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6. WORKSHOP PRESENTATIONS

Ardino Vittoria, London Metropolitan University; Makhashvili, Nino, Georgian Society of Psychotrauma

PTSD and Trauma in Forensic Settings: Implications for Research and Treatment

Ardino, V., Acquarini, E., Torchia, K.: PTSD and Re-offending Risk in Young Offenders: Impulsivity and Metacognition

Makhashvili, N.: Traumatized Adolescents: Looking into the Mental Health Needs of Juvenile Prisoners of Georgia

Forrester, A.: Trauma and PTSD in UK Criminal Justice System: The Case of Prison Mental Health In-Reach

Sen, P.: The Role of Trauma with Specific Reference to Imprisoned Foreign Nationals

This workshop explores the role of PTSD in the onset and maintenance of criminal behavior with a focus upon both research and treatment implications. The workshop aims to identify appropriate assessment tools and treatment programmes with relevant reference to research and to possible pathways of care in forensic settings. Two papers (Ardino, Acquarini, & Torchia and Makhashvili) presents data of British and Georgian young offenders with a prolonged history of trauma and PTSD symptoms highlighting a high prevalence of PTSD in such populations and the importance of cognition and impulse control in mediating the relationship between post-traumatic syndromes and re-offending risk. The third paper – presented by Andrew Forrester -focuses on available models of care within the UK system and their limitations in treating prisoners with PTSD symptoms. The last paper presented by Pyal Sen focuses on the implications for treatment of traumatized foreign nationals within the prison system.

Final discussion will attempt to reflect on the challenges and strategies to make prison mental health services for inmates with post-traumatic issues equivalent to those in the community. The interplay between research and clinical work will also be discussed.

Beattie Kenneth, Tideside Clinical & Psychological Services

Understanding Trauma-Induced Dissociation from a Different Theoretical Perspective

Trauma-induced dissociation is frequently a component of the human response to severe psychological stress. It is generally conceptualized as an impairment of “normal” psychological processes. However, the focus of this workshop is to lead participants through the development of an alternative theoretical perspective on trauma-induced dissociation that focuses attention on the adaptive origins of this response to psychological stress. Drawing upon developmental, evolutionary, and cognitive processing perspectives, this workshop will equip participants with an understanding of the functional role dissociation can play in facilitating resilience in the face of, and recovery from, longer-term exposure to severe psychological trauma. A companion workshop addresses the clinical application of this theoretical perspective.

Beer Renée; Lindauer, Ramón, Academic Medical Centre-De Bascule

Trauma-Focused Cognitive-Behaviour Therapy (TF-CBT) for Children and Adolescents with Trauma Related or Grief Related Disorders in the Netherlands

Trauma-focused cognitive-behaviour therapy (TF-CBT) is an evidence-based treatment for children with trauma symptoms and their families. The specific program, developed by Cohen, Mannarino, and Deblinger (2006), has proven to be effective by several research groups in the U.S. The program is being disseminated across different
continents. It is implemented in our Institute with the help of the developers and will be implemented in the Netherlands by our Institute. Our institute, De Basgule, is now involved with both research where we compare TF-CBT and EMDR and with dissemination in the Netherlands. The components of TF-CBT are psychoeducation, parenting skills, relaxation, affect expression and modulation, cognitive coping, trauma narrative, processing the traumatic experience, in vivo mastery of trauma reminders, conjoint child-parent sessions and enhancing future safety and resilience. For children with grief-related symptoms several components are added, like grieving the loss, resolving ambivalent feelings about the deceased and redefining the relationship with the deceased. In this workshop different components of both programs will be highlighted and illustrated by exercises and video fragments. By active involvement in exercises participants will get a vivid image of the program. Practical implications related to research will be discussed.

Blotevogel Monica Lisa, University Medical Center Hamburg-Eppendorf; Klasen, Fionna; Raby, Carly, Luna Childrens Charity

**CATT (Children's Accelerated Trauma Treatment) with Refugee Children**

Children's Accelerated Trauma Treatment or CATT is a cognitive therapeutic protocol that utilizes specific child-centered and play/arts based techniques in order to help children process and re-script traumatic memories in ways that are comfortable for them and age appropriate. CATT was developed in 2003 in partnership with children and young people by Carly Raby, a qualified psychotherapist and children's rights specialist. The protocol has since gained widespread recognition in the UK as a method in line with current, evidence-based treatment standards for PTSD. Rigorous independent evaluation is underway. Training in CATT has been delivered in crisis areas such as Rwanda and Sri Lanka by Luna, a charity established in 2008 to support NGO staff in child mental health care. CATT has been used with children from the age of three up to adults. One major benefit of this approach is that it does not rely heavily on recipients' language and/or cognitive abilities, and has therefore been widely accepted both cross culturally and by services supporting children with a wide range of needs. The workshop will include an overview of the 12-step protocol which ranges from stabilization to post-treatment testing and resilience-building, and the technique itself, followed by case examples from the author’s work with refugee children at the Outpatient Clinic for Refugee Children and their Families (Children for Tomorrow Foundation) at the University Medical Center Hamburg-Eppendorf, with particular focus on cross-cultural issues and trauma treatment with interpreters.

Brisch Karl Heinz, University of Munich

**Attachment-Traumata, Attachment Disorders and Attachment-Based Therapy: From Clinical Intervention to Prevention**

Patients with attachment disorders have experienced multiple traumata within their relationships with primary caregivers. The presentation of clinical case studies (with video) will demonstrate the differential use of the classification system of attachment disorders in infants, childhood and adults. The general and special guidelines of attachment-based therapy will be presented. For prevention, two attachment-based intervention programs SAFE® and B.A.S.E.® were developed in Germany. Their major aims are to promote the infants’ development of secure attachment and to prevent transgenerational re-enactment of violence. SAFE® starts early in pregnancy and guides parents in group meetings and individual trauma-oriented psychotherapy until the end of the first year of their infant. B.A.S.E.® is a training for children in kindergartens and schools that uses mother-infant observation to promote sensitivity and empathy for the infant’s signals and to reduce aggression and anxiety. Preliminary results will be presented.

den Otter Joost Jan; Özkalipci, Önder, IRCT

**Treating Torture Trauma & the Need to Document to Start a Proper Healing Process, Especially in Prison (like) Conditions**

Asylum seekers must surmount several hurdles before becoming a refugee, including the protection of that status. Between and within countries and continents there are huge differences as well as commonalities. To mention a few: all over the world asylum policies are becoming more restrictive; more claims are being processed in detention.
facilities, the burden of proof rests with the asylum seeker. Often the issue of credibility is raised in refusal notices and appeal determinations. Access to health services are another important difference. In some countries full access is guaranteed with refugee status only, while in others there is access to mental health services within the community, but no access within detention centres. This presentation will elaborate the pros and cons of information sharing from the counselling process with the immigration officials from the perspective of the client, that of the migration officials as well as that of the health professional. Furthermore, an overview will be given of the differences in outcomes of asylum claims with and without medical affidavits, showing the added value of such affidavits. The use of the Istanbul Protocol, as recommended by UNCAT, will be clarified for health professionals. Last but not least we will reflect on the influence on mental health outcome of a refugee status after release from detention.

Durocher Rose Marie, Program for Torture Victims

The Hazards of Reunification: Preparing the Asylee for the Reunion with the Children

Clients seeking asylum face a harrowing legal process, while often dealing with serious symptoms of PTSD and Major Depressive Disorder. If these clients are parents who have been separated from their children, these symptoms can be exacerbated by extreme anxiety about the welfare of the children they left behind. Due to factors such as court schedules and visa preparation families can be separated from 2–9 years. Such lengthy separations can have serious mental health consequences for both parents and children. Family reunification for these parents is often idealized. It is a time of high excitement for which there has been little thought or preparation for the changes in all family members that impact successful reintegration. In fact, parents can often deny the challenges and hazards posed by reunification – specifically, social, cultural, economic factors, and the developmental stages of the children.

This workshop will present a protocol for preparing parents for reunification. It includes a pre-unification interview exploring the torture victim’s knowledge of the child during the absence, expectations for reunification and, the parenting, educational and cultural hurdles parents might face after the child’s arrival. A post-interview protocol will also be presented. Common difficulties and challenges will be illustrated with clinical vignettes and case discussion.

Elklit Ask, Videnscenter for Psykotraumatologi; Bering, Robert, Alexianer-Institute of Psychotraumatology Berlin/Krefeld

Psychodynamic Trauma Therapy

The integration of various psychotherapeutic schools is crucial for the development of efficient trauma therapy. However, in the Guidelines of the ISTSS the psychodynamic approach is thought to be less efficient than cognitive behavioural therapy, EMDR or pharmacotherapy. This is mostly due to the lack of controlled studies. Nevertheless, the depth psychology has been of main importance to understand attachment disorders, the dynamic of stress response syndromes, and the development of trauma therapy. For this our workshop is addressed to the question: How can we integrate Psychodynamic Trauma Therapy (PTT) in order to guarantee a state of the art treatment in psychotraumatology? In the meantime there exist elaborated trauma specific manuals based on PTT such as the Multidimensional Psychodynamic Trauma Therapy, the Psychodynamic-Imaginative Trauma Therapy, and the Configurational Analysis. Efficiency is proven for the PTT in single case, clinical studies, and controlled studies. In short, our workshop has a two step approach. First, based on a single case report we give a summary on the historical background of PTT. Second, manuals for PTT are presented that are adapted to outpatient and inpatient as well as to manual therapy (Myoreflextherapy) treatment. We conclude that basic principles of PTT have to be integrated into trauma therapy.

Haugaard Nina; Hilla˚s, Kari, Supportcenter Against Incest

Dissociation in a Self-Help-Organization for Incestsurvivors in Oslo, Norway. How do we Deal with Relational Trauma, Dissociation and Stabilization

Purpose: This paper argues that it is possible to benefit from our selfhelp center when you need to cope with relational trauma. We argue that our center is a good arena for stabilization and working on improving relational skills. We state that our safe environment is crucial for developing relational skills. We would further like to discuss

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the borderline between when it is healthy to participate in a self-help-organization and when it is unhealthy. **Goals for this paper:** Inspiring patients to seek help in self-help centres. Learning from our practice. Support center against incest: Founded in 1986, 17 employees, some are incest-survivors themselves. Slogan: Face incest with talk, not silence. **Results:** Increased self awareness; Decreased sense of shame and guilt; Decreased loneliness and isolation; A stabilization effect; facilitating healing relationships. **Conclusion:** To deal with dissociation and traumatic experiences in a safe environment like a self-help center gives a positive and healing opportunity to deal with dissociation and a traumatic history for a major part of our clients.

**Jacobs Elsbeth, RVTS**

The Bodily Perspective in the Treatment of Traumatized Persons

**Keynotes:** Somatic experience -Daring to ask-longterm-perspective. Peter Levine: “Look to the animals”. Wakening the Tiger "Healing Trauma". The human being has the ability to recover from trauma. **Goal of the presentation:** How to return to the body. What to do when the side effects become chronic? A presentation of methods to enter the body again and to find that the body can be a safe place to stay in. A demonstration from the therapy room. How the physiotherapist can work with traumatized persons with stabilization, pain management and activities.

**Kudler Harold, Duke University**

Psychodynamic Trauma Workshop (Part III): Interdisciplinary Group Supervision in the Veterans Affairs Medical System

At the time of this writing, over 2.2 million American Service Members have served in Iraq and/or Afghanistan and almost 170,000 of them have presented to a medical facility of the United States Department of Veterans Affairs (VA) with a working diagnosis of PTSD. In response to their treatment needs, VA has mounted an innovative and highly effective dissemination of evidence-based psychotherapy training in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). This program successfully connects veterans with PE and CPT therapists who are highly adherent to the respective treatment manuals but this cadre of mental health clinicians, many of them new hires, often report that they find themselves taking their patients’ problems home with them in various ways. They note the stress of constant immersion in trauma narratives and raise concern about secondary traumatization and, potentially, job burnout. This third part of a workshop on psychodynamic trauma therapy will apply psychodynamic principles of transference and countertransference in an effort to better understand and address the concerns of this new generation of VA, PE and CPT therapists and describe how an interdisciplinary group supervision program being piloted in VA has proven of value to these clinicians as a complement to their theoretical and technical approach rather than as competition with it.

**Lundesgaard Anders, Northern Norway Violence and Traumatic Stress Resource Centre; Myrvoll, Kjell-Ole, Child Guidance Clinic Sjøvegan**

The Story of Safar: A Co-Created Story for Resilience and Collective Trauma-Processing. A Narrative Group Intervention for Unaccompanied Minor Refugees and Asylum Seekers

We will present a manual for a group intervention with resilience enhancing and trauma processing aspects which has been offered to young refugees, unaccompanied minors, seeking asylum in Norway. The group intervention consists of 10 group-sessions with various elements. In the presentation the focus is on the narrative element, a collectively co-created story which runs through all the sessions. The young refugees create this story together, where the protagonist is a fictional character who, not unlike themselves, had to flee from his homeland. The story narrates his life experiences and a long and dangerous journey towards safety. The explicit fictional aspect of the story enables them to externalise their own experiences and project them onto the character, who is seen as a resilient survivor and a hero. As the participants feel safer, the group evolves towards stronger coherence, it provides understanding, emotional attunement, and moral solidarity. We will present a qualitative study of the intervention based on focus-group interviews with 2 groups of 10 participants, combined with participant observation and individual interviews. We also reflect on the theoretical
basis for narrative group interventions as a tool for preventing mental health problems and process life experiences and trauma. Exposure to traumatic memories through externalisation and projection onto a fictional character, permits processing memories while preventing being overwhelmed by emotions: fear, helplessness, guilt or shame related to the process of remembering. Strong group-coherence and trust emanating from the narrative process of sharing recollections and co-authoring the story, creates an optimal environment for processing life experiences.

**Meiser Eva-Maria, MediClin Bliestal Kliniken**

The Therapeutic Relationship in Trauma Therapy

In this workshop case reports will be used to demonstrate particularities in the therapeutic relationship in the psychotherapeutic work with victims of trauma. The focus of the workshop will be the exchange of personal experience and the reflexion of the relationship in the treatment of trauma victims based on the case reports which participants bring with them. Typical phenomena of counter transference, for example confluence, actionism, offender transference or therapist guilt will be collected, discussed and by the means of case reconstructions and positioning become “sorted”. In particular, there will be the opportunity to discuss complications and limit setting in the constitution of the therapeutic relationship within specific cases.

**Musaeva Eliza; Zigrovic, Lucija, University of Vienna**

Facing Impunity after Trauma - The Social Factors in Play and Practical Experiences in Dealing with them

Impunity has a special and aggravating effect for victims of violent war related crimes and torture. The impunity of those who committed acts of violence severely affects the world view of the affected person and counteracts his/her rehabilitation of trust for social structures and other people and the achievement of inner peace. The absence of legal/ political procedures against the perpetrators and their backers becomes an additional traumatizing factor, in some cases not only hindering recovery but also facilitating the development of PTSD and other disorders. Official and public procedures condemning those who organized and those who executed crimes are necessary but often present a challenge in the sensitive conflict and post-conflict environments. Weakened judicial systems and on-going fear of persecution interact with each other, creating an atmosphere in which it is difficult to seek and obtain “justice”. The workshop will present current knowledge and practical issues on this topic focusing specifically on the cases of former Yugoslavia and Chechnya. Potential new approaches will be discussed. Theoretical framework and research data will be interpreted in the light of field experiences of human rights practitioners.

**Newman Elana, University of Tulsa; Shapiro, Bruce, Dart Center for Journalism and Trauma**

How Trauma Experts Can Engage Journalists to Improve News Coverage of Trauma

Journalists play a critical and multifaceted role in communities during times of destruction, war and chaos. Journalists provide the public with information and analysis about traumatic events including community responses to these events. What are role appropriate ways that trauma experts can engage journalists and facilitate their abilities to tell trauma-informed stories? This workshop will focus on explaining journalists’ ethics, roles and practices and provide practical tools for collaborating more effectively with journalists.

**Orner Roderick, Roderick J. Orner Ltd, Lincoln**

Psychodynamic Trauma Workshop (Part II): Dreams and Repetitions

From the vantage points of dreams and repetitions the theme of reciprocal influence between psychotraumatology and psychodynamic therapies will be developed further in this second of three workshops. Both dreams and repetitions are cardinal concepts for psychotraumatology as exemplified by their significance as core diagnostic symptoms for ASD, PTSD and other related post incident syndromes. Similarly, within psychodynamic therapies dreams and repetitions (e.g. transference, compulsion to repeat) furnish material that is believed to be pivotal for
resolution of presented problems. This is so whether or not the problems being addressed are specifically related to trauma or not. The workshop will examine how it has come to be that dreams and repetitions have achieved the seemingly contradictory status of simultaneously being both signifiers of disorder as well as facilitators for healing. A brief historical overview of relevant aspects of psychotraumatology and dynamic psychotherapy will be followed by an examination of the scope and limitations of linking theory to clinical experience. In the second part of the workshop the veracity of clinical approaches suggested by the earlier analysis will be examined using participants’ own personal and professional experiences.

**Popovic Bozidar**, General County Hospital Nasice

From Posttraumatic Stress to Posttraumatic Success

The author’s idea is to present a way in which it is possible to make a bridge between a modern, clinical psychiatry approach, and a postmodern psychoterapeutical approach when we talk about trauma. The author will attempt to implement an understanding of von Forster’s constructivistic epistemology “Am I a part of the system, or apart of the system?” and second order cybernetic looking for “difference what makes a difference” in Gregory Bateson terms, at the field of trauma. Some postmodern systemic psychotherapeutical schools embed those theoretical backgrounds and give us an opportunity of how to deal with trauma. Also, through this workshop the author will give his own understanding of similar concepts of posttraumatic success, posttraumatic growth, posttraumatic resilience and psychology of heroism.

**Preitler Barbara; Dabic, Mascha; Huemer, Friedrun; Franke, Silvia; Heiss, Cecilia, Hemayat

Refugees and Victims of Human Right Violations in Austria: Aspects of Psychotherapy in Hemayat, Vienna

Since 1994 „Hemayat – organization for torture and war survivors“ offers treatment for victims of human right violations in Vienna. We work in a multi-disciplinary team in the context of changing asylum and foreign law in Austria/ Europe. In this workshop we will highlight different aspects: Psychotherapy in the context of Austrian and European Asylum law. To work with traumatized refugees means dealing with the post-traumatic situation after human right violations happened back in the home countries and on the way to Europe but also with the unsafe social and legal situation asylum seekers have to face in Austria. We have to answer in our treatment the ongoing traumatization, suffering from post-traumatic multiple traumatic situations. Trauma and Addiction: Self-medication or Self-destruction? To deal with the unspeakable experience of trauma can lead to self medication and further to addiction. The experience of relaxation through substances makes trauma victims more vulnerable. In psychotherapy we deal with components like affect tolerance, craving control and risk reduction as well as mediating adequate pharmacological treatment. Trauma and Complicated Grief: How to deal with disappeared family members. Traumatized refugees often have no evidence: relatives are “disappeared”. We will discuss in our workshop the specific problems of complicated grief in the context of psychotherapy with asylum seekers in Europe. Communication between different languages: translation in psychotherapy with refugees. Communication needs often the presence of a third person, a second expert: the translator. Only through her/ him patient and therapist can talk to each other. We will focus on the specific situation of psychotherapy with interpreter and the specific psychological role.

**Regel Stephen**, Nottinghamshire Healthcare NHS Trust; Healey, Arlene, Belfast NHS Trust

Early Interventions and Therapeutic Approaches with Families Following Homicide: What Works Best for Whom: Psycho-Education or Therapy?

Since the publication of the NICE Guidelines for the Assessment and Treatment of PTSD in Primary and Secondary Care, Cognitive Behavioural Therapies (CBT) have been identified as the ‘treatment of choice’ for PTSD sufferers. However, not all those exposed to traumatic events will be suitable for CBT such as individuals and families exposed to murder and manslaughter. This workshop aims to address the challenges of working with this
complex area of psychological trauma by providing a pragmatic focus on strategies to assist affected families. Insights will be offered from two different contexts within the UK, one from an area affected by over 30 years of civil conflict (Northern Ireland) and the other, a new UK national scheme to support families surviving homicide. The workshop will be illustrated with case studies and focus on dealing with issues affecting recovery and growth e.g. search for justice, education regarding common reactions unique to complex bereavement and watchful waiting. The needs of children affected will also be addressed.

Rosqvist Johan; Blunt, Charley; Jerome, Emily; Ashworth, Kevin; Carrier, Allison; Murphy, Erin; Bergström, Björn, Pacific University

Exposure Therapy 101: How to Design, Implement, Monitor, and Modify an Exposure Therapy Program

Exposure Therapy has a well-established history as efficacious, effective and efficient in treating PTSD and other anxiety disorders; in fact, for many of these fear-based phenomena, exposure is often considered the ‘gold standard’, or the treatment-of-choice. Indeed, in the hands of the reasonably-trained practitioner, exposure can become a virtual panacea for pathological anxiety. Unfortunately, mostly because of myths, beliefs and attitudes towards the technique, everyday practitioners have largely lost touch with this potent treatment option. This workshop prepares participants to understand the central change mechanism within exposure, namely repeated natural habituation and extinction. Fundamental rules that make exposure more or less effective (i.e., frequency, duration, intensity, latency) are described in detail to ensure its utilization can be optimally helpful. Ways to monitor change both within session and between sessions are outlined (e.g., broad- and narrow-band measures, Subjective Units of Distress Scale [SUDS]). How to describe exposure therapy to prospective recipients is discussed, and how to problem-solve non-response and inadequate response is explained. Common concerns about implementing exposure are also clarified, with an emphasis towards distinguishing between legitimate challenges with the technique versus problematic misconceptions.

Rosqvist Johan; Blunt, Charley; Jerome, Emily; Ashworth, Kevin; Carrier, Allison; Murphy, Erin; Bergström, Björn, Pacific University

Exposure Therapy for PTSD: Increasing Use by Addressing Practitioner Fears and Attitudes Towards “Aversive” Techniques

PTSD is an all too often disabling condition that leaves many sufferers unable to wrest their way, independently, out of the phenomenon’s tenacious grip. In fact, many need formal help to escape its sequelae. Fortunately, Exposure Therapy has a well-established history in treating PTSD. Unfortunately, clinical myths and typical practitioner beliefs about the methodology make it largely unavailable to a consuming public, who, ironically, can become disabled without proper treatment. This workshop will present common myths, inaccurate beliefs, and other misgivings about exposure, and will offer factually correct perspectives and counter-points to such concerns, with an emphasis that illustrates apprehensions as fear-based and unjustifiable when more scientifically examined. With the welfare of such patients at stake, the authors offer a call to action for a broader implementation of this treatment. Case illustrations are used to highlight benefits to patients, and advantages it offers practitioners who choose to use it when clinically indicated, with attention paid to the ethical principles of beneficence and non-maleficence. Audience participation through anecdotal examples, for- or against- the approach is encouraged, to both raise awareness of controversies involved, and in an effort to put subjective concerns to rest.

Svendsen Steffen Rostock; Lundesgaard, Anders, Northern Norway Violence and Traumatic Stress Resource Centre

Creative Help to Helpers: A Preventive Group-Intervention

Working with people who are heavily burdened by trauma, loss and marginalization, puts helpers themselves at risk. “Creative help to helpers” is a preventive group-intervention that aims at empowering helpers in order to
prevent burn-out, compassion fatigue and vicarious traumatization. Art-therapeutic, body-oriented and mindfulness methods are combined in a group-intervention that leads to rapid stress-relief and enhances awareness and sensitivity to one's own and others' needs and feelings. This offers the participants a unique opportunity for self-reflection and empowering group-dynamics.

The model was initiated in 2003 in Gaza and the West Bank with workshops for Palestinian helpers. Since 2008 it has been offered to personnel at Refugee Centres in Northern Norway under the auspice of the Northern Norway Violence And Traumatic Stress Resource Centre in Tromsø. 2-day workshops have been held at several Refugee Centres. Evaluation of the project reports high scores regarding effects on the personal and the professional level. This workshop presentation will give a general knowledge of the aims and principles of the preventive group approach. The participants will also be given a practical introduction to the various methods through their own participation.

Te Brake Hans, Stichting Impact; Dückers, Michel; Moreton, Gill, Edinburgh Traumatic Stress Centre; Greenberg, Neil, ACDMH; Geerligs, Eric, Netherlands Ministry of Defence

Psychosocial Care for Uniformed Services: Bringing Scientific Knowledge about Peer Support into Practice

Uniformed services organisations (USOs), such as police force, ambulance, fire brigade and the military, are frequently confronted with potentially shocking events. The USO has a moral duty to protect the well-being of its employees. Aim of this symposium is to give an overview, and to discuss existing evidence and practical implications. Michel Dückers presents a systematic literature study on different approaches to psychosocial support within USOs. A popular system is that of peer support. Mark Creamer recently set up an international consensus project on guidelines for peer support programs. The first results of this study are presented by Gill Moreton. In 2010, guidelines were completed in the Netherlands based on scientific evidence, expert opinions and in dialogue with the various branches of uniformed services to form an evidence based standard for their psychosocial support. Hans te Brake reports on the development and recommendations of these guidelines. Peer support is a key element. Neil Greenberg elaborates on the relevance of organizational culture in relation to peer support. Eric Geerligs addresses the relevance of peer support in the identification of those at risk of developing post incident adverse effects. In a panel discussion the question is addressed: what is the best way to bring peer support into practice?

van der Velden Ivo, Foundation Centrum '45; Krane, Linn M. Norwegian Directorate for Immigration; Eiting, Gerdie, Foundation Centrum '45

Towards a Unified and Fair System for Interviewing Asylum Seekers

The European Asylum Curriculum (EAC) focuses on the creation of a training system which will facilitate and improve training in the Member States. The system is based on the EU legislation on asylum and relevant international norms. Such a learning plan can contribute to more consistency among the countries and increase the likelihood of a fair and efficient procedure.

It is in light of this that a number of national authorities have decided to invest resources in the development of a European Asylum Curriculum with co-funding by the European Commission.

The EAC training system consists of preparatory self-studies in online e-learning format combined with face-to-face sessions. It aims at offering an interaction between training in knowledge (theory related to international and European legal instruments) and skills (the necessary practical competences for a case officer). It has a modular structure so countries can choose those parts that fit their particular training needs.

In this workshop the EAC curriculum will be explained and demonstrated. There will be focus on one of the modules: interviewing vulnerable asylum seekers, persons that because of certain disabilities may be less capable of presenting their case towards an asylum officer. Traumatized persons belong to this group, as will be explained. It will be shown how the interviewer can assist traumatized asylum seekers with the presentation of their case, for instance how to overcome certain memory limitations due to having experienced traumatic events. Finally the participant of this workshop can experience the EAC curriculum him/herself by doing some e-learning.
**van Duijl Marjolein,** Allekleur, Mental Health for Migrants

**Human Rights Violations, Trauma and Dissociation in a Transcultural Context. Issues and Guidelines on Diagnosis and Management**

Human rights violations such as political suppression, torture and rape are part of the history of many refugees and migrants seeking mental health services in Europe. Psychologists and psychiatrists treating these patients may often be confronted with dissociative presentations. Current Western diagnostic categories and treatment models seem limited in dealing with this in a transcultural setting. There is however increasing evidence for dissociative presentations, such as dissociative and possessive trance disorders, being related to traumatic experiences. This workshop will give more insight in recognition, diagnosis and management of dissociative disorders in the transcultural practice. The applicability of the current diagnostic criteria in the DSM IV, (also for dissociative and possessive trance disorders) will be discussed and practiced in the workshop. Case histories from the African and Dutch clinical setting with traumatized refugees will be discussed to illustrate different idioms of distress, explanatory models and culturally sensitive interventions. Presenters’ most recent research findings on spirit possession, dissociation and traumatic experiences in Uganda will be referred to, as well as recent relevant literature.

**van Hoof Marie-José;** Lindauer, Ramón, Landelijk Kenniscentrum Kinder- en JeugdPsychiatrie

**Child Abuse and the Child and Adolescent Psychiatrist: Do We Need a New Approach?**

Child abuse and neglect have long been neglected in the child psychiatric caseload at least in the Netherlands. Only fairly recently the attention of society and politics has turned towards children’s rights and the need of prevention, risk signaling and diagnostics and treatment in case of child abuse and neglect. Now a move has been made towards more professional involvement from child and adult psychiatrists by revising the code for psychiatrists to report cases to the authorities (a right not an obligation). However a recent publication on physical abuse cases by an independent research institute for security has reopened the discussion on right versus obligation to report to the authorities. Besides, a national working committee on trauma and child abuse has been installed since 2008. This working committee has gathered available evidence based information on the topic on the website of the National Knowledge Center for Child and Adolescent Psychiatry (www.kenniscentrum-kjp.nl/nl/Professionals/themas/trauma_en_kindermishandeling) which will be available in English. There will be time to discuss both approaches with the audience as a way of taking responsibility for the children at risk in our caseloads as psychiatrists, medical doctors or psychologists.

**Weiser Regina,** DeGPT; Erdmann, Claudia, EMDRIA

**Healing Trauma with Yoga**

Recent research emphasizes bodywork to help people suffering from posttraumatic stress disorder. Yoga is an integrative system. It helps to gain awareness of the body and its strength, it calms down the breath and helps to control the thoughts. People learn to feel calm, being grounded and present. Bessel van der Kolk has shown in his study that the frequency of intrusive thoughts and the severity of jangled nerves can be reduced by Yoga exercises. The study also reported that Yoga can improve heart-rate variability, a key indicator of a person’s ability to calm herself.

In the workshop you will get a feeling of mindfulness. Yoga is mindfulness in movement. You will learn about the three main sources of energy: Movement, breathing and consciousness. In bringing them together, they reinforce each other. In learning by doing you will get an idea of useful exercises for patients with PTSD like: What to do with situations of numbing or hyperarousal? How can I help to stimulate capacity to act, expressiveness, selfesteem, selfeffectiveness?

It is not necessary to know about Yoga in advance. You will strengthen your therapeutic possibilities but also improve your own well-being in daily live.
Resilience Reinforced: Which Tools Can be Used to Reinforce the Resilience of People who Have Experienced a Traumatic Event?

1. **Historical perspective:** The thoughts about reception and after-care after traumatic events have focused on preventive early intervention by professional aid providers based on specific methods. Instead of an ‘anticipation’ oriented intervention program we prefer a ‘resilience’ oriented intervention program.  

2. **Resilience:** Resilience is the ability of a person or a social system to deal with traumatic events, becoming stronger in the process. Traumatic events ‘test’ the resilience of an individual, group or society.  

3. **The resilience scenario:** A resilience scenario is based on the idea that an individual, group or society has sufficient ability and flexibility available to recover. The traumatic events are part of life. A resilience oriented scenario also recognises the existence of unknown risks and unknown solutions. Two points on which action focuses: on the one hand the individual and on the other hand his significant living and working environment.  

4. **Tools to reinforce resilience:** We have developed programmes aiming at: awareness and signification of the risk of traumatic events and their effect on you; community support in the event of a traumatic event; communication and information in the event of traumatic events. The programmes are interconnected and may differ depending on: the phasing: the pre-care phase (prevention), as well as the response phase and the after-care (phase); the role and function of those involved: victim, manager, authority.

**Wittmann Lutz, University Hospital Zurich**

Psychodynamic Trauma Workshop (Part I): Theory and Technique

Trauma has been a central concept for psychodynamic theory and practice for more than 100 years resulting in strong mutual influences between psychotraumatology and psychodynamic therapy. In this first part of a workshop on psychodynamic trauma therapy, psychodynamic concepts and techniques will be illustrated without jargon, and will be evaluated for their evidence base. Prominent examples are the interaction of trauma and the personality of the trauma survivor and his/her working alliance with the therapist. Using information from patient-therapist interaction for individually tailoring interventions will be a further topic. With respect to therapy indication, criteria for choosing between directive trauma-focused and non directive non trauma-focused approaches will be outlined. The possibilities of integrating psychodynamic approaches into non-psychodynamic trauma therapy will be illustrated by clinical examples. Participants will be invited to discuss the presented concepts from the perspectives of their own clinical experience.