identifying risk factors in adults living at the warfront. She will discuss implications for group-based, mind-body interventions to comprehensively address the biopsychosocial needs of this underserved population. Dr. Rasheed Alahmad will illustrate mechanisms through which trauma experienced by mothers may impact refugee youth psychopathology and discuss implications for societal level interventions.

1:45 p.m. - 3:00 p.m.

**FEATURED SESSION: COMMEMORATING THE VIETNAM WAR EXPERIENCE
50 YEARS ON: THE IMPACT AND LEGACY OF VIETNAM VETERAN
RESEARCH**

Panel

Anica Pless Kaiser*

Chair: Anica Pless Kaiser, PhD, National Center for PTSD, VA Boston Healthcare System

Presenter: Terence Keane, PhD, VA Boston Healthcare System

Presenter: Kathryn Magruder, MPH, PhD, Med University of South Carolina

Presenter: Frank Weathers, PhD, National Center for PTSD

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Region Industrialized Countries

Population Type Older People/Aging

Abstract Body: The Vietnam War occurred within a unique sociopolitical era in American history. As the 50th anniversary of the end of this era nears, numerous commemoration events are taking place. In this panel, several esteemed leaders will discuss the transformative impact of Vietnam Veteran research on our understanding of traumatic stress. Research conducted with this generation of Veterans has informed our understanding of the impact of trauma exposure, posttraumatic stress disorder (PTSD), and comorbid psychiatric and medical conditions among men and women across the lifespan. Large population-based cohort studies and treatment outcome studies, as well as research examining specific issues

such as chemical exposures and negative homecoming experiences, and Veteran subpopulations such as repatriated prisoners of war and women Veterans, have greatly expanded our knowledge of the etiology, assessment, and treatment of trauma-related disorders. Panel members will speak to their experiences being part of this important body of work, share their perspectives on research-based changes in the field over time, and discuss implications for future work that focuses on the long-term health and well-being of military Veterans around the world.

1:45 p.m. - 3:00 p.m.

THE DUAL LENS: EVALUATING RESEARCH AND TREATMENT APPROACHES FOR SURVIVORS OF SEXUAL TRAUMA IN AUSTRALIA, INDIA, IRELAND, THE U.S. AND LMIC'S THROUGH SURVIVOR-PRACTITIONER-RESEARCHER PERSPECTIVES

Panel

Malachi Gillihan*

Chair: Malachi Gillihan, MA, The Octave Center for Trauma Healing and Research

Presenter: Kayleigh Watters, PhD, Palo Alto University

Presenter: Leisha Beardmore, PhD, Save the Children US

Presenter: Sujata Satapathy, All India Institute of Medical Sciences

Discussant: Malachi Gillihan, MA, The Octave Center for Trauma Healing and Research

Track Mode, Methods and Ethics

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body: This panel highlights survivor-practitioner and clinician voices as they explore the assessment and treatment of sexual trauma across the globe. Speakers bring a gender, geographical, cultural, and methodological diversity of perspectives to their work, the theoretical frameworks behind it, and how these are applied in both research and treatment approaches for survivors of sexual trauma. Populations include female survivors of sexual assault in Ireland, adolescent sexual abuse survivors in India, adult male survivors in the U.S., Indigenous survivors of sexual assault in Australia, as well as survivors in LMIC's including Haiti, Yemen, and Pakistan. The panel will provide a cross-cultural exploration of the challenges, benefits, and limitations of theories underpinning research and treatment, such as Judith Herman's 3-stage model of recovery and Ancient Aboriginal Ways. Panelists will then discuss existing and new research methods, including gender-based and New Paradigm methods including collaborative inquiry. Finally, survivor-informed treatments and interventions for groups and individuals, and gender-based treatment approaches will be discussed. The panel will conclude by sharing risks and benefits of being a survivor-practitioner, and recommendations for both future research and practice with sexual trauma survivors.

1:45 p.m. - 3:00 p.m.

INNOVATIONS FOR REDUCING RACIAL DISPARITIES IN TRAUMA TREATMENT: IMPROVING CARE ENGAGEMENT AND OUTCOMES

Symposia

Chair: Asale Hubbard, PhD, United States

Presenter: Asale Hubbard, PhD

Presenter: Rachel Ranney, PhD, San Francisco Veterans Affairs Medical Center

Presenter: Clarice Wang, PhD, VA San Diego Healthcare System

Presenter: Keisha Ross, Ph.D., St. Louis VA

Track Professionals

Primary Program Type Clinical Practice

Presentation level Introductory

Region Industrialized Countries

Population Type Adult

Abstract Body Racial disparities in PTSD diagnosis and treatment are well documented. There continues to be a need to improve barriers to treatment initiation, engagement and symptom reduction following trauma focused treatment. Studies have found that Black Veterans demonstrate less PTSD symptom improvement than their White counterparts following PTSD EBPs as well as other PTSD treatments. Disparities in diagnosis and treatment outcomes lead to differential health outcomes for Veterans that must be examined to improve care. The purpose of this symposium is to bring together investigators from different research sites to share emerging research on disparities in PTSD diagnosis and the interventions aimed at improving the experience of care for Racial and Ethnic minority Veterans. The first presentation discusses findings from a clinical trial of a race-based stress and trauma group intervention. The second presentation reports on Black Veteran's experiences in PTSD Evidence-Based Psychotherapy. The third presentation reports on VHA provider's experiences delivering PTSD Evidence-Based Psychotherapy to Black Veterans. The fourth presentation outlines a novel consultation model to support VHA providers a race-based stress and trauma group intervention. Each study highlights the necessity to examine disparities and develop interventions to improve care engagement and outcomes.

1:45 p.m. - 3:00 p.m.

MATERNAL PTSD: FROM IDENTIFICATION TO TREATMENT

Symposia

Chair: Alexandra Ballinger, MA, Michigan State University

Presenter: Alexandra Ballinger, MA, Michigan State University

Presenter: Sharon Dekel, MS,PhD, Harvard Medical School / Massachusetts General Hospital

Presenter: Yael Nillni, PhD, National Ctr for PTSD, Women's Hlth Sci Div, VA Boston Healthcare System

Presenter: Ann Rasmusson, MD, Nat'l Center for PTSD

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation level Intermediate

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body Although pregnancy and postpartum is a sensitive period for the detrimental effects of mental health problems on women and their children, limited research has examined PTSD during this time. This symposium provides a multi-level, integrated approach to the study of maternal PTSD derived from large-scale clinical and translational longitudinal studies. Four clinician researchers will present a series of four talks. The first two presentations focus on the course of maternal PTSD across pregnancy and postpartum and the adverse role of PTSD in influencing maternal and infant outcomes. The second two presentations will focus on physiological, neural, and hormonal mechanisms associated with maternal PTSD and comorbid conditions. Findings point to potential timing of and targets for screening and novel bedside interventions to impact the health of people affected by maternal PTSD and their offspring.

1:45 p.m. - 3:00 p.m.

**EXPLORING STAIR NARRATIVE THERAPY IN LGBTQIA+ COMMUNITIES:
ENHANCING TRAUMA TREATMENT EFFICACY**

Panel

Donovan Edward*, Martha Shumway

Presenter: Christie Jackson, PhD, Evolution Trauma and Wellness

Presenter: Brandon Weiss, PhD, NYU School of Medicine

Presenter: Eve Rosenfeld, PhD, National Center for PTSD, Dissemination and Training Division

Discussant: Marylene Cloitre, PhD, NYU Silver School of Social Work

Chair: Donovan Edward, BS, MS, Georgia Southern University

Track Clinical Interventions

Primary Program Type Culture/Diversity

Presentation Level Introductory

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body: This panel provides a review of the state of the science regarding the effectiveness of evidence-based trauma-focused treatments for LGBTQIA+ trauma-exposed individuals and the results of a PCORI-funded Research Engagement award dedicated to the exploration of the needs and preferences of LGBTQIA+ clients seeking trauma treatment. The panel will discuss their experiences in the application of STAIR Narrative Therapy (SNT) in the LGBTQIA+ community. They will address the unique challenges and opportunities presented by minority stress and diverse expressions of trauma symptomatology. Focused on decreasing symptoms of PTSD and improving functioning, SNT demonstrates adaptability in aiding individuals who have experienced various forms of trauma resulting in losses of power, resources, or connection to others. The panel will describe ways they have encouraged an exploration of affirming care for LGBTQIA+ individuals, emphasizing the importance of cultural sensitivity and an individualistic approach to treatment. Active engagement across presenters will be fostered through discussions about specific experiences and challenges encountered in utilizing this treatment with LGBTQIA+ individuals. The panel ultimately seeks to contribute to the

broader field of trauma therapy by providing an example of the relevance and adaptation of SNT within the context of LGBTQIA+ trauma treatment.

1:45 p.m. - 3:00 p.m.

THE UVALDE ROBB ELEMENTARY SCHOOL SHOOTING CRITICAL INCIDENT REVIEW TEAM FINDINGS AND RECOMMENDATIONS: THE FIRST TRAUMA INFORMED REVIEW

Workshop

Chair: April Naturale, PhD, Vibrant Emotional Health

Tracks Mass Violence and Migration

Primary Program Type Training/Education/Dissemination

Presentation Level Intermediate

Region Global

Population Type Mental Health Professionals

Abstract Body In May 2022, a former student entered Uvalde's Robb Elementary School and opened fire with an assault rifle, killing nineteen students, two teachers and injuring at least 17 others. This report examines the multiple failures in the response; the breakdowns in leadership, decision-making, tactics, policy, and training that contributed to those failures. The report examines the communications challenges throughout the shooting, including the inaccurate narrative that was delivered to the public. It documents the trauma and support services that were provided as part of an intentional effort to utilize a trauma informed approach to all impacted victims, survivors, family members, and responders. This qualitative study conducted over 260 individual interviews from more than 30 agencies and reviewed over 14,000 pieces of data and documentation, including policies, training logs, body camera and CCTV video footage, audio recordings, photographs, personnel records, manuals and standard operating procedures, interview transcripts, investigative files, and other documents. The objective of this workshop is to identify the lessons and recommendations that can be effective in providing best practices to law enforcement and all disaster and behavioral health response agencies as they work together to improve policies, procedures and disaster response systems.

1:45 p.m. - 3:00 p.m.

THE CARE TRAUMA RESILIENCE INTERVENTION TO PREVENT MEDICAL TRAUMATIC STRESS DURING EARLY CHILDHOOD

Workshop

Chair: Alex De Young, PhD, Children's Health Queensland, Australia

Presenter: Markus Landolt, PhD, University Children's Hospital, Switzerland

Tracks Child and Adolescent Trauma

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Region Industrialized Countries

Population Type Child/Adolescent

Abstract Body Up to 30% of young children (<6 years) experience clinically relevant pediatric medical traumatic stress (PMTS) within the first month of an acute illness/injury and up to 10% develop chronic posttraumatic stress disorder and other comorbid conditions. Early intervention is needed to reduce the impact on the child's immediate physical recovery

and ongoing emotional development, in addition to the wellbeing and availability of their caregivers. The CARE Trauma Resilience Intervention is a brief targeted early intervention that is designed to prevent persistent PMTS in young children and their caregivers following acute injury/illness. It is delivered within a stepped-care model that involves (1) screening, (2) completion of the CARE Intervention following a positive PTSD screen, and (3) referral to more intensive support (if clinically indicated). This workshop will cover: (1) medical trauma during early childhood, (2) evidence for the efficacy and effectiveness of the CARE intervention, (3) screening and assessment, and (4) overview of the CARE intervention. This workshop presents the first evidence-based early intervention in young children after acute illness or injury. The CARE Trauma Resilience Intervention holds significant clinical and research implications for the current and future management of medical trauma among young children and their families.

1:45 p.m. - 3:00 p.m.

RESPONDING TO MASS TRAUMA AND ADVERSITY ON THE EUROPEAN CONTINENT: LESSONS LEARNED AND VISIONS FORWARD

Panel

Joanne Mouthaan*

Chair: Joanne Mouthaan, PhD, Leiden University

Presenter: Evaldas Kazlauskas, Prof, PhD, Vilnius University

Presenter: Maria Bragesjö, PhD, Karolinska institutet

Presenter: Marina Ajdukovic, PhD, University of Zagreb

Presenter: Jana Javakhishvili, Prof, PhD, ILia State University

Presenter: Natalia Nalyvaiko, MSc, NGO USOCTE (Ukrainian Society of Overcoming of the Consequencies of Traumatic Events)

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Region Central and Eastern Europe and the Common Wealth of Independent States

Population Type Both Adult and Child/Adolescent

Abstract Body: Mass trauma and adversity recognize no national boundaries. The effects of political, environmental, and social challenges reach far, and the need for wide-spread expertise in psychotraumatology and competent trauma-informed service providers is high. This panel sheds light on three collaborative initiatives spearheaded by the European Society for Traumatic Stress Studies (ESTSS), which translated expert knowledge into tangible responses to significant adverse events. These initiatives, spanning crises from terrorist attacks and natural disasters to the COVID-19 pandemic and the conflict in Ukraine, demonstrate the necessity of coordinated efforts across Europe. Notable among them are the TENTS post-disaster psychosocial care network and guidelines, addressing the aftermath of catastrophic events, the ESTSS-ADJUST Study involving over 15,000 participants, on the psychosocial impact of the COVID-19 pandemic, and the online certification, training, and supervision task force established to support professionals responding to the war in Ukraine. The panelists will present the initiatives and discuss differences and similarities in creating structures for multi-nation collaboration. Specifically, the panel aims to share learned lessons

about successes, obstacles and facilitating circumstances, and discuss with the audience how future cross-national responses can be improved.

1:45 p.m. - 3:00 p.m.

LIFESTYLE INTERVENTIONS FOR WOMEN LIVING WITH TRAUMA-RELATED SYMPTOMS: TRANSLATING SCIENCE INTO THE FIELD
Symposia

Chair: Michelle Pebole, PhD, VA Boston Healthcare System/Harvard Medical School

Presenter: Dana Garfin, PhD, UCLA

Presenter: Francine Darroch, MPH, PhD, Carleton University

Presenter: Abigail Lott, PhD, Emory University

Presenter: Michelle Pebole, PhD, VA Boston Healthcare System/Harvard Medical School

Discussant: Brian Smith, PhD, National Center for PTSD and Boston University

Track Public Health

Primary Program Type Public Health

Presentation level Introductory

Region Industrialized Countries

Population Type Adult

Abstract Body Substantial evidence demonstrates transdiagnostic benefits of lifestyle interventions (e.g., physical activity, mindfulness, yoga) for trauma-related psychological sequelae in women with diverse trauma experiences. This presentation highlights findings from four researchers developing and testing lifestyle interventions to address trauma-related outcomes among minoritized and underserved women. First, we will present results from community engaged research that examined the acceptability and feasibility of a mindful self-compassion intervention for unhoused women with substance use and PTSD. Second, we will present outcome data from two pilot feasibility and acceptability trials examining Mindfulness-based Cognitive Therapy for Black women with PTSD and Trauma-Sensitive Yoga for women with sexual trauma and PTSD. Third, feasibility and outcomes from a multi-site, community-engaged trauma-informed physical activity program for diverse minoritized women experiencing gender-based violence and living in social housing throughout Canada. Fourth, we will present new findings from an ongoing treatment development study examining exercise levels and perceptions about exercise programs among women Veterans. Finally, Dr. Smith will discuss the research and clinical implications of this work for translating lifestyle interventions into community and healthcare settings.

1:45 p.m. - 3:00 p.m.

Flash Talk Session 3

FACTORS ASSOCIATED WITH INITIATION, ENGAGEMENT, AND COMPLETION OF WRITTEN EXPOSURE THERAPY (WET) WITHIN COLLABORATIVE CARE (CC) IN PRIMARY CARE FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Flash Talk Presentation

Eunice Wong*¹, Lisa Meredith¹, Denise Sloan², Brian Marx², Stephanie Williamson¹, Cleo Overa³

¹*RAND Corporation*, ²*Boston University*, ³*Clinical Directors Network, Inc.*

Track Clinical Interventions

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Based on an ongoing randomized hybrid effectiveness-implementation study comparing CC+WET versus CC only, this presentation will provide preliminary findings on the uptake of WET by patients in FQHCs. Of the 145 patients who were randomized to CC+WET and provided access to WET, only 34% completed WET. Others were never reached by a care manager (CM) (14%), 23% did not initiate WET despite receiving a referral from a CM, and 28% prematurely discontinued WET. CMs took nearly twice as long to make their initial outreach attempt among patients never reached (M=20.7 days; SD=22.2) than patients who completed, discontinued, or did not initiate WET. Patients who did not initiate WET had significantly lower baseline PTSD symptom severity than patients who discontinued WET. Further, a significantly greater proportion of patients who discontinued WET reported fair/poor health (71%) than those who completed WET (48%), did not initiate WET (41%), or were never reached (40%). Significantly more patients identifying as Black discontinued WET (41%) than patients identifying as Hispanic (20%) or White (20%). Moreover, Hispanic patients were significantly more likely to complete WET (52%) than were Black (26%) and White patients (20%). Findings highlight potential areas to target to improve patient uptake of WET when integrated within collaborative care and delivered in primary care FQHCs.

**GROWTH, RESILIENCE, INSIGHT, AND TOGETHERNESS (GRIT):
DEVELOPING A RETREAT-BASED SUICIDE PREVENTION PROGRAM FOR
WOMEN VETERANS EXPOSED TO INTERPERSONAL TRAUMA**

Flash Talk Presentation

Candice Presseau*¹, Sarah Walls², Lauren DeMoss², Aimee Kroll-Desrosiers³, Galina Portnoy², Steve Martino²

¹*Department of Veterans Affairs*, ²*VA Connecticut Healthcare System*, ³*VA Central Western Massachusetts*

Track Clinical Interventions

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body U.S. women veterans are twice as likely as civilian women to die by suicide. High rates of interpersonal trauma, such as military sexual trauma, intimate partner violence, and abuse, contribute to elevated risk for suicide. Heeding the call for more gender-sensitive approaches to suicide prevention, this presentation will share results gathered and procedures used to develop an innovative, retreat-based suicide prevention program for women veterans exposed to interpersonal trauma called Growth, Resilience, Insight, and Togetherness (GRIT). GRIT was developed by integrating mixed methods data collected through: 1) semi-structured interviews with multidisciplinary experts (n = 13) to explore barriers and

facilitators of executing retreat programming and to identify program components; 2) focus groups with women veterans (n = 15) to examine preferences and concerns about the program; 3) a clinician survey (n = 59) to identify competencies related to retreat facilitation with violence-exposed women veterans; and 4) feedback from clinicians (n = 6) who attended a GRIT training program. The presentation will highlight the translation of findings and use of consultation, veteran engagement, community partnering, and interdisciplinary collaboration to inform the program. Plans for investigating GRIT feasibility and acceptability with trained clinicians will be shared.

INTERVENTIONS FOR PTSD IN LOW- AND LOWER-MIDDLE-INCOME COUNTRIES: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

Flash Talk Presentation

Mia Akiba*¹, Melanie Abas², Lauren Yan³, Kotaro Otsuka⁴, Amelia Stanton⁵, Stephanie Lewis²

¹*King's College London*, ²*Institute of Psychiatry, Psychology and Neuroscience, King's College London*, ³*Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University*, ⁴*London School of Economics and Political Science (LSE)*, ⁵*Boston University*

Track Clinical Interventions

Presentation Level Intermediate

Region Global

What is your population type? Adult

Abstract Body While treatments for PTSD have been well-established in high-income countries, their effectiveness in low and lower-middle-income countries (LLMICs) is less explored. We undertook a systematic review to investigate the effectiveness of PTSD interventions in LLMICs. Two reviewers searched seven databases and grey literature for randomized controlled trials (RCTs) assessing PTSD interventions in LLMICs. Of the 1,684 studies identified, 31 were included with a total of 8,453 participants. All studies applied psychological interventions, and one also included a pharmacological intervention. Meta-analysis revealed a large effect on the reduction of PTSD symptoms, and a moderate effect was maintained at follow-up. There were also significant effects on reducing several comorbid symptoms at post-intervention and follow-up. Psychological interventions delivered by specialists vs non-specialists and interventions that were trauma-focused vs those that were not had slightly higher effect sizes, but there were no statistically significant differences. The results suggest that psychological interventions are highly effective in treating PTSD and several comorbid symptoms in LLMICs. Interventions that are more feasible and scalable in low resource settings (e.g. those that can be delivered by non-specialists) may be just as effective as interventions that require more resources.

PREDICTORS OF TREATMENT OUTCOME AND DROPOUT IN COGNITIVE PROCESSING THERAPY FOR PTSD: A SYSTEMATIC REVIEW

Flash Talk Presentation

Mariel Emrich*¹, Zachary Magin¹, Crystal Park¹, Adam David¹

¹*University of Connecticut*

Track Clinical Interventions

Presentation Level Intermediate

Region Global

What is your population type? Adult

Abstract Body Cognitive Processing Therapy (CPT) is highly effective for treating posttraumatic stress disorder (PTSD), yet dropout rates are high and a substantial proportion of patients continue to experience unremitting symptoms after treatment. This systematic review evaluated predictors of treatment outcome and dropout in clinical trials of CPT for PTSD. A systematic search of three databases yielded 67 studies representing 23 unique samples ($Ns = 27-322$) of patients with PTSD following a range of Criterion A traumas. Many unique predictors were assessed (101 for treatment outcome, 51 for dropout); categories included participant (e.g., demographics), therapist (e.g., self-efficacy), treatment (e.g., individual vs. group), and trauma (e.g., time since trauma) characteristics. Many modifiable predictors, especially related to treatment delivery and therapist factors, significantly predicted treatment outcomes. However, few participant or trauma characteristics predicted treatment outcomes, suggesting that CPT can be used in diverse populations without compromising efficacy. Some participant characteristics predicted dropout while treatment and trauma characteristics did not. These results may inform more personalized approaches to clinical care by guiding appropriateness of treatments and delivery methods for particular patients and refining treatments for those showing less improvement.

THE IMPACT OF PTSD AND GENDER ON PREMATURE DEATH FOR VETERANS WITH SUBSTANCE USE DISORDERS

Flash Talk Presentation

Clara Roth*¹, Anne Banducci¹, Amar Mandavia², Michael Davenport³, Michelle Bovin⁴, Nicholas Livingston⁵

¹National Center for PTSD at VA Boston, ²VHA Boston, Medical Informatics, ³Data Science Core, Boston CSPCC, VA Boston Healthcare System, ⁴National Center for PTSD Boston and Boston University Chobanian and Avedisian School of Medicine, ⁵National Center for PTSD at VA Boston and Boston University Chobanian and Avedisian School of Medicine

Track Clinical Interventions

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Veterans with Substance Use Disorder (SUD) are at elevated risk for premature death. Although risk of death has been evaluated between veteran men and women, and separately among veterans with and without PTSD, no research has evaluated the interaction between the two in this high-risk veteran group. We examined associations between gender, PTSD diagnosis, and their interaction on age of death in a sample of 1.18 million SUD-diagnosed veterans receiving care from the Veterans Health Administration between 2016-2021 (Mage = 58.8 years; 6.7% women). In regression analyses, we observed significant effects for gender ($b = -5.08$, $p < .001$), PTSD ($b = -6.84$, $p < .001$), and their interaction ($b = -2.66$, $p < .001$). Although women veterans and veterans with PTSD died an average of 5 and 7 years younger than men and those without PTSD, respectively, women with PTSD died the youngest (Mage=54.6), followed by women

without PTSD (Mage=62.3), and men with (Mage =64.1) and without (Mage=69.1) PTSD. This is the first study to demonstrate that women with SUD and PTSD are at greatest risk for premature mortality, indicating the critical need to evaluate precise causes of death and to identify targeted intervention strategies to prevent premature death among veterans with SUD, particularly women veterans with comorbid PTSD.

WHO DROPS OUT OF SCHOOL? PRELIMINARY FINDINGS ON AN INTEGRATED CBT AND SUPPORTED EDUCATION (SED) PROGRAM ADDRESSING EDUCATIONAL BARRIERS AMONG PSE STUDENTS WITH PTSD
Flash Talk Presentation

Weili Lu*¹, Marina Redlich²

¹*Rutgers, The State University of New Jersey*, ²*John Jay College (CUNY)*

Track Clinical Interventions

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Post Traumatic Stress Disorder (PTSD) and its impact on post-secondary education (PSE) has rarely been examined. The study presents preliminary findings on an integrated Cognitive Behavior Treatment (CBT) and Supported Education (SEd) program to improve educational functioning among PSE students with PTSD. PSE students with confirmed PTSD diagnosis completed assessments including Clinician-Administered PTSD Scale (CAPS), Beck Depression Inventory, Beck Anxiety Inventory, Brief Psychiatric Rating Scale, Internalized Stigma of Mental Illness, Posttraumatic Cognitions Inventory, Work and Social Adjustment Scale, Connor-Davidson Resilience Scale, and their educational outcomes and experience before, after and six month after the intervention. Preliminary findings among 62 participants, showed promising outcomes: 84% completed ≥ 8 sessions, 74% completed all 12 sessions. Post-treatment paired sample t-tests showed significant reductions in PTSD and depressive symptoms; students reported fewer educational barriers and improvements in depression and PTSD. At assessment post-intervention, participants' average scores on the PCL-5 and CAPS-5 improved and reached statistical significance with a large effect size. Preliminary findings support the potential for the CBT for PTSD intervention infused with Supported Education principles to manage symptoms and improve educational functioning.

ASSOCIATION BETWEEN PHYSICAL ACTIVITY AND CEREBRAL WHITE MATTER VOLUME IN POST-9/11 VETERANS

Flash Talk Presentation

Madeleine Nowak*¹, Michael Esterman², Catherine Fortier³, David Salat⁴, James Whitworth²

¹*Boston University School of Medicine / National Center for PTSD - VA Boston*, ²*Boston University School of Medicine/VA-Boston*, ³*Harvard/VA-Boston*, ⁴*Harvard/MGH/VA-Boston*

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Physical activity has shown to have a positive outcome on brain health. High-risk groups for traumatic stress, like Veterans, often fall below recommended physical activity guidelines. Despite reports suggesting physical activity to significantly enhance white matter volume and integrity, the degree to which physical activity can modulate white matter volume in post-9/11 Veterans is unclear. The present study investigated cerebral white matter using volume-based processing streams in post-9/11 Veterans with combat deployment history. High-resolution structural MR scans were obtained from 145 adults (40.2±10.3 yrs). White matter parcellation volumes were acquired from pre-defined atlases, and multiple linear regressions were computed with FreeSurfer's `mri_glmfit` function. Models included age, sex, scanner, eTIV, and PTSD symptom severity, and corrections for multiple comparisons ($q=0.05$). Physical activity was measured by the self-administered International Physical Activity Questionnaire (IPAQ). A positive correlation between physical activity and cerebral white matter volume was observed (right, $p=0.017$; left, $p=0.024$; total, $p=0.020$). Physical activity may have a significant impact on cerebral white matter volume in post-9/11 veterans. Additional assessments are suggested to further understand the possible neuroprotective influence of physical activity on vulnerable groups.

THE ROLE OF WOMEN'S CHILDHOOD TRAUMA IN MATERNAL EATING BEHAVIORS ACROSS THE FIRST YEAR POSTPARTUM

Flash Talk Presentation

Sara Stein*¹, Amy Nuttall², Ashley Gearhardt¹, Niko Kaciroti¹, Julie Lumeng¹, Alison Miller¹

¹University of Michigan, ²Michigan State University

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body The first year postpartum is a sensitive time for maternal eating behaviors including emotional, external and restraint eating, which have been associated with negative health outcomes. Furthermore, among women with a history of trauma, the stress of the postpartum period and early parenting may replicate feelings of helplessness and overwhelm experienced during childhood trauma, which may further contribute to these eating behaviors. Although evidence has shown how mothers eat has long-term implications for infants' eating and health, limited research has characterized associations with women's history of childhood trauma. This study examined trajectories of emotional, external, and restraint eating across the first year postpartum and delineated associations with childhood trauma. Women ($N=283$) reported on emotional, external, and restraint eating across the first year postpartum. Results of latent growth curve modeling revealed that mother's emotional and external eating increased while restraint eating did not change across the first year postpartum. Furthermore, mother's childhood trauma was associated with greater increases in emotional eating across the first year postpartum but not with the external and restraint eating. Findings illuminate the importance of addressing childhood experiences of trauma to reduce some problematic postpartum eating behaviors.

THE IMPACT OF EARLY ADVERSITY AND POTENTIALLY TRAUMATIC EXPERIENCES ON TELOMERE LENGTH IN WOMEN

Flash Talk Presentation

Leah Cha^{*1}, Gabrielle Rinne², Christine Dunkel Schetter², Jennifer Sumner²

^{1, 2}*University of California Los Angeles*

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Early life adversity (ELA) and potentially traumatic events (PTEs) in adulthood are associated with adverse health outcomes, and shorter telomere length (TL) may underlie these associations. In a diverse sample of women (n=127), we evaluated associations of ELA and adult PTEs, alone and in interaction, with TL. We also explored hair cortisol concentrations (HCC) as a pathway linking ELA/PTEs with TL. Women reported on ELA and past-year PTEs (types and extent of event impact) and provided biomarker data (buccal cells for TL and hair samples for HCC). Linear regression was used for analyses, adjusting for potential confounders. The sample was 48% Latina, had a mean age of 27, and was predominately low-income. A more negative average impact of PTEs was associated with shorter TL ($\beta=-0.26$, $p=.02$). Neither number of PTE types ($\beta=0.07$, $p=.50$) nor an ELA composite was associated with TL ($\beta=-0.03$, $p=.74$). There was a significant ELA x PTE Impact interaction ($\beta=0.03$, $p=.04$), such that the inverse association of PTE impact with TL was strongest for women with low ELA exposure. Although PTE impact score was positively associated with HCC ($\beta=0.39$, $p < .001$), the indirect effect was not significant ($\beta=0.07$, $p=.16$). Results suggest that PTEs with negative impacts in adulthood may have salience for TL, an indicator of biological aging, especially for individuals with low ELA exposure.

3:15 p.m. - 4:30 p.m.

Concurrent 4

3:15 p.m. - 4:30 p.m.

ADVANCING UNDERSTANDING OF PSYCHOPATHOLOGY AMONG FORCIBLY DISPLACED PEOPLE: THEORETICAL AND METHODOLOGICAL INNOVATIONS

Symposia

Chair: Gulsah Kurt, PhD, University of New South Wales

Presenter: Gulsah Kurt, PhD, University of New South Wales

Presenter: Philippa Specker, PhD, University of New South Wales

Presenter: Frank Neuner, PhD, University of Bielefeld

Presenter: Vivian Mai, BA, UNSW, Australia

Discussant: Ulrich Schnyder, MD, University of Zurich

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation level Intermediate

Region Middle East and North Africa

Population Type Adult

Abstract Body Forced displacement is often characterized by traumatic experiences and ongoing stressors leading to trauma-related psychopathology. Recent advancements in the field have enabled us to unpack the complex nature of trauma-related psychopathology among forcibly displaced people. Using state-of-the-art methodologies, four presentations in this symposium present findings on precursors and correlates of trauma-related psychopathology among forcibly displaced people from low-, middle-, and high-income countries. The first presentation describes findings from a network analysis that identified the key symptoms that maintain and bridge trauma-related comorbid mental health conditions among refugees in Türkiye. The second presentation elucidates the longitudinal relationship between multilevel mechanisms (social, economic, and psychological) and mental health symptoms among refugees in Indonesia. The third presentation provides evidence for the role of social devaluation in mental health symptoms among refugees in the Kurdistan region of Iraq. The fourth presentation offers experimental data on the gendered relationship between trauma-related justice sensitivity and social behaviors among refugees in Australia. The symposium will conclude with a discussion of theoretical and methodological innovations in refugee mental health research and their potential for informing clinical practice.

3:15 p.m. - 4:30 p.m.

COOLING OFF: MAXIMIZING THE EFFECTS OF PTSD TREATMENTS ON ANGER

Panel

Stephanie Wells*

Chair: Stephanie Wells, PhD, Durham VA

Presenter: Sheila Rauch, PhD, Emory University/ Atlanta VAHCS

Presenter: Steffany Fredman, PhD, Pennsylvania State University

Presenter: Stefanie LoSavio, PhD, University of Texas Health Science Center at San Antonio

Discussant: Kirsten Dillon, PhD, Durham VA Health Care System

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body: Dysregulated anger is often a significantly impairing problem for individuals with posttraumatic stress disorder (PTSD) and a primary reason for seeking treatment (Rosen et al., 2013). However, the effects of trauma-focused PTSD treatments on anger are small and anger is often a residual symptom (Wells et al., under review). This panel brings together researchers and clinicians representing diverse viewpoints to discuss how to utilize evidence-

based PTSD treatments to maximize reductions in anger across patient populations. The presenters include world-renowned treatment developers, clinical experts, and trainers who will represent and discuss four leading PTSD treatments: Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy, and Cognitive Behavioral Conjoint Therapy. Presenters have expertise in the treatment of PTSD and anger across the lifespan and with a diverse range of populations and settings. Panelists will discuss how to apply clinical techniques from their respective treatment to address anger (e.g., Socratic questioning, exposure). Theoretical differences between treatments and varying approaches to addressing anger will be discussed. Panelists will share conceptualizations of anger and how to respond to anger that occurs in the therapeutic context. Finally, panelists will share insights into how to improve the treatment of anger.

3:15 p.m. - 4:30 p.m.

BEYOND THE BIOLOGY OF TRAUMA: GENETIC, EPIGENETIC, AND NEUROLOGICAL RISKS AND THEIR INTERACTIONS WITH THE REAL WORLD ENVIRONMENT

Symposia

Chair: Henri Garrison-Desany, PhD

Presenter: Henri Garrison-Desany, PhD, United States

Presenter: Craig McFarland, BA, Harvard University

Presenter: Kate Webb, PhD, McLean Hospital

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Trauma is a complex process owing to both biological underpinnings and social environments. Trauma, and its related outcomes, have known associations across the cascade of biological levels: with genetic loci, epigenetic changes, neuroanatomical features, and functional brain reactivity. There is clear evidence that environmental risk and protective factors play an important role as well. But there remain ongoing gaps in our understanding of how this biological basis of trauma-related outcomes interact with the larger socioenvironment. Four population health scientists present findings that aim to integrate our environmental understandings of trauma with multiple biological domains. Understanding this interplay will yield insights into how community context may exacerbate negative outcomes or buffer against these underlying genetic and neurostructural pathways.

3:15 p.m. - 4:30 p.m.

WE HAVE BUILT IT, BUT WILL THEY COME? DESCRIBING STRATEGIES TO IMPROVE VETERAN ENGAGEMENT IN EVIDENCE-BASED PTSD TREATMENT

Symposia

Chair: Bella Etingen, PhD, Research and Development Service, Dallas VA Medical Center; Peter O'Donnell Jr. School of Public Health, UT Southwestern Medical Center

*Presenter: **Bella Etingen**, PhD, Research and Development Service, Dallas VA Medical Center,; Peter O'Donnell Jr. School of Public Health, UT Southwestern Medical Center*

*Presenter: **Jessica Hamblen**, PhD, National Center for PTSD*

*Presenter: **Nicholas Holder**, PhD, San Francisco Veterans Affairs Medical Center/UCSF*

*Presenter: **Natalie Hundt**, PhD, Baylor College of Medicine and Michael E. DeBakey VA Medical Center*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Posttraumatic stress disorder (PTSD) is highly prevalent among veterans. The Veterans Health Administration (VHA) offers evidence-based PTSD treatments across its nation-wide system of care; however, engagement among veterans is consistently low. In this symposium, four VHA health services and clinician-researchers from across the national network will present on projects focused on increasing veteran engagement in evidence-based PTSD treatment. The first presentation, led by Dr. Hamblen, will share data comparing impacts of an online peer-based educational intervention, AboutFace, to an attention control on veteran treatment engagement. In the second presentation, Dr. Etingen will describe findings from a national database analysis examining associations between veteran receipt of Whole Health care and completion of evidence-based psychotherapy (EBP) for PTSD. The third presentation, led by Dr. Holder, will discuss results from a qualitative study about veteran perceptions of how best to frame EBP discussions to optimize veteran EBP engagement following stabilization treatments. In our final presentation, Dr. Hundt will describe a study comparing different direct-to-consumer marketing strategies to improve veteran PTSD treatment engagement. Collectively, these presentations describe various innovative strategies to increase veteran engagement in evidence-based PTSD treatment.

3:15 p.m. - 4:30 p.m.

FEATURED SESSION: PAST PRESIDENTS AND FOUNDERS OF ISTSS

Panel

Harold Kudler*

*Chair: **Harold Kudler**, MD, Duke University Medical Center and Durham VA Medical Center*

*Presenter: **Charles Figley**, Prof Dr, Tulane University*

*Presenter: **Yael Danieli**, PhD, International Center for MultiGenerational Legacies of Trauma*

*Presenter: **Alexander McFarlane**, MD, Prof, University of Adelaide*

*Presenter: **Robert Pynoos**, MD, MPH, UCLA School of Medicine*

*Presenter: **Lars Weisæth**, MD, PhD, Institute of Clinical Medicine, University of Oslo*

Track Public Health

Primary Program Type Global Issues

Presentation Level Introductory

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body: Imagine training, practicing, teaching and conducting research at a time when, as Arthur Blank (quoted in Sandra Bloom's history of ISTSS (<https://istss.org/about-istss/history>), describes, "... the psychiatric profession's official diagnostic guide [had] backed away from stress disorder... and the condition vanished into the interstices of "adjustment reaction of adult life." Despite DSM III's 1980 introduction of Posttraumatic Stress Disorder, many clinicians were quick to say that "they still didn't believe in it" for a variety of reasons: personal, professional, and political. As Figley documented (2001), The Society for Traumatic Stress Studies (sic) was established in 1985 "... to advance knowledge about the immediate and long-term human consequences of extraordinarily stressful events and to promote effective methods of preventing or ameliorating the unwanted consequences" (<https://istss.org/public-resources/trauma-blog/2001-summer/past-president-s-column>). This session brings together Past Presidents and founders of STSS/ISTSS to share perspectives on its beginnings, reflect on challenges faced, and consider directions for the future of traumatic stress studies.

3:15 p.m. - 4:30 p.m.

DIFFUSION OF INNOVATIONS IN PTSD+SUD TREATMENT RESEARCH

Panel

Denise Hien*

Chair: Denise Hien, PhD, Rutgers University

Presenter: Antonio Morgan-Lopez, PhD, RTI International

Presenter: Shalini Arunogiri, MD, Monash University

Presenter: Santiago Papini, PhD, University of Hawai'i at Mānoa

Presenter: Denise Hien, PhD, Rutgers University

Discussant: Denise Hien, PhD, Rutgers University

Track Clinical Interventions

Primary Program Type Research Methodology

Presentation Level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body: Despite significant advances in evidence-based integrated treatment approaches for co-occurring PTSD and substance use disorders (PTSD+SUD), implementation of trauma focused approaches combined with medication has been slow worldwide. This international panel of experts will explore novel data analytic methods and treatment adaptations that can facilitate the diffusion of innovation for PTSD+SUD treatment. Santiago Papini, (University of Hawai'i at Mānoa, USA), will discuss the promise of harnessing historical clinical trials data to develop machine learning precision treatment rules that can identify patients most likely to benefit from complex treatments; Simonne Wright (Stellenbosch University, South Africa) will discuss data science in relation to individual participant data meta-analyses, with a particular emphasis on examining moderator and predictor variables that influence treatment effects(Project TUTTI), Antonio Morgan-

Lopez (RTI International, USA) will discuss innovations in IDA/measurement/Project Harmony, and Shalini Arunogiri (Monash University, Australia) will present on an MDMA assisted trauma focused treatment adaptation that advances treatment effects and adoption. Denise Hien (Rutgers University, USA) will serve as the session Chair and will engage the audience in an active Q and A with the panelists.

3:15 p.m. - 4:30 p.m.

FROM ASSESSMENT TO INTERVENTION: COMPLEX PTSD, THERAPEUTIC ALLIANCE, AND INTERPLAY OF STRESS-RELATED DISORDERS

Symposia

Chair: Mirjam Sophie Rueger, MSc, University Frankfurt

Presenter: Franziska Lechner-Meichsner, Prof Dr, PhD, University of Wuppertal

Presenter: Mirjam Sophie Rueger, MSc, University Frankfurt

Presenter: Yafit Levin, PhD, Ariel university

Presenter: Anne Grass, MSc, Goethe University Frankfurt

Discussant: Marylene Cloitre, PhD, NYU Silver School of Social Work

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation level Intermediate

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body This symposium presents innovative research addressing challenges in trauma-related disorder assessment and treatment across four different populations: adolescents with Posttraumatic Stress Disorder (PTSD), outpatients who reported at least one traumatic experience, treatment-seeking refugees, and Israeli civilians currently experiencing war. We present the development and psychometric properties of a new assessment tool for complex PTSD (cPTSD) and the role of therapeutic alliance in treatment outcomes for adolescents with PTSD. Additionally, we present the complex interplay of PTSD, cPTSD, and Prolonged Grief Disorder (PGD) symptoms in a refugee population and examine the symptoms network of cPTSD and continuous traumatic stress symptoms among Israeli civilians during ongoing conflicts. We will discuss how the combined insights from these studies inform tailored interventions for different populations with (c)PTSD.

3:15 p.m. - 4:30 p.m.

PROMOTING RESILIENCE THROUGH COMPLEX DATA ANALYTICS IN COMMUNITY MENTAL HEALTH SETTINGS: FROM RESEARCH TO PRACTICE

Symposia

Chair: John Lyons, Ph.D., IPH Center, University of Kentucky

Presenter: Jordan McAllister, PhD, University of Kentucky

Presenter: Dan Lakin, MA, PhD, Pacific Clinics

Presenter: Xiaoran Tong, PhD, University of Kentucky

Discussant: Scott Fairhurst, PhD, Pacific Clinics

Track Child and Adolescent Trauma

Primary Program Type Community-Based Programs

Presentation level Intermediate

Region Industrialized Countries

Population Type Child/Adolescent

Abstract Body Building resilience to psychological distress is a significant factor in the treatment and prevention of mental health problems, including posttraumatic stress (Unger et al. 2020). Though research has shown promoting resilience is effective in treating and preventing posttraumatic stress (Davydov et al. 2010; Ready et al. 2015), practitioners continue to rely on illness-focused modalities that can minimize its importance. We will present three studies that describe 1) the role of resilience in service engagement and efficacy using machine learning methodologies; 2) how those complex analytics might be integrated into clinical practice to promote building resilience in treatment; and 3) how leveraging the role of positive childhood experiences and resilience may lead to higher quality solutions for clinical success over a range of youth functional, and mental and behavioral health problems. These studies rely on two large datasets – one from California’s largest community-based mental health service provider, the other from a Midwestern state. We will discuss the statistical methodologies used to explore complex relationships between clinical features and retention, symptom mitigation, and resilience. We will also provide examples of how these analyses can be utilized by our service providers during treatment, and how they might implement such solutions in practice.

3:15 p.m. - 4:30 p.m.

UNDERSTANDING TRAUMA IN CONTEXT: COMMUNITY AND CULTURAL FACTORS AS PREDICTORS OF POST-TRAUMATIC HEALTH AND WELL-BEING

Symposia

Chair: Grace Seymour, BS, University of Kentucky

Presenter: Grace Seymour, BS, University of Kentucky

Presenter: Ellie Quinkert, BA, University of Kentucky

Presenter: Madeline Rodenbaugh, BS,MS, University of North Texas

Presenter: Alexandria Miller, PhD, VA Boston - National Center for PTSDVA Boston - National Center for PTSD

Discussant: Christal Badour, PhD, University of Kentucky

Track Public Health

Primary Program Type Culture/Diversity

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Research on trajectories of recovery from trauma tends to focus on individual-level risk and protective factors. Yet, people experience and recover from trauma in the context of their communities and their culture. This symposium includes a series of talks examining how these community and cultural factors are linked to post-traumatic recovery and psychopathology among samples from unique populations who face disadvantage or marginalization. Madeline Rodenbaugh will discuss how internalized stigma predicts PTSD symptom and sleep disturbance profiles among a sample of South Asian

trauma survivors. Alexandria Miller will present findings examining a number of individual- and community-level factors that moderate associations between discriminatory experiences and trauma symptoms of discrimination among a sample of Black, indigenous, and other people of color (BIPOC) Veterans. Grace Seymour will present data examining interactions between sleep reactivity (i.e., susceptibility to stress-related sleep disturbances) and a) individual material hardship and b) neighborhood economic deprivation as predictors of PTSD symptoms among trauma-exposed rural Appalachian adults. Ellie Quinkert will consider community-level protective and risk factors for PTSD symptoms, resilience, and post-traumatic growth among rural Appalachian trauma survivors. Christal Badour will serve as discussant.

3:15 p.m. - 4:30 p.m.

EXPERIENCES AND IMPACTS OF TERROR ATTACKS

Symposia

Chair: Caroline Bell, Prof Dr med, University of Otago

Presenter: Ruqayya Sulaiman-Hill, MNZIMLS,BA (Hons),PG Dip Int Health,PhD, University of Otago Christchurch,

Presenter: Richard Williams, Prof, FRCPsych, Welsh Institute for Health and Social Care, University of South Wales

Presenter: Synne Stensland, MD, NKVTS, Norway

Presenter: Kristin Glad, PhD, Norwegian Centre for Violence and Traumatic Stress Studies

Track Mass Violence and Migration

Primary Program Type Clinical Practice

Presentation level Intermediate

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body This is the Symposium overview

Four clinician researchers present findings from quantitative and qualitative studies examining experiences after different terror attacks including the Mosque attacks in Christchurch, New Zealand in 2019, the UK Manchester Arena bombing in 2017, and the Utøya, Norway attacks in 2011. Results discussed include experiences of distress and mental health outcomes, unmet healthcare needs and the role counterfactual cognitions may play in the onset and maintenance of psychopathology.

3:15 p.m. - 4:30 p.m.

GLOBAL SOLUTIONS TO REDUCING HEALTH DISPARITIES IN GLOBAL DISASTERS FOR CHILDREN AND FAMILIES

Panel

Melissa Brymer*

Chair: Melissa Brymer, PhD,PsyD, UCLA-Duke University National Center for Child Traumatic Stress

Presenter: Melissa Brymer, PhD, PsyD, UCLA-Duke University National Center for Child Traumatic Stress

Presenter: Ernestine Briggs-King, PhD, Johns Hopkins School of Medicine, Kennedy Krieger Institute

Presenter: Robin Gurwitsch, PhD, Duke University Medical Ctr

Presenter: Jun Shigemura, MD, Mejiro University

Presenter: Daniel Dodgen, PhD, Dept of Health and Human Services

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Introductory

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body: Global disasters are becoming deadlier as extreme weather events are more frequent and severe. Disasters disproportionately impact and exacerbate health disparities for historically marginalized groups. This panel will highlight the research on climate change and its impact on physical, mental, and community health. Shifts in migration, population displacement, and the impact of structural racism on disaster response and recovery will be discussed by the first two panelists. Two recent examples will be shared by the next two panelists. The first will highlight the governmental response to the 2024 Noto Peninsula Japan Earthquake, noting how vulnerable populations were identified and served; and the types of scalable interventions that were successful. The other will highlight the 2023 Lahaina wildfires, specifically addressing climate change impacting this region, the historical trauma the indigenous people experienced, and the cultural strategies that were integrated into recovery efforts. The last panelist will address provider well-being and the toll of living in disaster-prone areas. Overall, the panelists will provide recommendations that highlight the importance of: global partnerships that center equity in disaster response; promote standardized data collection; identify vulnerable populations; and document actionable community strategies in disaster-prone communities.

3:15 p.m. - 4:30 p.m.

RECONSOLIDATION OF TRAUMATIC MEMORIES: REVIEWING AND UPDATING THE EVIDENCE BASE ON A NOVEL THERAPY FOR PTSD

Symposia

Chair: Michael Roy, MD, MPH, Uniformed Services University of the Health Sciences

Presenter: Michael Roy, MD, MPH, Uniformed Services University of the Health Sciences

Presenter: Richard Gray, MA, Ph.D., The Research and Recognition Project

Presenter: Frank Bourke, PhD, The Research and Recognition Project

Presenter: Jeffrey Lewine, PhD

Discussant: Loree Sutton, MD, The Research and Recognition Project

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body PTSD is more common and difficult to treat in military service members (SMs) and veterans than civilians. The 2023 VA DoD CPG upheld prolonged exposure (PE) and Cognitive Processing Therapy (CPT) as first line therapy for PTSD, but the largest RCT to date (916 veterans assigned to PE or CPT) had dropout rates of 55.8% and 46.6%, with loss of diagnosis rates of only 40.4 for PE and 28.2% for CPT. Better treatments are needed. Reconsolidation of Traumatic Memories (RTM) is a novel imaginal approach that avoids the painful exposure element of PE by using an imaginal movie theater-based approach that more effectively puts the trauma in the past. This symposium will describe both RTM and the supporting evidence.

Five published open or wait-list controlled trials of RTM all had low dropout rates and rapid, marked improvement; these will be described. Further, we will report on a recently published RCT comparing 4 sessions of RTM vs 18 sessions of trauma-focused CBT. Despite the disparity in sessions, RTM decreased mean PCL-5 scores by 18 vs only 8 for TFCBT; loss of diagnosis occurred in 48% with RTM vs 16% with TFCBT. Finally, an RCT of RTM vs PE in 94 SMs at Walter Reed will be unblinded for the first time. While assessors are still blinded as the study is finished, those assigned to RTM have been less likely to drop out, and have addressed more traumas in less sessions, vs PE.

3:15 p.m. - 4:30 p.m.

SOUTH ASIAN VOICES IN TRAUMA PSYCHOLOGY: BRIDGING CULTURES AND PRACTICES

Panel

Tanya Saraiya*

Chair: Tanya Saraiya, PhD, Medical University of South Carolina

Presenter: Tanya Saraiya, PhD, Medical University of South Carolina

Presenter: Krithika Prakash, PhD, University of Pittsburgh

Presenter: Anu Asnaani, PhD, University of Utah

Presenter: Sodah Minty, PhD, UCLA

Presenter: Ateka Contractor, PhD, University of North Texas

Track Mass Violence and Migration

Primary Program Type Culture/Diversity

Presentation Level Introductory

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body: In this panel, we will review theory, research, and clinical practice for addressing trauma and traumatic stress symptoms in the South Asian (SA) diaspora. Although there are high rates of trauma exposure in the SA diaspora, there are a dearth of culturally-validated assessments for SA trauma exposure and traumatic stress symptoms and no culturally relevant evidence-based trauma/PTSD interventions (Contractor et al., 2023; Karasz et al., 2019). Two first generation Indian researchers in traumatic stress, two second generation researchers in traumatic stress from the SA diaspora (e.g., West Indian), and one

Muslim American practitioner from South Africa will provide their unique perspectives on: (a) common forms of trauma exposure in the SA diaspora and how it intersects with social class, gender, and race (e.g., interpersonal violence, historical trauma, immigration trauma, intergenerational trauma); (b) gaps in trauma research from assessment to intervention development and implementation; (c) culturally-sensitive ways to work with the SA diaspora particularly in the context of warfare and historical events; (d) supervision of SA trainees; and (e) community-engaged work to enhance research on trauma and traumatic stress in this growing minoritized, global community. Discussion will include recommendations for research, practice, and policy in the field of trauma psychology.

3:15 p.m. - 4:30 p.m.

Flash Talk Session 4

PERCEIVING THE POSITIVES BEYOND WILDFIRE EXPERIENCES: A SURVEY OF RESIDENTS IN A HIGH-RISK CALIFORNIA COUNTY

Flash Talk Presentation

Tiffany Junchen Tao^{*1}, Kayley Estes¹, E. Alison Holman¹, Roxane Silver¹

¹*UC Irvine*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Annual wildfires in California bring about devastating consequences to people and property. However, affected individuals demonstrate a variety of responses to these traumas, with some reporting they focus on the positive (Helgeson et al., 2006). We surveyed a representative sample of residents (N and #3f814) between 6/27/23-8/11/23 in Lake County, CA, a community highly vulnerable to recurrent threats of wildfires (e.g., 60% of the county has burned since 2015). The sample had a mean age of 55.67 years (SD=16.33, range 18-89), was 58% female, and its ethnic diversity matched recent census counts. We assessed respondents' prior exposures to community disasters (e.g., wildfires) and elicited open-ended responses on positive features of living in Lake County (> 93% of the sample responded to this question). Adopting a standard thematic analytic method (supplemented by natural language processing techniques), open-ended responses were coded into distinct thematic categories (e.g., nature, recreation, community). We present the different themes reported by respondents with and without wildfire-related exposures. Cognitive coping patterns of participants in trauma-affected communities can inform how to leverage community-based resources to tailor interventions to promote resilience following climate-related threats and to best deliver messages for future disaster preparation.

POSTTRAUMATIC COGNITIONS POTENTIALLY MEDIATE THE ASSOCIATION OF PTSD SEVERITY AND ALCOHOL MISUSE AMONG MALE SURVIVORS OF MILITARY SEXUAL ASSAULT

Flash Talk Presentation

Rebecca Blais*¹, Emily Maldonado², Maya Bina Vannini¹, Hallie Tannahill³

¹Arizona State University, ²ASU, ³Department of Defense, Air Force

Track Public Health

Primary Program Type Clinical Practice

Presentation Level Advanced

Region Industrialized Countries

What is your population type? Adult

Abstract Body Among survivors of military sexual assault (MSA), PTSD symptom severity and alcohol misuse are disproportionately high and often related. A potential mechanism of this association may be posttraumatic cognitions (PTCs), which include negative beliefs about the self and the world following trauma. That is, it is possible that higher PTSD symptom severity is associated with higher PTCs, and higher PTCs are associated with greater alcohol use. Further, as sex differences are shown in both PTSD and alcohol misuse, this relationship may vary by biological sex. This secondary data analysis of MSA survivors (n=400; 50% male) examined PTCs as a mediator of the association of PTSD and alcohol misuse, and whether these effects differed by sex. An indirect effect of PTCs was specified with sex entered as a moderator of the ‘ a ’ and ‘ b ’ path. Regression results revealed that higher PTSD severity was associated with higher PTCs, and higher PTCs were associated with greater alcohol use. A significant indirect effect of PTCs among males was detected (b=.06, CI=[.14, .11]). Moreover, sex (coefficient=.38, CI=[.01, .08]) moderated the association between PTSD and PTCs such that the association was stronger among males (coefficient=1.23; CI=[.99, 1.48]). Results suggest that efforts to reduce alcohol use may benefit from targeting PTSD severity and PTCs, particularly among males.

SHAME AFTER VIOLENCE AND ABUSE: THE POTENTIAL ROLE OF SOCIAL REACTIONS TO VIOLENCE

Flash Talk Presentation

Helene Aakvaag*¹, Ida Frugård Strøm², Tore Wentzel-Larsen³, Maria Teresa Grønning Dale⁴

¹The Norwegian Ctr for Violence and Traumatic Stress Res, ²NKV, ³NKVTS, RBUP, ⁴NKVTS, University of Oslo

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Region Central and Eastern Europe and the Commonwealth of Independent States

What is your population type? Adult

Abstract Body Objective

Shame has shown robust associations with mental health after trauma and is closely related to the individual’s social standing, yet there is a lack of studies investigating social responses to trauma and shame among survivors.

Methods

Participants were drawn from the Norwegian General Population Registry (N and #3f4299, 48.8% women) and interviewed by telephone (Response rate 26 % of those reached by

phone). Multiple regression analyses were used to examine the associations between negative social reactions, social withdrawal, and trauma-related shame among men and women exposed to forcible rape, IPV, and non-partner physical violence.

Results

Shame was relatively common among survivors. Among those exposed to physical assault (from partners or non-partners), both negative social reactions and the withdrawal of other people were significantly associated with shame (all p-values <0.001), whereas supportive social reactions were not (p-value .267) when adjusting for negative social reactions and withdrawal. Among those exposed to rape, only the withdrawal of others was significantly associated with shame (p-value .001).

Conclusions

In terms of shame, negative social reactions may override supportive reactions after violence. In particular, the withdrawal of others seems closely linked to violence-related shame.

THE PATH FROM CAREGIVER LIFETIME TRAUMA TO CHILD EMOTIONAL AND BEHAVIOR PROBLEMS: INSIGHTS FROM CAREGIVERS SERVED BY YOUTH DEVELOPMENT ORGANIZATIONS IN RWANDA

Flash Talk Presentation

Sarah Lowe*¹, Elvis Nininahazwe², Patrick Rutikanga³, Jessica Bonumwezi⁴, Josiane Alix¹, Stefan Jansen²

¹*Yale School of Public Health*, ²*University of Rwanda*, ³*Gisimba Memorial Center*,

⁴*University of Maryland*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Region West and Central Africa

What is your population type? Adult

Abstract Body There have been profound shifts in Rwandan childcare policy since the 1994 genocide against the Tutsi. Over 10,000 children were in residential settings after the genocide. Since then, national policies have prioritized family-based care, and residential facilities have transformed into youth development organizations. There is a community-identified need to understand how such organizations can provide trauma-informed care to support families. We therefore conducted a survey of 154 caregivers of 3- to 7-year-old children served by two leading organizations in Rwanda. Caregivers completed culturally validated measures of lifetime trauma exposure, posttraumatic stress symptoms (PTSS), parenting (acceptance-rejection), social support, and child emotional and behavioral problems (EBPs). A sequential mediation analysis found significant indirect effects of caregiver lifetime trauma to child EBPs via caregiver PTSS (Est.=0.16, 95% CI: 0.03-0.33), and of caregiver PTSS to child EBPs via parenting (Est.=0.09, 95% CI: 0.06-.14). Social support moderated the paths from PTSS to parenting (Est.=-0.004, SE=0.001, p LESS THAN .01) and from PTSS to child EBPs (Est.=-0.002, SE=0.001, p=0.10), with significant associations

at low and medium, but not high, support. Focus group discussions of these and other results will inform the development of a trauma-informed caregiver intervention for this context.

USING THE FITBIR REPOSITORY TO EXPLORE ASSOCIATIONS BETWEEN TBI AND PTSD

Flash Talk Presentation

David Cameron*¹, Kate Clauss¹, Sara Hannon¹, William Baker-Robinson¹, Maya O'Neil¹

¹*Portland VA Medical Center*

Track Public Health

Primary Program Type Research Methodology

Presentation Level Intermediate

Region Global

What is your population type? Adult

Abstract Body Posttraumatic stress disorder (PTSD) is common following traumatic brain injury (TBI), but the relationship between these two conditions is complex. The Federal Interagency Traumatic Brain Injury Research (FITBIR) Informatics System is a publicly available TBI data repository with individual patient-level data that could be used to clarify associations between TBI and PTSD. The purpose of this study was to follow-up on our previous proof-of-concept work by harmonizing additional studies into the FITBIR PTSD meta dataset to further elucidate the TBI-PTSD relationship. We applied our previously developed harmonization system to the larger FITBIR database and identified 11 studies with PTSD outcomes (n = 1,526). Of the studies with PTSD data, 3 contained relevant TBI data for group comparisons, and 5 contained complete demographic data on participants. Akin to our prior work, all newly available data in FITBIR used the PTSD Checklist and/or the Clinician Administered PTSD Scale. This study shows that unifying patient-level is not only possible, but these cross-study analyses of individual participant level data can contribute to the knowledge base on complex associations between TBI and PTSD and validate individual study findings.

THE DIFFERENTIAL EFFECTS OF CAREGIVER MENTAL HEALTH AND PARENTING PRACTICES ON BEREAVED CHILDREN'S FUNCTIONING

Flash Talk Presentation

Kathryn Howell*¹, Hannah Gilliam², Nicollette Dwyer², Abigail Utley²

¹, ²*The University of Memphis*

Track Child and Adolescent Trauma

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Child/Adolescent

Abstract Body Multiple facets of youth functioning, including posttraumatic stress symptoms (PTSS), complicated grief (CG), resilience, and posttraumatic growth (PTG) may be affected by the death of a loved one. This study assessed how loss related factors, parent mental health, and parenting practices differentially contributed to aspects of post-loss functioning. Participants were 106 bereaved youth (Mage=12.6 years; 55% female, 47% Black) living in the Midsouth, United States. The PTSS model was significant, F(12,

92)=4.89, p LESS THAN .001, $R^2=.39$, with more PTSS related to youth experiencing a larger number of deaths, having more difficulty processing the death, being less close to the deceased, and having less open communication with their primary caregiver. The CG model was significant, $F(12, 92)=5.85$, p LESS THAN .001, $R^2=.36$, with more CG tied to youth having more difficulty processing the loss and less open communication with their primary caregiver. The resilience model was significant, $F(12, 92)=5.52$, p LESS THAN .001, $R^2=.42$, with higher resilience related to the youth's primary caregiver using more positive parenting practices and being more involved. The PTG model was not significant. Findings show parallels in the variables related to PTSS and CG, while resilience was uniquely tied to parenting practices. The mental health of youth's primary caregiver was not significantly related to youth functioning.

"WHAT HAPPENED TO US DOESN'T DEFINE US": A QUALITATIVE EXPLORATION OF RESILIENCE AMONG WOMEN SEXUAL ASSAULT SURVIVORS

Flash Talk Presentation

Shaina Kumar*¹, Laura Acosta², Katherine Bogen², Madison Edwards², Dawne Vogt³, David DiLillo²

¹*National Center for PTSD and Boston University School of Medicine*, ²*University of Nebraska-Lincoln*, ³*National Center for PTSD, VA Boston Healthcare System and Boston University Chobanian and Avedisian School of Medicine*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Resilience, defined as the process and outcome of adapting well to life's challenges, is the modal response to adversity. Yet, there remains extensive untapped wisdom from survivors about coping with stressful and traumatic events. The current study sought to bridge the gap between scientific knowledge and lived wisdom, highlighting diverse pathways to resilience among women sexual assault survivors. Within our sample of 260 survivors, the majority (72%; $n = 187$) viewed themselves as "considerably" or "extremely" resilient with respect to their sexual assault experiences. When asked to describe what helped them "bounce back" after these events, qualitative content analysis revealed that social support ($n = 163$), self-compassion or self-care ($n = 53$), and disclosure of the event ($n = 36$) were the most commonly reported protective factors. Further, when survivors reflected on ways that they continue to show resilience in everyday life, engaging in self-compassion or self-care ($n = 128$), adaptive self-reflection ($n = 76$), and perseverance ($n = 54$) emerged as recurrent themes in their responses. By acknowledging and amplifying the voices of survivors, we aim to foster a more complete understanding of posttrauma mental health and encourage the application of trauma-focused interventions that empower individuals to not only survive but thrive in the aftermath of adversity.

MASSED WRITTEN EXPOSURE THERAPY DELIVERED TO VETERANS WITH POSTTRAUMATIC STRESS SYMPTOMS ON AN ACUTE INPATIENT MENTAL HEALTH UNIT

Flash Talk Presentation

Ennis Chelsea*¹, Amanda Raines¹, Joseph Boffa¹, Mary Shapiro¹, Desirae Vidaurri¹, C. Laurel Franklin¹

¹*Southeast Louisiana Veterans Health Care System*

Track Clinical Interventions

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Written Exposure Therapy (WET) is a brief, trauma-focused manualized treatment typically delivered in five individual weekly sessions. Given the brevity and effectiveness of WET, researchers have begun to focus on its delivery in a massed format, particularly in acute care settings. However, to date only one case study has been published in this setting. As such, the objective of the current study to examine the acceptability, feasibility, and utility of massed WET among veterans with a trauma- and stressor-related disorder receiving care on an acute mental health unit. Veterans (n = 26) were assessed prior to, immediately after, and one month following massed WET. The majority of veterans found massed WET useful and acceptable. Additionally, recruitment and retention rates suggest that the treatment was feasible. Notably, results revealed significant reductions in overall posttraumatic stress symptoms, depression, and functional impairment, which were maintained throughout the brief follow-up period. These findings add to a growing body of literature highlighting the utility of WET, especially in a massed format in an acute care setting.

4:45 p.m. - 6:00 p.m.

Concurrent 5

4:45 p.m. - 6:00 p.m.

BRIDGING GAPS: ADVANCING OUR UNDERSTANDING OF SEXUAL VIOLENCE AND HEALTH DISPARITIES AMONG SERVICE MEMBERS AND VETERANS

Symposia

Chair: Cynthia LeardMann, MPH, Naval Health Research Center, United States

Presenter: Jacqueline Peretti, MD, UCSD/SDSU General Preventive Medicine Residency

Presenter: Meaghan O'Donnell, PhD, Phoenix Australia, University of Melbourne

Presenter: Nicholas Holder, PhD, San Francisco Veterans Affairs Medical Center/UCSF

Presenter: Tamara Daley, PhD, Abt Global

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body An international group, consisting of a Naval physician, behavioral health researcher, clinical psychologist researcher, and research psychologist, will present findings to advance our understanding of health disparities caused by exposure to sexual and physical violence. Presentations will use both survey-based and qualitative investigations to describe the scope and impact of violence across the lifespan for current and former service members in Australia and the US. The symposium will first highlight associations of sex and sexual orientation with sexual violence and physical assault. Next, presentations will describe relationships between contextual factors of traumatic events and the development and awareness of posttraumatic stress disorder (PTSD). Together, findings describe important inequities in trauma exposure, PTSD diagnosis, and patient awareness of PTSD. Translation and dissemination of symposium findings is intended to lead to improvements in assault prevention, quality of care, and policy that will reduce the burden of traumatic stress and increase health equity, while also advancing readiness and resilience in the Australian and US Armed Forces

4:45 p.m. - 6:00 p.m.

**EXPOSURE TO EARLY LIFE ADVERSITY IN SEXUAL AND GENDER
MINORITY POPULATIONS: IMPLICATIONS FOR HEALTH, SOCIAL, AND
INTERPERSONAL OUTCOMES IN ADULTHOOD**

Symposia

Chair: Phillip Schnarrs, PhD, The University of Texas

Presenter: R. Andrew Yockey, PhD, University of North Texas Health Science Center

Presenter: Phillip Schnarrs, PhD, The University of Texas

Presenter: Ruby Charak, PhD, University of Texas Rio Grande Valley

Presenter: Maricela Galdamez, BA, The University of Texas Rio Grande Valley

Discussant: Marylene Cloitre, PhD, NYU Silver School of Social Work

Track Child and Adolescent Trauma

Primary Program Type Public Health

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Exposure to adverse childhood experiences (ACEs) can have a profound impact on health, social, and interpersonal outcomes over the life course. Recent studies have documented that sexual and gender minority (SGM) populations are exposed to more ACEs compared to cisgender heterosexual individuals and that this differential exposure partly explains existing disparities in adult outcomes between these two groups. Undergirding this increased exposure is cisheteronormativity – a social norming phenomenon that recognizes cisgenderism and heterosexuality as the only appropriate gender and sexual identities, and contributes to cisheterosexism – SGM-specific discrimination, mistreatment, and violence. This growing body of literature has led to calls for intersectional frameworks that account for both this increased ACEs exposure, and to identify and measure unique ACEs that SGM populations are exposure to in early life (SGM-ACEs). This is a call to 1. to create more expansive ACEs models, 2. consider that exposure to cisheterosexism in early life is distinctly different than in adulthood, 3. Examine factors that amplify or assuage the impact of exposure. Further, this call is a step towards putting into practice the best approaches when

working with SGM populations with ACEs and SGM-ACEs exposure, specifically in the context of continued exposure to cisheterosexism in adulthood.

4:45 p.m. - 6:00 p.m.

FROM RESEARCH TO PRACTICE: APPLYING RESEARCH EVIDENCE TO INFORM PREPARATION, RESPONSE, AND RECOVERY FOR MASS VIOLENCE INCIDENTS.

Panel

Rochelle Hanson*

Chair: Rochelle Hanson, PhD, NCVC - Medical University of South Carolina

Presenter: Rochelle Hanson, PhD, NCVC - Medical University of South Carolina

Presenter: Angela Moreland, PhD, Medical University of South Carolina

Presenter: Jamison Bottomley, PhD, Medical University of South Carolina

Presenter: Angela Moreland, PhD, Medical University of South Carolina

Track Mass Violence and Migration

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body: Mass Violence Incidents (MVIs) have a devastating impact on individuals and communities, including direct victims, survivors, family members, those who provide support, and the community as a whole. Research indicates that reactions to MVIs vary across developmental periods, that several factors may affect one's initial and long-term response, and that the impact of an MVI can last across the lifespan. To mitigate these adverse outcomes, research has identified evidence-based interventions, and the field has made great strides in disseminating these to communities to help in MVI preparation, response and recovery. The OVC/DOJ-funded National Mass Violence Center (NMVC) has extensively reviewed existing research, conducted its own research in MVI communities, and utilized these findings to inform efforts to help communities prepare for and respond to MVIs across the United States. Panelists will 1) describe research conducted in MVI-affected communities that informs preparation, intervention and dissemination efforts; 2) discuss the impact of MVIs across the lifespan, including the importance of cultural awareness and sensitivity; 3) clarify trauma, grief, and practice implications; and 4) share research-supported trauma-informed interventions for MVIs. Ample time will be allotted to audience questions and interactive discussions between panel members and participants.

4:45 p.m. - 6:00 p.m.

ADVANCING PSYCHOLOGIST-ACTIVIST PRACTICES IN TRAUMATIC STRESS RESEARCH AND CLINICAL PRACTICE

Panel

Christine Serpe*

Chair: Christine Serpe, PhD, VA Boston Healthcare System (116A)

Presenter: Alexandria Miller, PhD, VA Boston - National Center for PTSDVA Boston - National Center for PTSD

Presenter: Katherine Kelton, MPH, PhD, Department of Veterans Affairs

Presenter: Taylor Brooks, PhD, Department of Veterans Affairs

Discussant: Nicholas Livingston, PhD, National Center for PTSD; Boston University

Track Professionals

Primary Program Type Culture/Diversity

Presentation Level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body: Whereas activism may be considered separate from psychological practice, psychologists have historically participated in advocacy efforts that have influenced societal views on marginalized groups, policy, and clinical practice for the better. Drawing from the American Psychological Association code of ethics and Multicultural Guidelines, and the larger literature (Byrd et al., 2021; Hardeman and Karbeah, 2020; Nadal, 2017), panelists argue that activism is integral to ethical participation in the field of trauma psychology (Carre, 2016). Drawing on our unique experiences, we (a research psychologist with expertise in intersectional identity-based trauma; a psychologist and LGBTQ+ patient care coordinator; a PTSD-SUD specialist; and a women's trauma recovery therapist) will explore how psychologist-activists effectively advocate for social justice at the intersection of traumatic stress within their professional responsibilities and ethical boundaries, while also helping audience members explore their current level of engagement and future growth in this important area of work. The application of psychologist-activist role in research, policy, and practice will be addressed from both empirical and theoretical perspectives and across different levels of Bronfenbrenner's Socioecological Model (e.g., individual level; organizational level), and contextualized using real examples.

4:45 p.m. - 6:00 p.m.

SOCIAL DETERMINANTS OF GRIEF AND PROLONGED GRIEF DISORDER: FROM INDIVIDUAL TO POPULATION HEALTH PERSPECTIVES

Symposia

Chair: Christy Denckla, Prof Dr, Harvard T.H. Chan School of Public Health

Presenter: Daniella Spencer-Laitt, MA, Boston University

Presenter: Madeline Mareello, MS, BS, Aarhus University, Denmark

Presenter: Alexandra Hillcoat, MSc, BA, Harvard T.H. Chan School of Public Health

Presenter: Christy Denckla, Prof Dr, Harvard T.H. Chan School of Public Health

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body A key opportunity at the nexus of translational science and traumatic stress studies is the potential to reduce the burden of grief and bereavement-related disorders at the population level. With Prolonged Grief Disorder (PGD) now included in the DSM-5-TR and the ICD-11, the occurrence, distribution, and social patterning of PGD at the population level

can now be reliably characterized. Here, we present four ongoing projects to illustrate the scientific impact of centering grief research on social determinants at the population level. First, a study using qualitative methods will describe community attitudes and beliefs about grief and prolonged grief disorder among an activist Black faith community in Harlem, New York. Then, using data from an ongoing study on community-dwelling adults in Denmark, quantitative analyses reveal predictors of comorbidity between PGD and PTSD, broadening external validity to non-clinical samples. Next, results from a study using population-representative data from an Australian longitudinal cohort will characterize bereavement rates among sexual minority youth. The final presentation will deconstruct household structure to more precisely estimate the effects of caregiver loss among youth using a US population-representative dataset.

4:45 p.m. - 6:00 p.m.

TOWARDS BETTER MENTAL HEALTH FOR TRAUMA-AFFECTED CHILDREN AND ADOLESCENTS

Symposia

Chair: Richard Bryant, PhD, University of New South Wales

Presenter: Dharani Keyan, PhD, University of New South Wales

Presenter: Cansu Aozkan Sever, MA, Netherlands

Presenter: Naser Morina, University Hospital Zurich

Presenter: Barbara Kasparik, MSc, Catholic University Eichstätt-Ingolstadt

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Global

Population Type Child/Adolescent

Abstract Body This symposium presents studies that investigate key issues in child and adolescent posttraumatic mental health. The first presentation will present findings of a controlled trial of the WHO's scalable intervention for early adolescents that focused on young adolescent Syrian refugees and demonstrated that initial gains demonstrated at 3-months did not persist at 12 months. The second presentation reports a meta-analysis of scalable intervention studies for children and adolescents in low-and-middle-income-countries. This meta-analysis indicates efficacious interventions are available for these populations. The third report presents the utility of the Complex PTSD construct to children and adolescents by interviewing adolescents and their caregivers in terms of PTSD and disturbances in self-organization. This report highlights the need to address developmental issues in conceptualizing Complex PTSD. The fourth report will address provides an overview of a pilot trial of application of the WHO's Early Adolescent Skills for Emotions (EASE) protocol in young adolescent Ukrainian refugees and discusses initial quantitative and qualitative outcomes from a pilot feasibility trial. Taken together, these studies will encompass key issues in posttraumatic mental health of children and adolescents and emphasize the gaps in current knowledge about conceptualization and treatment of adolescent posttraumatic stress.

4:45 p.m. - 6:00 p.m.

GENERATIVE ARTIFICIAL INTELLIGENCE IN PTSD TREATMENT: EXPLORING DIFFERENT USE CASES

Symposia

Chair: Philip Held, PhD, Rush University Medical Center

Presenter: Philip Held, PhD, Rush University Medical Center

Presenter: Shannon Wiltsey Stirman, PhD, National Ctr for PTSD and Standford University

Presenter: Betsy Stade, PhD, United States

Discussant: Katherine Dondanville, PsyD ABPP, University of Texas Health Science Center San Antonio

Track Clinical Interventions

Primary Program Type Technology

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Trauma-focused cognitive behavioral therapies (CBTs) are considered first-line interventions for the treatment of PTSD. CBTs produce symptom changes -in part- via cognitive restructuring that is facilitated either via Socratic dialogue or worksheets, both of which have been shown to be effective. Research has also demonstrated that CBTs delivered with high fidelity produce stronger outcomes. Generative artificial intelligence (AI) technologies offer promise in supporting these aspects of effective CBTs and have the potential to offer more engaging and ultimately effective treatment. However, due to the sensitive nature of psychotherapy with trauma survivors, close collaboration with patients and clinicians in the development of generative AI tools as well as rigorous safety testing is essential. In this symposium Drs. Held, Boland, and Wiltsey-Stirman will detail three distinct use cases of generative AI tools: facilitating Socratic dialogue, enhancing skills practice via worksheets, and improving treatment fidelity ratings, respectively. Dr. Dondanville will discuss the three presentations and critically examine the roles, potential benefits, and challenges of using generative AI in PTSD treatment. Ethical considerations, integration concerns, and future research directions will be discussed to foster a comprehensive understanding of how AI can augment PTSD treatment.

4:45 p.m. - 6:00 p.m.

PREVALENCE OF TRAUMATIC EVENTS AND TRAUMA RELATED DISORDERS IN DIFFERENT CONTEXTS

Symposia

Chair: Miranda Olf, PhD, University of Amsterdam Academic Medical Center

Presenter: Chris Hoeboer, PhD, Netherlands

Presenter: Philip Hyland, PhD, Maynooth University

Presenter: Evaldas Kazlauskas, Prof, PhD, Vilnius University

Discussant: Karestan Koenen, PhD, United States

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region Global

Population Type Adult

Abstract Body Three researchers and one discussant from four different countries present and discuss findings from epidemiological samples examining the prevalence of potentially traumatic events, PTSD and/or Complex PTSD and the use of mental health services. Results indicate cross-context similarities but also specific differences. The discussion will address how local context (e.g. war), cultural differences, diversity aspects (e.g. gender) and assessment tools, co-determine prevalence rates and treatment seeking behaviour.

4:45 p.m. - 6:00 p.m.

TAKING OUR EFFICACIOUS TREATMENTS FOR PTSD BEYOND THE BEDSIDE: EXPLORATION OF SUCCESSES AND CHALLENGES IN TRAINING COMMUNITY AND LAY PROVIDERS ACROSS THE GLOBE

Panel

Anu Asnaani*, Ateka Contractor, Kiran Kaur

Chair: Anu Asnaani, PhD, University of Utah

Presenter: Anu Asnaani, PhD, University of Utah

Presenter: Lily Brown, PhD, University of Pennsylvania

Presenter: Bitu Ghafoori, PhD, California State University Long Beach

Presenter: Lori Zoellner, PhD, University of Washington

Track Public Health

Primary Program Type Training/Education/Dissemination

Presentation Level Intermediate

Region Global

Population Type Mental Health Professionals

Abstract Body: Despite significant research supporting efficacious treatments for trauma-related disorders, we continue to grapple with implementation in real-world settings, leading to persistent health disparities in these disorders (Asnaani, 2023). One avenue to improve translatability, scalability, and sustainability of effective trauma treatments is through training and ongoing support of community and lay providers. In keeping with this year's convention theme, this panel seeks to explore how we can test implementation efforts to bring efficacious treatments for trauma-related disorders "beyond" the bedside, directly into communities which could benefit the most, by training front-line providers in Chile (Ghafoori et al., in press), the Caribbean (Asnaani et al., 2024) and Somaliland (Klein et al., 2022). In addition, we will discuss the application of task-shifting efforts across the spectrum of translation from development of provider-informed treatment adaptation (Contractor et al., 2023), to fidelity measurement in providers trained in culturally adapted treatment, to large-scale, city-wide implementation and evaluation of providers within a major American urban city (Pincus et al., 2022). We aim to critically examine challenges encountered when doing such work and highlight successful strategies that could facilitate reduction of health inequities in trauma treatment world-wide.

4:45 p.m. - 6:00 p.m.

CAUSAL DATA SCIENCE TO DETERMINE INTERVENTION TARGETS TO PREVENT TRAUMA EXPOSURE AND ITS CONSEQUENCES

Symposia

Chair: Glenn Saxe, MD, NYU School of Medicine

Presenter: Glenn Saxe, MD, NYU School of Medicine

Presenter: Sisi Ma, PhD, University of Minnesota

Track Mode, Methods and Ethics

Primary Program Type Research Methodology

Presentation level Introductory

Region Global

Population Type Child/Adolescent

Abstract Body Scientific findings on risk factors for trauma exposures or their consequences can potentially inform the prediction of an individual's risk or identify targets for intervention to lessen such risk. Most published research on such risk factors is observational (i.e., non-experimental). Findings based on statistical associations from such research may inform prediction but may significantly mislead the identification of intervention targets. Specialized methods from the Causal Data Science (CDS) family are necessary to determine intervention targets from observational data, particularly when etiology is complex. This symposium introduces the methods of CDS and presents several applications to trauma research. The symposium chair, Dr. Saxe, will introduce CDS methods and illustrate their relevance for trauma research. Next, Dr. Geronazzo-Alman will present findings on intervention targets to lessen children's risk for criminal justice system involvement. Then, Dr. Ma will present findings on intervention targets for PTSD from a study using 17 longitudinal data sets containing prospective data on children exposed to acute trauma. Finally, Dr. Saxe will present findings on promising intervention targets to reduce children's risk for exposure to maltreatment from data collected from a large US national birth cohort study of high-risk families.

4:45 p.m. - 6:00 p.m.

ADVANCING EARLY DETECTION OF PTSD AND SUICIDE RISK: NOVEL APPROACHES IN HEALTHCARE AND OCCUPATIONAL SETTINGS

Symposia

Chair: Kent Hinkson, PhD, SC MIRECC

Presenter: Corinne Meinhausen, BS, MA, University of California, Los Angeles

Presenter: Eve Carlson, PhD, National Center for PTSD

Presenter: Andrew Smith, PhD, Dartmouth's Geisel School of Medicine

Presenter: Kent Hinkson, PhD, SC MIRECC

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation level Intermediate

Region Industrialized Countries

Population Type Mental Health Professionals

Abstract Body Nearly 50% of people with PTSD and over two-thirds of those who die by suicide are not identified or treated, and screening in non-VA settings has lagged behind conditions such as depression and anxiety. Untreated traumatic stress contributes to early

mortality, suicide, cardiovascular and metabolic disease, and erosion of social networks. Developing and implementing accurate screening could improve equity and access to care and prevent the corrosive ripple effects of trauma on lives of individuals and communities. This symposium includes four projects aimed at improving screening and prediction of future PTSD and suicide in diverse contexts (inpatient medicine, emergency responders, healthcare workers, primary care). First, prediction of stroke-induced PTSD using mixed methods (qualitative distress + biomarkers). Second, an examination of the development, performance, and replication study of a 10-item mental health screen that predicts future elevated mental health symptoms in hospitalized patients. Third, a combination of three studies in occupational trauma contexts (firefighters, police officers, healthcare workers) examining the implementation and operating characteristics of an enhanced scoring system for the Primary Care PTSD Screener for DSM-5. Fourth, a six-item screen that identifies those who are 43x more likely to make a suicide attempt within the next year.

4:45 p.m. - 6:00 p.m.

**PTSD, FIRST RESPONDERS AND OTHER PUBLIC SAFETY PERSONNEL:
UNIQUE CHALLENGES IN ETHICS, RESEARCH, AND PRACTICE
Panel**

Kathleen Stewart*

Chair: **Kathleen Stewart**, PhD

Presenter: **Candice Monson**, PhD, *Toronto Metropolitan University*

Presenter: **R. Nicholas Carleton**, PhD, *University of Regina*

Presenter: **Brandi Luedtke**, PhD, *Phoenix VA Healthcare System*

Presenter: **Laura Nichols**, PhD, *Centre for Change*

Discussant: **Kathleen Stewart**, PhD, Canada

Track Professionals

Primary Program Type Clinical Practice

Presentation Level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body: By the very nature of the work, first-responders and other public safety personnel (PSP) face repeated exposure to traumatic events. While most of us run from danger, PSP run towards danger to protect the communities they serve. As a result, their risk of posttraumatic stress injuries is higher relative to most other groups (Carleton et al., 2018; Klimley et al., 2018). This panel will integrate research results and practical experience from working with PSP. Factors that increase the risk of experiencing PTSD in this population will be reviewed, including pre-, peri-, and post-traumatic factors (Carleton et al., 2022; Feldman et al., 2020). Unique challenges that present when working with PSP will be discussed, including navigating workplace culture and stigmatization, identity disturbance (e.g., shifting from help provider to help seeker), and unrealistic expectations. Treatment options will be discussed, including tailoring existing evidence-based practice as well as novel treatments specific for PSP. Lastly, ethical issues will also be considered, including working with third-party payers and competing parties, limits to confidentiality, and navigating return to work to an environment with continuing traumatic exposures. Panelists include researchers and

clinicians across the United States and Canada, allowing for a discussion of cultural and geographical differences.

4:45 p.m. - 6:00 p.m.

Paper Session 2

**CULTURALLY INCLUSIVE DIGITAL INTERVENTIONS IN TRAUMA:
ADVANCING CLINICAL SURVIVOR CARE THROUGH AN INTEGRATIVE
FRAMEWORK**

Paper Presentation

Victoria Nguyen*¹

¹*Columbia University*

Track Mode, Methods and Ethics

Primary Program Type Culture/Diversity

Presentation Level Introductory

Region Global

What is your population type? Adult

Abstract Body Trauma survivors, a significant portion of primary healthcare visits, face barriers accessing culturally relevant interventions. This study introduces an integrative framework for developing inclusive digital interventions to address disparities in trauma care. Drawing from existing literature, cultural competency models, and best practices, we synthesized a framework integrating cultural sensitivity throughout digital intervention phases, bridging research and practice. Our framework prioritizes tailored content, patient-oriented strategies, and stakeholder collaboration to ensure effectiveness. Key steps include needs assessments, content adaptation, and accessibility. Embedding cultural sensitivity offers a structured approach to address trauma survivor needs, fostering collaboration and knowledge translation. Culturally inclusive digital interventions are vital for clinical survivor care and promoting equity in trauma care delivery. Our framework enhances accessibility and relevance for diverse patient populations within mainstream clinical practice, fostering innovation and driving positive patient outcomes.

**USING SENSOR AND SMARTPHONE DATA TO PREDICT HIGH ANGER
INTENSITY IN TRAUMA-AFFECTED ADULTS**

Paper Presentation

Olivia Metcalf*¹, David Forbes¹, Karen Lamb¹, Meaghan O'Donnell¹, Tianchen Qian¹,
Sophie Zaloumis¹

¹*University of Melbourne*

Track Biology and Medical

Primary Program Type Technology

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Prediction of dysregulated mood states from sensor/smartphone data has significant potential for developing personalized digital mental health tools, but empirical evidence remains limited. The objective of this study was to test whether heart rate variability (HRV) can feasibly and accurately predict high anger intensity. Adults with problem anger who had experienced a traumatic event were recruited to a ten-day prospective cohort study consisting of ecological momentary assessment (EMA) and continuous HRV monitoring via wearable. Analyses involved calculating summary measures from HRV scores for measurements recorded 10 minutes prior to an EMA; then using as predictors in a logistic mixed effects model. 98 participants were recruited (85% female); 84 had usable data (1190 observations) with 165/1190 (14%) recording high anger intensity. HRV summary measures were predictive of high anger intensity (0.823-0.882 area under the curve). However, predictive performance could be overly optimistic due to low frequency of high anger intensity. Missing data were due to hardware limitations of the devices. Digital mental health approaches for trauma-affected populations hold tremendous potential and these novel findings show that sensors can be leveraged to predict mood states. Real-world limitations around reliable data extraction from commercial devices remain challenging.

Adult

(COMPLEX) PTSD IN UKRAINIAN REFUGEES: PREVALENCE AND ASSOCIATION WITH ACTS OF WAR IN THE DANISH REFUGEE COHORT (DARECO)

Paper Presentation

Karen-Inge Karstoft*¹, Nataliia Korchakova², Anne Pedersen¹, Marie ThÃ,gersen³

¹*University of Copenhagen*, ²*Rivne State University*, ³*Copenhagen University Hospital*

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Intermediate

Region Central and Eastern Europe and the Common Wealth of Independent States

What is your population type? Adult

Abstract Body The Russian invasion of Ukraine has driven millions of Ukrainians away from their homes. Among these, the majority have likely experienced war-related potentially traumatic events, and some will experience symptoms of posttraumatic stress disorder (PTSD). The aims of the study are to estimate the prevalence of PTSD and Complex PTSD (CPTSD) in displaced Ukrainians and examine associations between war exposures and (C)PTSD. Questionnaires were distributed to all registered adult Ukrainians (18+) who arrived in Denmark between February 24th, 2022, and February 15th, 2023 (N and #3f18,389). We estimate the prevalence of war exposures and (C)PTSD. In logistic regression analyses, we test if war exposures are differentially associated with PTSD and CPTSD. The final sample size was 6,993 (38.0%). Prevalence of PTSD and CPTSD was 15.9% and 13.5%, respectively. Female gender, high education, and loss of a relative due to the war were associated with (C)PTSD. Direct and indirect exposure to war and combat was related to PTSD but not CPTSD, while exposure to war prior to the 2022 invasion was related to CPTSD but not PTSD. In conclusion, Close to one third of the sample fulfill the criteria of PTSD or CPTSD. War exposures are differentially related to PTSD and CPTSD. The findings illustrate that trauma-related psychopathology is a pertinent problem in displaced Ukrainians.

PEER SUPPORT FOLLOWING COMBAT EXPOSURE AND ITS CONTRIBUTION TO RECOVERY: THE DOUBLE-EDGED SWORD

Paper Presentation

Rachel Dekel*¹

¹*Bar-Ilan University*

Track Public Health

Primary Program Type Community-Based Programs

Presentation Level Intermediate

Region Middle East and North Africa

What is your population type? Adult

Abstract Body A key factor associated with recovery from post-traumatic stress symptoms (PTSS) is social support. However, social support between trauma survivors themselves – namely, peer support – as well as its potential benefits, pitfalls, and association with recovery have not received adequate attention. Objective: To learn about ways peer support contributes to recovery from military PTSS and to highlight its underlying mechanisms. Method: A mixed-methods study, comprising questionnaires (343 veterans) and eight interviews. Results: Both methods revealed the contribution of peer support along with its detriments. Qualitative findings highlighted the creation of a shared language; however, peers may remain isolated from others in their environment who do not speak this shared, unique language. Quantitative findings highlighted a differential pattern between receiving and giving peer support: a negative association between receiving peer support and PTSS and recovery, and a positive association between giving peer support and recovery outcome. Conclusions: The study reflects the importance of peer support during the recovery process, and sheds light on its contribution to the creation of a shared language. At the same time, peer support may act as a double-edged sword as receiving it separates peers from others in their environment, potentially impeding recovery.

4:45 p.m. - 6:00 p.m.

Flash Talk Session 5

FACTOR STRUCTURE AND MEASUREMENT INVARIANCE OF THE CHILDHOOD TRAUMA QUESTIONNAIRE IN A VERY LARGE MULTINATIONAL SAMPLE

Flash Talk Presentation

Thomas Crow*¹, Abigail Lott², Daniel Lee³, Brian Marx³, Terry Keane³

¹*VA Boston Healthcare System*, ²*Emory University*, ³*VA Boston, National Center for PTSD*

Track Child and Adolescent Trauma

Primary Program Type Research Methodology

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Childhood maltreatment is an important theoretical risk factor and a robust empirical correlate of psychopathology across the lifespan. The Childhood Trauma Questionnaire – Short Form (CTQ) is a popular retrospective self-report measure of five distinct types of childhood abuse and neglect. Analyses using a CTQ composite “total” or subscale scores are common, but for these to be meaningful, it is important to establish that the measure is assessing the same childhood maltreatment construct across diverse groups, i.e., that it demonstrates measurement invariance. We addressed this question by gathering participant-level data from multiple studies (primarily in the USA and Western Europe, N = 23,760) and examining factor structure and invariance of the CTQ across age, gender, and data source. In a subset, we examined correlates with psychopathology. Regarding the factor structure, we find 1) the physical neglect items generally load poorly onto their factor in the 5-factor model, and 2) mixed support for a 1-factor model. Regarding invariance, we find good evidence for configural invariance and metric/weak invariance across grouping factors (all $\chi^2/df < .01$), but little evidence of strong invariance before model modification (min. $\chi^2/df = .015$). Discussion will focus on implications for the use of CTQ and how to maximize the validity of analyses employing it.

CHILDREN EXPOSED TO FAMILY VIOLENCE EXHIBIT ALTERED PROCESSING OF AUDITORY THREAT SIGNALS: AN EEG PILOT STUDY

Flash Talk Presentation

Olivia Arciero^{*1}, Samantha Santos¹, Brandon Goldstein¹, Kimberly McCarthy¹, Damion Grasso¹, Margaret Briggs-Gowan¹

¹*UConn Health*

Track Child and Adolescent Trauma

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Child/Adolescent

Abstract Body Visual threat processing systems are considered to be an etiological link between family violence (FV) exposure and maladaptive mental health outcomes in children. For instance, children exposed to partner violence have altered attentional biases to threatening faces (Briggs-Gowan et al., 2015). However, FV is accompanied by distressing auditory stimuli, which are understudied relative to visual threats. Therefore, we conducted a pilot study where children exposed to FV (N = 15) and unexposed children (N = 23) completed an auditory oddball task while EEG was recorded. The task included 4 trial types: a “standard” trial composed of a nonsense auditory phoneme stated in a neutral tone (70% of trials) and three oddball conditions, two using the same phoneme but stated in either an angry tone or a happy tone, and a third trial type using a neutral tone but different phoneme. We examined the P3, an emotional EEG event-related potential, calculated as an anger minus standard difference score. We found that children exposed to FV (M = .10, SD = 3.07) had significantly lower P3 scores compared to children who were not exposed to FV (M = 3.01, SD 3.93; $t(36) = 2.42$, $p = .021$). These initial results suggest that children exposed to FV may possess less sensitive auditory threat processing systems.

BETWEEN-SESSION FEAR HABITUATION AND DISTRESS TOLERANCE AS MEDIATORS OF PARENT-LED TREATMENT VERSUS STANDARD TREATMENT IN CHILDREN WITH POSTTRAUMATIC STRESS

Flash Talk Presentation

Alison Salloum*¹, Allison Metts², Aileen Echiverri-Cohen², Kristen Salomon¹, Eric Storch³

¹*University of South Florida*, ²*University of California Los Angeles*, ³*Baylor College of Medicine*

Track Child and Adolescent Trauma

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Child/Adolescent

Abstract Body This study examined between-session fear habituation and distress tolerance over time and as mediators of parent-led exposure-based treatment (Stepping Together for Children after Trauma, ST-CT) vs therapist-led treatment using gradual exposure (Trauma-Focused Cognitive Behavioral Therapy, TF-CBT). Children (N and #3f114; aged 4-12) and their parents in an RCT (ST-CT vs TF-CBT) completed measures of subjective units of distress (SUDS) and distress tolerance 3 times during treatment (T1, T2, T3). Child posttraumatic stress (PTSS) and impairment were measured at T1, T2, T3 and post treatment (T4). Linear mixed-effect models examined whether child/parent SUDS and distress tolerance declined over time, differed in change rate, and were mediators. Child SUDS change rate was concave for ST-CT. Parent SUDS change rate was concave for ST-CT and convex for TF-CBT. Child distress tolerance decreased over time but change rate did not differ by treatment. Parent distress tolerance did not change over time. Mediation model paths showed treatment that (1) ST-CT had more positive change in parent SUDS than in TF-CBT, (2) more positive parent SUDS change predicted more negative change in PTSS, (3) Treatment predicted more negative change in PTSS through more positive change in parent SUDS. Parent's distress in a parent-led treatment with imaginal and in vivo exposure may be a mechanism of change.

ADOLESCENT-PARENT CONCORDANCE IN REPORTS OF TRAUMATIC STRESS AND SYMPTOMS, AND EXPLORING ASSOCIATIONS WITH ADOLESCENT CORTISOL ACTIVITY

Flash Talk Presentation

Janelle Robinson*¹, Radha Kanchanakarthik², Maureen Allwood³

¹*John Jay College*, ²*CUNY, Graduate Center, John Jay College*, ³*CUNY, John Jay College*

Track Child and Adolescent Trauma

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Child/Adolescent

Abstract Body Previous studies have shown that parents often report fewer negative life experiences for their children than their children self-report, and in contrast, parents report more negative child symptoms than their children self-report (Rende and Plomin, 1991). To clarify the source of reporter bias, some studies have turned to examining parent and child reports in relation to child bio-markers (e.g., cortisol, Allwood et al., 2017). This preliminary study builds on prior research by investigating the concordance between adolescent and parent reports of potentially traumatic life experiences and related symptoms (N and #3f75 adolescent-parent dyads). The study also examines a subset of adolescent-parent reports in

relation to cortisol activity under a condition of acute stress (n = 25). Preliminary findings indicate that while adolescent and parent reports of overall trauma experiences ($r=.42$, $p=.02$), and post-trauma symptoms ($r=.42$, $p=.02$), are both significantly concordant, the reports of violent experiences that occurred in the community or at home were discordant ($r=.13$, ns; $r=-.07$, ns, respectively). These findings will be discussed in relation to cortisol activity at baseline and during the stress condition. Findings will also examine sex differences and other patterns that emerge among the racially and ethnically diverse adolescent-parent dyads.

DAILY DYNAMICS OF PTSD SYMPTOMS AND PAIN AMONG SEXUAL ASSAULT SURVIVORS

Flash Talk Presentation

Alexandra Brockdorf*¹, David DiLillo²

¹*Medical University of South Carolina*, ²*University of Nebraska-Lincoln*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Comorbidity between PTSD and pain is well-documented (Brennstuhl et al., 2015) and theorized to be mutually reinforcing (e.g., physiological effects of PTSD leading to pain, pain as a trauma reminder; Beck and Clapp, 2011). Although some evidence indicates PTSD and pain predict each other 6 and 12 months later (Stratton et al., 2014), limited work has tested whether reciprocal relations occur more proximally (e.g., within a day), as would be expected if associations are bidirectional. This study tested dynamic reciprocal relations between PTSD symptoms and pain among sexual assault survivors, a population at high risk for posttraumatic pain (Ulirsch et al., 2013). Women survivors (N = 82, Mage = 22.8) completed three daily EMA surveys for 21 days. PTSD symptoms (10 items from the PCL-5; Blevins et al., 2015) and pain intensity (single item from 0 to 100; May et al., 2018) were assessed at each survey. A dynamic structural equation model was estimated in Mplus with fixed slopes. After controlling for autoregressive paths, > usual PTSD symptoms predicted greater pain three hours later ($b = 0.47$, $SD = 0.02$, 95% credibility interval [0.439, 0.507]), and vice versa ($b = 0.03$, $SD = 0.01$, 95% CI [0.003, 0.059]). Findings extend the mutual maintenance model of PTSD and pain to the daily level, such that acute elevations in PTSD symptoms and pain confer risk for the other.

EXAMINING THE RESILIENCY PORTFOLIO MODEL AND RELATED IMPACT ON TRAUMA RESPONSES AMONG FEMALE PARENTING STUDENTS WITH CHILDHOOD TRAUMA EXPOSURES

Flash Talk Presentation

Maria Isabel Ramos Martinez*¹, Ayleen Flores¹, Ruby Charak¹, Ines Cano-Gonzalez¹, Josue Cerroblanco¹, Natasha Altema McNeely¹

¹*University of Texas Rio Grande Valley*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Studies suggest that female minorities are more likely to be parenting students while completing their educational degree. However, fewer examine their resiliency. Using the Resiliency Portfolio Model (RPM; Grych et al., 2015), this mixed-method study investigates how resiliency—1) resources and assets, 2) psychological health—alleviate trauma symptoms (PTSS). 142 childhood trauma exposed parenting students (age range: 18-48, M/SD=27.88/5.57, 23.9% Hispanic, 15.3% African American, 36.8% single mothers) were recruited through a national listserv. Thematic analysis for 18 semi-structured interviews (10 Black females, 8 Latinas) revealed five themes exploring coping with adversity, namely, seeking counseling, hardiness, sharing/connecting with family/friends, hope, and acceptance. Sequential analysis of themes with a three-step hierarchical regression explored RPM dimensions impacting PTSS. Step 1: Exposure to violence ($r^2=.115$, $F(1,138)=25.240$, $p < .001$), specifically childhood trauma ($r=.39$, $p < .001$); Step 2: Resources and assets ($r^2=.134$, $F(4,132)=5.095$, $p < .001$), specifically self-regulation ($r=-.24$, $p < .05$); and Step 3: Psychological health ($r^2=.243$, $F(3,131)=14.013$, $p < .001$), specifically psychological wellbeing ($r=-.35$, $p < .001$) predicted decreased PTSS. Findings emphasize the importance of resiliency for mitigating PTSS risk and provide areas of emphasis for intervention.

EXPERIENCES OF INTIMATE PARTNER VIOLENCE AND VALUED LIVING AMONG WOMEN: THE ROLE OF SELF-EFFICACY

Flash Talk Presentation

Emily Taverna*¹, Nora Kline², Shaina Kumar³, Katherine Iverson⁴

¹, ²*VA Boston Healthcare System*, ³*National Center for PTSD, Behavioral Sciences Division*,

⁴*National Center for PTSD, Women's Health Sciences Division*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Predominantly cross-sectional research suggests that self-efficacy may play an important role in women's psychological health after experiencing intimate partner violence (IPV). However, few studies have examined these associations over time or with respect to broader aspects of psychological well-being. Valued living reflects behavioral engagement within personally important life domains and represents a transdiagnostic aspect of well-being that may be negatively impacted by IPV experiences. Participants were 190 women who completed three web-based surveys. We examined whether IPV experiences at Time 1 were associated with valued living at Time 3 (4 years after Time 1) via self-efficacy at Time 2 (3 years after Time 1). We separately examined lifetime and recent (i.e., past 6 months) overall, psychological, physical, and sexual IPV experiences. Separate path analysis models indicated that all subtypes of lifetime IPV experiences were indirectly associated with less valued living through less self-efficacy. The indirect effect only emerged for recent physical IPV but not for recent overall, psychological, or sexual IPV. Findings suggest that experiencing IPV is associated with less self-efficacy and valued living, which highlights that

these may be important transdiagnostic processes for trauma-informed psychosocial IPV interventions to address.

EXPERIENCING MULTIPLE TYPES OF GENDER-BASED VIOLENCE INCREASES RISK OF CARDIOVASCULAR EVENTS IN WOMEN IN THE NURSES' HEALTH STUDY II: A 16-YEAR PROSPECTIVE ANALYSIS

Flash Talk Presentation

Rebecca Lawn*¹, Karen Jakubowski², Karestan Koenen¹, Audrey Murchland¹, Laura Sampson³, Shakira Suglia⁴

¹*Harvard T.H. Chan School of Public Health*, ²*University of Pittsburgh*, ³*Stony Brook*,

⁴*Emory University*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Cardiovascular disease (CVD) is the leading cause of death among women. Women often report multiple experiences of violence, yet how cumulative violence is associated with CVD is unknown. We examined whether exposure to multiple types of violence predicted incident CVD among women, using confounder-adjusted Cox proportional hazards regression in the Nurses' Health Study II (n=66760). History of violence was reported in 2001 and included childhood and adolescent sexual abuse, intimate partner violence, stalking, and taking out a restraining order. Overall, 34% of women reported experiencing 1 type of violence, 17% 2 types, 8% 3 types, and 3% 4+ types. Over 16 years, 1.5% of women developed CVD (myocardial infarction or stroke). Greater exposure to violence was associated with increased risk of CVD in a dose-response manner. Compared to women who never experienced violence, women who experienced 2 types (HR:1.32,95%CI:1.10-1.58), 3 types (HR:1.6,95%CI:1.27-1.98), or 4+ types (HR:2.21,95%CI:1.63-3.01) had an increased risk of incident CVD. There was no significant increase in risk of CVD for women who experienced 1 type of violence (HR:1.12,95%CI:0.95-1.30). Women often report multiple experiences of lifetime gender-based violence, which may in aggregate increase CVD risk.

HOW DISCRIMINATION ASSOCIATES WITH POST-TRAUMATIC STRESS SYMPTOMS THROUGH TRAUMA COPING SELF-EFFICACY

Flash Talk Presentation

Minji Lee*¹, Ana Uribe¹, Kristin Howell¹, Lanelle Garcia¹, Colin Mahoney², Maria Galano¹

¹*University of Massachusetts Amherst*, ²*University of Colorado*

Track Public Health

Presentation Level Intermediate

Region Central and Eastern Europe and the Commonwealth of Independent States

What is your population type? Adult

Abstract Body Discrimination has been recognized as a significant stressor adversely impacting mental health, to the point of reaching the level of traumatic stress. This is supported by evidence that discrimination is associated with increased post-traumatic stress symptoms (PTSS). Research suggests that coping self-efficacy (CSE), reflecting confidence in managing posttraumatic recovery demands, serves as an intermediary factor between traumatic experience and PTSS. However, prior studies have not extensively explored the mediating role of CSE in the relation between discrimination and PTSS. This study investigates the intricate relation among discrimination, CSE, and PTSS in a sample of 300 US college women (aged 18-25) identifying as a racial/ethnic minority, sexual minority, and/or first to third-generation immigrant. Results indicate that CSE partially mediated the effects of childhood discrimination experiences ($b = .62$, 95% CI: 0.14 -1.19) and everyday discrimination experiences ($b = .17$, 95% CI: 0.07 - 0.30) on PTSS, suggesting that both childhood and young adulthood discrimination experiences undermine CSE, subsequently contributing to higher PTSS. This study illuminates the psychological pathways through which discrimination influences PTSS, providing insights for interventions targeting the burden of PTSS among marginalized college women facing heightened risk of discrimination.

IMPACT OF NEGATIVE SOCIAL RESPONSES TO SEXUAL TRAUMA DISCLOSURE ON SURVIVORS' TRAUMA APPRAISALS LONGITUDINALLY
Flash Talk Presentation

Marriel Emrich*¹, Camille Garnsey¹, Zachary Magin¹, Crystal Park¹

¹*University of Connecticut*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Social responses following individuals' disclosure of sexual trauma may impact survivors' mental health. Responses such as unsupportive acknowledgement (e.g., egocentric behaviors) or turning against (e.g., blaming the survivor) have been linked to greater psychopathology (e.g., PTSD). However, how such social responses predict survivors' appraisals or meaning of the trauma over time remains unexamined. Women sexual trauma survivors ($N = 85$) who disclosed the trauma to at least one other person completed two questionnaires, within 30 days of trauma (T1) and 4 weeks later (T2), that assessed social responses to disclosure and trauma appraisals (threat, self-blame, and self/life impact). In linear regression models, both unsupportive acknowledgement and turning against responses predicted T2 threat appraisals and heightened threat appraisals over time. Unsupportive acknowledgement predicted T2 self/life impact. Neither response was associated with change in self/life impact or self-blame. Negative social responses may impact survivors' ability to trust and increase symptoms such as hypervigilance associated with threat. Equipping individuals, including healthcare and legal professionals, to respond supportively to sexual trauma survivors may reduce maladaptive appraisals. Assessment and intervention examining social contexts in the early aftermath of trauma may be critical.

Friday, September 27, 2024

8:00 a.m. - 9:20 a.m.

Awards and Keynote Panel: Harnessing Psychedelics for Treating PTSD: Does the Science Support All the Hype?

8:00 a.m. - 9:20 a.m.

HARNESSING PSYCHEDELICS FOR TREATING PTSD: DOES THE SCIENCE SUPPORT ALL THE HYPE?

Keynote

Chair: Richard Bryant, PhD, University of New South Wales

Presenter: Amy Lehrner, PhD, James J Peters VA Medical Center

Presenter: Josef Ruzek, PhD, Palo Alto University/University of Colorado

Presenter: Barbara Rothbaum, PhD, Emory University School of Medicine

Presenter: Paula Schnurr, PhD, National Center for PTSD

Discussant: Mark Creamer, PhD, The University of Melbourne

Abstract Psychedelics are becoming increasingly popular among researchers, clinicians, and patients. Psychedelics, such as MDMA, have been shown in preclinical and clinical studies to reduce fear and PTSD symptoms. Despite this, research is in the very early stages. This has resulted in competing views over whether it is premature to be implementing psychedelics in treating PTSD. This panel comprises four speakers who will debate the merits and limitations of the current evidence for psychedelics.

9:30 a.m. - 10:45 a.m.

Concurrent 6

9:30 a.m. - 10:45 a.m.

BEYOND GOOD AND BAD: CUTTING-EDGE APPROACHES TO UNDERSTANDING HEALTH CORRELATES OF POSITIVE EMOTIONAL RESPONDING AMONG MARGINALIZED TRAUMA POPULATIONS

Symposia

Chair: Nicole Weiss, PhD, University of Rhode Island

Presenter: Ateka Contractor, PhD, University of North Texas

Presenter: Matthew Price, PhD, University of Vermont

Presenter: Dana Garfin, PhD, UCLA

Presenter: Melissa Schick, PhD, Yale School of Medicine

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation level Intermediate

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body It is widely assumed that positive emotions are protective against deleterious posttrauma outcomes. Growing evidence suggests that positive emotions may be a source of both risk and resilience. This symposium showcases innovative experimental and field research that clarify the diverse relations between positive emotional experiences and posttrauma outcomes. First, using an intensive longitudinal design (ILD), Contractor et al. show that trauma survivors with more PTSD symptoms have greater difficulties accessing, are more distant from, and report more emotional intensity in the context of positive memories. Next, in a longitudinal study of sexual and gender minority youth, Price et al. find elevated positive emotions to be protective for those exposed to sexual assault, leading to improvements in sleep over time. Then, in a national longitudinal survey, Garfin et al. show that benefit finding predicts stressor-related health protective behaviors. Finally, in an ILD study, Schick et al. find that positive emotion intensity is linked to endocrine dysfunction among women experiencing intimate partner violence who report more positive emotion dysregulation. These findings identify positive emotional experiences that may serve as intervention targets and highlight psychological, biological, social, and behavioral mechanisms that underlie posttrauma mental health.

9:30 a.m. - 10:45 a.m.

USING WHAT'S BEEN LEARNED ON THE BENCH TO IMPROVE WHAT'S DELIVERED TO PATIENTS WITH PTSD: ADDRESSING THERAPIST FACTORS THAT IMPACT OUTCOMES IN COGNITIVE PROCESSING THERAPY

Workshop

Chair: Stefanie LoSavio, PhD, University of Texas Health Science Center at San Antonio

Presenter: Stefanie LoSavio, PhD, University of Texas Health Science Center at San Antonio

Tracks Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Introductory

Region Industrialized Countries

Population Type Adult

Abstract Body Cognitive Processing Therapy (CPT) is an evidence-based treatment for posttraumatic stress disorder (PTSD). However, research shows therapist factors impact whether patients complete CPT and how much improvement they make. Therapist factors include therapists' influential beliefs about the treatment as well as their fidelity and skill delivering key treatment elements. Consistent with this year's conference theme, "From Bench to Bedside and Beyond," this workshop will address how to integrate findings about therapist factors into improved patient care.

Presenters will review data on the role of therapist factors in outcomes, provide tools for therapists to reflect on their CPT attitudes, and highlight the skills that have been linked to improved outcomes. Using live polls, this workshop will be adaptive; presenters will focus on data for specific therapist concerns of the audience. Then, two CPT skills most associated with patient outcome will be discussed: prioritizing "assimilated" beliefs about why the

trauma happened and using Socratic questioning to evaluate trauma beliefs. The workshop is appropriate for CPT learners of all levels, treating adolescents and adults.

9:30 a.m. - 10:45 a.m.

USING CLINICAL AND LONGITUDINAL EVIDENCE TO INFORM THE EFFECTIVE TREATMENT OF MENTAL HEALTH PROBLEMS AMONG REFUGEES AND ASYLUM-SEEKERS

Symposia

Chair: Philippa Specker, PhD, University of New South Wales

Presenter: Jacob Bentley, PhD, University of Washington School of Medicine

Presenter: Gulsah Kurt, PhD, University of New South Wales

Presenter: Philippa Specker, PhD, University of New South Wales

Discussant: Marit Sijbrandij, PhD, VU University Amsterdam

Track Mass Violence and Migration

Primary Program Type Clinical Intervention/Research

Presentation level Introductory

Region Global

Population Type Child/Adolescent

Abstract Body The psychological presentation of refugee clients is often complex and challenging to treat, owing to their exposure to a constellation of traumatic experiences and displacement stressors. There is a critical need to identify clinical targets and develop tailored treatments to alleviate this mental health burden. The four presentations in this symposium provide novel clinical and longitudinal evidence informing efforts to promote psychological recovery among refugee communities globally. The first presentation shares findings from the first trial to investigate the mechanisms of change in a newly developed intervention augmenting evidence-based PTSD treatment with Islamic principles (Islamic Trauma Healing) among Somali refugees in the US. The second presentation presents the multiple testing and implementation outcomes of a novel group-based transdiagnostic intervention for Ukrainian refugees in Denmark (MindSpring). The third presentation presents findings from a large-cohort RCT on group-based Problem Management Plus for Syrian refugees in Türkiye. Finally, the fourth presentation explores the temporal relationship between social factors and psychological functioning of over 1,207 refugees in Indonesia. The symposium will end with a discussion on future directions for advancing the effectiveness and acceptability of psychological interventions for refugees.

9:30 a.m. - 10:45 a.m.

USING PATIENT PERSPECTIVES AND USER EXPERIENCE (UX) RESEARCH TO IMPROVE REACH AND ENGAGEMENT OF DIGITAL TECHNOLOGIES FOR PTSD

Symposia

Chair: Jason Owen, PhD, MPH, VA National Center for PTSD

Track Public Health

Primary Program Type Technology

Presentation level Intermediate

Region Global

Population Type Adult

Abstract Body Evidence-based treatments for PTSD and traumatic stress have enormous potential for helping those who live with these conditions. Yet despite a powerful scientific base (Bisson and Olf, 2021), these treatments are not routinely available to those who need them. There is increasing recognition of the need for additional approaches to making trauma-focused treatments more accessible to those who need them the most (Possemato et al., 2018). The four papers in this symposium address the theme of using technology, and specifically user-centered design, to translate evidence-based care into personalized interventions for veterans and the public. The National Center for PTSD has developed a user experience research program that focuses on better understanding the behaviors, needs, motivations, and preferences of veterans with PTSD. Key UX research methods for those with PTSD will be described, with case examples and qualitative findings from extensive UX testing with over 300 veterans with PTSD. These findings have been applied to the PTSD Coach, CBTi Coach, Concussion Coach, and Safety Plan mobile apps, and results suggest significant improvements to both reach and engagement. UX research is an inexpensive, high-touch, and highly-effective method for improving self-management technologies for PTSD and may have broader relevance to PTSD care.

9:30 a.m. - 10:45 a.m.

THE SEXUAL AND REPRODUCTIVE HEALTH OF DIVERSE TRAUMA-EXPOSED POPULATIONS AFFECTED BY HEALTH DISPARITIES

Symposia

Chair: Jessica Flores, PhD, Clement J. Zablocki VA Medical Center

Presenter: Christal Badour, PhD, University of Kentucky

Presenter: Jessica Flores, PhD, Clement J. Zablocki VA Medical Center

Presenter: Jordan Thomas, PhD, VA Boston Healthcare System (116A)

Presenter: Emily Muñoz, PhD, Clement J. Zablocki VA Medical Center

Discussant: Maria Galano, PhD, University of Massachusetts Amherst

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Trauma exposure has been linked with various sexual and reproductive health concerns (e.g., sexually transmitted infections, sexual dysfunction). Certain subgroups—including Latina women, trans and gender-diverse (TGD) individuals, and women Veterans—disproportionately experience trauma and sexual health disparities, yet research on their particular experiences has been limited. In this symposium, we examine sexual and reproductive health across these trauma-exposed populations, with a focus on subgroup-specific factors of relevance (e.g., cultural beliefs, combat history). We also consider diverse traumas, ranging from child abuse to different forms of intimate partner violence (IPV), experienced across these populations. Christal Badour will explore how cultural beliefs (e.g., familismo, marianismo) can serve as protective and risk factors for sexual difficulties in Latinas. Jessica Flores will share the impact of marianismo, specifically, and mental health symptoms on relationships between IPV and sexual functioning in Latinas. Jordan Thomas

will discuss PTSD symptoms and distress related to gynecological care in women Veterans. Emily Muñoz will examine associations between reproductive coercion and IPV in TGD individuals. Maria Galano will facilitate discussion on how to improve the mental and sexual health concerns of these and other diverse trauma-exposed groups.

9:30 a.m. - 10:45 a.m.

**STRUCTURES, SYSTEMS, HISTORY AND THE CONSEQUENCES OF TRAUMA
Invited Session**

Speaker: Sandro Galea, MD, Dr PH, Boston University School of Public Health

Abstract The forces that shape health are structured by the world around us, by the conditions of the places where we live, work, and play. In turn these conditions are shaped by history and are themselves the consequences of other forces that have shaped health in the past. This presentation will discuss the long-tail consequences of traumatic events, the ineluctable role of history, and how the full expression of mental and physical health is intertwined with context. We will discuss why it is impossible to understand traumatic events without a full reckoning with these forces, and the implications this has for interventions.

9:30 a.m. - 10:45 a.m.

**TRANSLATIONAL FINDINGS RELATED TO CAREGIVING AND OFFSPRING
OUTCOMES IN THE CONTEXT OF TRAUMA AND SUBSTANCE USE
EXPOSURE**

Symposia

Chair: Alissa Huth-Bocks, PhD, Wayne State University

Presenter: Abigail Myers, PhD

Presenter: Joshua George, MD, MPH, Department of Obstetrics and Gynecology, University of Michigan

Presenter: Anna Rosenhauer, PhD, Wayne State University School of Medicine

Presenter: Madelyn Labella, PhD, William and Mary

Track Child and Adolescent Trauma

Primary Program Type Prevention/Early Intervention

Presentation level Intermediate

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body Research and clinical evidence have shown a strong association between early adversity, trauma exposure, and substance misuse. Such experiences have also been linked to impaired caregiving and cross-generation outcomes including developmental concerns and psychopathology. The papers in this symposium provide translational findings that explore mechanisms by which trauma and substance exposure affect caregiving and child outcomes, as well as potential intervention targets. The first paper describes maternal care deficits and offspring morbidities following buprenorphine exposure using a rodent model. The second paper examines atypical regulation of a placental enzyme responsible for downregulating cortisol exposure to the fetus among traumatized mothers with substance use disorder. The third paper reports associations between prenatal methadone use, trauma exposure, parenting style, and adult offspring PTSD symptoms among urban Black families. The fourth paper investigates parenting quality among women with trauma and opioid use

disorder who are participating in a peripartum trauma-informed intervention. Findings from these ‘bench to bedside’ multidisciplinary studies provide support for several mechanistic processes that are translatable to interventions targeting certain aspects of disrupted caregiving with potential to disrupt the intergenerational transmission of trauma.

9:30 a.m. - 10:45 a.m.

TRANSLATING BASIC SCIENCE ON MEMORY, SLEEP AND RECONSOLIDATION TO OPTIMIZE TREATMENT OF TRAUMA- AND STRESS-RELATED DISORDERS

Symposia

Chair: Birgit Kleim, PhD, University of Zurich

Presenter: Anne Richards, MD, MPH, UCSF/San Francisco VA Med Center

Presenter: Kim Felmingham, PhD, MA, University of Melbourne

Presenter: Edward Pace-Schott, PhD, Harvard Medical School

Presenter: Laura Meister, University of Zurich

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation level Intermediate

Region Central and Eastern Europe and the Commonwealth of Independent States

Population Type Adult

Abstract Body This symposium aims to bridge the gap between basic and foundational scientific research and clinical application, focusing on the treatment and understanding of trauma- and stress-related disorders. The common theme revolves around leveraging insights from basic science, particularly in the domains of memory, sleep, and reconsolidation processes, to enhance understanding and improve therapeutic strategies for these conditions. Together, the studies highlight the critical role of integrating basic science findings on memory, sleep, and reconsolidation processes into better understanding of trauma- and stress-related disorders. It underscores the potential for novel therapeutic approaches informed by an in-depth understanding of these fundamental processes, suggesting a promising direction for future research and clinical applications. The symposium advocates for a multidisciplinary approach, where advances in neuroscience, cognitive science, psychology and psychiatry converge to offer more effective, evidence-based treatments for individuals suffering from these debilitating conditions.

9:30 a.m. - 10:45 a.m.

THE NEUROBIOLOGY OF STRESSOR-RELATED DISORDERS: FROM NEURAL AND BIOLOGICAL MARKERS TO POTENTIAL TREATMENT TARGETS

Symposia

Chair: Eric Bui, MD, PhD, University of Caen Normandy

Presenter: Charlotte Hilberdink, PhD, NYU Grossman School of Medicine

Presenter: Jeanet Karchoud, MSc, Amsterdam UMC

Presenter: Caroline Lemoine, “Neuropsychologie et Imagerie de la Mémoire Humaine” UMR-S 1077 INSERM-EPHE-UNICAEN, France

Discussant: Miranda Olf, PhD, University of Amsterdam Academic Medical Center

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation level Intermediate

Region Central and Eastern Europe and the Commonwealth of Independent States

Population Type Adult

Abstract Body In the aftermath of trauma exposure and/or bereavement, individuals may develop a range of conditions, including posttraumatic stress disorder (PTSD) and/or prolonged grief disorder (PGD). The pathophysiology of these two conditions involves an elevated and/or prolonged stress response, suggesting that targeting the stress system might be a promising target for therapeutic interventions. This symposium will focus on the possible underlying neurobiology of PTSD/PGD, specifically on neural and biological markers relevant to the stress system that might serve as potential targets for treatment.

Bringing together researchers from three different countries, this international symposium will include a presentation on early post-trauma predictors of long-term PTSD symptom severity, a presentation on brain morphological changes in individuals exposed to the November 13, 2015, terrorist attacks in Paris, and the neural biomarkers of prolonged grief disorder. Further directions for the clinical implementation of neurobiological markers as treatment targets and their implications for public health will be debated by a discussant.

9:30 a.m. - 10:45 a.m.

ADVANCING THE TREATMENT OF CO-OCCURRING PTSD AND SUBSTANCE USE DISORDERS

Symposia

Chair: Shannon Kehle-Forbes, PhD, United States

Presenter: Shannon Kehle-Forbes, PhD, United States

Presenter: Denise Hien, PhD, Rutgers University

Presenter: Michele Bedard-Gilligan, PhD, University of Washington

Presenter: Colin Mahoney, PhD, University of Colorado

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body PTSD and substance use disorders (SUD) commonly co-occur, with data suggesting that over one-third of people with PTSD also meet criteria for a SUD. Despite their frequent co-occurrence, treatment outcomes for those with this comorbidity are often worse than for those with PTSD alone. Treatment discontinuation rates are high, first-line treatments may have less potent effects, and fewer evidence-based treatments for PTSD have been evaluated in this population. This symposium includes four complimentary talks that will present data to better understand factors that contribute to variability in PTSD treatment outcomes amongst those with comorbid SUD. Specifically, findings will highlight the role of SUD cravings in treatment outcomes, the role of cannabis use in response to prolonged exposure, the relationship between PTSD and SUD symptom improvement, and differential response to trauma-focused and non-trauma-focused therapies among those with PTSD and

SUD. Presenters will discuss how the findings can be used to enhance treatment response for those with this common comorbidity.

9:30 a.m. - 10:45 a.m.

ADVANCING EARLY INTERVENTION: ADAPTING AND IMPLEMENTING A BRIEF DYADIC INTERVENTION

Panel

Sacha McBain*

Chair: Sacha McBain, PhD, Rush University Medical Center

Presenter: Sacha McBain, PhD, Rush University Medical Center

Presenter: Emily Dworkin, PhD, University of Washington

Presenter: Matthew Cordova, PhD, VA Northern California Healthcare System

Discussant: Sarah Stoycos, PhD, Keck School of Medicine, University of Southern California

Track Clinical Interventions

Primary Program Type Prevention/Early Intervention

Presentation Level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body: The importance of positive social support in mitigating the adverse effects of trauma exposure is well-established. Yet there remains a gap in the development and dissemination of dyadic preventative interventions for trauma-related outcomes. This panel convenes four clinician investigators with combined expertise in the research, theory, and practice of leveraging social support in complex settings in the acute aftermath of trauma exposure. In this panel, we aim to use the dyadic preventive intervention, Promotion of Emotional Disclosure (PED), as a case example to discuss barriers and facilitators to implementation and uptake of dyadic interventions in complex, resource-limited settings and populations. PED was named an emerging intervention in the 2018 ISTSS Prevention and Treatment Guidelines and has demonstrated efficacy in reducing the risk of PTSD development at six months and two years post-injury among trauma patients treated in an emergency department. We will provide a theoretical overview of social support processes in relation to traumatic stress followed by an interactive discussion of PED's translation and adaptation into a virtual environment with sexual assault survivors and a surgical clinic with injury survivors. We will conclude with a discussion of barriers and facilitators to leveraging social support in early intervention research and practice.

9:30 a.m. - 10:45 a.m.

SLEEP HEALTH AND PTSD DISPARITIES: EXAMINING THE RACIAL DISPARITIES IN SLEEP AND PTSD, AND THE IMPACT OF CULTURALLY TAILORED INTERVENTIONS

Symposia

Chair: Peter Colvonen, PhD, VA San Diego Health Care System

Presenter: Anne Malaktaris, PhD, SDVAHCS

Presenter: Janeese Brownlow, PhD, Delaware State University

Presenter: Peter Colvonen, PhD, VA San Diego Health Care System

Presenter: Ashley Faytol, PhD, VA San Diego Healthcare System and University of California, San Diego

Track Clinical Interventions

Primary Program Type Culture/Diversity

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Historically minoritized individuals have lower sleep duration and higher insomnia severity. While race is often used as the categorizing variable, it is a proxy for social, environmental, and socioeconomic determinants that lead to disparities in sleep health. Our symposium highlights racial differences in sleep disorders among individuals with PTSD, examines socioenvironmental factors that contribute to sleep disparities, and explores an intervention to mitigate the health effects of systemic racism. Anne Malaktaris shares data on indirect effects of pain severity and interference on the insomnia/PTSD/race relationship among N and #3f3937 Veterans. Janeese Brownlow explores how exposure to neighborhood violence and sleep-related fears predicts PTSD symptomatology among community-dwelling adults. Peter Colvonen compares Veterans of color to white veterans on longitudinal trajectories of sleep treatments integrated with prolonged exposure. Ashley Faytol shares data on the effects of Race-Based Stress Trauma and Empowerment on sleep and coping outcomes. Our symposium examines multilevel factors that contribute to health disparities and how that information can guide clinical practice. We underscored the importance of assessing and treating sleep disorders in diverse study samples with appropriate consideration of the context of the sleep issues for racially minoritized individuals.

9:30 a.m. - 10:45 a.m.

Paper Session 3: Public Health

EXPLORATION OF PTSD-RELATED SOCIAL COGNITION ALTERATIONS IN A LARGE SAMPLE OF FRENCH STUDENTS

Paper Presentation

Coralie Creupelandt*¹, Alice Demesmaeker², Marielle Wathelet³, Guillaume Vaiva⁴, Maxime Bertoux⁵, Fabien D'Hondt⁶

¹, ²*French national center for resources and resilience, Lille-Paris (Cn2r)*, ³*French Regional Health Agency, Hauts-de-France*, ⁴*French national center for resources and resilience, Lille-Paris (Cn2r); University of Lille, INSERM, University Hospital Center Lille, U1172 - LilNCog - Lille Neuroscience and Cognition*, ⁵*University of Lille, INSERM, University Hospital Center Lille, U1172 - LilNCog - Lille Neuroscience and Cognition*, ⁶*French national center for resources and resilience, Lille-Paris; University of Lille, INSERM, University Hospital Center Lille, U1172 - LilNCog - Lille Neuroscience and Cognition*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Region Central and Eastern Europe and the Commonwealth of Independent States

What is your population type? Adult

Abstract Body Social cognition appears as a key factor shaping the onset and progression of Posttraumatic Stress Disorder (PTSD), notably through its impact on interpersonal relationships and ultimately social support. Yet, how PTSD affects the various facets of this complex domain remains unclear. Our study aimed to address this gap by analyzing data from a sample of 13,779 French university students who completed mental health questionnaires and three social cognition tasks online: The Movie for the Assessment of Social Cognition, The Reading the Mind in the Eye Test, and the Facial Emotion Recognition Test. Preliminary results from stepwise multiple linear regressions show a consistent association between probable PTSD diagnosis, as identified by a score at the PTSD Checklist for DSM-5 > 32 ($N = 3,880$; 28%), and reduced performance across all tasks, indicating difficulties in simple and complex emotional decoding and theory of mind. These associations remain significant after controlling for demographic variables and common comorbidities like depression, anxiety, and sleep disorders, suggesting specificity to PTSD. Further analyses will explore these impairments' nuances, their links with specific patterns of symptoms, and compare them with other disorders. We will consider their clinical implications, particularly for social functioning and maintaining a supportive social fabric over time.

IDENTIFYING GENDER-SPECIFIC RISK FACTORS FOR INTIMATE PARTNER VIOLENCE EXPERIENCES AMONG VETERANS ACCESSING VETERANS HEALTH ADMINISTRATION CARE

Paper Presentation

Candice Presseau*¹, Elizabeth Coppola², Mark Relyea², Melissa Skanderson³, Cynthia Brandt³, Galina Portnoy²

¹*Department of Veterans Affairs*, ²*VA Connecticut Healthcare System*, ³*Yale School of Medicine*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Socioecological theories posit that violent behavior occurs as the intersection of individual (e.g., personal histories) and community-level (e.g., poverty, community violence) factors. Although much empirical research has identified socioecological risk factors for intimate partner violence (IPV) experience, most studies have focused on women. The Veterans Health Administration (VHA), the largest integrated healthcare system in the US, provides a unique opportunity to investigate IPV experience across genders. The current study applies a socioecological lens to examine potential risk factors (e.g., demographic, psychosocial, community) associated with past year IPV experience among men ($n = 918,847$) and women ($n = 163,595$) veterans accessing VHA services. Preliminary results showed that among 1,575,285 veterans screened for IPV, 4.87% of men and 7.81% of women

reported experiencing IPV in the past year. Further, rates of IPV experience varied by age, race, marital status, housing stability, disability status, and mental health diagnoses. Analyses underway utilize gender-stratified multilevel multiple logistic and relative importance analyses to investigate risk factors for: (1) IPV experience and (2) IPV experience subtypes (psychological, physical, and sexual). Implications for healthcare response and policy within and outside VHA will be highlighted.

IMPLEMENTATION OF A SCHOOL-BASED CHILD SEXUAL ABUSE PREVENTION PROGRAM: LESSONS LEARNED FROM A PILOT OF THE HEALTHY RELATIONSHIPS EVALUATION PROJECT

Paper Presentation

Beth Molnar¹, **Chloe Bennett***¹, Bianca Ejiofoh², Sheryldine Samuel², Daphney Mirand¹
¹*Northeastern University*, ²*Safe Shores Child Advocacy Center of Washington, DC*

Track Public Health

Primary Program Type Public Health

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Child/Adolescent

Abstract Body Child sexual abuse (CSA) is a significant issue worldwide, with rigorous evidence of its traumatic effects on social, emotional, and physical health. Schools have emerged as the center of prevention programs aimed at reducing CSA. The Healthy Relationships Project (HRP), created by Prevent Child Abuse Vermont, consists of manualized, developmentally appropriate, CSA primary prevention curricula implemented since 1990 in 30 U.S. States. Informed by the Social Ecological Model (Bronfenbrenner 1979), the HRP works at multiple ecological levels. The current rigorous evaluation is utilizing a stepped wedge randomized controlled trial design school-wide in public and public-charter pre-K-5th grade schools in high-need wards of Washington, D.C. This study reports on the pilot phase, using data from stakeholder interviews and focus groups conducted with staff, faculty, and caregivers. Results highlight multifaceted, adaptive approaches crucial for implementation in complex school environments. Findings emphasize significance of staff/caregiver engagement, logistical challenges, competing school priorities, and the unforeseen, lasting impacts of the COVID-19 pandemic. Discussion includes effective strategies for implementing evidence-based prevention programs on sensitive topics, including strategies to optimize school-wide implementation of prevention programs in educational settings.

MENTAL HEALTH OF LEBANESE OLDER ADULTS IN SOUTH LEBANON FOLLOWING EXPOSURE TO WAR TRAUMAS: CHALLENGES AND RECOMMENDATIONS

Paper Presentation

Laila Farhood*¹, Zahraa Chamseddine²

¹*American University of Beirut*, ²*American University of Beirut*

Track Public Health

Primary Program Type Global Issues

Presentation Level Intermediate

Region Middle East and North Africa

What is your population type? Older People/Aging

Abstract Body Background: This study aims to investigate the prevalence and factors associated with the occurrence of posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) among older adults in South Lebanon, following periods of conflict.

Methods: This study is a secondary analysis of a large cross-sectional study involving a sample of 945 civilians from 10 villages in South Lebanon. Participants aged at least 60 and long-term residents of the designated locations were included yielding a sample of 147. Face-to-face interviews were utilized in collecting data which includes: Demographics, war trauma and life events, social support, general health status, PTSD (HTQ), depression. Results: Of the total sample, 22.4% met threshold for PTSD, 27.8% for depression. Significant predictors of depression levels include: lower education, being single or living alone, and increased chronic health problem. War-related life events and increased health problems were associated with higher levels of PTSD. Conversely, as age increases among this group of older adults, there was a slight decrease in PTSD levels.

Conclusion: This study highlights the urgent need to understand mental health challenges facing older adults, and emphasizing the importance of tailored multidisciplinary, and holistic interventions to support their well-being.

TREATING POST-TRAUMA NIGHTMARES IN WAR-EXPOSED CHILDREN: TREATMENT IMPLEMENTATION AND OUTCOMES OF A SCHOOL-BASED INTERVENTION IN REFUGEE CAMPS IN THE MIDDLE EAST

Paper Presentation

Gerlinde Harb*¹, Jon-Håkon Schultz², June Thorvaldsen Forsberg²

¹, ²*UiT, the Arctic University of Norway*

Track Clinical Interventions

Presentation Level Intermediate

Region Middle East and North Africa

What is your population type? Child/Adolescent

Abstract Body Recurrent post-trauma nightmares often severely impair quality of life, school and daily functioning of trauma-exposed children. To allow children to best engage with their education and improve the resilience of refugee populations, it is essential to focus treatment on their nightmares and disturbed sleep specifically. The Better Learning Program effectively combines aspects of evidence-based Trauma-Focused CBT and Imagery Rehearsal for nightmares in an intervention implemented in over 100 schools in refugee camps in the Middle East. This presentation will report on the treatment outcome of two samples of students with severe recurrent traumatic nightmares (5-17 years of age) in Gaza (N and #3f1093) and Jordan (N and #3f100). Results of the 8-week intervention showed a significant week-to-week reduction in reported nightmares with a total of 49.0% of students with no nightmares post-treatment and 47.1% who reported a significant reduction in nightmare frequency. In a 10-month follow-up, 42% remained free of nightmares, whereas 42% reported 1 or 2 nightmares per week. Additional outcomes to be discussed include improved daytime, school and social functioning of participants. This intervention

successfully combined elements shown to be effective in the treatment of trauma-exposed individuals in an intervention that can feasibly be implemented in complex environments with limited resources.

11:00 a.m. - 12:15 p.m.

Concurrent 7

11:00 a.m. - 12:15 p.m.

FEATURED SESSION: THE FUTURE OF CLINICAL PRACTICE GUIDELINES FOR PTSD : LEVERAGING OUR KNOWLEDGE TO IMPROVE UPDATES AND PRACTICAL UTILITY FOR THE GLOBAL COMMUNITY

Panel

Elana Newman*

Chair: Elana Newman, PhD, University of Tulsa, Department of Psychology

Presenter: David Forbes, PhD, Phoenix Australia Centre for Posttraumatic Mental Health,

Presenter: Jessica Hamblen, PhD, National Center for PTSD

Presenter: Carmen Mclean, PhD, National Center for PTSD

Presenter: Candice Monson, PhD, Toronto Metropolitan University

Presenter: Paula Schnurr, PhD, National Center for PTSD

Discussant: Lori Zoellner, PhD, University of Washington

Track Clinical Interventions

Primary Program Type Training/Education/Dissemination

Presentation Level Intermediate

Region Global

Population Type Adult

Abstract Body: With respect to translational science, the field of traumatic stress has taken the lead in designing PTSD Clinical Practice Guidelines (CPGs). ISTSS (2021), VA/DOD, (2023), and APA (in process), among others (e.g., NICE, Phoenix) have developed CPGs, some of which have been updated at least once. While there is consistency across guidelines in general procedures and conclusions, specific recommendations about specific treatments vary considerably by methodology (See Hamblen et al., 2019). As we move forward as a field, what lessons have we learned about the development, dissemination, and impact of CPGs for decreasing PTSD in the global community? The panelists and the audience together will explore the strengths, limitations, challenges, and debates of CPGs to create solutions and innovations in future dissemination science. Panelists representing ISTSS, APA, VA/DOJ CPG committees will briefly highlight essential points about the CPG purpose, methods, and conclusions. Then panelists will be invited to reflect upon lessons learned, challenges, concerns, and recommendations for the future. Time will be allocated for audience participation on recommendations, future areas of development as well as general questions. Two panelists per guideline were selected to help represent the breadth of the various guideline groups.

11:00 a.m. - 12:15 p.m.

**INNOVATIONS IN SCALING TRAUMA TREATMENT GLOBALLY THROUGH
WORLD HEALTH ORGANIZATION INITIATIVES**

Panel

Sita Patel*

Chair: Sita Patel, PhD, Palo Alto University

Presenter: Sita Patel, PhD, Palo Alto University

Presenter: Anushka Patel, PhD, Harvard Chan School of Public Health

Presenter: Brian Hall, PhD, New York University, China

Discussant: Theresa Betancourt, ScD, Boston College School of Social Work

Track Public Health

Primary Program Type Global Issues

Presentation Level Introductory

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body: From epigenetics to translational medicine, the field of traumatic stress studies has spanned the distance from bench to bedside. However, scaling up knowledge and treatment advancements for traumatized populations globally remains out of reach. Implementation of evidence-based practices in settings with limited mental health infrastructure remains a barrier to daily functioning and quality of life among the world's poorest populations. Creating innovative, efficient, broad-reaching, and contextually accessible methods for assessing and treating trauma remains an urgent human rights issue.

This panel includes three speakers (in early, middle, and advanced career stages) who each worked directly with the World Health Organization through a Global Mental Health Fellowship. Speakers will discuss their work with WHO to scale treatment access globally among trauma survivors. Project examples include early-stage treatment development for severe mental illness (e.g., psychosis); psychosocial supports for those living in humanitarian crisis settings; developing the cultural material for the ICD-11; and adapting and trialing digital mental health interventions for populations exposed to adversity in Asia. The panel discussant, an expert in child traumatic stress within low-income countries, will examine common themes and opportunities for improving global scale up and dissemination.

11:00 a.m. - 12:15 p.m.

**TRANSLATING CHILD TRAUMA SCREENING RESEARCH INTO PRACTICE
ACROSS COMMUNITY-BASED SETTINGS**

Symposia

Chair: Jason Lang, PhD, Child Health and Development Inst

Presenter: Kathryn Bindel, BA, Frank H. Netter School of Medicine at Quinnipiac University

Presenter: John Crocker, MEd, Methuen Public Schools / MASMHC

Presenter: Shannon Chaplo, PhD, University of Utah

Presenter: Marci Cross-Ramirez, BS, MS, Pennsylvania State University

Track Child and Adolescent Trauma

Primary Program Type Training/Education/Dissemination

Presentation level Intermediate

Region Industrialized Countries

Population Type Child/Adolescent

Abstract Body Approximately 70% of youth report exposure to trauma by the age of 17 (Finkelhor et al., 2015), with children of color at greater risk; 16% of trauma-exposed children will develop PTSD (Alisic et al., 2014). Half of children suffering from traumatic stress did not receive any behavioral health treatment in the past year (Finkelhor et al., 2021) and access was significantly worse for Black children. Trauma screening is an effective strategy for early identification of children suffering from traumatic stress and reducing disparities in service access, yet routine screening remains the exception outside of behavioral health settings. Opportunities exist to support children suffering from traumatic stress and connect them to services by implementing trauma screening in primary care, schools, and other child-serving settings. However, there are common concerns and challenges raised by staff in these settings, including the time to screen, concerns about retraumatization, and whether people not trained as clinicians can talk about trauma with children and families. This symposium consists of four studies from community-based trauma screening implementation that highlight strategies for answering these questions and addressing these common concerns, with an eye towards strategies that can be used to successfully scale up effective trauma screening and reduce disparities in care.

11:00 a.m. - 12:15 p.m.

**NEW AVENUES FOR UNDERSTANDING AND INTERVENING ON
RELATIONSHIP AND PSYCHOSOCIAL FUNCTIONING IMPAIRMENTS IN
TRAUMA-EXPOSED POPULATIONS.**

Symposia

Chair: Marcus Wild, PhD, VISN 17 Center of Excellence for Research on Returning War Veterans

Presenter: Marcus Wild, PhD, VISN 17 Center of Excellence for Research on Returning War Veterans

Presenter: Lauren Sippel, PhD, US Department of Veterans Affairs

Presenter: Shelby Borowski, PhD, MPH, VA Boston Healthcare System

Presenter: Ashley Faytol, PhD, VA San Diego Healthcare System and University of California, San Diego

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Relationship and psychosocial functioning impairments are common and under-treated consequences of exposure to trauma. Four VA-based clinician researchers describe their work along the continuum of translational science from identification of

treatment targets to testing and benchmarking interventions. Novel interventions for racial discrimination, benchmarking approaches to dyadic cognitive-behavioral interventions for posttraumatic stress disorder, and longitudinal association studies of mindfulness, self-compassion, and emotion regulation will all be used to evaluate impact on relationship and psychosocial functioning in trauma-exposed people. Results indicate that collectively these approaches hold promise for improving interpersonal outcomes in trauma-exposed people, with key limitations of each approach also discussed.

11:00 a.m. - 12:15 p.m.

ENHANCING INSIGHT INTO THE MULTIFINALITY OF ADVERSE CHILDHOOD EXPERIENCES, MALTREATMENT, AND PERCEIVED DISCRIMINATION: EXPLORING MEDIATING AND MODERATING FACTORS
Symposia

Chair: Inga Schalinski, Prof Dr, University of the Bundeswehr Munich

Presenter: Natalia E. Fares-Otero, PhD, Hospital Clínic, Institute of Neurosciences (UBNeuro), University of Barcelona (UB), IDIBAPS, CIBERSAM, Barcelona, Universität der Bundeswehr München

Presenter: Dana Lassri, PhD, The Hebrew University of Jerusalem, Paul Baerwald School of Social Work and Social Welfare

Presenter: Osnat Zamir, PhD, Hebrew University

Presenter: Alaptagin Khan, MD, McLean Hospital

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation level Advanced

Region Global

Population Type Adult

Abstract Body This symposium focuses on the complex interplay between childhood adversities and the protective and buffering factors that shape health outcomes across diverse populations. These empirical investigations shed light on the mechanisms underlying resilience and vulnerability in the face of adversity. Dr. Fares-Otero (researcher) will present a systematic review and meta-analysis elucidating the relationship between childhood maltreatment and resilience in adults, along with identifying potential moderators and mediators. Dr. Lassri (clinician and researcher) will demonstrate how self-compassion buffers the impact of childhood adversities on depression among women with endometriosis. Dr. Zamir (researcher) will highlight the protective effect of positive emotional support in mitigating post-traumatic stress symptoms in men exposed to childhood maltreatment. Finally, Dr. Khan (researcher) introduces the Chronology of Perceived Discrimination Scale, offering a novel perspective on perceived discrimination during developmental periods on quality of life. The insights underscore the importance of assessing childhood adversities in individuals with diverse health outcomes, while also emphasizing the significance of including protective and buffering factors. This provides opportunities for interventions to mitigate risks and promote diverse health outcomes.

11:00 a.m. - 12:15 p.m.

LEVERAGING MOLECULAR AND NEURAL PATHWAYS FOR THE ADVANCEMENT OF PTSD SUBTYPES

Symposia

Chair: Charles Marmar, MD, NYU Langone School of Medicine

Presenter: Aarti Gautam, PhD, Walter Reed Army Institute of Research

Presenter: Ryan Rampersaud, MD, PhD, UCSF

Presenter: Bernie Daigle, PhD, The University of Memphis

Presenter: Nikolaos Daskalakis, MD, PhD, Harvard Medical School, McLean Hospital

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation level Advanced

Region Industrialized Countries

Population Type Adult

Abstract Body There is considerable variability in the clinical presentation and biology of those suffering from PTSD, posing an immense challenge for prediction, diagnosis, and treatment. Precision psychiatry promises to overcome the limitations of a one-size-fits-all approach to PTSD treatment but requires a robust strategy for subtyping PTSD. To address the urgent need to better prevent and manage PTSD, we discuss ongoing work to discover and validate clinical subtypes of PTSD and link these to their underlying biology. The first presenter discusses findings from a study which examines the longitudinal changes in the DNAm profile of individuals with Acute Stress Disorder. Next, we discuss novel metabolomics analyses testing biological mechanisms such as mitochondrial dysfunction that characterize PTSD, and clinical subtypes, including a Cognitive Impairment subtype. We discuss recent advances applying pathway-based analytical tools to epigenomics data to identify molecular biomarkers for PTSD subtypes. This session explores varied approaches leveraging sophisticated statistical and machine learning tools to gain a deep understanding of how individual differences in molecular and neural biomarkers of PTSD relate to differences in clinical symptoms. Implications for our future work in defining subtypes and applications for precision treatment of PTSD are discussed.

11:00 a.m. - 12:15 p.m.

MECHANISMS OF MENTAL HEALTH AND TREATMENT OUTCOMES FOLLOWING INTERPERSONAL TRAUMA AMONG LGBTQ+ ADULTS: TRANSLATING DISPARITIES INTO INTERVENTIONS

Symposia

Chair: Selime Salim, PhD, Stanford University

Presenter: Allyson Blackburn, MS, University of Illinois

Presenter: Selime Salim, PhD, Stanford University

Presenter: Alex McConnell, PhD, US Department of Veterans Affairs

Presenter: Kelly Harper, PhD, National Center for PTSD at VA Boston Health Care System

Discussant: Jillian Shipherd, PhD, LGBTQ+ Health Veterans Health Administration

Track Public Health

Primary Program Type Culture/Diversity

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Disparities in interpersonal violence and negative mental health outcomes among sexual minority people compared to heterosexual people are well-documented. Research that moves beyond documenting disparities to identifying mechanisms of risk for negative outcomes following interpersonal violence as well as treatment outcomes of LGBQ+ survivors is needed in order to inform culturally responsive interventions that can reduce these disparities. The first talk will examine the potential role of social networks in sexual violence recovery among university students in a sample of heterosexual and LGB sexual assault survivors and non-survivors. The second talk will test bisexual minority stressors (i.e., antibisexual stigma, internalized and anticipated stigma) as unique risk factors for PTSD symptoms following sexual violence among young bisexual+ (e.g., bisexual, pansexual, queer) women, over and above sexual violence exposure. The third talk will examine PTSD treatment utilization and examine military sexual trauma as a potential mechanism of PTSD treatment engagement among heterosexual and sexual minority veterans. The final talk will compare the clinical effectiveness of a healthcare-based intimate partner violence (IPV) intervention for heterosexual and LGBQ+ women demonstrating comparable, and in some cases greater, improvements among LGBQ+ women.

11:00 a.m. - 12:15 p.m.

HOW TO GET PUBLISHED IN JOURNAL OF TRAUMATIC STRESS

Panel

Denise Sloan*

Chair: Denise Sloan, PhD, VA Boston Healthcare System

Presenter: Philip Hyland, PhD, Maynooth University

Presenter: Ginny Sprang, PhD, University of Kentucky

Presenter: Cengiz Kilic, Prof Dr, Hacettepe University

Presenter: Matthew Yalch, PhD, Palo Alto University

Track Mode, Methods and Ethics

Primary Program Type Training/Education/Dissemination

Presentation Level Introductory

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body: The Editor and Associate Editors will be present in this panel. The panelist will provide general information about the type of manuscripts published by the Journal of Traumatic Stress, as well as provide guidance regarding how to increase success in submitting manuscripts to the journal. After the presentation portion, the panelist will solicit questions from attendees and answer questions attendees have regarding the submission and review process of the journal.

11:00 a.m. - 12:15 p.m.

SHARING POWER AND IMPACT WITH MARGINALIZED GLOBAL COMMUNITIES IN TRAUMA RESEARCH: COMMUNITY-ENGAGED RESEARCH PRACTICES AND INNOVATION

Panel

Nicole Weiss*

Chair: Nicole Weiss, PhD, University of Rhode Island

Presenter: Maria Galano, PhD, University of Massachusetts Amherst

Presenter: Teresa Lopez-Castro, PhD, The City College of New York

*Presenter: Duane Booyesen, PhD, ***DUPE See 47610***Stellenbosch University*

Presenter: Osob Issa, MS, Boston Children Center for Refugee Trauma and Resilience

Presenter: Haley McKee, BA, BS, Center of Biomedical Research and Excellence on Opioids and Overdose

Discussant: Debra Kaysen, PhD, Stanford University

Track Mode, Methods and Ethics

Primary Program Type Community-Based Programs

Presentation Level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body: Community-engaged research (CEnR) aims to facilitate authentic, collaborative, equitable, and sustainable partnerships between communities and researchers. CEnR meaningfully involves key stakeholders (e.g., individuals with lived and their families and providers) throughout the entire research process—from study planning to dissemination of results. Such engagement facilitates the inclusion of unique experiential understanding and values of key stakeholders, ensuring that research priorities reflect their concerns and preferences. This can in turn improve the social validity and relevance of research outcomes by placing research questions and data dissemination within the context of a community's resource constraints. CEnR methods, which balance scientific rigor with community priorities and directly respond to community needs, are critical for more efficiently translating traumatic stress research findings into practice and policy changes. This international panel convenes a diverse set of CEnR stakeholders, including trauma scientists working across varied contexts and people with lived experience. The panel will be moderated by Dr. Kaysen, who will guide the panelists' discussion on evolving best practices, overlooked ground truths and dilemmas, and the direction of innovative CenR practices. Our goal is to provide knowledge and tools to advance CEnR in trauma populations.

11:00 a.m. - 12:15 p.m.

UNDERSTANDING VULNERABILITY TO PTSD AND PRIMARY PREVENTION INTERVENTIONS IN HIGH-RISK PROFESSIONALS

Symposia

Chair: Richard Bryant, PhD, University of New South Wales

Presenter: Iris Engelhard, PhD, Utrecht University

Presenter: Miriam Lommen, PhD, University of Groningen

Presenter: Suzanna Azevedo, BA, MA, UNSW

Track Professionals

Primary Program Type Prevention/Early Intervention

Presentation level Intermediate

Region Industrialized Countries

Population Type Other Professionals

Abstract Body Exposure to potentially traumatizing events is inherent to the job of many high-risk professionals. Despite the typically high resilience in this group, the lifetime prevalence of PTSD is heightened. Primary prevention interventions could specifically benefit these high-risk professionals in order to maintain good mental health. To design effective interventions, it is crucial to know which risk factors make high-risk populations vulnerable to develop PTSD and gain insight in their causal relationship with PTSD using longitudinal designs. In this symposium, studies aimed at advancing our knowledge of risk factors of trauma-related problems will be presented, as well as two prevention studies in high-risk professionals. First, Prof. Iris Engelhard will present data of 2 longitudinal studies focused on detangling the relationship between neuroticism and PTSD. Second, Dr. Miriam Lommen will present a 2-year follow-up study on modifiable risk factors of PTSD and depression in fire fighters. Third, prof. Jennifer Wild will present data of a primary prevention intervention in ambulance personnel. Finally, Suzanna Azevedo will present data on a primary prevention trial in corrections officers. These results offer valuable insight in the potential of primary prevention interventions in high-risk populations and targets for such programs.

11:00 a.m. - 12:15 p.m.

BUILDING INNOVATIVE CARE MODELS FOR SERVICE MEMBERS AND VETERANS TO DECREASE BARRIERS TO CARE: THE EXPERIENCE OF THE MGH HOME BASE PROGRAM

Symposia

Chair: Kaloyan Tanev, MD, HMS

Presenter: Gabrielle Hoover, PhD, Massachusetts General Hospital

Presenter: Joseph Bonvie, PhD, Massachusetts General Hospital

Presenter: Laura Harward, MSW, Massachusetts General Hospital

Presenter: Louis Chow, PhD, Home Base

Track Clinical Interventions

Primary Program Type Clinical Practice

Presentation level Intermediate

Region Industrialized Countries

Population Type Other Professionals

Abstract Body The MGH Home Base Program, launched in 2009, is a nonprofit dedicated to providing care, free of charge, to Service members, Veterans (SMV), and their loved ones. The program has developed state-of-the art innovative treatment programs aiming to decrease treatment barriers. Our programs are highly rated by SMV on acceptability, satisfaction, and confidence measures. This workshop discusses the structure of four of our programs. Clinical services, collaborations across specialties, specific program schedules, outcomes, and patient feedback will be discussed. Although the presentations focus on clinical models of care, we will also discuss the work that precedes the launching of a new program, i.e, the identification of a target population and unmet need that our program would fill, establishing the necessary

partnerships to launch the program, securing funding, and designing the clinical program model based on the specific needs of the treatment population. We will use our newest 2 programs as examples of program building – the Comprehensive Brain Health and Trauma program for special operators (launched in 2019) and the intensive program for Native American SMV (launched in 2023). The workshop is relevant to clinicians and administrators interested in building similar innovative programs for SMV outside the traditional governmental structures for SMV care.

11:00 a.m. - 12:15 p.m.

UNDERSTANDING THE PSYCHOLOGICAL IMPACT OF FAMILY SEPARATION AMONGST REFUGEES AND IMMIGRANTS AS ONGOING TRAUMA

Symposia

Chair: Belinda Liddell, PhD, University Of Newcastle

Presenter: Karen-Inge Karstoft, PhD, University of Copenhagen

Presenter: Belinda Liddell, PhD, University Of Newcastle

Presenter: Jessica Goodkind, PhD, University of New Mexico

Presenter: Emily Lemon, PhD, The University of Texas Health Science Center

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body A hallmark feature of the refugee and immigrant experience is prolonged separation from loved ones. Family separation may represent a form of ongoing trauma for many refugees and immigrants, particularly if family members are situated in conflict-affected, insecure or low resource settings and/or if border and legal status restrictions prevent refugees/immigrants from seeing their family members. While research indicates that family separation increases risk for psychological disorders amongst refugees and immigrants, there is still relatively limited understanding of the long-term psychological effects of family separation and how to tailor interventions to better support those dealing with protracted separation. In this symposium, we will explore the experiences of family separation amongst different refugee and immigrant populations around the world in projects that draw upon different research methodologies. Associate Professor Karen-Inge Karstoft will present from a large longitudinal cohort study on displaced Ukrainian refugees in Denmark and examine the effect of family separation on depression symptoms, as well as the role of social networks and support in moderating these relationships. Professor Belinda Liddell will present on the longitudinal experiences of a large cohort of resettled refugees and asylum seekers in Australia and examine the psychological impact of family separation through the lens of changes in attachment security over time. Turning to the USA, Professor Jessica Goodkind will present new qualitative data on how family separation is experienced as an ongoing form of structural violence and impacts the mental health and settlement of newly arrived refugees and immigrants from Latin America and Africa. Finally, Dr Emily Lemon will examine the psychological impact of family separation in Latinx adolescents, and present novel strategies to address this using participatory action research as an intervention. Collectively, the papers in this symposium will highlight the importance of family separation as a key driver of psychological functioning amongst migrant populations and provide new

evidence-based insights that can promote innovative solutions for supporting refugees and immigrants around the world.

11:00 a.m. - 12:15 p.m.

Paper Session 4: Biology and Biobehavioral

AN EPIGENOME-WIDE ASSOCIATION STUDY OF CUMULATIVE STRESS IN ADULTS LIVING IN THE UNITED STATES

Paper Presentation

Elizabeth Clausing¹, Karen Conneely², Bruce Link³, Rachel Shelton⁴, Shakira Suglia²,
Charis Wiltshire*⁵

¹*University of Nebraska-Lincoln*, ²*Emory University*, ³*University of California Riverside*,

⁴*Mailman School of Public Health*, ⁵

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Advanced

Region Industrialized Countries

What is your population type? Both Adult and Child/Adolescent

Abstract Body Psychosocial stressors have been linked with different CpG sites across the epigenome in adults; however, few studies have examined stressors across the lifecourse in relation to epigenetics. In this study, we performed an epigenome-wide association study (EWAS) of stress across the lifecourse in a cohort of adults (n=359) from the Child Health and Development Studies (CHDS) Disparities (DISPAR) Study assessed using the Illumina EPIC Methylation BeadChip which assesses DNA methylation (in blood) at more than 850,000 sites throughout the genome. Psychosocial stress was measured in multiple timepoints (birth, age 9, age 15, and age 50). Stress domains include economic (income, education, and financial strain), social (parental-child relations, caretaker responsibilities), and traumatic (death of a sibling or child, exposure to violence). An EWAS was conducted using linear regression adjusted for age, cell-type proportions, and smoking status. We identified 156 CpG sites associated with trauma at the false discovery rate $q=0.05$.

Methylation levels of candidate genes, previously reported to be sensitive to stress, were also quantified from blood samples. Future studies need to clarify the robustness of these cumulative effects in larger samples and longitudinal studies.

MICRO-RNAS REGULATE THE RELATIONSHIP BETWEEN SOCIAL ADVERSITIES AND POST-TRAUMATIC SYMPTOM SEVERITY IN A PROSPECTIVE, COMMUNITY-BASED COHORT.

Paper Presentation

Monica Uddin*¹, Chengqi Wang¹, Andrew Ratanatharhorn², Allison Aiello³, Karestan Koenen⁴, Derek Wildman¹

¹*University of South Florida*, ²*Columbia University*, ³*The University of North Carolina at Chapel Hill*, ⁴*Harvard University*

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Epigenetics influence the impact of social challenges on biological outcomes. Therefore, pinpointing epigenetic factors linked to social adversities and traumatic stress is essential for understanding the mechanisms behind vulnerability and resilience. We hypothesized that micro-RNA (miRNA), a pivotal epigenetic component, may regulate severity of post-traumatic stress disorder (PTSD) symptom severity (PTSS) following exposure to social adversity. To test this hypothesis, we leveraged blood-derived RNA samples (n=632) and social adversity data from a community-based, prospective cohort of predominantly African Americans, the Detroit Neighborhood Health Study. Results identified 86 miRNAs that modify the relationship between social adversities (financial difficulties, perceived discrimination, cumulative trauma) and PTSS. These miRNAs are primarily involved in immune response, brain and neural function, as well as cell cycle and differentiation, and > 25% have previously been associated with conditions related to PTSD, including traumatic brain injury and stress response. Moreover, our analyses identified a group of miRNAs associated with PTSD that did not show PTSD-associated differential expression in main effect analyses in previous studies. Our findings offer a fresh perspective on understanding the role of miRNA in shaping the interaction between social adversities and PTSS.

INFANT WHITE MATTER MICROSTRUCTURES ARE AFFECTED BY MATERNAL CHILDHOOD EXPERIENCES OF ABUSE AND NEGLECT

Paper Presentation

Michelle Bosquet Enlow*¹, Banu Ahtam¹, Henry Feldman¹, Jennifer Khoury², Karlen Lyons-Ruth³, P. Ellen Grant¹

¹*Boston Children's Hospital, Harvard Medical School*, ²*Mount Saint Vincent University*,

³*Cambridge Hospital, Harvard Medical School*

Track Child and Adolescent Trauma

Primary Program Type Biological/Medical

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Both Adult and Child/Adolescent

Abstract Body Studies suggest that maternal childhood maltreatment (MCM) contributes to offspring neurodevelopmental and behavioral problems in part via alterations in offspring brain structure. The objective of this study was to examine if MCM is associated with infant white matter microstructure. In a sample of N and #3f44 mother-infant dyads, mothers completed the Adverse Childhood Experiences Scale to assess MCM; infant brain MRIs were performed at 3T Siemens, preprocessing of diffusion MRI data with DTIPrep, and FSL and whole brain tracts constructed with Diffusion Toolkit. Corpus callosum, bilateral cingulum, corticospinal tract, medial lemniscus, and dorsal and ventral language networks were extracted via manual ROI placement with TrackVis. In repeated-measures ANOVA, we tested mean fractional anisotropy, apparent diffusion coefficient, and axial and radial diffusivity in relation to MCM. MCM was associated with changes in the microstructure of

white matter pathways, suggesting that infants of mothers exposed to MCM had diffuse alterations in white matter connectivity, particularly robust for neglect in relation to the right long segment of the dorsal language network, an area involved in language processing. Thus, MCM may alter the microstructure of offspring white matter pathways involved in higher-order cognitive processes, a potential mechanism for intergenerational transmission of MCM.

CONNECTING THE DOTS: OVERLAPPING GENE EXPRESSION SIGNATURES IN HUMAN BNST AND PTSD ACROSS BRAIN REGIONS AND MOUSE MODELS.
Paper Presentation

Henry Bayly*¹, Sabina Berretta², Matthew Girgenti³, Bertrand Russ Huber⁴, Nikoloas Daskalakis⁵, Mark Logue⁶

¹*Boston University*, ²*Havard Medical School*, ³*Yale University School of Medicine*, ⁴*Boston University School of Medicine*, ⁵*Harvard School of Medicine*, ⁶*VA Boston Healthcare System*

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body The Bed Nucleus of the Stria Terminalis (BNST) serves as a regulator for long-term emotional states, and is relevant to the study of post-traumatic stress disorder (PTSD). No human studies of PTSD and BNST expression have been conducted, but BNST gene expression has been studied in conjunction with stress in mice. We performed differential gene expression analyses of RNAseq data from the BNST of 10 PTSD cases and 10 PTSD/depression-free donors from the VA National PTSD Brain Bank and compared the results of an independent PTSD study of other brain regions (Girgenti et al. 2021; UPMC results) and a joint analysis of two mouse BNST studies of chronic social defeat stress (GEO GSE109315 and GSE122840). We identified 877 nominally significant (p<0.05). Although more data is needed, this study is the first step in understanding the role of human BNST gene expression and its role in PTSD genesis and maintenance.

1:45 p.m. - 3:00 p.m.

Concurrent 8

1:45 p.m. - 3:00 p.m.

CHILDHOOD FAMILY BEREAVEMENT: TRANSLATING DATA INTO HEALING PRACTICE

Symposia

Chair: Karen Carmody, PhD, Duke University

Presenter: Karen Carmody, PhD, Duke University

Presenter: Robin Gurwitch, PhD, Duke University Medical Center

Presenter: Neena McConnico, PhD, Boston Medical Center

Discussant: Karen Carmody, PhD, Duke University

Track Child and Adolescent Trauma
Primary Program Type Clinical Practice
Presentation level Intermediate
Region Industrialized Countries
Population Type Child/Adolescent

Abstract Body Translational science and clinical practice for childhood family bereavement constitute a critical area of discovery, particularly in the context of global challenges such as COVID-19 and increases in disasters and mass violence. Marginalized populations experience outsized clinical impact and disparities in receiving requisite care. A multidisciplinary team of clinician researchers (representing social work, early childhood education, and developmental, community, and clinical psychology) will examine the role of family bereavement during childhood. Each presentation utilizes unique data, including traumatized children seen at National Child Traumatic Stress Network US sites, Black children and families in an outpatient setting receiving grief/trauma treatment, and families receiving care following mass disaster/trauma. The presentations consider developmental and cultural aspects of family bereavement, examine the impact of childhood loss on multiple levels of functioning, and propose and test innovations in culturally responsive, evidence-based treatment and community services to target the particular needs of children experiencing loss in the family. The chair will provide an initial overview to the topic and serve as a discussant following the three presentations to engage the audience in the application of the materials to policy and practice.

1:45 p.m. - 3:00 p.m.

DOES ONE SIZE FIT ALL? EXPLORING THE BOUNDARIES OF CURRENT APPROACHES TO PTSD ASSESSMENT

Symposia

Chair: Michelle Bovin, PhD, National Center for PTSD

Presenter: Michelle Bovin, PhD, National Center for PTSD

Presenter: Daniel Lee, PhD, National Center for PTSD, VA Boston Healthcare System, and Boston University School of Medicine

Presenter: Michael Crowe, PhD, VA Boston Healthcare System

Presenter: Chelsey Bull, PhD, University of Arkansas for Medical Sciences

Discussant: Brian Marx, PhD, National Center for PTSD

Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation level Intermediate
Region Industrialized Countries
Population Type Adult

Abstract Body Prior efforts to develop measures of DSM-5 PTSD diagnostic status and symptom severity have led to scales – e.g., the Clinician Administered PTSD Scale (CAPS-5), the PTSD Checklist (PCL-5), and the Primary Care PTSD Screen (PC-PTSD-5) – with high reliability, validity, and clinical utility. Despite their widespread adoption, questions remain about the degree to which different groups interpret test items similarly, if diagnostic accuracy remains constant across groups, whether observed scores in one group are psychometrically equivalent to observed scores in another, and if fixed form testing is indeed the best approach to assessing PTSD status and symptoms. In this symposium, we will

present work addressing these questions. First, Dr. Crowe will present analyses of PCL-5 method invariance across race and gender. Second, Dr. Bovin will discuss the diagnostic accuracy of the PCL-5 and PC-PTSD-5 among older veterans. Third, Dr. Bull will present findings from a study that identified and described confinement-related contextual influences on PTSD symptom expression via secondary analysis of CAPS-5 interviews conducted with people in prison. Finally, Dr. Lee will discuss results from a study comparing computer adaptive PTSD measurement to existing PTSD assessment tools. Dr. Brian Marx will serve as discussant.

1:45 p.m. - 3:00 p.m.

LONG-TERM EFFECTS OF TRAUMA AND PTSD ON PHYSICAL HEALTH, COGNITIVE, AND FUNCTIONAL OUTCOMES IN OLDER ADULTS

Symposia

Chair: Anica Pless Kaiser, PhD, National Center for PTSD, VA Boston Healthcare System

Presenter: Brian Smith, PhD, National Center for PTSD and Boston University

Presenter: Kelsey Serier, PhD, VA Boston Healthcare System, National Center for PTSD

Presenter: Karen Lawrence, PhD, University of Kentucky

Presenter: Audrey Murchland, MPH, PhD, Harvard University

Discussant: Eve Davison, PhD, VA Boston HCS

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region Industrialized Countries

Population Type Older People/Aging

Abstract Body PTSD is commonly comorbid with chronic medical conditions, cognitive decline, and other mental health disorders among older adults. The long-term effects of trauma exposure and PTSD across domains of health and functioning represent an important public health issue with implications for treatment recommendations and quality of life, yet these associations are understudied in older adults, especially women. The aim of this symposium is to present new findings involving the relationships between trauma exposure, PTSD, and long-term physical health, cognitive, and functional outcomes across several large and diverse aging cohorts, including military veterans and non-veterans, men and women. The role of medical (e.g., cardiovascular disease) and mental health comorbidities (e.g., depression), as well as risk and protective factors associated with trauma exposure and PTSD across the life course will be examined. Findings from these studies have implications for screening and assessment of trauma history and PTSD among older adults with medical conditions and within various health care settings. Our discussant will detail implications for further research, as well as provide translation of research findings to inform clinical assessment, treatment, and health screening recommendations for older adults and veterans.

1:45 p.m. - 3:00 p.m.

QUALITATIVE METHODS TO ASSESS RACIAL TRAUMA IN DIVERSE SETTINGS

Symposia

Chair: Joyce Yang, PhD, University of San Francisco

Presenter: Brittany Hall-Clark, PhD, University of Texas Health Science Center at San Antonio

Presenter: Joyce Yang, PhD, University of San Francisco

Presenter: Aliyah Sanders, MA, Georgia State University

Presenter: Maria Galano, PhD, University of Massachusetts Amherst

Discussant: Brittany Hall-Clark, PhD, University of Texas Health Science Center at San Antonio

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation level Intermediate

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body The scholarship on racial trauma, referring to the psychological distress resulting from repeated exposures to negative race-based encounters, has a rich empirical history. Scholars have described the nature of the distress, impact on health, and parallels to PTSD. This literature includes psychometric research on quantitative measures to assess racial trauma, including Trauma Symptoms of Discrimination Scale (Williams and Pereira, 2018), Race-based Traumatic Stress Symptom Scale (Carter et al., 2013), and Racial Trauma Scale (Williams et al., 2022). Concurrently, qualitative methods that invite BIPOC to share lived experiences of racial trauma in their own words, are critical. Qualitative questions can elicit rich descriptions that further the field's understanding of the complexity of racial trauma. Qualitative methods are also particularly necessary for community engaged efforts, given that understanding and manifestation of racial trauma is heterogenous and often population specific. We present the use of qualitative methodologies to assess racial trauma in: 1) general clinical settings, 2) Asian Americans exposed to vicarious racism; 3) Black Americans with high trauma exposure; and 4) caregivers with traumatic histories who parent young children. All speakers will share lessons learned from these varied settings to inform research design and clinical practice.

1:45 p.m. - 3:00 p.m.

BEST PRACTICES IN CULTURAL ADAPTATION OF PSYCHOLOGICAL ASSESSMENTS AND INTERVENTIONS IN INTERNATIONAL SETTINGS

Symposia

Chair: Vitaliy Voytenko, PhD, Western Michigan University Homer Stryker M.D. School of Medicine

Presenter: Shirin Kazimov, MD, MPH, PsyD, Austen Riggs Center

Presenter: Martin Robinson, PhD, Queen's University Belfast

Presenter: Laura Murray, PhD, Johns Hopkins University School of Public Health

Discussant: Debra Kaysen, PhD, Stanford University

Track Mode, Methods and Ethics

Primary Program Type Global Issues

Presentation level Introductory

Region Global

Population Type Adult

Abstract Body Cultural adaptation of psychosocial assessments and interventions is crucial for their effective implementation in diverse populations in international contexts, including conflict zones and other humanitarian settings. This symposium brings together three clinician researchers and a distinguished scholar discussant to highlight current best practices in systematic modification of evidence-based assessments and treatments to account for language, culture, and context, ensuring alignment with the recipients' cultural patterns, meanings, and values. Two of the presenters discuss cultural adaptation and validation of psychometric instruments originally developed in the U.S. for use in Ukraine and Colombia, respectively, while the other presenter focuses on adaptations of a systems-level intervention successfully piloted in a Congolese refugee settlement in Zambia and conflict-affected areas of Ukraine. The panel outlines a "road map" to successful cultural adaptation, as well as common pitfalls in this critically important process.

1:45 p.m. - 3:00 p.m.

ADVANCEMENTS IN UNDERSTANDING MORAL INJURY: THE PREVALENCE, MEASUREMENT, AND CORRELATES OF MORAL INJURY ACROSS MULTIPLE AT-RISK POPULATIONS IN DIVERSE CONTEXTS

Symposia

Chair: Shira Maguen, PhD, San Francisco VA Med Center

Presenter: Shira Maguen, PhD, San Francisco VA Med Center

Presenter: Talya Greene, PhD, MPH, University College London

Presenter: Brett Litz, PhD, Boston Univ

Presenter: Anna Camilleri, BSc, University of New South Wales

Track Professionals

Primary Program Type Assessment/Diagnosis

Presentation level Intermediate

Region Industrialized Countries

Population Type Other Professionals

Abstract Body Despite a growing awareness of moral injury, research gaps remain in better understanding prevalence, clinical meaningfulness, and critical correlates of moral injury. The four studies featured in this symposium detail important research innovations in each of these areas, with several at-risk and international populations represented. The first presentation discusses findings from the first epidemiological study on the prevalence and functional impact of moral injury among 3,002 US veterans. The second presentation is the first to determine a cut-off score to differentiate clinically meaningful and impairing moral injury from normative distress in a population-based sample of veterans, healthcare workers, and first responders (N and #3f1,232). The third presentation reports on a network analysis that examined the relationship between different potentially morally injurious events, rumination and depression among 850 healthcare workers in Israel. The fourth presentation outlines findings from a study that implements structural equation modelling to investigate the role of moral injury appraisals as a mediator of the relationship between human rights violations and psychopathology among 1,081 refugees resettled in Australia. We offer foundational evidence to inform more honed measurement and development and refinement of interventions for diverse populations affected by moral injury.

1:45 p.m. - 3:00 p.m.

EXPERT PERSPECTIVES ON PTSD AND SLEEP DISORDERS: CURRENT RELATIONSHIPS AND FUTURE DIRECTIONS OF MECHANISMS, ASSESSMENT, AND TREATMENTS

Panel

Peter Colvonen*

Chair: Peter Colvonen, PhD, VA San Diego Health Care System

Presenter: Birgit Kleim, PhD, University of Zurich

Presenter: Janeese Brownlow, PhD, Delaware State University

Presenter: Robert Owens, MD, University of California San Diego

Presenter: Laura Straus, PhD, San Francisco Veterans Affairs Medical Center/UCSF

Discussant: Barbara Rothbaum, PhD, Emory University School of Medicine

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Advanced

Region Global

Population Type Adult

Abstract Body: Insomnia, nightmares, and obstructive sleep apnea are highly co-occurring with PTSD, and untreated sleep disorders affect current best treatments. Objective assessment and treatment of sleep disorders may be key to maximizing clinical care and advancing future PTSD treatments (trauma-focused, medication-assisted, and neuromodulation). Five panelists are included, representing a diversity of viewpoints and expertise and representing several international institutions: Birgit Kleim, PhD; Janeese Brownlow, PhD; Robert Owens, MD; Laura Straus, PhD; and Peter Colvonen, PhD. Advancing translational science and clinical care, this panel will critically evaluate the data supporting psychological, biological, social and behavioral mechanisms that link PTSD and sleep disorders. Panelists will describe the evidence for the effectiveness of addressing sleep in the context of trauma treatments and examine the future of sleep and trauma research. The panelists' expertise in mechanisms, assessments, disorder endotypes, and treatment development makes them uniquely suited to guide the field toward evaluation and dissemination of effective treatment options for patients with PTSD with sleep disorders. Barbara Rothbaum, PhD, will serve as discussant and synthesize the panelists' perspectives with a focus on future treatments and studies. Audience members' questions will be welcomed.

1:45 p.m. - 3:00 p.m.

DEVELOPING CONTEXTUALLY AND CULTURALLY SOUND BASES FOR INTERVENTION: EVIDENCE FROM ACROSS GLOBAL CONTEXTS

Symposia

Chair: Laura Miller-Graff, PhD, University of Notre Dame

Presenter: Laura Miller-Graff, PhD, University of Notre Dame

Presenter: Edward M Cummings, Prof, University of Notre Dame

Presenter: Theresa Betancourt, ScD, Boston College School of Social Work

Presenter: Catherine Maloney, MSc, University of Notre Dame

Discussant: Miranda Olf, PhD, University of Amsterdam Academic Medical Center

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body Recent work on scalable psychological interventions suggests that cultural adaptation frameworks need to address cultural concepts of distress, treatment components, and treatment delivery in order to optimize the acceptability and effectiveness of interventions. Drawing from across global contexts, these presentations highlight work aimed at facilitating contextually- and culturally-grounded approaches to psychological intervention in the context of violence. To address work on cultural concepts of distress, Dr. Bunn will present data on cultural concepts of distress in Afghan refugees resettled in the United States. To address the role of research in identifying contextually-relevant treatment components, Dr. Cummings will present data evaluating the effects of emotional security on youth adjustment in the context of exposure to gang and community violence in Honduras. Ms. Maloney will present data on the role of neighborhood factors and community violence youth adjustment and resilience in Haiti. Finally, to address adaptations in treatment delivery, Dr. Miller-Graff will present evaluation data from a text-based intervention delivered to pregnant, violence-exposed Peruvian women. Our discussant and chair of the Global Collaboration for Traumatic Stress, Dr. Miranda Olf, will offer commentary on how translational work across contexts advances intervention science.

1:45 p.m. - 3:00 p.m.

ADVANCING THE COGNITIVE MODEL OF PTSD: THE ROLES OF IDENTITY, ATTACHMENT, AND CULTURE

Symposia

Chair: Belinda Liddell, PhD, University Of Newcastle

Presenter: Suzanna Azevedo, BA, MA, UNSW, Australia

Presenter: Chris Brewin, PhD, University College London

Presenter: Jennifer Kurath, MSc, Switzerland

Presenter: Belinda Liddell, PhD, University Of Newcastle

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Global

Population Type Adult

Abstract Body Cognitive models of PTSD have made seminal advances in our understanding of the posttraumatic stress. This symposium presents novel investigations in cognitive processes of PTSD by considering the role of appraisals in trauma-affected populations, as well as the extent to which other key coping processes can impact cognitive processes. The first study presents an investigation of the role attachment security on posttraumatic appraisals by manipulating awareness of attachment figures and showing that priming awareness of attachments can reduce negative posttraumatic appraisals. The second study involves an empirical analysis of the self-concept in PTSD by examining an understudied area of pre-reflective self-experience, which is a distinct form of self-identify. This

study investigates this construct in a large sample of Ukrainians sampled during the war, and in relation to PTSD and Complex PTSD. The third paper reports on the role of attachment appraisals on how stressors impact posttraumatic stress in refugees. This study assessed postmigration stressors in refugees and found that attachment anxiety and emotion regulation difficulties mediated the relationship between stressors and severity of PTSD. The fourth paper examined cross-cultural differences in appraisals in terms of their role in PTSD symptoms and found that different forms of appraisals following trauma moderated the impact of PTSD in Asian relative to European trauma survivors. These papers highlight that better understanding of PTSD requires close examination of variants of cognitive factors beyond those traditionally studied in cognitive models of PTSD.

1:45 p.m. - 3:00 p.m.

NEW DEVELOPMENTS IN PSYCHOSOCIAL INTERVENTIONS FOR EMERGENCY RESPONDERS: FROM SELF-MANAGEMENT TO RESIDENTIAL TREATMENT

Symposia

Chair: Eric Meyer, PhD, University of Pittsburgh

Presenter: Eric Meyer, PhD, University of Pittsburgh

Presenter: Suzy Gulliver, PhD, Warriors Research Institute, S and W Healthcare

Presenter: Suzy Gulliver, PhD, Warriors Research Institute, S and W Healthcare

Presenter: Nathan Kimbrel, PhD, Department of Psychiatry, Duke University School of Medicine and Durham VA Health Care System

Discussant: Anka Vujanovic, PhD, Texas A and M University

Track Professionals

Primary Program Type Clinical Intervention/Research

Presentation level Introductory

Region Industrialized Countries

Population Type Other Professionals

Abstract Body Emergency responders experience high rates of PTSD, related mental health symptoms, addiction, functional impairment, and suicide risk. Barriers to care include stigma, logistical barriers, and lack of provider knowledge regarding emergency response culture. We present four evidence-informed, data-driven approaches to improving care options for first responders. We will present from a web-based, self-management intervention for anger in fire fighters, a prevalent challenge that cuts across diagnostic categories. Second will be a study of outpatient therapy using the Unified Protocol (UP) for Transdiagnostic Treatment of Emotional Disorders in a nationwide sample of fire fighters during the COVID-19 pandemic. Next, a second study of outpatient therapy using the UP expands on the prior talk by presenting on a mixed sample of emergency personnel (police, fire, and medical), by focusing on treatment mechanisms as well as examining changes in sleep quality. Finally, to our knowledge, we present the first outcome study from a residential treatment program for fire fighters, highlighting symptom trajectories over 18 months following discharge in 330 fire fighters. We will discuss population-specific treatment considerations and future research, including our ongoing trial of peer-delivered, emotion regulation training based on the UP to prevent PTSD in fire service trainees.

1:45 p.m. - 3:00 p.m.

Paper Session 5: Factors Associated With PTSD

TEMPORAL DISCOUNTING IN PTSD: THE ROLE OF FUTURE THINKING

Paper Presentation

Mieke Verfaellie*¹, Ginette Lafleche², Virginie Patt², Jennifer Vasterling²

¹*VA Boston Healthcare System and Boston University*, ²*VA Boston Healthcare System*

Track Professionals

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Other Professionals

Abstract Body Recent findings indicate alterations in future thinking in PTSD, but how individuals with PTSD make future-oriented decisions remains poorly understood. We tested the hypothesis that increased temporal discounting (i.e., preference for smaller, sooner over larger, later rewards) in association with PTSD reflects failure to spontaneously envision future rewarding situations. 37 warzone veterans completed a standard temporal discounting task and a temporal discounting task in which participants imagined future events prior to making choices. Greater PTSD symptom severity was associated with preference for smaller, sooner rewards in the standard task. As hypothesized, when participants engaged in future thinking, greater PTSD symptom severity was no longer associated with steeper discounting. Difficulty anticipating future events (measured separately), mediated the relationship between PTSD symptom severity and degree of discounting in the standard task. Among PTSD symptom clusters, the severity of avoidance and negative alterations in cognition and mood was related to steeper discounting. Depression and alcohol use were not associated with discounting. Our findings raise the possibility that interventions aimed at promoting imagination of positive future events in those with PTSD may lead to more patience in making choices, with direct implications for health and wellbeing.

SECONDARY TRAUMATIC STRESS IN PSYCHOLOGISTS AFTER THE 6 FEBRUARY 2023 KAHRAMANMARAŞ EARTHQUAKES

Paper Presentation

Tugba Yilmaz*¹, Ece Bekaroglu²

¹*Marmara University*, ²*Ankara Haci Bayram Veli University*

Track Professionals

Primary Program Type Vicarious Traumatization and Therapist Self-Care

Presentation Level Intermediate

Region Central and Eastern Europe and the Commonwealth of Independent States

What is your population type? Mental Health Professionals

Abstract Body Abstract

The literature highlights the need for studies assessing the secondary traumatic stress (STS) experienced by psychologists as a result of their work with clients affected by traumatic events. To evaluate the impact of the Coronavirus pandemic and the 6 February 2023

Kahramanmaraş Earthquakes on the STS levels of psychologists, this study assessed the roles of personal trauma history, attachment type, coping strategies and social support. The correlation and regression analyses revealed that STS was negatively associated with personal trauma history, anxious-avoidant attachment styles, and helpless coping, whereas it was positively associated with receiving social support, and self-confident coping style. Perceived income and personal affection level from earthquakes showed a positive correlation with STS, while benefits obtained from trauma training displayed a negative correlation. The mediation analyses showed that helpless and self-confident coping strategies have mediating roles in the relationship of anxious attachment and avoidant attachment with STS. It was seen that personal trauma history does not consist of childhood traumas. The findings emphasize actionable steps, guiding the development of interventions and training programs to protect psychologists from the adverse effects of STS and improve overall mental health workforce well-being.

I CAN'T BELIEVE YOU DON'T HAVE A BOX FOR THIS: "OTHER" PERCEIVED TRAUMA EXPOSURE AND POSTTRAUMATIC STRESS SYMPTOMS

Paper Presentation

Arielle Scoglio^{*1}, Laura Sampson², Ariel Kim², Rebecca Lawn², Camille Marquez², Karestan Koenen²

¹*Bentley University*, ²*Harvard T.H. Chan School of Public Health*

Track Assessment and Diagnosis

Primary Program Type Clinical Practice

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Perceived traumatic events that do not meet stringent clinical thresholds are often excluded from research, though these experiences may still result in psychological distress and posttraumatic stress disorder (PTSD) symptoms.

Drawing on data from the Nurses' Health Study II 2018 PTSD substudy, 63% of participants who reported experiencing a trauma outside of 15 queried trauma types (e.g. sexual assault, serious accident), chose the experience as their "worst" trauma. Of these participants, nearly 25% met criteria for lifetime PTSD. We used a mixed methods approach to identify common themes among write-in perceived trauma experiences (n=2,653) and to assess the associated prevalence of probable lifetime and past month PTSD.

Perceived trauma exposures were categorized under six themes: non-violent death of a loved one, distressing workplace event, loved one being harmed, loved one managing a distressing problem, problems with intimate partner, or personally distressing event. Perceived trauma exposures were associated with high prevalence of probable lifetime (30% across 3 themes) or past month PTSD.

Our findings highlight the need to examine perceived traumas that may not fit within common trauma measurements, as these experiences are associated with significant

psychological distress. Survivors' perspectives of traumatic events must be considered in diagnosis and treatment.

THE CONTRIBUTION OF POTENTIALLY MORALLY INJURIOUS EVENTS TO TRAJECTORIES OF POSTTRAUMATIC STRESS SYMPTOMS AMONG DISCHARGED VETERANS - A FIVE-YEAR STUDY

Paper Presentation

Yoav Levinstein*¹, Rachel Dekel², Yossi Levi-Belz³, Gadi Zerach⁴

¹*Bar-Ilan University*, ²*School of Social Work, Bar-Ilan University*, ³*The Lior Tsfaty Center for Suicide and Mental Pain Studies, Ruppin Academic Center*, ⁴*Ariel University*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Introductory

Region Middle East and North Africa

What is your population type? Adult

Abstract Body In this prospective study, we evaluated the trajectories of posttraumatic stress symptoms (PTSS) among combat veterans during the initial year after military discharge. Subsequently, we analyzed how combat exposure and experiences associated with potentially morally injurious events (PMIEs) contributed to these trajectories. Male combat veterans (N = 374) participated in a five-year prospective study with four measurement waves: one year before enlistment (T1), one month prior to military discharge (T2; July 2021), and then again at six months (T3; February 2022) and twelve months after discharge (T4; July-August 2022). A latent profile analysis (LPA) revealed a diverse array of PTSS trajectories. Predominantly, a "resilient" trajectory emerged as the most frequently observed (69.3%), along with 'delayed onset' (13.6%), 'improving' (9.9%), and 'chronic' (6.1%) trajectories. Importantly, multinomial regression analysis indicated that combat exposure and PMIE-betrayal contributed to alignment with symptomatic trajectories. This study is the first to establish longitudinal, time-dependent associations between PMIEs and PTSS trajectories. The findings highlight the critical importance of ongoing screening and tailoring interventions for combat veterans.

THE ROLE OF PRETRAUMATIC ("PRE-EVENT") STATUS ON POSTTRAUMATIC TRAJECTORIES

Paper Presentation

Aino Saarinen*¹, Olli Raitakari², Liisa Keltikangas-Järvinen¹, Terho Lehtimäki³

¹*University of Helsinki*, ²*University of Turku*, ³*Tampere University*

Track Public Health

Primary Program Type Public Health

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Both Adult and Child/Adolescent

Abstract Body BACKGROUND. Traditional research has focused on development after a traumatic experience (â€œafter-only researchâ€œ), without prospective examination of

pretraumatic or "pre-event" status. OUR STUDY explores posttraumatic trajectories of symptoms/growth while considering pretraumatic symptoms/growth. METHODS. The data came from the prospective population-based Young Finns Study (n=3596 at the baseline). Our data included a 15-year follow-up of growth indicators (e.g., self-acceptance, resourcefulness, compassion, spiritual growth) and a 20-year follow-up of symptom indicators (e.g., depression, paranoia). These trajectories were merged with data on traumatic experiences over the follow-up, resulting in a decades of interplay between trauma experiences and pre-/posttraumatic symptoms and growth. We controlled for a range of possible confounders (e.g., socioeconomic and lifestyle factors, polygenic liabilities). THE RESULTS showed that the shapes posttraumatic curves over age are crucially different if considering (vs. if not considering) pretraumatic status. In conclusion, our study opens a new perspective to the field of trauma research by demonstrating the crucial role of pretraumatic status on posttraumatic development.

1:45 p.m. - 3:00 p.m.

Flash Talk Session 6

DROPOUT IN A CLINICAL TRIAL FOR COMORBID PTSD AND MDD AMONG US SERVICE MEMBERS: ARE PRETREATMENT CHARACTERISTICS PREDICTIVE?

Flash Talk Presentation

Alexander Kline*¹, Nicholas Otis¹, Sonya Norman², William Hunt³, Kristen Walter¹

¹Naval Health Research Center, ²National Center for PTSD, ³Naval Medical Center San Diego

Track Clinical Interventions

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Objective: Despite effective treatment options for posttraumatic stress disorder (PTSD), many patients do not complete therapy. This includes US active duty service members, yet factors linked to attendance in this population remain understudied, and dropout remains difficult to predict. Additionally, most studies have not examined samples with PTSD and co-occurring major depressive disorder (MDD) despite high rates of comorbidity. Method: The current study explored predictors of dropout among service members with comorbid PTSD and MDD (N and #3f94) randomized to cognitive processing therapy enhanced with behavioral activation (BA+CPT) or CPT as part of a clinical trial. Results: Using the Fournier approach, only two predictors among over 20 examined were significantly associated with lower dropout risk: shorter duration between pretreatment assessment and Session 1 (p=.041) and past 3-month PTSD treatment engagement (p=.036). Conclusion: Results suggest the possible utility of early momentum in starting therapy and leveraging recent treatment to improve attendance. However, this study also highlights the possible limitations of pretreatment variables in predicting attendance as well as challenges in measuring dropout risk. Strategies to improve prediction, such as shifting focus to assess modifiable factors and processes more proximal to dropout during treatment, may be needed.

REPEATED TRAUMA AND PSYCHOSIS: LESSONS FROM AN OUTPATIENT TREATMENT PROGRAM FOR INDIVIDUALS WITH PSYCHOTIC SPECTRUM DISORDERS

Flash Talk Presentation

Katharine Wojcik*¹

¹*Baylor College of Medicine*

Track Clinical Interventions

Primary Program Type Community-Based Programs

Presentation Level Introductory

Region Global

What is your population type? Adult

Abstract Body Individuals experiencing psychosis report trauma, and repeated traumatization at above average prevalence rates, up to 4-6 times higher than the general population (de Vries et al., 2018, Steel, et al., 2017), and are more likely to experience financial and housing instability, discrimination, and lack of social support (Ayano et al., 2019; Hoffman et al., 2017). The objective of this presentation is to highlight the importance of providing trauma-informed care for individuals with psychosis by highlighting case examples, program evaluation, and outcomes research from a county hospital IOP program. Individuals have a primary psychotic disorder, with 100% reporting at least one traumatic experience, and an above average rate of experiences with human trafficking. Participants range in age from 18-67, are 50% Hispanic/Latinx, 33.3% Black/African American, and 16.7% White, 60% male, and have an average SES of less than \$20,000 per year. Multidisciplinary treatment is provided based on CBT and third wave behavioral approaches. Results indicate significant reductions in inpatient hospitalizations and mental health symptoms, improved social connection and daily functioning (e.g., ADLs, obtaining work). Additional research and access to clinical services are needed for individuals experiencing psychosis with a history of trauma.

CHARACTERIZING MENTAL HEALTH CARE UTILIZATION FOR VETERANS WITH PTSD IN THE YEAR AFTER A SUICIDE ATTEMPT

Flash Talk Presentation

Kate Clauss*¹, Emily Young², Benjamin Morasco², Lauren Denneson³

¹*Portland VA*, ²*Portland VA Healthcare System*, ³*VA Portland Healthcare System*

Track Professionals

Primary Program Type Clinical Practice

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Veteran status and posttraumatic stress disorder (PTSD) increase risk for suicide attempts. The year after a suicide attempt is a high-risk period for suicide death, when patients with PTSD may be especially in need of mental health treatment. Unfortunately, little is known about their engagement in care during this time. The purpose of this study was to characterize mental health care utilization among Veterans with PTSD in the year post suicide attempt. Veterans with a non-fatal suicide attempt in the past 6 months were

identified via the electronic health record (EHR) and 1,000 were enrolled. Analyses were limited to Veterans with PTSD (n = 431). The majority were female (63.6%) between the ages of 26-54 (70.5%). All participants had at least one mental health visit in the year following the attempt. A minority experienced psychiatric hospitalization (11.1%). Most received an antidepressant prescription (90.7%), and some received a sleep prescription (37.8%). The number of outpatient mental health visits ranged from 1-221. Additionally, 5.6% received an evidence-based treatment in a PTSD clinic, but only 1.9% received a full dose (≥ 8 sessions). Despite data suggesting that PTSD treatment reduces suicidal ideation, study findings suggest that very few Veterans with PTSD receive evidence-based treatment for PTSD in the year after a suicide attempt.

SELF-COMPASSION ATTENUATES THE ASSOCIATION BETWEEN PTSD SYMPTOM SEVERITY AND SUICIDE IDEATION AMONG VETERANS WITH A RECENT SUICIDE ATTEMPT.

Flash Talk Presentation

Vanessa Somohano*¹, Katie Pierce², Kate Clauss³, Derek Smolenski⁴, Lauren Denneson²

¹Portland VAMC, ²VA Portland Health Care System, ³Portland VA Health Care System,

⁴Department of Defense

Track Clinical Interventions

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Posttraumatic stress disorder (PTSD) is associated with risk for suicide, and both are common among Veterans. Self-compassion, the degree to which one demonstrates kindness to themselves amidst suffering, may help reduce feelings of shame or self-blame in the context of trauma. This analysis assessed whether the association between PTSD severity and suicide ideation is moderated by self-compassion in a sample of trauma-exposed Veterans with a recent suicide attempt (N and #3f554). Regression analyses supported a departure from additivity in the association between self-compassion and PTSD symptom severity ($\beta=7.17$, $df=1$). For study participants one standard deviation below the mean on self-compassion, a one-unit increase in PTSD scores was associated with a 0.37 unique increase in suicide ideation (95%CI=0.25, 0.49; $d=0.47$). For those one standard deviation above the mean, the association was 0.19 (95%CI=0.10, 0.28; $d=0.24$). Implementing interventions which increase self-compassion among trauma-exposed Veterans may reduce suicide risk.

DEVELOPMENT OF CONFLICT TO CONNECTION (C2C), A TRANSDIAGNOSTIC, TRAUMA-INFORMED INTERVENTION TO PREVENT VIOLENCE AND STRENGTHEN RELATIONSHIPS

Flash Talk Presentation

Galina Portnoy*¹, Julie Yeterian², Sarah Walls³, Katherine Iverson⁴

¹, ²Yale School of Medicine/VA Connecticut Healthcare System, ³VA Connecticut Healthcare System, ⁴Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System/Boston University School of Medicine

Track Clinical Interventions

Presentation Level Intermediate

Region Industrialized Countries

Abstract Body Trauma exposure, particularly interpersonal trauma, can disrupt attachment patterns and alter social-information processing. Individuals exposed to trauma can perceive interpersonal interactions as hostile or threatening and respond in aggressive or violence ways, underscoring the critical need for intervention development focused on trauma-related relational domains. This talk describes our systematic development of Conflict to Connection (C2C), a trauma-informed treatment to intervene in and prevent violence in intimate relationships. First, we identified 26 treatment components from research and interventions related to social information processing, partner violence, and interpersonal effectiveness. Next, we conducted an expert consensus study with subject matter experts (N = 99) to achieve agreement regarding which components should be retained as a final set of treatment topics. Experts reached consensus on 15 components for inclusion and provided feedback through open-ended responses, which were analyzed using content analysis. Discussion will highlight the content and process of C2C, an innovative, transdiagnostic intervention addressing use of partner violence, feedback raised by experts, and next steps for conducting a clinical trial to assess feasibility, safety, acceptability, and efficacy of the intervention.

What is your population type? Mental Health Professionals

MODIFIED GROUP TRAUMATIC EPISODE PROTOCOL FOR COMPLEX PTSD IN MIGRANTS: RESULTS FROM A PILOT STUDY

Flash Talk Presentation

Nicolas CHAULIAC^{*1}, Philippe Vignaud², Germain Salome², Nathalie PRIETO²

¹*Regional Center for Psychotrauma, Lyon university hospitals / RESHAPE Lab, INSERM U1290 and Claude Bernard University Lyon-1*, ²*Hospices Civils de Lyon*

Track Clinical Interventions

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Post-Traumatic Stress Disorder (PTSD) is highly prevalent among migrant populations, and accessing validated therapies for PTSD such as EMDR remains challenging for them. We propose to use a modified Group Traumatic Episode Protocol (GTEP). GTEP was initially designed for group EMDR in emergency catastrophic situations. This modified GTEP extends to six weekly sessions and targets participants primarily experiencing complex PTSD.

The aim of our pilot study was to evaluate the feasibility and effectiveness of this intervention through a pre- and post-intervention comparison.

Thirty-two participants were enrolled in the study. Results showed a significant reduction in complex PTSD and PTSD diagnoses according to the ITQ, and a mean decrease of 14.5 (95% CI=[6.6223; 22.2777]) in PCL-5 scores. Additionally, there was a decrease in PHQ-9 depression symptoms and Kessler Psychological Distress Scale scores, along with an increase in WHOQOL-BREF quality of life score. Participation levels exceeded 93%, and GTEP proved effective even with participants who did not share the same language as the therapists. Four participants opted for a second session due to insufficient initial results.

In conclusion, this modified GTEP intervention could be a promising approach for addressing complex PTSD within migrant populations.

A SCOPING REVIEW OF ECOLOGICAL MOMENTARY ASSESSMENT RESEARCH ON POSTTRAUMATIC STRESS DISORDER

Flash Talk Presentation

Rachel Zelkowitz*¹, Molly Gromatsky², Haijing Hallenbeck³, Tate Halverson⁴, Emma Knutson¹, Ariel Tran⁵

¹*VA Boston Healthcare System*, ²*OMHSP, Department of Veterans Affairs*, ³*VA Palo Alto*, ⁴*Durham VAMC*, ⁵*UCSD*

Track Mode, Methods and Ethics

Primary Program Type Research Methodology

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Ecological momentary assessment (EMA) research on posttraumatic stress disorder (PTSD) has proliferated in recent years, as growing availability of smartphones and advanced statistical modeling techniques have made this methodology more widely accessible. The goal of this scoping review was to characterize the range of research designs and analytical techniques applied in published PTSD research in order to identify trends and strengths as well as gaps in the literature. PRISMA guidelines were followed. Searches of three scientific databases (Pubmed, PsycInfo, PTSDPubs) yielded 2,025 non-duplicative titles that described use of EMA to track PTSD symptoms. Following an initial review of titles and abstracts, 141 publications were selected for full-text review, and 85 were selected for inclusion. Each article was double-coded. Data extraction focused on study populations, specifics of PTSD assessment in EMA (e.g., measures/items and their validation), EMA schedules and compliance rates, analytical approaches, and comorbid behaviors/symptoms assessed. Findings demonstrate the wide range of contexts in which EMA has been applied to study PTSD. Both strengths of the literature and future directions for the field will be highlighted.

ECOLOGICAL MOMENTARY ASSESSMENT PARTICIPATION AND COMPLIANCE PREDICTORS AMONG HURRICANE FLORENCE SURVIVORS

Flash Talk Presentation

Alexander Stover*¹, Bernard Ricca², Charles Benight², Heather Littleton², Jenna Happe², Megan Wendling²

¹*University of Colorado*, ²*Lyda Hill Institute for Human Resilience*

Track Mode, Methods and Ethics

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Ecological momentary assessment (EMA) is a data collection method that employs repeated self-report data gathering in naturalistic settings to extend scientific

inquiries into such environments a step in the translational process. This study (N = 261) examined participant factors possibly linked to EMA participation (EMA-P; at least one EMA survey completed) and compliance (EMA-C; days participants completed all items) among hurricane survivors. A literature review identified age, gender, trauma-related distress, and education as potential EMA-P and EMA-C predictors. This study captured each factor at baseline before survivors began 42 daily assessments. Most of the sample were women (88.5%), and about half were White (52.5%). The mean age was 44.07 (SD = 12.79). A hurdle regression analysis computed two models. Model 1 (N = 261) employed binary logistic regression, identifying no significant EMA-P predictors. A Poisson regression (Model 2: N = 165) revealed that older age (B = .05, p <.01), male gender (B = -.12, p <.01), and less trauma-related distress (B = -.03, p <.01) predicted increased EMA-C. EMA-C differences were noted based on educational attainment. However, no significant pattern was detected. These results provide preliminary insight into how participant factors influence EMA-P and EMA-C among disaster survivors in efforts to account for EMA-C variability.

3:15 p.m. - 4:30 p.m.

Concurrent 9

3:15 p.m. - 4:30 p.m.

FROM DEVELOPMENT TO LARGE SCALABILITY: INTERVENTIONS FOR WAR, REFUGEE, AND MIGRATION TRAUMATIC STRESS

Symposia

Chair: Jacob Bentley, PhD, University of Washington School of Medicine

Presenter: Jennifer Newberry, MD, JD, MSc, Stanford University School of Medicine

Presenter: Jessica Lambert, PhD, DIGNITY- Danish Institute Against Torture

Presenter: Jacob Bentley, PhD, University of Washington School of Medicine

Presenter: Marit Sijbrandij, PhD, VU University Amsterdam

Discussant: Anu Asnaani, PhD, University of Utah

Track Mass Violence and Migration

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Global

Population Type Adult

Abstract Body Approximately 110 million individuals are forcibly displaced worldwide; many in need of mental health (MH) support. By focusing on increasing stakeholder engagement, capacity building, and long-term sustainability and by focusing on building interventions that are brief, delivered by non-specialists, and easily scalability, MH interventions will better reach those in need. Further, carefully culturally-adapted interventions may enhance uptake and effectiveness. This symposium focuses on innovative MH programs that tackle these challenges to promote MH and resilience in migrating and displaced communities. Jennifer Newberry will present on a U.S. Latinx community health worker project, examining MH help seeking and human rights education, with immigration- and police-related trauma. Jessica Lambert will then discuss the development of a Life Stress and Resilience intervention, focusing on somatic and emotional distress with Syrian refugees in Jordan. Jacob Bentley will then discuss adapting Islamic Trauma Healing for U.S.-based

Afghan refugees. Finally, Marit Sijbrandij will examine the effectiveness of Problem Management Plus and digital Step-by-Step non-specialist delivered scalable interventions in Syrian refugees. Anu Asnaani, discussant, will conclude by highlighting critical participatory methods, innovations, and considerations for scaling for displaced populations.

3:15 p.m. - 4:30 p.m.

TRANSLATING DISPARITIES RESEARCH INTO ENGAGEMENT AND EQUITY IN TRAUMA RECOVERY

Symposia

Chair: Rachel Kimerling, PhD, VA Palo Alto Health Care System

Presenter: Johanne Eliacin, PhD, VA Boston National Center for PTSD

Presenter: Eve Carlson, PhD, National Center for PTSD

Presenter: McKenzie Lockett, PhD, National Center for PTSD - Dissemination and Training Division, VA Palo Alto HCS

Presenter: Michael Flores, MPH, PhD, Health Equity Research Lab/ Harvard Medical School

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body Persistent disparities in trauma exposure and recovery are maintained by racism and other forms of systematic oppression transmitted by communities, institutions and individuals. This symposium presents studies that explore these processes across the continuum of population-based observations to emerging interventions, in order to accelerate efforts to promote equity in recovery from trauma and engagement with care. We first present a population-based study of racial/ethnic disparities in suicide outcomes among young adults who experienced interpersonal violence. The next two presentations examine how experiences of discrimination impact trauma recovery and engagement with care. These are a prospective study of the perceived nature and severity of discriminatory experiences on PTSD risk and retention in care and a prospective study of the impact of racial/ethnic discrimination in healthcare on treatment engagement and mental health treatment attendance. Finally, we present the results of a new intervention to engage racial/ethnic minoritized individuals in mental health care. Studies are drawn from safety-net and acute trauma settings that are most likely to treat minoritized patients. Interactive discussion will empower attendees to consider how to apply findings towards actionable strategies to enhance equity and engagement in the treatment of traumatic stress.

3:15 p.m. - 4:30 p.m.

TRAUMA- AND STRESS-RELATED PROCESSES IN CHILDREN AND ADOLESCENTS: BRIDGING THE GAP BETWEEN THEORY AND CLINICAL PRACTICE

Symposia

Chair: Anke de Haan, PhD, Ruhr University Bochum, Mental Health Research and Treatment Center (FBZ)

Presenter: Silje Ormhaug, Other, NKVTS, Norway

Presenter: Anke de Haan, PhD, Ruhr University Bochum, Mental Health Research and Treatment Center (FBZ)

Presenter: Alessandra Giuliani, (blank), University of Bath

Presenter: Ann-Christin Haag, PhD, University Hospital Ulm

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation level Introductory

Region Industrialized Countries

Population Type Child/Adolescent

Abstract Body Theoretical models and research findings suggest that subjective peri- and post-trauma factors play a major role in the aftermath of trauma. However, open questions remain in regard to what predicts these factors and their interplay with psychopathology over time. Both research gaps are of high clinical relevance to better support children and adolescents exposed to trauma. This symposium aims at bridging the gap between theory and clinical practice by exploring three trauma- and stress-related processes, namely posttraumatic cognitions, trauma memory vividness, and expressive flexibility. Presentation 1 investigates variables associated with levels of dysfunctional posttraumatic cognitions among 506 youths referred to treatment (Ormhaug). Presentation 2 analyses the cross-lagged associations of dysfunctional and functional posttraumatic cognitions with internalising symptoms in children and adolescents (de Haan). Presentation 3 explores the dynamics of trauma memory, depression, and posttraumatic stress disorder symptoms in an international dataset of 837 school-aged participants (Giuliani). Presentation 4 introduces AI-coding to assess expressive flexibility and its association with outcomes of emotional and social functioning controlled for stress exposure in adolescents (Haag). Implications for clinical practice and future research will be discussed.

3:15 p.m. - 4:30 p.m.

INNOVATIVE TRIALS OF INVENTIONS ON PTSD AND INTERPERSONAL FUNCTIONING ACROSS THE TRANSLATIONAL SPECTRUM

Panel

Eileen Barden*

Chair: Eileen Barden, PhD, VA Boston Healthcare System

Presenter: Suzannah Creech, PhD, The University of Texas at Austin/VA

Presenter: Laura Meis, PhD

Presenter: Leslie Morland, PhD, VA San Diego Healthcare System/University of California, UCSD

Presenter: Casey Taft, PhD, National Center for PTSD/Boston VA Healthcare System

Presenter: Lauren Sippel, PhD, US Department of Veterans Affairs

Discussant: Candice Monson, PhD, Toronto Metropolitan University

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body: PTSD detrimentally impacts both intra- and interpersonal functioning (Campbell and Renshaw, 2018). Intervention research in this area indicates there are opportunities to leverage relationships to enhance PTSD symptom reduction. Further interventional studies are needed to investigate outcomes and optimally translate these findings into practice. Five panelists (Suzannah Creech, PhD, Laura Meis, PhD, Leslie Morland, PsyD, Lauren Sippel, PhD, Casey Taft, PhD) will share their expertise through discussing the development of their recently funded trials. This panel will cover trials in trauma and interpersonal functioning across the spectrum of translational research, including phase 1 RTCs, phase 2-3 efficacy, implementation-effectiveness, and a PCORI funded translational trial. Panelists will describe data that informed their interventions, methodological considerations, and clinical implications. Candice Monson, PhD (co-developer of CBCT for PTSD) serving as the discussant, will integrate the panelists' treatment frameworks and discuss future directions for novel treatment development addressing PTSD and interpersonal factors. Questions and comments from the audience regarding research and clinical implementation challenges for examining interpersonal functioning and trauma will be welcomed, with the goal of stimulating future research and funding proposals of this critical work.

3:15 p.m. - 4:30 p.m.

ASSESSMENT OF TRAUMATIC BEREAVEMENT, PROLONGED GRIEF AND AMBIGUOUS LOSS ACROSS THE GLOBE

Symposia

Chair: Geert Smid, MD, PhD, Prof Dr, ARQ National Psychotrauma Centre

Presenter: Clare Killikelly, Prof Dr, Switzerland

Presenter: Einat Yehene, PhD, Israel

Presenter: Simon Groen, GGZ Drenthe

Presenter: Hannah Comtesse, PhD, Germany

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation level Intermediate

Region Global

Population Type Adult

Abstract Body Symposium endorsed by Global Collaboration on Traumatic Stress (GCTS). The GCTS Trauma, Bereavement and Grief Network provides collaboration opportunities for research in the field of trauma, bereavement and grief, with an emphasis on cross-cultural assessment. The loss of loved ones due to violent or accidental circumstances, often referred to as traumatic bereavement, conveys an increased risk of prolonged grief disorder (PGD), PTSD, and other mental disorders. In addition, disappearance of loved ones may cause reactions in relatives of missing persons referred to as ambiguous loss. Culturally sensitive assessment of PGD and ambiguous loss represents a challenge for both clinicians and researchers. The presentations in this symposium discuss various recently developed instruments that support such assessment, often with validated versions in many languages, including the Traumatic Grief Inventory and the International PGD Scale to assess PGD, the Bereavement and Grief Cultural Formulation Interview to support culturally sensitive

assessment, and the Ambiguous Loss Inventory Plus (ALI+) to assess ambiguous loss. Research findings are presented about associations between cross-country PGD rates and country vulnerability. Furthermore, explorative findings are presented to explain variations in separation distress and general psychological reactions following ambiguous loss.

3:15 p.m. - 4:30 p.m.

MST FROM SERVICE TO END OF LIFE: INNOVATIVE POINTS OF INTERVENTION TO REDUCE DISPARITIES IN OUTCOMES

Symposia

Chair: Aliya Webermann, PhD, VA Connecticut Healthcare System

Presenter: Aliya Webermann, PhD, VA Connecticut Healthcare System

Presenter: Anne Banducci, PhD, VA Boston Healthcare System

Presenter: Georgina Gross, PhD, VA CT Healthcare System

Presenter: Stephanie Bonnes, PhD, University of New Haven

Discussant: Sebastian Bliss, PhD, VA Boston Healthcare System (116A)

Track Professionals

Primary Program Type Social Issues - Public Policy

Presentation level Intermediate

Region Industrialized Countries

Population Type Other Professionals

Abstract Body This symposium identifies inflection points impacting the life trajectories of service members who experience military sexual trauma (MST), from the point of disclosure and military prosecution, to engagement in Veterans' Health Administration (VHA) services, to death. Three VA clinical/research psychologists and a sociologist describe qualitative interviews with military personnel and VA staff, as well as quantitative nationally representative VHA data. Individual symposia describe identity-related: 1) barriers to reporting MST in-service as described by women service members and military attorneys who prosecute MST (Bonnes, 2023); 2) ambiguity and discretion among VA claim adjudicators/raters and disability evaluators in processing and awarding MST-related disability claims (Webermann et al., 2023); 3) disproportionate negative impacts of MST among trans and gender diverse veterans (Livingston et al., 2022); and 4) elevated mortality risk among veterans, as a function of MST and gender (Beckman et al., 2022). Each talk focuses on individual, programmatic, and policy-level inflection points, to intervene and reduce disparities among MST survivors across identities, and to develop trauma- and culturally-informed institutional responses to MST. Our discussant, a military veteran and VHA clinical psychologist, will provide perspective on needed MST-related policy changes.

3:15 p.m. - 4:30 p.m.

TRANSLATING EVIDENCE-BASED PTSD PSYCHOTHERAPY INTERVENTIONS FOR MINORITIZED COMMUNITIES

Panel

Cara Herbitter*, Alexandria Miller, Abigail Lott, Kisha Braithwaite

Chair: Cara Herbitter, MPH, PhD, VA Boston Healthcare System

Presenter: Cara Herbitter, MPH, PhD, VA Boston Healthcare System

Presenter: Amber Davis, MSW, PhD, School of Nursing, Disability Health Research Center

Presenter: Yara Mekawi, University of Louisville

Presenter: Sarah Valentine, PhD, Boston University School of Medicine

Track Clinical Interventions

Primary Program Type Culture/Diversity

Presentation Level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body: Despite increasing recognition that evidence-based psychotherapies (EBPs) for PTSD may benefit from adaptation to optimize treatment initiation, retention, and/or outcomes among specific racial, ethnic, sexual, and gender minority groups (Livingston et al., 2020, McClendon et al., 2020), consensus has not been reached on the optimal way to accomplish this. Moreover, efforts to tailor treatments for minoritized groups often are siloed by minority status (Livingston et al., 2020; Williams et al., 2022) and less frequently consider intersectionality (Flentje, 2020). This panel features researchers and clinicians who focus on different racial, ethnic, sexual, and gender minority groups to consider overlapping and diverging approaches to adapting EBPs. Drawing upon the current available evidence, the panel will discuss the following cross-cutting issues and provide recommendations for future research and clinical practice: (1) What are the main considerations for developing new interventions versus tailoring established PTSD interventions for minoritized groups? (2) What are the central barriers to translation that are specific to addressing the needs of minoritized groups in PTSD treatment? (3) What are key recommendations for standardizing efforts to translate evidence-based PTSD interventions for individuals with multiple minoritized identities?

3:15 p.m. - 4:30 p.m.

SCALABLE DIGITAL INNOVATIONS IN REAL-WORLD SETTINGS: RECENT ADVANCES IN DIGITAL BIOMARKERS AND LARGE LANGUAGE MODELS Symposium

Chair: Katharina Schultebrucks, Prof Dr, NYU Langone Health

Presenter: Tomas Meaney, BA, University of New South Wales

Presenter: Victoria Mueller, MSc, New York University Langone Health

Presenter: Valerie Hofmann, MSc, University of Zurich

Presenter: Isaac Galatzer-levy, PhD, Google

Track Assessment and Diagnosis

Primary Program Type Research Methodology

Presentation level Intermediate

Region Global

Population Type Adult

Abstract Body This symposium will explore recent advancements in AI and digital tools for contactless assessment of PTSD and resilience, focusing on digital biomarkers and large language models. The first presentation will discuss the use of digital biomarkers for identifying distinct PTSD subtypes, highlighting the need for a more nuanced understanding beyond self-report symptom reporting. The second presentation will explore the extraction of

digital biomarkers from real-world audio and video data, discussing the potential for refining PTSD diagnosis and developing point-of-care tools. The third presentation will present preliminary findings on how vocal features from autobiographical narratives of PTSD and substance use disorder participants can predict distress caused by intrusions. The final presentation will demonstrate the potential of Large Language Models (LLMs) as a generalizable digital measurement tool in post-trauma screening. The symposium will conclude with a discussion on the opportunities and challenges in implementing these computational innovations in clinical practice.

3:15 p.m. - 4:30 p.m.

ASSESSING AND STRENGTHENING TRAUMA COMPETENCIES ACROSS THE PROFESSIONAL LIFE COURSE: UPDATES AND INNOVATIONS

Panel

Sylvia Marotta-Walters*

Chair: Sylvia Marotta-Walters, PhD, ABPP, George Washington Univ

Presenter: Christopher Layne, PhD, Nova Southeastern University

Presenter: Elana Newman, PhD, University of Tulsa

Presenter: Joan Cook, PhD, Yale School of Medicine

Track Assessment and Diagnosis

Primary Program Type Training/Education/Dissemination

Presentation Level Introductory

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body: Despite decades of building the science of professional guidelines (e.g., ISTSS Prevention and Treatment Guidelines, 2020; DoD/Clinical Practice Guidelines for the Management of Post-Traumatic Stress Disorder and Acute Stress Reactions, 2010, 2023), the goal of training competent providers across disciplines remains elusive. The panelists are trauma psychologists with experience in developing competencies (Cook and Newman, 2017) and proposing a specialty in trauma psychology (CRSSPP, 2022) Panelists and participants will engage in active discussion on topics including: (a) current models of education and training (Henning, et al, 2021); (b) methods for assessing competencies at different stages of professional development; (c) demonstrating an innovative tool for assessing competencies (CRSSPP, 2022); (d) presenting a training model and framework that spans from undergraduate education through graduate clinical training and post-licensure professional development (Layne, 2021); and (e) progress in developing, adapting, and disseminating the Core Curriculum on Childhood Trauma. The dialogue will conclude with a focus on challenges and opportunities in training competent providers who vary in their disciplines and professional development.

3:15 p.m. - 4:30 p.m.

NEW DIRECTIONS IN THE TREATMENT OF MORAL INJURY ACROSS DIVERSE POPULATIONS

Symposia

Chair: Dominic Murphy, MA, PhD, Prof, Combat Stress, United Kingdom

Presenter: Dominic Murphy, MA, PhD, Prof, Combat Stress, United Kingdom

Presenter: Sarah Funnell, (blank), The University of New South Wales

Presenter: Brett Litz, PhD, Boston University

Presenter: Jason Nieuwsma, PhD, Dept of Veterans Affairs

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Moral injury can adversely affect the mental health of trauma-exposed populations. This presents a unique challenge to existing clinical interventions, as the psychological sequelae of moral injury can be particularly challenging to treat. The four presentations in this symposium outline recent advancements in the treatment of moral injury across diverse patient populations. The first presentation provides evidence from the first clinical trial in the UK to validate the Restore and Rebuild (R and R) treatment with Air Force veterans. The second presentation outlines the development and use of a novel moral injury intervention tailored for refugee clients in Australia (the Moral Injury Treatment for Refugees). The third presentation reports on per-protocol data of a trial comparing Enhanced Adaptive Disclosure (AD-E) and present-centered therapy among US Veterans to explore treatment response among participants who completed treatment in full. Finally, the fourth presentation draws on evidence from co-led chaplain-mental health moral injury groups across 8 facilities in the US Veterans Health Administration's to explore the clinical utility of the Moral Injury Outcome Scale as a treatment outcome, and symptom monitoring, tool in routine care. Together, findings from these presentations illuminate new clinical avenues for the treatment of moral injury in diverse health settings.

3:15 p.m. - 4:30 p.m.

GATHERING VETERAN AND PROVIDER PERSPECTIVES TO INFORM MULTILEVEL IMPLEMENTATION STRATEGIES FOR EVIDENCE-BASED PSYCHOTHERAPIES

Symposia

Chair: Rebecca Sripada, PhD, University of Michigan

Presenter: Rebecca Sripada, PhD, University of Michigan

Presenter: Shannon Kehle-Forbes, PhD, United States

Presenter: Stephanie Wells, PhD, Durham VA

Presenter: Heather Walters, MS, United States

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body VA/DoD clinical practice guidelines for PTSD recommend evidence-based psychotherapies (EBPs) as first line interventions. Although these treatments have large effect sizes, they are time intensive, infrequently accessed (Maguen et al., 2019), and may work less well in the presence of comorbidity (Roberts et al., 2022). In order for these

treatments to be utilized to their full potential, implementation efforts are needed at multiple levels, including the level of the intervention, health system, and population. Consistent with current recommendations for developing rigorous multilevel implementation research (Lengnick-Hall et al., 2023), implementation efforts must map and operationalize the specific multilevel context for EBP delivery. At the level of the intervention, EBPs must be adapted to address common comorbidities and frequently encountered barriers. At the level of the health system, institutions must provide support for therapists to train in and deliver the interventions with fidelity. At the level of the population, implementation strategies are needed to reduce stigma and promote engagement with care. In this symposium, we present four qualitative studies that address constructs at each level of the EBP ecosystem: Drs. Ackland and Wells at the level of the intervention; Dr. Sripada at the level of the health system; and Ms. Walters at the level of the population.

3:15 p.m. - 4:30 p.m.

Paper Session 6: Interventions

SUDDEN GAINS IN COGNITIVE PROCESSING THERAPY WITH AND WITHOUT BEHAVIORAL ACTIVATION AMONG SERVICE MEMBERS WITH COMORBID PTSD AND MDD

Paper Presentation

Nick Otis*¹, Alexander Kline², Lisa Glassman², William Hunt³, Kristen Walter²

¹Naval Health Research Center / Leidos, ²Naval Health Research Center, ³Naval Medical Center San Diego

Track Clinical Interventions

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Sudden gains' defined as large, rapid, and stable reductions in symptoms during treatment are associated with better patient outcomes. Little is known about sudden gains among patients with co-occurring posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) despite the high prevalence and symptom severity of this comorbidity. This study evaluated sudden gains in PTSD and depression symptoms and their association with treatment outcomes among active duty service members with comorbid PTSD and MDD (N = 94) who received behavioral activation-enhanced cognitive processing therapy (BA+CPT) or CPT alone as part of a randomized controlled trial. Outcomes were interviewer-rated PTSD and depression severity, assessed at pretreatment, posttreatment, and 3-month follow-up. PTSD and depression sudden gains occurred in 19% and 27% of the sample, respectively. Multilevel modeling showed sudden gains in depression symptoms were associated with clinically and statistically significant improvements in PTSD (p=.001) and depression severity (p LESS THAN .001) outcomes over time. PTSD sudden gains were not associated with PTSD (p=.137) or depression (p=.187) outcomes. Improvements in both PTSD and depression outcomes following sudden depression gains in treatment may highlight their importance as a prognostic marker of outcomes among service members with comorbid PTSD and MDD.

THE RELATION BETWEEN MATERNAL MENTAL HEALTH, NURTURING CARE, AND CHILD DEVELOPMENT: EVIDENCE FROM A CLUSTER RANDOMIZED TRIAL IN RURAL RWANDA

Paper Presentation

Matias Placencio-Castro*¹, Sarah Jensen², Theresa Betancourt³

¹, ²*Boston Children's Hospital. Harvard Medical School.*, ³*Research Program on Children and Adversity. Boston College Graduate School of Social Work*

Track Clinical Interventions

Presentation Level Intermediate

Region West and Central Africa

What is your population type? Child/Adolescent

Abstract Body Early exposure to psychosocial adversity has long-term effects on healthy child development. Protective factors such as nurturing care/early stimulation, have been shown to foster child development. Caregivers' poor mental health has been identified as a relevant risk factor. Using Cross-Lagged Models, this paper focuses on the mediation of responsive, playful caregiving and maternal mental health when evaluating the effects of Sugira Muryango, a parenting and violence prevention intervention, on child development in post-genocide Rwanda. Results show positive post-intervention effects on parental responsiveness and playful practices, both of which significantly predict communication, problem-solving, socioemotional, and gross motor development at 1-year follow-up. Direct intervention effects on problem-solving were also observed at 1-year follow-up. Direct Intervention effects on maternal depression were not observed. However post-intervention maternal depression negatively predicts problem-solving socioemotional development 1-year later. Significant indirect intervention effects on child development through responsiveness and playful practices were also observed. The paper discusses mediation mechanisms of parenting interventions, which might further inform development of intervention in LMICs, pushing for the integration of mental health components in post-conflict settings.

COMPARISON OF SELF-MANAGED OR THERAPIST-ASSISTED ONLINE CBT AFTER SEXUAL ASSAULT: PRELIMINARY FINDINGS FROM A RANDOMIZED CONTROLLED TRIAL

Paper Presentation

Genevieve Belleville*¹, Jessica Lebel¹, Félicie Gingras¹, Lydia Gamache¹

¹*Université Laval*

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body While online CBT without therapist contact has proven effective for anxiety and mood disorders, its efficacy for post-traumatic symptoms after sexual assault remains uncertain. This project aimed to compare the efficacy and user engagement in online CBT with or without therapist assistance. We present preliminary results from 141 women who have experienced sexual assault (out of an expected 204). Participants (aged 18-70;

mean=37) identified predominantly with female gender (95%), with 39% reporting a non-heterosexual orientation. Most were Canadian citizens (83%), with 3% members of a First Nation and 7% of a visible minority. Participants were randomly assigned to self-managed (n=70) or therapist-assisted (n=71) individualized online CBT for PTSD, insomnia, nightmares, and depression. Treatment lasts 5 to 32 sessions according to users' needs and includes recurrent self-assessments. As 60 treatments were ongoing, the last available data was used as post-treatment assessment. Posttraumatic stress (PCL-5; p LESS THAN .001), insomnia (ISI; p LESS THAN .001) and depression (PHQ-9; p LESS THAN .001) improved during treatment, regardless of condition. However, in the self-managed condition, number of logins was reduced (p=.027) and discontinuation more frequent (p=.005). While these preliminary findings supported the efficacy of self-managed CBT, therapist assistance promoted better user engagement.

IMPLEMENTING AND EVALUATING EVIDENCE-BASED TRAUMA TREATMENT EDUCATION FOR MENTAL HEALTH PROVIDERS WORKING WITH REFUGEES IN MALAYSIA

Paper Presentation

William Carlson*¹, Patricia Shannon¹, Christopher Mehus¹, Mahinder Kaur², Julie Rohovit¹

¹University of Minnesota, ²Quo Psychotherapy

Track Mass Violence and Migration

Primary Program Type Training/Education/Dissemination

Presentation Level Introductory

Region East Asia and the Pacific

What is your population type? Mental Health Professionals

Abstract Body Most of the 181,000 refugees in Malaysia are fleeing war in Myanmar where they experienced high rates of trauma, leaving more than 30% struggling with PTSD and major depression. There is a dearth of evidence-based, culturally adapted training for the treatment of refugee trauma survivors in Southeast Asia. Fifteen local providers completed a 30-hour online training, developed and adapted with Malaysian colleagues, that included assessment, Narrative Exposure Therapy (NET), and psychopharmacology. Participants completed pre-post ratings of knowledge, confidence and comfort delivering trauma treatment on a 5-point Likert scale. Participants evaluated NET using the Acceptability (AIM), Appropriateness (IAM), and Feasibility (FIM) Measure, and qualitative evaluation items demonstrating program effectiveness. Results indicated statistically significant changes in self-rated ability to provide treatment for traumatic stress with refugee clients, and confidence discussing trauma histories during treatment. High AIM, IAM, and FIM scores suggest implementation success for NET. Qualitative data describe the importance of experiential practice when adapting for context and culture. These findings suggest virtual international education provides a pathway for building capacity among providers working in low-access contexts that promotes successful uptake of evidence-based treatments.

ARE THE NEEDS OF CISGENDER, HETEROSEXUAL MEN AND LGBTQI+ SURVIVORS OF SEXUAL VIOLENCE ADDRESSED BY HUMANITARIAN SERVICE DELIVERY PRIORITIES?: A SCOPING REVIEW

Paper Presentation

Edward Alessi*¹, Courtney Hutchison², Lillian Alexander², Katherine Gambir³

¹*Rutgers, The State University of New Jersey*, ²*Rutgers University*, ³*Women's Refugee Commission*

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Intermediate

Region Global

What is your population type? Adult

Abstract Body Exposure to sexual and gender-based violence (SGBV) in humanitarian settings poses significant public health risks, often resulting in PTSD and other health issues (Marsh et al., 2006). However, humanitarian programs may overlook men and LGBTQI+ survivors in their responses (Kiss et al., 2020). While exact prevalence of SGBV among these groups is unknown, evidence indicates it occurs often (Tejero, 2023; Touquet et al., 2020). This study examined how humanitarian organizations address male and LGBTQI+ survivors of SGBV in policy or guidance statements. Arksey and O'Malley's (2005) methodology for scoping reviews was used to examine grey literature published from 2013-2023. Forty-seven documents met inclusion criteria. Key data was extracted and then analyzed for content and overarching themes. Documents acknowledged men or LGBTQI+ individuals as at-risk, but discussions did not address how their intersectional identities increased risk. Men were predominately seen as perpetrators or allies without mentioning their particular vulnerability to SGBV. LGBTQI+ individuals were viewed as a monolith, overlooking how their experiences vary by subgroup. Findings suggest addressing these gaps is crucial for ensuring inclusive service delivery while still prioritizing the needs of women/girls, particularly given the significant rise in people requiring humanitarian aid in recent years.

INNOVATIONS IN THE ASSESSMENT OF CULTURALLY GROUNDED POSTTRAUMATIC COGNITIONS: A MIXED METHOD SEQUENTIAL STUDY WITH LATINA SURVIVORS OF SEXUAL ASSAULT

Paper Presentation

Stephanie Amaya*¹, Riley Hoogerwerf², Amy Gabriel², Cristina Lopez³, Matt Gray²

¹*Medical University of South Carolina*, ²*University of Wyoming*, ³*Medical University of South Carolina*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Region Global

What is your population type? Adult

Abstract Body Latinas are underrepresented in the trauma literature, which often overlooks cultural considerations in the assessment, conceptualization, and treatment of PTSD. This mixed-method sequential design featured a qualitative phase exploring the phenomenology of sexual assault (SA) with 25 Latina respondents. We applied the constant comparative method of grounded theory to identify cultural themes within maladaptive SA appraisals and develop a self-report measure; results of the second phase (quantitative, N = 356) were used to validate the new measure and triangulate findings. Themes included distortions of Latinx values (i.e., familism, marianismo/machismo, fatalism, personalismo/respect) that impacted

survivors' worldviews post-SA. Themes had fair ($\kappa = 0.72$) to excellent ($\kappa = 0.86$) inter-coder reliability with coded references ranging from 94 – 248 across themes. The self-report measure was developed and validated (psychometric properties will be provided). Qualitative findings guided construction of three moderated mediation models (PROCESS model 58) using the new measure. Statistically significant indirect effects corroborate qualitative findings, suggesting cultural maladaptive appraisals mediate the association between negative posttraumatic cognitions and distress. Strategies to identify and restructure post-SA cognitions within a Latina cultural framework will be presented.

3:15 p.m. - 4:30 p.m.

Flash Talk Session 7

HOW TO USE THE PTSD-REPOSITORY EVIDENCE TABLES TO QUICKLY AND ACCURATELY COMPARE, COMBINE, AND META-ANALYZE PTSD TRIALS
Flash Talk Presentation

Maya O'Neil*¹, Tamara Cheney², Kate Claus³, Jessica Hamblen⁴

¹*VA Portland Healthcare System*, ²*Oregon Health and Science University*, ³*Veterans Affairs Health Care System*, ⁴*Veterans Affairs National Center for PTSD*

Track Mode, Methods and Ethics

Primary Program Type Research Methodology

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body The PTSD-Repository is a publicly accessible clinical trials database maintained by the National Center for PTSD that facilitates efficient and accurate systematic reviews and meta-analyses. PTSD-Repository Microsoft® Excel evidence tables allow users to compare results across PTSD treatment trials. These tables can augment the speed, efficiency, and accuracy of both informal comparisons and formal meta-analyses.

This poster provides an overview followed by a use-case, step by step example of how the PTSD-Repository evidence tables can be used to find, compare, combine, and meta-analyze mental health outcomes, including easy to follow graphics. The use-case focuses on an 18-study example of Narrative Exposure Therapy trials. This example highlights how comparisons can be conducted using the calculated Hedges' g for between-group effect size data that are included in the evidence tables. The step-by-step process includes examples of how to identify potentially relevant studies in the PTSD-Repository evidence tables, determine which studies meet inclusion criteria and provide the necessary effect size data, compare and interpret effect sizes across studies, consider relevant factors that could bias or influence results (e.g., risk of bias, active versus inactive comparators), and summarize results related to treatment efficacy and research gaps.

PRE-TRAUMA INSOMNIA SEVERITY PREDICTS USING SUBSTANCES TO COPE AFTER TRAUMA

Flash Talk Presentation

Grace Seymour*¹, Christopher Drake², David Moore², Greg Mahr², Matthew Solway², Anthony Reffi²

¹*University of Kentucky*, ²*Henry Ford Health*

Track Public Health

Primary Program Type Prevention/Early Intervention

Presentation Level Introductory

Region Industrialized Countries

What is your population type? Adult

Abstract Body Insomnia increases risk of using substances to self-medicate posttraumatic psychopathology, yet little research has investigated this hypothesis prospectively among acutely traumatized patients. This study aims to determine whether pre-trauma insomnia predicts later substance use to cope with trauma in its immediate aftermath among patients admitted to a Detroit ICU for traumatic injury (N = 88, M = 39.53 + 14.31). Patients reported their pre-trauma insomnia (Insomnia Severity Index; ISI) and past month PTSD symptoms (PTSD Checklist for DSM-5; PCL-5) while they were in the hospital (T1). Patients then reported how much they had been using alcohol or other drugs to cope with their trauma (Brief-COPE) two weeks later (T2). Pre-trauma insomnia symptom severity at T1 predicted more frequent use of alcohol or other drugs to cope with trauma at T2 ($\beta = 0.379$, $p = .005$), which remained significant after accounting for prior PTSD symptoms, age, sex, race, and income ($\beta = 0.314$, $p = .039$). Patients with pre-trauma insomnia may be at increased risk for developing substance use disorders (SUDs) within the acute aftermath of trauma. Future research may target insomnia among this vulnerable population within in the acute aftermath of trauma to prevent the development of comorbid PTSD and SUDs.

HEALTH SURVEY OF REFUGEES AND ASYLUM SEEKERS WITH AN EXPERIENCE OF IMMIGRATION DETENTION

Flash Talk Presentation

Bafreen Sherif*¹, Deborah Hocking¹, Susan Rees², Suresh Sundram¹

¹*Monash University*, ²*University of New South Wales*

Track Mass Violence and Migration

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Mental Health Professionals

Abstract Body Many nation states have responded to unauthorised arrivals with policies of deterrence – notably immigration detention, despite this conferring high levels of distress among asylum seekers and refugees (ASR). Unexplored questions exist regarding the relationship between reported physical and mental health status over time and the experience of immigration detention, particularly when detention is mandatory and protracted. We aimed

to evaluate the association between immigration detention and health status. A prospective mixed-methods design examined the prevalence of physical and mental health symptoms (via 5 self-report measures) and mental disorders (MINI psychiatric interview) in adult ASR subject to (> 28 days) immigration detention at four time points post-release (0, 3, 6, and 12 months). Sociodemographic factors including location of detention were collected as potential predictors of health indices. 125 participants were recruited- MDD (73.1%) and PTSD (61.3%) predominated. Baseline data analysis shows that physical and mental health symptom severity did not differ by detention location, but women experienced significantly more mental disorders than men (2.4 ± 1.5 c.f 1.7 ± 1.2 , $p = 0.03$). These initial data indicate the impact of immigration detention on mental health is considerable and independent of physical location or duration and is experienced more adversely by women.

MOLDED BY CULTURE: EXPLORING POST-CONFLICT TRAUMA AND COPING IN NORTHERN ETHIOPIA

Flash Talk Presentation

Engida Girma*¹, Anne Stevenson², Benyam Worku Dubale¹

¹Addis Ababa University, ²Stanley Center for Psychiatric Research at Broad Institute of MIT and Harvard, Cambridge, MA

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Introductory

Region Eastern and Southern Africa

What is your population type? Both Adult and Child/Adolescent

Abstract Body Introduction: The recent war in northern Ethiopia profoundly impacted individuals and communities in both the Afar and Amhara regions. This study aimed to assess their MHPSS needs, explore their responses to the conflict, and compare post-traumatic psychopathologies in these culturally and religiously distinct regions.

Method: Qualitative data were gathered through 24 in-depth interviews and focus group discussions with trauma survivors, community/religious leaders, health professionals and government officials. Thematic analysis was employed to explore and contrast the war's psychological, emotional, and social impacts.

Result: Both regions experienced comparable economic devastation, and disruptions in public services, including schools and health centers. The lack of basic needs, the loss of trust, and the breakdown of social order emerged as the most frequently reported challenges in both areas. Children from both cultures exhibited similar reactions to traumatic events. While adults from the Afar regions appeared unaffected and numb, many individuals from Amhara communities reported mood and dissociative symptoms.

Conclusion: Supplying basic needs and rebuilding physical structures are pressing needs of these communities. Culture and religion shaped the responses of adults to traumatic events, but not of children.

TRAUMATIC STRESS, COMPLICATED GRIEF, AND GRIEF RESOLUTION AMONG FIRST GENERATION CAMBODIAN REFUGEES IN THE UNITED STATES

Flash Talk Presentation

Chansophal Mak*¹, Elizabeth Wieling²

¹*University of Minnesota, Twin Cities*, ²*University of Georgia*

Track Mass Violence and Migration

Presentation Level Intermediate

Region Global

What is your population type? Older People/Aging

Abstract Body Grief and loss are parts of human existence. However, unexpected losses of significant family members through organized violence lead to severe psychological trauma that is hard to resolve. Cambodian refugees escaping the genocide resettled in the U.S. four decades ago, yet their psychological trauma, disrupted family systems, and complicated grief have not been addressed for the majority of the population. A recent mental health and relational needs assessment of Cambodian refugees in the U.S. was conducted to document their adjustment. The study was grounded in a human ecological theoretical model and employed critical ethnographic methodological principles. Results highlighted the ongoing prevalence of trauma-related mental illnesses and complicated grief among first-generation Cambodian refugees. At the individual, family, and community levels, culturally responsive treatments for trauma-related mental illnesses (i.e., PTSD, depression), family disruptions (i.e., couple conflict, parent-child conflict), and complicated grief are still missing. With the absence of culturally tailored services or access to existing treatments, many of these individuals employed both maladaptive (e.g., drinking, gambling) and adaptive coping strategies (e.g., meditation, community engagement). There is high need to tailor services in response to the needs of these first-generation Cambodians.

WAR TRAUMA, POST-TRAUMATIC STRESS, AND PERCEIVED SECURITY AMONG INTERNALLY DISPLACED COMBATANTS AND NON-COMBATANTS IN SOUTH SUDAN

Flash Talk Presentation

Manasi Sharma*¹, Karestan Koenen¹, Christina Borba², David Williams¹, David Deng³

¹*Harvard TH Chan School of Public Health*, ²*Boston Medical Center*, ³*South Sudan Law Society*

Track Mass Violence and Migration

Primary Program Type Global Issues

Presentation Level Intermediate

Region Eastern and Southern Africa

What is your population type? Adult

Abstract Body Context: The South Sudan Civil War caused widespread violence and severe human rights violations. We examined its psychosocial impacts among internally displaced persons in South Sudan. Methods: We used household survey data from South Sudanese adults (50% male, mean age 39 years) in the Malakal region of South Sudan. Structural equation modeling was used to examine direct and indirect associations for combatants,

PTSD risk, and perceived levels of security, through exposure to war-related trauma, controlling for age, ethnic tribe, education, and sex. Multigroup analyses were conducted to examine biological sex as a moderator for these associations. Results: Combatants had higher trauma exposure and lower perceived security compared to non-combatants (for men and the full sample). Greater war-related trauma was associated with higher PTSD risk and lower perceived security. Being from the Dinka ethnic tribe was associated with lower PTSD risk and lower perceived security. War-related trauma mediated the associations between combatant status and psychosocial outcomes. Sex differences existed for these associations. Conclusion: These findings can aid the design of effective interventions, including secure settlements, gender-based care, increased physical and mental health services, and community-based programs that build social interconnectedness.

TRAUMA EXPOSURE IS A RISK FACTOR FOR EATING DISORDERS AMONG POST-9/11 VETERAN WOMEN AND MEN

Flash Talk Presentation

Karen Mitchell*¹, Zafra Cooper², Shannon Kehle-Forbes³, Brian Smith⁴, Dawne Vogt⁴

¹*VA Boston Healthcare System*, ²*Yale University School of Medicine*, ³*National Center for PTSD at VA Boston Healthcare System; Minneapolis VA Health Care*, ⁴*National Center for PTSD at VA Boston Healthcare System*

Track Child and Adolescent Trauma

Primary Program Type Clinical Practice

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Adult

Abstract Body Trauma exposure has been associated with eating disorders (EDs) in correlational studies. Studies investigating sexual and physical abuse occurring before the onset of disorder have established these to be risk factors for EDs, but most have only studied women. We investigated trauma as a risk factor for EDs in a case-control sample of military veteran men and women. A population-based sample of post-9/11 veterans who had recently left service completed an online survey. Potential ED cases and controls were selected to complete a diagnostic interview and an assessment of pre-onset risk factors, including trauma. Of 91 confirmed ED cases and 51 confirmed controls, 84 identified as women, 56 as men, and 2 as non-binary. Sample weights increased representativeness of the sample and accuracy of standard errors. Lifetime prevalence of PTSD among ED cases was 57.2%. The mean age of onset of ED was 17.2. Prior physical (OR=2.98; 95% CI: 1.07, 8.34) and sexual abuse (OR=4.57, 95% CI: 1.40, 14.97) were associated with ED diagnosis. Interview-based measures of military sexual assault and combat exposure were not associated with ED, possibly because these occurred primarily after ED onset. Findings highlight the importance of screening for EDs among veterans with trauma and exploring the potential role of military trauma as a maintaining factor for EDs.

POLYVICTIMIZATION IN CONTEXT: IDENTIFYING PATTERNS OF PEER, DATING, AND COMMUNITY VIOLENCE AMONG EARLY ADOLESCENTS

Flash Talk Presentation

Carine Leslie*¹, Courtney Dunn², Terri Sullivan²

¹Virginia Commonwealth University, ²VCU

Track Child and Adolescent Trauma

Primary Program Type Public Health

Presentation Level Intermediate

Region Industrialized Countries

What is your population type? Child/Adolescent

Abstract Body Early adolescence is marked by an increased risk of polyvictimization. Prior studies have examined polyvictimization, but few consider contexts most salient to early adolescence. The current study identified profiles based on exposure to victimization in peer, dating, and community contexts and examined associations with risk and promotive factors. Participants were 742 Black early adolescents at three public, urban middle schools. Latent profile analysis identified subgroups based on reported frequency of exposure to peer, dating, and community victimization. Self-report measures assessed risk and promotive factors of trauma symptoms, positive outlook, and presence of caring adults. A 3-class model best fit the data. The low victimization class (89%) reported below sample average levels on all forms of victimization. One class (7%) reported high frequencies of dating victimization, while the other (4%) reported high levels of community victimization. Both reported above average levels of peer victimization. Subgroup differences for risk and promotive factors will be discussed. Relevant factors related to profile membership may help discern risk and protective factors for adolescents who report higher rates of community or dating victimization. These findings have implications for universal prevention and selective intervention programs.

Saturday, September 28, 2024

8:00 a.m. - 9:20 a.m.

Awards and Keynote: Lifetime Achievement Awardee

8:00 a.m. - 9:20 a.m.

**KEY CONCEPTS, METHODS, FINDINGS, AND QUESTIONS ABOUT
TRAUMATIC MEMORIES**

Keynote

Speaker: Chris Brewin, PhD, University College London

Abstract This talk will identify common sources of confusion about traumatic memories and spell out how clinical observations have shaped our understanding of the different forms in which these memories present. These observations are then related to key philosophical and psychological ideas about how events can be encoded via alternative visual pathways and experienced with different levels of awareness. Methods needed to investigate traumatic memories are discussed with a view to isolating these processes. Research using these methods shows how intrusive trauma memories and flashbacks differ systematically from ordinary episodic memories and can be distinguished in the brain functionally and structurally. Other research addresses the nature and reliability of flashbacks, as well as the mental states at the time of the traumatic event that give rise to them. The long-running

controversy about whether voluntary memories of trauma are disorganised and fragmented is shown to depend partly on conceptual confusion and has been resolved with new meta-analytic findings. Finally, I identify some important questions that offer exciting research opportunities.

9:30 a.m. - 10:45 a.m.

Concurrent 10

9:30 a.m. - 10:45 a.m.

BETRAYAL IN THE CONTEXT OF MORAL INJURY: WHERE DOES IT FIT?

Panel

Sonya Norman*, Brandon Griffin

Chair: Sonya Norman, PhD, National Center for PTSD

Presenter: Shira Maguen, PhD, San Francisco VA Med Center

Presenter: Neil Greenberg, FRCPsych, MD, King's College London, Institute of Psychiatry

Presenter: Ryan Holliday, PhD, Rocky Mountain MIRECC for Suicide Prevention

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body: Moral injury is common across populations with personal histories of psychological trauma (e.g., military veterans, healthcare workers, first responders) and can have severe negative impacts on psychosocial functioning, spirituality and mental health. Recognition of the need to understand moral injury, and effective interventions to reduce its negative impacts, is growing. Unfortunately, efforts to move the field forward are hindered by the lack of a consensus definition of moral injury and disagreement in the field about some of its core components. A prime example is the role of betrayal. Some conceptualize betrayal as a type of potentially morally injurious event (PMIE) (i.e., betrayal by leaders can cause moral injury), some conceptualize it as a reaction to PMIEs (i.e., witnessing acts that go against ones' values can cause betrayal), and some conceptualize betrayal, and specifically betrayal trauma, as a separate source of posttraumatic distress. The aim of this panel is to bring together thought leaders in moral injury and betrayal to consider the relationship between these two constructs. The larger goal is to facilitate ongoing dialogue to advance a consensus understanding of moral injury and better understand how to assess and treat mental health disorders associated with this common and profound source of distress.

9:30 a.m. - 10:45 a.m.

REFUGEE MENTAL HEALTH 2024: PROBLEMS, RISKS, RESOURCES, SOLUTIONS

Symposia

Chair: Cengiz Kilic, Prof Dr, Hacettepe University, Turkey

Presenter: Ozlem Seyda Ulug, Istanbul Arel University, Turkey

Presenter: Kathryn Magruder, MPH, PhD, Med University of South Carolina

Presenter: Ebru Salcioglu, MA, PhD, Prof, Center for Behavioral Studies and Therapies, Turkey

Track Mass Violence and Migration

Primary Program Type Public Health

Presentation level Intermediate

Region Middle East and North Africa

Population Type Adult

Abstract Body The negative effects of wars and forced migration on civilian populations are well known. Studies show that refugees have very high rates of mental health problems, even after settling in the host countries. The high morbidity is attributed to the continuing troubles in the host countries, lack or loss of social support systems, persecution by the local people or authorities, and low use of health services. Though most research findings agree on the negative psychological impact of forced migration, there are also conflicting findings. The added difficulties in conducting research on refugees decrease the reliability of collected data, evidenced in vastly different prevalence rates across studies and inconsistent findings in terms of predictors of psychopathology. The presenters will critically review the study findings on (mainly) Syrian refugees, focusing primarily on the limitations of the existing research findings on the epidemiology of and interventions for psychological problems among refugees.

9:30 a.m. - 10:45 a.m.

SENSOR-BASED AROUSAL MEASURES IN TRAUMA: LEVERAGING ADVANCES IN WEARABLE TECHNOLOGY FOR CLINICAL USE

Symposia

Chair: Jacek Kolacz, PhD, United States

Presenter: Jacek Kolacz, PhD, United States

Presenter: Blair Wisco, PhD, University of North Carolina at Greensboro

Presenter: Mariajose Serna, BS, Universidad Externado de Colombia

Presenter: Kathleen Smart, Other, United States

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation level Introductory

Region Global

Population Type Adult

Abstract Body Changes in arousal regulation are a key aspect of traumatic stress. Recent growth of wearable sensors has sparked new opportunities for sensor-based arousal measurement in clinical settings. This set of talks focuses on arousal monitoring tools and their applications for assessment, outcome tracking, and intervention processes in trauma. The first presentation provides an overview of autonomic nervous system monitoring to capture processes of arousal modulation, describing opportunities and challenges of wearable sensors for clinical use. The second presentation reports on ambulatory measures paired with ecological momentary assessment to study arousal during trauma reminders in daily life. The third presentation describes a chest strap heart rate variability sensor method to study

physiological arousal outcomes in a multi-site clinical trial in Colombia, testing the effect of an intervention for Venezuelan migrant peoples who have experienced violence and oppression. The fourth presentation illustrates the use of electrocardiogram-based assessment during a mediation intervention for young adults and associations with child maltreatment history. Together, these talks from scholars spanning career stages, institutions, and geographic regions demonstrate scalable methods that can help bridge gaps between scientific discoveries and clinical practice in traumatic stress studies.

9:30 a.m. - 10:45 a.m.

**GIVE YOUR IDEAS SOME LEGS: WALKING IN TREATMENT OF PTSD
Panel**

Rakesh Jetly*

Chair: Rakesh Jetly, MD, Royal Ottawa Hospital

Presenter: Mirjam Nijdam, MSc, PhD, ARQ National Psychotrauma Center

Presenter: Suzette Bremault-Phillips, PhD, University of Alberta

Presenter: Lisa Burback, MD, University of Alberta

Presenter: Michael Roy, MD, MPH, Uniformed Services University of the Health Sciences

Discussant: Eric Vermetten, Prof Dr, Leiden University Medical Center

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation Level Intermediate

Region Global

Population Type Adult

Abstract Body: This panel explores the innovative integration of physical activity within trauma-focused psychotherapies, spotlighting distinct methodologies that have been shaped by fundamental research into exercise's multifaceted benefits. These benefits include its anxiolytic and antidepressant effects, the stimulation of brain-derived neurotrophic factor (BDNF), the enhancement of divergent thinking and creativity, the provision of positive bodily feedback, and the creation of supportive coaching. Our discussion aims to bridge the gap between these foundational insights and their practical application in clinical settings for patients seeking treatment for Post-Traumatic Stress Disorder (PTSD).

The panel with contributions from a range of clinicians in treatment of PTSD will present evidence supporting these methodologies, drawing from recent randomized and open trials, and will discuss potential moderators that may influence treatment outcomes. A key feature of this panel will be an active dialogue between the panelists and the audience, aimed at charting future directions for both clinical practice and research. This discussion promises to offer insights into the next steps for integrating walking into trauma-focused psychotherapies, with the ultimate goal of enhancing treatment efficacy and patient well-being. In the words of Hippocrates, 'Walking is man's best medicine'.

9:30 a.m. - 10:45 a.m.

BREAKING THE CYCLE: ADDRESSING FAMILY-LEVEL MECHANISMS OF INTERGENERATIONAL TRAUMA IN LOW-RESOURCE CONTEXTS

Symposia

Chair: Sarah Lowe, PhD, Yale School of Public Health

Presenter: Emma Mew, MPH, PhD, Yale School of Public Health

Presenter: Jessica Bonumwezi, PhD, Loyola University Maryland

Presenter: Elizabeth Levey, MD, Massachusetts General Hospital

Presenter: Candace Black, PhD, Boston College

Discussant: Sarah Lowe, PhD, Yale School of Public Health

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region Global

Population Type Both Adult and Child/Adolescent

Abstract Body It is widely recognized that traumatic events can have adverse intergenerational impacts, such that, for example, parents' trauma exposure is linked to mental health symptoms in their children (e.g., Cerdeña et al., 2021; Sangalang and Vang, 2017). Several family-level mechanisms of intergenerational trauma (IGT) have been identified, including parental mental health, parenting styles, and family violence (e.g., Dashorst et al., 2019; Flanagan et al., 2020). Little research, however, has examined how these mechanisms could be harnessed to prevent and mitigate IGT in contexts with limited mental health infrastructure. This symposium will therefore focus on current efforts to address IGT via family-level factors in low-resource contexts. Presentations will cover: (a) how a systematic review on family-level mechanisms is informing ongoing research in American Samoa; (b) an examination of parent characteristics and IGT among children of survivors of the 1994 genocide against the Tutsi in Rwanda; (c) an analysis identifying family-level IGT processes among former child soldiers in Sierra Leone; and (d) a pilot study of a telehealth intervention to prevent IGT among pregnant adolescents in Peru. The symposium features diversity in presenters' academic disciplines and career stages. A holistic discussion will focus on translatability of findings and future research directions.

9:30 a.m. - 10:45 a.m.

INTIMATE PARTNER VIOLENCE IN HIGH-RISK POPULATIONS: IMPLICATIONS FOR ASSESSMENT AND INTERVENTION

Symposia

Chair: Dawn Johnson, PhD, University of Akron

Presenter: Dawn Johnson, PhD, University of Akron

Presenter: Tami Sullivan, PhD, Yale University School of Medicine

Presenter: Alejandra Gonzalez, PhD, Xavier University

Presenter: Reina Kiefer, MA, University of Rhode Island

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Globally, intimate partner violence (IPV) is a serious public health and human rights issue with over a billion women estimated to have experienced IPV at some point in their lifetime (Sardinha et al., 2022). IPV can result in significant physical (e.g., injury), mental (e.g., PTSD), and sexual and reproductive health conditions (e.g., HIV/STIs) and is associated with substantial health-care costs (Peterson et al., 2018). Breaking the cycle of IPV requires the involvement of many sectors, and interventions must be tailored to address women who have experienced IPV's (W-IPV) unique concerns while still emphasizing safety and empowerment. Tailoring interventions for W-IPV requires comprehensive assessment of presenting concerns and comorbidities, as well as a thorough understanding of W-IPV's strength and resilience. Although there is a growing body of research on the treatment needs of W-IPV, more research is needed to help establish best-practices for intervening with this population (Arroyo et al., 2017). This symposium will summarize results of four studies with several high-risk populations (e.g., transgender women, Latina's) across various presenting concerns (e.g., PTSD, HIV). Discussions will emphasize significant clinical implications that can inform both the assessment and treatment of W-IPV. Next steps, as well as needs for future research will also be highlighted.

9:30 a.m. - 10:45 a.m.

ADDRESSING EFFECTS OF TRAUMATIC EVENTS BY INCORPORATING SOCIOCULTURAL AND CONTEXTUAL FACTORS ACROSS THE TRANSLATIONAL SPECTRUM

Invited Session

Chair: Debra Kaysen, PhD, Stanford University

Presenter: Johanne Eliacin, PhD, VA Boston National Center for PTSD

Presenter: B. Heidi Ellis, PhD, Harvard Medical School

Presenter: Briana Woods-Jaeger, PhD, Emory University

Abstract Traumatic stress and its effects are not evenly distributed globally and those most at risk are often communities and individuals already affected by poverty, discrimination, and marginalization. In this invited panel discussion, presenters will discuss sociocultural and contextual factors contributing to health disparities and affecting equitable access to effective and culturally-relevant psychological interventions for trauma-affected individuals. This symposium brings together experts in health services research, implementation science, health equity work, participatory research, community-based interventions, and multilevel implementation of interventions. As a group they will discuss sociocultural factors that contribute to health disparities for those who have experienced traumatic events and innovative approaches that facilitate patient-centered, community-engaged research and care. The panel will synthesize across their diverse expertise ways to incorporate contextual factors into implementation of PTSD treatments, methods that go beyond the individual in thinking about interventions, and novel strategies to extend reach of prevention and treatment to diverse populations.

9:30 a.m. - 10:45 a.m.

TRANSDIAGNOSTIC STRATEGIES TO ADDRESS TRAUMA AND ADVERSITIES ACROSS POPULATIONS

Symposia

Chair: Marit Sijbrandij, PhD, VU University Amsterdam

Presenter: Richard Bryant, PhD, University of New South Wales

Presenter: Marit Sijbrandij, PhD, VU University Amsterdam

Presenter: Naser Morina, University Hospital Zurich

Presenter: Dharani Keyan, PhD, University of New South Wales

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Middle East and North Africa

Population Type Adult

Abstract Body For people affected by trauma and crisis worldwide, innovative delivery models that include transdiagnostic and stepped care strategies using both digital technologies and in-person elements have been developed. These strategies have the potential to address mental health problems across settings where access to mental health care is poor, and reach large populations affected by crisis and adversities.

This symposium will feature novel studies on the effectiveness of scalable stepped-care and digital strategies across a variety of settings worldwide. The easy-to-use digital tool named “Doing what Matters in times of stress (DWM)” followed by the in-person Problem Management Plus (PM+) intervention for those in need of extra psychological support, has been examined by the team of Richard Bryant in a recent randomized controlled trial (RCT) in people in Jordan affected by adversities, and by the team of Marit Sijbrandij among international migrant workers in the Netherlands exposed to adversities. Naser Morina will present the results of the newly developed PRISMA programme to reduce distress among prisoners in Switzerland, a population known for its high levels of exposure to trauma. Finally, Dharani Keyan will present the results of a digital chatbot programme called Scalable Technology for Adolescents and Youth to Reduce Stress (STARS) for reducing psychological distress.

9:30 a.m. - 10:45 a.m.

NEW INSIGHTS FROM THE TRANSLATIONAL NEUROSCIENCE OF CHILDHOOD ADVERSITY: SEX DIFFERENCES, ACCELERATED AGING, ECOPHENOTYPES, AND EFFECTS OF TREATMENT

Symposia

Chair: Martin Teicher, MD, PhD, Harvard Med Sch/McLean Hosp

Presenter: Martin Teicher, MD, PhD, Harvard Med Sch/McLean Hosp

Presenter: Kyoko Ohashi, PhD, McLean Hospital/ Harvard Medical School

Presenter: Diane Joss, PhD, McLean Hospital

Presenter: Leland Fleming, PhD, McLean Hospital / Harvard Medical School

Track Child and Adolescent Trauma

Primary Program Type Biological/Medical

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Childhood maltreatment (CM) is associated with enduring alterations in brain structure and function. This symposium will inform clinicians and researchers of emerging findings from four different data sets. First, Dr. Teicher will present findings from a comprehensive, sensitive period analysis of all brain regions in N and #3f384 emerging adults delineating susceptible regions and sensitive periods, which were markedly different in males and females. Second, Dr. Fleming will present results from N and #3f92 women with infants, identifying sensitive periods associated with a novel metric of accelerated brain aging. Third, Dr. Ohashi will describe findings comparing brain morphometry and network measures in N and #3f426 participants with bipolar disorder with and without histories of CM. As predicted the maltreated bipolar ecophenotype had abnormalities in hippocampal volume not present in the non-maltreated subtypes. However, the non-maltreated subtype had marked differences in network architecture, which were more subtle in the maltreated subtype, suggesting that CM may increase risk for bipolar disorder by enabling the disorder to manifest in individuals with less severe abnormalities. Finally, Dr. Joss will present results from two small, randomized control trials of mindfulness showing how CM moderates the effects of mindfulness on measures of hippocampal and amygdala volume.

9:30 a.m. - 10:45 a.m.

THE ROAD LESS TRAVELED: DIVERSE CAREER PATHS AFTER TRAINING Panel

Alex Rothbaum*

Chair: Alex Rothbaum, PhD, MPH, Skyland Trail

Presenter: Alex Rothbaum, PhD, MPH, Skyland Trail

Presenter: Thomas Crow, PhD, VA Boston Healthcare System

Presenter: Shannon Blakey, PhD, RTI International

Presenter: Margaret Anton, PhD, Two Chairs

Presenter: Alexandria Bauer, PhD, Rutgers University

Discussant: Tanya Saraiya, PhD, Medical University of South Carolina

Track Professionals

Primary Program Type Training/Education/Dissemination

Presentation Level Intermediate

Region Industrialized Countries

Population Type Mental Health Professionals

Abstract Body: Trainees and early career professionals in the trauma field often feel they must choose between options of direct clinical care or traditional faculty positions in Psychiatry/Psychology. While academic jobs are needed, noble, and fulfilling, they can be difficult to obtain, especially with geographic or other restraints. The panel of translational professionals who completed training within 5 years and are not in traditional roles- yet remain active in the trauma field. Our goal is to have an audience-driven panel encouraging questions around the decision process, negotiations, seeking helpful guidance, how panelists felt breaking the mold, and expectations vs. reality, etc. Moderated questions will generate discussion including paths taken to current role, lessons learned along the way, regrets, concerns, novel forms mentorship, quality of life, balancing personal and professional needs,

and future plans. Throughout this conversation we aim to “pull back the curtain” for trainees and early career professionals to hear about other options and seek information in a transparent forum. Panelists have robust training in traumatic stress and have a range of roles including teaching, mentoring, administration, biological research, conducting clinical research, providing clinical care, writing proposals, working with donors, developing programs, developing products, and more.

9:30 a.m. - 10:45 a.m.

WHAT ZOOMING OUT AND IN ON GRIEF-RELATED DISTRESS TEACH US ABOUT UNDERSTANDING AND TREATING GRIEF: CUTTING-EDGE INTENSE LONGITUDINAL DATA METHODS

Symposia

Chair: Lonneke Lenferink, PhD, University of Twente

Presenter: Lieke Nijborg, MS, University of Twente

Presenter: Maarten Eisma, PhD, University of Groningen

Presenter: Lonneke Lenferink, PhD, University of Twente

Presenter: Fiona Maccallum, PhD, University of Queensland

Track Mode, Methods and Ethics

Primary Program Type Research Methodology

Presentation level Intermediate

Region Central and Eastern Europe and the Commonwealth of Independent States

Population Type Adult

Abstract Body Prolonged Grief Disorder (PGD) is now recognized as a disorder in the DSM and ICD. PGD is characterized by persistent and disabling grief reactions after the death of a loved one. PGD often co-occurs with PTSD and depression, especially after sudden/violent loss. Current research is dominated by survey-assessments conducted at one or two timepoints, yielding simplified snapshots of how people cope with loss. Conducting multiple assessments across years, months, or even hours, provides a more detailed picture of the grief process in the long- and short-term. This symposium presents intense longitudinal methods (e.g., latent growth, cross-lagged, and mixed-effect models) that expand our knowledge on the course, mechanisms, and treatment of post-loss distress. Talk 1 shows findings on the course of PGD, PTSD, and depression over a decade in 299 Dutch and Malaysian disaster-bereaved people using annual assessments. Talk 2 systematically reviews literature from the USA and Europe on how PGD, PTSD, and depression, and anxiety symptoms reciprocally affect each other over time (N and #3f2914). Talk 3 zooms in on the acceptability and feasibility of assessing PGD severity multiple times per day using Ecological Momentary Assessment (EMA) in 264 Dutch and German bereaved people. Talk 4 presents results of an EMA-study examining how avoidance relates to PGD in the daily life of 87 Australians.

9:30 a.m. - 10:45 a.m.

THE SOCIAL CONTEXTS OF SEXUAL ASSAULT RECOVERY: HARNESSING SOCIAL SUPPORT AND MITIGATING SOCIAL RISKS AFTER SEXUAL ASSAULT

Symposia

Chair: Katherine Van Stolck-Cooke, PhD, Department of Psychology, United States

Presenter: Katherine Van Stolk-Cooke, PhD, Department of Psychology

Presenter: Sarah Ullman, PhD, University of Illinois Chicago

Presenter: Emily Mellen, MA, Harvard University

Presenter: Emily Dworkin, PhD, University of Washington

Discussant: Debra Kaysen, PhD, Stanford University

Track Public Health

Primary Program Type Public Health

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body A growing literature highlights the influence of social protective factors (e.g., social support, social engagement) and risk factors (e.g., stigma, unsupportive reactions to disclosure) on trajectories of recovery versus nonrecovery after sexual assault (SA; Dworkin et al., 2019; Wang et al., 2021). This symposium features four presentations of new research on the social contexts of SA recovery, including examinations of: (1) the effects of past year SA and PTSD on access to social support from intimate partners, family members and friends in a sample of young adult sexual minority women; (2) the relationship between support provider reactions and responsiveness and SA survivor PTSD from the dual perspectives of survivors and their informal support providers; (3) the longitudinal association between SA stigma and survivor physical and mental health outcomes, with a focus on intervenable mediators, and (4) the effects of an app-based early intervention on SA survivors' social engagement and ability to access social support from friends and family. Results will be discussed separately and in conjunction, highlighting both the promise and the challenges of elucidating and harnessing social resilience factors after SA.

9:30 a.m. - 10:45 a.m.

EARLY AND BRIEF INTERVENTION STRATEGIES TO MITIGATE PTSD RISK AND FOSTER RESILIENCE ACROSS HEALTHCARE SETTINGS

Symposia

Chair: Melissa Gates, MS, Binghamton University (SUNY)

Track Clinical Interventions

Primary Program Type Prevention/Early Intervention

Presentation level Introductory

Region Industrialized Countries

Population Type Adult

Presenter: Yulia Gavrilova, PhD, Medical University of South Carolina

Presenter: Lauren Ng, PhD, UCLA

Presenter: Jonathan DePierro, PhD, Icahn School of Medicine at Mount Sinai

Presenter: Melissa Gates, MS, Binghamton University (SUNY)

Abstract Body The symposium aims to explore the critical role of early and brief interventions in addressing the behavioral health needs of trauma-affected populations. Incorporating timely and culturally sensitive interventions is essential in various healthcare settings, considering the unique characteristics and challenges faced by individuals impacted by trauma. Through four presentations, this symposium will highlight diverse approaches and

strategies aimed at promoting optimal mental health outcomes among trauma survivors. The first presentation will examine the efficacy of Primary Care-Treatment Integrating Motivation and Exposure (PC-TIME), a brief intervention combining motivational interviewing and prolonged exposure, in reducing PTSD symptoms and harmful drinking among veterans. The second presentation will focus on a feasibility study testing the implementation of the Brief Relaxation, Education, and Trauma Healing for Use in Ethiopian Primary Care (BREATHE Ethiopia) intervention, emphasizing its relevance in low- and middle-income countries. The third presentation will highlight the establishment of a comprehensive behavioral health center in New York City during the COVID-19 pandemic, which provided timely support and resources for healthcare workers experiencing psychological distress. Lastly, the symposium will discuss the outcomes of the Trauma Resilience and Recovery Program (TRRP), a multi-tiered mental health model implemented at a Level 1 trauma center, emphasizing the importance of early intervention in improving patient engagement and well-being.

9:30 a.m. - 10:45 a.m.

TRAUMA AND GENOMICS: EXAMINING PSYCHIATRIC RISK, RESILIENCE, AND THE BRAIN

Symposia

Chair: Zoe Neale, PhD, SUNY Downstate

Presenter: Cassie Overstreet, PhD, United States

Presenter: Stacey Saenz de Viteri, PhD, State University of New York Downstate Health Sciences University

Presenter: Zoe Neale, PhD, SUNY Downstate

Presenter: Daniel Bustamante, PhD, Harvard University

Discussant: Ananda Amstadter, PhD, Virginia Commonwealth University

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation level Advanced

Region Industrialized Countries

Population Type Both Adult and Child/Adolescent

Abstract Body Genetic studies of post-traumatic stress disorder (PTSD) and related phenotypes can shed valuable insight into the biological processes linking trauma to psychiatric and brain-related outcomes. The presentations in this symposium harness “big data” from genome-wide association studies (GWAS) applied to three of the field’s largest studies on traumatic resilience, PTSD, alcohol use disorder (AUD), and brain functioning. Dr. Overstreet will present GWAS, transcriptome-wide association study (TWAS), TWAS fine mapping and SNP-based heritability analyses for traumatic resilience in the Million Veteran Program. Dr. Subbie-Saenz de Viteri will discuss interactions between polygenic scores (PGS) for fluid intelligence and trauma on cognitive performance and event-related oscillations in adolescents and young adults from the Collaborative Study on the Genetics of Alcoholism (COGA) prospective cohort. Dr. Neale will examine the effect of PTSD and AUD PGS and childhood trauma on trajectories of EEG coherence and subsequent PTSD and AUD symptoms in adolescents from the COGA prospective cohort. Finally, Dr. Bustamante will explore associations between AUD and PTSD PGS and structural brain regions in the children aged 9-13 from the Adolescent Brain Cognitive Development Study. Dr. Amstadter will discuss implications and contextualize findings within the broader field.

11:00 a.m. - 12:15 p.m.

Concurrent 11

11:00 a.m. - 12:15 p.m.

KNOWLEDGE TRANSFERS: CLINICAL AND IMPLEMENTATION LESSONS FROM FOUR LOW-AND-MIDDLE-INCOME COUNTRIES

Symposia

Chair: Anushka Patel, PhD, Harvard Chan School of Public Health

Presenter: Anushka Patel, PhD, Harvard Chan School of Public Health

Presenter: Fiona Thomas, PhD

Presenter: Mia Akiba, MSc, King's College London

Presenter: Caleb Figge, MA, PhD, Faculty

Discussant: Nuwan Jayawickreme, PhD, Touro University

Track Public Health

Primary Program Type Global Issues

Presentation level Intermediate

Region Global

Population Type Adult

Abstract Body Over 70% of the global population experiences traumatic events, yet the treatment gap continues to be glaring in high-income countries (HIC) and is more severe in low-and-middle-income countries (LMIC). Two key drivers of this treatment gap are (1) a lack of treatments for less-represented cultural groups, and (2) a shortage of specialist providers who are trained in delivering trauma-related care. This symposium weaves together speakers who share innovative research tackling these drivers directly using mixed-methods and spanning diverse geographies. Two speakers will discuss the process of centering survivor voices as a grounding base to create a culturally acceptable psychotherapy in two unique post-conflict settings (Sri Lanka and Ethiopia). One speaker will explore the training efforts to tackle the second problem – a lack of specialists – through empirical analysis of training programs that use digital technologies to scale the effort of capacity-building in Zambia. Finally, one speaker will collate all the psychosocial treatments deployed globally (in HIC and LMIC) by non-specialists over the past two decades to share results on the overall effectiveness of using non-specialists for trauma-related care. Together, the lessons learned from survivor-centered treatment design to training and capacity-building of providers who can bridge the global treatment gaps.

11:00 a.m. - 12:15 p.m.

INNER RESOURCES FOR STRESS: USING MINDFULNESS AND MEDITATION FOR TRAUMA RESILIENCE AND RECOVERY WITH DIVERSE CLIENTS IN COMMUNITY SETTINGS

Workshop

Chair: Lynn Waelde, PhD, Palo Alto University

Tracks Clinical Interventions

Primary Program Type Clinical Practice

Presentation Level Introductory

Region Global

Population Type Adult

Abstract Body Mindfulness-based interventions (MBI) are increasingly used to address stress and trauma but are not “one size fits all.” Groups at risk for traumatization have been largely underrepresented in MBI research and practice, including Black, Indigenous, and People of Color, LGBTQ+ individuals, and those with serious mental health issues. This workshop will address implementation and cultural adaptation of Inner Resources for Stress (IR) for diverse groups and settings. IR is an evidence-based, manualized, group-based intervention using mindfulness, mantra, and meditation to promote trauma resilience and recovery. IR is used to promote capacities for attention, emotion, cognitive, and behavior regulation that are deficit in diverse manifestations of trauma, to overcome avoidance, regulate stress reactions, and encounter and resolve trauma material. IR therapists match techniques to clients’ needs and capacities. This flexibility within manualization is conducive to a transdiagnostic, developmentally informed, and culturally responsive approach. In this workshop, we will use didactic presentation, clinical vignettes, and interactive demonstrations to illustrate ways to culturally adapt IR based on setting, client, and intervention factors. Special attention will be given to recruitment and retention of clients in healthcare, community mental health, and disaster settings.

11:00 a.m. - 12:15 p.m.

FROM BENCH TO BEDSIDE: UNDERSTANDING AND TREATING COMPLEX SYMPTOM PRESENTATIONS IN TRAUMA EXPOSED POPULATIONS

Symposia

Chair: Patricia Russell, PhD, Rocky Mountain VA Mental Illness, Research, Education, and Clinical Center

Presenter: Shannon Blakey, PhD, RTI International

Presenter: Patricia Russell, PhD, Rocky Mountain VA Mental Illness, Research, Education, and Clinical Center

Presenter: Amar Mandavia, MA, PhD, Boston VA Healthcare System

Presenter: Kristi Pruiksma, PhD, University of Texas Health Science Center San Antonio

Track Professionals

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Introduction: Exposure to potentially traumatic events is common among individuals worldwide. Of those who develop PTSD, many experience co-occurring mental health disorders and complex symptom presentations, which creates a need for individualized care to improve treatment outcomes.

Methods/Results: In this symposium, the researchers address complex symptom presentations among trauma exposed veterans, military service members, and civilians. First, researchers conducted a causal moderation analysis comparing treatment outcomes for military veterans and civilians with PTSD and comorbid substance use disorder. Next, researchers examined

associations between COVID-19 family stressors, and sexual trauma and intimate partner violence on PTSD among U.S. Veterans. Third, researchers examined the role of PTSD in suicide and lethal means among Veterans with substance use disorders (e.g., alcohol and opioid use disorders). Lastly, researchers conducted an observational study among US military service members with PTSD to examine the impact of nightmares, insomnia, and sleep apnea on sleep and mental health symptoms.

Conclusions: Complex symptom presentations and comorbid disorders are important to understand and address among individuals with PTSD to improve treatment outcomes. Researchers will discuss recommendations for policy, practice, and future research.

11:00 a.m. - 12:15 p.m.

MATERNAL TRAUMA HISTORY, CHILD BEHAVIOR PROBLEMS, AND OPPORTUNITIES FOR INTERVENTION IN PERU

Symposia

Chair: Elizabeth Levey, MD, Massachusetts General Hospital

Presenter: Diana Jovinao-Quintero, PhD, MSc, Harvard T.H. Chan School of Public Health

Presenter: Christine Bird, MA, University of California, Los Angeles

Presenter: Andrew Chang, M.D., Harvard Medical School

Discussant: Sixto Sanchez, MD, MPH, President of the National Council of Science, Technology and Innovation, Peru

Track Public Health

Primary Program Type Global Issues

Presentation level Intermediate

Region Latin America and the Caribbean

Population Type Both Adult and Child/Adolescent

Abstract Body Early exposure to trauma and violence has significant physical and mental health consequences throughout the life course and intergenerationally (Barrios et al., 2015; Martinez-Torteya et al., 2016). Sensitive and consistent caregiving in infancy supports the development of resilience in the face of these stressors (Beeghly and Tronick, 2011); however, maternal trauma history can interfere with caregiving sensitivity. The aim of this symposium is to characterize intergenerational trauma in Peru and its impact on perinatal mental health and offspring outcomes and identify opportunities for intervention. First, we will present data from a longitudinal cohort study of Peruvian women and their offspring which has documented maternal trauma exposure, assessed caregiving quality, and evaluated child behavioral symptoms. Second, we will describe the development of an observational measure to assess Child Emotional Maltreatment and identify maternal perinatal risk factors for engaging in future maltreatment behaviors. Finally, we will discuss the manifestations of intergenerational trauma during the perinatal period and how childhood trauma history moderates the impact of perinatal intervention. This symposium will be highly interactive and will feature presenters with geographic and ethnic diversity as well as diversity in their academic disciplines and career stages.

11:00 a.m. - 12:15 p.m.

**ADVANCES IN UNDERSTANDING THE COURSE, TREATMENT, AND IMPLEMENTATION OF MANAGING PROLONGED GRIEF DISORDER
Symposia**

Chair: Richard Bryant, PhD, University of New South Wales

Presenter: Richard Bryant, PhD, University of New South Wales

Presenter: Fiona Maccallum, PhD, University of Queensland

Presenter: Rita Rosner, Prof Dr, Catholic University Eichstätt

Presenter: M. Katherine Shear, MD, Columbia University School of Social Work and Columbia Vagelos College of Medicine

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body This symposium presents recent studies that address key issues in the course of Prolonged Grief Disorder (PGD), advances in the treatment of PGD, and initiatives on translating current evidence on best practice to training programs that can disseminate evidence-based treatments. The first presentation involves a longitudinal study of bereaved people during COVID-19 (N = 574) that identified the key role of social support in moderating trajectories of grief. The second study involves a randomized controlled trial that compared the efficacies of grief-focused cognitive behavior therapy and mindfulness-based cognitive therapy in adults with PGD (N = 100), and that although both treatments were beneficial, there were superior effects for grief-focused cognitive behavior therapy. The third study involves a randomized controlled trial that of adults with PGD (N = 212) that compared grief-focused cognitive behavior therapy with present-centered therapy, and which found that where grief-focused therapy achieved greater reduction in PGD symptoms at post-treatment, both conditions were equally beneficial at follow-up. The final talk presents a training initiative aimed at clinicians to promote uptake of evidence-based treatments for treating PGD. These studies are discussed in the context of achieving better management of PGD symptoms in people affected by grief.

11:00 a.m. - 12:15 p.m.

**ADAPTATION, IMPLEMENTATION, AND CONTEXTUALIZATION OF TRANSDIAGNOSTIC TREATMENTS FOR TRAUMA-RELATED DISORDERS
Symposia**

Chair: Julian Moreno-Villamizar, MA, MSc, Boston University

Presenter: Nicolás García Mejía, MSc, University of Groningen

Presenter: Michel Rattner, MSc, Palo Alto University

Presenter: Daniella Spencer-Laitt, MA, Boston University

Presenter: Julian Moreno-Villamizar, MA, MSc, Boston University

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Latin America and the Caribbean

Population Type Adult

Abstract Body This symposium presents data and results on implementation science, cultural adaptations, and tailoring of transdiagnostic treatment approaches to trauma-related disorders, including PTSD, depression, anxiety, and prolonged grief disorders. Specifically, the symposium explores the adaptation of the Unified Protocol, as well as emotion and problem-focused interventions, within the context of trauma-exposed individuals in Colombia. Additionally, a pilot program for a prolonged grief group treatment, grounded in the principles of the Unified Protocol, is presented. Results illustrated evidence for successfully implementing these approaches while addressing barriers and unveiling opportunities for further adaptation and contextualization.

11:00 a.m. - 12:15 p.m.

FEATURED SESSION: THE SUGIRA MURYANGO INTERVENTION: IMPLICATIONS FOR MITIGATING THE IMPACTS OF INTERGENERATIONAL TRAUMA AND MECHANISMS FOR BRINGING EVIDENCE-BASED PROGRAMS TO SCALE

Symposia

Chair: Vincent Sezibera, PhD, University of Rwanda

Presenter: Sarah Jensen, PhD, Boston Children's Hospital

Presenter: Celestin Twizere, Prof Dr, University of Rwanda

Presenter: Candace Black, PhD, Boston College

Discussant: Vincent Sezibera, PhD, University of Rwanda

Track Child and Adolescent Trauma

Primary Program Type Clinical Intervention/Research

Presentation level Advanced

Region Eastern and Southern Africa

Population Type Child/Adolescent

Abstract Body Three presenters and a discussant will present findings from three pillars of the Sugira Muryango (SM) or “Strong Families” program. SM builds parental knowledge on nurturing care and violence reduction to help families living in extreme poverty provide safe and healthy home environments in post-genocide Rwanda. SM uses in-home delivery to teach skills that help families mitigate impacts of traumatic stress, including conflict resolution, problem-solving, and alternatives to harsh discipline and IPV. SM’s evidence base includes longitudinal effectiveness and sibling spillover studies investigating the long-term impacts of SM on families who received the intervention (2018-2019), an expansion project which reached almost 10,000 families through the PLAY Collaborative implementation strategy (2021-2023), and the SM Digital Dashboard as a creative form of supervision and tool for monitoring quality assurance among interventionists. Results from these projects show effectiveness and scalability of SM, paving the way for integration into existing government structures. Presenters will discuss findings from each pillar of the SM program, discussant and co-PI Dr. Vincent Sezibera will tie together lessons learned, expanding implementation strategies to scale SM, and policy implications for implementing home-delivery programs in low-resource and post-conflict settings.

11:00 a.m. - 12:15 p.m.

TRAUMA SCREENING AND ASSESSMENT WITH ADOLESCENTS EXPERIENCING SYSTEMS INVOLVEMENT: CHALLENGES AND OPPORTUNITIES IN SUPPORTING ADOLESCENTS IDENTIFIED AS POLYVICTIMS

Symposia

Chair: Julian Ford, PhD, University of Connecticut Health Center

Presenter: Joanna Kramer, BA, Fordham University

Presenter: Steven Curto, BA, Fordham University

Presenter: Keith Cruise, PhD, Fordham University

Presenter: Crosby Modrowski, PhD, Rhode Island Hospital

Discussant: Julian Ford, PhD, University of Connecticut Health Center

Track Child and Adolescent Trauma

Primary Program Type Clinical Practice

Presentation level Intermediate

Region Industrialized Countries

Population Type Child/Adolescent

Abstract Body Research and clinical practice support that adolescents experiencing systems involvement (child welfare and/or juvenile justice) often endorse an array of lifetime adversities and traumatic event exposures (i.e., polyvictimization) increasing the risk for a range of mental health difficulties and psychosocial problems that complicate treatment access and system penetration (Cyr et al., 2012; Ford, 2021; Ford et al., 2018). Papers in this symposium highlight findings from trauma screening and assessments among adolescents experiencing either child welfare or juvenile justice involvement. Challenges integrating trauma screening findings from multiple informants and consistency in youth report over time are examined in a community sample of adolescents with juvenile justice involvement. Innovative methods identifying patterns of polyvictimization via routine screening conducted at juvenile detention intake and utility of trauma assessments in supporting movement through the child welfare system will highlight how effective trauma screening and assessment can impact system penetration. Findings from each paper will discuss challenges and opportunities to inform policy and practice and highlight how youth identified as polyvictims and experiencing child welfare and/or juvenile justice system involvement can benefit from effective screening and assessment.

11:00 a.m. - 12:15 p.m.

ACCOMMODATION IN PTSD: ASSESSING THE IMPACT OF FAMILY MEMBERS' RESPONSES TO SYMPTOMS IN THE CONTEXT OF PTSD TREATMENT

Symposia

Chair: Johanna Thompson-Hollands, PhD, National Center for PTSD, VA Boston Healthcare System

Presenter: Johanna Thompson-Hollands, PhD, National Center for PTSD, VA Boston Healthcare System

Presenter: Steffany Fredman, PhD, Pennsylvania State University

Presenter: Johanna Thompson-Hollands, PhD, National Center for PTSD, VA Boston Healthcare System

Presenter: Laura Meis, PhD, United States

Discussant: Terence Keane, PhD, VA Boston Healthcare System

Track Clinical Interventions

Primary Program Type Clinical Intervention/Research

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body PTSD symptom accommodation by family members (FMs) encompasses a range of behaviors that ultimately reinforce disorder-related avoidance. Accommodation is associated with greater symptom severity among patients and greater psychological distress among FMs. Perhaps most importantly, accommodation also negatively predicts treatment outcome, making attention to this interpersonal variable critical. This symposium offers four presentations that provide the most up-to-date data regarding how to measure accommodation and understand its relationship to treatment outcomes. We begin with the first major psychometric analysis of the Significant Others' Responses to Trauma Scale (SORTS) in nearly 10 years, providing insights into how we can effectively measure accommodation. Next, we transition to examining the role of accommodation in treatment, with presentations on the impact of pretreatment accommodation on symptom trajectories, a consideration of accommodation as a mechanism of change during treatment, and a comparison of accommodation levels in family-inclusive PE and standard PE. These four presentations together offer the most recent, relevant information for clinicians and researchers who seek to understand how interpersonal dynamics may impact the success of trauma-focused treatments.

11:00 a.m. - 12:15 p.m.

DEVELOPING SUCCESSFUL TRAINEE-FOCUSED GRANT APPLICATIONS IN VETERAN AFFAIRS AND UNIVERSITY SETTINGS: A PANEL DISCUSSION AND INTERACTIVE Q and A

Panel

Cameron Pugach*, Jessilyn Froelich

Chair: Cameron Pugach, MA, University of North Carolina at Greensboro

Presenter: Cameron Pugach, MA, University of North Carolina at Greensboro

Presenter: Meagan Brem, PhD, Virginia Polytechnic Institute and State University,

Presenter: Kelly Harper, PhD, National Center for PTSD at VA Boston Health Care System

Presenter: Eve Rosenfeld, PhD, National Center for PTSD, Dissemination and Training Division

Presenter: Melissa Zielinski, PhD, University of Arkansas for Medical Sciences

Track Professionals

Primary Program Type Training/Education/Dissemination

Presentation Level Intermediate

Region Industrialized Countries

Population Type Mental Health Professionals

Abstract Body: The ISTSS conference is a premier showcase for advanced, methodologically rigorous, and clinically relevant traumatic stress research. As such, ISTSS provides an annual opportunity for trainees to grow their scientific and clinical skills. It also presents important opportunities for professional development, networking, and mentorship. This trainee-focused panel, sponsored by the ISTSS Student Section, will support these latter goals by bringing together an experienced group of grand-funded, early career psychologists to discuss how to develop successful grant applications within Veteran Affairs and University settings.

Preparing competitive grant applications is a rigorous, time sensitive, and often opaque process. This symposium will demystify this process by helping trainees understand: 1) different funding mechanisms; 2) how to align projects with funding priorities and find the balance between novel and feasible research and training goals; 3) creating a mentorship team that maps onto research and training goals; 4) application writing and timelines; and 5) responding effectively to reviews. Two thirds of the time will be spent discussing predetermined questions and the remaining time for live Q and A. We believe that this panel will support trainees' professional development and ultimately promote high-quality impactful research to alleviate the burdens of traumatic stress.

11:00 a.m. - 12:15 p.m.

MEASUREMENT-BASED CARE: A PRACTICE-BASED BENCHMARKED APPROACH TO AVOID TREATMENT FAILURES AND IMPROVE INDIVIDUAL AND GROUP OUTCOMES

Symposia

Chair: **Benjamin Darnell**, PhD, *MAVERIC*

Presenter: **Benjamin Darnell**, PhD, *MAVERIC*

Presenter: **Brian Marx**, PhD, *National Center for PTSD*

Presenter: **Lissette Saavedra**, (blank)

Discussant: **Brian Marx**, PhD, *National Center for PTSD*

Track Assessment and Diagnosis

Primary Program Type Assessment/Diagnosis

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Measurement-based care (MBC) promotes shared decision-making about when to shift approach and generates data that can be used for observational and quality improvement research. MBC entails repeated outcome tracking, which requires benchmarks for clinically significant change (CSC) because severity scores are typically not actionable. The discussant will overview ways of generating indices of CSC in clinical care and research, and presentations will describe empirical studies that have generated novel ways of benchmarking CSC in the context of PTSD among Veterans. First, Marx et al. will present a score threshold on the PTSD Checklist for DSM-5 (PCL-5) that indicates no longer being dysfunctional by leveraging epidemiological study data of Veterans in primary care who endorsed a traumatic event but whose scores were well in the subclinical range. Second,

Saavedra et al. will present moderated nonlinear factor analysis scale scoring and measurement error-corrected multilevel modeling approaches to improve the precision of CSC indices. Third, Darnell et al. will present on the criterion-related validity of various CSC parameters relative to a composite criterion of change in functioning and quality of life, in a trial of a PTSD treatment among women Veterans. These papers will be used as a point of departure for a concurrent discussion and Q and A, that the discussant will moderate.

11:00 a.m. - 12:15 p.m.

BUILDING BRIDGES: INTEGRATING RESEARCH, POLICY, AND PRACTICE TO OVERCOME DATA GAPS AND MOVE FROM RESEARCH TO ACTION IN EMERGING FIELDS OF TRAUMA RECOVERY.

Panel

Kathryn Carroll*

Chair: Kathryn Carroll, MSW, Institute for Nonviolence Chicago

Presenter: Kathryn Carroll, MSW, Institute for Nonviolence Chicago

Presenter: Rebecca Weiland

Presenter: Jordan Costa, PhD, Giffords Center for Violence Intervention

Presenter: Anna Laubach, MSW, McCormick Foundation

Track Professionals

Primary Program Type Community-Based Programs

Presentation Level Intermediate

Region Industrialized Countries

Population Type Other Professionals

Abstract Body: This panel will bring together diverse perspectives from research, practice, policy, and philanthropy to discuss challenges, opportunities, and emerging best practices for creating and translating research on trauma exposure among the Community Violence Intervention (CVI) workforce. Exposure to violence and trauma is remarkably high among CVI workers and a recent qualitative study reveals that CVI places workers in stressful situations where they re-experience past traumas (Hureau et al 2022, Bocanegra et al 2024). While this field is relatively new, it is fast-growing and there is limited research on the impact of trauma, interventions, and policy-level strategies to promote healing among this workforce. Researchers will review existing literature, discuss gaps in knowledge, and share efforts to generate more impactful data in this field. One CVI organization will share lessons learned in an effort to address this issue in the absence of evidence-based strategies. A policy expert will discuss how a national advocacy organization establishes policy priorities and utilizes data and coalition building to advance legislation to support the CVI workforce. A philanthropic leader will discuss funding priorities around supporting interventions for trauma among CVI workers and philanthropy's role in bridging the research gap. Implications for other emerging fields will be explored.

11:00 a.m. - 12:15 p.m.

**THE ROLE OF INFLAMMATION IN PTSD TREATMENT OUTCOMES:
BUILDING A TRANSLATIONAL STORY THROUGH TEAM SCIENCE**

Symposia

Chair: Jessica Maples-Keller, PhD, Emory University

Presenter: Jessica Maples-Keller, PhD, Emory University

Presenter: Alex Rothbaum, PhD, MPH, Skyland Trail

Presenter: Andrew Thompson, PhD, Cohen Veterans Bioscience

Presenter: Victoria Risbrough, PhD, San Diego VA Health Services/University of California San Diego

Discussant: Barbara Rothbaum, PhD, Emory University School of Medicine

Track Biology and Medical

Primary Program Type Biological/Medical

Presentation level Intermediate

Region Industrialized Countries

Population Type Adult

Abstract Body Efficacious treatment for posttraumatic stress disorder (PTSD) exist and work for most people, however, a significant minority do not respond. Developing both adjunctive treatment targets as well as prognostic indicators of treatment response have the potential for tremendous impact for those not responding to front-line treatments. Robust models of fear learning provide an exciting approach to examining underlying mechanisms associated with trauma exposure and treatment, including potential biomarkers. In recent years, there has been increasing interest in the role of the immune system in risk and maintenance of psychopathology, including PTSD. Traumatic event exposure impacts hypothalamic-pituitary adrenal (HPA) axis reactivity and results in release of pro-inflammatory cytokines, and over repeated activation can result in HPA axis and immune system dysregulation. Trauma-focused therapy such as Prolonged Exposure and Cognitive Processing therapy are first line and gold standard PTSD interventions, yet there is a lack of research investigating how inflammatory markers and processes impact PTSD therapy outcome. Pro-inflammatory markers have been found to be associated with trauma exposure and PTSD symptom severity. Given the robust translational models and growing evidence regarding the relevance of inflammatory markers to trauma and PTSD, there is an opportunity to further investigate whether there are meaningful targets in the immune system to take precision approaches to PTSD treatment. The current symposium will present data from multiple steps of the translational spectrum, including rodent models, pre-clinical human studies, and clinical human studies, with the hope of improving our understanding of the links between the immune system and PTSD treatment. The first three presentations will focus on C-reactive protein (CRP), a broad marker of inflammation. CRP is a well-established marker of inflammation and an acute-phase reactant of inflammation that is frequently included in routine testing, indicating potential promise for an easily implemented biomarker for treatment planning or matching. To build the translational story, presentation of data showing the impact of CRP knockout rodents with resultant over-expression on fear learning will provide a foundation. Subsequently, examining the link between CRP and fear learning in non-treatment seeking, trauma-exposed humans will be presented. Moving to bedside, data examining the link between CRP and treatment outcome will be presented. Lastly, treatment outcome data will be presented examining a wide array of inflammatory biomarkers outside of CRP. These published and unpublished data presented by clinically and translationally trained researchers will build upon existing nascent literature focusing on the role of inflammation in PTSD risk, resilience, and maintenance as part of this interdisciplinary symposium. It is crucial that research furthers our understanding of how inflammatory processes are impacted by trauma exposure and PTSD, and this session will

present cutting-edge work that will lay the foundation for future research examining inflammatory processes as both potential targets and prognostic markers, providing important perspective for the development of personalized treatment approaches. An experienced translational clinical scientist at the forefront of PTSD treatment and its translational study will serve as discussant, and together with the speakers, will discuss the importance of translational team science in the area of inflammation as a path forward to better understanding of trauma treatment.

11:00 a.m. - 12:15 p.m.

TRANSLATING TRAUMA SCIENCE TO PRACTICE FOR A WORKFORCE SERVING UNACCOMPANIED IMMIGRANT YOUTH IN THE U.S.

Panel

Diane Elmore Borbon*

Chair: Diane Elmore Borbon, PhD, MPH, Duke University School of Medicine

Presenter: Javier Rosado, PhD, Florida State University

Presenter: Nida Corry, PhD, NORC at the University of Chicago

Presenter: Elizabeth Tant Blackmon, MSc, Duke University School of Medicine

Presenter: Alison Ward, MD, Unaccompanied Children Program, Office of Refugee Resettlement, U.S. Health and Human Services

Discussant: Dorys Lemus, (blank), BHC

Track Mass Violence and Migration

Primary Program Type Training/Education/Dissemination

Presentation Level Introductory

Region Global

Population Type Child/Adolescent

Abstract Body: "Many unaccompanied children (UC) migrate to the U.S. each year. Diverse stressors lead to migration, including neglect, extreme poverty, abuse, exploitation, trafficking, and gang violence. In the U.S., the Office of Refugee Resettlement (ORR) is the child-serving system whose multicultural, multilingual workforce is tasked with providing temporary care for UC. Per a 2019 U.S. OIG report, the majority of ORR staff feel unprepared to address the significant trauma-related needs of UC.

In 2021, ORR partnered with Duke University to create a Trauma-Informed UC Workforce Initiative to assist all staff in ORR's UC Program in becoming more trauma-informed. This presentation provides an overview of the initiative. Panelists include an ORR leader to discuss the agency and trauma exposures among UC. The Duke University team will share initiative components and lessons learned. The lead curriculum developer will describe training development. The evaluation lead will discuss the design and early findings of a mixed methods evaluation. Results will be presented from baseline (N = 2,487) and follow-up surveys (N = 934), highlighting changes in knowledge and efficacy. Qualitative data will also be presented. A former UC will offer perspectives on resilience and recovery in the aftermath of migration trauma."

1:45 p.m. - 3:00 p.m.

Invited Closing Presidential Panel: Innovative Approaches to Improving the Mental Health of Refugees and Asylum-Seekers

1:45 p.m. - 3:00 p.m.

PRESIDENTIAL PANEL: INNOVATIVE APPROACHES TO IMPROVING THE MENTAL HEALTH OF REFUGEES AND ASYLUM-SEEKERS

Invited Session

Chair: Angela Nickerson, PhD, UNSW School of Psychology

Presenter: Lori Zoellner, PhD, University of Washington

Presenter: Frank Neuner, PhD, University of Bielefeld

Presenter: B. Heidi Ellis, PhD, Harvard Medical School

Presenter: Naser Morina, University Hospital Zurich

Abstract There are currently over 100 million forcibly displaced people worldwide, with this number increasing rapidly. Rates of psychological disorders are higher amongst refugees and asylum-seekers than in host populations because of exposure to persecution, war and displacement. While there exist evidence-based approaches to improving the mental health of refugees and asylum-seekers, many refugees don't have access to these interventions. Further, for those individuals who receive psychological treatment, not all respond. This panel brings together experts in the field who are undertaking cutting-edge research that aims to advance our understanding of refugee mental health. These diverse approaches span the continuum of basic understanding of factors influencing refugee mental health, to the development of novel interventions for individuals and communities, to the scaling up and implementation of existing evidence-based interventions. Panellists will outline emerging research findings and discuss how they can shape our thinking about supporting refugee wellbeing, as well as other vulnerable populations. Further, the panel will key gaps in our knowledge that should be overcome to foster research progress. Finally, the panel will discuss new frontiers that have the potential to improve access and response to evidence-based interventions for individuals affected by war and persecution worldwide.