ISTSS
International Society for Traumatic Stress Studies

ISTSS 41st Annual Meeting

Frontiers in Traumatic Stress:
Global Perspectives and Creative Solutions

Session Abstracts

September 17 - 20, 2025

Baltimore Marriott Waterfront
Baltimore, MD

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#ISTSS2025

8:30 a.m. - 12:00 p.m.
Pre-Meeting Institute Morning Half-Day Sessions

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

ENHANCING RESEARCH IMPACT THROUGH FAIR, FACT AND CARE PRINCIPLES: AN ISTSS PMI ON STEWARDSHIP, EQUITY, AND COLLABORATION
Pre-Meeting Institute

Chair: **Denise Hien**, PhD*, Rutgers University, United States*

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

Presenter: **Antonio Morgan-Lopez**, PhD*, RTI International, United States*

Presenter: **Anke de Haan**, PhD*, Ruhr University Bochum, Mental Health Research and Treatment Center, Germany*

Presenter: **Carrie Mulford**, PhD*, The National Institutes of Health, United States*

Presenter: **Denise Hien**, PhD*, Rutgers University, United States*

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

Track Mode, Methods and Ethics
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Global
Population Type Both Adult and Child/Adolescent
Abstract Body Making research data more FAIR (Findable, Accessible, Interoperable, Re-usable) and FACT (Fairness, Accuracy, Confidentiality, and Transparency) broadens the impact of our work, enabling us to answer new research questions, particularly in fields like traumatic stress. Data sharing and harmonization allow for innovative analyses across individual participant data from various studies, avoiding duplication, reducing participant burden, and revealing findings for underrepresented groups. Implementing FAIR and FACT practices can advance translational science and precision medicine initiatives, helping to determine "what works best for whom" and address the needs of vulnerable populations. There is an urgent need to improve the infrastructure and governing principles supporting the reuse of scholarly data. A diverse set of stakeholders—representing academia, industry, funding agencies, and scholarly publishers—have come together to design and jointly endorse a concise and measurable set of principles referred to as the FAIR and FACT Data Principles. These principles act as guidelines for enhancing the reusability of data holdings, with a distinct emphasis on enhancing the ability of machines to automatically find and use data, ensuring unbiased and accurate analyses, is understandable to all stakeholders in addition to supporting its reuse by individuals.

Taking this further, CARE Principles focus on the ethical stewardship of data involving Indigenous peoples and other historically marginalized communities. Unlike FAIR, which emphasize machine-readability and reusability, CARE prioritizes people and their rights,

interests, and welfare. Many researchers face challenges in integrating FAIR, FACT and CARE data practices into their workflows. This workshop, presented by the Global Collaboration on Traumatic Stress (GCTS) FAIR Data Workgroup, aims to demystify FAIR/CARE data practices and their integration into everyday research activities. It emphasizes practical tools, strategies, and the equitable stewardship of data.

In this interactive workshop, participants will gain practical tools and strategies for implementing FAIR, FACT and CARE data practices in their own projects. The workshop will address key points in the research data lifecycle, including managing ethics and consent for data sharing, organizing data for reuse, insuring quality and transparency, finding and sharing reusable data resources. The GCTS FAIR Data Toolkit will be introduced, and participants will engage in interactive exercises to identify feasible strategies to make their data practices more FAIR, including data management strategies, grant support tools, and dissemination resources. Participants are encouraged to bring their questions and materials for discussion.

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

THE USE OF ENSURING QUALITY IN PSYCHOSOCIAL AND MENTAL HEALTH CARE (EQUIP) TO STANDARDIZE TRAUMA SUPPORT DELIVERY
Pre-Meeting Institute

Chair: **Brandon Kohrt**, MD*, George Washington University, United States*
Presenter: **Ruta Rangel**, MPH, MSc*, United States*

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

Presenter: **James Underhill**, DSc*, United Kingdom*

Track Professionals
Primary Program Type Assessment/Diagnosis
Presentation Level Introductory
Region Global
Population Type Other Professionals
Abstract Body It has been estimated that approximately 70% of people worldwide will experience trauma at some time in their lives. Multiple evidence-based strategies have been developed to address this challenge, delivered by trauma professionals and non-specialists or those who do not have any background in trauma support. However, the field lacks a standardized way to assess the competencies of trauma-informed support providers to ensure the delivery of these interventions is done in a safe and non-harmful way.
Ensuring Quality in Psychosocial and Mental Health Care (EQUIP) is a collaborative project between the World Health Organization and UNICEF that aims to address the challenge of limited standardization of mental health support delivery competencies by offering a variety of assessment tools facilitated by culturally and contextually specific role-plays. The EQUIP platform has been used in almost 40 countries worldwide, offering competency assessments ranging from fundamental helping skills to trauma-specific competencies, which will be the primary focus of this workshop. The attendees will learn how to use the EQUIP platform and trauma competencies to standardize and enhance the trauma-informed care delivery. The attendees will learn how to navigate the platform, practice using the competency assessment

tool through standardized role-plays, and discuss implementation strategies for the EQUIP competency-based approach in their trauma-specific work.

Co-led by the World Health Organization, this workshop will equip attendees with the knowledge and practical skills to implement EQUIP's freely available trauma-specific competency tool, ensuring high-quality, standardized mental health care within their organizations.

8:30 a.m. - 5:00 p.m.
Pre-Meeting Institute Full Day Session

8:30 a.m. - 5:00 p.m.
ACT-MI IN PRACTICE: ENHANCING PSYCHOSOCIAL FUNCTIONING WITH MORAL INJURY TREATMENT ACROSS CLIENT POPULATIONS
Pre-Meeting Institute

Chair: **Lauren Borges**, PhD*, Rocky Mountain MIRECC, United States*
Presenter: **Lauren Borges**, PhD*, Rocky Mountain MIRECC, United States*

Presenter: **Jacob Farnsworth**, PhD*, VA Eastern Colorado Healthcare System, United States*

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

Presenter: **Robyn Walser**, PhD*, National Center for PTSD, United States*

Track Clinical Interventions
Primary Program Type Clinical Practice
Presentation Level Introductory
Region Industrialized Countries
Population Type Adult
Abstract Body Across client populations, cultures, and countries, moral distress is an ever-present reality of human experience. Globalization and digital media have amplified awareness of and exposure to morally distressing situations, making these moral conflicts more pervasive and widely felt. Given this landscape, skills for working with moral distress are critical clinician competencies, particularly for populations experiencing high-stakes morally distressing events, known as "potentially morally injurious events" (PMIEs). PMIEs often include healthcare work, war, sexual assault, political violence, religious or ethnic persecution, school shootings, and other moral violations. After PMIE exposure, moral distress (also known as "moral pain") is commonly felt, including painful moral emotions (e.g., guilt, shame, contempt, anger, disgust) and cognitions (e.g., self-blame or blaming others). Moral injury emerges when efforts to cope with moral pain significantly interfere with social, psychological, and spiritual functioning. These coping strategies present in a range of clinical forms, including suicidal behavior, substance use, and PTSD and depression symptoms. Consequently, flexible and culturally sensitive transdiagnostic treatments are needed to facilitate recovery from moral injury.

Acceptance and Commitment Therapy for Moral Injury (ACT-MI; Borges et al., 2022; Farnsworth et al., 2017) is an innovative, transdiagnostic 15-session hybrid group (12-group sessions) and individual psychotherapy (3-individual case conceptualization sessions) where

participants learn to remain present to moral distress while living their values. Results from a randomized controlled pilot trial (N = 74) demonstrate that ACT-MI participants experienced clinically significant change in psychosocial functioning (M=-17.45, SD=19.33, 95% CI=-24.80, -10.10) while participants in a robust comparison condition (Present Centered Therapy for Moral Injury), did not (M=-5.89, SD=15.29, 95% CI=-11.94, .16). ACT-MI was highly acceptable and transdiagnostic impacts were revealed through qualitative interview analysis (e.g., "I can live life again. I can spend time with my kids. I can be a better mom. I thank God every day I got to be a part of this" and "I felt like the hole that was inside of me for 30 years that I've been throwing all kinds of substances at was filled. And I didn't need to escape in substances anymore. I mean my entire life has changed").

Institute participants will learn moral injury conceptualization and intervention skills across various PMIEs. Participants will practice components of the 15-session manualized ACT-MI intervention, engaging exercises performed in ACT-MI group settings (e.g., practicing observing and holding shame and anger in group environments) and individual contexts (e.g., engaging in individual case conceptualization content). They will be invited to practice ACT-MI elements individually, through small-group experiential exercises, and via large-group community engagement. Participants will learn how to empower clients (and themselves) to connect with moral pain as an observer who holds but is not defined by their pain, creating the opportunity to live values even in the presence of moral pain.

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

Pre-Meeting Institute Afternoon Half-Day Sessions

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

STRESS FIRST AID SELF-CARE AND COWORKER SUPPORT MODEL
Pre-Meeting Institute

Chair: **Patricia Watson**, PhD*, National Center for PTSD, United States*
Presenter: **Richard Westphal**, PhD, PMHNP-BC, RN*, Richard Westphal Consulting, United States*

Track Public Health

Primary Program Type Prevention/Early Intervention
Presentation Level Introductory
Region Industrialized Countries
Population Type Adult
Abstract Body This pre-meeting institute will focus on a peer support and self-care model that has been adapted for those in potentially high stress work environments, like military, first responders, healthcare workers, and mental health clinicians. The Stress First Aid (SFA) is an evidence-informed longitudinal set of supportive actions that have been designed to help those in high-stress work settings improve self-care and assist each other in reducing the negative impacts of stress. This model recognizes that disasters and "critical incidents" are not the only stressors that people face and takes into account that stress is often ongoing and cumulative, resulting from multiple sources. The model also acknowledges that people in

these contexts are often resistant to help-seeking for many reasons, such as stigma, lack of resources, and cultural factors. Therefore, SFA is designed to be attentive to multiple sources of stress, and to be practical, flexible, and tailored to the specific styles and needs of those involved. The Core Actions of SFA were derived from elements related to recovery from a number of different types of adverse circumstances (Hobfoll et al., 2007). The five essential elements of immediate and mid-term intervention that are related to better recovery from stress are:

• Promote a sense of safety.

• Promote calming.

• Promote social connection.

• Promote sense of self and collective efficacy.

• Promote a sense of hope.

This pre-meeting institute aims to increase understanding of the various ways that those in high stress work settings can increase self-care and coworker support via a highly flexible and longitudinal evidence-informed framework. It will include videotapes of interviews with first responders and healthcare providers.

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

RESPOND WITH CARE (CHILD ADULT RELATIONSHIP ENHANCEMENT): CREATIVE AND GLOBAL SOLUTIONS FOR STRENGTHENING RELATIONSHIPS AFTER DISASTERS/MASS VIOLENCE
Pre-Meeting Institute

Chair: **Robin Gurwitch**, PhD, *Duke Univ Medical Ctr, United States*
Presenter: **Robin Gurwitch**, PhD, *Duke Univ Medical Ctr, United States*

Presenter: **Jami Furr**, PhD, *Florida International University, United States*

Track Child and Adolescent Trauma
Primary Program Type Community-Based Programs
Presentation Level Introductory
Region Global
Population Type Child/Adolescent
Abstract Body With the increasing numbers of disasters and mass violence events and conflicts world-wide, there is a need for creative and scalable strategies to address the impact of these events on children. While we have learned much about helpful factors for recovery and resilience, one which remains constant is the presence of strong, positive relationships. The most effective evidence-based programs to support youth after trauma include strengthening connections, but most require intensive training and treatment. Unfortunately, as recent events have revealed, the need for mental health services after trauma far outstrips the ability to provide such services. As a result, access to programs designed to improve relationships and to help in the healing process is lacking, especially for marginalized groups. Child Adult Relationship Enhancement (CARE) and the adaptation, Respond with CARE developed for use after disaster/mass violence, fits this need. CARE is a trauma-informed, culturally sensitive set of skills created to enhance relationships and reduce mild/moderate behavior challenges often present after trauma; evidence for CARE is building, including several randomized controlled trials. CARE is for use by any adult interacting with a

child/youth and can be used alone or as a complement to other intervention services. Most recently, Respond with CARE is being implemented in Moldova to address the Ukrainian refugee crisis and to aid with the country's child maltreatment cases as well as in response to disasters in the United States, to address trauma in New South Wales, Australia, and as a preventative practice across Japan. Adaptations have been made for the use of CARE in educational, primary, and integrated care settings, with foster parents, and with military families. CARE has been taught to staff in child protection services, family and drug courts, substance abuse treatment centers, home visiting programs, and domestic violence shelters and to families in these systems. Medical, mental health, allied health professionals and crisis counselors have received CARE training to complement their services, especially for children experiencing trauma. Taking a culturally sensitive approach, this CARE workshop will address how disasters/mass violence are impacting marginalized communities around the world, often with adverse impact on safe and secure relationships. The workshop will teach participants CARE skills they can immediately implement in any setting; CARE handouts will be provided. The workshop will include didactics, videos, activities, and live practice with feedback for the greatest learning potential. Implementation, dissemination efforts, including scalability efforts, and research will be discussed, helping participants determine how CARE can be most useful in their settings to enhance their tools designed to improve outcomes in youth after trauma.

6:00 p.m. - 7:30 p.m.

Opening Plenary and Dart Awards

6:00 p.m. – 7:30 p.m.

BREAKING THE CYCLE: TRAUMA-INFORMED, INTERDISCIPLINARY STRATEGIES FOR SUPPORTING VULNERABLE POPULATIONS IN BALTIMORE
Keynote
Chair: **Soraya Seedat,** MD, PhD, *University of Stellenbosch, South Africa*
Co-chair: **Nida Corry,** PhD, *NORC at the University of Chicago, United States*
Presenter: **Nathan Irvin,** MD, MS, *Johns Hopkins Department of Emergency Medicine, United States*

Presenter: **Nadir Adullah**, *Johns Hopkins Hospital, United States*

Presenter: **Amelita Woodruff,** MD, *Johns Hopkins Department of Medicine*

Presenter: **Yesenia Garcia,** MSW, *Johns Hopkins Bloomberg School of Public Health*

Abstract Baltimore communities face disproportionate exposure to trauma stemming from systemic inequities, community violence, and intergenerational stress. This panel features transformative initiatives— Break the Cycle Hospital-Based Violence Intervention Program (HVIP) and HEAL Refugee Health Asylum & Collaborative—to explore how clinical, community, and global health strategies can converge to disrupt cycles of trauma and foster healing.
Drawing on insights from the 2025 Break the Cycle Baltimore Summit and ongoing fieldwork, presenters will share how trauma-informed ecosystems can integrate hospital care, mentorship, education, public health, and culturally responsive services. The Break the Cycle HVIP team will present data on reinjury reduction rates and discuss innovations in engaging vulnerable youth during critical recovery windows and building a trauma-informed

workforce. HEAL will highlight approaches to trauma-informed care for refugee and asylum-seeking youth, emphasizing global collaboration, cultural humility, and interdisciplinary responses to complex trauma.

Panel topics include:
Relationship-centered care in trauma recovery
Cross-sector collaboration among hospitals, community organizations, and policymakers
Incorporating trauma survivors' experience in system design and execution
Scalable solutions like centralized referral registries, universal screening, and tailored education addressing social determinants of health
Culturally responsive trauma care for displaced and refugee youth and adults

This session offers a framework for cities and global communities seeking to build trauma-informed, community-rooted systems of care—it highlights how healing-centered engagement can transform trauma into leadership, resilience, and systematic change.

Thursday, September 18, 2025

8:00 a.m. - 9:15 a.m.

Concurrent 1

8:00 a.m. - 9:15 a.m.

TARGETING ANGER IN THE MILITARY: A GLOBAL PERSPECTIVE
Symposia

Chair: **Cynthia LeardMann**, MPH*, Naval Health Research Center, United States*
Presenter: **Amy Adler**, PhD*, WRAIR, United States*

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

Presenter: **Travis Ray**, PhD*, Naval Health Research Center, United States*

Presenter: **Andreas Nordstrand**, PhD*, Norwegian Armed Forces, Norway*

Discussant: **Amy Adler**, PhD*, WRAIR, United States*
Track Public Health
Primary Program Type Public Health
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Problematic anger is a behavioral health concern that impacts individuals across the globe. Presentations will describe the scope and impact of problematic anger and discuss the interconnection between trauma and problematic anger across a variety of international communities. The symposium will first highlight the growing importance of problematic anger and discuss the psychometric properties of 5-item Dimensions of Anger Scale (DAR-5), a validated short measure that has been adopted by researchers in Australia, France, Norway, South Korea, Ukraine, and the United States (US). Next, prospective data from a Norwegian military cohort will be used to discuss factors that predict problematic anger. Since impacts of problematic anger can be felt beyond the individual, the third

presentation will describe the association of problematic anger with posttraumatic stress disorder and intimate partner violence using dyadic longitudinal data from US military couples. Lastly, a pilot project will demonstrate the feasibility of a creative emotion regulation strategy to manage negative emotions such as anger. Translation and dissemination of findings is intended to lead to improvements in programs, policies, and strategies to reduce the burden of problematic anger and associated trauma, while increasing emotion regulation.

8:00 a.m. - 9:15 a.m.

FRONTIERS IN TREATING SEVERE COMORBID PTSD-SUD: MEETING CLIENTS WHERE THEY ARE
Panel

Rebecca Schacht*

Chair: **Rebecca Schacht**, PhD*, University of Maryland, Baltimore County*
Presenter: **Kevin Wenzel**, PhD*, Maryland Treatment Centers, United States*

Presenter: **Nicole Weiss**, PhD*, University of Rhode Island, United States*

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

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body: Posttraumatic stress disorder (PTSD) and substance use disorders (SUD) often co-occur. Considerable evidence supporting the feasibility, effectiveness, and benefits of treating both disorders concurrently, even among people with severe and complex clinical presentations and needs, has emerged over the past two decades. However, access to evidence-based PTSD treatment in SUD settings is often limited. Improving accessibility to PTSD treatment by bringing it to SUD treatment contexts is key to supporting long-term recovery of people with comorbid PTSD-SUD. Panelists from three research teams will discuss efforts to integrate care for PTSD into clinical contexts aimed at treating severe SUD: Written Exposure Therapy in short-term residential SUD care (Dr. Wenzel), Cognitive Processing Therapy in syringe services programs (Dr. Lopez-Castro), and a mobile intervention for people with PTSD-OUD to support community reentry after residential SUD care (Dr. Weiss). We will discuss the overarching clinical considerations, challenges of addressing PTSD in these settings, strategies to overcome those challenges, and modifications to traditional PTSD interventions to accommodate patients in these contexts based on our clinical research experiences. The panel will include ample time for discussion among panelists, commentary from expert discussant Denise Hien, and audience Q and A.

8:00 a.m. - 9:15 a.m.

NOVEL APPROACHES TO INCREASE THE ACCURACY AND RELEVANCE OF TRAUMA ASSESSMENT AND INTERVENTION IN DIVERSE COMMUNITIES
Symposia

Chair: **Norik Kirakosian**, MS*, University of Miami, United States*

Presenter: **Hyo Jin Shin**, MPH*, Academic Institution, United States*

Presenter: **Norik Kirakosian**, MS*, University of Miami, United States*

Presenter: **Alexandria Miller**, PhD*, National Center for PTSD, United States*

Presenter: **Danielle Shayani**, MS*, University of Delaware, United States*

Track Mode, Methods and Ethics
Primary Program Type Research Methodology
Presentation Level Intermediate
Region Global
Population Type Both Adult and Child/Adolescent
Abstract Body There is increasing recognition that assessments of and interventions for trauma need to extend their reach to diverse communities, but little guidance on theory-congruent and psychometrically sound approaches to achieve this goal. Novel quantitative and qualitative methods may provide rich data and nuanced insights on the applicability of current paradigms, but these methods remain underutilized in the trauma literature. This symposium brings together four presenters that conduct domestic and global work in diverse communities, who will jointly demonstrate the potential of different analytic approaches across the research continuum, from conceptualizing trauma and assessing trauma exposure, to identifying traumatic stress and associated outcomes in evidence-based treatments. First, Hyo Jin Shin will present qualitative data collected in South Africa to highlight how trauma, stress, and posttraumatic interpretations manifest differently within communities with high trauma prevalence. Next, Norik Kirakosian will illustrate the conceptual, computational, and analytic advantages of formative measurement models of trauma exposure, with data from a Southeast US public integrated care clinic. Then, using data from a national and diverse sample of veterans, Alexandria Miller will discuss the use of a novel quantitative approach to examine intersectional oppression-based stress. Finally, Danielle Shayani will present findings across evidence-based treatments for trauma wherein she has utilized an observational coding system to identify in-session predictors of disparities in treatment dropout.

8:00 a.m. - 9:15 a.m.

TRAUMA IN AUTISTIC PEOPLE: AN URGENT AND UNDER-SERVED NEED
Panel

Kayleigh Watters*, Liz McConnell, Reese Minshew, Emma Goodall, Freya Rumball, Eleanor Palser

Chair: **Kayleigh Watters**, PhD*, Palo Alto University*
Presenter: **Emma Goodall**, MA, MSc, PhD*, Healthy Possibilities, Australia*

Presenter: **Reese Minshew**, PhD*, United States*

Presenter: **Freya Rumball**, BSc, Other, PhD*, Oxleas NHS Foundation Trust, United Kingdom*

Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Intermediate
Region Global
Population Type Adult
Abstract Body: This panel brings together experts in autism and trauma, including those with lived experience, to explore the unique assessment and treatment considerations for Autistic people at risk for posttraumatic stress disorder (PTSD). Speakers will discuss the increased prevalence of PTSD in Autistic people, the suitability and challenges of using DSM-5 criteria to diagnose PTSD in this population, and the factors that contribute to their heightened PTSD vulnerability. Topics include the range of events Autistic people may find traumatizing, how core features of autism impact PTSD development, and how intersecting identities, such as being Autistic and LGBTQ+, create uniquely traumatizing experiences. The panel will also examine the challenges Autistic people face in self-reporting PTSD symptoms and the barriers they encounter in accessing and engaging with traditional PTSD therapies. Panelists will consider the broader limitations of existing diagnostic criteria, particularly DSM-V Criterion A, which captures a relatively narrow range of traumatizing events, and how this may impact Autistic people specifically. Panelists will also discuss how the distinct experiences of Autistic people may shape treatment needs. Through this discussion, the panel aims to highlight the importance of collaboration between experts in autism and trauma, increase awareness of the risks and needs experienced by Autistic people, and identify ways to enhance research and practice. By addressing these factors this session seeks to advance a more inclusive understanding of PTSD and trauma-informed care in the Autistic community.

8:00 a.m. - 9:15 a.m.

STRENGTHENING PARENT-CHILD RELATIONSHIPS IN FAMILIES IMPACTED BY TRAUMA: COMMUNITY-BASED IMPLEMENTATION OF PARENT-CHILD INTERACTION THERAPY
Symposia

Chair: **Lindsay Druskin**, MS*, Kennedy Krieger Institute, United States*

Presenter: **Elizabeth Skowron**, PhD*, University of Oregon, United States*

Presenter: **Felipa Chavez**, PhD*, Florida Institute of Technology, United States*

Presenter: **Jennifer Serico**, PhD*, Kennedy Krieger Institute, United States*

Presenter: **Madeline Curzon**, MS*, Florida International University, United States*

Discussant: **Jennifer Serico**, PhD*, Kennedy Krieger Institute, United States*
Track Child and Adolescent Trauma
Primary Program Type Prevention/Early Intervention
Presentation Level Intermediate
Region Industrialized Countries
Population Type Child/Adolescent

Abstract Body Child abuse is a significant and ongoing issue in the United States, with over 600,000 victims of child abuse or neglect in a given year (Children's Bureau, 2023). This is concerning given that child abuse is associated negative outcomes including emotional/behavioral problems, revictimization, and risk for suicide attempts (Perepletcjikova and Kaufman, 2010). Theory and research point to the importance of the parent-child relationship and effective parenting practices for reducing risk for child abuse and ameliorating negative sequelae (e.g., Greene et al., 2020). As such, the goal of this symposium is to describe an effective early intervention program, Parent-Child Interaction Therapy (PCIT), that has been shown to disrupt the coercive parent-child interaction cycle that often accompanies child abuse.

First, Dr. Skowron will present the results of a randomized controlled trial (RCT) comparing PCIT to services-as-usual among child welfare-involved families. Next, Dr. Chavez will discuss the experiences of Black families receiving PCIT who have a history of trauma, including racism-based trauma. Third, Dr. Serico will present on the implementation of PCIT in an urban, outpatient clinic that provides services to children and caregivers who have experienced trauma. Finally, Madeline Curzon will describe the results of an RCT comparing PCIT to Child-Parent Psychotherapy for mother-child dyads in a homeless shelter. This symposium aims to provide insight into the utility of PCIT for families who have experienced trauma, including effective adaptations and novel areas for future research.

8:00 a.m. - 9:15 a.m.

ADAPTATION AND IMPLEMENTATION OF STRESS FIRST AID FOR UKRAINIAN HEALTH CARE WORKERS
Panel

Rebecca Schwartz*, Annmarie Wacha-Montes, Arielle Goldberg, Nadiya Bedrychuk, Richard Westphal, Brittany Armstrong

Chair: **Rebecca Schwartz**, PhD, *Northwell Health*
Presenter: **Patricia Watson**, PhD, *National Center for PTSD, United States*

Presenter: **Mayer Bellehsen**, PhD, *Northwell Health: Zucker Hillside Hospital, United States*

Presenter: **Nataliia Toropova**, MSc, *Northwell Health, Ukraine*

Presenter: **Annmarie Wacha-Montes**, Other, *United States*

Presenter: **Eric Pena**, MD,MPH,MBA, *Northwell, United States*

Track Mass Violence and Migration
Primary Program Type Global Issues
Presentation Level Intermediate
Region Central and Eastern Europe and the Commonwealth of Independent States
Population Type Other Professionals
Abstract Body: Panelists will discuss the adaptation, implementation, and evaluation of Stress First Aid as it was implemented in Ukraine to 47 healthcare workers after a pre-training in the US with Ukrainian stakeholders. Data from the training in Ukraine, including an analysis of changes in stress, knowledge, self-efficacy and intention as well as data regarding program satisfaction will be presented. Results were overwhelmingly positive with

an overall evaluation of 4.9/5. This will be discussed in the context of a larger implementation (N=approx. 26,000) and evaluation of Stress First Aid for US-based healthcare workers in a large health system in the NYC metropolitan area. Results from the US cohort using multivariable generalized linear mixed models will be presented regarding changes in key outcomes over time (e.g., stress, burnout). Panelists, including a Ukrainian colleague, will discuss the differences and similarities between implementations in the two settings as well as challenges and lessons learned. Additionally, panelists will discuss the qualitative data and feedback regarding the logistics of implementation in an active war zone and the necessary adaptations that were needed. Interactive discussion will include a focus on the collaborative approach in partnering with key stakeholders in both settings and the importance of laying the groundwork with trusted relationships at all levels to ensure successful implementation.

8:00 a.m. - 9:15 a.m.

ALIGNING FOR IMPACT: TRAUMA INFORMED SYSTEMS TRANSFORMATION IN JUVENILE JUSTICE
Workshop

Chair: **Tracy Fehrenbach**, PhD*, Northwestern University, United States*
Presenter: **Tamela Meehan**, MSW*, Cook County Juvenile Probation and Court Services, United States*

Presenter: **Brian Conant**, Other*, Cook County Health, United States*

Tracks Child and Adolescent Trauma
Primary Program Type Public Health
Presentation Level Introductory
Region Industrialized Countries
Population Type Child/Adolescent
Abstract Body The first juvenile justice (JJ) system was developed in Chicago, Illinois. Today, one hundred and twenty-five years later, the United States has the biggest JJ system in the world, and Chicago houses largest juvenile detention center in the US. Over the past several decades, research has explored the differences between youth delinquent behavior and adult criminality, moving the system away from punishment and towards a rehabilitation model. Research has also increased global awareness of childhood trauma as a predictor of youth delinquency. Despite these advances, most JJ systems are still not trauma informed. This workshop focuses on a cross-division, trauma informed, system-transformation project underway in the Chicago/Cook County Juvenile Justice System. Participants will learn a) techniques employed over the past two years to build momentum and develop cross-agency collaboration; b) concrete steps taken to identify gaps and successes in trauma-informed practice; and c) efforts to break down silos in practice and create system-wide programmatic change and improvement. We will also share survey data and themes from multi-disciplinary key stakeholder interviews, which demonstrate the reach and impact of this trauma-informed system transformation from the perspective of those working directly with youth in probation, detention, and the courtroom.

8:00 a.m. - 9:15 a.m.

MULTI-INSTITUTIONAL, INTER-DISCIPLINARY, AND INNOVATIVE APPROACHES TO TRAUMATIC STRESS IN ATLANTA

Symposia

Chair: **Alex Rothbaum**, PhD, MPH, *Skyland Trail, United States*

Presenter: **Alex Rothbaum**, PhD, MPH, *Skyland Trail, United States*

Presenter: **Sierra Carter**, PhD, *Georgia State University, United States*

Presenter: **Briana Woods-Jaeger**, PhD, *Emory University, United States*

Presenter: **Rosa Arriaga**, PhD, *United States*

Discussant: **Barbara Rothbaum**, PhD, *Emory University School of Medicine, United States*
Track Public Health
Primary Program Type Community-Based Programs
Presentation Level Intermediate
Region Industrialized Countries
Population Type Both Adult and Child/Adolescent
Abstract Body While excellent trauma research is conducted, it often stays within the academic ivory tower. Interdisciplinary and inter-institutional work can help strengthen the quality of research, clinical care, and training, while having community impact. Atlanta, GA is a thriving, diverse, and creative city home to major research universities as well as many health systems with opportunity to have impact. This symposium will reflect the translational spectrum harnessing technology, neurobiology, and public health approaches, from four different presenters across four institutions in Atlanta. Two presenters will present separate projects addressing trauma in communities of color through community-based participatory research, including photovoice and performing arts to promote resilience after trauma. The other will discuss the intersection of racism and trauma at the psychological and biological level, using novel psychobiological methods. Efforts from a non-profit treatment center demonstrating the implementation and effectiveness of prolonged exposure therapy in an adolescent residential program in addition to education efforts in the community will be presented. Lastly, a computer scientist will present efforts and qualitative data designing tools to help therapists adapt evidence-based treatment to individual environmental variables and increase therapist adherence to these protocols, and tensions between clinical and technology-driven practice. An Atlanta-based trauma expert will discuss the importance of interdisciplinary, inter-institutional work and how to form such collaborations.

8:00 a.m. - 9:15 a.m.

A 'LAB-TO-LIFE' APPROACH IN THE UNDERSTANDING AETIOLOGY AND TREATMENT OF COMORBID SUBSTANCE USE PROBLEMS AND PTSD
Symposia

Chair: **Tuva Oektedalen**, PhD, *Norwegian Center for Violence and Traumatic Stress Studies, Norway*

Presenter: **Zoe Neale**, PhD, *SUNY Downstate Health Sciences University, United States*

Presenter: **Emily Notari**, BS, *Virginia Commonwealth University, Virginia Institute for Psychiatric and Behavioral Genetics (VIPBG), United States*

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

Presenter: **Tuva Oektedalen**, PhD, *Norwegian Center for Violence and Traumatic Stress Studies, Norway*

Track Public Health
Primary Program Type Public Health
Presentation Level Introductory
Region Central and Eastern Europe and the Commonwealth of Independent States
Population Type Both Adult and Child/Adolescent
Abstract Body Estimates suggest 70-90% of individuals in alcohol and other drug (AOD) treatment report a history of trauma – including developmental, military, assault, and terror-related traumas, often accompanied by complex trauma and PTSD symptoms. Despite the high comorbidity, AOD treatment services are not typically equipped with the resources to co-address trauma-related problems. Traditional treatment approaches primarily focus on detoxification, which may inadvertently lead to high relapse rates as they fail to address the underlying trauma and associated symptoms that drive AOD use. Zoe Neale will first present on the potential genetic overlap between PTSD and alcohol use disorders using data from a multivariate genome-wide association study, and longitudinal associations with psychiatric, medical, and pain-related outcomes. Emily Notari will then present on the importance of sex effects on heritability of PTSD and comorbid AOD disorders using large-scale registry data in twins and siblings. Kristin Glad will present findings from a mixed-methods study on how AOD use patterns and outcomes post-terror can vary based on environmental exposures before and after the event- including the influential role of social support, other traumas, and stigmas. Lastly, Tuva Øktedalen will share clinical insights from a large-scale implementation study of trauma-focused therapy in AOD services. This symposium explores the complex intersection of biological and environmental aetiological mechanisms that give rise to comorbid PTSD and AOD problems, and crucially, the translation of these insights for integrated treatments.

8:00 a.m. - 9:15 a.m.

Flash Talk Session 1

LESSONS LEARNED FROM INDIVIDUAL PATIENT LEVEL DATA HARMONIZATION FOR PTSD
Flash Talk Presentation

Kate Clauss*[1], Lisa Brenner[2], Jessica Hamblen[3], David Cameron[4], Maya O'Neil[1]

[1]*Portland VA,* [2]*UC Anschutz School of Medicine,* [3]*National Center for PTSD,* [4]*Oregon Health and Science University*

Track Mode, Methods and Ethics
Primary Program Type Research Methodology
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult
Abstract Body Despite the financial cost and time devoted to conducting PTSD research, most data are not used to their full potential. Our team specializes in individual patient data harmonization, which combines data from multiple sources to maximize its reach and usefulness. This approach honors the cost and participant burden of primary data collection, ensures representation for patients with identity factors that are underrepresented in individual studies, accelerates advances in PTSD research and care, and fosters international collaboration among leading PTSD experts. In this presentation, we will review the basics of individual patient data harmonization, discuss how to engage stakeholders and foster collaboration, describe the unique challenges associated with harmonizing PTSD data, provide examples and solutions from our ongoing projects: FITBIR and Total Brain Diagnostics, discuss future directions planned for the PTSD-Repository, and share lessons learned. Patient level data harmonization truly represents a Frontier in Traumatic Stress, as an innovative methodology with the potential to advance traumatic stress research at a rate that would not be possible with individual studies alone, by providing unique opportunities to leverage machine learning in the service of PTSD care, and by fostering collaboration among experts from multiple disciplines, programs, occupations, and countries.

EARLY TRAUMA EXPOSURE MODERATES ASSOCIATIONS BETWEEN CORTISOL REACTIVITY AND YOUTH ANXIETY AND EXTERNALIZING SYMPTOMS
Flash Talk Presentation

Gretchen Perhamus*[1], Rachel Siciliano[1], Tiffany Phu[2], Carla Kmett Danielson[1]

[1]*Medical University of South Carolina,* [2]*Stanford University*

Track Child and Adolescent Trauma
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Child/Adolescent
Abstract Body Theory suggests that early (i.e., before age 6) exposure to potentially traumatic events (PTEs) may interact with hypothalamic pituitary adrenal (HPA) axis stress reactivity to shape mental health outcomes. This study tested impacts of early PTEs on associations between HPA axis reactivity and externalizing and anxiety symptoms over 3 years in a community sample. Youth (N = 156; Mage = 10.97 years, range = 8 – 15 years; 51% female) from the NIMH-funded CHARM study (R01MH112209) were included if they experienced a PTE before age 6 (n = 86) or never experienced a PTE (n = 70). Youth completed questionnaires assessing anxiety and externalizing problems at baseline (T1) and 3 years later (T2). T1 HPA axis reactivity to a social stress task was calculated using two methods – area under the curve with respect to ground (AUCg; total task cortisol output), and

with respect to increase (AUCi; task change in cortisol levels). Preliminary analyses suggest that, specifically for youth with early PTEs, higher AUCg was associated with greater T1 externalizing levels, while blunted AUCi predicted increasing predominance of externalizing over anxiety symptoms from T1 to T2. This indicates that, for youth with early PTE exposure, elevated overall HPA axis activity concurrently predicts greater externalizing problems, while blunted HPA axis activity predicts a growing predominance of externalizing problems over time. Findings highlight that longitudinal designs and multiple techniques of assessing HPA axis reactivity are crucial to untangle mixed associations between stress reactivity and externalizing problems in trauma exposed youth.

VOICE AS A BIOMARKER IN PTSD: A SCOPING REVIEW
Flash Talk Presentation

Max Accurso*[1], Mariel Emrich[2], Olivia Baryluk[1], Ella Blicker[1], JoAnn Difede[1]

[1]*Weill Cornell Medical College,* [2]*University of Connecticut*

Track Assessment and Diagnosis
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Global
What is your population type? Adult
Abstract Body Accurate detection and diagnosis of post-traumatic stress disorder (PTSD) remain challenging due to reliance on subjective self-report measures. Emerging research suggests that voice-based biomarkers may provide an objective, non-invasive screening method for PTSD by analyzing speech patterns linked to emotional and physiological states. Machine learning has been applied in other medical settings, such as AI-assisted procedural training, and holds promise for advancing PTSD detection through speech analysis. This scoping review aimed to systematically map the literature on voice biomarkers for PTSD, identify key methodologies, and highlight research gaps. A systematic search across PubMed, Medline, Embase, Cochrane, PsycINFO, CINAHL, Scopus, Web of Science, IEEE Xplore, and Engineering Village identified 2,249 articles. After title and abstract screening of 1,424 studies, 140 full-text articles were assessed for eligibility, of which 50 studies met inclusion criteria. Data extraction included speech-processing techniques, acoustic feature extraction, and machine-learning models to assess voice biomarkers in PTSD detection. Included studies explore emotion-driven vocal markers, AI-driven classification methods, and speech-based predictors of PTSD symptoms. This presentation will focus on current methodologies, key trends, and emerging applications in voice-based PTSD assessment. Findings may inform future research and clinical applications, contributing to the development of standardized methods for integrating voice biomarkers into PTSD detection and intervention strategies.

PTSD AS A PREDICTOR OF RELAPSE AMONG VETERANS WITH OPIOID USE DISORDER: USING NATURAL LANGUAGE PROCESSING TO IDENTIFY OPIOID RELAPSE IN VA MEDICAL RECORDS
Flash Talk Presentation

Anne N. Banducci*[1], Amar Mandavia[2], Lauren Loeffel[1], Lauren McClain[3], Nicholas Livingston[4]

VA Boston Healthcare System, [2]National Center for PTSD, Behavioral Sciences Division, [3]Boston University, Harvard University, [4]National Center for PTSD, VA Boston Healthcare System and BU School of Medicine

Abstract Body Among those with opioid use disorder (OUD), PTSD is associated with an increased risk of opioid overdose, poorer mental health and increased healthcare utilization (Havens et al., 2011; Mills et al., 2005). Understanding the scope of opioid use and relapse among veterans is key in preventing premature death (Decker et al., 2017); however, this is not effectively captured in routine assessment. Natural language processing (NLP) is a linguistic and machine learning method leveraging human content expertise to train computer-based algorithms to identify and extract patterns from unstructured text data (Manning and Schutze, 1999). NLP can capture information from medical record clinical notes that is not identified by diagnoses or procedural codes. To this end, we developed and validated a NLP tool to scan Veterans Affairs Healthcare (VHA) medical records and to identify opioid relapse (Livingston et al., 2025). We scanned VHA medical records of 107,606 veterans with OUD and performed multilevel logistic regression to evaluate PTSD diagnosis as a predictor of opioid relapse over time, after a period of sobriety, from 2018-2021. Compared to veterans with OUD alone, veterans with PTSD were 11% more likely to have an opioid relapse at any point. Thus, it is important to ensure veterans with PTSD-OUD receive care addressing both diagnoses to reduce the risk of relapse and overdose death.

ESTIMATING THE EFFECTS OF TRAUMATIC BEREAVEMENT ON MULTIPLE HEALTH DOMAINS USING OUTCOME-WIDE ANALYSIS AMONG CHILDREN IN THE ABCD COHORT
Flash Talk Presentation

Christy Denckla*[1]**,** Nigel Walsh Harriman[1], Alexandra Hillcoat[1], Natalie Slopen[1]

[1]Harvard T.H. Chan School of Public Health

Abstract Body Traumatic bereavement in childhood is associated with elevated risk for adverse emotional and behavioral outcomes. We applied an outcome-wide analysis (OWA) approach to examine traumatic bereavement in childhood in relation to a broad range of outcomes, with robust control for confounding.
Using data from the Adolescent Brain Cognitive Development Study (ABCD Study), N=11,868, we estimated the population average treatment effect (ATE) of bereavement, assessed via the KSADS lifetime trauma inventory, at baseline (Mage = 9.9 years; 47.8% female). We considered 123 outcomes in Year 2, correcting for multiple testing using false discovery rate (FDR).

2,785 children reported the sudden or unexpected death of a loved one at baseline. While no outcomes survived FDR corrections, select outcomes were significant before FDR corrections including elevated scores on the Early Adolescent Temperament Questionnaire Fear subscale: ATE = 0.046, 95% CI [0.001, 0.091], and lower scores on the NIH Tool Box Flanker Inhibitory Control and Attention test: ATE = -0.053, 95% CI [-0.104, -0.002] and the UPPS-P Negative Urgency subscale ATE = -0.065, 95% CI [-0.111, -0.020].

Results identify novel outcomes associated with traumatic bereavement among children, including fearful temperament, impaired executive attention, and stronger impulse inhibition when feeling negative emotions, with robust control for potential confounding. The OWA approach may be applied in observational longitudinal studies to strengthen causal inference on the effects of childhood bereavement.

MAPPING THE INTERRELATIONS OF LIFE COURSE ADVERSITIES, COLLECTIVE STRESSORS, AND MENTAL HEALTH: A NETWORK ANALYSIS
Flash Talk Presentation

Xumeng Yan*[1], E. Alison Holman[2], Roxane Cohen Silver[2], Dana Rose Garfin[1]

[1]*University of California, Los Angeles* [2]*University of California, Irvine*

Track Child and Adolescent Trauma
Primary Program Type Public Health
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult
Abstract Body Individual adversity and societal stressors co-occur; their interconnected impact on mental health remains unclear. We explored this using data from a longitudinal, probability-based, representative survey study of U.S. adults (N=4,260). We employed network analysis (i.e., mixed graphical models) to examine interrelationships among 8 childhood and adulthood adversities, 15 collective stressors (sociopolitical, public health, environmental), and 12 global distress symptoms. Results revealed distinct network structures: abuse had high centrality (highly influential and strongly connected to other adversities) in childhood and adulthood adversity networks, relationship stressors were central in childhood, and loss of a close other was central in adulthood. Childhood discrimination correlated with adulthood discrimination (r=.96); childhood and adulthood violence correlated (r=.74), indicating life course trauma continuity. Individual adversity and symptoms were not linked; instead, collective stressors served as bridges (i.e., mediator-like). For example, political polarization connected adulthood community tragedy experiences (r=.16) with hopelessness (r=.07); Roe v. Wade linked forced sex across life stages (rs=.11) with irritability (r=.05). Bootstrapping analyses suggested that findings were stable. Collective stressors may serve as conduits linking past adversity to current distress. Network analysis may elucidate the interactive relationships between life course adversities, collective stressors, and mental health.

SOCIAL INFORMATION PROCESSING AND INTERNALIZING BEHAVIORS: CULTURAL AND CONTEXTUAL FACTORS RELATING TO THIS PATHWAY OF INTERGENERATIONAL TRAUMA

Flash Talk Presentation

Rebecca Hock*[1], Hung Nguyen[2]

[1]*Duke University,* [2]*Duke Kunshan University*

Track Child and Adolescent Trauma
Primary Program Type Prevention/Early Intervention
Presentation Level Intermediate
Region Global
What is your population type? Child/Adolescent
Abstract Body Background and Objective: Much of the literature on Social Information Processing (SIP) (Dodge, 1986) has focused on externalizing behaviors and outward aggression as outcomes. Meanwhile, evidence suggests social cognition could be a mechanism of intergenerational trauma even if the person is not outwardly aggressive. In groups for whom externalizing behaviors are deemed unacceptable, children may internalize their distress. Thus, internally the experience of intergenerational mechanisms, such as SIP, could be similar but the extent to which there is a visible manifestation could be related to what is culturally normative. Methods: We analyzed data from the "Parenting Across Cultures" (PAC) study, containing longitudinal data from 9 countries--China, Colombia, Italy, Jordan, Kenya, Philippines, Sweden, Thailand, and USA--to assess this hypothesis. We factor analyzed SIP data at age 16 from all country groups to see if patterns emerged. We then compared these categories with Hostile Attribution Bias (HAB) reports from age 13 to see if people who encode hostile attributions but do not plan to act aggressively corresponded with the SIP factor groups. Finally, we examined differences in HAB categories across countries to test the hypothesis about cultural influences. Results: Factor analysis and triangulation with HAB data support the existence of an internalizing dimension of SIP bias. We also found evidence for cross-cultural influences. Conclusions: We found evidence for an internalizing dimension of SIP as a mechanism of intergenerational trauma transmission and cultural influences on this pathway.

THE DUAL PATH OF HARM: TRAUMA-INDUCED SELF-HARM AND CAUSING HARM TO OTHERS
Flash Talk Presentation

Emma Grace*[1]

[1]*Montgomery College*

Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Intermediate
Region Global
What is your population type? Adult
Abstract Body Self-harm is a transdiagnostic symptom across several mental disorders. Extensive research has linked self-harm with traumatic symptoms and risk factors. However,

causing harm to others has been studied mostly within the concept of moral injury related to military trauma, although, moral injury is not a mental disorder. The purpose of this cross-sectional, confirmatory study was to examine the relationships between self-harm, harm to others, and the symptoms and risk factors of traumatic stress. The data analysis was conducted using the publicly available dataset comprising of the responses to the Global Psychotrauma Screen. The data was collected from April 2020 through February 2024 across six continents (N = 10312). The data analysis was conducted using a hierarchical binary logistic regression analysis and the Pearson's Chi-square test. The results showed that self-harm was associated with the symptoms of guilt, disturbances of self-organization, worthlessness, anger, derealization, depersonalization, insomnia, substance use, and lower functioning were associated with self-harm. Causing harm to others was associated only with guilt and depersonalization. The results were characteristic of younger age, irrespective of gender. The findings supported previous research in that causing self-harm is associated with more adverse mental health issues and risk factors than causing harm to others. The findings imply a need for interdisciplinary and global collaboration for further assessment and prevention of self-harm and causing harm to other people in response to traumatic stress.

INFLUENCES OF PREGNANCY STRESS ON POSTPARTUM POST-TRAUMATIC STRESS SYMPTOMS
Flash Talk Presentation

Alytia Levendosky*[1]**,** Amy Nuttall[1], G. Anne Bogat[1], Joseph Lonstein[1], Cecilia Martinez-Torteya[2]

[1]*Michigan State University,* [2]*University of Michigan Medical School*

Track Mode, Methods and Ethics
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult
Abstract Body Women's subjective reports of stress levels in pregnancy predict subsequent postpartum posttraumatic stress symptoms (PPTS). However, women differ in their stress levels and fluctuations in stress across pregnancy. While these aspects of women's stress experiences in pregnancy have not been examined as predictors of PPTS, recent innovative work using machine learning has revealed that each of these--women's mean stress level across pregnancy, amount of fluctuation in stress level, and weekly deviations from their average stress level at specific weeks of pregnancy—predict post-partum depressive symptoms.
Here, we assessed 396 womens' weekly stress level from 15 weeks until parturition and PPTS at 6 mos. They were a racially/ethnically diverse, low-income sample. Due to the importance of childhood adversity for PPTS, we separately examined women who had $4 \geq$ ACEs and those who had < 4 ACEs. For both groups, the Adaptive LASSO, a machine learning algorithm, showed that greater mean stress levels across pregnancy (≥ 4 ACEs b=2.29; < 4 ACEs b=1.88) and greater fluctuations in stress (≥ 4 ACEs b=9.19; < 4 ACEs b=10.00) were associated with greater PPTS. However, weekly stress deviation scores differed between the 2 groups, such that the women with $4 \geq$ ACEs showed more sensitivity to stress in weeks from both mid and late gestation, while those with < 4 ACEs showed

sensitivity in mid-gestation. The novelty of the design and use of machine learning demonstrates the importance of stress variability in vulnerability to PPTS as well as that exposure to childhood adversity may alter the vulnerability to stress response related to PPTS.

CHILDHOOD TRAUMA AND NEIGHBORHOOD SAFETY AS PREDICTORS OF SUBJECTIVE AND OBJECTIVE ADOLESCENT SLEEP DISTURBANCE
Flash Talk Presentation

Margaret Canady*[1]**,** Alyson Zalta[1]
[1]*University of California, Irvine*

Track Child and Adolescent Trauma
Primary Program Type Prevention/Early Intervention
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Child/Adolescent
Abstract Body Sleep disturbance is a transdiagnostic risk factor for maladaptive functioning, particularly in early adolescence. Childhood trauma and neighborhood safety may contribute to sleep disruption, yet research on their combined effects is limited, often relying on subjective reports. This study used Adolescent Brain Cognitive Development data to examine associations between childhood trauma, neighborhood safety, and sleep disturbance in early adolescence. Subjective sleep disturbance (N = 7,114) was assessed via the Sleep Disturbance Scale for Children, while objective sleep measures (Fitbit data; N = 3,672) included total sleep time, bedtime, and their variability. Models controlled for sex, socioeconomic status, race/ethnicity, BMI, age, medication use, and one-year follow-up sleep disturbance. Greater trauma exposure ($\beta = 0.06$, p $< .001$) and higher perceived neighborhood safety ($\beta = –0.04$, p $< .001$) independently predicted subjective sleep disturbance, with no significant interaction. Trauma predicted greater variability in total sleep time ($\beta = 0.04$, p $= .016$) and bedtime ($\beta = 0.05$, p $= .002$), while neighborhood safety was marginally associated with later bedtime ($\beta = –0.03$, p $= .086$). No interactions were significant. Findings underscore distinct effects of trauma and neighborhood safety on adolescent sleep, particularly subjective sleep disturbances. The absence of interaction effects suggests these factors operate through separate mechanisms. Integrating subjective and objective sleep measures, this study highlights the need for targeted interventions addressing sleep disruption in youth.

8:00 a.m. - 9:15 a.m.

Paper Session 1

A PILOT STUDY OF A SCALABLE TRAINING PROGRAM FOR COACHES DELIVERING WEBSTAIR
Paper Presentation

Sherry Yam*[1]**,** Jamie Kim[2], Julianna Hogan[3], Jan Lindsay[3], Marylene Cloitre[4]

[1]University of California, San Francisco, [2]National Center for PTSD Dissemination and Training Division, VA Palo Alto Health Care System, [3]A South Central Mental Illness Research, Education and Clinical Center; VA HSR and D Houston Center of Innovations in Quality, Effectiveness and Safety, Michael E. DeBakey VA Medical Center; Baylor College of Medicine, [4]NYU Silver School of Social Work; National Center for PTSD Dissemination and Training Division, VA Palo Alto Health Care System

Track Clinical Interventions
Primary Program Type Clinical Practice
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Mental Health Professionals
Abstract Body Accessible, low-cost digital programs are emerging as a means by which to address high rates of mental health problems. However, the development and assessment of scalable training programs for effective use of digital interventions has lagged. This is particularly important, as coach-supported digital interventions provide benefits that substantially and consistently exceed those of programs that are entirely self-guided. This report describes the evaluation of a brief coach training program consisting of a two-hour workshop and six 1-hour consultation sessions for delivery of webSTAIR, a 10-module transdiagnostic web-based program for trauma-exposed populations. The training was provided to 68 mental health counselors at Veteran Health Administration Readjustment Counseling Services, who delivered the treatment to 99 veteran clients. Veterans enrolled in the program demonstrated significant and clinically meaningful improvements in functioning (Cohen's d = 0.88), emotion regulation (Cohen's d = 0.97), posttraumatic stress disorder (PCL-5 Cohen's d = 0.61; ITQ Cohen's d = 0.60), and depression (Cohen's d = 0.53). However, only 51% of the coaches completed the program. The study contributes much needed information regarding evidence for the effectiveness of "light-touch" training strategies. The data supports the integration and testing of brief training programs in the implementation and dissemination of evidence-based digital interventions. Strategies for improving training completion rates among busy providers and resource-burdened clinical services need to be considered.

SCALING UP TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY THROUGH LAY COUNSELOR DELIVERY IN SCHOOLS AND COMMUNITIES: TF-CBT EFFECTIVENESS FROM A STEPPED-WEDGE CLUSTER-RANDOMIZED TRIAL AMONG CHILDREN ORPHANED IN KENYA
Paper Presentation

Christine Gray*[1], Prerna Martin[2], Rosemary Meza[3], Kathryn Whetten[1], Shannon Dorsey[4]

[1]Duke University, [2]University of Oregon, [3]Kaiser Family Foundation, [4]University of Washington

Track Child and Adolescent Trauma
Primary Program Type Global Issues
Presentation Level Introductory

Region Eastern and Southern Africa
What is your population type? Child/Adolescent

Abstract Body There are few mental health providers in low-and middle-income countries, and even fewer for children. Task-shifting delivery of evidence-based treatments to lay counselors has been shown effective, but implementing at scale remains a challenge. We present data from an implementation effectiveness trial conducted in 40 sites in western Kenya. At each site, 3 teachers from the primary school and 3 community health volunteers (CHVs) from the corresponding health extension were trained to deliver an 8-week, culturally-adapted Trama-Focused Cognitive Behavioral Therapy (TF-CBT) intervention, Pamoja Tunaweza. The intervention was delivered in single-sex groups of up to 8 children. Using a stepped-wedge cluster randomized design, 851 children ages 11-14 who experienced parental death and had significant post-traumatic stress (PTS) or complex grief received the intervention. Children and one of their guardians were randomized to school (teacher) or health (CHV) delivery. Raw mean differences in average PTS scores from baseline to end of treatment were substantial (schools: -12.8(95%CI: -13.9, -11.6); health: -13.2 (95%CI: -14.4, -12.1)), as were grief scores (schools: -22.9(95%CI: -25.0, -20.8); health: -23.0 (95%CI: -24.9, -21.0)). Lay counselor delivery of TF-CBT can effectively reduce PTS and grief in children when implemented at scale in education and health sectors in Kenya, suggesting similar task-shifting potential in other settings.

PILOT OF ADAPTED ENHANCED SKILLS TRAINING IN AFFECTIVE AND INTERPERSONAL REGULATION (ESTAIR) MANUAL FOR COMPLEX POST-TRAUMATIC STRESS DISORDER (CPTSD) IN URBAN EGYPT
Paper Presentation

Nadine Hosny[*1], Kate Ellis[2], Marion Bovey[1], Ahmed Abdelkarim[3], Eva Heim[1]

[1]*Université de Lausanne,* [2]*American University in Cairo* [3]*Alexandria University*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Middle East and North Africa
What is your population type? Adult

Abstract Body Background: Research suggests that CPTSD symptoms may vary to some extent across different sociocultural contexts. Evidence indicates that adapting interventions to accommodate variation in sociocultural contexts enhances symptom reduction.

Objective: We pilot tested a (socio)culturally adapted version of the ESTAIR manual in urban Egypt to assess its feasibility, acceptability, and preliminary results regarding its effect on CPTSD, depression, anxiety, somatization, and well-being.

Method: Using a mixed-methods approach, we gathered qualitative data on sociocultural and structural aspects of CPTSD. We then adapted the ESTAIR manual and sought local experts' feedback. Upon translation, it was piloted in group format (4 groups of 5-7 participants each). We assessed feasibility via intervention completion rates, acceptability via feedback interviews per module, and clinical outcomes via validated tools at five time points (ITQ for CPTSD, PHQ-9 for depression, GAD-7 for anxiety, SSS-8 for somatization, and WHO-5 for well-being).

Results: Of 24 participants, 18 (75%) completed the intervention, 2 (8.3%) were excluded, and 4 (16.7%) dropped out. Initial feedback supports the adapted manual's feasibility and acceptability. Final assessments are in March 2025, at which time preliminary results regarding intervention effects will be available.

Conclusions: To our knowledge, this 25-session intervention is the first to adapt a CPTSD manual in Egypt and the MENA. Pilot results may later be validated and generalized to populations in similar contexts, including refugees, for acceptable and cost-effective CPTSD management.

BRIEF VIDEO INTERVENTIONS TO ADDRESS STIGMA IN CHILDHOOD MALTREATMENT SURVIVORS ACROSS DIVERSE CULTURES
Paper Presentation

Chana T. Fisch*[1], Doron Amsalem [1], Yuval Neria [1], Misari Oe[2], Billy Jansson[3], Monique C. Pfaltz, Ulrich Schnyder[4], Shilat Haim-Nachum[5]

[1] *New York State Psychiatric Institute/Columbia University Irving Medical Center,* [2]*Kurume University,* [3]*Mid Sweden University,* [4]*University of Zurich,* [5]*Tel Aviv University*

Track Child and Adolescent Trauma
Primary Program Type Prevention/Early Intervention
Presentation Level Intermediate
Region Global
What is your population type? Adult
Abstract Body Objective: Childhood trauma (CT), particularly abuse and neglect, often results in self-stigma, hindering treatment-seeking and worsening psychiatric distress. Social contact-based interventions reduce stigma, but few studies have tested them among CT survivors. We recently developed and assessed the efficacy of a brief video intervention in reducing self-stigma among CT survivors in the US. In the current study, we aimed to replicate and extend those findings in seven countries: Japan, Peru, South Africa, Sweden, Switzerland, Turkey, and the US.
Methods: We recruited 400 CT survivors aged 18-35 per country (current N = 1600; recruitment is ongoing in three countries) through online platforms. The intervention group viewed a personal narrative video describing hardships following CT and psychotherapy benefits, while the control group watched a psychoeducational video without a personal narrative. Self-stigma was measured before, immediately after, and 30 days post-intervention.

Results: In Japan, Sweden, and the US, the intervention group showed significant immediate reductions in self-stigma, though most effects were not sustained at follow-up. Exploratory analyses revealed reductions across differing self-stigma subscales. No significant effects were found in Switzerland.

Conclusions: Brief video interventions reduce self-stigma across countries, creating a critical window of opportunity to engage CT survivors in treatment. Further research should refine cultural adaptability, explore cross-cultural differences in stigma reduction, and develop cost-effective interventions worldwide.

COMMUNITY-BASED, PEER-COFACILITATED, GROUP INTERVENTION FOR WOMEN WHO EXPERIENCE INTIMATE PARTNER VIOLENCE: THE PROMISE OF INSPIRE TO IMPACT TRAUMA SYMPTOMS
Paper Presentation

Tami Sullivan*[1], Sheree Baldwin-Muhammad[2], Cindy Carlson[3]

[1]*Yale University School of Medicine,* [2]*Community Partner,* [3]*Umbrella Center for Domestic Violence Services*

Track Clinical Interventions
Primary Program Type Community-Based Programs
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult

Abstract Body Objectives: Community-based, group interventions for women who experience intimate partner violence (IPV) are routinely offered by domestic violence service providers in the US. Yet, no standardized, evidence-based interventions exist. Therefore, we developed, implemented and evaluated INSPIRE, a 9-session group intervention that aims to impact safety, support and empowerment, within a peer co-facilitated model. Though a reduction in trauma symptoms was not a focus, this study examines the impact of INSPIRE on trauma symptoms.

Methods: Participants completed baseline, mid-study (9 weeks) and end of study (18 weeks) assessments, and weekly assessments after each session. Analysis of the pilot sample (n = 24) focused on feasibility, trauma informed practice (TIP), and changes in trauma symptom severity.

Results: Findings suggest that this feasible, acceptable and well-liked intervention was experienced as trauma-informed (subscale scores ranged: M = 2.5 to 2.8, as measured by the TIPS (range 0-3) and influenced trauma symptom severity (baseline M = 25.4 and end of study M = 19.5; p = .03; d = 0.68 assessed by the Posttraumatic Diagnostic Scale (range 0-80). Weekly session ratings and qualitative data suggest the peer co-facilitation model is critical to promoting change.

Conclusions: Findings speak to the promise of this standardized, community-based group intervention to promote wellbeing and reduce trauma symptoms among women who experience IPV and separately, the value of engaging those with lived experience in intervention delivery.

SUPPORTING TEACHERS IN A WAR ZONE: DEVELOPMENT OF A BRIEF TEACHER-SUPPORT INTERVENTION IN THE CONTEXT OF ONGOING CONFLICT
Paper Presentation

Gerlinde Harb*[1], Jon-Håkon Schultz[2], Majed Qishawi[3]

[1] *Philadelphia, Pennsylvania,* [2]*UiT the Arctic University of Tromsø,* [3]*Norwegian Refugee Council*

Track Clinical Interventions
Primary Program Type Global Issues
Presentation Level Intermediate
Region Middle East and North Africa
What is your population type? Adult
Abstract Body As the Norwegian Refugee Council (NRC) established temporary learning centers for children in the south of the Gaza Strip during 2024, the need for support for its teachers quickly became clear. In the context of extreme stress and crisis, supporting those who deliver support to children is essential. Tasked with providing an intervention to improve teachers' "self-care," this presentation describes the development of an intervention for teachers in the context of ongoing conflict, and its quick implementation and piloting. A bottom-up approach was used to assess the needs and difficulties of Gazan teachers using "listening sessions." We found teachers feeling overwhelmed, worried and nervous with traumatic experiences and loss, daily responsibilities and ongoing intense stressors. The 3-session group intervention was developed in collaboration with those directly working with teachers and children in the war zone and focused on immediately applicable self-care skills and social support and was administered by local counselors and teacher trainers. The content and implementation of these group sessions will be described. Outcome data from the first two pilot groups suggest very positive effects on teachers' ability to cope with ongoing personal stressors in positive ways, with all participants improving their subjective feelings of efficacy and coping. Improved self-care and coping will further increase their ability to positively interact with stressed and traumatized children they serve at the learning centers. Pilot data collection is ongoing and will be complete for a minimum of six groups by July 2025.

9:30 a.m. - 10:50 a.m.

Awards and Keynote: Jo Robinson

9:30 a.m. - 10:50 a.m.

RIGHT HERE, RIGHT NOW: PREVENTING YOUTH SUICIDE IN THE DIGITAL AGE
Keynote

Chair: **Jo Robinson**, PhD*, University of Melbourne*

Abstract Novel approaches that are co-designed with young people are urgently required to tackle suicide risk in young people. Prof Jo Robinson, leader of the University of Melbourne Youth Suicide Prevention Research Unit and President of the International Association for Suicide Prevention, will elaborate on her pioneering work developing and testing novel interventions targeting suicide risk and translating evidence-based insights into practice and policy. In this keynote, she will discuss #chatsafe, a set of evidence-based guidelines that leveraged policy, industry and educational approaches to equip youth to more safely communicate about suicide online with peers. These world-first guidelines have been translated into 28 languages, embedded into Meta's Safety Centre and included in national and international suicide prevention policies, as well as WHO guidelines for media. She will also describe a national survey of broad social and structural determinants driving suicide risk in young Australians and the novel ecological momentary assessment study that will inform

the development of a suite of 'just in time' interventions that can be deployed to young people where and when they need them.

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

Concurrent 2

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

AI AND THE FUTURE OF SCALABLE, PERSONALIZED, DIGITAL ASSESSMENT AND INTERVENTIONS
Invited Session

Chair: **Isaac Galatzer-levy**, PhD*, Google*
Abstract The PTSD diagnosis encompasses highly heterogeneous presentations, contexts, and needs. To address this, I will discuss the development of AI tools and demonstrate their relevance and application to diverse contexts relevant to highly personalized traumatic stress assessment and interventions. This talk will review foundations of AI and focus on emerging clinical applications.

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

IMPLEMENTATION OF WRITTEN EXPOSURE THERAPY IN HEALTH CARE SYSTEMS ACROSS U.S.
Symposia

Chair: **Joan Cook**, PhD*, Yale School of Medicine, United States*
Presenter: **Joan Cook**, PhD*, Yale School of Medicine, United States*

Presenter: **Denise Sloan**, PhD*, National Center for PTSD, VA Boston Healthcare System and Boston University Chobian and Avedisian School of Medicine, United States*

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

Presenter: **Amanda Devane**, PhD*, Kaiser Permanente, United States*

Discussant: **Brian Marx**, PhD*, National Center for PTSD, United States*
Track Clinical Interventions
Primary Program Type Training/Education/Dissemination
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Written Exposure Therapy (WET) is an evidence-based psychotherapy (EBP) for posttraumatic stress disorder (PTSD) that is equally efficacious and has lower dropout rates than other EBPs. This symposium will share interim results from several large-scale WET implementation endeavors in a range of health care systems and settings. Barriers and facilitators to implementation and sustained use of WET will be discussed. Systems, provider, and patient factors that can support the sustained use of WET will also be reviewed. Presenters will share innovations in training and creatively reaching more providers across service settings, as well as the innovation in delivery (e.g., massed, group, telehealth, delivery by paraprofessionals).

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

TESTING NOVEL PHARMACOLOGICAL AND NON-PHARMACOLOGICAL APPROACHES TO IMPROVE EVIDENCE-BASED PTSD TREATMENT OUTCOMES
Symposia

Chair: **Philip Held**, PhD, *Rush University Medical Center, United States*

Presenter: **Philip Held**, PhD, *Rush University Medical Center, United States*

Presenter: **Barbara Rothbaum**, PhD, *Emory University School of Medicine, United States*

Presenter: **Leslie Morland**, PhD, *National Center for PTSD Women's Health Science Division, Boston VA, United States*

Presenter: **Alyson Zalta**, PhD, *University of California, Irvine, United States*

Discussant: **Paula Schnurr**, PhD, *National Center for PTSD, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Established evidence-based treatments, such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Conjoint Behavioral Couples Therapy (CBCT), are effective for treating PTSD. However, a significant subset of individuals continues to experience elevated symptoms after completing these interventions (e.g., Schnurr and Lunney, 2019; Larsen et al., 2019). To address this gap, it is critical to explore novel therapeutic approaches that can complement or enhance established interventions. This symposium brings together cutting-edge clinical trial research on pharmacological and non-pharmacological strategies that may improve treatment outcomes.
Dr. Held will present findings from a randomized controlled trial (RCT) examining the effectiveness of 1-week massed virtual CPT combined with stellate ganglion blocks. Dr. Morland will discuss data from an RCT investigating the use of CBCT combined with MDMA to optimize outcomes in couples. Dr. Rothbaum will share results on massed PE augmented by MDMA. Finally, Dr. Zalta will present an RCT evaluating morning light therapy as a non-pharmacological intervention to reduce PTSD symptoms. Dr. Schnurr will synthesize the various findings and address critical questions about the integration of these emerging modalities into current treatment models.

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

OPTIMIZING TRAUMA CARE: ADDRESSING INDIVIDUAL AND CONTEXTUAL FACTORS
Symposia

Chair: **Madeleine Goodkind**, PhD, *New Mexico VAMC, United States*
Presenter: **Debra Kaysen**, PhD, *Stanford University, United States*

Presenter: **Tara Galovski**, PhD, *National Center for PTSD, United States*

Presenter: **Madeleine Goodkind**, PhD*, New Mexico VAMC, United States*

Discussant: **Kathleen Chard**, PhD*, Cincinnati VAMC, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body This year's ISTSS conference theme, "Frontiers in Traumatic Stress" focuses on applying creative solutions for optimizing current treatments. The talks in this symposium highlight innovative strategies for conceptualizing individual factors that impact symptom presentation (demographic factors, comorbidities, historical access to treatment, and features of the traumatic event experienced) and present creative ways of addressing them in treatment. Dr. Kaysen presents treatment outcomes from a comparative effectiveness a study of culturally-tailored, evidence-based treatments for trauma symptoms and substance use to reduce HIV risk for participants from a tribal community. Dr. Kaysen speaks to ways to incorporate ritual and community values into these treatments. Dr. Goodkind's talk focuses on contextual features of military sexual trauma among an ethnically-diverse sample of veterans seeking trauma focused treatment, and the relationships between these contextual features and clinical and psychosocial characteristics and outcomes. Building on these two talks, Dr. Galovski describes an RTC applying individualized case formulation for addressing and improving challenges to optimal treatment outcomes for individuals seeking CPT. Each talk provides considerations for treatment outcomes above and beyond PTSD symptomatology given the unique features of the individuals seeking care. Discussant Dr. Chard synthesizes the presentations by summarizing implications for how to understand people seeking care, when to modify treatments, and what treatment outcomes matter most.

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

YOUTH ON THE MOVE: ADDRESSING TRAUMA AND MIGRATION STRESSORS AFFECTING FORCIBLY DISPLACED YOUTH IN THE US AND GLOBALLY
Symposia

Chair: **Catherine Chantre**, MSc*, Yale School of Public Health, United States*
Presenter: **Theresa Betancourt**, ScD*, Boston College School of Social Work, United States*

Presenter: **Catherine Chantre**, MSc*, Yale School of Public Health, United States*

Discussant: **Sarah Lowe**, PhD*, Yale School of Public Health, United States*
Track Mass Violence and Migration
Primary Program Type Public Health
Presentation Level Intermediate
Region Global
Population Type Both Adult and Child/Adolescent
Abstract Body The number of displaced persons is rapidly increasing each year (UNHCR, 2023), with 50% under the age of 25 (Global Report on Internal Displacement, 2022). Displaced adolescents and young adults ("youth") are at risk for a range of adverse psychosocial outcomes (Reed et al, 2016) and require developmentally, culturally, and contextually appropriate interventions (Hosseini and Motamedi, 2024). This symposium will

focus on contextual drivers of displaced youth's mental health symptoms, and strategies to engage them in mental health care. Presentations will include: a) a qualitative study on the transgenerational transmission of trauma and resilience among Central American displaced youth in the United States (U.S.); b) a population-based study examining pre-, peri-, and post-migration stressors and mental health among internally displaced youth in Mozambique; c) a network analysis of common mental disorder symptoms among Somali refugee youth in Kenya; and d) a pilot open trial testing the feasibility, acceptability, and impact of the Family Strengthening Intervention for Afghan refugee youth in the U.S. The symposium includes early and mid-career investigators from public health and social work. Aligning with the conference theme, the presentations offer insights from a range of global settings and innovative strategies to meet displaced youth's unique mental health needs.

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

THE NEED FOR AN EVIDENCE BASE FOR TRAUMATIC STRESS-RELATED EFFORTS IN UKRAINE
Panel

Vitaliy Voytenko*

Chair: **Vitaliy Voytenko**, PhD*, Western Michigan University Homer Stryker M.D. School of Medicine*

Presenter: **Richard Bryant**, PhD*, Univ of New South Wales, Australia*

Presenter: **Ann Skinner**, PhD*, Duke University, United States*

Presenter: **Naser Morina***, University Hospital Zurich, Switzerland*

Track Mass Violence and Migration
Primary Program Type Global Issues
Presentation Level Introductory
Region Central and Eastern Europe and the Commonwealth of Independent States
Population Type Both Adult and Child/Adolescent
Abstract Body: Russia's full-scale invasion of Ukraine, persisting for over three years, has exacted an extreme toll on the mental health and wellbeing of the Ukrainian population. Rates of psychiatric disorders, such as PTSD, depression, and anxiety have skyrocketed. The war has also decimated the country's already limited research capacity. The international mental health research community has responded to the crisis by collecting data, conducting needs assessments, and offering training in evidence-based interventions to local clinicians. However, most of the published research conducted in-country has focused on the general population, with very few studies focused on special populations, such as active-duty military, children, youth, and perinatal women. Further, the evidence base for interventions was developed in contexts that are not equivalent to the Ukrainian context. This panel brings together experts in observational, clinical, and implementation research who have been doing work in Ukraine throughout the full-scale invasion. Each of the panelists will present a recent or current project and discuss what we know and what we do not yet know about effective treatment of posttraumatic stress and support for coping and in this unique psychosocial context (e.g., the prolonged and ongoing nature the conflict, repeated/chronic exposure to traumatogenic events). The panelists will respond to each other's presentations with a focus on pinpointing the types of evidence that are urgently needed to ensure that efforts around mitigating posttraumatic stress and enhancing resilience in Ukraine are maximally effective.

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

MERGING PERSPECTIVES: INNOVATIVE PUBLIC HEALTH APPROACHES TO MENTAL HEALTH SEQUELAE OF TRAUMA
Panel

Alex Rothbaum*, Terri deRoon-Cassini

Chair: **Alex Rothbaum**, PhD, MPH, *Skyland Trail*

Presenter: **Aaron Reuben**, PhD, *University of Virginia, United States*

Presenter: **Sydney Timmer-Murillo**, PhD, *Medical College of Wisconsin, United States*

Presenter: **Shakira Suglia**, ScD, *Emory University, United States*

Presenter: **Kate Webb**, PhD, *Duke University, United States*

Presenter: **Mark Briggs**, BA, *Medical College of Wisconsin, United States*

Track Public Health
Primary Program Type Public Health
Presentation Level Introductory
Region Industrialized Countries
Population Type Both Adult and Child/Adolescent
Abstract Body: Addressing the impact of trauma on individuals and communities requires a multi-pronged, inter-disciplinary approach. While a great deal of progress has been made by mental health professionals, trauma exposure has been realized as a public health problem requiring primary, secondary, and tertiary prevention approaches. This panel will highlight the intersection of mental health and public health. Panelists, described below, will discuss how they have used multimodal public health approaches to address trauma exposure at each level of prevention, in diverse settings to improve the lives of those impacted by trauma. In addition to describing methods and impacts, panelists will describe how they learned to span the boundaries between mental and public health. Panelists will include a mix of career stages with expertise in: environmental exposures and the impact of lead on mental health as well as trauma in the context of environmental disasters; the intersection of trauma exposure, PTSD, and neighborhood factors via translational research to understand underlying biology; the use of large hospital data to impact programming and policy and a community and hospital-based violence intervention program; and public health including social determinates of health, violence, and structural factors across the lifespan. As evident in the panelists, diverse perspectives, tools, and training will provide different standpoints and guidance on spanning mental and public health to address trauma exposure. The panel is designed to appeal to a large audience from direct care to researchers and leaders, to trainees.

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

AN INTERDISCIPLINARY PUBLIC HEALTH LENS TOWARD THE MEASUREMENT AND PREVENTION OF TRAUMATIC STRESS AMONG PARENTS
Symposia

Chair: **Jessica Borelli**, PhD, *Compass Therapy, United States*
Presenter: **Osnat Zamir**, PhD, *Hebrew University, Israel*

Presenter: **BreAnne Danzi**, PhD*, University of South Dakota, United States*

Presenter: **Ruby Charak**, PhD*, University of Arkansas for Medical Sciences, United States*

Presenter: **Kaitlin Lord**, BA*, University of California, Irvine, United States*

Track Public Health
Primary Program Type Prevention/Early Intervention
Presentation Level Intermediate
Region Industrialized Countries
Population Type Both Adult and Child/Adolescent
Abstract Body The impact of trauma on parents is an underexplored area of research. This international symposium integrates four studies examining trauma's effects on parents across war, childbirth, childhood maltreatment, and NICU hospitalization, highlighting factors that promote resilience and adaptation.
The first study examined parental worry and burnout among Israeli parents during war, showing distress peaked early but declined over time. Social support mainly benefited mothers, while fathers experienced prolonged distress, underscoring the need for trauma-informed interventions. The second study explored birth trauma, revealing that perceived life threat and pelvic floor trauma did not predict postpartum distress. However, lack of control and poor provider care correlated with PTSD and anxiety, emphasizing the importance of supportive birth experiences. The third study assessed childhood maltreatment's association with parenting students' mental health, finding it strongly predicted PTSS. Yet, resilience factors like self-regulation and self-compassion mitigated symptoms, highlighting the importance of targeted support. The fourth study examined the impact of relational savoring (RS), an attachment-based intervention, in post-NICU parents, showing RS improved emotional well-being, especially for those with prior perinatal loss/stress.

Taken together, these findings provide insight into trauma's imprint on parents, underscoring the need for interventions enhancing social support, resilience, and control to aid parental adaptation.

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

WHEN THERE IS NO "POST" IN PTSD: ADDRESSING TRAUMA IN ONGOING WAR AND DISPLACEMENT
Symposia

Chair: **Alexandra Chen**, PhD*, Harvard University, Lebanon*
Presenter: **Eric Rindal**, PhD*, United States*

Presenter: **Carmel Salhi**, ScD*, United States*

Presenter: **Michael Niconchuk**, MSc*, Salama, United States*

Track Mass Violence and Migration
Primary Program Type Public Health
Presentation Level Intermediate
Region Middle East and North Africa
Population Type Both Adult and Child/Adolescent
Abstract Body This panel interrogates the complexities of addressing trauma in armed conflict and forced displacement, where there is no "post" to traumatic stress, resources are

scarce and Western-centric clinical frameworks often fail to align with local cultural realities. Across four papers, researchers and practitioners from the Middle East, UK and US explore innovative, community-driven approaches to healing that honor affected populations' strengths while challenging therapeutic assumptions. Paper 1 introduces Healing for Gaza (HFG), an emergency mental health intervention scaling trauma teletherapy via trained private-sector clinicians, interpreters, and hybrid systems of care amid infrastructural collapse and scarce local specialists. Papers 2 and 3 challenge humanitarian biases prioritizing only women and children: Paper 2 advocates for community-based care empowering male torture survivors through peer networks; Paper 3 examines displacement's disruption of Syrian fathers' identities, highlighting how interventions must address internalized shame. Paper 4 questions material safety as a therapy tenet, centering refugee narratives of safety in embodied, relational, and spiritual practices under enduring danger. The urgency of identifying effective interventions cannot be overstated, as failure risks cycles of suffering, fractured identities, and trauma across multiple generations.

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

INNER RESOURCES MINDFULNESS TECHNIQUES FOR DISTRESS REDUCTION AND EMOTION REGULATION IN TRAUMA TREATMENT
Workshop

Chair: **Lynn Waelde**, PhD, *Palo Alto Univ, United States*
Tracks Clinical Interventions
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Global
Population Type Adult
Abstract Body Distress and emotion dysregulation are hallmark features of traumatization and present treatment challenges. A variety of techniques are used for distress reduction, including grounding, safe space imagery, breath-focused attention, and letting go. Although often collectively referred to as mindfulness practices, these techniques reflect diverse strategies for distress reduction and emotion regulation. This workshop will address these four different techniques and examine the evidence for their short- and long-term effects as emotion regulation strategies for diverse traumatized clients. Participants will actively engage in this workshop by rating four recorded actor-portrayed clinical vignettes of these techniques according to their perceived immediate effects on distraction, distress, and experiential engagement and long-term effects on self-monitoring, mindfulness, and experiential avoidance. We will use interactive demonstrations of the breath-focused attention and letting go techniques used in Inner Resources for Stress, which is an evidence-based, manualized, group-based intervention using mindfulness, mantra, and meditation to promote trauma resilience and recovery. We will discuss the role of each of these techniques in the development of flexible emotional regulation skills and trauma resolution, with particular attention to implementations with diverse and global populations.

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

Flash Talk Session 2

WRITTEN EXPOSURE THERAPY FOR INDIVIDUALS WITH CO-OCCURRING PSYCHOTIC AND BIPOLAR DISORDERS: OBSERVATIONS FROM A PILOT STUDY
Flash Talk Presentation

Mary Howell*[1], Courtney Worley[1], Anouk Grubaugh[1], Alicia Lucksted[2], Amy Drapalski[1]

[1]Department of Veterans Affairs, [2]University of Maryland

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult

Abstract Body Objective: PTSD is common for people with psychotic and bipolar disorders, but they are often excluded from PTSD evidence-based psychotherapy (EBP) clinical trials. Written Exposure Therapy (WET), an EBP for PTSD, has not been evaluated in this population. This pilot study preliminarily evaluated whether modifications to WET are needed for individuals with psychotic or bipolar disorders.
Methods: Ten Veterans with current PTSD initiated WET and were administered the Clinician-administered PTSD Scale (CAPS-5) and self-report measures of psychiatric symptoms and functioning pre- and post-WET. Qualitative interviews and written observations from study therapists were also analyzed.

Results: Eight of ten Veterans who initiated WET completed all sessions (20% dropout). Baseline to post CAPS-5 change scores suggest reliable (> 8) and clinically significant (> 13) change (M = 14.0). 75% no longer met criteria for PTSD at post-treatment. Psychiatric self-report measures (BSI, SPEQ, and ISS) did not suggest psychotic or manic symptom exacerbation after participation in WET. Functioning measures (WHODAS and B-IPF) did not change substantially, but qualitative interviews and therapist observations suggested functional improvements. Participants noted that early WET sessions felt difficult, but engagement was scaffolded with common techniques for PTSD EBPs.

Conclusion: People with psychotic and bipolar disorders can benefit from treatment with WET, and these co-occurring disorders did not have a noticeable impact on WET. No modifications of WET are yet recommended for this population, pending results of an ongoing RCT.

PREDICTING PTSD TREATMENT RESPONSE IN COGNITIVE PROCESSING THERAPY USING COMPUTERIZED PATIENT BEHAVIOR ANALYSIS OF BASELINE TRAUMA INTERVIEWS
Flash Talk Presentation

Joel Sprunger*[1], Brett M. Welch[2], Kathleen Chard[3], Jeffrey M. Girard[2]

[1]University of Cincinnati College of Medicine, [2]University of Kansas, [3]Cincinnati VAMC

Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis

Presentation Level Introductory
Region Industrialized Countries
What is your population type? Adult
Abstract Body Frontline psychotherapies for PTSD are effective, but patients differ in their symptom responsiveness. Our objective was to examine whether computational measures of verbal and nonverbal behavior during trauma interviews significantly predict symptom severity changes for patients receiving Cognitive Processing Therapy for PTSD. Sixty treatment-seeking individuals completed an initial assessment and were followed throughout treatment. Using computerized multimodal behavior analysis techniques, we measured patient behavior during two interview tasks (trauma narrative and impact statement). We utilized mixed-effects growth modeling with Bayesian estimation to predict patients' intercepts (starting levels) and slopes (change over time in treatment) for PCL-5 and PHQ-9 scores.

Results indicate that computer-quantified negative sentiment during trauma interviews corresponded with greater baseline PTSD symptom severity (-4.52, pd = 91.1%) and predicted more rapid symptom reductions (1.85, pd = 97.9%) relative to patients demonstrating more positive sentiment. A similar symptom reduction pattern was observed for depression symptoms (0.58, pd = 99.1%), suggesting the transdiagnostic value of this behavioral feature.

These findings suggest that computerized analysis of patient behavior during trauma interviews can help identify which patients may respond well to PTSD treatment and which may need more support. With further development, this promising analytical approach may become a tool that empowers clinicians with new behavioral dimensions that predict response to evidence-based treatment.

WRITTEN EXPOSURE THERAPY DELIVERED TO TRAUMA EXPOSED VETERANS IN PRIMARY CARE
Flash Talk Presentation

Chelsea Ennis*[1], Amanda Raines[1], Adam Lewis[1], Persephanie Silverthorn[1], Byron Durand[1]

[1]*Southeast Louisiana Veterans Health Care System*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Adult
Abstract Body Despite the number of empirically supported PTSD treatments available in specialty mental health settings within VA, many Veterans decline referrals to mental health or do not follow through with recommended care. Thus, expansion of PTSD services into primary care is crucial for increasing access to evidence-based care. To this end, the current study examined the acceptability, feasibility, and effectiveness of Written Exposure Therapy (WET) among veterans with clinically significant trauma symptoms presenting to a primary care setting. Veterans (n= 16) were assessed pre- and post-treatment, as well as at one-month follow-up. Mean satisfaction ratings suggest that the treatment was acceptable (CSQ; M = 25). Recruitment and retention rates suggest that the treatment was feasible to deliver.

Further, results revealed statistically significant reductions in PTSD symptom severity when assessed via self-report (PCL-5; p = .005). These findings suggest that WET is an effective treatment for Veterans presenting with PTSD symptoms in primary care.

ACCEPTANCE AND COMMITMENT THERAPY FOR MORAL INJURY (ACT-MI): RESULTS FROM A RIGOROUS RANDOMIZED CONTROLLED PILOT TRIAL OF WARZONE DEPLOYED VETERANS
Flash Talk Presentation

Lauren Borges*[1]**,** Jacob Farnsworth[2], Robyn Walser[3], Kent Drescher[3], Sean Barnes[1]

[1]*Rocky Mountain MIRECC,* [2]*VA Eastern Colorado Healthcare System,* [3]*National Center for PTSD*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Adult
Abstract Body Acceptance and Commitment Therapy for Moral Injury (ACT-MI) is an innovative 15-session hybrid group and individual psychotherapy targeting psychosocial functional impairment following moral violations. We will describe the development and iterative refinement of ACT-MI in the context of a rigorous randomized controlled pilot trial (N=74 warzone Veterans). We will then present results demonstrating the acceptability of ACT-MI to participants (e.g., Client Satisfaction Questionnaire: [M = 29.53; SD=3.73; 95% CI:28.10, 30.94]) and the feasibility of delivery. Outcome data suggest ACT-MI participants experienced clinically significant change in psychosocial functioning on the Outcome Questionnaire-45 (M=-17.45; SD=19.33; 95% CI:-24.80, -10.10) whereas participants in the comparison condition (Present Centered Therapy for Moral Injury) did not (M=-5.89, SD=15.29, 95% CI:-11.94, .16). Qualitative data support the acceptability and impact of ACT-MI; many participants reported ACT-MI helped them transform their lives as one stated, "I can live life again…I can go outside…I can spend time with my kids…I can be a better mom. I thank God every day that I got to be part of this." Plans for future trials will be discussed.

VICARIOUS TRAUMA AND WELLBEING AMONG OPIOID TREATMENT PROGRAM STAFF: FINDINGS FROM A NATIONAL SURVEY
Flash Talk Presentation

Linnea Linde-Krieger*[1]**,** Zhanette Coffee[2], Gregory Carter[3], Benjamin Brady[4], Beth Meyerson[1]

[1]*University of Arizona, College of Medicine,* [2]*University of Arizona, College of Nursing,* [3]*School of Nursing, Indiana University,* [4]*School of Interdisciplinary Health Programs, Western Michigan University*

Track Professionals
Primary Program Type Vicarious Traumatization and Therapist Self-Care
Presentation Level Introductory

Region Industrialized Countries
What is your population type? Mental Health Professionals
Abstract Body Opioid treatment program (OTP) providers face heightened risk for secondary trauma and vicarious trauma (VT) reactions. Lived experiences of trauma and substance use disorder (SUD) may increase OTP staff vulnerability to VT. Less is known about how to support resilience to VT in this population. This study sought to measure trauma and stress-related symptoms in a national sample of OTP staff and identify factors associated with wellbeing.

A survey of OTP staff (N=86) from 16 US states used validated measures to capture lifetime trauma, VT, burnout, empowerment, and clinic practices. Exploratory factor analysis identified two distinct factors of trauma-related wellbeing and empowerment, which were highest when clinics supported patient-centered practices. For example, staff felt more empowered when clinics did not strive for patient abstinence (β=-.17, p=.03) and provided frequent case consultation (β=.31, p=.02). Wellbeing was greater when clinics did not require supervised urinalysis (β=-.28, p=.02). The impact of trauma, VT exposure, and lived SUD on wellbeing varied by role. Counselors experienced the greatest negative impacts from VT (β=-.50, p < .01). Lived SUD predicted lower wellbeing among medical providers (β=-.36, p=.04) but greater wellbeing among counselors (β=.31, p=.04). Lifetime trauma predicted greater wellbeing for medical providers (β=.31, p=.02).

Lived experiences can be sources of both risk and resilience. To enhance staff wellbeing, OTPs should support patient-centered practices, implement strategies to reduce VT exposure, and provide opportunities for trauma-informed supervision.

THE PREGNANT MOMS' EMPOWERMENT PROGRAM - MEXICO ENHANCES INFANT DEVELOPMENT AND BREASTFEEDING: A PILOT RANDOMIZED CONTROLLED TRIAL WITH MEXICAN WOMEN EXPOSED TO INTIMATE PARTNER VIOLENCE
Flash Talk Presentation

Jessica Carney[1], Cecilia Martinez-Torteya[2], Hannah Gilliam[3], Anissa Garza[3], Laura Miller-Graff[1]

[1]*University of Notre Dame,* [2]*University of Michigan Medical School,* [3]*University of Memphis*

Track Clinical Interventions
Primary Program Type Prevention/Early Intervention
Presentation Level Introductory
Region Latin America and the Caribbean
What is your population type? Both Adult and Child/Adolescent
Abstract Body Prenatal intimate partner violence (IPV) is a pressing public health concern linked to mental and behavioral health problems transmitted across generations. We conducted a pilot, randomized controlled trial of the Pregnant Moms' Empowerment Program-Mexico (PMEP-M), a brief, virtually delivered group intervention for pregnant Mexican women experiencing IPV. PMEP-M aims to enhance the mother-child relationship and infant development by addressing mothers' safety, mental health, and parenting skills. This study assessed the effects of PMEP-M on infant development (via the Ages and Stages Questionnaire) and breastfeeding by comparing PMEP-M participants (n=33) with a no-

treatment control group (n=35). ANCOVA analyses showed that 3-month-old infants of mothers who participated in PMEP-M had lower levels of socio-emotional problems than those in the control condition (F=6.52, p=.01), and PMEP-M participants were also more likely to be still breastfeeding at 3 months postpartum (F=4.78, p=.03), after controlling for infant premature birth, family income, and caring for other biological children. Findings suggest PMEP-M is a promising intervention to enhance infant development by supporting pregnant Mexican women exposed to IPV. Given the potential long-term, multigenerational benefits of PMEP-M, replication and broader dissemination of the program is warranted.

RATES OF TRAUMA DISCLOSURE AND WILLINGNESS TO INVOLVE CLOSE OTHERS IN THERAPY ACROSS TWO EXPOSURE-BASED TREATMENTS FOR PTSD
Flash Talk Presentation

Johanna Thompson-Hollands*[1]**,** Lillian Reuman[2], Sarah Stoycos[3], Denise Sloan[4]

[1]*National Center for PTSD, VA Boston Healthcare System,* [2]*Stonehill College,* [3]*Keck School of Medicine, University of Southern California,* [4]*National Center for PTSD, VA Boston Healthcare System and Boston University Chobian and Avedisian School of Medicine*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult
Abstract Body After experiencing a traumatic event, individuals may choose to disclose that experience to close loved ones; however, some may only share in a limited manner or not at all. Disclosure to trusted others has the potential to reduce distress and promote processing. For those who go on to develop posttraumatic stress disorder (PTSD) and seek treatment for their symptoms, the therapeutic context has the potential to expand their willingness to disclose. We compared trauma disclosure and willingness to involve a family member (FM) in therapy among veterans with PTSD (N = 175, 75% male) who received either Prolonged Exposure (PE) or Written Exposure Therapy (WET). Veterans completed ratings of willingness to involve a FM in treatment, and a measure of how many times they had disclosed their index event, at baseline and 10-, 20-, and 30-week follow-ups. Willingness to involve a FM in treatment increased over time (B = 0.03, p = 0.001), with no significant differences in initial levels or rate of change over time when considering participant gender, history of MST, or treatment condition. For analyses examining frequency of trauma disclosure, participants in the WET condition showed an increase over time, while those in PE stayed flat (time*condition B = -0.53, p = 0.015). Results will be discussed in light of content differences between the two treatments.

A PILOT STUDY OF A SCALABLE TRAINING PROGRAM FOR COACHES DELIVERING WEBSTAIR
Flash Talk Presentation

Sherry Yam*[1]**,** Jamie Kim[2], Julianna Hogan[3], Jan Lindsay[3], Marylene Cloitre[4]

[1]*University of California, San Francisco,* [2]*National Center for PTSD Dissemination and Training Division, VA Palo Alto Health Care System,* [3]*A South Central Mental Illness Research, Education and Clinical Center; VA HSR and D Houston Center of Innovations in Quality, Effectiveness and Safety, Michael E. DeBakey VA Medical Center; Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine,* [4]*NYU Silver School of Social Work; National Center for PTSD Dissemination and Training Division, Palo Alto VA Healthcare System*

Track Clinical Interventions
Primary Program Type Clinical Practice
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Mental Health Professionals

Abstract Body Accessible, low-cost digital programs are emerging as a means by which to address high rates of mental health problems. However, the development and assessment of scalable training programs for effective use of digital interventions has lagged. This is particularly important, as coach-supported digital interventions provide benefits that substantially and consistently exceed those of programs that are entirely self-guided. This report describes the evaluation of a brief coach training program consisting of a two-hour workshop and six 1-hour consultation sessions for delivery of webSTAIR, a 10-module transdiagnostic web-based program for trauma-exposed populations. The training was provided to 68 mental health counselors at Veteran Health Administration Readjustment Counseling Services, who delivered the treatment to 99 veteran clients. Veterans enrolled in the program demonstrated significant and clinically meaningful improvements in functioning (Cohen's d = 0.88), emotion regulation (Cohen's d = 0.97), posttraumatic stress disorder (PCL-5 Cohen's d = 0.61; ITQ Cohen's d = 0.60), and depression (Cohen's d = 0.53). However, only 51% of the coaches completed the program. The study contributes much needed information regarding evidence for the effectiveness of "light-touch" training strategies. The data supports the integration and testing of brief training programs in the implementation and dissemination of evidence-based digital interventions. Strategies for improving training completion rates among busy providers and resource-burdened clinical services need to be considered.

EXPLORING THE DELIVERY OF EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR) THERAPY TO UNITED STATES VETERANS VIA TELEHEALTH VERSUS IN PERSON
Flash Talk Presentation

Stephanie Glitsos[1], Elizabeth Penix-Smith[1], Christina Fairbanks[1], Kayla Keener[1]

[1]*Department of Veterans Affairs*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries

What is your population type? Adult
Abstract Body Eye movement desensitization and reprocessing (EMDR) is a first-line evidence-based practice (EBP) for posttraumatic stress disorder (PTSD). However, less is known about its effectiveness with veterans and whether outcomes differ for telehealth (TH) and in person (IP) modalities. This study aimed to evaluate EMDR outcomes among veterans initiating TH or IP EMDR. In this multi-site, retrospective chart review of eight Department of Veterans Affairs (VAs) clinics, 279 veterans (IP n = 139; TH n = 140) met inclusion criteria. Mixed effects and logistic regression models were used for continuous and categorical outcomes. PTSD (Cohen's d = .76) and depression (Cohen's d = .56) symptoms improved between initiation and termination for both TH and IP groups. After controlling for covariates, the IP group (Cohen's d = .85) reported even greater PTSD symptom improvement from initiation to termination compared to the TH group (Cohen's d = .66). There were no differences between groups for treatment completion, reliable change, and clinically significant change in PTSD and depression symptoms. These findings suggest that EMDR is an effective treatment for veterans and can be delivered via IP and TH. Additional research is needed to better understand why IP EMDR yielded even more improvements in PTSD symptoms overall compared to TH EMDR, and why this difference was not observed for other outcomes.

SOCIAL DETERMINANTS OF HEALTH ASSOCIATED WITH RECEIPT OF PSYCHOTHERAPY FOR POSTTRAUMATIC STRESS DISORDER IN A NATIONAL VETERAN SAMPLE
Flash Talk Presentation

Rachel Ranney*[1], Beth Cohen[1], Hui Shen[1], Katherine Hoggatt[1], Shira Maguen[1]

[1]*San Francisco Veterans Affairs Medical Center*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult
Abstract Body This study's objective was to assess PTSD service gaps related to social determinants of health (SDoH, the conditions in which people live) in Veterans with PTSD. Past research has identified disparities in receipt of PTSD care related to demographics, but there is a lack of research on disparities related to SDoH. This study investigated three SDoH: homelessness, socioeconomic disadvantage, and rurality. Using Veterans Health Administration (VHA) electronic health records, we included Veterans with a new PTSD diagnosis from 2015-2018, a total of 435,399 Veterans, and reviewed receipt of PTSD psychotherapy (assessed by CPT codes) through 2019. In regression models accounting for demographic, trauma exposure, and mental and physical health factors, we found that homeless Veterans were more likely to receive any PTSD psychotherapy (OR = 1.27, 95% CI =1.24-1.29) and a minimally adequate dose of PTSD psychotherapy (eight sessions within a 24-week period; OR = 1.39, 95%CI = 1.36-1.41). We also found that Veterans with greater socioeconomic disadvantage (OR = 0.82, CI = 0.79-0.86) and rural Veterans (OR = 0.95, CI = 0.93-0.97) were less likely to receive a minimally adequate dose of PTSD psychotherapy. These findings suggest that efforts are needed to promote engagement with mental healthcare for rural Veterans and those with greater socioeconomic disadvantage.

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

Concurrent 3

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

REDUCING THE MENTAL HEALTH IMPACT OF ACTIVE SHOOTER DRILLS AT SCHOOLS – NEW GUIDANCE ON BEST PRACTICES
Panel

Melissa Brymer*

Chair: **Melissa Brymer**, PhD,PsyD*, UCLA-Duke University National Center for Child Traumatic Stress*
Presenter: **Nathaniel Harnett**, PhD*, McLean Hospital, United States*

Presenter: **Lucy Guarnera**, PhD*, University of Virginia School of Medicine, United States*

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

Track Mass Violence and Migration
Primary Program Type Social Issues - Public Policy
Presentation Level Introductory
Region Industrialized Countries
Population Type Child/Adolescent
Abstract Body: School shootings have gained considerable media attention and have created an increased fear about whether students are safe at school. Despite little evidence of their effectiveness or impact on school communities, most American schools are now mandated to conduct active shooter drills. Consequently, the National Academies of Sciences, Engineering, and Medicine convened a committee of experts to conduct a consensus study on the impact of active shooter drills and other school security measures on student mental health and wellbeing. Panel members will discuss the findings from the new National Academies report (scheduled to be released early in summer). In addition to reviewing the current evidence base and providing recommendations for future research in this area, the panel will 1) discuss the report's framework, how these drills are embedded within overall comprehensive school safety programing, and how they are implemented with wide variability; 2) highlight how conducting these drills requires school staff and emergency responders to account for child and adolescent development, student disabilities, the trauma histories of individuals and communities, and cultural influences; and 3) review recommendations for best practices for active shooter drills and for other school safety measures. Finally, panelists will discuss the implications of this guidance with the audience, policy changes that are needed at the state and local levels, and ways to implement these strategies within their school communities that minimize potential negative impacts on the health and wellbeing of students and staff.

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

MASS TRAUMA RESILIENCE OPEN SCIENCE PRIVACY-PRESERVING DATA SHARING AND COMPUTING SOLUTIONS TECHNOLOGY
Workshop

Chair: **Charles Benight**, PhD, *Univ of Colorado at Colorado Springs, United States*
Presenter: **Qiren Que**, PhD, *United States*

Presenter: **Bernard Ricca**, PhD, *University of Colorado at Colorado Springs, United States*

Presenter: **Shouhuai Xu**, Prof Dr, *University of Colorado at Colorado Springs, United States*

Tracks Mode, Methods and Ethics
Primary Program Type Research Methodology
Presentation Level Intermediate
Region Global
Population Type Other Professionals
Abstract Body Data sharing and data privacy are both critical in trauma studies, the former because the scarcity of data places a high value on the ability to aggregate data (e.g., for increased statistical power, increase generalizability) and the latter because of the need to respect the anonymity of study participants. This cross-disciplinary panel (Psychology, Computer Science, and Statistics) will demonstrate a global solution based on an NSF funded study to create a system that allows users to statistically model data aggregated across studies while simultaneously denying direct access to the data and hence providing protection of data privacy. Dr. Benight will frame the discussion related to global resilience research and need for collaborative data sharing. Mr. Que will talk about the infrastructure of the data sharing system and how the system provides data access without sharing the data itself. Dr. Ricca will discuss the statistical abilities built into the system. Lastly, Dr. Xu will talk about the high level of security and privacy the system offers through homomorphic encryption (a type of encryption where you can do computations on encrypted data), which has strong privacy-protection properties removing the problem of single third party hosting (cloud server). The workshop will engage the audience in a detailed demonstration of the data sharing system and invite detailed personal opportunities for collaboration within a mass trauma setting.

1:45 p.m. - 3:00 p.m.
EXPLORATION OF PSYCHOLOGICAL INTERVENTIONS FOR MINORITIZED INDIVIDUALS EXPOSED TO COMMUNITY VIOLENCE: ROLE OF PATIENTS, PROVIDERS AND SYSTEM
Panel

Devi Jayan*, Sophia Duffy

Chair: **Devi Jayan**, PhD, *The University of Chicago, United States*
Presenter: **Devi Jayan**, PhD, *The University of Chicago, United States*

Presenter: **Tracy Fehrenbach**, PhD, *Northwestern Univ, United States*

Presenter: **Royce Lee**, MD, *The University of Chicago, United States*

Presenter: **Shawntell Pace**, PhD, *Medical College of Wisconsin, United States*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries

Population Type Adult
Abstract Body: Minoritized individuals are disproportionately impacted by community violence (CV) in the US. Individual, relational, and community factors increase CV exposure and create disparities in accessing mental health care for minoritized patients. (Atdijian et al., 2019). Lack of culturally adaptive treatments accounts for poorer outcomes in ethnic minorities. Also, the definition of "cultural adaptation" is not clearly defined leading to lack of consensus in ways to adapt treatments for racial minorities. Discussions in this panel will incorporate findings related to (i) compassion satisfaction and secondary traumatic stress from healthcare workers at an academic medical center (N = 1200), analyzed using item response theory; (ii) development of a culturally-responsive trauma intervention for Black women using a community based participatory research (CBPR) with examples of how to share power and center lived expertise; and (iii) community-based needs assessment, which informed the development of a culturally tailored manual and outcomes from two pilots of the model studies. An existing trans-disciplinary model emphasizing centralized comprehensive mental health care for CV patients provided in partnership with violence interruption programs will be reviewed. Culturally normed trauma responses will be highlighted. Systemic barriers such as accessibility to services, cultural insensitivity, and generalization of treatments will be explored. The panel will emphasize implementation of patient-centered, post-trauma interventions using a collectivistic approach for minoritized, CV exposed patients.

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

OPTIMIZING TRAUMA-FOCUSED TREATMENTS TO ADDRESS GUILT AND SHAME
Panel

Stephanie Wells*

Chair: **Stephanie Wells**, PhD*, Durham VA*

Presenter: **Sonya Norman**, PhD*, National Center for PTSD, United States*

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

Presenter: **Jennifer Wachen**, PhD*, National Center for PTSD, United States*

Track Clinical Interventions
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body: Trauma-related guilt and shame are associated with greater posttraumatic stress disorder (PTSD) symptoms. Additionally, trauma-related guilt and shame are associated with negative outcomes including substance use, depression, and poorer functioning. Shame and guilt also both mediate the relationship between PTSD and suicidal ideation. Fortunately, trauma-focused psychotherapies for PTSD can improve guilt and shame. This panel aims to discuss how clinicians can best utilize trauma-focused psychotherapies to reduce shame and guilt. The panelists include renowned clinicians, trainers, treatment developers, and researchers who will discuss how to maximize the following treatments to reduce shame and guilt: Prolonged Exposure Therapy, Cognitive

Processing Therapy, Eye Movement Desensitization and Reprocessing, and Trauma Informed Guilt Reduction Therapy. Panelists will discuss differences and similarities between shame and guilt and clinical techniques to address both. Theoretical differences will be discussed across treatment approaches. Additionally, panelists will discuss shame and guilt among different trauma types (e.g., military, interpersonal, morally injurious events) and when to consider a PTSD-focused therapy vs. guilt-specific therapy. Panelists will also discuss treatment options when shame and guilt are residual symptoms following treatment. Lastly, panelists will offer insight into addressing shame and guilt treatment interference behaviors (e.g., avoidance and withdrawal).

1:45 p.m. - 3:00 p.m.
STATE OF MENTAL HEALTH ACROSS THE LIFESPAN FROM PERUVIAN NATIONAL MENTAL HEALTH SURVEY
Symposia

Chair: **Amantia Ametaj**, PhD, *Harvard School of Public Health, United States*

Presenter: **Amantia Ametaj**, PhD, *Harvard School of Public Health, United States*

Presenter: **Elizabeth Levey**, MD, *Massachusetts General Hospital, United States*

Presenter: **Kathy Trang**, PhD, *Harvard University, United States*

Presenter: **Victor Cruz**, MD,MSc, *Peruvian National Institute of Mental Health, Peru*

Discussant: **Alejandra Arosemena**, MD, *Médico Psiquiatra, Peru*
Track Assessment and Diagnosis
Primary Program Type Culture/Diversity
Presentation Level Introductory
Region South Asia
Population Type Both Adult and Child/Adolescent
Abstract Body Mental health disorders, including common and severe conditions, are among the most burdensome globally. Prevalence estimates of mental health disorders and their correlates are crucial information for health systems to plan screens, assessments, prevention, and intervention efforts. Yet, information on disorders and risk factors are limited in settings like Peru. Thus, accurate data is needed across age groups from rigorous national population surveys to characterize true prevalence rates of mental disorders, their risk factors such as childhood adversity, and associated outcomes such as suicidal ideation and behaviors.
The current symposium aims to provide data from across the lifespan on trauma, mental health, and related outcomes from the Peruvian National Survey of Mental Health and Service Utilization (PNSMH). The national survey was a rigorous cross-sectional face-to-face household interview study that included children, adolescents, adults, and older adults. Four symposia will be included on this topic. Dr. Victor Cruz will present the methods of the PNSMH. Dr. Elizabeth Levey will present data on the risk of psychosis based on number and severity of childhood adversities and traumas. Dr. Amantia Ametaj will present lifetime and 12-month prevalence and correlates of anxiety and traumatic stress disorders for adults ages 18-59. Dr. Kathy Trang will present data on suicidal ideation and behaviors in adults. Dr. Alejandra Arosemena, a psychiatrist from the Peruvian National Institute of Mental Health, will serve as the discussant to contextualize findings for Peru and similar low resourced settings.

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

BRIDGING CLINICAL PRACTICE AND PUBLIC HEALTH: THE ROLE OF CLINICAL CONSULTATION IN PTSD CARE
Panel

Lisa-Ann Cuccurullo*, Katherine Dondanville, Kevin Holloway, Jonathan Huppert

Chair: **Lisa-Ann Cuccurullo**, Other*, National Center for PTSD- Executive Division*
Presenter: **Katherine Dondanville**, PsyD ABPP*, Univ of Texas Health Science Center San Antonio, United States*
Presenter: **Kevin Holloway**, PhD*, Center for Deployment Psychology/USUHS, United States*
Presenter: **Jonathan Huppert**, PhD*, The Hebrew University, Israel*

Track Professionals
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Central and Eastern Europe and the Commonwealth of Independent States
Population Type Mental Health Professionals
Abstract Body: Peer consultation for mental health providers is a vital public health strategy that enhances patient outcomes, reduces burnout, improves clinical skills, expands access to care, and supports ethical decision-making. While initiatives have increased access to quality mental healthcare, especially for PTSD-vulnerable populations, gaps remain in both public and private sectors. Provider consultation helps maintain or improve care quality while increasing access. This panel features four experts showcasing different consultation models to support PTSD treatment. Dr. Cuccurullo will share her work as a consultant for the NCPTSD Consultation Program, VA Prolonged Exposure Training Program, and national trainer in Implementation Facilitation. Dr. Dondanville is the director of the STRONG STAR Training Initiative training and providing consultation across the US and internationally and disseminating evidence-based treatments for PTSD. Dr. Holloway, Director of Online Training, Technology, and Telehealth at the Center for Deployment Psychology, develops technology to enhance training and consultation access and quality on deployment behavioral health and PTSD treatment. Dr. Huppert is a Professor of Psychology, at The Hebrew University of Jerusalem. He is leading a collaboration with the Ministries of Health and Defense to develop Israeli trainers, supervisors and in a range of evidence-based treatments. The panel will discuss how the programs have progressed to meet the needs of consumers, adapted as research and guidelines have advanced and identify expected and unexpected areas of public health impact.

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

UTILIZING TECHNOLOGY AND AMPLIFYING YOUTH VOICE TO PROMOTE TRAUMA-INFORMED SYSTEMS CHANGE WITH TRANSITION AGE YOUTH
Workshop

Chair: **Cassandra Kisiel**, PhD*, Northwestern Feinberg School of Medicine, United States*
Presenter: **Cassandra Kisiel**, PhD*, Northwestern Feinberg School of Medicine, United States*

Presenter: **Caleen McGrath**, MSW*, Northwestern Feinberg School of Medicine, United States*

Presenter: **Jenna Sanfilippo**, BS*, Northwestern Feinberg School of Medicine, United States*

Tracks Child and Adolescent Trauma
Primary Program Type Training/Education/Dissemination
Presentation Level Intermediate
Region Industrialized Countries
Population Type Child/Adolescent
Abstract Body A trauma-informed system requires change at all levels of an organization. Based on existing frameworks, a trauma-informed approach integrates several components, including strength-based, youth-centered, and equity-based practices. Despite progress, several gaps exist in serving diverse youth and building trauma knowledge and skill across provider roles. Youth-centered approaches, including partnering with youth and amplifying their voices in service delivery and systems change are critical but often inconsistently applied in practice. Transition age youth (TAY) exhibit unique needs as they transition from child welfare and juvenile justice systems and into adulthood. Recent evidence highlights that empowering and partnering with youth and strengthening provider relationships are key to effective trauma-informed systems change, particularly in addressing the unique needs of TAY. This session will build upon prior work and emerging evidence with TAY to demonstrate the utility of technology-based trainings and the critical importance of amplifying youth voice by 1) illustrating a new TAY training website, with interactive, skills-based modules for providers, and 2) sharing key insights from a qualitative interview study with TAY, offering concrete strategies for providers and advice for young people facing similar challenges. Presenters will actively engage participants in a live walkthrough of training modules focused on increasing awareness and knowledge related to trauma-informed care with TAY, with video clips illustrating direct feedback from TAY, and practical applications for providers.

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

THE MENTAL HEALTH EFFECTS OF CLIMATE CHANGE ACROSS DIVERSE, GLOBAL SETTINGS
Symposia

Chair: **Dana Rose Garfin**, PhD*, UCLA, United States*
Presenter: **Larysa Zasiekina**, PhD*, Lesya Ukrainka Volyn National University, Ukraine*

Presenter: **Tiffany Junchen Tao**, Other*, UC Irvine, United States*

Presenter: **Sarah Lowe**, PhD*, Yale School of Public Health, United States*

Presenter: **Dana Rose Garfin**, PhD*, UCLA, United States*

Track Public Health
Primary Program Type Global Issues
Presentation Level Introductory
Region Global
Population Type Adult
Abstract Body The existential threat of climate change impacts the global population directly through climate-related disasters, and indirectly through knowing individuals who are exposed and exposure to widespread media coverage of climate-related disasters. Our

symposium will present emerging findings on how diverse global communities are responding and adapting to the escalating threat of climate change, focusing on deleterious mental health impacts of the crisis. First, data from a representative sample of Lake Country, California residents exposed to catastrophic wildfires will explore the relationship between climate change anxiety, anticipatory climate disaster stress, and disaster preparedness. Second, we will examine demographic and geographic antecedents and mental health outcomes associated with climate change worry in a nationally representative, probability-based sample of U.S. residents. Third, the climate change impact on households in Samoa will be examined in a community-based sample, focusing on relationships between objective indicators of climate change and depression and anxiety in children (ages 7-13) over time. Lastly, using data from a survey study in Ukraine, the interrelationship between climate change anxiety, fear and worry regarding the Russia-Ukraine war, and war-related ecological catastrophe threat (i.e., Chernobyl drone attacks) will be examined. The symposium will highlight the importance of global research on climate change, with suggestions for improving cross-cultural research, practice, and policy regarding traumatic stress and adaptation to climate change.

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

Flash Talk Session 3

"MY WORST NIGHTMARE": ASYLUM SEEKERS' EXPERIENCES OF STRUCTURAL SEXUAL VIOLENCE
Flash Talk Presentation

Gray Bowers*[1]**,** Lauren Ng[1]

[1]*UCLA*

Track Mass Violence and Migration
Primary Program Type Culture/Diversity
Presentation Level Introductory
Region Global
What is your population type? Adult
Abstract Body Refugee and asylum seekers (RAS) experience high rates of sexual violence (SV) and subsequent posttraumatic stress symptoms (Araujo et al., 2019, Youngmann et al., 2021). With the number of RAS fleeing persecution reaching a 30 year high in the U.S (Migration Policy Institute; 2024), it is imperative to better understand the specific sexual violence and trauma experiences of RAS to inform identification and tailored treatment for those most at risk for adverse health and mental health outcomes. Of the total 959 RAS with trauma narratives receiving care at a specialty adult clinic in the US, 278 (29%) reported SV and were included in qualitative thematic analysis to understand unique SV experiences of RAS. Contrary to research showing general population reports of SV perpetrators being known acquaintances or family, RAS SV experiences were most commonly (55%) perpetrated by police, military, and paramilitary often in detention facilities. Additional common themes include SV used to 'correct' same sex behaviors, as conditional for release from custody, or as public punishment in front of family members. Differences in RAS unique experiences of SV showcases the need for improved focused research with RAS who

have experienced SV. Findings highlight important implications for adaptation of tailored SV focused interventions for RAS persecuted for identity-based factors.

UNVEIL THE EXPERIENCE OF POLYVICTIMIZATION AMONG SEXUALLY ABUSED YOUTH IN CHINA USING A TRAUMA-INFORMED APPROACH
Flash Talk Presentation

Kewen Wang*[1]**,** Clifton Emery[1], Xiaoyuan Han[1], Weiyi Xie[1]

[1]*The University of Hong Kong*

Track Child and Adolescent Trauma
Primary Program Type Research Methodology
Presentation Level Introductory
Region East Asia and the Pacific
What is your population type? Child/Adolescent
Abstract Body Child sexual abuse (CSA) is rarely an isolated event but interconnected with a continuum of violence, referred to as polyvictimization. Existing CSA research often overlooks the subjective, integral experience of polyvictimization. Additionally, research ethics with traumatized children and youth are often contested. This study aims to develop a trauma-informed interview protocol for an art-based "river of life" method, and explore the subjective experience of childhood polyvictimization among young CSA survivors in a resource-limited context. In collaboration with CSA victim service agencies in China, this community-based participatory project involved social workers in trauma-informed care (TIC) workshops and focus group discussions on adapting the "river of life" protocol. Then, one-on-one interviews with CSA youth are conducted and analyzed using interpretative phenomenological analysis.

As a result, a trauma-informed interview protocol was developed integrating six TIC principles based on SAMHSA's (2014) framework across key research stages. Pilot interviews revealed that the impact of CSA is often compounded by intersecting traumas, including interpersonal and systemic trauma, with varied trajectories leading to complex trauma symptoms. The drawings also highlighted resilience and protective factors, suggesting hope for recovery. The study shows the potential of the "river of life" technique as a nuanced, trauma-informed approach to understanding polyvictimization.

COLLEGE INTIMATE PARTNER VIOLENCE VICTIMIZATION: EXAMINING MODERATORS OF INDIVIDUAL RISK
Flash Talk Presentation

Julia Bradshaw*[1]**,** Heather Littleton[2], Katie Edwards[3]

[1]*UCCS,* [2]*Lyda Hill Institute for Human Resilience, UCCS,* [3]*University of Michigan*

Track Child and Adolescent Trauma
Primary Program Type Clinical Intervention/Research
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Adult

Abstract Body Intimate partner violence (IPV) is common among adolescents and emerging adults, with college a particularly high-risk period for IPV victimization. Experiencing IPV increases students' risk for depression, anxiety, post-traumatic stress symptoms, risky substance use, and poor academic performance/college dropout. While hazardous alcohol use is an important predictor of college IPV risk, most prior research has neglected to evaluate how this risk might vary across students with diverse identities. In line with minority stress theory, stressors unique to students with minoritized identities may heighten their vulnerability to experiencing IPV. The current study evaluated demographic moderators of the association between hazardous drinking and IPV risk in a sample of 7,217 heterosexual college students recruited from 18 U.S. universities. Moderation analyses supported that the association between IPV victimization and hazardous drinking was stronger among female than male students. Moderation analyses also revealed that this association was stronger among Black students as compared to White students. There was no significant moderation for ethnicity (Latine) or other racial identities (Asian/Asian American, multiracial). These findings suggest a need for culturally tailored alcohol use and IPV prevention programs to meet the needs of diverse students. Future work should examine the utility of culture- and gender-specific interventions compared to generalized interventions for reducing risk in vulnerable college populations.

ASSOCIATIONS OF WOMEN'S HISTORY OF CHILDHOOD SEXUAL MALTREATMENT AND NEGATIVE BIRTH EXPERIENCES: THE MEDIATING ROLE OF POSTTRAUMATIC STRESS IN LATE PREGNANCY
Flash Talk Presentation

Sara Stein*[1]**,** Alexandra Ballinger[2], Matthew Marvin[2], Joohee Lee[2], Alytia Levendosky[2]

[1]*University of Michigan,* [2]*Michigan State University*

Track Public Health
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult
Abstract Body Childhood sexual maltreatment (CSM) is a well-documented risk factor for adverse perinatal outcomes, yet the pathways through which early sexual trauma influences birth experiences remain insufficiently understood. This study examines the relationship between CSM and negative birth experiences (NBE), with a focus on the potential mediating roles of posttraumatic stress symptoms (PTS) in late pregnancy and pregnancy related fear. Women (N = 306) were drawn from the Michigan Prenatal Stress Study, a large longitudinal, prospective study of the influence of prenatal stressors on mother and infant outcomes. Participants reported on history of CSM, PTS and pregnancy fear (third trimester), and NBE. Results indicate that a history of CSM was significantly associated with greater reported NBE (B = 0.13, p = .004). Additionally, CSM was linked to increased severity of PTS in late pregnancy (B = 0.21, p = .001), but was not associated with pregnancy fear. Notably, both PTS (B = 0.16, p = .031) and pregnancy fear (B = 0.20, p = .003) in late pregnancy were associated with NBE. Finally, sequential mediation analysis revealed a significant indirect effect of CSM on NBE through PTS in late pregnancy (95% CI [0.001, 0.074]), suggesting that PTS during late pregnancy may be a mechanism linking early-life trauma to NBE. Findings highlight the importance of addressing trauma-related stress during pregnancy to improve perinatal outcomes for those with a history of CSM. Targeted interventions aimed at

reducing PTS in pregnancy may mitigate the risk of NBE and promote maternal and infant well-being.

ASSESSING POSTTRAUMATIC DISTRESS IN KENYAN WOMEN WHO WERE SEXUALLY ASSAULTED: CULTURALLY VALID MEASUREMENT MATTERS
Flash Talk Presentation

Carolyn Allard*[1], Caitlin Moroney[2], Khadija Buni[3], McCue Matthew[4], Patten Toree[5]

[1]*California School of Professional Psychology, Alliant International University, San Diego,* [2]*STRIVE Lab San Diego; Canvas of Possibilities Psychological Services Inc.,* [3]*STRIVE Lab Kenya,* [4]*STRIVE Lab San Diego; VA San Diego Healthcare System,* [5]*STRIVE Lab San Diego; California School of Professional Psychology, Alliant International University, San Diego*

Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Introductory
Region Eastern and Southern Africa
What is your population type? Adult
Abstract Body Kenyan women experience high rates of sexual violence, which has consistently been found to be one of the potentially traumatic experiences (PTE) with the highest risk for developing posttraumatic stress disorder (PTSD). Some studies suggest that Kenyans are more resilient against PTSD than other populations, though this finding may be an artifact of culturally biased measurement of posttraumatic distress. We assessed posttraumatic distress in 109 Kenyan women seeking services following a sexual assault using different measures developed and validated in Western and non-Western populations selected by a Kenyan focus group of medical and mental health professionals and sexual assault survivors. As hypothesized, symptom severity and cutoff scores were statistically lower than those obtained in a comparative Western sample on the Western-developed and validated PTSD measure (PTSD Checklist; PCL-5), while they were equivalent (Harvard Trauma Questionnaire; HTQ) or higher (Somatic Symptom Scale; SSS-8) on measures selected by the Kenyan focus group because they were believed to more accurately capture culturally relevant expressions of posttraumatic distress. Qualitative data was also collected that provides further insight about trauma reactions in this population. This is the first study reporting posttraumatic distress in adult Kenyan women who have been sexually assaulted, and findings provides guidance for accurate assessment in this population for clinical and research purposes.

MATERNAL EXPOSURE TO INTIMATE PARTNER VIOLENCE AND OFFSPRING'S HYPERTENSION, OVERWEIGHT, AND SMOKING IN ADULTHOOD
Flash Talk Presentation

Alexandra Hillcoat*[1], Andrea L. Roberts[1], Audrey R. Murchland[1], Rebecca C. Thurston[2], Karestan C. Koenen[1], Rebecca B. Lawn[1]

[1]*Harvard T.H. Chan School of Public Health,* [2]*University of Pittsburgh*

Track Public Health

Primary Program Type Public Health
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Both Adult and Child/Adolescent

Abstract Body Offspring of women exposed to intimate partner violence (IPV) may experience increased cardiovascular disease risk, but extant research is limited to outcomes in childhood and adolescence. We investigated if maternal IPV before or after offspring's year of birth (YOB) was associated with offspring's odds of hypertension (HTN), overweight, and smoking in adulthood. We used 16 waves of data from 23,020 mother-offspring pairs (53.8% female) in the Growing Up Today Study and Nurses' Health Study II. Mothers reported exposure to any IPV victimization over 1962–2009. Offspring reported prevalent HTN in 7 surveys from 2010 (Mage = 23.5 years) to 2021. Overweight status was derived at 16 time points (study entry [Mage = 12.9 years] to 2021) from reported height and weight. Participants were assigned to one of four smoking trajectories estimated using growth mixture models. Models adjusted for sociodemographic and familial characteristics. Generalized estimating equations (GEEs) indicate that, relative to offspring whose mothers reported no IPV, offspring whose mothers reported IPV after or before and after YOB had greater odds of being overweight (OR = 1.09 [1.02, 1.17]; OR = 1.16 [1.05, 1.29]). Additionally, maternal IPV exposure before (OR = 1.59 [1.15, 2.20]), after (OR = 1.50 [1.34, 1.68]), and before and after (OR = 1.93 [1.66, 2.25]) YOB predicted greater odds of a more persistent smoking trajectory relative to no maternal IPV exposure. There was no evidence for an association between maternal IPV exposure and HTN. Findings suggest that IPV exposure might impact not only survivors' health but also the health of their offspring.

INVESTIGATING SLEEP COERCION AMONG LATINA SURVIVORS OF INTIMATE PARTNER VIOLENCE (IPV)
Flash Talk Presentation

Karen Jakubowski*[1]**,** Kate Thurston-Griswold[1], Alessandra Lapetina[1], Andrea Padilla[1], Maya Ragavan[1]

[1]*University of Pittsburgh*

Track Biology and Medical
Primary Program Type Culture/Diversity
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult

Abstract Body Over 40% of Latina adults report IPV and > 30% report insufficient sleep. However, Latina IPV survivors, including immigrants born outside the U.S. and English language learners, are underrepresented in IPV and sleep research. IPV research focuses on physical, sexual, and psychological abuse. We conceptualize "sleep coercion" as an unexplored IPV type involving violent and controlling behaviors that intentionally target or impact sleep. We aimed to characterize sleep coercion among Latina survivors and explore how IPV impacted their sleep. Bilingual staff conducted qualitative interviews with 11 Latina survivors aged 19-45 years from July-Oct 2024. Interviews were audio recorded and transcribed; translation and coding is ongoing. Preliminary themes include: (1) sleep is unsafe ("Because of the…violence...the last thing I wanted was to go to sleep"; "I [never] felt like sleeping"); (2) need for vigilance ("I'm like conscious and asleep"; "I wasn't sleepy because I was in an alert mode all the time"); (3) intentional violence during sleep (e.g., strangulation,

being woken to have sex); (4) sleep routines dictated by the abusive partner ("I wasn't allowed to decide [when to sleep]"; "If I wasn't in bed, he would look for me"); and (5) fears/threats before bed ("He said things before bed to provoke a fight"). Findings provide support for a novel form of IPV, sleep coercion, and its impacts on Latina survivors' sleep, health, and wellbeing. We will discuss strategies for conducting research at the intersection of language equity, immigration, and IPV, including safety considerations and establishing community partnerships.

REPRODUCTIVE COERCION AS A FORM OF SEXUAL VIOLENCE AND EXISTENTIAL TRAUMA
Flash Talk Presentation

Selina Hardt*[1], Grace Bintz[1], Rachel Williamson[1], Emily Courtney[2], Jamie Goldenberg[2]

[1]*University of Montana,* [2]*University of South Florida*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Adult
Abstract Body Reproductive coercion (RC) is defined as behaviors that diminish individuals' ability to make decisions regarding their reproductive health. RC increases the risk of sexually transmitted illnesses, anxiety, depression, substance-use, post-traumatic stress disorder, and intimate partner violence. Despite the serious risks, RC remains understudied and is not typically assessed as a form of sexual violence. Although research has demonstrated the relevance of existential concerns to the experiences of reproductive roles and sexual violence, the existential impact of RC has not been empirically studied. The present study includes a sample of 637 young adults across two states. Almost half of participants reported a prior experience of sexual violence (41.8%) and 13.3% reported an experience of RC (prevalence of specific forms are presented) Reproductive coercion was strongly associated with other experiences of sexual violence (95% of those reporting experiences of RC also reported sexual violence). Those who endorsed experiences of RC reported significantly higher scores on the Existential Concerns Questionnaire (t=-2.57, p=.005) than those with no reported history. The study findings support the conceptualization of reproductive coercion as a form of sexual violence and existential trauma.

PTSD SYMPTOMS, SLEEP DISTURBANCE, AND PAIN IN THE ACUTE AFTERMATH OF SEXUAL TRAUMA: A CROSS-LAGGED PANEL ANALYSIS
Flash Talk Presentation

Mariel Emrich*[1] ,Katherine Gnall[1]**,** Joshua Wilt[2], Camille Garnsey[1], Zachary Magin[1]

[1]*University of Connecticut,* [2]*Case Western Reserve University*

Track Public Health
Primary Program Type Prevention/Early Intervention
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult

Abstract Body Posttraumatic stress disorder (PTSD) and pain are common following sexual trauma, are highly comorbid, and are known to exacerbate one another, contributing to reduced quality of life. Sleep disturbance is implicated in both PTSD and pain and may contribute to the development and/or maintenance of these symptoms over time. However, despite their well-documented co-occurrence, studies have not yet examined the bidirectional influences of PTSD, pain, and sleep disturbance together over time. This study examined such bidirectional associations in a sample of 203 women enrolled in a longitudinal study within one month of experiencing a sexual trauma, with online surveys conducted at baseline (T1) and at two follow-ups each spaced one month apart (T2 and T3). Two cross-lagged panel models were used to test the directionality of associations between PTSD symptoms, sleep disturbance, and pain over time (model 1: pain severity, model 2: pain interference) Covariates included income, lifetime/interim trauma exposure, and mental health service utilization. Cross-lagged relationships demonstrated that (a) PTSD symptoms at T1 predicted sleep disturbance at T2 (both models) and (b) PTSD symptoms at T1 predicted pain intensity (but not pain interference) at T2. Findings suggest that PTSD symptoms in the acute post-trauma period appear to be driving worsening physical health symptoms, rather than the other way around. Results point to key early intervention targets in the acute aftermath of sexual trauma to reduce the long-term health consequences.

INTIMATE PARTNER VIOLENCE AND SELF-SUFFICIENCY AMONG PREGNANT WOMEN IN AN EMERGENCY MATERNITY SHELTER
Flash Talk Presentation

Precious Araujo*[1]**, Ilona Yim**[1]

[1]*UC Irvine*

Track Public Health
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult
Abstract Body Childhood domestic violence (CDV) and intimate partner violence (IPV) are public health concerns that can manifest as emotional, psychological, physical, or sexual abuse and are associated with adverse health outcomes. This is particularly concerning during pregnancy, where vulnerability to the adverse psychological outcomes associated with experiencing CDV and IPV may be amplified. Emergency maternity shelters provide support for at-risk pregnant women by increasing self-sufficiency. This study explored the relationships between domestic violence and self-sufficiency outcomes using archival data of 337 pregnant women (ages 18-46) residing in a local emergency maternity shelter. Most women (N=205) reported experiencing IPV, and many (N=132) reported experiencing childhood DV. IPV and length of stay emerged as predictors of self-sufficiency outcomes (ß =.44, p < .001). Moderation analyses indicated that length of stay at the shelter moderated the relationship between intimate partner violence and self-sufficiency change scores ($R2 = .14$, p = .03). This study provides evidence that targeted interventions in emergency maternity shelters can increase self-sufficiency for pregnant women in crisis and that these benefits continue to accumulate over time. Longitudinal studies are needed to examine the long-term impact of emergency maternity shelters for survivors of domestic violence.

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

Paper Session 2

SAYING GOODBYE TO AN UNBORN CHILD: A LONGITUDINAL STUDY OF DECISIONS MADE FOLLOWING STILLBIRTH
Paper Presentation

Danny Horesh*[1]**,** Ronnie Souday[1], Liat Helpman[2], Gabi Aisenberg-Romano[3], Shira Kashnow[1]

[1]*Bar-Ilan University,* [2]*University of Haifa,* [3]*Sourasky Medical Center*

Presenter: **Danny Horesh**, PhD*, Bar-Ilan University*

Track Assessment and Diagnosis
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Middle East and North Africa
What is your population type? Adult
Abstract Body Objective: Stillbirth (SB) is an advanced pregnancy loss occurring after the 20th week of pregnancy. This tragic event often carries major psychopathological implications, including PTSD. This longitudinal study examined decisions made following SB (e.g., to hold/see the stillborn baby, to participate in burial) and their associations with psychopathology. Literature on this issue presents mixed results.
Methods: 183 Israeli women who underwent stillbirth were assessed 3 times: at baseline and then 3 and 6 months later. Women completed self-report questionnaires assessing PTSD, Generalized Anxiety Disorder, obstetric history, and decisions made during and after SB.

Results: Considerable rates of probable PTSD (32.5%) and GAD (23.4%) were found following SB at Time 1. PTSD at Time 1 was associated with younger age and a more recent SB. Importantly, women who saw the stillborn baby and/or participated in burial reported higher levels of PTSD and other psychopathologies. In addition, week of loss and time since SB both moderated the association between certain decisions and psychopathology. Over time, 35% of women showed a chronic and stable pattern of PTSD, with those belonging to this group also reporting more emotion regulation problems and more PTSD symptoms from non-SB events at Time 1.

Conclusions: Our findings highlight the significant traumatic potential of SB over time. This study presents a complex picture regarding post-SB decisions, indicating that hospital protocols may need further research and clarification. Importantly, the effects of decisions may differ for women according to various characteristics.

AMBIGUOUS LOSS TRAUMA FOLLOWING MASS FORCED DISAPPEARANCES: A MULTI-SYSTEMIC PSYCHOSOCIAL FRAMEWORK OF ISRAELI HOSTAGE FAMILIES
Paper Presentation

Einat Yehene*[1]**,** Shir Israeli[2], Hagai Levin[3]

[1]*Tel Aviv - Yaffo Academic College,* [2]*School of Behavioral Sciences, Tel Aviv - Yaffo Academic College, Tel Aviv, Israel,* [3]*Braun School of Public Health and Community Medicine, Hadassah Medical Center, The Faculty of Medicine, Hebrew University of Jerusalem*

Presenter: **Einat Yehene**, PhD

Track Mass Violence and Migration
Primary Program Type Global Issues
Presentation Level Introductory
Region Middle East and North Africa
What is your population type? Adult

Abstract Body Kidnappings are a growing global concern, leaving victims, families, and communities in ambiguous loss, uncertain about their loved ones' fate. However, studies on the impact on families of mass civilian kidnappings by terror groups in armed conflict zones remain scarce. On October 7, 2023, during an unprecedented terror attack, 251 individuals, from infants to older adults, were forcibly taken and held hostage in Gaza. This qualitative study aimed to examine the lived experiences of family members (n = 18) of these hostages, interviewed 7–9 months post-abduction, and to map and conceptualize the trauma of ambiguous loss during mass forced disappearances in an ongoing war. A reflexive thematic analysis of semi-structured interviews revealed six core themes (emotional positions), each reflecting simultaneous and ongoing experiences: (1) navigating private trauma within collective trauma, (2) enduring dynamic-static ambiguous loss, (3) fighting for return, (4) building solidarity, (5) bearing the toll on health and functioning, and (6) maintaining bonds with the hostage in captivity. These themes span four social systems: (a) individual, (b) family, (c) community and society, and (d) nation, suggesting how dynamic-static ambiguous loss is situated within these social systems.

By mapping the multi-systemic impact of such trauma, our findings offer critical insights into how ambiguous loss trauma extends to national level. These insights can guide policymakers and therapeutic interventions globally, highlighting the need for a multi-dimensional, multi-systemic approach to addressing ambiguous loss trauma.

"I WOULD LIKE TO KNOW WHAT HAPPENED TO ME": COERCED AND INVOLUNTARY STERILIZATION OF WOMEN ASYLUM SEEKERS TO THE UNITED STATES
Paper Presentation

Anna Blech*[1]**,** Kim Baranowski[1], Nicholas Buehler[2], Deirdre Stradone[3], Elizabeth Singer[1]

[1]*Icahn School of Medicine At Mount Sinai,* [3]*Immigration Intervention Project, Sanctuary for Families*

Track Mass Violence and Migration
Primary Program Type Global Issues
Presentation Level Introductory
Region Latin America and the Caribbean
What is your population type? Adult

Abstract Body Involuntary sterilization, the non-consensual medical control of an individual's fertility, is recognized by the WHO, UNHCR, and UN Women as a serious human rights violation and form of gender-based violence. In the United States, survivors of involuntary sterilization who can prove they were sterilized in their countries of origin have a legal path to asylum. Semi-structured, first-person interviews were conducted to gather the narratives of 14 adult women who experienced forced and coerced sterilization in their countries of origin before applying for protected immigration status in the United States. Inductive qualitative analysis of the data identified common themes across participants including: 1) shared experiences of discrimination due to race, ethnicity, and HIV+ status, 2) exposure to lifelong violence in their home countries, 3) involuntary sterilization within the context of antepartum and intrapartum care, 4) lack of informed consent, 5) delayed discovery, 6) an appreciation for more responsive health care received once in the United States, 7) a desire to have additional children. The results of the study can inform clinicians about the impact of involuntary sterilization, heighten awareness of this violation as a nexus for asylum, and advance advocacy in the areas of healthcare and policy with this community.

INTERDISCIPLINARY PERSPECTIVES TO REDUCE POTENTIALLY MORALLY INJURIOUS EVENTS IN HEALTH SYSTEMS: A QUALITATIVE INVESTIGATION
Paper Presentation

Sophia Fantus*[1]

[1]*The University of Texas at Arlington*

Track Professionals
Primary Program Type Ethics
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Other Professionals
Abstract Body Background: Potentially morally injurious events (PMIEs) may contribute to healthcare workers' psychological trauma. Yet, there is a gap on collaborative interdisciplinary strategies to mitigate PMIEs. The aim of this qualitative study was to explore multiprofessional perspectives to reduce PMIEs and heighten resilience and wellbeing across health systems.
Data Methodology: Social workers (n=75), chaplains (n=26), and patient liaisons (n=4) employed in healthcare and consented to be interviewed were recruited to participate. All interviews (60-90 minutes) were recorded and transcribed verbatim. Directed content analysis was used to develop themes in conjunction with the National Academy of Medicine's National Plan for Health Workforce Well-Being. Rigor was attained through peer-debriefing, data triangulation, and team meetings. IRB approval was obtained.

Findings: Themes demonstrate that rather than offering interventions in the aftermath of PMIEs, multilevel daily practices by (1) interdisciplinary care teams, (2) management and leadership, and (3) the health care industry, can pre-emptively identify and reduce stressors. PMIEs may derive from macro social and healthcare policies; ethical workplace cultures engage in institutional courage to support patient advocacy initiatives and address systems of oppression that heighten psychological stressors of healthcare workers.

Implications: Findings have implications for policy makers, practitioners, educators, and researchers to understand how health systems contribute to the psychological stress and trauma of the healthcare workforce.

COMPARISON OF THE PROLONGED GRIEF DIAGNOSTIC CRITERIA OF THE ICD-11 AND DSM-5-TR AMONG THE JAPANESE POPULATION
Paper Presentation

Masaya Ito*[1]**,** Yoshitake Takebayashi[2], Satomi Nakajima[3], Natalia Skritskaya[4], Katherine M Shear[4]

[1]*National Center of Neurology and Psychiatry,* [2]*Fukushima Medical University,* [3]*Musashino University,* [4]*Columbia University*

Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Introductory
Region East Asia and the Pacific
What is your population type? Adult
Abstract Body Background: There are substantial differences between the different diagnostic criteria for Prolonged Grief Disorder (PGD) between the ICD-11 and DSM-5-TR. Although the similarities and differences between these criteria have been examined in Western populations, data from Asian populations remain scarce. This study examined the concordance of the ICD-11 and DSM-5-TR diagnostic criteria for PGD among Japanese bereaved who lost close relatives. We also tested the factor structure for the ICD-11 and DSM-5-TR diagnostic criteria for PGD using a complicated grief questionnaire, which was developed to assess both the ICD-11 and DSM-5-TR criteria.
Method: A total of 1709 participants from the national survey for deceased who lost their close relatives were included in the analysis. Participants answered the complicated grief questionnaire and measures for grief, depression, anxiety, and posttraumatic stress.

Results: The results indicated the prevalence for ICD-11 (11.85%) and for DSM-5-TR (10.51%). The concordance between the two diagnostic systems was very high (Kappa coefficients = .84). The severity of grief, depression, and posttraumatic stress was comparable between the ICD-11 and DSM-5-TR PGD Diagnosis. Both sets of criteria demonstrated the ability to differentiate PGD from depressive cases (Kappa coefficients = .08-26). The confirmatory factor analysis showed an excellent fit to the unidimensional model for both the ICD-11 and DSM-5-TR criteria (CFI = .94-.96, TLI = .93-.94, SRMR= .031-.036).

Conclusion: These findings underscore the high concordance between the ICD-11 and DSM-5-TR definitions of PGD in the Asian population.

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

Concurrent 4

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

ISTSS BRIEFING PAPER: IMPROVING ACCESS TO EVIDENCE-BASED TREATMENTS FOR TRAUMA-EXPOSED CHILDREN AND ADOLESCENTS - A PRACTICAL GUIDE FOR POLICY AND PRACTICE

Panel

Chair: **Rachel Hiller**, PhD*, University College London, Division of Psychology and Language Sciences, United Kingdom*

Presenter: **Yo Jackson**, PhD*, Tulane University, United States*

Presenter: **Tine Jensen**, PhD*, Norwegian Centre for Violence and Traumatic Stress Studies, Norway*

Presenter: **Elisa Pfeiffer,** PhD*, Department of Psychology, Catholic University Eichstaett-Ingolstadt, Germany*

Track Public Health
Primary Program Type Public Health
Presentation Level Introductory
Region Global
Population Type Child/Adolescent
Abstract Body Access to evidence-based treatments (EBTs) for trauma-exposed children and adolescents remains inadequate, despite the availability of effective therapies. Drawing on the latest ISTSS Briefing Paper, this panel discussion focuses on practical strategies and policy recommendations for improving access to trauma-focused treatment for children and teens, including the role of routine screening for traumatic events and trauma-related disorders by (mental) health professionals. The panelists will also explore the common elements of trauma-focused EBTs (TF-EBTs), which are designed to alleviate posttraumatic stress symptoms and co-morbid disorders such as depression, and consider myths and misconceptions around "re-traumatising" children. TF-EBTs focus directly on the traumatic event, fostering therapeutic alliances, providing psychoeducation, enhancing recovery skills, and processing trauma memories. The panel will also consider ways to feasibly increase access to TF-EBTs, including the role of task shifting, strengthening multi-system collaboration, expanding training for professionals, and creating stronger connections between families, providers, and support systems. This session aims to provide actionable insights for researchers, practitioners and policymakers dedicated to improving mental health outcomes for trauma-exposed youth.

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

BIOLOGICAL CORRELATES OF PTSD: NEW MOLECULAR INSIGHTS
Symposia

Chair: **Mark Miller**, PhD*, National Center for PTSD, United States*
Presenter: **Mark Miller**, PhD*, National Center for PTSD, United States*

Presenter: **Alicia Smith**, PhD*, Emory University School of Medicine, United States*

Presenter: **Vasiliki Michopoulos**, PhD*, Emory University School of Medicine, United States*

Presenter: **Erika Wolf**, PhD*, VA National Center for PTSD and Boston University Chobanian and Avedisian School of Medicine, United States*

Track Biology and Medical
Primary Program Type Biological/Medical
Presentation Level Advanced
Region Industrialized Countries
Population Type Adult
Abstract Body Research on the biological correlates of PTSD aims to identify biomarkers of risk, diagnostic status, and illness progression. It also provides a foundation for finding novel targets for drug development and for future efforts to match patients to treatments based on their biological characteristics. This symposium will include four presentations featuring innovative approaches to investigating the biological correlates of PTSD. Presentations will include recent work examining blood cell type-specific DNA methylation patterns associated with PTSD (Smith), genetic analysis of the PTSD-associated astrocytic protein GFAP measured in blood (Miller), research on the association of PTSD with DNA methylation of a key blood-brain-barrier gene (Wolf), and a study of pregnant women pointing to a role for progesterone in influencing PTSD over the course of pregnancy (Michopoulos).

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

MEDICAL TRAUMA ACROSS THE CONTINUUM OF CARE: CLINICAL APPROACHES TO PREVENTION, ASSESSMENT, AND TREATMENT OF MEDICAL TRAUMATIC STRESS
Panel

Chair: **Renée El-Gabalawy**, PhD, Prof Dr, *University of Manitoba, Canada*

Presenter: **Renée El-Gabalawy**, PhD, Prof Dr, *University of Manitoba, Canada*

Presenter: **Sacha McBain**, PhD, *Rush University Medical Center, United States*

Presenter: **Keisha OGaro**, PhD, *Duke University, United States*

Presenter: **Nicholas Schumann**, Other, *Queen's Medical Center, United States*

Presenter: **Sarah Stoycos**, PhD, *Keck School of Medicine, University of Southern California, United States*

Track Clinical Interventions
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body: Potentially traumatic medical events are a prevalent yet often overlooked risk factor for posttraumatic stress disorder (PTSD) and other negative health-related outcomes. Medically-induced PTSD is typically experienced as a chronic, debilitating experience with a strong somatic component, leading to unique and complex impacts on physical and mental health. Despite its high prevalence, the prevention, assessment, identification, and treatment efforts remain underdeveloped. This panel convenes five diverse clinician-researchers with specialized expertise in medical trauma and medically-induced PTSD to provide a conceptual overview of medical trauma, including the neurobiological, psychological, and social factors that contribute to its development and maintenance. Panelists will introduce practical and culturally-attuned strategies to minimize the effects of medical trauma, as well as for assessing and treating medically-induced PTSD in a variety of inpatient and outpatient clinical settings. A discussion on enhancing accessibility and interdisciplinary collaboration across global healthcare systems, including technological

innovations such as virtual reality and modified short-term trauma prevention efforts and treatments, will follow. Attendees will have the opportunity to engage in discussion on how to better support patients experiencing medical trauma, with a focus on improving outcomes, enhancing provider-patient communication, and fostering more trauma-sensitive care practices in multidisciplinary medical settings.

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

TRAUMA IN THE DIGITAL AGE: UNDERSTANDING THE EFFECTS OF JOBS THAT REQUIRE REPETITIVE, FREQUENT EXPOSURE TO TRAUMATIC DIGITAL CONTENT
Panel

Chair: **Sonya Norman**, PhD*, National Center for PTSD, United States*

Presenter: **Sonya Norman**, PhD*, National Center for PTSD, United States*

Presenter: **Jeffrey DeMarco**, PhD*, Middlesex University, United Kingdom*

Presenter: **Patricia Watson**, PhD*, National Center for PTSD, United States*

Track Professionals
Primary Program Type Technology
Presentation Level Introductory
Region Global
Population Type Adult
Abstract Body: The past decade has seen a global proliferation in use of social media and media streaming sites. Billions of photos and videos are uploaded to these sites each year, including some that contain traumatic content such as murders, suicides, physical and sexual assaults, and crimes against children and animals. As a result, there is now a workforce of people in many countries around the world in jobs that entail repetitive, frequent exposure to this traumatic digital content. For example, commercial content moderators view flagged photos and videos to decide if they violate site rules. Police specialists view child sexual abuse material to identify predators. In this panel, we will describe the range of emotional and functional reactions reported by individuals in such jobs. We will discuss how such work both fits into and expands our understanding of traumatic event exposure types and DSM-5 PTSD Criterion A. We will share workplace practices to mitigate the negative mental health effects of such work and describe in-progress research aimed to further protect this workforce. Finally, we will consider areas in need of more research in regard to the negative mental health effects of jobs that entail repetitive, frequent exposure to traumatic digital content.

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

RESPONSIBLE USE OF ARTIFICIAL INTELLIGENCE AND LARGE LANGUAGE MODELS TO EVALUATE, SUPPORT, AND TREAT TRAUMATIC STRESS: CREATIVE SOLUTIONS TO LONGSTANDING PROBLEMS
Panel

Chair: **Leigh Ridings**, PhD*, Medical University of South Carolina*
Presenter: **Shannon Wiltsey Stirman**, PhD*, National Ctr for PTSD and Standford University, United States*

Presenter: **Eric Kuhn**, PhD*, VA National Center for PTSD, United States*

Presenter: **Philip Held**, PhD*, Rush University Medical Center, United States*

Track Mode, Methods and Ethics
Primary Program Type Technology
Presentation Level Intermediate
Region Industrialized Countries
Population Type Mental Health Professionals
Abstract Body: Artificial intelligence (AI) technologies, such as large language models (LLM), have potential to enhance access, cost-efficiency, delivery, and quality of traumatic stress interventions. The clinical application of AI has surged in recent years, demonstrating promise to improve healthcare delivery through enhancing diagnostic precision and treatment efficacy, creating diagnostic tools, facilitating predictive analytics, and improving the effectiveness of healthcare systems. However, their application to traumatic stress treatment and research is understudied and requires responsible and ethical development, evaluation, and monitoring to maintain service quality and delivery for patients exposed to traumatic events and for the providers treating them. This panel convenes three professionals from across the US with expertise in research and the clinical use of LLM and advanced analytics to support the development, implementation, and tailoring of evidence-based mental health interventions for PTSD and other trauma-related disorders. Panelists will discuss 1) the state of the field regarding current application of AI and LLM to support healthcare delivery; 2) the potential for AI/LLM to ethically shape PTSD treatment and research in the short- and long-term; 3) responsible use of AI and recommendations for future research and practice.

3:15 p.m. - 4:30 p.m.
INTERSECTIONS OF CHILDHOOD ADVERSITIES, INTIMATE PARTNER VIOLENCE, AND TECHNOLOGY: UNDERSTANDING RISK FACTORS AND PATHWAYS FOR INTERVENTION IN UNDERSTUDIED POPULATIONS
Symposia

Chair: **Ruby Charak**, PhD*, University of Arkansas for Medical Sciences, United States*

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

Presenter: **Osnat Zamir**, PhD*, Hebrew University, Israel*

Presenter: **Ines Cano-Gonzalez**, MA*, United States*

Presenter: **Lyric Russo**, PhD*, George Mason University, United States*

Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Intimate partner violence (IPV) is a prevalent traumatic event shaped by multiple factors, including childhood maltreatment, minority-identity related abuse, digital environments, and couple dynamics. This symposium presents four studies addressing critical areas in IPV research: identity-related partner abuse, intergenerational trauma, cyber IPV, and trauma's impact on IPV risk detection. Maricela Galdamez explores how sexual and gender minority (SGM) identity abuse mediates the link between childhood adversities (SGM-

ACEs) and alcohol use in Latine adults, highlighting the need for trauma-informed services for SGM individuals. Dr. Zamir's dyadic study in Israel shows how childhood maltreatment in both partners elevates IPV risk, particularly when women experience higher physical maltreatment. Ines Cano-Gonzalez examines cyber IPV in U.S. Hispanic adults, identifying emotional dysregulation and problematic social media use as risk factors. Dr. Russo's study explores how female college students assess IPV risk in online dating profiles, finding that trauma responses like hypervigilance impact danger detection. Together, these studies emphasize the need for comprehensive, trauma-informed interventions to reduce IPV risk. By understanding the diverse factors contributing to IPV, these studies advocate for more nuanced, inclusive approaches in prevention and intervention, supporting vulnerable populations.

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

PLACE, PERCEPTION, AND POLYGENIC INSIGHTS INTO POST-TRAUMATIC STRESS DISORDER IN THE ALL OF US PROGRAM
Symposia

Chair: **Henri Garrison-Desany**, PhD, *Harvard School of Public Health, United States*
Presenter: **Peter Barr**, PhD, *SUNY Downstate Health Sciences University, United States*

Presenter: **Kate Webb**, PhD, *Duke University, United States*

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

Presenter: **Henri Garrison-Desany**, PhD, *Harvard School of Public Health, United States*

Discussant: **Jacquelyn Meyers**, PhD, *State University of New York Downstate Medical Center, United States*
Track Public Health
Primary Program Type Public Health
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Leveraging the scale and diversity of the All of Us Research Program, this symposium presents novel investigations into multi-level biopsychosocial mechanisms and influences on post-traumatic outcomes. Four scientists will show innovative measures and methods that harness the cohort's strengths, including: integrated analyses of greenspace and neighborhood environment on PTSD, machine learning approaches to estimating the traumatic effects of systematic discrimination, a latent modeling approach to understanding how neighborhood profiles relate to PTSD, depression, and anxiety, and whole genome sequencing analyses of post-traumatic outcomes and co-occurring substance use in this ancestrally diverse sample. While acknowledging the methodological challenges, this symposium demonstrates how All of Us enables transformative research bridging cellular and social determinants of post-traumatic outcomes using nuanced computational methods. This symposium will be both a presentation of new findings and a discussion of lessons learned for researchers interested in using this data in their own work.

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

REFUGEES IN RESETTLEMENT COUNTRIES: PREDICTORS, PSYCHOPATHOLOGY, AND TREATMENT OF PTSD
Symposia

Chair: **Angela Nickerson**, PhD*, UNSW School of Psychology, Australia*
Presenter: **Angela Nickerson**, PhD*, UNSW School of Psychology, Australia*

Presenter: **Maja Bruhn**, MD*, Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup, Denmark*

Presenter: **Sara Skriver Mundy**, MSc*, University of Copenhagen, Denmark*

Presenter: **Anne Agathe Pedersen**, (blank)*, Denmark*

Discussant: **Ulrich Schnyder**, MD*, University of Zurich, Switzerland*
Track Mass Violence and Migration
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Currently, ~38 million people around the world are living as refugees. Hence, knowledge of flight mechanisms, predictors of ill mental health as well as scalable treatment programs for mental health and integration are needed. In this symposium, we present forefront knowledge on refugee mental health from a cohort study and two randomized controlled trials (RCTs).
From the Danish Refuge Cohort (DARECO), a representative cohort study on Ukrainian refugees living in Denmark, we study what characterizes those who leave early versus late when war erupts in a country, and the implications for war-related trauma exposure and psychopathology. Next, also based on DARECO, we unravel profiles of childhood adversities and test if exposure to these sensitizes refugees to be more prone to developing (C)PTSD in the wake of war exposures. The third presentation tests the add-on of employment services to mental health treatment in an RCT of 195 unemployed refugees with PTSD living in Denmark. Finally, the fourth presentation presents an RCT testing differences in treatment response based on residence insecurity for Skills Training in Affective and Interpersonal Regulation and Narrative Exposure Therapy in 71 refugees residing in Australia.

Overall, from different angles, we provide actionable knowledge on individual differences relating to flight, individual risk, and treatment response.

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

DIGITAL INNOVATIONS AND BIOMARKERS FOR PTSD: HOW CAN DIGITAL TECHNOLOGIES IMPROVE DIAGNOSIS, RISK STRATIFICATION, AND INDIVIDUALIZED TREATMENT?
Symposia

Chair: **Katharina Schultebraucks**, Prof Dr*, NYU Langone Health, United States*
Presenter: **Mirjam van Zuiden**, PhD*, Utrecht University, Netherlands*

Presenter: **Megan Huibregtse**, PhD*, Emory University School of Medicine, United States*

Presenter: **Grace Dean**, BS*, The University of New Mexico, United States*

Presenter: **Charlotte Hilberdink**, PhD*, NYU Grossman School of Medicine, United States*

Track Biology and Medical
Primary Program Type Assessment/Diagnosis

Presentation Level Intermediate
Region Central and Eastern Europe and the Commonwealth of Independent States
Population Type Adult
Abstract Body This symposium will discuss new advanced digital technologies that examine the role of steroid levels in PTSD. The first presentation will explore how peri-traumatic hormone status predicts the course of PTSD symptoms following trauma during adulthood, highlighting the dynamic role of hormones in PTSD risk across the lifespan. The second presentation will introduce a semi-automated self-report menopause categorization tool that has the potential to shed light on the menopausal transition and its impact on mental health. The third presentation will present the impact of childhood trauma on alcohol cravings across the menstrual cycle, highlighting how trauma history influences addictive behavior during different menstrual phases. The final presentation will focus on the use of digital biomarkers to predict hormonal phenotypes of chronic stress and mental health in Emergency Department healthcare workers using innovative machine-learning approaches. The symposium will conclude with a discussion on integrating digital and biological data to improve mental health diagnostics and interventions, emphasizing hormonal influences and computational innovations.

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

KEY CONCEPTS IN PSYCHOMETRICS AND HOW TO APPLY THEM TO CLINICAL AND RESEARCH MEASURES
Workshop

Chair: **Eve Carlson**, PhD, *National Center for PTSD, United States*
Presenter: **Eve Carlson**, PhD, *National Center for PTSD, United States*

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

Tracks Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Intermediate
Region Global
Population Type Both Adult and Child/Adolescent
Abstract Body Accurate measures are central to research and clinical work, but psychometric methods can be complicated and hard to recall, and not all professionals get psychometrics training. Also, psychometrics standards have changed over the past few decades, but many psychometric publications do not adhere to the standards and overstate claims about the reliability and validity of measures. This workshop will review some key standards for measurement and critical elements for evaluating clinical and research measures. The presenters will address questions such as: When should you doubt a claim that a measure is "reliable and valid"? How much evidence of validity is "enough"? What kinds of measures should provide evidence of sensitivity and specificity and how should you evaluate the balance between the two? What's the problem with the typical Likert scale response options you see on so many measures? What does an exploratory factor analysis (EFA) of item scores tell you that a confirmatory factor analysis (CFA) doesn't? What do fit indices tell you about results of a CFA and what don't they tell you? What can item response theory analyses tell you that FA can't? The workshop will use examples from the traumatic stress literature to address these questions with the goal of increasing attendees' ability to evaluate the evidence to support measures' use for research and clinical work.

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

Concurrent 5

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

SAFETY IN PTSD PSYCHOTHERAPY: QUANTIFYING RISK TO SUPPORT ACCURATE INFORMED CONSENT
Symposia

Chair: **Nicholas Holder**, PhD*, San Francisco VA Health Care System; University of California San Francisco, United States*

Presenter: **Alan Peterson**, PhD*, Univ of Texas Health Science Ctr, United States*

Presenter: **Nicole Christ**, PhD*, Minneapolis VA Health Care System, United States*

Presenter: **Nicholas Holder**, PhD*, San Francisco VA Health Care System; University of California San Francisco, United States*

Presenter: **Ryan Holliday**, PhD*, Rocky Mountain MIRECC for Suicide Prevention, United States*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Clinical trials and clinical practice reviews have described the benefits of trauma-focused evidence-based psychotherapies (TF-EBP) for posttraumatic stress disorder (PTSD). However, patients and some clinicians express concern regarding TF-EBP risks. Although studies often assess severe risks (e.g., suicide), other risks (e.g., symptom worsening) are less commonly reported. This symposium includes presentations from four clinician-researchers to quantify and address risks associated with TF-EBP. First, we will discuss rates of adverse events associated with multiple TF-EBPs and non-trauma-focused therapy across seven clinical trials (n=1,633). Next, we will discuss a comparison of the risk of increased substance use cravings between TF-EBP and non-trauma-focused therapy for veterans with comorbid PTSD and substance use disorder (n=356). We will then describe rates and correlates of reliable PTSD symptom worsening in a national sample of veterans receiving TF-EBP in VA between 1/2018-1/2023 (n=25,768). Finally, we will provide insights from the VA Central Institutional Review Board about regulatory considerations, monitoring of risk, and ensuring safety in TF-EBP. Together, this symposium will extend our understanding of PTSD treatment by discussing the risks associated with TF-EBP, addressing an important gap in our care systems and supporting accurate informed consent.

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

BARRIERS AND FACILITATORS IN ESTABLISHING CLINICAL PROGRAMS AND INTERVENTIONS IN MEDICAL SETTINGS
Symposia

Chair: **Sydney Timmer-Murillo**, PhD*, Medical College of Wisconsin, United States*

Presenter: **Lisa Meredith**, PhD*, RAND Corporation, United States*

Presenter: **David Reed**, PhD*, University of Washington, United States*

Presenter: **Renée El-Gabalawy**, PhD,Prof Dr*, University of Manitoba, Canada*

Presenter: **Sydney Timmer-Murillo**, PhD*, Medical College of Wisconsin, United States*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Mental health integration into medical settings can enhance standard practice to address vital trauma-related mental health needs affecting patients' overall health. Four clinician-scientists will present on studies related to implementation of trauma-focused interventions in medical settings conducted in diverse healthcare environments across the US and Canada. Dr. Meredith will focus on barriers and challenges to delivering Written Exposure Therapy for PTSD in federally qualified health centers using a collaborative care approach. Dr. Reed will discuss the use of human-centered design in understanding the challenges and benefits of delivering a mindfulness- and meaning-based stepped care intervention for co-occurring PTSD and chronic pain in primary care. Dr. El-Gabalawy will present the feasibility of a novel preoperative virtual reality prototype for stress reduction and trauma prevention in patients undergoing cancer surgery. Dr. Timmer-Murillo will focus on the application of human-centered design in identifying the needs and barriers of medical staff at trauma centers in using trauma-informed care to inform a targeted training program. Through innovative, collaborative multi-methods, the presenters will discuss barriers and facilitators of leveraging medical settings to enhance access to trauma-focused mental health care. This symposium centers both individual and systems-level interventions that have the potential for global impact.

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

INTERSECTIONS OF TRAUMA AND MINORITY STRESS: A MULTI-METHOD APPROACH TO UNDERSTANDING RISKS, COPING, AND HEALING IN SEXUAL AND GENDER MINORITY COMMUNITIES
Symposia

Chair: **Jillian Scheer**, PhD*, United States*

Presenter: **Tristin Chipman**, MSW*, Georgia State University, United States*

Presenter: **Kriti Behari**, MA,MS*, Syracuse University, NY, United States*

Presenter: **Joonwoo Lee**, MEd*, University of Wisconsin - Madison, United States*

Presenter: **Jillian Scheer**, PhD*, United States*

Discussant: **Debra Kaysen**, PhD*, Stanford University, United States*
Track Public Health
Primary Program Type Culture/Diversity
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Despite growing research on trauma and minority stress among sexual and gender minority people, gaps remain in understanding their intersections through risk and

resilience frameworks, especially among underrepresented subgroups including sexual minority women (SMW) and transgender and gender-diverse (TGD) individuals. This symposium addresses these gaps by presenting novel findings across four presentations, integrating cross-sectional analyses, momentary and long-term processes, and lived experiences through qualitative methods. These studies examine both risk factors contributing to health disparities and strengths that foster resilience in these populations, offering insights into: 1) whether prior victimization and intersectional identities shape risk for sexual violence among TGD college students across two minority-serving universities (Presentation 1); 2) whether the association between minority stressors and dissociation operates within individuals over time, and if this association is affected by characteristics of past experiences of trauma among SMW and TGD people (Presentation 2); 3) how trans identity can serve as a transformative force in healing from parental trauma among trans and nonbinary adults (Presentation 3); and 4) whether trauma and minority stressors influence long-term mental health and substance use trajectories among SMW people (Presentation 4). Together, these findings underscore the need for structural interventions, affirmative and trauma-informed care, and community-based supports that mitigate risk factors and promote resilience in this population.

4:45 p.m. - 6:00 p.m.
"ALL THE LONELY PEOPLE": CONFRONTING THE BURDEN OF LONELINESS TO PROMOTE TRAUMA RECOVERY
Symposia

Chair: **Lauren Sippel**, PhD, *US Department of Veterans Affairs, United States*
Presenter: **Elizabeth Alpert**, PhD, *National Center for PTSD, Women's Health Sciences Division at VA Boston Healthcare System; Boston University Chobanian and Avedisian School of Medicine, United States*

Presenter: **Rachel Dekel**, PhD, *Bar-Ilan University, Israel*

Presenter: **Emma Read**, BS, *United States*

Presenter: **Lauren Sippel**, PhD, *US Department of Veterans Affairs, United States*

Discussant: **Suzannah Creech**, PhD, *The University of Texas at Austin/VA, United States*
Track Assessment and Diagnosis
Primary Program Type Clinical Intervention/Research
Presentation Level Introductory
Region Industrialized Countries
Population Type Adult
Abstract Body Loneliness is associated with negative health outcomes and early mortality, whereas stronger social connection promotes resilience and stress recovery. In 2023 the United States (US) Surgeon General called for action to address the epidemic of loneliness that is negatively impacting individual and community health. Yet, little is known about how loneliness impacts the course of recovery after trauma among at-risk populations, and which aspects of connection may be the most valuable intervention targets.

An international group of investigators will present evidence to help fill these gaps in knowledge. Dr. Liza Alpert will present findings from a national sample of US military veterans showing that loneliness uniquely contributes to symptoms of PTSD, depression, and suicidality beyond availability of social support. Dr. Lauren Sippel will present data showing that US veterans who are experiencing loneliness have poorer response to outpatient PTSD

treatment. Ms. Emma Read will describe results showing that, among partnered caregivers, receiving less support from intimate partners than desired is associated with less reduction in PTSD symptoms over time—but only among men. Dr. Rachel Dekel will present qualitative analyses of the experiences of Israeli women veterans upon post-deployment reintegration as they pertain to social support and connectedness. Dr. Suzannah Creech, an expert in interpersonal factors in mental health trajectories and treatment, will synthesize findings and discuss how investigators and clinicians can leverage and explore frontiers of loneliness and connectedness in trauma recovery.

4:45 p.m. - 6:00 p.m.
ADDRESSING THE IMPACT OF TRAUMA ON DISADVANTAGED YOUNG PEOPLE: FROM NEEDS TO ACTION
Symposia

Chair: **Stephanie Lewis**, PhD*, King's College London, United Kingdom*
Presenter: **Ilse Visser**, MSc*, Amsterdam UMC, University of Amsterdam, Amsterdam*

Presenter: **Stephanie Lewis**, PhD*, King's College London, United Kingdom*

Presenter: **Rachel Hiller**, PhD*, University College London, Division of Psychology and Language Sciences, United Kingdom*

Presenter: **Kelly Kinnish**, PhD*, United States*

Track Child and Adolescent Trauma
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Global
Population Type Child/Adolescent
Abstract Body Young people from disadvantaged backgrounds commonly experience interpersonal trauma, which conveys an especially high risk of mental health problems. This symposium presents research from across the world by four clinician-researchers/researchers, investigating the mental health needs of young people exposed to interpersonal trauma and those from disadvantaged backgrounds. The first talk presents a new seminal meta-analysis of the prevalence of PTSD in trauma-exposed children and adolescents, highlighting the particularly high mental health needs of young people exposed to interpersonal traumas. The second talk presents research using innovative methods to quantify gaps in healthcare (diagnosis) provision for young people with PTSD, revealing that high needs are often unmet by mental health services. The third talk presents mixed-methods longitudinal research with children and teens in the child welfare system, exploring drivers of high needs and healthcare gaps in this group. The final talk presents the development of mental health treatment guidelines for youth who have experienced trafficking – based on a literature review, listening sessions, and a national survey – synthesising best evidence to most effectively meet the needs of this group. Discussions will focus on meaningful advances in understanding the mental health needs of disadvantaged young people, challenges in addressing these needs, and pragmatic steps to provide evidence-based care in clinical practice.

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

TRAUMA EXPOSURE AND MENTAL HEALTH EXPERIENCES ACROSS THE REPRODUCTIVE LIFESPAN
Symposia

Chair: **Anna Barbano**, PhD*, National Center for PTSD, Women's Health Sciences Division, United States*

Presenter: **Anna Barbano**, PhD*, National Center for PTSD, Women's Health Sciences Division, United States*

Presenter: **Jordan Thomas**, PhD*, University of Kansas, United States*

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

Presenter: **Mary Carson**, MS*, United States*

Discussant: **Suzanne Pineles**, PhD*, Boston VA Healthcare Syst, United States*
Track Public Health
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Women are at high risk for trauma exposure, and mental health sequelae of trauma, including posttraumatic stress disorder (PTSD), can be complicated by interactions with reproductive transitions (e.g., pregnancy, menopause) and conditions (e.g., pelvic pain). Further, most work has focused on pregnancy, limiting understanding of trauma and reproductive health outside this context. This symposium will explore trauma exposure, related psychopathology, and health across the reproductive lifespan—including during the reproductive-aged years in pregnant and non-pregnant women and in midlife. These talks consider Criterion A events, as well potentially traumatic stressors (e.g., harassment)—including those linked with reproduction (e.g., childbirth). In sampling both veterans and non-veterans during different reproductive windows, this work sheds light on how traumatic stress intersects with women's health—in service of informing trauma-focused interventions at various reproductive stages. The first talk will describe relationships between trauma, chronic pelvic pain, and menstrual pain in veterans. The subsequent two talks will present associations between childbirth and perinatal mental health, including the impact of both childbirth-related events (e.g., preterm delivery) and subjective adverse delivery experiences on postpartum psychopathology. The final talk will discuss workplace sexual harassment, sleep, and menopause symptoms in midlife. A discussant will facilitate conversation on bidirectional links between trauma-related distress and reproductive health across the lifespan.

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

THE ADVANCEMENT OF MORAL INJURY IN THE DSM: BACKGROUND AND IMPLICATIONS OF THE EXPANDED Z-CODE "MORAL, RELIGIOUS, SPIRITUAL PROBLEM"
Panel

Seth Mattson*, Tyler VanderWeele, Richard Cowden, Francis Lu, Lindsay Carey, Harold Koenig

Chair: **Seth Mattson**, MD

Presenter: **Seth Mattson**, MD*, United States*

Presenter: **John Peteet**, MD*, Brigham and Women's Hospital, Harvard Medical School, United States*

Presenter: **Jennifer Wortham**, Other*, Harvard University, United States*

Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Intermediate
Region Industrialized Countries
Population Type Mental Health Professionals
Abstract Body: A new expanded diagnostic category entitled "Moral, Religious, or Spiritual Problem" has recently been included in the DSM-5-TR as a Z-code under "Other Conditions That May Be a Focus of Clinical Attention". In this session, the authors of the DSM Proposal that led to the Z-code expansion to include "Moral Problems" will provide background into the multi-year and multi-disciplinary effort leading to the DSM submission. Presenters will discuss how moral problems, which may include moral injury, distress, and dilemmas, are connected in a novel "moral problems" spectrum, which captures the shared experience of transgression to an individual's moral integrity. Conceptual and empirical connections among moral, religious, and spiritual problems will be discussed. Various differential diagnostic issues are raised related to this expanded Z-code such as between PTSD, as well as potential implications for clinical practice, public health, and future research. Following the presentation, an expert discussant in the field of moral injury will present a clinical case in which the Z-code may be applied, as well as dialogue with the presenters and audience regarding implications for the future of moral injury research in relations to assessment/diagnosis and treatment. Questions regarding the nature of the specifics of the DSM proposal will also be answered by the presenters.

4:45 p.m. - 6:00 p.m.
CAPTURING THE MOMENT: LEVERAGING ECOLOGICAL MOMENTARY ASSESSMENT TO ILLUMINATE WITHIN-INDIVIDUAL PROCESSES AND ENHANCE CLINICAL INTERVENTIONS FOR POSTTRAUMATIC STRESS
Symposia

Chair: **Esther Howe**, MA*, University of Washington, United States*

Presenter: **Talya Greene**, PhD, MPH*, University College London, United Kingdom*

Presenter: **Hope O'Brien**, MPH, MSW, PhD*, Phoenix Australia, University of Melbourne, Australia*

Presenter: **Noam Newberger**, MA*, University of Rhode Island, United States*

Presenter: **Esther Howe**, MA*, University of Washington, United States*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Despite concerns, most of the extant literature on the psychological processes underlying posttraumatic stress (PTS) pathogenesis relies on trait self-report measures, which

focus on differences between individuals, neglecting to account for differences within individuals. Ecological momentary assessment (EMA) methodologies allow more granular investigation into within- and between-person relationships between PTS symptoms and accompanying psychological processes. The present symposium highlights four different approaches leveraging EMA to elucidate these relationships, all with an aim of providing clinically actionable information to improve interventions. First, Dr. Talya Greene will present on changes in daily affect, cognitions, and PTS symptoms following a novel treatment, the Processing of Positive Memories Technique. Next, Dr. Hope O'Brien will discuss the link between beliefs about the malleability of emotions and emotion regulation strategy use, showing evidence for fixed beliefs as a fruitful intervention target for PTS. Noam Newberger, MA will then discuss variations in PTS symptom dynamics according to substance use behavior, and Esther Howe, MA will present on variations in PTS symptom dynamics based on EMA sampling rate, proximity to potentially traumatic event exposure, and PTS symptom severity. Taken together, these presentations offer empirical evidence for how PTS symptoms are experienced over time, as well as insights into using EMA as a methodology to model such dynamic processes.

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

TRAUMA EXPOSED STUDENTS: FINDINGS FROM THE LIVED EXPERIENCES USING RINGS STUDY (LEMURS), A LONGITUDINAL STUDY
Symposia

Chair: **Matthew Price**, PhD*, University of Vermont, United States*

Presenter: **Jennifer Ha**, MA*, The University of Vermont, United States*

Presenter: **Julia Kim**, BA*, The University of Vermont, United States*

Presenter: **Natalie Noble**, BA*, United States*

Presenter: **Johanna Hidalgo**, BS*, United States*

Discussant: **Ateka Contractor**, PhD*, Univ of North Texas, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body College is a critical transition period characterized by elevated risk for mental health disorders, particularly for those who have experienced assaultive trauma. This symposium presents findings from the Lived Experiences Using Rings Study (LEMURS), an EMA-based longitudinal study of over 350 undergraduate students during the course of an entire academic year. Over half of the participants identified as members of the LGBTQ+ community. Presentations explore trajectories of internalizing symptoms, key risk and protective factors, and prevention strategies for students previously exposed to physical and/or sexual trauma. The first presentation highlights the instability of depression and anxiety symptoms in students with assaultive trauma, emphasizing the need for adaptive mental health interventions. The second explores the protective role of gratitude, demonstrating its long-term benefits in reducing depression among trauma-exposed students. The third presentation investigates how coping mechanisms impact internalizing symptoms among LGBTQ+ students, underscoring the buffering effects of spending time outside among those with assaultive trauma. The final presentation evaluates a digital Light Touch Prevention Intervention that supports wellness practices through passive sensing, finding

promising reductions in substance craving and improvements in sleep continuity. Collectively, these studies provide insights into the mental health needs of trauma-exposed students and inform targeted intervention strategies that foster well-being and resilience in this population.

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

Paper Session 3

PREDICTING MENTAL HEALTH REFERRALS FOLLOWING ACUTE TRAUMA: PRELIMINARY EVIDENCE FOR A NOVEL RISK FACTOR BASED SCREENING TOOL
Paper Presentation

David Moore*[1], Anthony Reffi[2], Lily Jankowiak[3], Gregory Mahr[1], Christopher L. Drake[4], Jeffrey Johnson[1]

[1]*Henry Ford Hospital,* [2]*Henry Ford Health System | Center for Trauma Recovery and Sleep Research,* [3]*Henry Ford Health Thomas Roth Sleep Disorders and Research Center,* [4]*Henry Ford Health*

Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Both Adult and Child/Adolescent
Abstract Body The American College of Surgeons Committee on Trauma has issued guidelines for screening acute trauma patients at high-risk for psychological sequelae to facilitate referrals to mental health (MH) providers. Current screeners are limited in (1) their emphasis on peritraumatic distress, which may not present during inpatient admissions, and (2) their focus on predicting specific forms of psychopathology (e.g., PTSD), which may not identify risk of other impairments requiring a MH referral. This study provides initial evidence for a novel 6-item screening tool, the Postinjury Vulnerability Screening Questionnaire (P-VSQ), based on known risk factors to identify patients in need of receiving a referral to meet with a MH provider after their injury. Data on the P-VSQ were collected from 373 inpatients from an urban Level 1 trauma center after traumatic injury (M age = 46.50 y, 62% Black). Our outcome was referral to a MH provider (yes/no). P-VSQ total scores predicted a 38% increase in the odds of patients receiving a MH referral (Odds ratio [OR] = 1.38, 95% confidence interval [CI] = 1.13 – 1.67, $p < .001$). P-VSQ cutoff scores ≥ 2 were associated with a two-fold increase in the odds of patients receiving a MH referral (OR = 2.13, 95% CI = 1.36 – 3.35, $p < .001$). These effects were robust to age, length of stay, and interpersonal trauma. Preliminary data suggest the P-VSQ identifies risk factors associated with MH need among acute trauma patients, especially when they report at least two risk factors. The P-VSQ is a face valid 6-item screening tool that is simple to administer and can be readily applied to large volumes of acutely injured patients.

SLEEP AND TRAUMA ACROSS THE LIFESPAN: PREDICTORS OF NEW-ONSET INSOMNIA AMONG OLDER VETERANS

Paper Presentation

Jason DeViva*[1]**,** Elissa McCarthy[2], Joan Cook[3], Robert Pietrzak[2]

[1]*VA Connecticut Health Care System,* [2]*National Center for PTSD,* [3]*Yale School of Medicine*

Track Public Health
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Older People/Aging
Abstract Body Sleep and trauma share a complex interrelationship. Despite changes in sleep over the lifespan and the aging of the U.S. population, older U.S. veterans have largely been neglected in recent research. The current study analyzed data from the National Health and Resilience in Veterans Study, which surveyed a nationally representative sample of U.S. military veterans. The present study utilized 3-year longitudinal data from 1,331 veterans aged 60 and older (mean age = 72.6, range 60-96) without subthreshold or clinical insomnia at baseline. During the 3-year follow-up period, 19.4% of veterans developed insomnia, with 17.2% experiencing subthreshold insomnia and 2.2% progressing to clinical insomnia. Baseline predictors for the onset of subthreshold insomnia included a higher number of adverse childhood experiences, increased number of chronic medical conditions, and lower sense of purpose in life. In contrast, predictors of clinical insomnia included PTSD symptoms, specifically anxious arousal and externalizing behaviors, as well as loneliness. Greater levels of loneliness also distinguished veterans who developed clinical insomnia from those who developed subthreshold insomnia. These results suggests targets for clinical and public health interventions aimed at improving sleep and well-being among older veterans.

THE EFFECTS OF NATURAL DISASTER AND CLIMATE CHANGE ON NEURODEVELOPMENT
Paper Presentation

YOKO NOMURA*[1]

[1]*Queens College*

Track Public Health
Primary Program Type Biological/Medical
Presentation Level Advanced
Region Global
What is your population type? Mental Health Professionals
Abstract Body Background: Prenatal climate trauma caused by heat exposure mothers experience is linked to childhood behavioral problems, but the underlying endocrine mechanisms and moderating effects of air pollution remain poorly understood. This study examined how maternal exposure to heat and air pollution interact to affect child behavior through alterations in progesterone levels.
Methods: We studied 256 children from predominantly racial/ethnic minority backgrounds at NYC prenatal clinics (2009-2014). Heat exposure was determined by trimester-specific summer months (June-August), with air pollution (NO_2, $PM_{2.5}$) assessed by residence.

Outcomes included hair progesterone at age 3 and parent-reported internalizing and externalizing behaviors at ages 4-5.

Results: In high-pollution areas only, first-trimester heat exposure predicted elevated progesterone levels, which were associated with increased internalizing and externalizing problems at age 5. These effects were not observed in less polluted areas, revealing a cascading pathway from environmental exposure through hormonal dysregulation to behavioral outcomes.

Conclusion: Climate trauma through prenatal heat exposure increases child behavioral problems via disrupted progesterone regulation, particularly in high-pollution areas. This suggests lasting neurodevelopmental impacts and highlights intervention opportunities in environmentally burdened communities, especially in low- and middle-income regions globally.

COMPUTATIONAL ANALYSIS OF MULTIMODAL BEHAVIOR IN TELEHEALTH TRAUMA INTERVIEWS
Paper Presentation

Yuanyuan Yang*[1], Daiil Jun[1], Brett M. Welch[1], Joel Sprunger[2], Jeffrey M. Girard[1]

[1]*University of Kansas,* [2]*University of Cincinnati College of Medicine*

Track Assessment and Diagnosis
Primary Program Type Technology
Presentation Level Introductory
Region Central and Eastern Europe and the Commonwealth of Independent States
What is your population type? Adult
Abstract Body Observational evaluation of verbal and nonverbal behavior is a crucial part of PTSD assessment but is often subjective, expensive, and time-consuming. To begin addressing these issues, we tested whether computational measures of verbal and nonverbal behavior significantly differed between 60 treatment-seeking individuals with PTSD (patients) and 40 trauma-exposed individuals without PTSD (controls). All participants attended a telehealth session and completed a trauma narrative task and an impact statement task. We used computational tools to extract visual, vocal, and verbal behavioral features, and then compared these features between groups and tasks using multilevel regression models (while controlling for participant age and gender). Patients smiled < controls in the trauma narrative task; used a tenser voice with less pitch variability than controls, especially in the impact statement task; had more negative sentiment and a higher word count than controls; and used more first-person pronouns than controls, especially in the impact statement task. These findings suggest behavioral features can distinguish patients from controls based on task interactions. Computational approaches offer a precise way to detect and analyze behavioral patterns that therapists may struggle to quantify. This study highlights the potential for automated and accessible assessment tools.

TOWARD PRECISION MEDICINE: EXPLORING CLINICAL PATTERNS IN A NEURAL SIGNATURE OF TRAUMA AND DISSOCIATION
Paper Presentation

Juliann Purcell*[1]

[1]*McLean Hospital - Harvard Medical School*

Track Biology and Medical
Primary Program Type Biological/Medical
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Adult

Abstract Body Trauma-related dissociative symptoms (e.g., flashbacks, depersonalization, derealization, identity alteration) are difficult to assess, as they are highly subjective in nature and require specialized training for proficient assessment and diagnosis. The identification of objective, neurobiological signatures of trauma-related dissociation may supplement self-reports and, ultimately, enable the implementation of precision medicine approaches in trauma research and intervention. In fact, a promising machine learning-based neural signature of trauma-related dissociation has been recently identified in a transdiagnostic sample of treatment-seeking adults, representing an exciting step toward precision medicine. However, it is essential to understand clinical factors that may be associated with this biomarker. Therefore, we utilized artificial intelligence technology to decode patterns of psychopathology associated with this neural signature of trauma-related dissociation. Data for this investigation were drawn from a previously published work that developed a machine learning model to predict severe pathological dissociation score (obtained from the Multidimensional Inventory of Dissociation) on the basis of brain functional connectivity (i.e., a neural signature of trauma-related dissociation). Participants were 65 women all of whom had histories of childhood maltreatment and posttraumatic stress disorder and who reported varying levels of dissociation (e.g., co-occurring dissociative identity disorder). Utilizing a machine learning approach (k-means clustering) we identified 4 distinct clusters of participants who differed on key clinical variables, including distribution of diagnoses. Cluster 1 included primarily participants with PTSD (82%), clusters 2 (67%) and 3 (86%) were comprised primarily of participants with dissociative identity disorder, while cluster 4 included an even split among all diagnostic groups (i.e., PTSD, dissociative subtype of PTSD, dissociative identity disorder). Follow up analyses revealed that participants with dissociative identity disorder in cluster 3 reported higher levels of self-state intrusions, a type of experience specific to dissociative identity disorder, than those in cluster 2. Given that the distribution of diagnoses differed across the 4 clusters, we next explored patterns in the neural signature of trauma-related dissociation based on diagnostic group. The previously identified neural signature included 13 functional connections across the brain. We explored diagnostic group differences in each of the 13 functional connections. Preliminary analyses revealed group differences in the functional connectivity of several regions comprising the neural signature of trauma-related dissociation, particularly within the frontoparietal control network. Taken together, these findings indicate that the performance of the machine learning model was associated with a type of dissociation that is specific to dissociative identity disorder (i.e., self-state intrusions) and the functional connectivity of specific regions may be most contributory. Future work is necessary to fully understand the neural signature of trauma-related dissociation, including replication and extension investigations to explore its generalizability. The current study leveraged machine learning approaches to decode the neurobiological impacts of trauma-related dissociation. Ultimately, our work aims to create innovations for recovery, thereby reducing pain and suffering for those living with trauma and dissociation.

Friday, September 19, 2025

8:00 a.m. - 9:15 a.m.

Concurrent 6

8:00 a.m. - 9:15 a.m.

MORAL INJURY AND SHAME: THE IMPACT ON PTSD PRESENTATION AND TREATMENT OUTCOMES
Symposia

Chair: **Alexander Puhalla**, PhD*, Coatesville VA Medical Center, United States*
Presenter: **Kristen Walter**, PhD*, Naval Health Research Center, United States*

Presenter: **Alexander Puhalla**, PhD*, Coatesville VA Medical Center, United States*

Presenter: **Daniel Szoke**, PhD*, Rush University Medical Center, United States*

Presenter: **Kathleen Chard**, PhD*, Cincinnati VAMC, United States*

Discussant: **Candice Monson**, PhD*, Toronto Metropolitan University, Canada*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Moral Injury is a complex construct that has been defined in several different ways to date. At its core, Moral Injury is a cognitive-affective response to a specific set of traumas that cause significant dissonance between what one has done or seen and their own moral values. While Moral Injury has primarily been examined in relation to combat trauma, which often place military personnel in situations that they may behave in contradiction to their own morals, it can include other types of traumas where civilians, military personnel, and veterans had to witness or behave against their core morals (e.g., witnessing acts of violence as a police or fire-fighter, inability to protect a child from severe physical abuser, and etc.). One of the main components of Moral Injury is a shift in how an individual views themselves, which often includes strong negative self-evaluations about their character due to what they had to do or see (e.g., "I must be a monster if I did that"). With this greater emphasis on Moral Injury, it is pressing to determine how those who experience Moral Injury respond to evidence-based psychotherapies (EBPs) for PTSD, as well as how they may differentially respond to shame, since it is a core component of Moral Injury. The current symposium will explore the effects of Moral Injury on PTSD symptom presentation (Dr. Walter), how shame is psycho-physiologically experienced among veterans with a high probability of Moral Injury (Dr. Puhalla), and how EBPs for PTSD effect negative post-traumatic cognitions (Dr. Szoke) and negative self-evaluative emotions (Dr. Chard) among those with greater levels of Moral Injury.

8:00 a.m. - 9:15 a.m.

METHODOLOGICAL ADVANCES IN MEASURING AND ASSESSING SEXUAL VIOLENCE
Symposia

Chair: **Wenqi Zheng**, MS, *United States*
Presenter: **Elizabeth Neilson**, MSW,MPH,PhD, *University of Missouri- Kansas City, United States*

Presenter: **Genevieve Jessen**, BS, *The University of Texas At El Paso, United States*

Presenter: **Zoe Peterson**, PhD, *United States*

Presenter: **Wenqi Zheng**, MS, *United States*

Track Mode, Methods and Ethics
Primary Program Type Research Methodology
Presentation Level Intermediate
Region Global
Population Type Adult
Abstract Body Sexual violence research faces persistent challenges in measurement and data interpretation. Under-disclosure by both victims and perpetrators limits the validity of self-reported experiences, often due to response biases, linguistic framing, and confidentiality concerns. Traditional methods may also overlook gendered differences and individual variabilities. Refining measurement tools and integrating innovative analytical techniques can help address these issues and provide complementary perspectives to existing approaches. This symposium presents four studies tackling these challenges. Two presentations focus on disclosure enhancement: one studies how data-sharing policies affect sexual assault disclosure, finding anonymized data sharing aligns with survivors' comfort and minimally affects disclosure patterns. The other explores how linguistic framing influences self-reported sexual aggression perpetration, showing "forgiving language" increases endorsement rates.

The other two apply established but underutilized analytical approaches: The first uses Differential Item Functioning Analysis to uncover gender-related measurement inequivalence in technology-facilitated sexual violence, accounting for response bias. The other applies Latent Profile Analysis to identify personality-based risk profiles, providing a person-centered approach to understanding cyber dating abuse.

Together, these presentations demonstrate how methodological advances can improve disclosure accuracy, refine measurement validity, and provide new insights into research on sexual violence.

8:00 a.m. - 9:15 a.m.

TREATMENT OF PTSD IN PRIMARY CARE: ADDRESSING BARRIERS TO TREATMENT ACCESS
Symposia

Chair: **Selime Salim**, PhD, *Stanford University, United States*
Presenter: **Kyle Possemato**, PhD, *VA Center for Integrated Healthcare, United States*

Presenter: **Rebecca Sripada**, PhD, *University of Michigan, United States*

Presenter: **Sarah Valentine**, PhD, *Boston University School of Medicine, United States*

Presenter: **Debra Kaysen**, PhD*, Stanford University, United States*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Most people with current PTSD do not receive specialty mental health treatment. PTSD is highly prevalent among primary care patients especially in publicly-funded clinics. Thus, providing PTSD treatments in primary care settings is one way to address barriers to treatment access. Further, developing brief, scalable, and low-intensity interventions is critical for facilitating provider and health system's capacity for meeting the treatment needs of all patients. First, Dr. Sripada will present results from interviews conducted with therapists and administrators at Federally Qualified Health Centers (FQHC) on the strengths and weaknesses of a stepped-care model to treat PTSD being developed as part of a hybrid effectiveness-implementation trial. Next, Dr. Possemato will share results on implementation and patient outcomes from a 1-year pilot implementation project of Clinician-Supported PTSD Coach, an evidence-based brief intervention delivered in Veterans Affairs (VA) primary care. In line with research focused on stepped-care models, Dr. Valentine will present results from a randomized trial among primary care patients who received either brief clinician- or web-administered Skills Training in Affective and Interpersonal Regulation (STAIR) for PTSD. Finally, Dr. Kaysen will present results from a pragmatic comparative effectiveness trial of Written Exposure Therapy as compared to SSRI's delivered in primary care across FQHCs and VAs. The symposium will highlight novel approaches to increase access to evidence-based PTSD care.

8:00 a.m. - 9:15 a.m.

INTERVENTIONS AND ASSESSMENT OF WELL-BEING IN POPULATIONS EXPOSED TO TRAUMA
Symposia

Chair: **Allison Metts**, PhD*, VISN 17 Center of Excellence for Research on Returning War Veterans, United States*
Presenter: **Dawne Vogt**, PhD*, VA Boston Health Care System, United States*

Presenter: **Jennifer Wachen**, PhD*, National Center for PTSD, United States*

Presenter: **Tara Galovski**, PhD*, National Center for PTSD, United States*

Presenter: **Suzannah Creech**, PhD*, The University of Texas at Austin/VA, United States*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Well-being is an important construct to consider along with traumatic distress, including post-traumatic stress disorder (PTSD), as it can protect from the onset of symptoms and impairment following exposure to traumatic events. Well-being is also a key intervention target beyond trauma symptoms and a critical outcome for PTSD treatment, as improved well-being is often a treatment goal. Despite this, there is a lack of assessments and interventions that focus on well-being among trauma-exposed populations. This symposium

addresses this crucial service gap by presenting research on well-being's role in stressor response and the impact of diverse intervention approaches on well-being in populations at risk for trauma exposure. Dr. Metts will serve as chair and introduce speakers. First, Dr. Vogt will present findings demonstrating how pre-trauma well-being confers resilience against PTSD following traumatic events. Next, Dr. Wachen will discuss well-being outcomes from a non-inferiority randomized controlled trial examining massed cognitive processing therapy for combat-related PTSD. Subsequently, Dr. Galovski will present results from a novel peer support program for women veterans, which has demonstrated positive impacts on social well-being. Last, Dr. Creech will discuss her work on adapting and piloting a well-being intervention that relies on peer support, Stress First Aid, for frontline harm reduction workers who encounter stressors while fighting the opioid crisis. Presentations highlight well-being's role in improving our understanding, prevention, and treatment of trauma-related distress.

8:00 a.m. - 9:15 a.m.

ACUTE STRESS REACTIONS IN THE REAL WORLD: INNOVATION IN ASSESSMENT AND INTERVENTION
Symposia

Chair: **Amy Adler**, PhD, *WRAIR, United States*

Presenter: **Emily Lowery-Gionta**, PhD, *United States*

Presenter: **Samuel McLean**, BS, MD, MPH, *UNC Chapel Hill, United States*

Presenter: **Andreas Nordstrand**, PhD, *Norwegian Armed Forces, Norway*

Presenter: **Meredith Bucher**, PhD, *UNC Chapel Hill, United States*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Introductory
Region Industrialized Countries
Population Type Adult
Abstract Body Acute stress reactions are a critical but often neglected topic in understanding individual response to trauma. Although not a diagnosable condition, acute stress reactions are associated with various transient symptoms of distress and inability to function. They are also linked to subsequent health difficulties. By integrating findings from preclinical models, clinical models, and newly developed interventions, this symposium demonstrates how clinical researchers are developing creative solutions as they move from the lab to applications in the real world. The first presentation features preclinical research used to identify candidate pharmacological interventions for acute stress. The second presentation reports on research being conducted as part of a trauma center emergency department (ED)-based network. These studies are being used to assess promising medication interventions in acutely stressed individuals presenting to emergency departments. The third presentation reports on an evaluation of iCOVER training, a rapid, peer-based in intervention for acute stress. This evaluation is being conducted by a Norwegian-US team working with Ukrainian medics. Finally, a version of iCOVER adapted for the civilian context is being tested in a randomized controlled trial in several emergency departments nation-wide. Early findings are provided and highlight the link between acute stress and cognitive functioning. Collectively, these projects advance the field's approach to addressing acute stress across the globe.

8:00 a.m. - 9:15 a.m.

HOW TO GET PUBLISHED IN THE JOURNAL OF TRAUMATIC STRESS
Panel

Denise Sloan*

Chair: **Denise Sloan**, PhD, *National Center for PTSD, VA Boston Healthcare System and Boston University Chobian and Avedisian School of Medicine*
Presenter: **Denise Sloan**, PhD, *National Center for PTSD, VA Boston Healthcare System and Boston University Chobian and Avedisian School of Medicine, United States*

Presenter: **Ginny Sprang**, PhD, *Univ of Kentucky, United States*

Presenter: **Matthew Yalch**, PhD, *Palo Alto University, United States*

Track Professionals
Primary Program Type Global Issues
Presentation Level Introductory
Region Global
Population Type Mental Health Professionals
Abstract Body: The Editor and Associate Editors will be present in this panel. The panelists will provide general information about the type of manuscripts published by the Journal of

Traumatic Stress, as well as provide guidance regarding how to increase success in having a manuscript accepted for publication. Information will also be provided regarding journal acceptance rates, average time to receive a decision letter, and average time from acceptance of a manuscript to publication. After the presentation portion, the panelist will solicit questions from attendees and answer questions attendees have regarding the submission and review process of the journal.

8:00 a.m. - 9:15 a.m.

OPTIMIZING TRAUMA RESPONSE MEASURES FOR CLINICAL AND RESEARCH USE
Symposia

Chair: **Kathryn Macia**, PhD, *VA Palo Alto Health Care System, United States*
Presenter: **Kathryn Macia**, PhD, *VA Palo Alto Health Care System, United States*

Presenter: **Danielle Morabito**, MS, *Florida State University, United States*

Presenter: **Lynn Waelde**, PhD, *Palo Alto Univ, United States*

Presenter: **Eve Carlson**, PhD, *National Center for PTSD, United States*

Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Despite the numerous measures developed to assess impacts of trauma, limitations in their usefulness persist. Clinical cut scores are sometimes unavailable or may not be applicable in clinical settings; measures are too long, narrowly focused, or burdensome for clinical use. The four studies in this symposium focus on optimizing trauma response

measures for clinical and research use by improving diagnostic accuracy, clinical relevance, and measurement efficiency. Macia will discuss optimal cut scores for the PTSD Checklist for DSM-5 (PCL-5) in clinical care including how they compare to cutoffs in other settings and common definitions of probable PTSD. Morabito will discuss the value of adding a cut score for the Brief Inventory of Psychosocial Functioning (B-IPF) to help determine PTSD diagnosis in terms of increased diagnostic accuracy relative to added assessment burden. Waelde will describe cut scores to identify elevated trauma-related dissociation using the Dissociative Symptoms Scale (DSS; full 20-item and brief 8-item versions) using four clinical and three community samples. Carlson will present psychometric analyses and a brief version of a broad measure of posttraumatic symptoms that reduces clinical and research assessment burden. Together, the presenters will demonstrate improvements to diverse measures of trauma response that can be directly applied to real-world clinical and research settings.

8:00 a.m. - 9:15 a.m.

DRIVERS OF RACIAL INEQUITIES IN YOUTH SUBSTANCE USE, EXPOSURE TO VIOLENCE AND TRAUMA
Panel

Denise Hien*, Adriana Espinoza

Chair: **Denise Hien**, PhD, *Rutgers University*
Presenter: **Carolyn Sartor**, PhD, *Rutgers Institute for Health, Health Care Policy and Aging Research, United States*
Presenter: **Jordan Gette**, PhD, *United States*
Presenter: **Alexandria Bauer**, PhD, *Rutgers University, United States*
Presenter: **Chantel Ebrahimi**, MA, *The New School, United States*
Presenter: **Lissette Saavedra**, *RTI, United States*

Track Child and Adolescent Trauma
Primary Program Type Prevention/Early Intervention
Presentation Level Intermediate
Region Industrialized Countries
Population Type Child/Adolescent
Abstract Body: Youth substance misuse is closely linked to traumatic stress and adverse childhood experiences (ACEs). This panel brings together researchers across national institutions to examine how trauma and chronic stress—exacerbated by systemic inequities—drive substance use risks among youth. Panelists will present findings from national and local datasets: Dr. Carolyn Sartor (Rutgers University) analyzes data from the ABCD Study (N = 7,632) to explore how witnessing violence predicts alcohol and cannabis expectancies, considering neighborhood (dis)advantage and race/ethnicity. Drs. Jordan Gette and Adriana Espinosa (University of Kansas, City College of NY) examine NESARC-III data (N = 36,309) to assess how childhood trauma and early cannabis use impact later substance use, with attention to racial differences. Dr. Alexandria Bauer (Rutgers University) integrates NJ needs assessment data (N = 368) and census data to explore community-level indicators and access to resources in relation to mental health. Dr. Chantel Ebrahimi (New School for Social Research) investigates PTSD symptoms as a pathway linking racism to polysubstance use

among Black American emerging adults (N = 220). Dr. Lissette Saavedra (RTI International) uses a community-based participatory approach to evaluate outcomes and costs of a telemental health program for trauma-exposed rural Latinx youth (N = 208). Moderated by Dr. Denise Hien (Rutgers University), this panel will engage participants in a discussion on the implications, research challenges, and future directions for addressing trauma, substance use, and their social determinants.

8:00 a.m. - 9:15 a.m.

UTILIZING NOVEL METHODS AND POPULATIONS TO ADVANCE OUR UNDERSTANDING OF THE EFFECTS OF TRAUMA ON PARENTING
Symposia

Chair: **Maria Galano**, PhD*, University of Massachusetts Amherst, United States*

Presenter: **Molly Franz**, PhD*, University of Maryland, United States*

Presenter: **Sara Stein**, MSW, PhD*, University of Michigan, United States*

Presenter: **Kristin Howell**, BA*, University of Massachusetts Amherst, United States*

Presenter: **Maria Galano**, PhD*, University of Massachusetts Amherst, United States*

Track Public Health
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body There is substantial evidence that caregiver trauma and traumatic stress can undermine parenting, becoming a mechanism by which the effects of trauma are transmitted from one generation to the next. Yet, recent reviews of this topic have identified several limitations to the current literature on trauma and parenting. Specific areas for further research include a focus on the need for research that: focuses on resilience and strength, prioritizes diverse populations of parents, and utilizes longitudinal and non-self-report measures. Each of the presentations in this symposium addresses at least one of these limitations in the literature on trauma and parenting. Franz utilizes longitudinal data to investigate the impact of PTSD on observed parenting of infant children. Stein explores the impact of emotion dysregulation on feeding to soothe among a racially diverse sample of traumatized parents of 2.5-year-olds. Howell investigates the impact of intimate partner violence on father involvement with their preschool-age children among socioeconomically diverse families. Galano utilizes qualitative methods to explore both positive and negative aspects of parental socialization of preschoolers among caregivers with histories of trauma. Notably, these presentations all focus on the effects of trauma on parents of young children, a time where the intergenerational effects of trauma are more pronounced.

8:00 a.m. - 9:15 a.m.

FEATURED SESSION: GLOBAL CHALLENGES AND CONSEQUENCES RELATED TO MASS VIOLENCE AND DISPLACEMENT
Symposia

Chair: **Jana Javakhishvili**, Prof, PhD*, ILia State University, Georgia*
Presenter: **Cherie Armour**, PhD*, Queens University Belfast, United Kingdom*

Presenter: **Larysa Zasiekina**, PhD*, Lesya Ukrainka Volyn National University, Ukraine*

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

Presenter: **David Pedlar**, PhD*, University of Ottawa Institute for Mental Health Research at the Royal, Canada*

Track Mass Violence and Migration
Primary Program Type Global Issues
Presentation Level Intermediate
Region Global
Population Type Adult
Abstract Body This symposium explores innovative approaches to mental health care for individuals affected by war and political oppression, with a focus on trauma, comorbidity, moral injury, and digital interventions. The presentations examine how PTSD, depression, and anxiety often coexist in trauma-exposed populations, with network analysis showing that sleep difficulties and depression serve as central connections between these conditions, highlighting the need for targeted interventions.
The issue of moral injury in war-affected young adults is also explored, emphasizing how factors like gender, adverse childhood experiences, and social support shape mental health outcomes. These findings underline the need for interventions tailored to the specific needs of young individuals in conflict zones.

Additionally, the symposium addresses digital mental health interventions, showcasing the effectiveness of trauma-informed services for individuals living under political oppression. This digital approach demonstrates the potential for technology to provide vital mental health support in repressive environments.

Lastly, the Superminds Program highlights the importance of sustained aftercare for persons with war related amputation and their families, emphasizing long-term recovery through structured, research-based support. Together, these presentations stress the need for integrated, adaptable interventions to address the complex realities of trauma and mental health.

8:00 a.m. - 9:15 a.m.

Paper Session 4

PREVENTING INTERGENERATIONAL TRAUMA THROUGH FAMILY-BASED INTERVENTION IN POST-GENOCIDE RWANDA
Paper Presentation

Candace Black*[1], Gabriela Phend[1], Jean Marie Vianney Havugimana[2], Vincent Sezibera[3], Theresa S. Betancourt[1]

[1]*Boston College,* [2]*FXB Rwanda,* [3]*University of Rwanda*

Track Child and Adolescent Trauma
Primary Program Type Prevention/Early Intervention
Presentation Level Intermediate
Region Eastern and Southern Africa

What is your population type? Both Adult and Child/Adolescent
Abstract Body Objective: Since the civil war and genocide ended in Rwanda, strong governance and political will have helped to alleviate poverty and strengthen social protection but some gaps remain, especially in rural areas. In partnership with the Rwandan Government, we scaled delivery of an evidence-based intervention (EBI), Sugira Muryango (SM), to promote early child development and prevent violence in families with children under three.
Method: A hybrid Implementation-Effectiveness study assessed the PLAY Collaborative implementation strategy while reaching 10,000 households across three Rwandan Districts. An embedded trial tested effectiveness in N=538 households immediately post-intervention and one year later.

Results: Post-intervention, home environments improved (d=0.20, 95% CI: 0.04-0.36), stimulating activities increased (e.g., singing, playing; d=0.26, 95%CI: 0.07-0.46), and fathers were more engaged in caregiving (IRR=1.18, 95%CI: 1.03-1.37). Caregivers reduced deprivation-based discipline (OR=0.34, 95%CI: 0.14-0.82) and increased dietary diversity (d=0.36, 95%CI: 0.07-0.66), while also experiencing fewer symptoms of anxiety and depression (d=-0.13, 95%CI: -0.26- -0.01). One year later, caregivers maintained provision of stimulating activities (d=0.38, 95% CI: 0.15-0.61) and involvement of children in daily activities (d=0.34, 95%CI: 0.14-0.55).

Conclusions: SM significantly improved caregiver provision of stimulating care immediately post-intervention and one year later. Additional research is needed to improve EBI fit with the implementation context to strengthen impact.

INTERGENERATIONAL PATHWAYS BETWEEN POST-WAR CAREGIVER DEPRESSION AND OFFSPRING MENTAL HEALTH: RESULTS FROM A 23-YEAR LONGITUDINAL STUDY IN SIERRA LEONE
Paper Presentation

Leila Dal Santo*[1]**,** Wijnand Van Den Boom[1], Matias Placencio-Castro[1], Theresa S. Betancourt[1]

[1]*Boston College*

Track Child and Adolescent Trauma
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region West and Central Africa
What is your population type? Both Adult and Child/Adolescent
Abstract Body Research has shown that parental post-war depression and anxiety influence offspring mental health, both directly and indirectly via parenting behaviors. To date, however, most studies have been cross-sectional, limiting the ability to establish directional relationships. This study explored pathways between post-war caregiver's PTSD and depression and offspring mental health, leveraging data from a 23-year longitudinal study of war-affected youth (now parents) in Sierra Leone. Structural equation modeling was used to explore temporal relationships between war experiences, economic hardship, PTSD, and

depression across three data waves (2008-2024) among 106 war-affected parents. At wave 3, regressions were fitted to assess the mediating role of parental acceptance-rejection on externalizing, internalizing, social, and attention problems among 169 offspring. Fit statistics suggested good model fit (RMSEA=0.057, CFI=0.93, TLI=0.89). An association between prior war exposure and economic hardship was observed at wave 1. Economic hardship was a salient risk factor for PTSD at all three waves and for depression at waves 1 and 2. At wave 3, depression scores were associated with parenting behavior (β=0.19, p=0.01), which in turn was associated with each child outcome at the $p < 0.05$ level (β ranging from 0.15 for internalizing to 0.25 for attention problems). Our findings highlight the long-term mental health consequences of post-war hardship on war-affected parents in Sierra Leone, underscoring the interplay between economic precarity and depression over time, and ultimately, offspring mental health.

FAMILY ENVIRONMENT AND INTERNALIZING PROBLEMS AMONG DE-INSTITUTIONALIZED CHILDREN INAZERBAIJAN: INSIGHTS FROM STRUCTURAL EQUATION MODELING
Paper Presentation

Kamran Salayev*[1]**,** Leyla Ismayilova[2], Linyun Fu[2], Shu-Hsiang Wang[2], Emma Heidorn[2]

[1] *Boston Children's Hospital,* [2]*Crown Family School of Social Work, Policy, and Practice, The University of Chicago*

Track Child and Adolescent Trauma
Primary Program Type Prevention/Early Intervention
Presentation Level Intermediate
Region Central and Eastern Europe and the Commonwealth of Independent States
What is your population type? Child/Adolescent
Abstract Body Objective: Over one million children in post-Soviet and Central/Eastern Europe (CEE/CIS) live in institutional care. Many face elevated mental health risks due to the trauma of separation and limited support. Efforts to reunite families have become widespread, yet reunifications often expose children to poor socio-economic conditions at home. This study explores how family environments influence children's internalizing problems.
Methods: This NIH-funded clinical trial recruited 436 caregiver-child dyads transitioning from institutional care to family settings in Azerbaijan. Data were collected using child and caregiver-reported surveys. Structural equation modeling (SEM) was employed to examine the relationships between economic deprivation, parental distress, harsh parenting, and children's internalizing problems. Internalizing problems were measured through depressive symptoms, PTSD symptoms, and emotional and peer difficulties.

Results: SEM analysis revealed that family economic deprivation was positively associated with parental stress ($\beta = 0.41$, $p < 0.001$). Elevated parental stress was then linked to harsher parenting practices ($\beta = 0.66$, $p < 0.001$), which in turn were positively associated with child internalizing problems ($\beta = 0.38$, $p < 0.01$). Internalizing problems were further significantly predicted by depressive symptoms ($\beta = 0.68$, $p < 0.001$), PTSD symptoms ($\beta = 0.62$, $p < 0.001$), and emotional and peer problems ($\beta = 0.31$, $p < 0.001$). Economic deprivation and parental stress did not exhibit direct pathways to child internalizing problems.

Conclusions: This study identifies a pathway where economic deprivation heightens parental stress, leading to harsh parenting practices and elevated child internalizing problems. Findings highlight the need for family-strengthening interventions and economic empowerment programs to reduce financial stress and alleviate internalizing and PTSD symptoms among children.

LONGITUDINAL TRAJECTORIES OF PARENTAL ANGER, CHILD MENTAL HEALTH, AND ASYLUM-RELATED STRESS OVER FIVE YEARS IN FARSI- AND DARI-SPEAKING FAMILIES IN AUSTRALIA
Paper Presentation

Reza Rostami*[1], Derick Silove[1], Ruth Wells[2], Jila Solaimani[1], Hasti Rostami[1], David Berle[1], Zachary Steel[3]

[1]*University of New South Wales,* [2]*UNSW Psychiatry and Mental Health,* [3]*University of New South Wales; St John of God Health Care*

Track Mass Violence and Migration
Primary Program Type Culture/Diversity
Presentation Level Advanced
Region East Asia and the Pacific
What is your population type? Both Adult and Child/Adolescent
Abstract Body Refugee experiences often involve significant stress and trauma, which can manifest as parental anger, impacting children's mental health.
Aim: This study examines the association between parental anger and the psychological well-being of asylum-seeking and refugee children over five years among Farsi- and Dari-speaking families in Australia.
Methods: data from the Reassure CAP Project, a prospective cohort study of 198 children from immigrant, refugee, and asylum-seeking families who arrived in Australia since 2013, parental anger, posttraumatic stress symptoms (HTQ), living difficulties, and child distress (SDQ) were assessed.

Results: ANOVA revealed significant differences in parental anger behaviour across groups ($p = .016$). Pearson correlation analysis indicated a strong positive relationship ($r = 0.68$, $p < .001$) between parental anger and children's mental health problems, with increased parental anger associated with greater child distress. Significant correlations were also observed between parental anger and both living difficulties ($r = 0.57$, $p < .001$) and PTSD symptoms ($r = 0.63$, $p < .001$)

Conclusion: These findings highlight the profound impact of parental anger on children's psychological well-being. Address in parental trauma and anger regulation in refugee families is crucial to mitigating adverse mental health outcomes in children.

TAILORING AND EVALUATING MENTAL HEALTH SCREENING TOOLS FOR AFGHAN YOUTH AND THEIR CAREGIVERS
Paper Presentation

Rochelle Frounfelker[1], Caroline Dilts[2], Matias Placencio-Castro[2], Farhad Sharifi[2], **Theresa Betancourt***[3]

[1]*Lehigh University,* [2]*Boston College,* [3]*Boston College School of Social Work*

Track Assessment and Diagnosis
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Both Adult and Child/Adolescent
Abstract Body Since the fall of the Afghan government in 2021, over 115,000 Afghan evacuees, nearly half of them children, have resettled in the U.S. Forced migration negatively impacts mental health due to trauma, loss, and stress. Clinicians often rely on measures from Western populations without accounting for cultural differences related to perceptions of mental health or risk and protective factors. We aimed to develop and test a culturally adapted mental health screening toolkit for Afghan youth and caregivers. We adapted mental health measures which for anxiety (GAD-7), externalizing behaviors (AYPA) and depression (CES-DC) using clinician feedback, cognitive testing with Afghan youth and caregivers (N=30), and pilot testing (n=50). A second phase involves testing amongst a larger sample (n=150 youth, n=150 caregivers) and analyses of correlations with risk and protective factors and Item Response Theory-based refinements. Testing of the tool showed good reliability of GAD-7 in adults and a reduced 4-item subscale for children. CES-DC and AYPA showed poor psychometric properties for both groups likely due to reluctance to endorse items on substance use and other sensitive items. Further study is needed to determine the suitability of culturally adapted measures for Afghan families. Testing with a larger sample will provide further insight.

8:00 a.m. - 9:15 a.m.

Flash Talk Session 4

FINDING MINAGÅHET: CHAMORU CULTURAL KNOWLEDGE AS A PATHWAY TO HEALING FROM COLONIAL TRAUMA AND MENTAL HEALTH DISTRESS
Flash Talk Presentation

Shawntell Pace*[1]

[1]*Medical College of Wisconsin*

Track Clinical Interventions
Primary Program Type Culture/Diversity
Presentation Level Introductory
Region East Asia and the Pacific
What is your population type? Adult
Abstract Body The CHamoru people of the Mariana Islands have endured centuries of colonization, resulting in historical trauma and ongoing mental health disparities. This mixed-methods study examines how CHamoru Cultural Knowledge—encompassing ethnic identity, consciousness, and the effects of colonial mentality—impacts mental health outcomes. Quantitative data from surveys revealed that stronger ethnic identity and cultural

consciousness were associated with lower levels of depression and anxiety, while higher colonial mentality correlated with increased psychological distress. Qualitative findings further elucidated these relationships, highlighting the role of cultural reclamation in resilience and healing. These results underscore the necessity of integrating Indigenous knowledge into trauma-informed interventions for CHamoru communities. By centering cultural strengths, clinicians can better address the unique mental health needs of CHamoru individuals navigating intergenerational trauma. This study provides a foundation for culturally responsive trauma care and decolonial mental health approaches.

INTERGENERATIONAL COMMUNICATION ABOUT THE GENOCIDE IN RWANDAN SURVIVOR FAMILIES
Flash Talk Presentation

Marie Chantal Ingabire*[1], Eugène Rutembesa[2], Jessica Bonumwezi[3], Isabelle Blanchette[4]

[1]*CBS Rwanda,* [2]*University of Rwanda,* [3]*Loyola Univerity Maryland,* [4]*Université Laval*

Track Mass Violence and Migration
Primary Program Type Global Issues
Presentation Level Intermediate
Region Eastern and Southern Africa
What is your population type? Adult
Abstract Body Family communication plays a role in the intergenerational transmission of trauma, but little is known about how Rwandan families communicate about the genocide (Bonumwezi et al., 2024; Ingabire et al., 2022). This study explored how and what survivor mothers tell their children about the genocide and the former antagonist outgroup. We conducted six focus group discussions (three with mothers and three with their adult children; n=8 in each group) using a semi-structured interview protocol. Thematic analysis was used (Braun and Clarke, 2006). Four themes emerged from our analysis. First, "children-driven communication" showed that communication about the genocide is invariably initiated by children, mainly in the context of the annual genocide commemoration. Second, "emotional buffering" referred to how mothers recounted the genocide in a measured and fragmented way to protect themselves and their children from the emotional pain caused by atrocious experiences. Third, "preventing intergroup animosity" denoted that parents constantly attempt to talk about the genocide in a manner that mitigates the rise of feelings of vengeance and hatred toward the outgroup. Finally, "mixed signals of unity" indicated that parents often encourage social cohesion while covertly expressing mistrust towards the outgroup. Mothers face challenges in disclosing their traumatic past to their children.

APPALACHIA STRONG: RESPONSIVE RESILIENCE POST HURRICANE HELENE
Flash Talk Presentation

Julia Thompson*[1], Michele Moser[2], Diana Morelen[1], Mary Jo Hedrick[1]

[1]*East Tennessee State University,* [2]*East Tennessee State University Center of Excellence*

Track Public Health
Primary Program Type Social Issues - Public Policy
Presentation Level Introductory

Region Industrialized Countries
What is your population type? Both Adult and Child/Adolescent
Abstract Body Objective: This case report identifies sources of social capital leveraged in response to Hurricane Helene.
Method: After Hurricane Helene, the Board of Commissioners authorized the development of the Washington County (TN) Long Term Recovery Group (WC-LTRG) which was comprised of several needs-based committees. Committee members were primarily volunteers representing a variety of systems and agencies across the region. This report identifies sources of social capital engaged through the WC-LTRG including bonding vs bridging networks and vertical vs horizontal networks. These sources are examined for their utility towards enhancing and maintaining resilience.

Results: Through leveraging social capital, the WC-LTRGs responded flexibly to presented needs including providing just-in-time training for frontline workers, establishing a 501c3 to fund hurricane repairs, rapidly organizing volunteers for targeted projects, connecting with other disaster-related projects at the local, state, and federal level, and providing on-going assessment and escalation of community needs.

Discussion: Examining the strengths and gaps of identified sources of social capital and how the long term recovery group model can be expanded and maintained as part of a proactive response to on-going climate challenges. Overall, the WC-LTRG was able to maintain elements of both reactive and responsive resilience and provide a framework for proactive resilience to climate challenges will be included.

"I CAN GET A GUN FASTER THAN I CAN GET A JOB": YOUTH VOICES ON GUN VIOLENCE IN VIRGINIA
Flash Talk Presentation

Lucy Guarnera*[1], Sarah Espinel[2], James Watkins III[3], Andrew Block[4]

[1]*University of Virginia School of Medicine,* [2]*University of Virginia,* [3]*N-Ward Solutions,* [4]*University of Virginia School of Law*

Track Public Health
Primary Program Type Social Issues - Public Policy
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Child/Adolescent
Abstract Body Gun violence in the leading cause of death among young people in the U.S, yet there is limited research investigating this public health crisis from the perspective of those most directly affected: the youth themselves. The objective of this qualitative research project was to investigate young people's viewpoints on the causes of youth gun violence and potential interventions to guide policy. We recruited 30 youth participants (ages 13-25) who grew up in Virginia neighborhoods marked by gun violence for one-hour, semi-structured interviews. A trained community interviewer with a similar background conducted the interviews to aid rapport and disclosure. We then coded interview transcripts for three a priori themes: (a) role of fear/safety, (b) influence of social media, and (c) changes due to the COVID-19 pandemic. All participants agreed that many young people carry guns because

they feel unsafe and believe a gun will protect them. Another common theme was that the public nature of social media means that losing a fight becomes a humiliation broadcast instantly to all of one's peers. Many youth reported that some youth services shut down or became harder to access during the COVID-19 pandemic and never reopened to normal operations. In terms of interventions, participants stated that "quick fixes" cannot effectively address root causes like poverty, housing inequality, and the pervasive and addictive nature of social media. Youth offered many actionable policy interventions (e.g., more attractive and accessible safe spaces for youth; social media counter-programming; explicitly teaching youth how to defuse conflict).

THE MEDIATING ROLE OF THE COMMUNITY RESILIENCY MODEL (CRM) IN THE RELATIONSHIP BETWEEN TRAUMA EXPOSURE AND PTSD: ENHANCING SOCIAL FUNCTION THROUGH COMPASSION, SOCIAL COHESION, AND FORGIVENESS IN RWANDA
Flash Talk Presentation

Samuel Habimana*[1], Susanne Montgomery[1], Kimbery Freeman[1], Truong Sophia[1], Lister Zephon.[1]

[1]*Loma Linda University/School of Behavioral Health*

Track Mass Violence and Migration
Primary Program Type Community-Based Programs
Presentation Level Intermediate
Region Eastern and Southern Africa
What is your population type? Adult
Abstract Body Exposure to war zone and genocide are among one of the main drivers to post traumatic stress disorder symptoms. The Community Resiliency Model (CRM) is a sensory-focused set of wellness skills that has been documented to decrease trauma related stress, improve emotional regulation and support mental wellbeing. Recent results have found CRM to increase compassion, social cohesion, and forgiveness among communities exposed to genocide in Rwanda. Given this framework, this study aims to examine the mediating role of social functioning (compassion, social cohesion, and forgiveness) and the Community Resiliency Model (CRM) in the relationship between trauma exposure and PTSD symptoms among Rwandan adults who lived through the genocide.

This study is a longitudinal quasi-experimental study with 152 people who received CRM skills training and were evaluated over three time points. The outcome variables are PTSD, social cohesion, forgiveness, and compassion, along with sociodemographic variables such as age, religion, and gender. After presenting descriptive and bivariate analyses, we use a structural equation model (SEM) to evaluate the relationships among variables and confirm or reject the model.

Some of Findings indicated that PTSD was negatively correlated with social cohesion ($r = -0.235$) forgiveness ($r = -0.310$) and compassion ($r = -0.232$,) The results further suggest that the Community Resiliency Model can improve social functioning variables (compassion, social cohesion, and forgiveness) and diminishing the association between Trauma exposure to PTSD symptoms among adults in Rwanda.

HOW WE TALK (OR DON'T) ABOUT ACUTE MASS VIOLENCE: PEER AND FAMILY COMMUNICATION AND MENTAL HEALTH AMONG U.S. HIGH SCHOOL AND COLLEGE STUDENTS
Flash Talk Presentation

Jay Lorenzini*[1]**,** Erika Felix[1], Laila LoRe[1], Dana Rose Garfin[2], Roxane Cohen Silver[3]

[1]*University of California, Santa Barbara,* [2]*University of California, Los Angeles,* [3]*University of California, Irvine*

Track Mass Violence and Migration
Primary Program Type Public Health
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Both Adult and Child/Adolescent
Abstract Body Media exposure to acute mass violence (AMV) is associated with distress, even among those not directly exposed. Communication with friends and family about such events may serve as either a risk or a resilience factor, but has been understudied among high school and college students. Using hierarchical linear regression, we examined relationships between verbal co-rumination and topic avoidance related to AMV and symptoms of anxiety and depression among U.S. high school and college students. High school participants (N = 400) were recruited from a nationwide online panel. College participants (N = 400) were recruited from two West Coast universities. Among high school students, peer verbal co-rumination was positively associated with both anxiety ($\beta = .22$, $p = .003$) and depression symptoms ($\beta = .24$, $p = .002$), while parent topic avoidance showed a marginally significant positive association with anxiety symptoms ($\beta = .13$, $p = .054$). Among college students, peer verbal co-rumination was positively associated with anxiety ($\beta = .24$, $p = .011$), while peer topic avoidance was associated with both and anxiety ($\beta = .22$, $p = .005$) and depression symptoms ($\beta = .24$, $p = .003$). Findings highlight the complex role of communication about AMV and suggest that both excessive discussion and avoidance of AMV-related topics may contribute to distress among U.S. high school and college students.

RESILIENCE IN ADVERSE CONTEXTS: YOUTH AND CLINICIAN PERSPECTIVES ON NAVIGATING COMMUNITY VIOLENCE
Flash Talk Presentation

Angel Boulware*[1]

[1]*Johns Hopkins Bloomberg School of Public Health*

Track Child and Adolescent Trauma
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Child/Adolescent
Abstract Body The objective of this study is to understand the experiences of youth navigating community violence, focusing on their coping strategies and survival mechanisms. It draws on the perspectives of both youth and trauma clinicians from a community violence trauma recovery program. Through semi-structured interviews (N=15) and a youth focus group (N=6), the research explores how youth cope with violence and the survival strategies,

behavioral adaptations, and coping mechanisms they develop in response. Youth reported various responses, ranging from avoidance to active resistance, while clinicians emphasized the importance of context-specific trauma training to better support their patients. By synthesizing the perspectives of youth and trauma clinicians, the findings reveal both common and distinct perceptions of resilience and recovery, illustrating the complexity of coping and survival strategies in high-stress environments. Clinicians also revealed how their trauma training, tailored to the specific context of violence, shapes their treatment methods to better support their patients. This qualitative research illuminates the lived experiences of individuals who both reside in and work within communities plagued by violence. Their introspection offers valuable insights that can inform and strengthen clinical training and trauma treatment approaches. These insights lay the groundwork for developing more contextually informed and effective trauma care strategies, ensuring more meaningful support for youth enduring prolonged trauma and adversity.

TRAUMA, GUILT, AND MENTAL HEALTH IN DISPLACED UKRAINIANS CURRENTLY LIVING IN THE UNITED STATES DUE TO THE RUSSIAN INVASION
Flash Talk Presentation

Rachael Wittern*[1], Anastasiia Sverdel[2], Christina Chernyak[3], Toree Patten[2], Carolyn Allard[2]

[1]*Northwestern College, IA,* [2]*Alliant International University,* [3]*Private Practice*

Track Mass Violence and Migration
Primary Program Type Global Issues
Presentation Level Introductory
Region Central and Eastern Europe and the Commonwealth of Independent States
What is your population type? Adult
Abstract Body Individuals displaced due to war face many potentially traumatic experiences (PTE). PTE-related guilt mediates the relationship between PTE and posttraumatic distress, though this has not been studied in displaced Ukrainians. We tested this mediation in 175 Ukrainians (73.1% female) who evacuated to the US due to the 2022 Russian invasion who completed the Life Events Checklist and Communal Traumatic Events Inventory war-displacement-related PTE items, PTSD Checklist, Patient Health Questionnaire, Generalized Anxiety Disorder-7, and the three Trauma-Related Guilt Inventory cognition subscales: hindsight bias/responsibility, wrongdoing, lack of justification. Multiple regression of cognition subscales on symptom measures revealed only hindsight bias and wrongdoing were independent predictors. Hindsight bias and wrongdoing combined and independently partially mediated the relationships between PTE count (sum of endorsed PTE directly experienced) with PTSD and depression. The total indirect effect of PTE count on anxiety through both these mediators was also significant, though only hindsight bias independently partially mediated the relationship. Results suggest that trauma-related guilt, especially beliefs of hindsight bias and wrongdoing, may be an important treatment target in Ukrainian evacuees in the US, and its role should be studied in other war-displaced populations.

LEVERAGING ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING TO DECODE MENTAL HEALTH PRIORITIES IN HUMANITARIAN SETTINGS: A PILOT FROM KENYA

Flash Talk Presentation

Tina Masai*[1]**,** Caroline Mwakio[1], Maryann Muniu[1], Michael Ager[1], Kalo Sokoto[2]

[1]*Kasa Mind and Wellness Institute,* [2]*Boston University*

Track Public Health
Primary Program Type Public Health
Presentation Level Intermediate
Region Eastern and Southern Africa
What is your population type? Both Adult and Child/Adolescent
Abstract Body Background: Kenya faces humanitarian challenges as a refugee-hosting country with over 500,000 refugees. Natural disasters such as droughts, floods along with the COVID-19 pandemic have increased mental health needs. With the pilot of the draft Multi-sectoral MHPSS Assessment Field Testing Toolkit (2024) in Kenya, artificial intelligence and machine learning techniques offer opportunities for rapid analyses of MHPSS data in low-resource humanitarian contexts where timely assessment is critical.
Methods: Primary data was collected by twenty enumerators from 154 participants (101 in focus groups, 53 in interviews) over five days. Target population featured adolescents, crisis-affected adults, officials, and service providers. Six adapted toolkit instruments were used with KoboCollect facilitating digital data collection.

Analyses: Secondary analysis compared traditional methods (Excel, R, NVivo) with AI/ML techniques using Google Colab, Claude AI, and Abacus. Analysis employed text mining, K-means clustering, sentiment analysis, theme extraction, and predictive modelling to and compared with outcomes of primary analysis.

Results: AI/ML analysis identified similar service gaps as traditional methods while providing additional insights through automated theme extraction, demonstrating feasibility for enhancing rapid analysis in resource-limited settings.

Conclusion: This research offers a replicable framework for implementing AI/ML tools in humanitarian mental health assessment, potentially transforming how MHPSS data is rapidly analysed to enable timely, data-driven interventions.

9:30 a.m. - 10:50 a.m.
AWARDS AND KEYNOTE PANEL: FRONTIERS IN TREATMENT: MULTIMODAL APPROACHES TO TREATING PATIENTS WITH PTSD MORE EFFECTIVELY

9:30 a.m. - 10:50 a.m.

FRONTIERS IN TREATMENT: MULTIMODAL APPROACHES TO TREATING PATIENTS WITH PTSD MORE EFFECTIVELY
Keynote

Chair: **Paula Schnurr**, PhD*, National Center for PTSD*
Speaker: **Ariel Lang**, PhD, MPH*, VA San Diego Healthcare System*

Speaker: **Kerry Ressler**, MD,PhD*, McLean Hospital / Harvard Medical School*

Speaker: **Eric Vermetten**, Prof Dr*, Leiden University Medical Center*

Speaker: **Sonya Norman**, PhD*, National Center for PTSD*

Abstract There is a need to improve treatment outcome for people living with PTSD. In the 45 years since the diagnosis of PTSD was formalized, there have been major advances in the understanding of how to treat PTSD and other conditions related to traumatic stress. The ISTSS practice guideline and other guidelines from around the world offer recommendations for psychotherapies and medication that have demonstrated effectiveness, giving patients a choice of how to receive care. Most people, upwards of 70%, show a meaningful response to the recommended treatments, but too few people fully recover. This panel, chaired by Paula Schnurr, Executive Director of the National Center for PTSD in the US Department of Veterans Affairs, focuses on the strategies currently being tested to enhance outcomes for PTSD. The panelists are internationally-recognized leaders in PTSD treatment: Ariel Lang, Sonya Norman, Kerry Ressler, and Eric Vermettern, who will discuss the state of the science and the implications for future research and practice.

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

Concurrent 7

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

PSYCHOLOGICAL INTERVENTIONS IN A WARMING WORLD: ADDRESSING THE MENTAL HEALTH CONSEQUENCES OF CLIMATE CHANGE
Symposia

Chair: **Rachel Williamson**, PhD*, University of Montana, United States*
Presenter: **Josianne Lamothe**, BA, MSW, DPhil*, Université de Sherbrooke, Canada*

Presenter: **Zeinab Cherri**, MPH*, School of Population and Global Health, McGill University, Canada*

Presenter: **Olathe Bigknife Antonio**, BA*, University of Montana, United States*

Presenter: **Josef Ruzek**, PhD*, Palo Alto University and University of Colorado, United States*

Track Clinical Interventions
Primary Program Type Global Issues
Presentation Level Intermediate
Region Industrialized Countries
Population Type Both Adult and Child/Adolescent
Abstract Body Climate change is a global stressor, though the impacts are disproportionately felt by younger generations and communities already at higher risk of traumatic stress. Creative approaches are needed to address both large-scale and community-specific psychosocial effects. This symposium opens with a presentation describing findings from a qualitative study on parents' and psychosocial workers' experiences supporting youth facing climate-related distress, highlighting challenges and opportunities for healing. This is followed by presentations on the development of two locally and culturally grounded interventions. The first presents an intervention model for promoting mental wellbeing through intergenerational connection and social innovation on climate change, co-designed

by and for Black Anglophone youth and adults in Montreal. The second introduces a modular intervention rooted in Traditional Ecological Knowledge to address climate distress, enhance nature connection, and promote pro-environmental behaviors among Indigenous Peoples, focusing on Navajo communities. The final presentation discusses the benefits of targeting social-environmental factors that promote resilience in populations, proposing group-level interventions to strengthen coping skills, enhance problem-solving, and improve organizational support in preparation for climate-related disasters and social conflicts.

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

EMERGING EVIDENCE-BASED GROUP CARE FOR MORAL INJURY: LIVED EXPERIENCES, TREATMENT DEVELOPMENT, AND PRACTICE-BASED LEARNING NETWORKS
Symposia

Chair: **Jason Nieuwsma**, PhD, *Dept of Veterans Affairs, United States*
Presenter: **Sheila Frankfurt O'Brien**, PhD, MA, *VISN 17 Center of Excellence for Research on Returning War Veterans, United States*

Presenter: **Melissa Smigelsky**, PhD, *VA Integrative Mental Health, United States*

Presenter: **Vanessa Facemire**, PhD, *VA Northeast Ohio Healthcare System, United States*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Moral injury (MI) describes psychosocial-spiritual harm that results from deep transgressions of one's moral compass through one's own actions or inactions or betrayal by others (Litz et al., 2022); it purportedly occurs across diverse contexts and populations (e.g., military service, economic precarity, climate change). In the absence of evidence-based practice guidelines for MI (Walker et al., 2024), clinicians and researchers are developing novel interventions, guided by principles of evidence-based practice (APA, 2006). This symposium will present a diverse array of MI care perspectives. A researcher will describe the rigorous user-centered development of an MI group therapy for veterans and report its feasibility, acceptability, and exploratory clinical outcomes. An implementation psychologist will describe the development and sustainment of a national interdisciplinary MI care network within the U.S.'s largest integrated healthcare system, including the report of aggregated clinical data from numerous MI group therapies that were employed in real-world settings. A clinician will present two empirical case studies describing U.S. Veterans' lived experiences with MI stemming from military sexual trauma and combat, respectively, and their participation in an interdisciplinary MI therapy group. The chair will synthesize directions for the field, including developing common standards for conceptualizing MI, rigorous methods for evaluating care practices, and possibilities for expanding MI care beyond traditional clinical contexts.

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

FRONTIERS IN PSYCHEDELICS: WHERE DO WE STAND IN 2025?
Invited Session

Chair: **Barbara Rothbaum**, PhD*, Emory University School of Medicine*
Presenter: **Leslie Morland**, PhD*, National Center for PTSD Women's Health Science Division, Boston VA*

Presenter: **Sandeep Nayak**, MD

Presenter: **Manish Agrawal**, MD

Presenter: **Alfred Kaye**, MD, PhD

Presenter: **Steve Levine**, MD*, Compass Pathways*

Abstract This panel will present new data on the use of psychedelics and entactogens for the treatment of posttraumatic stress disorder (PTSD), exploring clinical, mechanistic, and regulatory dimensions. Several ongoing clinical trials are evaluating MDMA-assisted psychotherapy integrated with established treatments for PTSD and complex trauma. One study investigates MDMA-assisted Brief Cognitive Behavioral Conjoint Therapy (bCBCT) in dyads, while another randomized, double-blind trial examines MDMA-enhanced Massed Prolonged Exposure (METEMP) in Veterans. Both trials report promising reductions in PTSD and depression symptoms, with preliminary data also addressing expectancy effects and masking adequacy. An open-label trial of the METEMP protocol further supports that a single MDMA dose combined with intensive PE yields large symptom reductions. Preliminary outcomes suggest feasibility and symptom reduction, with insights into treatment acceptability and pharmacological interactions. It has been argued that therapeutic effectiveness depends less on the specific psychedelic and more on the clinician's understanding of trauma principles. Treatment should always be grounded in ethical frameworks, tailored approaches for different trauma presentations, and a shift in focus from the drug itself to the integration of therapy and patient-specific needs.

Beyond clinical trials, mechanistic research seeks to clarify how psychedelics exert therapeutic effects. Emerging evidence highlights the role of fear extinction and specific neural circuits in mediating symptom improvements. Finally, regulatory considerations are addressed, including the FDA approval pathway for psychedelic therapies, distinctions from non-regulatory models (e.g., decriminalization), and implications for equitable access. Together, these studies and perspectives underscore the growing potential of integrating psychedelics into PTSD treatment, while identifying key areas for further investigation in efficacy, mechanisms, and implementation pathways.

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

METHODOLOGICAL AND ANALYTICAL CONSIDERATIONS IN HETEROGENEITY OF EXPOSURE TO AND IMPACTS OF MULTIPLE CONSECUTIVE DISASTERS
Panel

Janna Metzler*, Robyn Gershon, Janette Yung, Sam Packard

Chair: **Janna Metzler**, MPH,MSW,Other*, New York City, United States*
Presenter: **Robert Brackbill**, DPhil*, New York City, United States*

Presenter: **Ananya Dhanya**, MPH*, New York City, United States*

Presenter: **Julia Sisti**, ScD*, United States*

Track Mode, Methods and Ethics
Primary Program Type Research Methodology
Presentation Level Intermediate
Region Global
Population Type Adult
Abstract Body: There are conceptual and methodological challenges with respect to our understanding of the impact of multiple disasters on population health and well-being. To address knowledge. Researchers highlight significant gaps in evidence through three World Trade Center Health Registry studies. This longitudinal cohort study was established in 2003 to track physical and mental health impacts of the 9/11 disaster. The first qualitative study explores adverse mental health outcomes following exposure from 9/11, Superstorm Sandy, and the COVID-19 pandemic, with a focus on protective and promotive factors. The second study built on these findings applied the Heterogeneous Treatment Effect (HTE) approach for identifying serious psychological distress associated with the COVID-19 pandemic, as well as contributors to long-term health effects. The third study explores the increased risk of long COVID-19 among enrollees with 9/11 disaster-associated elevated post-traumatic stress symptoms (PTSS), even if their symptoms have since improved. Addressing methodological and analytical challenges to the study of consecutive disasters, this panel/symposium provides actionable insights for screening and adaptive interventions in the acute phase of emergency response. In particular, these studies provide insights on targeted supports for populations at higher risk for severe mental health conditions based on prior disaster exposures. This symposium includes presenters from multiple career stages and fields (epidemiology, psychology, social work).

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

FEATURED SESSION: ASSESSING TRAUMA IN MARGINALIZED POPULATIONS: SYMPTOM DIFFERENCES, REPORTING DISCREPANCIES, AND MEASUREMENT GAPS
Symposia

Chair: **Krithika Prakash**, PhD, *University of Pittsburgh, United States*

Presenter: **Selime Salim**, PhD, *Stanford University, United States*

Presenter: **Krithika Prakash**, PhD, *University of Pittsburgh, United States*

Presenter: **Colin Mahoney**, PhD, *University of Colorado (UCCS), United States*

Presenter: **Phillip Schnarrs**, PhD, *The University of Pittsburgh, United States*

Discussant: **Antonio Morgan-Lopez**, PhD, *RTI International, United States*
Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Accurately identifying individuals in need of trauma-related support requires precise measurement of trauma histories and posttraumatic stress disorder (PTSD). However, standard assessment tools may fail to capture the diverse ways symptoms manifest and are reported across marginalized communities. This symposium brings together four studies that illustrate how refining assessment strategies can improve the recognition of trauma and related stress among survivors with diverse and intersecting identities. First, Dr. Prakash will

examine how PTSD symptoms differentially present across racial and ethnic groups in a nationally representative sample. Dr. Salim will evaluate the extent to which the PTSD Checklist for DSM-5 (PCL-5) items capture clinically significant sexual violence–related distress in bisexual+ women. Next, Dr. Mahoney will discuss discrepancies in sexual violence reporting among racial/ethnic and sexual/gender minority (SGM) college women, highlighting differences between direct versus behaviorally-specific questions. Dr. Schnarrs will describe the measurement invariance of the SGM–adverse childhood experiences (SGM-ACEs) scale within a sample of SGM individuals. Finally, Dr. Morgan-Lopez will synthesize the findings and discuss the implications of improving trauma assessment across diverse populations. By addressing item-level performance, question framing, and measurement equivalence, this symposium underscores the need for more inclusive and validated assessment tools to better capture the lived experiences of marginalized survivors.

11:00 a.m. - 12:15 p.m.
ADAPTING PTSD TREATMENT DESIGN AND IMPLEMENTATION TO ENHANCE EFFICACY
Symposia

Chair: **Sharon Stovezky**, MA*, The Wright Institute, United States*

Presenter: **Sharon Stovezky**, MA*, The Wright Institute, United States*

Presenter: **Jordan Thomas**, PhD*, University of Kansas, United States*

Presenter: **Jessilyn Froelich**, MA, MS*, University of Missouri - St. Louis, United States*

Presenter: **Megha Nagaswami**, MA*, University of California, Los Angeles, United States*

Discussant: **Johanna Thompson-Hollands**, PhD*, National Center for PTSD, VA Boston Healthcare System, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Global
Population Type Adult
Abstract Body Left untreated, PTSD fails to remit in one-third of cases, and even its most empirically-supported treatments – exposure-based interventions – have high non-response and drop-out rates. Thus, there is a continued need to improve the design and implementation of evidence-based PTSD treatments. In this symposium, we – four early career psychology trainees from distinct institutions – present data from clinical studies to advance research on traumatic stress treatment. We examine both traditional PTSD interventions and home-grown models, and our work tests various treatment adaptations and modifications, including combining / staging different protocols, personalizing treatment choice, altering session timing, and incorporating body-based practices. First, Sharon Stovezky will present a pilot testing combining ACT with other trauma-focused treatments (WET, EMDR). Next, Jordan Thomas will present on session timing and treatment drop-out in exposure-based PTSD interventions (PE, WET). Jessilyn Froelich will then share the impact of concordance between patient preferences and treatment assignment on outcome in other interventions for trauma (STAIR, PCT). Finally, Megha Nagaswami will present on a novel mind-body intervention program developed for human trafficking survivors in Uganda. Johanna Thompson-Holland, an expert on PTSD treatment development and outcome, will serve as discussant.

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

ADVANCING ANGER TREATMENT IN TRAUMA-EXPOSED POPULATIONS: INTEGRATING CLINICAL UNDERSTANDING OF SUICIDALITY WITH TECHNOLOGICAL INNOVATIONS
Panel

Chair: **Kirsten Dillon**, PhD, *Durham VA Health Care System*

Presenter: **Margaret-Anne Mackintosh**, PhD, *National Center for PTSD, Dissemination and Training Division, VA Palo Alto Healthcare System, United States*

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

Presenter: **Elizabeth Van Voorhees**, PhD, *Durham Veterans Affairs Health Care System, United States*

Presenter: **Vanessa Jacoby**, PhD, *University of Texas Health Science Center, San Antonio, United States*

Track Mode, Methods and Ethics
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body: Anger is a prevalent concern among individuals with posttraumatic stress disorder, and is associated with poorer treatment outcomes, aggressive behavior, functional impairment, and suicide. This panel brings together experts in trauma, anger, and digital health innovations to explore two critical domains in advancing trauma-related anger treatments: understanding the associations between anger and suicidality and leveraging emerging technologies to assess and treat anger-related issues.
First, we will focus on anger and suicide, including a discussion of a recent meta-analysis on the topic. This will be followed by a discussion among panelists and the audience addressing the intricate relationship between anger, trauma, and suicide, including implications for treatment and future directions.

Next, we will explore technological innovations for assessing and treating anger, including ecological momentary analysis, user segmentation analyses, and AI-assisted interventions. These tools offer promising solutions for expanding access to treatments. After a brief presentation, panelists will discuss important clinical, ethical, and theoretical issues related to the use of quickly advancing technologies in trauma recovery.

We will conclude with an interactive discussion focused on implementation challenges and opportunities for integrating these approaches into existing systems. This session aligns with the conference's emphasis on technological innovation, trauma-informed systems, and interdisciplinary approaches to trauma treatment.

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

CONTAMINATION BIAS IN OBSERVATIONAL RESEARCH ON CHILD MALTREATMENT: PREVALENCE, IMPACT, AND METHODOLOGICAL

SOLUTIONS FOR IMPROVING THE ACCURACY OF CAUSAL EFFECTS ACROSS PUBLIC HEALTH OUTCOMES
Symposia

Chair: **Chad Shenk**, PhD, *University of Rochester and Mt. Hope Family Center, United States*

Presenter: **Chad Shenk**, PhD, *University of Rochester and Mt. Hope Family Center, United States*

Presenter: **Anneke Olson**, PhD, *Medical University of South Carolina, United States*

Presenter: **Emily Dunning**, BA, MS, *Pennsylvania State University, United States*

Discussant: **Steffany Fredman**, PhD, *Pennsylvania State University, United States*
Track Child and Adolescent Trauma
Primary Program Type Research Methodology
Presentation Level Introductory
Region Industrialized Countries
Population Type Child/Adolescent
Abstract Body Contamination occurs in observational research on child maltreatment when individuals assigned to a comparison condition have, unbeknownst to investigators, been exposed to maltreatment. Contamination is a major threat because it biases the statistical significance and magnitude of maltreatment effects, leading to replication failures and an underestimation of the public health impacts of child maltreatment. Despite its presence, there are no established solutions for addressing contamination in child maltreatment research. This symposium brings together leading experts who will present cutting-edge research addressing a range of critical topics for detecting and correcting contamination in observational research on child maltreatment: 1) a conceptual foundation for what contamination is and how it occurs, 2) the prevalence of contamination across independent and international research, 3) the impact contamination has on the direction, statistical significance, and magnitude of maltreatment effects for a range of public health outcomes in nationally-representative and multi-wave designs, and 4) innovative methodological solutions for detecting and correcting contamination. This symposium will provide needed information for child maltreatment researchers to correct contamination in observational research and improve the accuracy, and therefore replicability, of casual effects across public health outcomes. A formal discussion and integration of results presented in this symposium will also aid trauma researchers at large, as contamination can occur in any observational research design.

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

REBUILDING MEANING IN LIFE POST-TRAUMA THROUGH DIFFERENT INTERVENTIONAL APPROACHES
Symposia

Chair: **Brittany Hampton**, MA, *Central Arkansas Veterans Healthcare System, United States*

Presenter: **Kyle Possemato**, PhD, *VA Center for Integrated Healthcare, United States*

Presenter: **David Reed**, PhD, *University of Washington, United States*

Presenter: **Brittany Hampton**, MA, *Central Arkansas Veterans Healthcare System, United States*

Discussant: **Sheila Hanson**, PhD*, University of North Dakota, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Increased meaning in life after trauma-exposure is often protective against posttraumatic stress disorder (PTSD) and other mental health outcomes. To that end, many interventional approaches incorporate meaning-making into PTSD treatment. However, because trauma treatment conceptualizations tend to focus on risk factors more than protective factors, the importance of meaning-making is often overlooked. The purpose of this symposium is to highlight the common threads of meaning-making across different interventions. Ways to enhance meaning-making through a variety of PTSD treatments for military veterans will be discussed. Dr. Possemato will present on the role of recovery orientation (i.e., hope and goal orientation) in the association between pre-and post-clinical outcomes within the context of a primary care based-brief mindfulness training. Dr. Reed will present findings from a large multi-sample study on the importance of meaning in life for physical and mental health outcomes amongst veterans with co-occurring chronic pain and PTSD. Ms. Hampton will report on veteran-clinician dyad interviews about ways values and sources of meaning are and could be incorporated into trauma-focused cognitive behavioral therapies. Dr. Hanson will synthesize lessons learned by facilitating discussion on cultivating meaning in life amongst veterans with PTSD.

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

FEATURED SESSION: ADVANCING PRECISION PSYCHIATRY IN PTSD: DISCOVERING SUBTYPES THROUGH MOLECULAR AND NEURAL BIOMARKERS
Symposia

Chair: **Charles Marmar**, MD*, NYU Langone School of Medicine, United States*

Presenter: **Yuna Kim**, PhD*, NYU Grossman School of Medicine, United States*

Presenter: **Nikolaos Daskalakis**, MD, PhD*, Harvard Medical School, McLean Hospital, United States*

Presenter: **Maziar Ganji**, MSc*, The University of Memphis, United States*

Presenter: **Ruoting Yang**, PhD*, Walter Reed Army Institute of Research, United States*

Track Biology and Medical
Primary Program Type Biological/Medical
Presentation Level Intermediate
Region Global
Population Type Adult
Abstract Body PTSD is marked by substantial variability in clinical presentation and underlying biology, presenting significant challenges for prediction, diagnosis, and treatment. Precision psychiatry offers a promising approach to overcome the limitations of a one-size-fits-all treatment model but requires robust strategies for subtyping PTSD. This symposium highlights ongoing efforts to discover and validate clinical PTSD subtypes and link them to their molecular and neural underpinnings. First, we present work that utilizes advanced clustering techniques to compare pre-specified clinical subtypes with data-driven subtypes,

identifying stable subtypes across military cohorts. Next, we present efforts utilizing hierarchical multiomics to identify tissue-level signatures associated with depression among trauma exposed individuals, demonstrating clinical pathology is tied to biomarkers. Third, we hear from researchers employing DNA methylation profiles to classify PTSD subtypes, revealing subtype-specific epigenetic markers with strong predictive accuracy, providing insights on PTSD pathophysiology. Finally, we detail how deep learning models are being applied to DNA methylation data from over 7,000 individuals to demonstrate the potential for rapid, objective PTSD risk assessment despite challenges in data heterogeneity and clinical variability. These studies underscore the transformative potential of combining clinical insights, molecular data, and advanced statistical methods to define and treat PTSD subtypes, ultimately advancing precision psychiatry and enhancing personalized care.

11:00 a.m. - 12:15 p.m.
OUTCOMES, MECHANISMS, AND EXPERIENCES OF MDMA-ASSISTED THERAPY FOR PTSD
Symposia

Chair: **Rachel Yehuda**, PhD*, Mount Sinai School of Medicine; J.J. Peters VAMC, United States*

Presenter: **Eric Vermetten**, Prof Dr*, Leiden University Medical Center, Netherlands*

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

Presenter: **Rachel Yehuda**, PhD*, Mount Sinai School of Medicine; J.J. Peters VAMC, United States*

Presenter: **Abraham Lyons**, BA*, United States*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body This symposium on MDMA-Assisted Therapy (MDMA-A) for PTSD is designed to provide an overview of MDMA-AT that includes efficacy data, consideration of mechanisms of action, and a description of the treatment experience by a veteran. Presentations will include outcome data from two clinical trials, discussion of possible mechanisms including neuroendocrine and psychological data, and a first person description of the experience of MDMA-AT from a veteran who participated in a clinical trial.

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

Concurrent 8

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

LEADING IN THE FIELD: LESSONS ON HUMAN-FIRST LEADERSHIP IN DISASTER
Workshop

Chair: **Lindsay Mixer**, BA, MA, MEd*, Vibrant Emotional Health, United States*

Presenter: **Amy Dominguez**, MPP, *Vibrant Emotional Health, United States*

Presenter: **Lindsay Mixer**, BA, MA, MEd, *Vibrant Emotional Health, United States*

Tracks Public Health
Primary Program Type Community-Based Programs
Presentation Level Intermediate
Region Industrialized Countries
Population Type Mental Health Professionals
Abstract Body Leading a team or organization can be difficult at the best of times and feel near impossible during a disaster or crisis, especially if a disaster preparation plan is not already in place. Disasters require a level of adaptability, human-focused strategy and situational understanding that requires a level of intentionality and focus. Even leaders who have been in their positions for years (Alibašić, 2024; Aslam et al., 2022; Everly and Athey, 2023) struggle with adapting their style to meet the needs of their staff when the circumstances are not normative. With the increased frequency, intensity, and duration of disasters and the increase in overlapping disasters over the last decade, it is paramount that leaders understand how best to navigate their team through crisis by providing human-first, situational leadership and direction (Yikilmaz et al., 2024; Wheeler et al., 2022).
This workshop will provide attendees with actionable tools they can implement in their work and lives, particularly for those involved in disaster response/relief work whether as mental health practitioners, physicians, rescue, clean-up, and volunteering. With a basis in situational leadership and servant leadership styles, this workshop brings together both current research on leadership in times of crisis and first-hand accounts from the field experiences of disaster behavioral health subject matter experts.

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

FRONTIERS IN TRAUMA RESEARCH AMONG ASIAN AMERICANS: CHALLENGES AND EVIDENCE-BASED SOLUTIONS
Symposia

Chair: **Ateka Contractor**, PhD, *University of North Texas, United States*
Presenter: **Siyuan Wang**, MS, *University of North Texas, United States*

Presenter: **Anne N. Banducci**, PhD, *VA Boston Healthcare System, United States*

Presenter: **Tanya Saraiya**, PhD, *Medical University of South Carolina, United States*

Presenter: **Ateka Contractor**, PhD, *University of North Texas, United States*

Track Public Health
Primary Program Type Culture/Diversity
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body There are ~24 million Asian Americans, who represent a rapidly growing and visible racial-ethnic group. The Asian diaspora is highly heterogenous in terms of ethnic and national origins across 20 countries, 100+ languages, socio-economic status, immigration experiences, and cultural practices. Critically, this community experiences sociocultural and economic determinants of poor mental health, that contribute to the under-reporting of posttrauma mental health concerns and reduced willingness to seek mental health treatment,

perpetuating health disparities. Hereby, this symposium will address the critical need for trauma-focused research and interventions among Asian Americans. Speakers will present timely empirical evidence highlighting the impacts of trauma on Asian Americans as well as a data-driven methodological approach to create culturally adapted trauma interventions for this community.

First, Ms. Wang will present prevalence estimates of trauma and PTSD among Asians residing in the US from a systematic review. Next, Dr. Banducci will present empirical data comparing posttrauma mental health between veterans who identify as Asian compared to other racial-ethnic groups. Then, Dr. Saraiya will present data on racism and substance use among Asian Americans. Lastly, Dr. Contractor will present results from qualitative data analyses on perceptions of trauma, posttrauma health and posttrauma healing to inform culturally adapted PTSD interventions for South Asian Americans. Collectively, these findings will highlight the unique adversities and needs of Asian Americans.

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

BIOMARKER DIGITAL MARKERS TO IMPROVE UNDERSTANDING TRAUMATIC STRESS
Symposia

Chair: **Richard Bryant**, PhD*, Univ of New South Wales, Australia*

Presenter: **Tomas Meaney**, BA*, Univ of New South Wales, Australia*

Presenter: **Katharina Schultebraucks**, Prof Dr*, NYU Langone Health, United States*

Presenter: **Suzanna Azevedo**, BA, MA*, University of New South Wales, Australia*

Presenter: **Richard Bryant**, PhD*, University of New South Wales, Australia*

Track Assessment and Diagnosis
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Recent advances in digital technology have enabled more detailed analysis of expressions of emotions. Recording of facial expressive (e.g., pupil dilation, muscle movements), acoustic (e.g., tone, pitch, jitter), and language (e.g., sentiment) features have allowed more nuanced understanding of common posttraumatic reactions. This symposium presents four empirical studies that have utilized digital biomarkers for traumatic stress. The first study reports a study of use of digital markers of anhedonia in PTSD. The second study reports a study of XXX. The third study reports on an examination of suicidal risk in PTSD using a digital biomarker. The fourth study involves an investigation of expressive features of prolonged grief disorder. Overall, this symposium will provide a summary of novel investigations into how variants of traumatic stress can be assessed using state-of-the-art digital tools.

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

SUPPORTING ORGANIZATIONS TO MANAGE VICARIOUS TRAUMA AND BUILD TRAUMA-INFORMED WORKPLACES
Workshop

Chair: **Andrea Phelps**, PhD*, Phoenix Australia, Australia*
Presenter: **Nicole Sadler**, PhD*, Phoenix Australia, Australia*

Presenter: **Patricia Watson**, PhD*, National Center for PTSD, United States*

Presenter: **Vickie Taylor**, MSW*, Prince William Public Safety Resilience Center, United States*

Tracks Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Global
Population Type Adult
Abstract Body There is a growing global emphasis on trauma-informed practices and addressing direct and indirect (vicarious) exposure within workplace settings. Increasingly, organizations are expected (and in some cases legally required) to take action to prevent or mitigate risks for employees rather than do nothing, even in the absence of evidence for effective preventative interventions. As psychologists with expertise in trauma, we are often called upon to provide guidance on best practice approaches. In this workshop, we will present our work with a range of organizations, built upon a whole-of-organization approach to resilience (e.g., WHO, 2022), the evidence of risk and protective factors for PTSD (e.g., Brewin et al., 2000), principles of trauma-informed practice (Hopper et al., 2010) and research into vicarious trauma interventions (Kim et al., 2022).
The workshop will equip you with the knowledge and tools to guide organizations in trauma-informed practice and managing vicarious trauma for staff. You will learn to:

• Describe relevant research evidence regarding risk and protective factors that informs the approach.

• Identify vicarious trauma at the individual and organizational level, recognizing its impact on employees and workplace culture.

• Provide strategies for workplace support, at the individual, team and leadership levels

• Incorporate trauma-informed principles into workplace policies that create safe, supportive environments for staff and clients

This workshop is designed for mental health practitioners who are working on the ground, as well as policymakers who can implement systemic changes.

1:45 p.m. - 3:00 p.m.
TREATING TRAUMA EXPOSED POPULATIONS IN LOW AND MIDDLE INCOME COUNTRIES: A NON-SPECIALIST APPROACH
Symposia

Chair: **Kristina Korte**, PhD*, Massachusetts General Hospital - Harvard Univ, United States*
Presenter: **Kristina Korte**, PhD*, Massachusetts General Hospital - Harvard Univ, United States*

Presenter: **Lauren Ng**, PhD*, UCLA, United States*

Presenter: **Elizabeth Levey**, MD*, Massachusetts General Hospital, United States*

Presenter: **Manasi Sharma**, PhD*, Harvard TH Chan School of Public Health, United States*

Discussant: **Judith Bass**, PhD, MPH, *Johns Hopkins Bloomberg School of Public Health, United States*
Track Clinical Interventions
Primary Program Type Global Issues
Presentation Level Intermediate
Region Global
Population Type Both Adult and Child/Adolescent
Abstract Body The burden of trauma in low- and middle-income countries (LMICs) is high with the majority of individuals living in LMICs being exposed to at least one traumatic event (TE) during their lifetime. Exposure to TEs can lead to negative mental health outcomes such as the development of PTSD and other mental health disorders. Despite the burden associated with of PTSD and its related disorders, there is a significant gap in receiving evidence-based treatments (EBTs) designed to treat these disorders in LMICs. There are numerous barriers associated with receiving EBTs in LMICs, including the limited availability of providers trained to deliver EBTs. The use of non-specialists (e.g., nurse providers, peers) trained to deliver EBTs is a promising approach to increase access to trauma focused treatments in LMICs. This symposium will highlight four trauma focused programs in diverse settings across the globe using non-specialists. First, Dr. Korte will discuss a hybrid-effectiveness implementation trial on the use of a brief transdiagnostic treatment for PTSD and anxiety disorders using nurse providers in South Africa. Second, Dr. Ng will present on organization factors impacting the implementation of PTSD treatment for severe mental illness in Ethiopia. Third, Dr. Levey, will present on an early intervention to address intergenerational trauma with adolescent parents in Peru. Fourth, Dr. Sharma will present on a pilot feasibility study on the Youth for Emotional and Social Support (YESS) Peer Intervention Model in India. Finally, Dr. Bass will review the state of the science of non-specialist treatment approaches in LMICs.

1:45 p.m. - 3:00 p.m.
EXAMINING COGNITIVE FUNCTIONING AND IMPAIRMENT IN THE CONTEXT OF PTSD, PHYSICAL AND MENTAL HEALTH COMORBIDITIES, AND STRESS EXPOSURE IN AGING TRAUMA SURVIVORS
Symposia

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

Presenter: **Frank Mann**, PhD, *Stony Brook University, United States*

Presenter: **Yuxiao Song**, MS, *United States*

Presenter: **Sheila Thompson**, MS, *Palo Alto University, United States*

Discussant: **Brian Smith**, PhD, *National Center for PTSD and Boston University, United States*
Track Public Health
Primary Program Type Public Health
Presentation Level Intermediate
Region Industrialized Countries
Population Type Older People/Aging
Abstract Body Research has linked trauma exposure and PTSD symptoms to negative health outcomes, including cognitive functioning. Less is known about these connections across trauma types and in aging trauma survivors. This symposium investigates relationships

among cognitive functioning, PTSD, comorbid mental health and physical health conditions, and stress exposure in older adults. This symposium brings together unique samples of aging trauma survivors---firefighters from the FDNY who responded to the September 11th (2001) terrorist attacks in New York and older Puerto Rican adults who lived through Hurricane Maria. The first presentation describes the prevalence of PTSD, major depressive episodes (MDE) and mild cognitive impairment (MCI) in a cohort of 9/11 responders (FDNY firefighters) and examines the contribution of PTSD and MDE to risk for MCI. The second presentation examines the relationships among PTSD, MCI, and long-term physical functioning in the FDNY sample. The third presentation examines the impact of hurricane-related stressors, cognitive functioning, and personality characteristics on perceived stress reported among Puerto Rican older adults in the aftermath of Hurricane Maria. The discussant will synthesize the findings and discuss implications of the links among trauma exposure, PTSD, and health, including a focus on the role of cognitive functioning in older adults exposed to trauma.

1:45 p.m. - 3:00 p.m.
COMMUNITY BASED INTERVENTIONS TO PROMOTE MENTAL HEALTH AND PREVENT VIOLENCE IN KENYA: FAMILY, PARENT, AND CHILD CENTERED APPROACHES
Symposia

Chair: **Savannah Johnson**, PhD*, Massachusetts General Hospital and Harvard Medical School, United States*
Presenter: **Savannah Johnson**, PhD*, Massachusetts General Hospital and Harvard Medical School, United States*

Presenter: **Ali Giusto**, PhD*, Florida International University, United States*

Presenter: **Eve Puffer**, PhD*, Duke University, United States*

Track Clinical Interventions
Primary Program Type Community-Based Programs
Presentation Level Intermediate
Region Eastern and Southern Africa
Population Type Child/Adolescent
Abstract Body Addressing mental health and preventing interpersonal violence in low-resource settings requires community-engaged solutions. This symposium presents three interventions in Kenya—Tuko Pamoja, Learn Engage Act Dedicate (LEAD), and the PREvention Program for Adolescent Emotional and Relationship Development (PREPARED)—that take family-, parent-, and child-centered approaches to strengthen relationships, improve well-being, and ultimately prevent violence.
At the family level, Tuko Pamoja enhances family cohesion, parent-child relationships, and conflict resolution by fostering improved communication and greater problem-solving skills. At the parent level, LEAD helps fathers reduce harmful alcohol use and strengthen parenting and family engagement through structured sessions. At the child level, PREPARED equips adolescents with emotional regulation and interpersonal skills to promote mental health and prevent intimate partner violence.

Each grounded in community-engaged research, these interventions are culturally tailored examples of expanding mental health access in settings with few formalized mental health

services. Implemented through local partnerships and delivered through task-sharing models, they offer evidence-based solutions to pressing mental health and violence prevention challenges. Findings highlight the potential of creative, community-driven approaches to advancing trauma-informed care and reducing global mental health disparities at the family, parent, and child levels.

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

CONDUCTING TRAUMA AND PTSD RESEARCH IN LMICS, PERSPECTIVES FROM EAST AFRICA
Symposia

Chair: **Rocky Stroud**, MPH*, Harvard School of Public Health, United States*

Presenter: **Lukoye Atwoli**, Prof Dr*, Aga Khan University Medical College East Africa, Kenya*

Presenter: **Rocky Stroud**, MPH*, Harvard School of Public Health, United States*

Presenter: **Shaili Jha**, PhD*, Harvard School of Public Health, United States*

Presenter: **Dickens Akena**, MD, PhD*, Makerere University, Uganda*

Track Biology and Medical
Primary Program Type Public Health
Presentation Level Introductory
Region Eastern and Southern Africa
Population Type Adult
Abstract Body This symposium addresses the lack of comprehensive research on trauma and PTSD within African populations, specifically as it relates to genetic factors. The first topic provides an overview of the Neuropsychiatric Genetics of African Populations (NeuroGAP) program and lays the foundation of how NeuroGAP expands the genetic research infrastructure in East Africa, emphasizing global collaboration and the need for regionally informed data collection practices. Building on this framework, the remaining topics focus on data collection from the PTSD follow-up study from NeuroGAP. Specifically, the second topic delves into the trauma burden in Kenya and Uganda, utilizing tools like the Life Events Checklist (LEC-5) to highlight prevalent traumatic experiences and their association with PTSD symptoms via the PTSD Checklist for DSM-5 (PCL-5). The third study reinforces these findings by exploring the effective screening of PTSD symptoms using phone interviews, showcasing the utility of adaptive methodologies like the Primary Care PTSD Screen (PC-PTSD-5) in low-resource settings. Meanwhile, the fourth study does a deeper dive and focuses on regional disparities within Uganda, revealing significant variances in PTSD prevalence and emphasizing the impact of historical and regional traumas, especially in the northern regions of Uganda. Together, these studies underscore a common theme: the necessity of integrating culturally and regionally sensitive approaches in researching trauma and PTSD in LMICs to inform targeted interventions and improve mental health outcomes across diverse African communities.

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

CHILDREN EXPOSED TO FAMILY VIOLENCE AND TRAUMA: ELUCIDATING BIOBEHAVIORAL MECHANISMS OF EMERGING PSYCHOPATHOLOGY

Symposia

Chair: **Damion Grasso**, PhD, *University of Connecticut Sch of Med, United States*
Presenter: **Joohee Lee**, MA, *United States*

Presenter: **Daniel Mulligan**, PhD, *University of Connecticut Health Center, United States*

Presenter: **Alysse Loomis**, PhD, MSW, *University of Utah, United States*

Presenter: **Sarah Gray**, PhD, *University of Connecticut, United States*

Track Child and Adolescent Trauma
Primary Program Type Biological/Medical
Presentation Level Intermediate
Region Industrialized Countries
Population Type Child/Adolescent
Abstract Body Children's exposure to family violence and trauma can result in immediate and long-term psychological consequences. Mitigating these impacts requires mechanistic insight into how these experiences pave the way for emergent psychopathology. This symposium highlights four studies that advance our knowledge of these processes. Lee et al. examine whether prenatal and 6-month postnatal intimate partner violence (IPV) predict distinct patterns of infant cortisol reactivity, revealing an association between postnatal IPV and blunted cortisol reactivity. Mulligan et al. examine linkages between IPV exposure among 4–6-year-old children and resting respiratory sinus arrhythmia (RSA), finding that greater RSA, characteristic of more effective emotion regulation, buffers the association between IPV exposure and early childhood aggression. Using the same sample, Loomis et al. present a novel, validated, response-based method of quantifying attention bias to threat using the dot-probe task to show associations between posttraumatic stress, anxiety, and a more pronounced bias toward and less disengagement from angry relative to happy or neutral faces. Finally, Gray et al., examine parent-child physiological synchrony in a trauma-exposed sample to show disrupted RSA synchrony during a frustration task, with more disruption associated with self-reported emotion dysregulation. Implications and future directions of this work will be discussed.

1:45 p.m. - 3:00 p.m.
Paper Session 5

THE POLYTRAUMA CLINICAL TRIAD INCREASES ODDS OF SUICIDAL IDEATION AND SUICIDE ATTEMPTS IN U.S. VETERANS AND SERVICEMEMBERS
Paper Presentation

Alison Krauss*[1], Marcus G. Wild[1], Corina Mendoza[1], Marianne Goodman[2], Suzannah K. Creech[1]

[1]*VISN 17 Center of Excellence for Research on Returning War Veterans,* [2]*VISN 2 Mental Illness Research, Education, and Clinical Center*

Track Mode, Methods and Ethics
Primary Program Type Clinical Intervention/Research
Presentation Level Introductory

Region Industrialized Countries
What is your population type? Adult

Abstract Body The polytrauma clinical triad (PCT) — co-occurring chronic pain, posttraumatic stress disorder (PTSD), and traumatic brain injury — is consistently associated with poor functional outcomes. The PCT is particularly relevant to US military personnel as each of the PCT conditions are hallmark illnesses of recent US wars. Military personnel with the PCT, compared to those without all three conditions, may be at increased risk for suicidal ideation and attempts, though few studies have tested this claim. The current study examined the association of the PCT with past 30-day suicidal ideation and lifetime attempts in two samples: 349 post-9/11 US veterans and 4,108 US servicemembers from the Army Study to Assess Risk and Resilience in Servicemembers. We fit logistic regression models to determine if 1) the PCT increases risk for suicidal ideation and attempts compared to the occurrence of two, one, or no conditions, and 2) if the increased risk is driven by any particular disorder. The PCT was prevalent among both servicemembers (8.7%) and veterans (29.1%), and was associated with greater odds of suicidal ideation in servicemembers and veterans (servicemembers: OR = 4.52, 95% CI: 3.38-6.04; veterans: OR = 2.92, 95% CI: 1.36-6.24) and suicide attempts in servicemembers (OR = 3.00, 95% CI: 1.80-4.92) when compared with only two conditions. PTSD seemed to drive this effect, and PTSD was the only disorder associated with suicide regardless of the presence of the other two conditions. Findings support emerging research identifying the PCT as a potentially important risk factor for suicidal ideation and attempts in US military personnel.

EXAMINING THE INTERPLAY OF PTSD, VIOLENCE EXPOSURE, AND COGNITIVE IMPAIRMENT ACROSS THE LIFESPAN
Paper Presentation

Janelle Robinson[*,1], Cathy Widom[1]

[1]*John Jay College*

Track Child and Adolescent Trauma
Primary Program Type Clinical Intervention/Research
Presentation Level Introductory
Region Industrialized Countries
What is your population type? Both Adult and Child/Adolescent

Abstract Body PTSD symptoms, such as hypervigilance, irritability, and reckless behavior, are associated with violence exposure, including direct and indirect exposure. PTSD has also been linked to cognitive impairment, including deficits in memory, abstract reasoning, and concentration. Existing literature is based primarily on correlational studies, introducing ambiguity in the temporal sequencing of these relationships. We have two goals: (1) to examine whether PTSD predicts increased violence exposure (indirect vs. direct experiences of assault, weapon-related violence, and threats) and cognitive impairment, accounting for factors such as age, childhood maltreatment, racial/ethnic background, relationship to the perpetrator, and exposure frequency and (2) to assess whether violence exposure moderates the relationship between PTSD and cognitive impairment. The sample consists of two groups from a prospective cohort study: individuals with substantiated cases of childhood physical and sexual abuse and neglect, and a demographically matched control group. The original sample was first interviewed between 1989 and 1995 when PTSD was assessed (Mage = 29). Between 2000 and 2002, participants completed the Lifetime Trauma and Victimization History measure, a structured interview assessing stressors independently of symptoms while

capturing contextual and frequency-related data. Most recently, in 2022–2023, 447 participants (Mage = 59.4) underwent a comprehensive neuropsychological assessment. If the findings indicate that PTSD increases risk for violence exposure and cognitive impairment in late midlife and that violence exposure moderates this relationship, these results will underscore the need for targeted interventions. Implications for recovery-oriented strategies and trauma-informed care will be discussed.

ASSOCIATIONS BETWEEN DISTINCT TRAUMA CLASSES AND MENTAL HEALTH CARE UTILIZATION IN NORWEGIAN ADOLESCENTS: A NATIONAL REGISTRY STUDY
Paper Presentation

Annika Skandsen*[1]**,** Tormod Bøe[2], Martin H. Teicher[3]

[1]*University of Bergen/Stavanger University Hospital, Norway,* [2]*University of Bergen,* [3]*McLean Hospital, Harvard Medical School*

Track Child and Adolescent Trauma
Primary Program Type Public Health
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Child/Adolescent
Abstract Body Adolescents exposed to potentially traumatic experiences (PTEs) are at increased risk of psychopathology. PTEs often co-occur and may form interrelated patterns of exposure. The study´s objective was to identify underlying patterns of PTE exposure among Norwegian adolescents in the youth@hordaland study and examine their association with contact with child and adolescent mental health services (CAMHS) and psychiatric diagnoses. Data stem from the population-based youth@hordaland study conducted which was linked to the Norwegian Patient Registry (NPR, n = 8845). PTEs were self-reported, and psychiatric disorders were obtained from registry data. Latent Class Analysis identified three PTE exposure patterns: Low Trauma (88%), Situational Trauma (6%), and Interpersonal Trauma (6%). Logistic regression showed that adolescents in the Situational and Interpersonal trauma classes had significantly higher odds of CAMHS contact (OR = 2.27 and OR = 3.26, respectively) and psychiatric diagnoses (ORs 2.19–10.4). ADHD was more prevalent in the Interpersonal trauma class (OR = 2.22). Findings highlights the co-occurrence of PTEs and their impact across the diagnostic spectrum.

ADVERSE CHILDHOOD EXPERIENCES, POSTTRAUMATIC STRESS DISORDER, AND FUNCTIONAL IMPAIRMENT AMONG RURAL SEXUAL AND GENDER DIVERSE ADULTS IN THE UNITED STATES
Paper Presentation

John Mark Wiginton[1], **Sarah Murray***[1]**,** Travis H. Sanchez[2], REALM study team[3]

[1]*Johns Hopkins University Bloomberg School of Public Health,* [2]*Emory University Rollins School of Public Health,* [3]*Johns Hopkins University Bloomberg School of Public Health, Emory University Rollins School of Public Health*

Track Public Health

Abstract Body We used interim nationwide baseline data (12/2023-2/2025) from the Rural Engagement and Approaches for LGBTQ+ Mental Health study (REALM; N=1930), which is comprised of 5 cohorts of rural-residing sexual and gender diverse adults: nonbinary (NB), transmasculine (TM), and transfeminine (TF) persons, and cisgender queer women (cQW) and men (cQM). One in four participants were cQM (n=496, 26%; Mage=46), followed by NB (n=407, 21%; Mage=31), TF (n=397, 21%; Mage=34), and TM persons (n=319, 17%; Mage=28), and cQW (n=311, 16%; Mage=32); 20% (n=394) were ethnoracial minorities (ERMs). Nearly all (n=1752; 91%) reported ≥1 ACEs. Probable PTSD prevalence was 38%, ranging from 28% among cQM to 46% among both NB and TM persons ($\chi2=61.1[4]$, $p < 0.001$); PTSD was higher among ERMs (43% vs 37%; $\chi2=5.4[1]$, p=0.020). Functional impairment score (M=24.9) ranged from 22.6 among cQM to 27.3 among TM persons (F=23.2, $p < 0.001$); scores were higher among ERMs (25.8 vs 24.6, F=4.7, $p < 0.05$). Compared to 0 ACEs, those with 1-2 (PR=2.4, 95% CI=1.5-4.0), 3-4 (PR=4.5, 95% CI=2.8-7.2), 5-6 (PR=5.2, 95% CI=3.2-8.4), and 7+ (PR=6.8, 95% CI=4.2-10.9) exhibited elevated prevalence of probable PTSD. Reporting 1-2 (b=3.1, SE=0.8, $p < 0.001$), 3-4 (b=6.4, SE=0.7, $p < 0.001$), 5-6 (b=9.2, SE=0.8, $p < 0.001$), and 7+ ACEs (b=12.0, SE=0.8, $p < 0.001$) was associated with greater functional impairment compared with reporting 0 ACEs. In both the PTSD and functional impairment models, dose-response relationships were most prominent among NB and TM persons. Culturally tailored, trauma-informed, and trauma-focused interventions are needed in rural LGBTQ+ communities.

RECONSOLIDATION OF TRAUMATIC MEMORIES TO RESOLVE POSTTRAUMATIC STRESS DISORDER (RECONTROL): A RANDOMIZED CONTROLLED TRIAL VS PROLONGED EXPOSURE, AN MTBI2 STUDY
Paper Presentation

Michael Roy*[1]**,** Paula Bellini[1], Annabel Raboy[1], Kerri Dunbar[1], Rachel Satter[2]

[1]*Uniformed Services University of the Health Sciences,* [2]*Madigan Army Medical Center*

Abstract Body Background: Prolonged exposure (PE) and cognitive processing therapy (CPT) are often ineffective in service members (SMs) and veterans: the largest study (916 veterans) had dropout rates of 55.8% and 46.6% and responses in only 40.4 and 28.8% for PE and CPT respectively. More efficacious treatment is vital. Reconsolidation of Traumatic Memories (RTM) is a novel imaginal approach using reconsolidation rather than PE's distressing extinction. Five open or wait-list controlled trials of RTM found high efficacy, and a randomized controlled trial (RCT) found RTM far superior to trauma-focused CBT, but additional evidence is needed.
Methods: This RCT randomized 94 SMs with PTSD to up to ten 90-minute weekly sessions of manualized RTM or PE, with CAPS-5 by independent blinded assessors as the primary

outcome, assessed at baseline, post-intervention, 2, 6 and 12 months. PCL-5 after sessions 2, 4, 6 and 8 assessed for early responders who could end treatment with a full response.

Results: RTM had 20.8% (10/48) dropouts vs 28.3% (13/46) for PE. PCL-5 scores declined statistically and clinically significantly for both arms, from 51.4 pre- to 27.9 post-intervention for RTM [-23.5 (95% CI, -28.5, -18.5)], and 51.6 to 29.5 for PE [-22.1 (-28.0, -16.2). CAPS-5 scores also decreased significantly from 37.5 to 22.4 for RTM and 37.9 to 22.5 for PE. Treatment was completed in less sessions (mean 7.4) for RTM than PE (9.0), while addressing more traumas (1.63 vs 1.28).

Conclusions: RTM is non-inferior to PE, and modestly outperforming it by most metrics. Full results through 12-month follow up will be presented.

AGE, CUMULATIVE TRAUMA AND STRESSFUL LIFE EVENTS, AND WORLD ASSUMPTIONS AMONG OLDER ADULTS IN PRISON: POST-TRAUMATIC GROWTH CONSIDERATIONS
Paper Presentation

Tina Maschi[1], **Keith Morgen***[2]

[1]*Fordham University,* [2]*Centenary University*

Track Clinical Interventions
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Industrialized Countries
What is your population type? Older People/Aging
Abstract Body World assumptive theory argues traumatic experiences can shift core beliefs, but little is known about older adult post-traumatic growth (PTG). This study expands on older adult trauma work and examines the relationship between objective/subjective trauma (Life Stressor Checklist), the World Assumptions Scale (WAS) three domains (Benevolence of the World, Meaningfulness, Worthiness of Self), number of healthy mental health days in past month (CDC Healthy Days), PTSD symptoms severity (PTSD Checklist-C), and age in a sample of older adults ages 50-81 years-old (N=367) in a state prison system. Structural equation modeling isolating one WAS domain at a time hypothesized age predicting objective/subjective trauma which, in turn, predicted the specific WAS domain. Each WAS domain was modeled to predict the number of mentally healthy days in past month and PTSD symptoms severity.   All three models adequately fit the data. Age inversely predicted objective/subjective trauma. Subjective trauma, mentally healthy days, and PTSD symptoms severity all showed an inverse relationship with worthiness of self and benevolence of world. Age and subjective trauma in these two models also showed a significant indirect (and negative) effect on healthy mental health days and PTSD symptoms severity. Findings discussed within the author's theory of caring justice to address older adult PTG.

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

Concurrent 9

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

THERAPISTS AND CLIENTS IN A SHARED AND CONTINUOUS TRAUMATIC WAR RELATED REALITY - THE CASE OF UKRAINE AND ISRAEL
Symposia

Chair: **Limor Zaks- Zitronblat**, PhD*, Bar-Ilan University, Israel*
Presenter: **Leah Shelef**, PhD*, Israel*

Presenter: **Limor Zaks- Zitronblat**, PhD*, Bar-Ilan University, Israel*

Presenter: **Nataliia Gusak**, PhD*, United States*

Presenter: **Tamar Lavi**, PhD*, NATAL, Israel*

Track Mass Violence and Migration
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Middle East and North Africa
Population Type Mental Health Professionals
Abstract Body This symposium presents four studies exploring the psychological impact of continuous shared trauma in Ukraine and Israel. The studies highlight coping mechanisms and mental health challenges faced by therapists and clients.
The first study examines nineteen Israeli women held hostage by Hamas for 50–54 days. Interviews were conducted immediately after their release, while the war continued, and some loved ones remained in captivity. Inductive content analysis revealed complex coping strategies, including hope, disengagement, externally and internally oriented cognitive methods, and survival-oriented social behaviors, all requiring deliberate effort.

The second study investigates coping mechanisms among 25 drafted mortuary workers tasked with identifying and purifying mutilated bodies. Confronted with the possibility of recognizing deceased friends and family, they relied on spiritual beliefs and a unique sense of purpose as coping resources.

The final two presentations explore the experiences of therapists who navigate dual exposure as community members and trauma care providers. Data from 515 self-report questionnaires among Israeli mental health workers and in-depth interviews with 11 Ukrainian social workers reveal that shared trauma can lead to emotional exhaustion, boundary challenges, and ethical dilemmas but also to professional growth and enhanced empathy.

The discussion will focus on practical clinical implications, emphasizing culturally sensitive, community-based therapeutic approaches and the importance of therapist self-care.

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

EXPANDING THE STAIRCASE: DIVERSE APPLICATIONS AND ADAPTATIONS OF STAIR
Symposia

Chair: **Katerine Rashkovsky**, BS*, Veterans Affairs San Diego Healthcare System, United States*
Presenter: **Katerine Rashkovsky**, BS*, Veterans Affairs San Diego Healthcare System, United States*

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

Presenter: **Marina Weiss**, PhD*, Brooklyn College Counseling Center, Brooklyn College Immigrant Student Success Office, Foundation for Community Psychoanalysis, United States*

Presenter: **Donovan Edward**, BS, MS*, Georgia Southern University, United States*

Discussant: **Marylene Cloitre**, PhD*, NYU Silver School of Social Work, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Central and Eastern Europe and the Commonwealth of Independent States
Population Type Adult
Abstract Body Posttraumatic stress disorder (PTSD) impacts about 300 million people globally. Skills Training in Affective and Interpersonal Regulation (STAIR) is an empirically supported skills-building psychotherapeutic intervention designed for survivors of interpersonal trauma, which is associated with elevated risk for developing PTSD (Cloitre et al., 2020).
This symposium highlights adaptations of STAIR, which has evidence of efficacy and effectiveness, in diverse settings and populations. Presenter one will discuss the outcomes of sexual minority women in a clinical trial of STAIR. Presenter two will focus on the development of Rainbow STAIR Coach, an LGBTQ+ veteran-centered adaptation of the VA mobile app STAIR Coach. Presenter three will describe the applicability of STAIR to Spanish-speaking survivors of intimate partner violence and sex trafficking. Presenter four will offer a case conceptualization for the delivery of STAIR-Narrative Therapy (STAIR-NT) to trauma survivors in an LGBTQ+-specific community mental health clinic, with attention to patients who are Multiply Marginalized (racial identity, rurality). Finally, the discussant, who has pioneered the creation and scientific exploration of STAIR, will contextualize these presentations, highlighting the potential of STAIR to expand treatment options for survivors of traumatic stress.

This symposium illuminates the use of STAIR to address trauma- and stressor-related disorders across various populations. This symposium will facilitate improved access to meaningful, culturally relevant, and effective trauma care in community and VA settings.

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

AUGMENTING TRAUMA-FOCUSED THERAPY TO BETTER ADDRESS PTSD AND COMORBID SUD: UNPACKING THE SESSION-LEVEL DATA
Symposia

Chair: **Matthew Luciano**, PhD*, San Deigo VA Healthcare System, United States*
Presenter: **Kelly Peck**, PhD*, The University of Vermont, United States*

Presenter: **Nicole Christ**, PhD*, Minneapolis VA Health Care System, United States*

Presenter: **Matthew Luciano**, PhD*, San Deigo VA Healthcare System, United States*

Discussant: **Sonya Norman**, PhD*, National Center for PTSD, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Patients with comorbid posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) present a unique challenge in treatment. This includes higher dropout and poorer outcomes than is seen when treating either disorder alone. While trauma-focused treatments can be quite effective, additional strategies to address the clinical needs of this population may be warranted. As such, this symposium brings together innovative research that explores augmentations to standard trauma-focused therapies to improve outcomes for individuals with PTSD and comorbid SUD. Each presentation will examine session-level data to offer a more granular look at how these enhancements impact patient dropout and symptom expression.
First, Dr. Kelly Peck will discuss the session-level effects of prolonged exposure therapy (PE) with an attendance-contingent financial incentive in a community sample of people with PTSD and opioid use disorder.

Next, Dr. Nicole Christ will discuss the influence that concurrent SUD treatment may have on dropout and symptom improvement among Veterans enrolled in PE or cognitive processing therapy.

Then, Dr. Matthew Luciano will discuss augmenting PE with an anticonvulsant medication (topiramate) and attempt to pinpoint when this augmented approach begins to outperform standard PE on PTSD severity, depression symptoms, and alcohol cravings.

Finally, Dr. Sonya Norman will tie all three presentations together by discussing the special needs of this population and highlighting the importance of analyzing session-level data.

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

COGNITIVE-BEHAVIORAL CONJOINT THERAPY (CBCT) FOR PTSD
Symposia

Chair: **Miranda Snow**, BA, MS*, VA San Diego Healthcare System, United States*

Presenter: **Miranda Snow**, BA, MS*, VA San Diego Healthcare System, United States*

Presenter: **Shirley Glynn**, PhD*, Semel Institute - UCLA, United States*

Presenter: **Lauren Sippel**, PhD*, US Department of Veterans Affairs, United States*

Presenter: **Leslie Morland**, PhD*, National Center for PTSD Women's Health Science Division, Boston VA, United States*

Discussant: **Steffany Fredman**, PhD*, Pennsylvania State University, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult

Abstract Body Posttraumatic stress disorder (PTSD) has deleterious effects on interpersonal relationships. Yet, strong relationships also promote recovery from trauma and PTSD, and many individuals with PTSD wish to involve loved ones in their mental health care. Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD, a manualized, trauma-focused psychotherapy, aims to simultaneously address PTSD and relationship functioning. Despite evidence supporting its effectiveness, it has not yet been widely implemented.

This symposium will provide foundational knowledge about the evidence supporting CBCT and innovative ways in which it can be delivered. Ms. Miranda Snow will present findings from a systematic review of studies of CBCT and its adaptations. Dr. Shirley Glynn will describe the process and outcomes of a CBCT training initiative in the US Department of Veterans Affairs. Dr. Lauren Sippel will provide evidence that brief CBCT is safe and effective among military veterans experiencing suicidal ideation. Lastly, Dr. Leslie Morland will present a case study of a female veteran and her partner who participated in brief CBCT augmented with MDMA, a drug that may amplify the impact of psychotherapies for PTSD. Discussant Dr. Steffany Fredman will provide commentary on the presentations and synthesize key takeaway points.

This symposium aligns with the 2025 ISTSS annual meeting theme insofar as CBCT remains part of the "frontier in traumatic stress." That is, further research is needed to elucidate how it may be best implemented across treatment settings to meet the unique needs of individuals with PTSD and their loved ones.

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

SEXUAL TRAUMA AMONG VETERANS: BARRIERS AND PATHWAYS TO TRAUMA INFORMED CARE AND RECOVERY
Symposia

Chair: **Alexander Puhalla**, PhD, *Coatesville VA Medical Center, United States*

Presenter: **Aidan Flynn**, MS, *University of Maryland, United States*

Presenter: **Erin Hoffman**, MA, *VA Connecticut Healthcare System, United States*

Presenter: **Aliya Webermann**, PhD, *VA Connecticut Healthcare System, United States*

Presenter: **Alexander Puhalla**, PhD, *Coatesville VA Medical Center, United States*

Discussant: **Tara Galovski**, PhD, *National Center for PTSD, United States*
Track Assessment and Diagnosis
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body It is vital to determine potential barriers to care for veterans who have experienced Sexual Assault (SA) and Military Sexual Trauma (MST), as a history of SA / MST substantially increases risk of pre-mature death. As such, this symposium will examine the various barriers to trauma informed care and recovery that veterans with SA / MST experience, as well as potential ways to reduce these barriers. This will include a presentation on how SA history may bolster the relationship between primary psychopathology and substance use disorder severity, as well as be predictive of suicide risk among a sample of residential veterans (Mr. Flynn). As the first presentation provides

evidence towards direct barriers to trauma recovery (i.e., escalation of risk), the second will examine factors (namely veteran rank and service branch) that preclude veterans who filed MST-related PTSD service connection claims from receiving monetary and healthcare benefits (Ms. Hoffman). Dr. Webermann's talk will then examine the experience veterans have while filing for MST-related disability centered around process-related traumatization, invalidation, and institutional betrayal, which may reduce willingness to trust the VA with their care. The last presentation will suggest one avenue for reducing stigma and embarrassment among veterans with MST through a Whole Health based intervention (i.e., Heart Rate Variability Biofeedback) that shows promise within this population (Dr. Puhalla). The Discussant (Dr. Galovski) will synthesize how these barriers may be mitigated to increase engagement in recovery-oriented programing at all levels.

3:15 p.m. - 4:30 p.m.
PARENTING AT THE INTERSECTION OF TRAUMA AND SUBSTANCE USE: CLINICAL IMPLICATIONS AND CREATIVE SOLUTIONS
Symposia

Chair: **Katherine Guyon-Harris**, PhD*, United States*
Presenter: **Caroline Karnosh**, BA*, University of Pittsburgh School of Medicine, United States*

Presenter: **Brittany Smith**, PhD*, University of Pittsburgh, United States*

Presenter: **Alissa Huth-Bocks**, PhD*, Wayne State University, United States*

Presenter: **Mickey Sperlich**, PhD*, United States*

Track Clinical Interventions
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Industrialized Countries
Population Type Both Adult and Child/Adolescent
Abstract Body Experiences of trauma across the lifespan, including adverse childhood experiences and intimate partner violence (IPV), have serious implications for families with young children. The impacts of parental trauma on children and families can be compounded when experiences of trauma co-occur with substance use. There is a growing body of research on the intersection of trauma and substance use and the impact on parenting, though less attention has been paid to clinical implications and solutions. Our symposium highlights the clinical implications of trauma and substance use for families and emerging interventions designed to support parents coping with trauma and substance use. Our first presentation examines rates of IPV and substance use coercion among women with opioid use disorder, the impacts on parenting, and implications for parenting interventions. Our second presentation qualitatively explores adverse childhood experiences and childhood exposure to parental substance use among mothers in residential treatment including their suggestions for improving care. Our third presentation presents initial data on a novel interdisciplinary clinic providing trauma-informed, multi-generational care to families affected by substance use. Our fourth presentation presents findings on the utility of integrating psychoeducation on trauma and PTSD into treatments that support parents with histories of trauma and risk for substance use. Together, our presentations fill important gaps in the literature and present emerging, creative solutions to supporting families at the intersection of trauma and substance use.

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

CONDUCTING MENTAL HEALTH EVALUATIONS FOR USE IN IMMIGRATION COURT: LESSONS LEARNED FROM THE CONNECTING CULTURES ASYLUM EVALUATION TEAM
Panel

Praise Iyiewuare*

Chair: **Praise Iyiewuare**, MPH, PhD, *University of Kentucky*

Presenter: **Johanna Hidalgo**, BS, *United States*

Presenter: **Jacob Furey-Rosan**, MSW, *Connecting Cultures, United States*

Presenter: **Arima Minard**, MA, MS, *New England Survivors of Torture and Trauma, United States*

Track Mass Violence and Migration
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body: This panel will cover the nuances of conducting mental health evaluations for use in immigration court using a multidisciplinary mental health approach. The panelists will discuss the aspects of these evaluations that differ from standard psychological evaluations, including working with interpreters, communicating with attorneys, and navigating cultural and clinical complexity. Best practices for conducting said evaluations in a therapeutic capacity – including use of appropriate assessment measures and avenues for self-care for psychologists – will be reviewed. Active engagement with panel content will be fostered through discussion of case examples about specific challenges encountered and solutions implemented while doing this work. We will also discuss how these evaluations may be impacted by the changing political landscape and share different resources for mental health providers interested in learning how to in conduct these evaluations. This panel ultimately seeks to increase awareness of the process of conducting mental health evaluations for immigration court, describe how it can be done in culturally-sensitive and therapeutic ways, and highlight the fact that supervised students can do this work as well.

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

A TRAUMA RESPONSIVE SCHOOL BASED INTERVENTION: LEVERAGING THE COPING POWER PROGRAM TO INTERVENE WITH YOUTH WITH AGGRESSIVE BEHAVIOR
Panel

Chair: **Lissette Saavedra**, PhD, *RTI International*
Presenter: **John Lochman**, DPhil, *United States*

Presenter: **Catherine Bradshaw**, MEd, PhD, *University of Virginia, United States*

Presenter: **Heather McDaniel**, PhD*, University of South Carolina, United States*

Track Child and Adolescent Trauma
Primary Program Type Prevention/Early Intervention
Presentation Level Intermediate
Region Industrialized Countries
Population Type Child/Adolescent
Abstract Body: Aggressive behavior among trauma-exposed youth presents significant challenges in school settings, yet the impact of non-trauma-focused interventions for traumatized youth remains understudied. These interventions foster positive behavioral and emotional outcomes without directly addressing the trauma, benefiting youth uncomfortable discussing their experiences. Given the disproportionate impact of trauma on minoritized youth and school discipline, preventive interventions that promote equity and well-being may be effective for youth, without directly addressing the trauma. This panel focuses on the Coping Power Program (CPP), which is an evidence-based, internationally-recognized school-based preventive intervention designed to reduce aggression and enhance self-regulation. Panelists (Drs. Lochman, Bradshaw, McDaniel, and Morgan-López), will present results from over 15 RCTs (N > 3320 youth) evaluating CPP across different modalities and age groups, highlighting adaptability and effectiveness in school settings. Presentations explore trauma responsive intervention strategies that emphasize social-emotional learning, behavioral reinforcement, and relational support, demonstrating effectiveness in reducing aggression and enhancing school engagement. Panelists discuss how CPP aligns with trauma responsive principles—creating safe, supportive contexts while avoiding potential retraumatization. Attendees will gain insights into implementing evidence-based developmentally appropriate, trauma responsive strategies to support youth with aggressive behavior problems.

3:15 p.m. - 4:30 p.m.
MOLECULAR BIOMARKERS OF PTSD: PREDICTING RISK, RESILIENCE, AND CLINICAL HETEROGENEITY
Symposia

Chair: **Charles Marmar**, MD*, NYU Langone School of Medicine, United States*
Presenter: **Sapir Gershov**, PhD*, NYU Grossman School of Medicine, United States*

Presenter: **Christopher Lausted**, MS*, Institute For Systems Biology, United States*

Presenter: **Seid Muhie**, PhD*, United States*

Presenter: **Aarti Gautam**, PhD*, Walter Reed Army Institute of Research, United States*

Track Biology and Medical
Primary Program Type Biological/Medical
Presentation Level Intermediate
Region Global
Population Type Adult
Abstract Body Post-traumatic stress disorder is a heterogeneous, potentially debilitating condition, with significant variability in pathways for its development and progression. The identification of predictive markers is crucial to guide prevention and risk mitigation. This symposium explores novel strategies for identifying molecular biomarkers that predict risk,

resilience, and the development of PTSD, emphasizing the importance of early intervention and personalized treatment. First, we present a machine learning model that predicts PTSD risk up to 10 years after deployment using pre-deployment data, offering a potential tool for pre-deployment risk assessment and resilience training. Next, we examine blood proteomes to identify PTSD subtypes, highlighting distinct molecular pathways in different PTSD groups, including those with depression and cognitive impairment, indicating that PTSD subtyping efforts can improve diagnostic performance. The third presenter provides a temporal view of PTSD mediators, utilizing markers of metabolic and inflammatory functioning and epigenetic regulators to identify early resilience pathways and dysregulation associated with PTSD. Finally, we investigate DNA methylation signatures in acute stress disorder, revealing conserved epigenetic markers across civilian and military cohorts that can inform early detection of stress-related disorders. Together, these studies advance our understanding of the molecular underpinnings of PTSD, underscoring the potential for precision psychiatry in predicting, diagnosing, and treating PTSD and associated health impacts.

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

FEATURED SESSION: TRAUMA-RELATED MENTAL HEALTH PROBLEMS IN LOW-RESOURCE SETTINGS ACROSS THE GLOBE: FROM NEEDS TO INTERVENTIONS
Symposia

Chair: **Stephanie Lewis**, PhD*, King's College London, United Kingdom*
Presenter: **Sarah Murray**, PhD*, Johns Hopkins University Bloomberg School of Public Health, United States*

Presenter: **Mia Akiba**, PhD*, King's College London, United Kingdom*

Presenter: **Lauren Yan**, MSW*, Johns Hopkins University, United States*

Presenter: **Stephanie Lewis**, PhD*, King's College London, United Kingdom*

Track Public Health
Primary Program Type Global Issues
Presentation Level Intermediate
Region Global
Population Type Both Adult and Child/Adolescent
Abstract Body This symposium examines mental health problems experienced by trauma-exposed individuals in low resource settings around the world. We present three empirical research studies of marginalised groups in three different countries that demonstrate high trauma-related mental health needs, followed by a meta-analysis of PTSD treatments in low- and middle-income countries (LMICs).
The first talk reveals the high and unmet mental health needs of rural sexual and gender diverse adults with probable PTSD in the USA. The second talk demonstrates high rates of PTSD in adults with HIV in Zimbabwe, which is particularly linked with interpersonal and multiple trauma exposure, and additionally with exposure to other stressful events. The third talk also considers the impact of trauma characteristics, focussing on depression symptoms among Syrian refugees in Jordan, finding that trauma characteristics explain a relatively small fraction of the variance. The fourth talk considers how these high mental health needs

could be met, by evaluating the effectiveness of PTSD treatments in LMICs, demonstrating the benefits of a wide range of interventions in treating PTSD and comorbid symptoms.

Taken together, these findings highlight the need for more trauma-related mental health interventions in low-resource settings. They also suggest the importance of considering the impact of a range of life events, including ongoing stressors. The findings additionally call for a more comprehensive understanding of transdiagnostic trauma-related needs and the development and implementation of interventions to address them.

Saturday, September 20, 2025

8:00 a.m. - 9:15 a.m.

Concurrent 10

8:00 a.m. - 9:15 a.m.

PATHWAYS TO TREATING CO-OCCURRING POSTTRAUMATIC STRESS DISORDER AND OPIOID USE DISORDER
Symposia

Chair: **Tanya Saraiya**, PhD, *Medical University of South Carolina, United States*
Presenter: **Kelly Peck**, PhD, *The University of Vermont, United States*

Presenter: **Cassandra McLaughlan**, BA, *Psychiatric Research Institute, University of Arkansas for Medical Sciences, United States*

Presenter: **Amanda Bunting**, PhD, *United States*

Discussant: **Teresa Lopez-Castro**, PhD, *The City College of New York, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Up to 41% of people with PTSD have an opioid use disorder (OUD). Trauma-focused treatments are effective at improving PTSD among people with substance use disorders. However, it is only recently that several investigative teams have begun to adapt and evaluate such interventions for people with co-occurring PTSD/OUD. The proposed symposium will present the results from five novel trauma-focused behavioral treatments being systematically adapted, evaluated, and implemented in clinical trials. Dr. Peck will present randomized trial data demonstrating how financial incentives and telehealth can be leveraged to deliver Prolonged Exposure therapy to individuals receiving medications for OUD (MOUD). Dr. Bunting will present adaption details and findings from an open-label pilot trial on adapting Skills Training in Affective and Interpersonal Regulation with Narrative Therapy to people with OUD in methadone maintenance treatment. Dr. Saraiya will present the adaptation and preliminary evaluation of the integrated therapy, Helping Opioid Use and PTSD with Exposure, from an open-label pilot trial among people receiving MOUD. Ms. McLaughlan will present on tailoring a brief screening and intervention model to people with PTSD/OUD in jails to enhance referral to Written Exposure Therapy and Cognitive

Processing Therapy. Dr. Mulford, who has expertise in PTSD/OUD, will moderate the discussion. Overall, the symposium aims to present new findings on how diverse approaches to treating underlying trauma/PTSD among individuals with OUD can reduce the burden of both conditions.

8:00 a.m. - 9:15 a.m.

CUTTING EDGE DEVELOPMENTS IN THE CLINICALLY RELEVANT ASSESSMENT OF PTSD
Symposia

Chair: **Michelle Bovin**, PhD*, National Center for PTSD, United States*

Presenter: **Siyuan Wang**, MS*, University of North Texas home, United States*

Presenter: **Thomas Crow**, PhD*, VA Boston Healthcare System, United States*

Presenter: **Michelle Bovin**, PhD*, National Center for PTSD, United States*

Presenter: **Frank Weathers**, PhD*, National Center for PTSD, United States*

Discussant: **Brian Marx**, PhD*, National Center for PTSD, United States*
Track Assessment and Diagnosis
Primary Program Type Assessment/Diagnosis
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body All PTSD research is predicated on accurate assessment. Although reliable and valid PTSD measures are available, questions remain about current instrumentation. To date, there is little known about the longitudinal stability of assessment results or how stability and accuracy might vary across measures. Further, although patients and clinicians often differ in the identification of the "worst" event and estimation of PTSD symptom severity, it is unclear if and how these discrepancies can be aligned. In this symposium, we address each of these issues empirically. Ms. Wang will discuss the short-term stability of the Primary Care PTSD Screen (PC-PTSD-5). Dr. Crow will present a comparison between a PTSD interview (Clinician-Administered PTSD Scale [CAPS-5]) and two PTSD questionnaires (PTSD Checklist [PCL-5] and Posttraumatic Stress Diagnostic Scale [PDS-5]) regarding treatment group effects and change over time. Dr. Bovin will introduce the Index Event Form (IEF), a new interview designed to guide the identification of the worst traumatic event. Dr. Weathers will examine the limits of correspondence between a PTSD interview (Revised CAPS-5 [CAPS-5-R]) and a new self-report measure (Respondent-Administered PTSD Scale [RAPS]) designed to mirror the CAPS-5-R interview process and scoring. Dr. Marx will discuss the implications of these findings for the future of PTSD assessment.

8:00 a.m. - 9:15 a.m.

VIOLENCE PREVENTION AMONG SEXUAL AND GENDER DIVERSE POPULATIONS: INNOVATIVE STRATEGIES AND FUTURE DIRECTIONS
Symposia

Chair: **Heidi Zinzow**, PhD*, Clemson University, United States*
Presenter: **Margaret Brown**, PhD*, Appalachian State University, United States*

Presenter: **Jillian Scheer**, PhD*, United States*

Presenter: **Skyler Hopfauf**, MPH*, University of Michigan, United States*

Presenter: **Heather Littleton**, PhD*, UCCS, United States*

Track Public Health
Primary Program Type Prevention/Early Intervention
Presentation Level Intermediate
Region Industrialized Countries
Population Type Both Adult and Child/Adolescent
Abstract Body Sexual and gender diverse groups (i.e., LGBTQ+) are at increased risk for interpersonal violence exposure in comparison to their cisgender and heterosexual counterparts (Chen et al., 2020; Walters et al., 2013). This population also experiences a multitude of post-assault concerns that exacerbate mental health symptoms and inhibit help-seeking. These include stigma and discrimination, fear of reprisal, harmful stereotypes, and lack of access to culturally sensitive care. Evidence-based prevention and intervention programs are sorely needed to offer tailored and supportive strategies to prevent violence and associated psychosocial outcomes among sexual and gender diverse groups. The projects highlighted in this symposium employ a mix of quantitative and qualitative methodology to inform and examine innovative and scalable strategies as applied to a range of LGBTQ+ populations (students, families, youth, adults). Strategies include an online mentoring program, a dating violence and alcohol use prevention program for families, and social safety initiatives. Qualitative findings are analyzed to inform future directions, including the need for visible and inclusive community resources, resilience-building programs, and efforts to address intersecting minoritized identities.

8:00 a.m. - 9:15 a.m.

EXAMINING SOCIAL MECHANISMS AS DRIVERS OF REFUGEE MENTAL HEALTH TO INFORM INNOVATIONS IN INTERVENTION
Symposia

Chair: **Belinda Liddell**, PhD*, University of Newcastle, Australia*

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

Presenter: **Naser Morina**, PhD*, University Hospital Zurich, Switzerland*

Presenter: **Belinda Liddell**, PhD*, University of Newcastle, Australia*

Presenter: **Richard Bryant**, PhD*, University of New South Wales, Australia*

Track Mass Violence and Migration
Primary Program Type Global Issues
Presentation Level Intermediate
Region Global
Population Type Adult
Abstract Body Forcibly displaced populations around the world are exposed to multiple traumatic events and encounter major post-migration stressors. As such, they report elevated trauma-related psychopathology. Social mechanisms play a critical role in understanding trauma-related conditions, but there is little evidence to inform treatment for refugees. In this symposium, we will address this gap through a series of novel studies conducted with displaced populations in low, middle, and high-income countries. In the first study, Dr Gülşah Kurt will present the longitudinal effects of social isolation and loneliness on depression, anxiety, and overall health amongst refugees and asylum seekers displaced in Indonesia. Next, Dr Naser Morina will dive deeper into the role of attachment style in

underlying the relationships between trauma exposure, post-migration stressors and posttraumatic stress symptoms. In the third study, Professor Belinda Liddell will present a functional magnetic resonance imaging (fMRI) study where social attachment priming was tested as a strategy to assist the regulation of neural responses to social exclusion amongst a sample of resettled refugees in Australia. Finally, Dr Dharani Keyan will present evidence of the implementation of World Health Organisation programs for refugee populations in Jordan that includes outcomes related to social processes. Collectively, these studies highlight the emerging evidence on social mechanisms related to refugee mental health and potential interventions targeted at psychological, social and biological mechanisms.

8:00 a.m. - 9:15 a.m.

FEATURED SESSION: UNDERSTANDING AND IMPROVING QUALITY PTSD CARE IN THE VETERAN AND MILITARY HEALTH SYSTEMS
Symposia

Chair: **Craig Rosen**, PhD, *National Center for PTSD, United States*
Presenter: **Craig Rosen**, PhD, *National Center for PTSD, United States*

Presenter: **Nicholas Holder**, PhD, *San Francisco VA Health Care System; University of California San Francisco, United States*

Presenter: **Ryan Holliday**, PhD, *Rocky Mountain MIRECC for Suicide Prevention, United States*

Presenter: **Carmen Mclean**, PhD, *National Center for PTSD, United States*

Track Professionals
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Veterans and active-duty service members can receive low or no-cost behavioral health care through the Veteran's Health Administration (VHA) and Military Health System (MHS), respectively. Access to high-quality behavioral health care is a priority for the Veteran Affairs (VA) and Department of Defense (DoD). Clinical practice guidelines for PTSD jointly developed by VA and DoD recommend specific trauma-focused psychotherapies (TFPs) as first line PTSD treatments (VA/DoD, 2023). Some prior work has examined use of TFPs in VA, but little is known about reach of TFP in the MHS or TFP delivery in novel telehealth and massed (multiple sessions per week) modalities. This symposium brings together health systems and implementation research on patterns of TFP reach and on innovations to improve access to TFPs. First, Dr. Holder will share findings on TFP use via telehealth and the impact of this modality on quality metrics such as adequate dose and treatment density. Next, Dr. Holliday will present data on use of massed format TFPs in VA residential programs and these programs' outcomes relative to standard residential care. Dr. McLean will present data on receipt of TFPs in the MHS and the administrative, demographic, and clinical factors associated with TFP receipt at different dosages. Finally, Dr. Rosen will share outcomes from a multi-site trial testing a tailored implementation strategy to increase TFP use in the MHS. These presentations shed light on both promising innovations and continuing challenges in expanding veterans' and service members access to high-quality treatment for PTSD.

8:00 a.m. - 9:15 a.m.

FAMILY-BASED MENTAL HEALTH INTERVENTIONS FOR TRAUMA AND ADVERSITY IN GLOBAL SETTINGS
Symposia

Chair: **Mary Bunn**, PhD*, University of Illinois at Chicago, United States*
Presenter: **Stevan Weine**, MD*, Univ of Illinois Chicago, United States*

Presenter: **Mary Bunn**, PhD*, University of Illinois at Chicago, United States*

Presenter: **Ali Giusto**, PhD*, Florida International University, United States*

Presenter: **Eve Puffer**, PhD*, Duke University, United States*

Track Mass Violence and Migration
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Global
Population Type Both Adult and Child/Adolescent
Abstract Body War, migration and other adverse social drivers often generate individual mental health problems and can have negative consequences on the entire family system resulting in parenting challenges, intergenerational conflict, and poor mental health and functioning in children and caregivers alike. The family is also uniquely placed to buffer the negative impacts of trauma and adverse life experiences. Family-based approaches in global mental health can amplify the benefits of interventions, address families' social and emotional needs and strengthen family processes and relationships critical for long term adaptation and wellbeing. The emerging research evidence points to the feasibility and acceptability of such approaches and the positive benefits to family functioning and mental health health outcomes.

This symposium brings together presenters from four global research projects conducted in Kenya, Jordan, Lebanon, Turkey and the U.S. to discuss family systems approaches in settings of trauma and chronic adversity and examine unique and nuanced issues when developing, implementing and evaluating family-based interventions. This includes low intensity family models for resource constrained settings, collaborative adaptation approaches to modifying family interventions to reflect two-generational needs, culture, context and intervention setting; engagement challenges in family-based work and strategies for improving father involvement; and training and preparation of non-specialist providers who deliver family-based care.

8:00 a.m. - 9:15 a.m.

LEVERAGING TECHNOLOGY TO UNCOVER INNOVATIVE DISCOVERIES IN THE DAILY PROCESSES UNDERLYING TRAUMA AND SUBSTANCE USE
Symposia

Chair: **Benjamin Katz**, MS*, University of Wisconsin-Milwaukee, United States*
Presenter: **Benjamin Katz**, MS*, University of Wisconsin-Milwaukee, United States*

Presenter: **Emmanuel Thomas**, MA*, University of Pittsburgh, United States*

Presenter: **Noam Newberger**, MA*, University of Rhode Island, United States*

Presenter: **Alexa Raudales**, MA*, Alpert Medical School, Brown University, United States*

Track Public Health
Primary Program Type Technology
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Research since the 1980's converges to show that trauma and substance use frequently co-occur and that this co-occurrence is associated with deleterious outcomes. However, a critical limitation of this work is that it has relied on retrospective approaches that derive aggregate measures and thus cannot capture details about fluctuating patterns of trauma and substance use. Ecological momentary assessment methods can provide more granular information that can be used to evaluate the adequacy of competing theories about the co-occurrence of trauma and substance use to subsequently inform future research and practice. This symposium will showcase innovative approaches for understanding trauma and substance use at the daily level. First, Katz et al. investigate the within-day concordance between intimate partner violence (IPV) victimization and alcohol use in a diverse sample of women experiencing IPV. Next, Thomas et al. will investigate the daily association between trauma symptoms of discrimination and alcohol cravings in a sample of Black adults. Following this, Newberger et al. will examine the influence of PTSD symptoms on substance use during a 30-day period immediately following residential substance use treatment. Finally, Raudales et al. utilize event-sampling technologies to examine daily associations between PTSD symptoms, opioid use, and suicidality in a high-risk trauma-exposed community sample. Collectively, these studies harness cutting-edge technology to reveal timely insights driving daily processes underlying trauma and substance reuse.

8:00 a.m. - 9:15 a.m.

INNOVATIONS IN SENSOR-BASED NEUROBIOLOGICAL MEASURES FOR TRAUMA RESEARCH AND TREATMENT
Symposia

Chair: **Jacek Kolacz**, PhD, *United States*

Presenter: **Gregory Lewis**, PhD, *Indiana University, United States*

Presenter: **Steven Woodward**, PhD, *National Center for PTSD, United States*

Presenter: **Katherine Miller**, PhD, *Minneapolis VA Health Care System, United States*

Presenter: **John Williamson**, PhD, *University of Florida, United States*

Track Biology and Medical
Primary Program Type Technology
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Traumatic stress is associated with changes in the regulation of autonomic nervous system (ANS), a brain-body network sensitive to environmental experience that is involved in regulating arousal for threat responses, rest (e.g., sleep), and changes in organ activity that can impact physical health. Recent technological growth has sparked new opportunities for sensor-based neurobiological marker measurement in clinical settings. This set of presentations describes physiological monitoring tools deployed in outpatient, inpatient, and home settings. They showcase a range of uses for basic questions such as measuring physiological bases of hyperarousal without inducing distress and predicting

physical health risks, and treatment applications such as tracking mechanisms of outcome in therapy and neurodmodulation. The methods represent a broad spectrum of sensor-based measures including low cost commercially available equipment (presentation 1) to highly specialized methods such as mattress-embedded sensors (presentations 2 and 3) and tools for real-time visualization (presentation 1) and physiological stimulation (presentation 4). Together, these talks from an interdisciplinary group of scholars across a range of career stages demonstrate how advances in sensing technology can help bridge knowledge gaps, enable new scientific discoveries, and inform clinical practice.

8:00 a.m. - 9:15 a.m.
RESILIENCE AND REMISSION IN PTSD: IMPLICATIONS FOR CARDIOMETABOLIC HEALTH
Symposia

Chair: **Yiwen Zhu**, PhD*, Harvard T.H. Chan School of Public Health, United States*
Presenter: **Kelsey Serier**, PhD*, Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, United States*

Presenter: **Arielle Scoglio**, PhD*, Bentley University, United States*

Presenter: **Yiwen Zhu**, PhD*, Harvard T.H. Chan School of Public Health, United States*

Presenter: **Kristen Nishimi**, BA, MPH, PhD*, San Francisco Veterans Affairs Medical Center/UCSF, United States*

Discussant: **Jennifer Sumner**, PhD*, University of California, Los Angeles, United States*
Track Public Health
Primary Program Type Public Health
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Growing evidence highlights the profound connections between trauma, PTSD, and cardiometabolic health. However, whether heterogeneity in the course of PTSD corresponds to distinct cardiometabolic risk profiles is not well understood. Applying rigorous methods in three epidemiologic cohorts, we aim to examine whether resilience or PTSD remission (versus persistent PTSD) contributes to more favorable cardiometabolic health and discuss how these insights could improve care for trauma-exposed individuals at higher risk of chronic health conditions. Through the first three presentations, we will explore the mechanisms linking PTSD to elevated cardiometabolic risk, emphasizing convergent findings on the roles of resilience or PTSD remission. We will begin by discussing associations with cardiometabolic conditions followed by a study of metabolic syndrome, an established precursor to cardiometabolic diseases. Next, we will narrow our focus to a key biological pathway by presenting robust evidence from a triangulation study assessing PTSD's impact on elevated triglycerides. Lastly, we will share novel findings characterizing relationships between PTSD and autoimmune conditions, highlighting implications for cardiometabolic health. Our discussant will lead conversations on future research directions as well as the relevance of our findings from clinical and public health perspectives.

8:00 a.m. - 9:15 a.m.

RADICAL HEALING THROUGH GROUP THERAPY: TRANSFORMING TRAUMA-INFORMED CARE FOR RACE-RELATED STRESS
Panel

Chair: **Aparna Arjunan**, PhD, *Independent Practice, United States*
Presenter: **Erica Peppers**, MPH, PhD, *Private Practice, United States*

Presenter: **Nishant Patel**, Other, *Reclaiming Narratives Psychology Services PLLC, United States*

Presenter: **Valene Whittaker**, PhD, *United States*

Track Clinical Interventions
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body: Race-based stress and racial trauma (RBST) are pervasive and deeply rooted in systemic inequities, disproportionately impacting individuals from marginalized racial and ethnic groups (Carlson et al., 2018) in the US. Despite the high prevalence of RBST and adverse effects on mental health, few psychotherapy treatments explicitly address RBST (Carter et al., 2019). This panel discussion will explore the development, evolution, and impact of group interventions addressing RBST, highlighting the process of using a decolonized, radical healing framework and emphasizing community building to support the needs of individuals with multiple marginalized identities. Presenters will provide context for how these groups evolved within the sociopolitical climate, focusing on patient and staff advocacy efforts, the use of a radical healing approach, and the impact of facilitator positionality. Panelists will share insights into the iterative development of RBST groups, including drop-in groups, closed mixed-gender groups, women-only groups, and aftercare offerings. Attendees will gain a deeper understanding of the structure, content, and outcomes of RBST group treatment as well as practical tools for developing similar initiatives. This session aims to demonstrate innovative approaches to addressing RBST within an interdisciplinary, trauma-informed system of healthcare.

8:00 a.m. - 9:15 a.m.

FEATURED SESSION: STRUCTURALLY COMPETENT CARE FOR CHILDREN AND FAMILIES COPING WITH THE CONTINUOUS TRAUMATIC STRESS OF STRUCTURAL VIOLENCE AND COMMUNITY VIOLENCE
Panel

Chair: **Bradley Stolbach**, PhD, *University of Chicago, United States*
Presenter: **Bradley Stolbach**, PhD, *University of Chicago, United States*

Presenter: **Seeba Anam**, MD, *University of Chicago, United States*

Presenter: **Marva Lewis**, PhD, *Tulane University School of Social Work, United States*

Track Child and Adolescent Trauma
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Child/Adolescent

Abstract Body: In racially and economically segregated urban communities, structural violence and chronic adversity perpetuate the risk for community violence and related trauma exposures. Despite widespread awareness of community violence, urban youth of color are among those least likely to have access to services that promote trauma recovery. When they do encounter the mental health system, the focus is often on behavioral control rather than on understanding and addressing the continuous traumatic stress they face. This panel will describe multipronged, interdisciplinary efforts at an academic medical center with one of the highest volumes of bullet-related injuries in the United States, to provide youth and families affected by community violence with trauma-informed, structurally competent services in both office-based and community-based settings. The panel includes a team comprised of a clinical psychologist, sociocultural psychologist, child psychiatrist, and adult psychiatrist, all of whom take diverse and complementary approaches to treating the effects of community, historical, and racial trauma. We will present diagnostic data from a psychological and psychiatric needs assessment clinic (Stolbach), describe a culturally valid, community- and strengths-based approach to disrupting the intergenerational transmission of trauma (Lewis), strategies for developing structurally competent practices and practitioners (Anam) and discuss the results of these collective efforts in comparison to more traditional, Eurocentric approaches to diagnosis and intervention (Lee).

9:30 a.m. - 10:50 a.m.

Awards and Keynote: Lifetime Achievement Awardee

9:30 a.m. - 10:50 a.m.

ADVANCING THE FRONTIERS OF COMPLEX PTSD: INNOVATIONS IN CONCEPTUALIZATION, ASSESSMENT, AND TREATMENT
Keynote

Chair: **Marylene Cloitre**, PhD*, NYU Silver School of Social Work, United States*
Abstract In 2019 the World Health Organization (WHO) accepted complex posttraumatic stress disorder (CPTSD) alongside PTSD into the 11th edition of the International Classification of Diseases (ICD-11). The keynote will provide a brief history of CPTSD, the rationale for the introduction of partnered PTSD and CPTSD diagnoses into the ICD-11and a description of the development of their distinct symptom profiles. Well-established self-report and clinician administered assessment measures will be reviewed as well as their applicability across different languages and cultures. Differential risk factors, prevalence rates, comorbidities and long-term consequences between ICD-11 PTSD and CPTSD will be reviewed. A description of the similarities and differences between CPTSD and borderline personality disorder (BPD) and clinical implications will be provided. Evidence regarding the clinical utility of having two distinct disorders regarding understanding etiology, environmental impacts, cognitive appraisals, chronicity and treatment will be discussed. Emerging evidence regarding strategies for treating CPTSD and future directions for treatment development will be discussed.

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

Concurrent 11

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

MINORITY STRESS, TRAUMA, AND PTSD SYMPTOMS WITHIN SEXUAL AND GENDER MINORITY COMMUNITIES: CONTINUING THE CRITERION A DEBATE
Symposia

Chair: **Laura Wilson**, PhD*, University of Mary Washington, United States*
Co-chair: **Amie Newins**, PhD*, University of Central Florida, United States*
Presenter: **Francesca Kassing**, PhD*, Alliant International University, Fresno, United States*

Presenter: **Laura Wilson**, PhD*, University of Mary Washington, United States*

Presenter: **Alexander Puhalla**, PhD*, Coatesville VA Medical Center, United States*

Presenter: **Amie Newins**, PhD*, University of Central Florida, United States*

Track Assessment and Diagnosis
Primary Program Type Culture/Diversity
Presentation Level Introductory
Region Industrialized Countries
Population Type Adult
Abstract Body Sexual and gender minorities (SGM) experience greater mental health difficulties, including PTSD, than heterosexual and cisgender individuals. These mental health disparities are often explained as stemming from greater exposure to minority stress and trauma, and this literature is germane to the debate regarding PTSD Criteria A. Though prior research has suggested that a range of non-Criterion A events are associated with PTSD symptoms, there has been resistance to expanding the diagnostic criteria. This symposium will consist of four presentations of original research on the topic of minority stress and PTSD symptoms within SGM communities. Presentation 1 will discuss a meta-analysis of the relationship between minority stress and PTSD symptoms in transgender individuals. Presentation 2 will discuss the relationship between discrimination and PTSD symptoms in sexual minority women, after accounting for trauma exposure and including longitudinal data. Presentation 3 will discuss moderators and mediators of the relationship between heterosexism and PTSD symptoms in sexual minority women. Presentation 4 will examine PTSD symptoms as a mediator of the association between discrimination and academic outcomes among SGM college students. The presenters range in career level from post doc to mid-career. Additionally, they work in a range of settings, including a R1 research university, small liberal arts university, and a professional psychology university. Relevant to the theme of the conference, all four presentations will discuss how to conceptualize minority stress during assessment and treatment.

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

BEYOND PTSD: EXPLORING CHANGES IN A RANGE OF SECONDARY OUTCOMES WITH TRAUMA TREATMENTS
Symposia

Chair: **Sarah Rutter**, MA*, Case Western Reserve University, United States*
Presenter: **Isabelle Tully**, BS*, Case Western Reserve University, United States*

Presenter: **Jenna Bagley**, MA*, Case Western Reserve University, United States*

Presenter: **Cailan Splaine**, BA, BS, *Case Western Reserve University, United States*

Presenter: **Sarah Rutter**, MA, *Case Western Reserve University, United States*

Discussant: **Brian Marx**, PhD, *National Center for PTSD, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body This symposium explores outcomes for trauma-related treatment beyond PTSD symptom severity or loss of diagnosis (i.e., primary outcomes). Among those with PTSD and other trauma-related disorders, the impact of trauma often extends beyond such symptoms. Broader impacts (i.e., secondary outcomes) may include changes in emotion dysregulation, blame, positive emotion deficits, avoidance, and social functioning. These symptoms are often described as highly impairing and distressing. Examining these secondary outcomes is key to understanding treatment change processes and improving functional outcomes for evidence-based trauma treatments. The first paper explores individualized and session-by-session patterns of change in emotion regulation and self-blame cognitions over the course of prolonged exposure (PE) with or without sertraline. In a second paper we explore changes in avoidance and emotion regulation in a clinical trial of PE with and without sertraline for PTSD. In the third paper, changes in positive affect and hedonic capacity following a novel treatment (Positive Processes and Transition to Health; PATH) targeting common mechanisms in PTSD and depressive symptoms are examined. Finally, in a fourth paper we examine the impact of PATH on engagement with others, and how engagement and perceived helpfulness of engagement impacts primary outcomes. By better understanding how change processes unfold over the course of treatment and how these relate to secondary outcomes, we may better target or personalize trauma-focused interventions to address these often distressing and impairing symptoms.

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

UNDERSTANDING AND ADDRESSING INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE: IMPLICATIONS FOR SCREENING AND INTERVENTION Symposia

Chair: **Whitney Livingston**, PhD, *RAND, United States*
Presenter: **Katherine Iverson**, PhD, *Natl Ctr for PTSD, Boston VA Healthcare System, United States*

Presenter: **Galina Portnoy**, PhD, *Yale School of Medicine/VA Connecticut Healthcare System, United States*

Presenter: **Nicole Duby**, BA, BS, *Arizona State University, United States*

Presenter: **Whitney Livingston**, PhD, *RAND, United States*

Track Clinical Interventions
Primary Program Type Clinical Practice
Presentation Level Introductory
Region Central and Eastern Europe and the Commonwealth of Independent States
Population Type Adult

Abstract Body Accounting for both patient experiences as well as provider perspectives is critical to delivering effective interventions to address experiences of intimate partner violence (IPV) and sexual violence (SV). For instance, women and men who experience different types of IPV may have distinct mental health needs and preferences regarding IPV and SV screening. This symposium focuses on IPV and SV mental health symptoms and patient and provider perspectives on screening and treatment, while considering differences among women and men. The first paper investigates the associations between different types of IPV experiences (psychological, sexual, and physical) with mental health symptoms (e.g., PTSD symptoms, suicide risk) by sex among SV survivors. The second paper demonstrates disparities in IPV-related lethality screening implementation and response patterns among men and women Veterans Health Administration (VHA) patients. The third paper assesses clinician perspectives on implementing an IPV counseling intervention in VHA, including the perceived fit of the intervention for men. The final presentation presents veteran perspectives and opinions on the VHA military sexual trauma screening process among men and women VA patients. The presenters will discuss implications of study findings for IPV and SV screening and intervention research and practice.

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

LATE BREAKING FINDINGS AND FUTURE DIRECTIONS FROM A COMPARATIVE EFFECTIVENESS TRIAL OF PE AND CPT

Symposia

Chair: **Kelly Harper**, PhD*, National Center for PTSD at VA Boston Health Care System, United States*

Presenter: **Paula Schnurr**, PhD*, National Center for PTSD, United States*

Presenter: **Samantha Moshier**, PhD*, Emmanuel College, United States*

Presenter: **Kelly Harper**, PhD*, National Center for PTSD at VA Boston Health Care System, United States*

Discussant: **Debra Kaysen**, PhD*, Stanford University, United States*
Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Introductory
Region Industrialized Countries
Population Type Adult
Abstract Body Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) are gold-standard psychotherapies for posttraumatic stress disorder (PTSD); however, very few clinical trials have the sample size to directly compare these psychotherapies. Comparison of these treatments is vital for better understanding who may be more likely to respond to each treatment and inform treatment decisions for patients. The presentations in this symposium will report on cutting edge research conducted with the largest randomized clinical trial to compare CPT and PE, The Comparative Effectiveness Research In Veterans with PTSD (CERV-PTSD) trial (N = 916; n = 455 in PE; n = 461 in CPT). First, the Principal Investigator of the CERV-PTSD trial will briefly provide an orientation to the trial by presenting the study methods and main findings. Next, three presentations will focus on new and novel empirical investigations from the trial. The first presentation will examine the timing of dropout between PE and CPT and demographic, clinical, and treatment-related predictors of dropout from each treatment. The second presentation will report on individual-level symptom change from session-to-session in each treatment using network intervention

analysis and identify key differences between treatments. The third presentation will report on creating clinical benchmarks for changes in quality of life in CPT and PE. The discussant will reflect on ways these talks help advance the field of PTSD treatment research and identify critical areas for future inquiry.

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

TRAUMA-INFORMED PERSPECTIVES AND INNOVATIONS IN UNDERSTANDING AND ADDRESSING OCCUPATIONAL DISTRESS AND TRAUMA IN AT-RISK PROFESSIONALS
Panel

Chair: **Ginny Sprang**, PhD, *University of Kentucky, United States*
Presenter: **Ginny Sprang**, PhD, *University of Kentucky, United States*

Presenter: **Stephanie Gusler**, PhD, *University of Kentucky Center on Trauma and Children, United States*

Presenter: **Jessica Wozniak**, PhD, *Baystate Medical Center, United States*

Presenter: **Kelly Kinnish**, PhD, *National Center on Child Trafficking, United States*

Track Professionals
Primary Program Type Vicarious Traumatization and Therapist Self-Care
Presentation Level Intermediate
Region Industrialized Countries
Population Type Mental Health Professionals
Abstract Body: As trauma-informed systems of care have emerged across the globe, a gap remains in the application of these principles to the professionals delivering these services. Studies document that the current service delivery system is being driven by a workforce managing indirect trauma exposure, moral conflicts, and burnout. Subsequently, these systems are plagued by absenteeism and attrition and, as a result, inconsistencies in the provision of care to individuals with trauma conditions. This is especially true in fields serving multinational populations like sex trafficking survivors, whose care involves high levels of uncertainty and potential risk. This panel unpacks this issue via four presentations highlighting findings and lessons learned from their research and global studies. The first presentation uses a socioecological model to frame an investigation of secondary traumatic stress (STS), specifically examining multilevel predictors of distress and offers trauma-informed strategies for addressing the issue within each nested circle of influence. The next presenter maps the relationships between STS and vicarious trauma (VT) using network analysis to determine if the DSM-5's depiction of PTSD fully captures the cognitive symptoms described in VT. The third presenter explores moral distress, and factors influencing its expression as a way of identifying targets for intervention. Finally, the last speaker presents a toolkit of strategies for addressing these conditions in ant-trafficking organizations. Attendees will be given a link to the toolkit and opportunities to interact with the recommendations.

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

BRIDGING THE SERVICE NEEDS/GAP WITH A PARENT-LED THERAPIST-ASSISTED INTERVENTION FOR CHILDREN AFTER TRAUMA WITHIN A STEPPED CARE INTERVENTION

Workshop

Chair: **Tine Jensen**, PhD, *Norwegian Centre for Violence and Traumatic Stress Studies, Norway*

Presenter: **Alison Salloum**, MSW, *University of South Florida, United States*

Presenter: **Silje Ormhaug**, PhD, *Norwegian Centre for Violence and Traumatic Stress Studies, Norway*

Tracks Child and Adolescent Trauma
Primary Program Type Clinical Practice
Presentation Level Intermediate
Region Industrialized Countries
Population Type Child/Adolescent
Abstract Body Trauma-focused cognitive behavioral therapies are the recommended first choice for children with post-traumatic stress symptoms, however, many children do not have access the care they need. To meet this gap in services/needs, a steeped care approach is recommended where a lower intensive approach is offered as a first step, with more therapist-intensive treatment provided to those in need of more help. The treatment model Stepped Care Cognitive Behavioral Therapy for Children after Trauma (SC-CBT-CT) is an innovative treatment for children between 3-12 years of age. Here, the tasks of leading the treatment have been partially shifted to the parents in Step One, Stepping Together for Children after Trauma (ST-CT). Step Two consists of therapist-led Trauma-focused cognitive behavioral therapy (TF-CBT). So far, three randomized clinical trials from the US have shown that SC-CBT-CT is non-inferior to standard TF-CBT, and that costs are 50% lower. In addition, a Norwegian feasibility trial has shown that the ST-CT model transfers well to a new cultural context. In this workshop we will cover: (1) overview of the SC-CBT-CT intervention (2) perspectives from children, parents, therapists and leaders implementing ST-CT, (3) evidence of effectiveness of ST-CT, and (5) a case example of the parent-led therapist-assisted treatment with (6) guidelines for establishing parent-led in vivo exposures with children.

11:00 a.m. - 12:15 p.m.
BETWEEN HEART AND MIND: MULTIMETHOD PSYCHO-PHYSIOLOGICAL EXAMINATION OF COGNITIVE-BEHAVIORAL CONJOINT THERAPY FOR PTSD
Symposia

Chair: **Danny Horesh**, PhD, *Bar-Ilan University, Israel*

Presenter: **ilil Zaks-Livny**, MA, *Bar-Ilan University, Israel*

Presenter: **Danny Horesh**, PhD, *Bar-Ilan University, Israel*

Presenter: **Yael Shoval-zuckerman**, PhD, *Bar-Ilan University, Israel*

Presenter: **Elisheva Erlich Haymann**, MSW, *Israel*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Middle East and North Africa
Population Type Adult
Abstract Body Recent theories and studies on PTSD's impact on intimate relationships have highlighted the likely reciprocal association with relationship functioning, and the complex

ways partners affect each other. Despite extensive knowledge of PTSD's impact on couples and evidence that individual interventions do not necessarily improve family functioning, significant gaps remain regarding PTSD interventions for couples. To address thess gaps, this symposium will provide a comprehensive examination of Cognitive-Behavioral Conjoint Therapy (CBCT), a 15-week couples intervention designed to alleviate PTSD and improve relationship satisfaction. We will present findings from a large multi-method clinical trial examining the effectiveness of CBCT on Israeli couples, reporting a wide vaiety of traumatic events. Importantly, the symposium will offer multiple perspectives on this topic, combining both psychological and physiological data. The first paper will introduce a comprehensive protocol for an ongoing, multi-method, psycho-physiological randomized controlled trial examining the effectiveness of CBCT and mechanisms of change. The second paper will present findings from a pilot study exploring psychological and physiological (e.g., heart rate variability, skin conductance) outcomes of CBCT. The third paper will present qualitative findings on post-traumatic growth following CBCT, focusing on its positive effects and challenges encountered in therapy. The fourth paper will examine the complex effects of accommodation in couples dealing with PTSD, and the changes in accommodation resulting from CBCT.

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

DISASTERS SHAPE OUR WORLD: CHALLENGES AND STRATEGIES IN SUPPORTING PEOPLE TRAUMATIZED BY DISASTERS AROUND THE WORLD
Panel

Chair: **Jun Shigemura**, MD, PhD*, Mejiro University, Japan*
Presenter: **Jun Shigemura**, MD, PhD*, Mejiro University, Japan*

Presenter: **Jinhee Hyun**, Prof*, Daegu University, South Korea*

Presenter: **Sho Takahashi**, MD*, University of Tsukuba, Japan*

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

Track Public Health
Primary Program Type Public Health
Presentation Level Intermediate
Region Global
Population Type Both Adult and Child/Adolescent
Abstract Body: The treatment and support of people suffering from traumatic stress is a crucial global public health issue. Of the many traumatic events, disasters simultaneously affect a large number of people. On a global level, the number of disasters is rising, and the scale of disasters is becoming more severe due to climate change, metropolitanization, and technological development.
Large-scale symbolic disasters significantly affect the local, national, and international communities. This effect includes not only adverse mental health but also changes in personal and societal beliefs, and the political direction of the affected people. Mental health support for disaster survivors has become increasingly complex due to the overwhelming amount of information available through social media and internet news, the risk communication challenges, and the reflection of political and economic circumstances.

In this panel discussion, the panelists will present their support experiences and findings of their frontline disaster mental health support. The events include the Fukushima Daiichi Nuclear Power Plant accident (2011, Japan), the Jeju Air plane crash (2024, South Korea), the Noto Peninsula earthquake (2024, Japan), and the Los Angeles area wildfires (2025, United States). The panelists will demonstrate the uniqueness and commonalities of each disaster support effort and present ways of responding to the increasingly complex challenges for the traumatized people affected by these events. This panel discussion will summarize new insights and points to consider for future disaster response.

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

ADDRESSING SUBSTANCE USE FOLLOWING INTERPERSONAL VIOLENCE: EARLY INTEGRATED INTERVENTION STRATEGIES
Symposia

Chair: **Heather Littleton**, PhD*, UCCS, United States*
Presenter: **Heidi Zinzow**, PhD*, Clemson University, United States*

Presenter: **Christine Hahn**, PhD*, Medical University of South Carolina, United States*

Presenter: **Emily Dworkin**, PhD*, University of Washington, United States*

Presenter: **Kate Walsh**, PhD*, University of Wisconsin-Madison, United States*

Track Clinical Interventions
Primary Program Type Clinical Intervention/Research
Presentation Level Intermediate
Region Industrialized Countries
Population Type Adult
Abstract Body Survivors of interpersonal violence, including sexual assault and intimate partner violence, are at risk for substance misuse as well as for the development of substance use disorders (SUD; Mehr et al., 2023). Notably, survivors frequently use substances to manage symptoms of posttraumatic stress (PTS) and other forms of psychological distress (Haller and Chassin, 2014). Despite the frequency with which interpersonal violence survivors develop substance use problems, as well as the frequent co-occurrence of substance use problems and PTS, there is a lack of evidence-based early interventions to prevent the development of substance use problems and address PTS. The presentations in this symposium focus on the development of accessible early interventions targeting substance use and other sequelae following interpersonal violence including via interventions delivered by peer support specialists, mobile apps/text messaging-based interventions, and brief interventions. Further, quantitative and qualitative data from participants and stakeholders are utilized to refine these interventions with an eye to increasing uptake, engagement, and acceptability and appropriateness of intervention content. Findings provide clear implications for the future development of early interventions tailored to meet the needs of diverse populations of survivors.

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

FRONTLINE WORKER MENTAL HEALTH IN UKRAINE: STORIES, STRATEGIES, AND GAPS
Panel

Chair: **Marta Pyvovarenko**, MSc*, National NGO Self-Help, Ukraine*
Presenter: **Oleksii Bordun**, MSc*, Ukraine*

Presenter: **Galina Itskovich**, MSW*, Galina Itskovich, LCSW, United States*

Presenter: **Suzan Song**, MD*, Harvard Boston Children's Hospital, United States*

Presenter: **Katja Kolcio**, PhD,Prof*, Wesleyan University, United States*

Track Clinical Interventions
Primary Program Type Community-Based Programs
Presentation Level Introductory
Region Central and Eastern Europe and the Commonwealth of Independent States
Population Type Both Adult and Child/Adolescent
Abstract Body: The ongoing war in Ukraine has resulted in mass displacement, widespread destruction, and a severe mental health crisis, particularly for children exposed to violence, loss, and chronic stress. As key figures in children's physical and psychological survival, frontline workers—including military personnel, police, psychologists, and emergency responders—are often the first to provide safety, comfort, and emotional support. However, while much attention has been given to the mental health impact of war on refugee children displaced to bordering countries, less focus has been placed on the psychological toll experienced by those on the frontlines within Ukraine—in particular, those in occupied or recently de-occupied territories. It is not only the children (Elvevåg and DeLisi, 2022) they serve, but the first responders themselves who are at risk (Deac et al., 2024, p. 35-37). Being under constant stress may result in burn out, anxiety, and depression in workers in the frontline (Kang et al., 2024). This panel will explore the mental health needs of Ukrainian frontline workers supporting children in conflict zones, share first-hand experiences, and discuss emerging interventions to mitigate secondary stress and facilitate efficacy in addressing the mental health impact of war on children.

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

SLEEP DISTURBANCES IN TRAUMA SURVIVORS: GLOBAL PERSPECTIVES AND LONG-TERM IMPACT
Symposia

Chair: **Synne Stensland**, MD*, NKVTS, Norway*
Presenter: **Monica Baumann-Larsen**, MD, PhD*, University of Oslo, Norway*

Presenter: **Maren Werner**, MD, PhD*, Oslo University Hospital, Norway*

Presenter: **Yiwen Zhu**, PhD*, Harvard T.H. Chan School of Public Health, United States*

Track Biology and Medical
Primary Program Type Biological/Medical
Presentation Level Intermediate
Region Central and Eastern Europe and the Commonwealth of Independent States
Population Type Both Adult and Child/Adolescent
Abstract Body Sleep disturbances are a pervasive and significant consequence of trauma exposure, with enduring effects on physical and mental health. This symposium brings together cutting-edge research on sleep disturbances in trauma survivors, offering global perspectives on both the immediate and long-term impact. Presentations will explore sleep

patterns in survivors of terror attacks, individuals exposed to childhood trauma, and populations affected by natural disasters and the COVID-19 pandemic. Each study uses objective measures and innovative methodologies, including activity sensors and large population datasets, to assess sleep quality, duration, and disturbances. Key themes include the role of adverse childhood experiences, the relationship between PTSD and sleep, and the global prevalence of sleep disorders in trauma survivors. Findings underscore the urgent need for trauma-informed approaches to sleep health and the importance of early detection and intervention. The symposium highlights how trauma, across diverse populations, continues to affect sleep long after the event, and how addressing these issues can promote better recovery outcomes globally.

6:00 p.m. - 7:30 p.m.

Invited Closing Presidential Keynote

6:00 p.m. – 7:30 p.m.

NEXT-GEN PTSD CARE: WHAT WILL THE SCIENCE AND PRACTICE OF PTSD LOOK LIKE BY 2030?
Keynote
Chair: **Soraya Seedat,** MD, PhD, *University of Stellenbosch, South Africa*
Presenter: **Katharina Schultebraucks,** Prof Dr, *Department of Psychiatry, NYU Langone Health, United States*

Presenter: **Rachel Yehuda,** PhD, *Mount Sinai School of Medicine; J.J. Peters VAMC, United States*

Presenter: **Tayla Greene,** PhD, MPH, *University College London, United Kingdom*

Discussant: **Pamela Collins,** MD, MPH, *Johns Hopkins Bloomberg School of Public Health, United States*

Abstract As widespread continuous trauma and PTSD become even more urgent and defining concerns, the next 5 years hold profound potential for reframing our understanding of PTSD subtypes; multimodal, reproducible and robust signatures of risk, diagnosis and treatment monitoring (i.e., across genomics, epigenetics, proteomics, metabolomics, physiology, imaging, digital phenotyping); and personalized treatment selection.
This forward-facing discussion will explore breakthrough innovations in PTSD care, spotlighting how next-generation psychotherapies and pharmacotherapies, neurobiological and biomarker advances, and artificial intelligence, will reshape the global treatment landscape. Panellists will also examine the rise of emerging therapeutic paradigms; the ability of passive biometrics (sleep data, heart rate, digital voice markers) to reshape how PTSD is monitored and managed in real time; and how AI-driven diagnostic models and personalized treatment algorithms can enable tailored interventions based on real-time biomarkers and behavioral data, replacing static, one-size-fits-all approaches. In addition, the ethical implications of rapid innovation (Who gets access to cutting-edge care? How do we regulate algorithms that "learn" from trauma? What are risks for data privacy, biased algorithms, and unequal access to care?) will be addressed.
The panel brings together eminent speakers to provide interdisciplinary and global perspectives on what PTSD treatment will look like by 2030 and how we can ensure that innovation is both effective and ethically grounded.