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

Cognitive Therapy for PTSD
Anke Ehlers
Department of Experimental Psychology, University of Oxford, UK

Treatment guidelines recommend trauma-focused cognitive behavioural treatments as treatments of choice for posttraumatic stress disorder (PTSD). Cognitive Therapy for PTSD is a version of these treatments that builds on Ehlers and Clark’s (2000) cognitive model of PTSD. This model suggests that people with PTSD perceive a serious current threat that has two sources, excessively negative appraisals (personal meanings) of the trauma and/or its sequelae and characteristics of trauma memories that lead to reexperiencing symptoms. The problem is maintained by cognitive strategies (such as thought suppression, rumination, safety-seeking behaviours) that are intended to reduce the sense of current threat, but maintain the problem by preventing change in the appraisals and trauma memory, and/or lead to increases in symptoms. Cognitive Therapy for PTSD has been shown to be highly effective and acceptable to patients (Duffy et al., 2007; Ehlers et al. 2003, 2005, 2014, 2016; Gillespie et al., 2002; Smith et al., 2007). First, idiosyncratic personal meanings are identified and changed. Therapeutic techniques include identification of hot spots during the trauma and associated meanings, socratic questioning, and behavioural experiments. Second, the trauma memory is elaborated. Idiosyncratic personal meanings of the trauma are updated with information that corrects impressions and predictions at the time, using a range of techniques. In stimulus discrimination training, the patient learns to discriminate triggers of reexperiencing symptoms from the stimuli that were present during the trauma. Third, the patient experiments...
with dropping maintaining behaviours. The workshop will present the core techniques of CT-PTSD through discussion of video extracts and case presentations. Participants will learn to (1) develop an idiosyncratic version of the treatment model with their patients, (2) identify ways of changing problematic meanings and responses to memory triggers in PTSD, (3) identify ways of integrating changed meanings into trauma memories.

**Culture, trauma and public mental health as a paradigm for mass trauma: Part I and II**

Joop de Jong

Cultural Psychiatry and Global Mental Health, UMC Amsterdam

*Part I and II may be attended separately as morning and afternoon workshops, respectively.

The cross-cultural validity of mental disorders such as PTSD has been a subject of fierce debate. To what extent do sociocultural factors play a role in the constitution and expression of PTSD? If PTSD is a valid cross-cultural concept, what about its clinical utility: a socio-ecological approach asks for a cultural critique of the neuroscience construct of PTSD versus other expressions of distress across the globe. How does this relate to the historicity debate around PTSD, to a dimensional classification, and to 'transdiagnostic treatment'? And once we have an idea about (post-)traumatic stress syndromes, how do we address the psychological needs of large populations exposed to severe traumatic stressors? To answer this question, a public mental health approach has gained popularity for trauma-exposed populations in international and humanitarian settings over the past years. This workshop will address how a culturally appropriate public mental health perspective may inform prevention and care with populations exposed to traumatic stressors both in high-income countries and in developing countries, e.g. in the context of natural disasters and armed conflicts. A major part of the afternoon will be spent on a public mental health simulation exercise. The exercise focuses on a province in a middle-income country. Participants practice in sub-groups on the integration of mental health services in general health care, educational and social services. The focus is on themes such as task sharing and task shifting, multisectoral involvement, collaboration with healers, and the prevention, diagnosis and treatment including the rehabilitation of mental and neurological disorders are part of the exercise.
The ISTSS Guidelines for the Prevention and Treatment of PTSD
Jonathan Bisson\textsuperscript{a}, Lucy Berliner\textsuperscript{b}, Marylene Cloitre\textsuperscript{c,d}, and Tine Jensen\textsuperscript{e}

\textsuperscript{a}Cardiff University School of Medicine, UK; \textsuperscript{b}Harborview Center for Sexual Assault and Traumatic Stress, Seattle, USA, \textsuperscript{c}National Center for PTSD, USA, \textsuperscript{d}New York University Langone Medical Center, USA, \textsuperscript{e}Department of Psychology, University of Oslo, Norway

Over the last 3 years, the ISTSS Treatment Guidelines Committee has updated the ISTSS Recommendations for the Prevention and Treatment of PTSD in Children, Adolescents and Adults, and developed ISTSS Position Papers on Complex PTSD. A rigorous methodology was developed and followed; scoping questions were agreed, systematic reviews were undertaken and studies selected for inclusion according to the agreed inclusion criteria. Meta-analyses were conducted to address the scoping questions with usable data from included studies. The results of the meta-analyses were then used to generate recommendations for individual prevention and treatment interventions using the agreed definition of clinical importance and recommendation setting algorithm. The first half of the workshop will focus on the methodology used. Participants will be asked to consider some of the dilemmas encountered by the Committee and learn how the methodology was developed, through interactive discussion. In the second half of the workshop, facilitated interactive discussion will introduce participants to the recommendations and position papers, key issues with respect to interpretation of them and their implementation into clinical practice. Learning objectives are: (1) Participants will be able to describe the ISTSS Guidelines recommendations for the prevention and treatment of PTSD; (2) Participants will be able to use the ISTSS Guidelines recommendations to inform clinical practice; (3) Participants will be able to summarize the level of evidence key recommendations are based on.

Problem Management Plus (PM+): WHOs scalable psychological programmes for psychological distress in humanitarian settings
Barbara Kieft\textsuperscript{a} and Naser Morina\textsuperscript{b}

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To bridge the gap between the need for mental health care and the limited number of mental health-care specialists in low-and middle-income countries, the World Health Organization (WHO) developed ‘Problem Management Plus’ (PM+). PM+ is related to the mental health Gap Action Programme (mhGAP) and is based on task-sharing, meaning that it is delivered by trained non-professional mental health workers. PM+ is a brief (five face-to-face sessions) programme based on cognitive behavioural therapy (CBT) and problem-solving techniques for individuals or groups affected by humanitarian crises. It incorporates relaxation, problem management, behavioural activation and social support enhancing strategies. Individual PM+ is available in several languages (including English, Chinese, French, Arabic, Japanese, Korean, Kurdish, Russian, Spanish and Urdu). PM+ has been shown effective in reducing symptoms of anxiety, depression, posttraumatic stress and improving functioning in randomized clinical trials in Pakistan and Kenya. Within the large EU Horizon 2020-funded ‘STRENGTHS’ project, PM+ has recently been adapted for Syrian refugees in Europe and the Middle East. The PM+ programmes can be implemented within stepped care models across both low- and middle income and high-income settings. The aim of this workshop is to share and transfer experiential information on the structure and content of the evidence-based psychological intervention PM+.

The effects of PTSS on couples: Expansion of theory and principles of intervention
Rachel Dekel and Yael Shoval-Zuckerman

Bar-Ilan University, Israel

Although it is widely recognized that trauma in general and posttraumatic stress symptoms (PTSS) specifically affect couple relations, the theoretical models, empirical knowledge, and suggested principles of the intervention are less known. Objectives: The aims of the workshop are: (a) To review the theoretical understanding of the effects of PTSS on couple relations. Specifically, the cognitive-behavioural interpersonal theory of PTSD (Monson, Fredman, & Dekel, 2010) and the ambiguous loss theory (Boss, 2009) will be discussed, (b) To review the updated empirical knowledge that supports these theories, and (c) To present the main ideas of the Conjoint Behavioral Cognitive Intervention (Monson & Fredman, 2012) and to exemplify it through cases the moderators have treated in the Family Trauma Clinic in Israel. Method: The
Workshop will involve a formal presentation, vignettes, and exercises with participants. Results: The workshop will provide practical knowledge for clinicians and researchers from diverse backgrounds to bridge the gap between empirical and clinical approaches to working with trauma survivors and their partners. Conclusions: The workshop is recommended for those who want to apply a family-oriented lens to their trauma research and intervention.

**Imagery Rescripting for PTSD Related to Childhood Trauma**

Loes Marquenie and Sandra Raabe

Imagery Rescripting (ImRs) has emerged as a promising method to treat CA-related PTSD (Arntz, 2012; Morina, Lancee, & Arntz, 2017). ImRs is a technique that focuses not only on reducing anxiety-related symptoms but also targets the meanings and schemas resulting from traumatic childhood experiences. Although there is strong evidence for the efficacy of trauma-focused treatments, clinicians are often hesitant to apply these treatments to patients with CA-related PTSD, fearing for symptom exacerbation and dropout. Due to these concerns, there have been calls for modifications of existing trauma-focused methods in order to (1) reduce treatment dropout and increase acceptability with therapists and (2) have impact on a broader range of the symptomatology, such as secondary non-fear emotions (e.g. feelings of powerlessness, anger, inherent badness). In the last decade, Imagery Rescripting (ImRs) has emerged as a promising method to treat CA-related PTSD (Arntz, 2012; Morina, Lancee, & Arntz, 2017). ImRs is a technique that focuses not only on reducing anxiety-related symptoms but also targets the meanings and schemas resulting from traumatic childhood experiences. Recent research has shown that this method not only leads to reduction of PTSD-symptoms but is also effective in reducing secondary trauma emotions and improving emotion regulation. In this workshop, we will present the rational and basic procedure of ImRs. The application of this method will be practised and common pitfalls will be discussed.
Afternoon Workshops

**The International Trauma Interview for ICD-11 PTSD and Complex PTSD: Case Analysis and Differential Diagnosis**

Marylene Cloitre and Jonathan Bisson

*National Center for PTSD, USA; New York University Langone Medical Center, USA; Cardiff University School of Medicine, UK*

In June 2018, the World Health Organization released the final version of the 11th revision of the International Classification of Diseases and Related Health Problems (ICD-11) to its 194 member states with adoption and implementation of ICD-11 beginning after May 2019. The ICD-11 includes a revised ICD-10 posttraumatic stress disorder (PTSD) diagnosis and the introduction of a new diagnosis, complex PTSD (CPTSD) which replaces the overlapping ICD-10 category of enduring personality change after the catastrophic experience. In preparation for this transition, there has been steady development, testing and revision of a clinical interview for ICD-11 PTSD and CPTSD, the International Trauma Interview (ITI). The interview has been tested in several countries and languages. A detailed overview of the measure and an update on the psychometrics of the interview will be provided in this presentation. However, the primary purpose of this workshop is to give audience members demonstration of the use of the interview via several video presentations and case analyses. Case presentations will demonstrate key features of ICD-11 PTSD, particularly concerning re-experiencing symptoms as well as differential diagnosis between CPTSD and DSM-5 Borderline Personality Disorder depression and between CPTSD and Major Depressive Disorders. Audience members will have the opportunity to query about challenging cases particularly as related to differential diagnoses and assessment of comorbidities. This workshop is a practical, clinician-oriented experience.

**Transcultural aspects of trauma and dissociation; Building bridges in classification and treatment?**

Rafaele Huntjens, Marjolein van Duijl, and Eric Vermetten

*Department of Clinical Psychology and Experimental Psychopathology; University of Groningen, the Netherlands; Transcultural psychiatry, mental health care for refugees and asylum seekers and Global Mental Health; ARQ National Psychotrauma Centre, the Netherlands; UMC Utrecht, the Netherlands; Department Psychiatry of New York UMC, USA*

This preconference workshop offers a broad perspective of different aspects of dissociation. Key issues include the interacting effects of traumatic experience, developmental history, neurobiological function, and specific vulnerabilities to dissociative processes that underlie the occurrence of traumatic dissociation. Dissociative disorders are typically associated with chronic symptom manifestation and high utilization of mental health services. In western societies emphasis on dissociative disorders and treatment focuses on early life trauma and individualized treatment approaches. New treatment opportunities emerge that provide feasible options. For refugees and migrants ongoing conflicts, migration and acculturation stressors play a key role. In non-western societies, the emphasis of treatment is on restoring historical, social, cultural and spiritual belonging. Systemic and multilevel approaches are helpful to accommodate different explanatory models. Objective: In this workshop, we review the current state of research and treatment of traumatic dissociation, including manifestations of spirit possession. We will reflect on transcultural similarities and differences, as well as opportunities for treatment and further research. Method: Review of literature and empirical research, case presentations, discussion and group assignments. Current perspectives will be given on the current state of research on assessment and treatment of traumatic dissociation (Eric Vermetten). New empirical research of inter-identity amnesia and identity fragmentation as well as a treatment study investigating the applicability of schema therapy in patients with DID (Rafaele Huntjens). Classification and management of dissociation and spirit possession in a global and transcultural context will be illustrated with case histories and research in Africa (Marjolein van Duijl).

**Learning from trauma and loss in evidence-based treatment**

Jannetta Bos and Annemiek de Heus

Centrum ’45, the Netherlands

Brief Eclectic Psychotherapy for PTSD (BEPP) not only helps in diminishing PTSD symptoms but also stimulates to learn from terrible events. Such events change one’s view of oneself and from the world. Learning emotionally and cognitive from traumatic events helps to cope better after treatment. BEPP is recommended by the American Psychological Association (APA) and the International Society for Traumatic Stress Studies (ISTSS). BEPP is found effective for treating Posttraumatic Stress...
Disorder (PTSD) in different patient groups with different ethnic backgrounds (Gersons et al., 2000, Lindauer et al., 2005, Schnyder et al., 2011). Recently Brief Eclectic Psychotherapy for Traumatic Grief has been developed for patients with traumatic grief (i.e., comorbid PTSD and persistent complex bereavement disorder (PCBD)) following the loss of a loved one under violent circumstances (Smid et al., 2015). The first results of BEPTG in a refugee population support the feasibility and potential effectiveness of BEPTG (de Heus, et al., 2017). Objective: During the workshop participants will get acquainted with all five elements of the BEPP and BEPTG protocol. These are psychoeducation, imagery exposure, memorabilia and writing letters, making meaning of what has happened, and a farewell ritual. It combines insights and interventions from cognitive behavioural- and psychodynamic approaches. A video of psychoeducation will be shown and a demonstration of imagery exposure will be given. Participants will be encouraged to practice with farewell rituals and writing letters. Clinical case examples of patients with different ethnic backgrounds will be presented.
Friday, 14 June 2019
Day #1
Opening Ceremony

Jana Javakhishvili, Miranda Olff, Miriam Lommen, Joanne Mouthaan, Frans Weisglas and Daria van den Bercken

Presidential opening of the 16th ESTSS conference ‘Trauma in Transition: Building Bridges’, including musical performance of piano soloist Daria van den Bercken, modern dance performance by Amenti Movemeant, word of welcome by ESTSS president Jana Javakhishvili and Frans Weisglas, past speaker of the House of Representatives in the Netherlands, award ceremony and more.
SUPERVISION

O1.1

Open Supervision Session
Anke Ehlers
Department of Experimental Psychology, University of Oxford, UK

Track: Intervention Research and Clinical Studies

Professor Anke Ehlers will provide supervision to two supervisees on their PTSD cases. Anke Ehlers, professor of experimental psychopathology and co-director of Oxford Centre for Anxiety disorders and Trauma, is the ‘mother’ of the cognitive therapy for PTSD (CT-PTSD) and has been leading both experimental and longitudinal clinical studies on treatment efficacy and effectiveness of CT-PTSD. Supervisee Elisa van Ee, clinical psychologist, psychotherapist and researcher at Psychotrauma centre South-Netherlands, will present a case including a patient with (complex) PTSD and many comorbid disorders and has questions about how to understand unexpected declines in wellbeing and the return of trauma-related cognitions after a life-event from a trauma perspective and how to proceed. Supervisee Jackie-June ter Heide, clinical psychologist and researcher at ARQ National Psychotrauma Centre, will present a case including a police officer who has encountered multiple traumatic events and is suffering from guilt feelings about not being able to save everyone during these events. He failed to benefit in earlier trauma-focused treatment and the supervisee’s questions are about how to tackle these strong feelings of guilt from a cognitive perspective on PTSD.

MASTERCLASS

M1.1

Network theory and network models in clinical psychology
Talya Greene
Department of Community Mental Health, University of Haifa, Israel

Track: Assessment & Diagnosis

The network perspective offers a novel way of understanding the structure and dynamics of psychopathology. According to the network theory framework, symptoms do not primarily result as passive consequences of underlying mental disorders. Rather, causally connected symptoms may interact with each other over time, potentially producing mental disorders as emergent phenomena. The new field of network psychometrics has been used in recent years to investigate the complex structure of various psychiatric disorders, including posttraumatic stress disorder, depression, schizophrenia, and anxiety. The aim of this masterclass is to provide a conceptual overview of network theory and network modeling, to describe some of the key findings that have emerged from this approach, and to discuss potential clinical implications of network approaches, including the identification of particularly central or influential symptoms, the exploration of mechanisms of comorbidity and transdiagnostic phenomena, and for use in therapeutic interventions.

PANEL

P1.1

ESTSS Presidential Panel: Addressing Political Oppressions: How Past, Present and Future Connect
Jana Javakhishvili\textsuperscript{a} (Chair), Andreas Maercker\textsuperscript{b}, Evaldas Kazlauskas\textsuperscript{c} and Gavin Rees\textsuperscript{d}

\textsuperscript{a}School of Arts and Science, Ilia State University, Tbilisi, Georgia; \textsuperscript{b}Department of Psychology, University of Zurich, Switzerland; \textsuperscript{c}Center for Psychotraumatology, Institute of Psychology, Vilnius University, Lithuania; \textsuperscript{d}Director, Dart Center for Journalism and Trauma – Europe

Track: Public Health

The impact of oppressive political regimes upon the well-being of individuals and groups is of growing concern in the field of psychotraumatology. Existing evidence reveals the devastating consequences for affected individuals, families and communities. At the same time, European countries differ in the extent to which they acknowledge trauma caused by political malfeasance, study the related phenomena and address needs of the repressed. The panel will explore this state of affairs, examining the mental health consequences of oppressive political regimes in different regions of Europe. During the panel, an overview of studies focused upon PTSD, other trauma-related mental health problems and upon resilience strategies among the repressed and their family
members will be presented. The challenges in addressing the mental health needs of the survivors will be discussed. The broader political and associated societal dimensions of this problem will be considered. The focus will be on how dealing with past trauma affects the mental health of both the individuals and groups who are repressed and of society as a whole. The panel will also attend to autocratic political trends currently emerging in the World and to the polarizing role of the media. The panel will highlight the importance of initiating a ‘trauma-informed’ public dialogue, and the role of psychotraumatology in these new circumstances.
MASTERCLASS
M2.1

Biological determinants of stress resilience: how far are we?
Christiaan Vinkers
Amsterdam UMC, the Netherlands
Track: Biological and Medical

Traumatic stress, especially during early life, is a major risk factor for the development of almost all psychiatric disorders including post-traumatic stress disorder (PTSD), major depressive disorder, and schizophrenia. In addition to psychological and environmental factors, stress vulnerability and resilience depend on neurobiological factors and mechanisms. For example, traumatic events induce long-lasting changes in the brain, including grey matter volume reductions and impairment of the hypothalamic-pituitary-adrenal (HPA) axis. However, considerable inter-individual differences exist in outcomes after trauma exposure and many individuals do not develop psychopathology. Despite decades of research, we still cannot predict which individuals are at risk and which individuals are resilient following traumatic stress. Thus, elucidating neurobiological pathways underlying resilience may identify who is and who is not at risk and enhance early intervention strategies. Focusing on resilience to trauma rather than vulnerability can enhance our understanding of key processes underlying psychopathology. Moreover, important methodological advantages are present due to the absence of psychopathology and medication in resilient individuals. During this masterclass, I will provide an overview of the state of the art in the neurobiological underpinnings of stress resilience. Moreover, together with participants of the masterclass, we will discuss how (neuro)biological findings can be better integrated into more traditional care for trauma survivors relevant for their specific clinical work or research.

SYMPOSIUM
P2.1

ISTSS Symposium: Understanding and Preventing the Adverse Effects of Societal Trauma: Building Bridges to a Safer Future
Julian D. Ford (Chair)a,b, Diane Elmore Borbonc, Carolina Salgado d, Synne Øien Stenslandef, Maureen Allwoodg, Erika Felixh, Misari Oei
1University of Connecticut, USA; 2President, International Society for Traumatic Stress Studies; 3UCLA-Duke University National Center for Child Traumatic Stress, USA; 4President, Chilean Association of Traumatic Stress; 5Norwegian Centre for Violence and Traumatic Stress Studies; 6Oslo University Hospital, Norway; 7Department of Psychology John Jay College, City University of New York, US; 8Department of Counseling, Clinical & School Psychology, University of California, USA; 9Department of Neuropsychiatry, School of Medicine, Kurume University, Japan

Track: Public Health

When trauma affects entire communities and societies, this may be the result of massive disasters, mass violence, or a widespread occurrence of victimization that happens to one child or family at a time. This symposium, presented by Board Members of the International Society for Traumatic Stress Studies from four continents (Asia, Europe, South America, North America) based on their epidemiologic, clinical research, and prevention studies with populations affected by a mass industrial disaster, mass gun violence, hate-based violence, and migration trauma and family separation. Common themes and unique features of the aftermath of these mass traumas, and systematic directions that are being undertaken internationally – and that are opportunities for new collaborations going forward – to prevent further harm and promote recovery on an individual, community, and societal level will be discussed.
**Lunch Break Activities**

**EXTRACURRICULAR ACTIVITY**

EA1

**Excursion to Sexual Assault Center (Centrum voor Seksueel Geweld), center for research and specialised help for victims of rape and sexual abuse**

Klaas Ridder and Roberdina Blok

Sexual Assault Center (Centrum voor Seksueel Geweld), Rotterdam, the Netherlands

*only on preregistration

Since 2015 Rotterdam has its Centre for Sexual Assault. In this centre, police and forensic experts perform physical investigations on victims of recent sexual violence, while nurses of the team support the victims and offer them psychosocial care during and after the investigation. Since January 2018 the centre is located at the Rotterdam Municipal Health-care facilities. It is recognized to be one of the top locations for forensic research after sexual violence in the Netherlands: it has state-of-the-art equipment and a specialized ’DNA poor’ (preferably DNA-free) investigation room used for investigating sexual violence cases only. The Rotterdam Centre for Sexual Assault is part of a national network of centres where victims of sexual violence can be seen on a short notice.

Program of excursion (duration 1 hour) includes: Tour around the CSG with explanation of what is what; Presentation of the landscape of Centres for Sexual Assault throughout the Netherlands and the way things work; Q and A. With regard to the limited space and the possibility of victims being present in the centre during the visit, there is a maximum of 10 participants to this tour.
The consequences of childhood abuse and neglect can have many faces. Childhood trauma may have a long-lasting impact on several cognitive, psychological and social processes, chronically affecting an individual’s emotional well-being. It may also negatively impact social relations throughout the life span, causing problems in friendships and intimate relationships. On the level of the brain, exposure to childhood trauma may affect the programming of neural networks involved in the regulation of emotions and processes related to trust and attachment. Ultimately, these psychological consequences and changes in the functionality of the brain may also influence parenting style and the ability to regulate one’s emotions during stressful parent–child interactions, so that a new cycle of parental abuse and neglect may come into play.

Whereas these consequences are usually examined in individuals, family studies that involve siblings, and/or parents and children, can yield additional valuable information on clinically relevant questions: such as ‘who is specifically at risk for the negative consequences of childhood maltreatment and who is more resilient?’, ‘what are the mechanisms involved in the intergenerational transmission of maltreatment?’, ‘what are the general and specific processes involved in parental abuse versus neglect?’, etc. In addition, family studies may help to disentangle the environmental effects from genetic factors involved in the intergenerational transmission of psychopathology and parental abuse and neglect. In this keynote, I will focus on these and other questions and elaborate on recent findings from two Dutch family studies on the long-term impact of childhood abuse among siblings (i.e., NESDA sibling study) and the intergenerational transmission of maltreatment (i.e., Leiden 3-Generation study), followed by a discussion of what can be learned from a family perspective in terms of prevention of parental abuse and neglect and their long-term consequences.
Clinical Management of Alcohol Use in the Context of Trauma-Focused Therapies
Debra Kaysen

Department of Psychiatry & Behavioral Sciences at the University of Washington, USA

Track: Intervention Research and Clinical Studies

Posttraumatic stress disorder (PTSD) and alcohol use disorders (AUDs) are frequently comorbid and represent a major public health concern (Lai et al., 2015). There are poorer AUD treatment outcomes when comorbid PTSD is untreated including higher alcohol relapse, use, and consequences. Recent reviews highlight that trauma-focused cognitive-behavioural therapies (CBT’s) for comorbid PTSD/AUD are more effective for reducing PTSD symptoms and reducing alcohol use than treatment as usual and other comparison conditions (Simpson et al., 2017). However, for many trauma clinicians, assessment and management of substance use are outside of their typical practice. Dr Kaysen will review the research evidence regarding the use of trauma-focused CBT’s to address PTSD/AUD. Then, using the evidence-based intervention Cognitive Processing Therapy (CPT) as an example, she will describe her empirical and clinical efforts to address alcohol use in the context of providing a trauma-focused CBT. This will include results from her recently completed RCT’s testing the use of CPT for PTSD/AUD (Pearson et al., in press). Specifically, clinical guidance (based on these empirical results) will be provided on ways to assess and monitor drinking, when not to provide CPT, and on strategies, clinicians can use to help clients manage their drinking over the course of CPT. The objective is to provide clinicians with a model more broadly in applying these strategies to other trauma-focused cognitive-behavioural interventions while working with comorbid AUD.

Impact and moderation of childhood adversities: an interdisciplinary research agenda
Markus A. Landolt\textsuperscript{a}, Monique Pfaltz\textsuperscript{a}, Birgit Kleim\textsuperscript{a}, Justin Kenardy (Chair)\textsuperscript{b} and Leanne Hides\textsuperscript{b}

\textsuperscript{a}Department of Psychology, University of Zurich, Switzerland; \textsuperscript{b}University of Queensland, New Zealand

Track: Child Trauma

This panel will report and discuss results of a unique workshop at University of Zurich School of Psychology in June 2019 that will bring together researchers from Switzerland and Australia with the aim to develop a roadmap for understanding and reducing the impact of childhood adversity on health and wellbeing. The panel will bring together researchers from different subspecialties in psychology which will allow the differing and potentially novel perspective to be applied to this issue with the aim of developing synergistic approaches that might not have been applied before. The participants who will be representing the larger group of workshop participants will be Professor Justin Kenardy as chair, Professor Leanne Hides from the University of Queensland, Professors Birgit Kleim, Monique Pfaltz, and Markus Landolt from the University of Zurich.
A revival of psychedelics in psychotrauma?
Eric Vermetten

Military Mental Health Service, the Netherlands, ARQ National Psychotrauma Centre, the Netherlands; UMC Utrecht, the Netherlands; Department Psychiatry, Leiden UMC, the Netherlands; Department Psychiatry, New York UMC, USA

Track: Biological and Medical

Psychedelics have a long history in medicine. After the discovery of the psychedelic properties of LSD in the early 1950s, their use in psychiatry was explored. Results of these early investigations were mixed and often the studies suffered from poor design. Due to class I scheduling, the research into the therapeutic use of these substances was impeded, and definitive conclusions were never reached. Recently an urgency was addressed to advance the pharmacotherapeutic treatment of posttraumatic stress disorder (PTSD). Novel opportunities were needed to be addressed to ‘prime the pump’ for PTSD, with the focus on treatment-resistant illness. In looking into new methodologies the focus has also moved to psychedelics. In this masterclass focus will be on four compounds, ketamine, MDMA, psilocybin and cannabis. I will briefly review these ‘old’ known compounds and the rationale and possible effectivity in PTSD treatment. Each of these compounds is different in use and they all have different constraints on the clinical process. These drugs are propagated as adjuncts or catalysts to psychotherapy, rather than as stand-alone drug treatments. This may be different for cannabis as this may have symptom-based effects on sleep and irritability and is recommended for daily use. The model of medication-assisted psychotherapy is a possible alternative to existing pharmacological and psychological treatments in psychiatry. I will identify differences in uses and outline an agenda for research since these studies may contribute to novel and rational development of drug-assisted approaches to PTSD.
PARALLEL SESSIONS #5

MASTERCLASS

M5.1

Overcoming common obstacles when working with memories in trauma-focused CBT
Sharif El-Leithy and Hannah Murray

Track: Intervention Research and Clinical Studies

Good evidence exists for PTSD treatments in which memory-focused techniques such as imaginal reliving and prolonged exposure play a significant role. However, there are gaps in our understanding of how to adapt existing protocols to apply these treatments effectively with complex cases in routine clinical settings. Revisiting the principles and theories underlying treatment can help us generate novel, and adapt existing, techniques to overcome these difficulties. This masterclass will bring together cognitive models of PTSD and memory, core CBT principles, and advanced therapeutic techniques to solve commonly encountered obstacles in memory-focused PTSD treatments. Four key problem areas will be explored: overwhelming affect, difficulties connecting with feelings and memories, head–heart lag and problems identifying target memories in multiple trauma presentations. The masterclass will complete Kolb’s learning cycle using case material including video excerpts, to present clinical examples of commonly encountered problems in PTSD treatment, apply theoretical frameworks to conceptualize these problems, and generate solutions using a broad range of memory and experiential techniques.

Panel

P5.1

ESTSS Panel: Trauma care in Europe: How can we improve the situation of survivors?
Ingo Schäfer (Chair), Dean Ajdukovic, Cherie Armour, Malgorzata Dragan, Natalia Nalyvaiko, Trudy Mooren

Track: Public Health

During the last three decades, important steps towards a better provision of care for survivors of trauma have been made in Europe. Given the cultural and economic diversity of the continent, there are still marked differences between the European countries with regard to standards of care. Most countries share similar challenges to further improve care for survivors of trauma and have topics in common which need to be addressed. These topics include the further dissemination of evidence-based treatments, the promotion of trauma-informed practices in the whole health-care system and improvements in the care for groups with special needs, including refugees and internally displaced people. Local structures that offer specific trainings, like the new ESTSS curriculum for the treatment of posttraumatic disorders, seem to play a crucial role in promoting such further development. The aim of the panel is to discuss similarities and differences across Europe in trauma care, future developments, and potential measures to better meet the needs of survivors.

SPECIAL WORKSHOP

W5.1

Walking tour through Rotterdam: 75 Years living with war
Ilse Raaijmakers and Bertine Verloop

Track: Public Health

Next year, 75 years of Freedom will be celebrated all over the Netherlands. However, 75 years of freedom also means 75 years living with war experiences, in individuals, families, and society. The events experienced during the Second World War can have long-lasting effects in the daily life of those directly affected and next generations. The majority of these people are not seen by any psychologist but nonetheless influenced by these experiences. How did individuals deal...
with their past within communities? In the field of traumatic stress, there is still a gap in the interplay between individual and society. In this active workshop, we build bridges between disciplines and learn from historians, anthropologist, experts in ritual studies and psychologist about the broad psychosocial impact of war on individuals and society. Guided by a historian and psychologist, we make a walking tour through the city of Rotterdam. Right at the beginning of the Second World War, this city was heavily bombed by Germany. Within 15 min, the historical centre was almost totally destroyed, 650 to 900 people died and around 80,000 people became homeless. In the rebuild and modern city centre, there are a few artefacts reminding us of this tragic past. During the tour, a psychologist will reflect on public commemoration in relation to mental healing for those (in)directly affected by war. Furthermore, we listen to a testimony and life story regarding the impact of the bombing. By joining this informative walking tour, you get a chance to open your eyes for a broader view of traumatic stress within the society as a whole.
Film Screening

EXTRACURRICULAR ACTIVITY

EA3

Film Screening of “Reconstructing Utøya”
Steffen Andreas Rostock Svendsen
Family Guidance Center, Tromso, Norway

Steffen Andreas Rostock Svendsen, clinical psychologist, will introduce and discuss this feature documentary where four survivors from the Utøya massacre of 2011 reconstruct their memories in a black box studio together with 12 young participants in order to share and remember their experiences. Reconstructing Utøya is a documentary about survival and how to move on despite traumatic memories of the most brutal fascist terror attack since World War II. Rakel, Mohammed, Jenny and Torje are survivors and carriers of history. Together with 12 young Norwegians and a film crew, they reconstruct their experiences in a desolated film studio painted in black in the northern part of Norway. All closely supervised by a psychologist. The four young people are recreating 22nd of July 2011. The Day that changed their life. The day when future political leaders and predecessors of tolerance were supposed to be extinguished by a fascist crusade against a free democratic and multicultural society. It began with a bomb in the government headquarters in Oslo and continued with execution of the AUF (The youth association of the Labour party) at Utøya. In 72 min 69 people were murdered. Four of the survivors relieve their painful memories, convinced of the importance of remembering. For themselves, for us, for the present time, for the future. The project already began in 2014 when Carl Javér (director) and Fredrik Lange (creative producer) presented their idea of Reconstructing Utøya to the Support group 22 juli, an organization for survivors and relatives of those who departed. Their approval and positive response towards the project were crucial and it was an establishment for cooperation with the Norwegian producer John Arvid Berger, Polarfox AS, FilmCamp AS in Norway and the Danish producer Helle Faber from Made in Copenhagen ApS and Film i Väst. Awarded Best directing and Best documentary in Sweden 2018!
Lunch Break Activities

12:45–14:15

LUNCH MEETING

Global Collaboration on Traumatic Stress
Invitational Lunch Meeting
Miranda Olff\textsuperscript{a} (chair) and Ueli Schnyder\textsuperscript{b} (co-chair)
\textsuperscript{a}Amsterdam UMC and ARQ National Psychotrauma Centre, The Netherlands; \textsuperscript{b}University of Zurich, Switzerland

The ‘Global Collaboration on Traumatic Stress’ consists of researchers and clinicians from around the world representing traumatic stress societies worldwide: ‘to work alongside each other on an equal basis, to identify objectives, facilitate development, and coordinate activities of global importance. […] Participants felt very strongly that the community of traumatic stress researchers and practitioners should develop collaborations, and ultimately structures, that would enable them to optimally respond to those tasks that are best addressed by means of international collaboration’ (Schnyder et al., 2017). The Global Collaboration includes representatives from different regions including Asia, Africa, Europe, North and South America, and Australia.

SIG2

Traumatic Grief
Manik Djelantik\textsuperscript{a,b} and Annemiek de Heus\textsuperscript{c}
\textsuperscript{a}Utrecht University, the Netherlands; \textsuperscript{b}Foundation Centrum ‘45, the Netherlands; \textsuperscript{c}PsyQ, the Netherlands

Following the death of a loved one, a small yet significant minority of bereaved individuals develops persistent and debilitating symptoms of persistent complex bereavement disorder (PCBD) (also termed prolonged grief disorder), posttraumatic stress disorder, and depression. In recent years there has been an increase in treatment options for people for whom loss leads to persistent psychological problems (Boelen, 2016; Djelantik, Smid, Kleber, & Boelen, 2017). The aim of this interactive SIG meeting is to share the latest insights from both a scientific and a clinical perspective for the treatment of traumatic grief. We will do this by discussing case vignettes and examples from the Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG; Smid et al., 2015). This workshop will be held by Manik Djelantik (psychiatry resident at UMC Utrecht and PhD Candidate at Utrecht University and Foundation Centrum ‘45, partner in ARQ National Psychotrauma Centre) and Annemiek de Heus (Clinical Psychologist at PsyQ and trainer of BEP-TG). Both are registered as psychotrauma therapists at the NtVP and are experienced in assessment and treatment of traumatic grief in various populations. Together they have conducted a research among treatment-seeking bereaved refugees.

SIG3

Trauma in Forensic Care
Yolande Kat
De Waag, the Netherlands

Trauma-related symptomatology is highly prevalent in the Dutch forensic care setting (Henrichs &
Many clients who end up in forensic care often experience trauma-related symptoms due to events in their past, as a result of the offence they have committed or due to the detention that followed (Pollock, 1999, Papanastassiou et al., 2004.). Exposure to interpersonal trauma and trauma-related symptoms increase the risk of (aggressive) recidivism (Steiner, Garcia & Matthews, 1997 & Mozley et al., 2018). Yolande Kat is a licensed (trauma) healthcare psychologist in clinical and ambulatory forensic care since 2005, in education to become a clinical psychologist/psychotherapist. In the last 5 years, she specialized in treating trauma in forensic care.

Global Mental Health (GMH) is an area of research and practice that emphasizes mental health improvement and equity for all people worldwide. Historically, however, GMH efforts have been mainly focused on capacity building and service improvement in low-income countries. In this informal lunch meeting, we shall break away with this tradition, in line with the recent Lancet Commission on Global Mental Health and Sustainable Development, and discuss the possible application of GMH principles within high-income countries. The main question that we aim to answer is: how can we improve the quality of and access to mental health care for all patients in high-income countries, using lessons learned from low-resource settings? Mark Jordans is Professor of Child and Adolescent Global Mental Health at the University of Amsterdam. He is a child psychologist and works as Director of Research & Development for the NGO War Child in the Netherlands. Samrad Ghane is a licensed psychologist, medical anthropologist and researcher at ARQ National Psychotrauma Centre and Parnassia Psychiatric Institute. He is the chair of the Special Interest Group on cultural diversity and trauma at the NtVP.
followed by an interactive introduction of the participants, and a lively discussion. Are you working in this area, as a psychologist, psychiatrist, researcher, social or occupational worker, or otherwise, please join this inspiring meeting!

EXTRACURRICULAR ACTIVITY

EA4

Excursion to ‘CoTeam’: culturally oriented trauma expert and motivation center
Aram Hasan
CoTeam, Rotterdam, the Netherlands

All over Europe mental health services, mental health professionals and also specialized trauma teams struggle with helping refugees with mental health problems, especially when these are related to trauma’s from war and from the dangerous travel to a hopefully better life. Often the approach is much based on theoretic ideas about transcultural issues which professionals try to integrate into their mainly Western-based treatment approaches. Therapists with a non-western background and familiar with the traumas of war and flight and the problems of adapting to a new country and culture are in a much better position to offer help. In order to offer the appropriate help to refugees with a non-Western background, a realistic assessment of someone’s situation is of great importance. However, the assessment of non-Western patients in regular mental health services often starts from wrong assumptions. This is because the most commonly used screening and treatment models often do not apply to the screening or treatment of non-Western migrants. As a result, non-Western migrants happen to get too much or too little, or not the right, guidance or help. CoTeam provides next to assessments and treatment also courses and training for refugee organizations, associations and other organizations working with refugees, such as educational institutions, asylum centres or the police. This could be a day course or workshop, or consultations, projects and training sessions over a longer period.
Using the Internet and Modern Information Technology in the Treatment of Trauma
Gerhard Andersson
Linköping University and Karolinska Institute, Sweden

Over the last 20 years, a large number of studies have been conducted showing that therapist-supported internet interventions can be effective for a range of problems and clinical conditions. In this talk, I will present how internet treatments can be delivered and will review the literature on trauma. For example, in a recent umbrella review, we reported the effects of internet treatment for PTSD in the latest meta-analysis was $d = 0.71$ (Andersson et al., in press). I will also present studies we have completed in Sweden on PTSD, trauma in relation to complicated childbirth, and trauma in relation to a previous experience of interpersonal violence. A call will be made for tailored internet interventions, culturally adapted translated treatments (for example, in Arabic language), and I will comment on different alternative ways to use modern information technology such as smartphone applications.
Parallel Sessions #6  
15:45–17:00

SPECIAL WORKSHOP

W6.1

Walking tour through Rotterdam: 75 Years living with war

See W5.1 above

Sunday, 16 June 2019
Day #3
Keynote #3  
08:30–09:45

K3

Biological Embedding of Early-Life Stress: From Mechanisms to Novel Approaches for the Developmental Programming of Lifelong Health
Christine Heim
Charité Universitätsmedizin Berlin, Germany; Pennsylvania State University, USA

Adversity in early life, such as childhood abuse, neglect and loss, during times of developmental plasticity can cause lifelong biological changes that leave the individual vulnerable to subsequent challenge and at markedly heightened risk to develop a broad spectrum of diseases. Understanding trajectories of biological embedding across development, as well as their moderation by gene–environment interaction, is critical to enable us to design novel interventions that directly reverse these processes and to derive biomarkers that identify children who are at risk to develop disorders or are susceptible to a specific intervention. Such advances will promote personalized care based on risk profiles and will inform targeted and mechanism-based interventions to mitigate the adverse outcomes of early-life stress. By specifically targeting processes of developmental programming, it may even be conceivable to set children on positive trajectories of health and adaptation with lifelong beneficial effects.
The SIX Cs Model: Immediate Psychological First Aid
Moshe Farchi
Tel Hai College, Israel, Herzeil, Israel

Track: Intervention Research and Clinical Studies

Psychosocial responses to traumatic events have received growing attention in recent years. Unlike routine life, emergency situations are usually unexpected. First response in these situations is of utmost importance: immediate, focused and efficient interventions are beneficial for the reduction of acute stress reactions (ASR) and a return to effective functioning as well as possible reduction of the risk for PTSD. The SIX Cs model is a new psychological first aid approach aimed to shift almost immediately person with ASR into effective functionable helper (Farchi et al., 2018). The model addresses the need to standardize the immediate interventions during ASR and to access this knowledge & skills for first responders, professionals and nonprofessional community. The SIX Cs model is based on four theoretical and empirically concepts: (1) Hardiness, (2) Sense of Coherence, (3) Self-Efficacy, and (4) on the Neurological aspects focusing on the interaction between the Amygdala and the prefrontal cortex during stressful events. The simple guidelines of the model all start with the letter 'C': Cognitive-Communication, Challenge, Control, Commitment, Continuity. Preliminary results on the effectiveness of the SIX C’s model in terms of increasing resiliency, reducing anxiety and improving perceived self-efficacy will be presented. To date, this approach has been recognized by the Israeli Ministry of Health as the Israeli national model for psychological first aid. This model has also been adopted and implemented by the Israeli ministry of education, Israeli Defense Force, Firefighters and more. This session will demonstrate the theory, practice and the wide implementations of the model.

ESTSS Panel: Understanding radicalization processes with a trauma lens

Vittoria Ardino (Chair)a, Abdel H. Boudoukha,b Simona Caravita, Brock Chisholm, Luca Guglielminetti
d

aUniversity of Urbino, Italy; bUniversity of Nantes, France; cCatholic University of Milan and Brescia, Italy; dCriterion A Psychology Services & Royal Hospital for Tropical Medicine, UK; eRadicalization Awareness Network (RAN – Centre of Excellence), Italy

Track: Public Health

Radicalization manifests across a broad continuum of risk pathways, such as a lack of socioeconomic opportunities; marginalization and discrimination; poor governance and violations of human rights; prolonged and unresolved conflicts; or imprisonment. While traumatic stress is not an automatic trigger for involvement with violence or violent extremism – it is often a “pull factor” in combination with other pathways to violence. The panel explores the role of trauma exposure in drawing individuals to extreme movements and the contribution of a trauma-informed approach in designing more effective prevention and intervention policies. There are various individuals, groups and other subsets of people involved in radical extremism that might have been exposed to traumatic stress and violence as a child. Firstly, the panel addresses the role of adverse developmental trajectories as a risk factor for future recruitment to violent groups. Secondly, terrorism is discussed in terms of direct effects on those at the heart of a bomb attack or killing, and of its indirect effects through the fear invoked in family and friends of victims, ordinary citizens and witnesses. Refugee and returnee radicalization is where traumatic experiences become much more important when compared with other forms of radicalization. The panel also draws the attention on the dynamics of witnessing torture or the brutal killing of a relative or friend,
experiencing severe humiliation, or being denied rights over a sustained period can all increase an individual’s susceptibility and the path to violent extremism. Trauma-informed prevention strategies to help reducing susceptibility to radicalization and organized violence are then discussed.

SPECIAL WORKSHOP

W7.1

The role of yoga in trauma treatment: a compassionate approach

Willemijn Noordhoff and Irina Sheftel

Network Yoga Therapy

Track: Intervention Research and Clinical Studies

Yoga is an integrative practice of physical postures and movement, breathing exercises, mindfulness that can lead to overall wellbeing. This holistic practice may serve as a useful adjunctive component of trauma-focused treatment. Mainly because it builds skills in tolerating and modulating physiologic and affective states that have become dysregulated by trauma exposure. Trauma-informed yoga is based on a particular understanding of trauma, one that emphasizes its impact on the entire mind-body system, as opposed to particular mental states (e.g., troubling memories) viewed in isolation from the physical body. In this workshop, Willemijn Noordhoff and Irina Sheftel show that with integrating the body in the treatment we can help trauma survivors to develop a greater sense of mind-body connection, ease their physiological experiences of trauma, gain a greater sense of ownership over their bodies, and augment their overall well-being.
IPT for PTSD - an introduction
Joop de Jong\textsuperscript{a}, Kosse Jonker\textsuperscript{b,c}

\textsuperscript{a}Parnassia Groep, PsyQ, the Netherlands; \textsuperscript{b}Mentaal Beter, the Netherlands; \textsuperscript{c}Praktijk LEV, the Netherlands

Therapies focused on exposure like prolonged exposure (PE) or Eye Movement Desensitization and Reprocessing (EMDR) dominate the treatment of posttraumatic stress disorder (PTSD). They are effective, but not for everybody; there are patients who do not want them because of the requirement to face elements of their traumatic experience and relive them and there are many patients with PTSD who are not fully responding with exposure-therapies. The common opinion of therapists and researchers in the field of PTSD is that treatment for posttraumatic stress disorder (PTSD) has to be with exposure. It would be great to have another kind of treatment that is effective as well but with another way of achieving improvement. Interpersonal therapy (IPT) has proven to be highly efficient in, e.g. depression, dysthymia and bulimia and is promising as a treatment for PTSD while NOT using exposure. IPT offers a non-exposure-based approach to PTSD. The difference is that instead of attempting to reconstruct the traumatic events, it aims to repair the damage trauma does to interpersonal trust and social functioning. Krupnick et al. (2008) showed that group IPT reduced PTSD and depression in badly and repeatedly traumatized women relative to a waiting list control. Campanini et al. (2010) reported that adding IPT to pharmacotherapy reduced PTSD symptoms more than pharmacotherapy alone and Markowitz et al. (2015) found 14 weeks of individual IPT non-inferior to Prolonged Exposure. The improvement in IPT persisted at three-month follow-up.

ICD-11 Complex PTSD: A global review of its current status and future directions for research and clinical practice

Philip Hyland (Chair)\textsuperscript{a}, Menachem Ben-Ezra\textsuperscript{b}, Marylene Cloytre\textsuperscript{c}, Grace Ho\textsuperscript{d}, Thanos Karatzias\textsuperscript{e}, Matthias Knefel\textsuperscript{f}, Brigitte Lueger-Schuster\textsuperscript{f}, Mark Shevlin\textsuperscript{g} and Frédérique Vallières\textsuperscript{h}

\textsuperscript{a}Maynooth University, Ireland; \textsuperscript{b}Ariel University, Israel; \textsuperscript{c}National Center for PTSD, USA; \textsuperscript{d}The Hong Kong Polytechnic University, Hong Kong; \textsuperscript{e}Edinburgh Napier University, and the NHS Rivers Centre, Scotland; \textsuperscript{f}University of Vienna, Austria; \textsuperscript{g}Ulster University, Northern Ireland; \textsuperscript{h}Trinity College Dublin, Ireland

This panel will bring together nine leading researchers and clinicians from around the world to provide an update on the current status of ICD-11 Complex Posttraumatic Stress Disorder (CPTSD). This panel will provide attendees with an overview of the current state-of-the-science relating to ICD-11 CPTSD, as well as the research and clinical developments that are planned for the next 5 years. This panel will be interactive and provide attendees with practical resources needed to conduct research in this area and will also provide attendees with the opportunity to contribute to what they believe are important topics for future research. The panel will consist of five sections: (1) introduction to ICD-11 CPTSD and its measurement; (2) development and validation of the International Trauma Questionnaire; (3) CPTSD Research at a Continent Level, in specific contexts and populations, with children; with refugees; (4) future directions for CPTSD research: clinical developments.
PANEL

P8.2

Towards Open Science: Open Access publishing, Plan S, FAIR data, Registered Reports and other Incentives for alleviating Questionable Research Practices (QRP)

Miranda Olff (Chair)\textsuperscript{a,b}, Karel Luyben\textsuperscript{c}, Caroline Sutton\textsuperscript{d}, Nancy Kassam-Adams\textsuperscript{e,f} and Ineke Wessel\textsuperscript{g}

\textsuperscript{a}Amsterdam UMC, Department of Psychiatry, the Netherlands; \textsuperscript{b}ARQ National Psychotrauma Centre, the Netherlands; \textsuperscript{c}Technical University Delft, the Netherlands; \textsuperscript{d}Taylor & Francis group, Oxford, UK; \textsuperscript{e}Children’s Hospital of Philadelphia, USA; \textsuperscript{f}Department of Pediatrics, Perelman School of Medicine, University of Pennsylvania; \textsuperscript{g}Faculty of Behavioural and Social Sciences, University of Groningen, the Netherlands

The movement toward more Open Science has implications across the research lifecycle from study design to publication and beyond, including data sharing and re-use. In this panel, we will discuss the exciting developments in Open Access publishing, including the ambitious EU Plan S, the use and reuse of data, and how to improve questionable research practices (QRPs).

Open Access publishing is being embraced in Europe and several other parts of the world. Patients, health-care professionals and others all over the world should be able to freely read (preferably also in plain language) the most recent results of scientific research. Miranda Olff is Editor-in-Chief of the European Journal of Psychotraumatology (EJPT, Olff, 2017, 2018), which is owned by the European Society for Traumatic Stress studies (ESTSS). She will present EJPT as an example of a successful gold Open Access journal with high-quality contributions, proper peer review, low fees, and with good societal and scientific impact.

Karel Luyben, Rector Magnificus Emeritus of the Delft University of Technology and chairman of the Executive Board of the European Open Science Cloud (EOSC), is a member of the EU’s Open Science Policy Platform (OSPP). The OSPP advises the commission on Open Science issues, including Open Access. Plan S (put forward by cOAlition S), requiring 100% Open Access from publicly funded projects that start after 2020 gives the Open Access development a tremendous boost. This, however, also requires universities to fill in how they will make Open Access publications part of their evaluation systems that still are mostly based on classical subscription journals. Will publishing in Nature or Science only be for the rich?

Caroline Sutton is currently Director of Editorial Development at Taylor & Francis group, formerly one of the founders of Co-action Publishing and a member of the current Board of the Open Access Scholarly Publishers Association, OASPA. Taylor & Francis Online are now publishing nearly 300 full OA titles and have one of the largest portfolios of journals with data sharing policies. Registered Reports (Spiller & Olff, 2018) are also supported. How are publishers making a transition to Open Access? How is the transition playing out across the globe? And what ah-hah moments have a pure OA publisher had now that she finds herself in a mixed model world that is grappling with Plan S?

Nancy Kassam-Adams leads an international data archive of child trauma studies that are attempting to implement international ‘FAIR’ Guiding Principles for research data stewardship; i.e. that data should be Findable, Accessible, Interoperable, and Re-usable (Wilkinson et al., 2016). Traumatic stress studies yield valuable and potentially re-usable research data, but most datasets are not created with data re-use in mind and are not easily findable. What would it take to make traumatic stress research data more ‘FAIR’?

Ineke Wessel will speak about Questionable Research Practices (QRPs) and how changes in the process of scientific publishing may help to turn these into Best Research Practices. Both individual researchers and the publication system (journals) suffer from a confirmation bias towards exciting and innovative ideas. That is, they value positive results over null-results and conceptual replications over direct replications. Change in research practices at the individual level may be slow if incentive structures (e.g. tenure dependent on the number of publications) stay in place. A shift in publication policies such that rigorous theory and methods are valued over positive results may help alleviating QRPs at the individual level. Open data and materials, preregistration and direct replication should be incentivized. Various (nontraditional) ways of communicating research findings will be addressed.

References

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Spiller, T. R. & Olff, M. (2018). Reducing uncertainty in research: introducing registered reports. European
Invictus Games: Sport as a means to recovery

Boy Coolen\textsuperscript{a} and Henry\textsuperscript{b}

\textsuperscript{a}Staff Psychologist Dutch Invictus Games Team/Mental Health psychologist at the Military Mental Health Organisation, Dutch Armed Forces; \textsuperscript{b}Dutch military veteran, participant at the Invictus Games 2018 Sydney, Australia

By means of a presentation of a participant of the latest Invictus Games, assisted by the staff psychologist of the Dutch Invictus Games Team, we want to give you an insight into how the power of sport can ensure that one can experience Inspiration, Support, Recognition and Rehabilitation and how this can contribute to the process of recovery.

How to blend e-mental health applications in trauma therapy? A story by a psychotherapist and patient about blended EMDR, shared decision-making, and evidence-based blended care

Tim Wind\textsuperscript{a,b} and Aloys Bijl\textsuperscript{c}

\textsuperscript{a}Centrum ‘45, the Netherlands; \textsuperscript{b}Affiliated to Harvard T.H. Chan School of Public Health; \textsuperscript{c}Patient

Track: Intervention Research and Clinical Studies

The amount of e-mental health applications is increasing rapidly nowadays, but psychotherapists are left with the question of how to ‘blend’ these applications into actual mental health care. In this workshop a clinical psychologist and a patient – suffered for 40 years of PTSD – will share the telling tale of blended EMDR treatment. In blended EMDR therapy complaints were quick to cure due to the application of relevant mobile apps, virtual reality and biofeedback within a horizontal therapeutic relationship in which the direction of therapy was based on shared decision-making. This workshop is indispensable for therapist and researchers who question how blended mental health care takes form in practice.
**Film Screening**

11:30–13:45

**EXTRACURRICULAR ACTIVITY**

**EA6**

Film Screening of “Reconstructing Utøya”

See EA3 above

**Keynote #4**

14:15–15:30

**K4**

**Improving the mental health in low resource and humanitarian settings: From research to practice and back**

Mark Jordans

War Child, the Netherlands; University of Amsterdam, the Netherlands

Track: Child Trauma

This keynote address will have two sections, both focusing on developing mental health-care systems in low-resource and fragile settings and on the translation between research and practice. The first section will start with setting the scene, by providing an overview of the field of Global Mental Health. I will explore principles and needs for mental health care globally, and especially for low-resource settings, and include the role of social determinants in the mental health of populations. In low-income countries, care for persons with mental, neurological, and substance use (MNS) disorders is largely absent, especially in rural settings. To increase treatment coverage, integration of mental health services into community and primary health-care settings is recommended. While this strategy is being rolled out globally, rigorous evaluation of outcomes at each stage of the service delivery pathway from detection to treatment initiation to individual outcomes of care has been missing. I will provide an example of the interplay between research and practice related to this work in Nepal. The second part of the talk will focus on addressing the psychosocial support and mental health-care needs of children, especially in humanitarian settings. It will address how situations like conflict affect children and adolescents, and what we have learned so far in how we mitigate the negative impacts. Again, I will provide an example of how research and practice come together in a program of work that aims to develop a multi-sectoral, multi-level system of care for children affected by the war that addresses children’s needs across different ecological levels. This system of care is complemented by mechanisms to ensure access and quality of care, and a focus on ensuring evidence-based principles can be developed and implemented in such a way that they are scalable and can achieve actual real-world impact, despite the complexities and challenges of working in low-resource humanitarian settings.
**Closing Ceremony**  

15:45–17:00

**Visions of the Past and the Future**  
Berthold Gersons, Jana Javakhishvili, Miriam Lommen, Joanne Mouthaan, Trudy Mooren, Cherie Armour

A lively overview of the traumatic stress field’s past, present and future by Past President Berthold Gersons and current President Jana Javakhishvili; Best Poster and Best EJPT Paper of 2018 Awards; announcement of ESTSS2021.